

The Health and Social Consequences of Violence Against Women and Girls

International Women's Day 2012: Connecting Girls, Inspiring Futures Joint Consortium on Gender Based Violence

LEARNING BRIEF NO.9

Introduction

The information in this brief is based on an event organised by the Irish Joint Consortium on Gender Based Violence¹ and the Irish Forum for Global Health² on March 8, 2012 to recognise International Women's Day. Invited speakers shared research findings, policy progress, and programme experiences in relation to the health and social consequences of violence against women (VAW)³ and girls around the world.

Violence against women and girls has important health and social consequences for survivors themselves as well as for their families and communities. In extreme cases this violence can lead to severe disability or even death, but even in less severe cases VAW impacts on the everyday lives of women and girls. VAW hinders their ability to earn a living, access education, and participate in social and political life. As a result, VAW can perpetuate poverty and impede development.

The links between VAW and health and social consequences are currently being explored and investigated with further research. This brief outlines the key insights, recommendations, and learning from the World Health Organization (WHO) research on VAW and from female genital mutilation (FGM) policy and programming developments in Ireland.

1. Key Research Findings on Violence Against Women and Girls: Consequences, Prevention and Response

Key Message 1: Violence against women & girls is a widespread public health & human rights problem worldwide

Violence against women and girls constitutes a worldwide human rights and health issue, as VAW by its very nature violates a woman's right to physical integrity and in severe cases the right to life. The prevalence of VAW is high globally.⁴ In Ireland, data from 2 cross-sectional surveys in 1995 and 2008 indicate that the prevalence of women experiencing severe physical violence during their lifetime rose from 2 to 13%.⁵ Worldwide, approximately 20% of women report being sexually abused as children, while 25–50% of all children report being physically abused. Statistics show that Eastern and Southern Africa have the highest prevalence of VAW, with over 70% of women in Ethiopia experiencing intimate partner violence (IPV) both in their lifetime and in the last 12 months.⁶ As will be further discussed in this brief, VAW has many health consequences; VAW is often referred to as a 'pandemic', and data suggests that VAW is at the very least endemic (has consistently high prevalence) in most countries.

¹ The Irish Joint Consortium on GBV comprises Irish Human Rights, humanitarian and development organisations together with Irish Aid and the Irish Defense Forces working together to tackle gender based violence. For more information on the Consortium please go to www.gbv.ie. Gender based violence (GBV) is any act or threat of harm inflicted on a person because of their gender. It is rooted in gender inequality, therefore women are primarily affected. GBV refers to an act that results in or is likely to result in physical, sexual and psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It encompasses sexual violence, domestic violence, sex trafficking, harmful practices (such as female genital mutilation/cutting), forced/early marriage, forced prostitution, sexual harassment and sexual exploitation to name but a few.

² The IFGH is an independent network of over 600 people from many backgrounds who are concerned with issues that impact on the health and development of populations at a global level, but with a particular commitment to populations in low income countries. For more information visit: www.globalhealth.ie

³ VAW: public or private act of gender-based violence that results, or likely to result in physical, sexual or psychological harm to women.

⁴ Statistics referenced in the WHO presentation on the prevalence of VAW and its connection with health and social consequences, risk factors, and prevention responses, primarily come from the following data sources:

- Global Burden of Disease Estimates (forthcoming)
- WHO Multi-Country Study on Women's Health and Domestic Violence against Women (2005), data from 10 countries
- Demographic and Health Surveys (DHS) from the violence against women module
- VAW in 12 countries from Latin America and the Caribbean: Comparative data from reproductive, Demographic and Health Surveys (PAHO/CDC) (forthcoming)

⁵ Devries K et al Forthcoming Global Burden of Diseases Estimate on violence against women.

⁶ Garcia-Moreno C et al. 2005, *WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses*.

Key Message 2: Violence against women & girls has multiple health, social & economic consequences for the individual, families, communities & societies

At the individual level, VAW has negative psychological and physical health implications for women. Among the many consequences of VAW is an increased percentage of suicide attempts amongst those women who survive violence. Unintended pregnancy doubles among those who survive VAW. Abortion has a 3-fold increase, risk of stillbirth or miscarriage a 1.5-fold increase, and pregnancy loss in general a 2-fold increase as compared to those women who do not experience violence.^{7,8}

There is also an association between VAW and increased risk of contracting HIV and other sexually transmitted infections (STIs). Women who survive physical or sexual (or both) types of intimate partner violence (IPV) are 2 times more likely to be at risk of contracting an STI or HIV.⁹

“...I don’t feel well and I just cry. There are times that I want to be dead, I even thought of killing myself or poisoning myself and my kids, because I think if I have suffered that much, how much would my kids suffer if I am no longer there...”

Woman interviewed in Peru

Health and Social Consequences of Violence Against Women

Fatal Outcomes	Non-fatal Outcomes		
	Physical	Sexual Reproductive	Psychological & Behavioral
<ul style="list-style-type: none"> - Femicide - Suicide - AIDS-related mortality - Maternal mortality 	<ul style="list-style-type: none"> - Fractures - Chronic pain syndromes - Fibromyalgia - Permanent disability - Gastro-intestinal disorders - Obesity (children) 	<ul style="list-style-type: none"> - Sexually-transmitted infections including HIV - Unwanted pregnancy - Pregnancy complications - Traumatic gynecologic fistula - Unsafe abortion 	<ul style="list-style-type: none"> - Depression and anxiety - Eating and sleep disorders - Drug and alcohol abuse - Poor self-esteem - Post-traumatic stress disorder - Self harm - Increased sexual risk taking - Smoking - Perpetrating or being victims of violence later (children & adolescents)

Source: Adapted from Bott, Morrison and Ellsberg, 2005

⁷ Garcia-moreno C and Pallitto C. *Results of the WHO multi-country study on women’s health and domestic violence, presented at the international RH conference in Mumbai*, February 15-18, 2009.

⁸ Amin, A. (2012, March 8). “Violence against women & children: health & other consequences.” PowerPoint lecture presented at the Chester Beatty Library for International Women’s Day. Available at: <http://www.globalhealth.ie/index.php?i=364>

⁹ Devries K et al 2012 *Is intimate partner violence a risk factor for HIV and STI infection? A systematic review and meta-analysis*. Forthcoming publication on the Global Burden of Disease.

Evidence shows that violence experienced by girls has long-term impacts on individual health. The UNICEF-CDC survey in Tanzania on violence against children indicates that among girls aged 13-24, those who survive physical violence more frequently report poor health, feelings of depression, anxiety and suicidal thoughts than their counterparts who do not experience physical violence.

VAW also has a negative impact on families, communities, societies and economies. Although much less research has been conducted in this area, existing evidence indicates certain socio-economic consequences. Women who are abused have decreased productivity, which impacts their ability to work inside and outside the home. They may have greater difficulty generating income and performing essential household tasks. Moreover, health consequences associated with VAW, from immediate injuries to chronic conditions, burden health systems around the world. In terms of intergenerational effects, children whose mothers experience violence may be at increased risk of emotional and behavioural problems, such as anxiety, depression and violence towards their peers. In a study in Nicaragua, children of women who were abused by their partners were six times more likely than other children to die before the age of five.¹⁰

Key Message 3: Harmful gender norms can perpetuate violence against women

VAW is rooted in gender inequality. Social and cultural norms that condone violence and demand rigid gender roles perpetuate violence within society. For instance, research findings have identified a number of risk factors which increase the likelihood of intimate partner violence (IPV). These include alcohol abuse, attitudes that support wife beating, and intergenerational effects that lead to perpetrating or experiencing violence in adulthood. Research indicates that in societies that uphold rigid gender norms, these norms form a significant factor in contributing to VAW. Studies conducted in Ecuador, Haiti and Paraguay asked if it was acceptable for a woman to be beaten. Up to 1/3 of women respondents said it was acceptable for a man to beat a woman for at least one reason (from a list of potential reasons provided to study participants).¹¹

Key Message 4: Violence against women & girls can be prevented

Despite the dismal prevalence statistics, violence against women and girls can be prevented. Protective factors against VAW risk include receiving secondary education and having high socioeconomic status. Evidence suggests that prevention programmes need to focus on transforming harmful gender norms and attitudes.

Inter-Generational & Socio-Economic Consequences of Violence Against Women

Effects on children of women who experience abuse	<ul style="list-style-type: none"> - Higher rates of infant mortality - Behaviour problems - Anxiety, depression, attempted suicide - Poor school performance - Experiencing or perpetrating violence as adults - Physical injury or health complaints - Lost productivity in adulthood
Effects on families	<ul style="list-style-type: none"> - Inability to work - Lost wages and productivity - Housing instability
Social and economic effects	<ul style="list-style-type: none"> - Costs of services incurred by victims and families (health, Social, justice) - Lost workplace productivity and costs to employers - Perpetuation of violence

Source: Amin, A. (2012, March 8). "Violence against women & children: health & other consequences." PowerPoint lecture presented at the Chester Beatty Library for International Women's Day.

¹⁰ Asling-Monemi K., Pena R., Ellsberg M.C., & Persson L.A. Violence against women increases the risk of infant and child mortality: a case-referent study in Nicaragua. *Bulletin of the WHO* 2003; 81: 10-18.

¹¹ This data is from a forthcoming analysis of demographic and health or reproductive health surveys that have been implemented in the Latin America and Caribbean countries. This data is being analysed by the WHO regional office of the Americas or Pan-American Health Organization and will be soon published.

The ecological framework (presented below) is useful for guiding prevention programming. It shows the need to address interventions to individuals, couples and families, communities, and the state.

Several programmes, such as Stepping Stones¹² and Soul City,¹³ have demonstrated that utilising combinations of interventions to address VAW at different levels can be particularly effective. The IMAGE trial in South Africa combined different forms of intervention - micro - finance and gender-relationships skills training among women – and showed a 55% reduction in IPV among young women (age 14-35).¹⁴ Please see the references section of this document to learn more about these programmes.

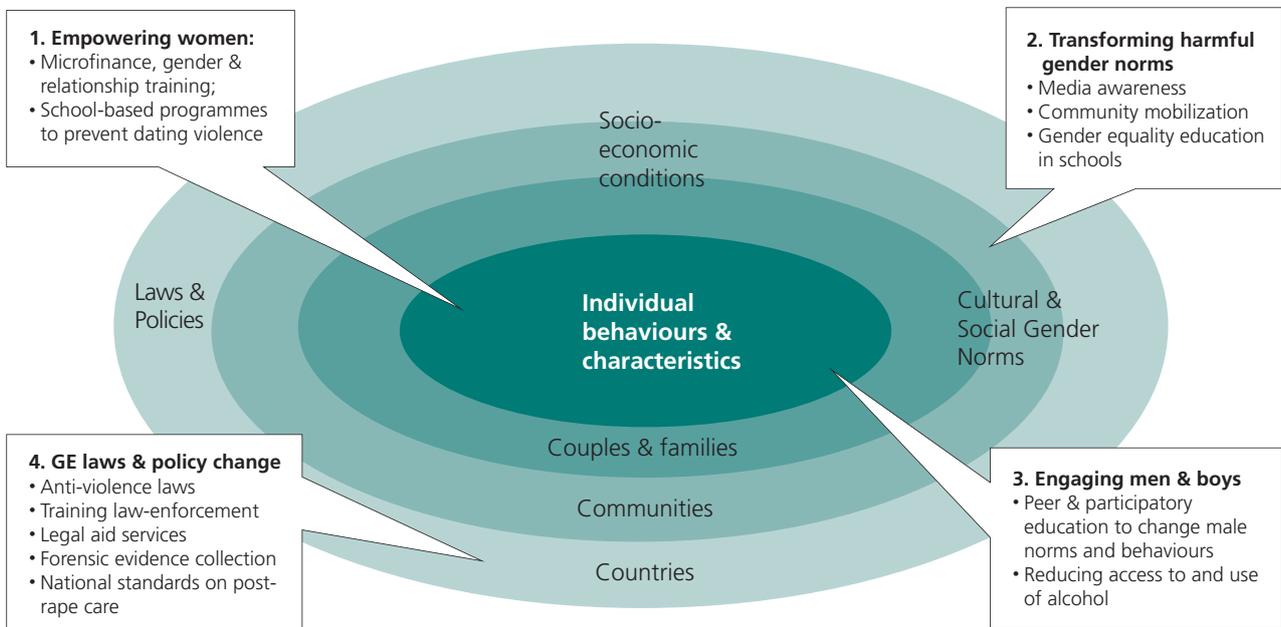
It is also important to involve men and boys in promoting gender equitable relationships in order to prevent VAW. Examples include Program H with boys and men in the favelas (slums) of Rio de Janeiro, which uses participatory, peer education, and mass awareness methods.

Key Message 5: Prevention and Response Services for VAW Must Be Improved

To ensure rights and positive health outcomes, it is of the utmost importance that there is an integrated response to VAW with effective coordination among different actors, as well as a prioritization of prevention programmes. We do not yet have the evidence to support a specific mixture of interventions for best results, but more research is being conducted in this area.

The healthcare system's response to VAW requires a comprehensive health systems approach. Some specific reforms include developing institutional policies and protocols for treatment of survivors, training all health centre staff on national laws and policies dealing with GBV as well as treatment with compassion and skill, ensuring confidentiality for women's health services, strengthening referral networks, providing emergency supplies, raising awareness, informing women about available services, and monitoring and evaluating GBV services.¹⁵

Preventing VAW: promising or effective interventions



¹² <http://www.stepsstonesfeedback.org> Jewkes R, Nduna M, Levin J, et al. Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ* 2008; 337: a506.

¹³ <http://www.soulcity.org.za/about-us>

¹⁴ Pronyk PM, Hargreaves JR, Kim JC, et al. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *Lancet* 2006; 368: 1973-1983. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69744-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69744-4/fulltext)

¹⁵ Adapted from Guedes, forthcoming

Laws and policies must promote gender equality to support prevention and respond effectively to VAW. This includes specific legislation on family, domestic or sexual violence, training of judges on violence legislation, training of police on VAW responses, legal aid services for survivors, and reform of the medico-legal system to improve forensic evidence collection and preservation. Moving beyond prevention and the health sector, there is a real need to develop multi-sectoral responses for GBV survivors, especially in terms of proper referrals. This involves developing links from the health services to education, justice, legal services, and economic support services.

For example, the work done in Ireland around the issue of female genital mutilation (FGM) indicates that laws and policies play an important role in promoting gender equality and preventing VAW. FGM is one form of GBV that has severe health and social consequences for women and girls, and it is an issue which can be tackled in part through programming and policy improvements.

2. Female Genital Mutilation: Programmes and Policy Progress in Ireland

Health and Social Consequences of FGM

FGM is generally performed by an individual who has no medical training and does not use anaesthetics or antiseptics. Several girls may be cut using the same instrument. This may result in physical and mental health issues, such as haemorrhage, infection, transmission of HIV and other viruses, decrease of sexual sensation, difficulties in childbirth, incontinence, scarring, reproductive health issues, psychological trauma and death. Ill health of women in turn has negative social consequences – women and girls with poor health cannot as easily contribute to the broader community, seek employment, or access education.

FGM has significant impacts on the health of migrant women and girls living in Ireland. Many migrant women from African countries living in Ireland do not want their daughters to have an FGM ceremony, but are frequently unsure of their long-term immigration status. They may feel pressure from relatives back home to have this performed on their daughters. If they later return to their home country, they may face negative ramifications for having broken community norms.

These women need support to make the difficult decision to go against prevailing gender norms in their home countries, in order to improve their daughters' physical and mental health by refusing FGM.

FGM: Background and Context

Female genital mutilation comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons (Source WHO, 2008).

FGM has been documented in 28 African countries, with prevalence varying greatly. High FGM prevalence rate countries include:

- Eritrea 89%
- Ethiopia 80%
- Mali 92%
- Sierra Leone 94%
- Somalia 98%
- Sudan 90%

WHO estimates that globally 100 to 140 million girls and women alive today have undergone some form of FGM.

Activities and Progress

FGM is a relatively new issue within the Irish context as increasing numbers of people have emigrated from African countries to Ireland over the past decade. There is a need in Ireland for more information and education on FGM. Organisations like AkiDWA – Ireland's migrant women's network – work to raise awareness about FGM. There are now pamphlets outlining issues relating to FGM available in Irish hospitals and the Health Service Executive uses maternity booking forms that include information on FGM. This assists with data collection and promotes a more sensitive response from health professionals towards women who have survived FGM. Over 3,000 health professionals in Ireland are now trained on the subject. Awareness on FGM has been raised at the national level through media, seminars, conferences, publications, and the European END FGM Campaign.

Policy and Recommendations on FGM

The Oireachtas passed the Criminal Justice (Female Genital Mutilation) Act on March 28, 2012.¹⁶ This Act specifically criminalizes performance of FGM on any woman or child residing in Ireland, and also criminalises the act of taking a woman or child out of Ireland with the intent of having FGM performed elsewhere.

Prior to the passing of the bill, FGM was considered criminal under the Non-Fatal Offences Against the Person Act of 1997, but this Act did not go far enough to specify FGM as a crime, did not include the principle of extraterritoriality, and contained a possible defense of the act by 'culture.' The law ultimately did not aid in preventing FGM or offer a legal basis on which health care practitioners and social workers could offer preventative health and protection interventions.

While the passage of the Criminal Justice Act (2012) is a success, it was not a victory easily won. AkiDwA worked with other NGOs and service providers in developing the Irish National Action Plan (NAP) in 2008. Some of these representatives formed the National Steering Committee on FGM in Ireland.¹⁷ As a committee they raised awareness on FGM during important dates such as Zero Tolerance Day and 16 Days of Action Opposing Violence Against Women, and promoted the 5 key recommendations in the NAP.

During this time, the economic crisis in Ireland meant that the staff on the steering committee were laid off or restricted in the number of appointments taken by their organisation. It also became difficult to finance the awareness raising events around the bill. Overall, the main obstacle was maintaining the issue of an FGM Bill in the discussions of the Irish political arena.

These challenges were overcome by reducing the number of physical meetings for the committee, organising events as part of other events that had finance secured, and sharing event costs within the committee. The committee also maintained good relationships with politicians who support the eradication of FGM as a practice, kept these politicians informed, frequently communicated with the Department of Health, and often inquired on the progress of the development of the FGM Bill.

There is still a great deal of work to be done in terms of FGM policy and programming in Ireland.

Recommendations include education modules on FGM in all relevant 3rd level courses (midwifery, social work, etc.), additional policies and guidelines in health care settings (in particular for maternity hospitals), and information for health care professionals on appropriate care and referral paths.

Conclusion: Key Learning and Recommendations for Health and Social Consequences of Violence Against Women

This event provided an important learning opportunity to recognise the work that has been done in relation to VAW and to reflect on future priorities in this field. Violence against women and girls is a global issue that has vast health and social consequences at the individual, family, community, and societal levels. However, we are seeing improvements in preventing and responding to VAW, and we now have research and evidence bases to inform VAW programming that were not possible ten years ago.

Given the serious health, intergenerational and socio-economic costs of VAW, strengthened work on prevention and response is crucial. We should continue to consult survivors to ensure that responses are effective and do no harm. This work requires a multi-sectoral approach with promotion of gender equality at its core. In order to progress, it is essential that policy and programming efforts continue to approach VAW from a health and human rights perspective.

¹⁶ Press Release: <http://www.akidwa.ie/archives/888>

¹⁷ Partnership was key in the passage of the bill. National Steering Committee on FGM in Ireland members include: AkiDwA, Amnesty International (Irish Section), Barnardos, Cairde, Children's Rights Alliance, Christian Aid, Comhlámh, HSE, Integrating Ireland, Integration of African Children in Ireland, Irish Aid, Irish Family Planning Association, National Women's Council of Ireland, Refugee Information Service, Somali Community in Ireland, Somali Community Youth Group, UNICEF, & Women's Health Council

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