

Violence against women: ending the global scourge



Maria Stubbings was strangled to death by her ex-boyfriend, who had also killed a previous girlfriend. Christine Chambers complained about violence from a former partner for 2 years before he murdered her. Jeanette Goodwin was stabbed 30 times by an ex-partner in front of her husband. Last week, these victims of intimate partner homicide in the UK were deemed to have been let down by the police in a report by the HM Inspector of Constabulary.

Such violence, however, is not only a failing in law enforcement, nor is it confined to the UK. This week, in *The Lancet*, we publish online first a systematic review of the global prevalence of intimate partner homicide. It shows that, overall, 13.5% of homicides are committed by an intimate partner, and in female homicides the proportion of such murders is six times higher than in male homicides—38.6% versus 6.3%. This finding is perhaps unsurprising considering the shocking burden of other forms of intimate partner violence that women experience.

On June 20, WHO released the first global systematic review on the prevalence of violence against women. It shows that 35% of women worldwide have experienced physical or sexual intimate partner violence or non-partner sexual violence, making such abuse a “global public health problem of epidemic proportions”. The study also finds that women who have been physically or sexually abused by their partners report higher rates of health problems than women who have not experienced intimate partner violence; they are almost twice as likely to have depression, and, in some regions, are 1.5 times more likely to acquire HIV. They are also more than twice as likely to have an abortion.

These findings explain why a health-care provider is likely to be the first professional contact for survivors of intimate partner violence or sexual assault. Survivors also identify health-care providers as the professionals they most trust with disclosure of abuse. WHO’s new clinical and policy guidelines on the health sector response to violence and sexual violence against women are therefore essential reading for health-care providers, globally. They provide evidence-based guidance on care, including clinical interventions (eg, provision of emergency contraception and HIV post-exposure prophylaxis) and emotional support for women who have experienced

intimate partner violence and sexual violence. WHO recommends that health-care providers offer first-line, women-centred support when a woman discloses violence, which includes ensuring that the consultation is done in private, being non-judgmental and supportive, validating what the woman is saying, and providing practical care and support that responds to her concerns.

Awareness of violence against women as a health problem (and not just a criminal justice or domestic issue) is still low in many countries and, in some nations, the attitudes of health workers towards women disclosing such violence can be more negative than supportive. These latest reports should help counteract this situation. Crucially, clinical training curricula worldwide must incorporate the new WHO guidelines to make sure that health workers respond to violence against women with sensitivity and evidence-based care.

Governments should also act to end violence against their female citizens. Last week, the UK Commons International Development Committee published a report on violence against women and girls, calling the end of such violence the litmus test for whether development is working properly. The Committee praised the UK Government for its strong international leadership in tackling sexual violence, but added that this role is compromised by its failure to address violence within its own borders. It highlighted how the Department for International Development had recently launched a £35 million programme to address female genital mutilation (FGM) abroad but little was being done to help the 20 000 girls at risk from FGM in the UK and 66 000 women living with the lifetime effects of such mutilation. Disturbingly, no prosecution for FGM has taken place in the UK since this form of abuse became illegal in 1985.

Sadly, nowhere in the world is a woman safe from violence. But global momentum for change is building. In March this year, 103 member states at the 57th session of the Commission on the Status of Women at the UN headquarters in New York agreed to end violence against women and girls and to promote and protect their human rights and fundamental freedoms. Governments must now turn this promise into concrete actions to prevent the abuse too often experienced by half the world’s population. □ *The Lancet*



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For the **HM Inspector of Constabulary report** see <http://www.hmic.gov.uk/media/essex-polices-approach-to-managing-cases-of-domestic-abuse.pdf>

For the **WHO report on prevalence of violence against women and clinical guidelines** see <http://www.who.int/reproductivehealth/publications/violence/en/index.html>

For the **International Development Committee report on violence against women and girls** see <http://www.publications.parliament.uk/pa/cm201314/cmsselect/cmintdev/107/10702.htm>