



10. Violence against women

The UN defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (21).⁵ Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem. This violence adversely affects women’s physical, mental, sexual and reproductive health. Globally, in her lifetime one in every three women has experienced physical and/or sexual violence by an intimate partner or non-partner sexual violence (22). The health sector has a critical role to play in responding to and preventing violence against women. Women who experience violence are more likely to seek health services than other women, even if they do not explicitly disclose violence. Given that most women interact with health services at some point in their lives, especially for sexual and reproductive health services, the health sector is an important entry point for early identification of women who experience violence, provision of care, and referrals to other support services that women need. An important step in strengthening the health system response to violence against women is to have appropriate and strong policies, strategies and plans that are resourced and protocols that guide care.

Recognizing the importance of the health system’s response to violence against women, at the May 2016 World Health Assembly the WHO Member States endorsed a *Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children* (WHA 69.5) (22). The plan of action requests Member States to contribute to five global indicators:

- proportion of countries that have a national multisectoral plan addressing violence against women and that includes a health system response;

- proportion of countries that have developed or updated their national guidelines or protocols for a health system response to violence against women in line with WHO guidelines;
- proportion of countries that have included health services to address violence against women in line with WHO guidelines in their national health or sexual and reproductive health plans or policies;
- proportion of countries that provide comprehensive post-rape care in a medical facility in every administrative unit in line with WHO guidelines;
- proportion of countries that have carried out a population-based, nationally representative survey on violence against women within the past five years.

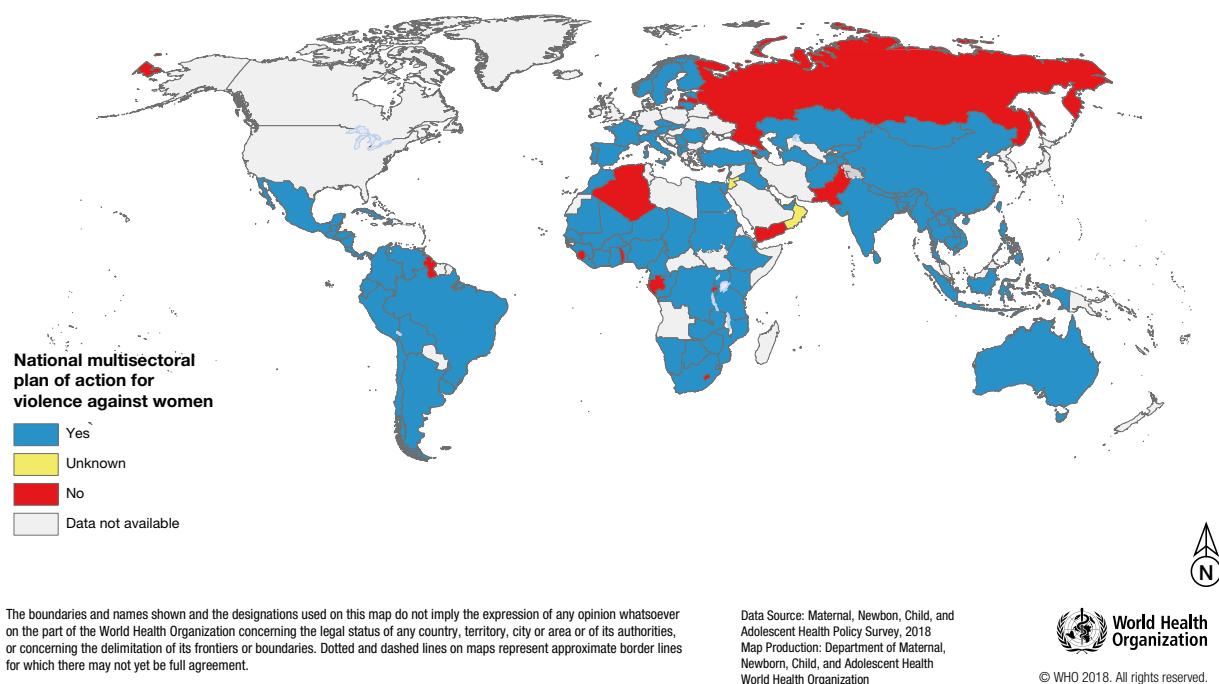
This section reports on the first three of these indicators, the components of national guidelines and training programmes for health workers.

10.1. How many countries have multisectoral plans of actions on violence against women?

Globally, 73% of countries reported having national multisectoral plans of action on violence against women or gender-based violence. The percentage varies across regions, with the highest proportion in the South-East Asia Region (91%), followed by the Region of the Americas (79%), African Region (74%) and European Region (72%). The lowest availability of plans is reported in the Eastern Mediterranean Region (53%) and Western Pacific Region (64%). Availability of a national multisectoral plan of action for violence against women varies by World Bank income group as well, with more lower-middle-income countries (85%) and upper-middle-income countries (73%) and fewer low-income countries (63%) and high-income countries (68%) reporting having such plans (Table A.2.62, Fig. 78).

⁵ The survey questionnaire used both the term “gender-based violence” and the term “violence against women”.

Figure 78. Map of countries that report having national multisectoral plans of action for response to violence against women



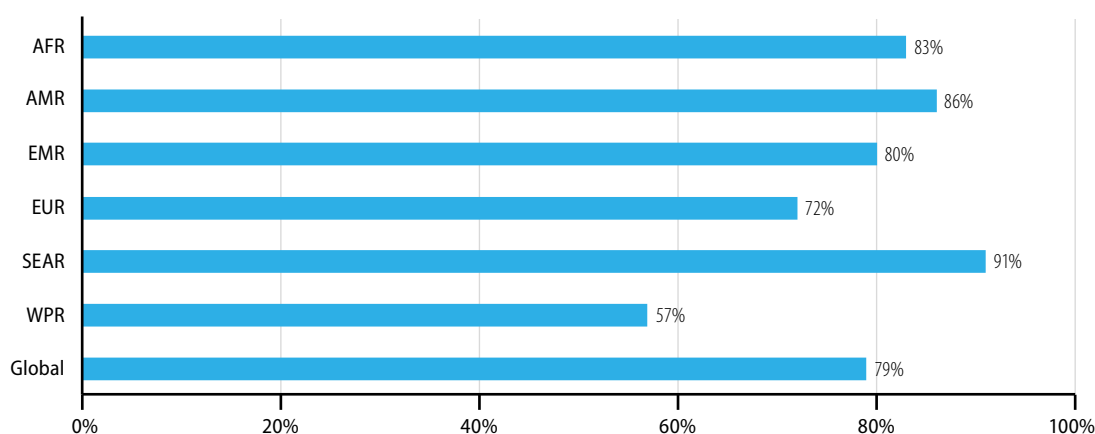
10.2. How many countries report having national guidelines/protocols to address health system response to violence against women?

10.2.a. National guidelines/protocols on health system response to violence against women

Globally, 79% of countries report having a national guideline or protocol to address the health system

response to violence against women. This varies regionally, with the highest proportion of countries in the South-East Asia Region (91%), followed by the Region of the Americas (86%), African Region (83%), Eastern Mediterranean Region (80%), European Region (72%) and the Western Pacific Region (57%) (Fig. 79). When disaggregated by World Bank income group, the proportion of lower-middle-income countries reporting that they have a national guideline or protocol on health system response to violence against women is 82%, and for upper-

Figure 79. Proportion of countries with national guidelines/protocols on health system response to violence against women, by WHO region



middle-income countries it is 85%; for low-income countries this figure is 75%, and for high-income countries, 71% (Table A.2.63).

10.2.b. What components are reported in the national guideline/protocol on health system response to violence against women?

To align with WHO recommendations (23), national guidelines/protocols to address violence against women should include guidance on:

- selective or clinical enquiry for domestic violence/intimate partner violence
- psychosocial support, including psychological first aid/first-line support
- sexual assault services available 24/7
- emergency contraception within five days of sexual assault
- access to safe abortion in cases of rape or incest
- STI prophylaxis for survivors of sexual assault
- HIV postexposure prophylaxis for survivors of sexual assault.

Globally, only 30% of countries report including all seven components in their national guideline/protocol. The most widely reported components are HIV post-exposure prophylaxis (PEP) for survivors of

sexual assault (71% of countries), STI prophylaxis for survivors of sexual assault (71%) and psychosocial support, including psychological first aid/first-line support (71%). The least frequently reported component is access to safe abortion in cases of rape or incest (45%) (Table A.2.64, Fig. 80).

In addition, in their national guideline/protocol to address violence against women, 40% of countries report including universal screening for domestic violence/intimate partner violence and 47% report including mandatory reporting for domestic violence/intimate partner violence. These components are contrary to WHO guidance, which does not recommend universal screening or mandatory reporting for intimate partner violence (Table A.2.64).

Three regions have about one third of the seven recommended policy components to address violence against women in their national guidelines/protocols – the Western Pacific Region (36%), Region of the Americas (34%) and European Region (33%). The other three regions all have less than 30% of components – the South-East Asia Region (27%), African Region (26%) and Eastern Mediterranean Region (20%) (Fig. 81). The proportion of countries with all seven key components in their national guideline/protocol to address violence against women is low across all regions and ranges from 20% in the Eastern Mediterranean Region to 36% in the Western Pacific Region (Table A.2.64).

Figure 80. Inclusion of seven key components in national guideline/protocol to address violence against women, globally

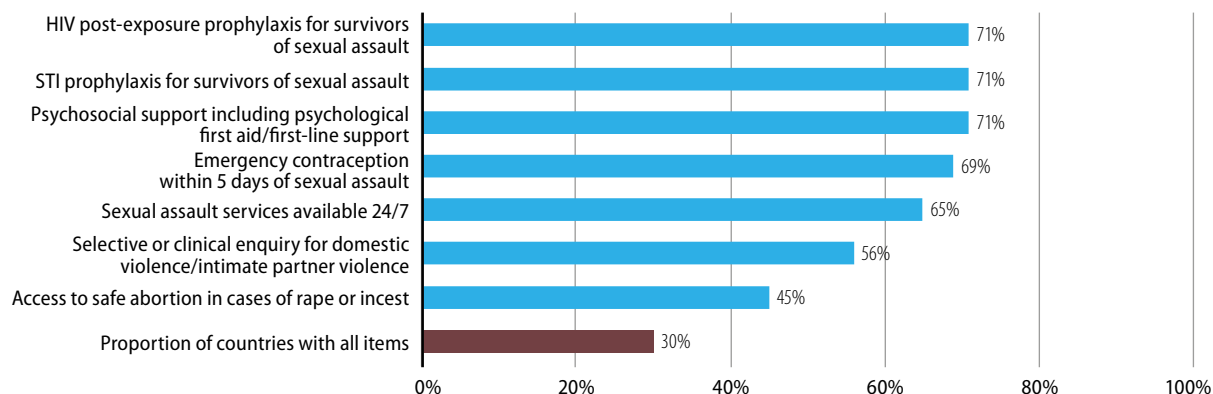
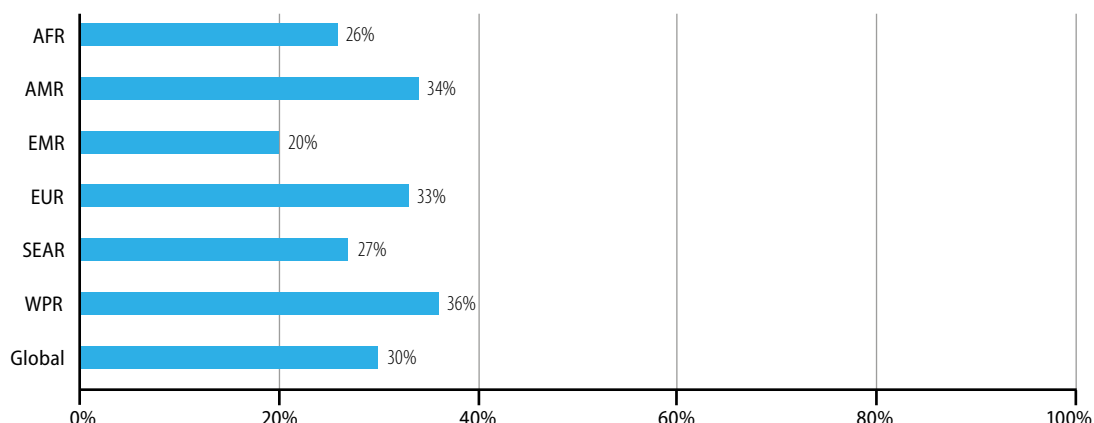


Figure 81. Average proportion of components included in national guideline/protocol to address violence against women, by WHO region



10.3. How many countries report having training programmes to strengthen capacity of health-care providers to respond to violence against women/gender-based violence?

Globally, 66% of countries report having training programmes to strengthen the capacity of health-care providers to respond to violence against women. This varies by region, with the highest proportion of countries in the South-East Asia

Region (91% of countries) reporting that they have training programmes, followed by all other regions at less than 70% – European Region: 62%, African Region: 64%, Western Pacific Region: 64%, Region of the Americas: 66%, Eastern Mediterranean Region: 67% (Fig. 82). By World Bank income group, proportions reporting training programmes range from 63% of both low-income countries and upper-middle-income countries to 72% of lower-middle-income countries. Two thirds (66%) of high-income countries report having such training programmes (Table A.2.65).

Figure 82. Proportion of countries reporting national training programmes to strengthen the capacity of health-care providers to respond to violence against women/gender-based violence, by WHO region

