



Violence against women has harmful impacts on health. Violence against women, also known as gender-based violence is an issue of public health concern. It is any harmful act, physical, sexual and/or emotional, perpetrated against a person's will, and has a negative impact on the physical or psychological health of the person. Men and boys may be victims of gender-based violence, especially sexual violence, but globally the majority of victims are women.

Gender-based violence causes substantial mortality and morbidity due to mental, physical, sexual and reproductive health impacts, and leads to increased risky behaviour, such as alcohol and drug use, smoking and unsafe sex. Resultant physical injuries and disabilities commonly include lacerations, abrasions, eye injuries, fractures, bruises, and burns. Mental health impacts include depression, anxiety, low self-esteem, phobias, panic disorders, and post-traumatic stress disorder.

Sexual and reproductive health problems can also occur, for example, sexually-transmitted infections, including HIV, unwanted pregnancy and gynaecological complications. Violence perpetrated during pregnancy results in increased risk of miscarriage, premature delivery and low birth weight. Gender-based violence-related mortality is most commonly due to suicide and homicide, for example in the form of honour killings. Interpersonal violence (youth violence, intimate partner violence, sexual violence, child maltreatment and elder abuse) resulted in 600 000 deaths in 2004.

The impacts extend beyond the victim to the family, with particular negative impacts on children. Studies show that parenting skills, educational attainment, and children's behaviour are adversely affected by domestic violence. Children witnessing violence in the home have been found to be at increased risk for behavioural and emotional problems, and are more likely to either perpetrate or be the victim of violence in adulthood. Risk factors for experiencing and perpetrating violence against include low education, past experience of child maltreatment, past

exposure to violence between parents, harmful use of alcohol, social acceptance of violence and gender inequality and poverty.

Yet gender-based violence and interpersonal violence are preventable. Several sectors are responsible for providing services and support to survivors, including the social sector, the security/protection sector, the legal/justice sector, and the health sector. The role of the health sector is to safely identify and effectively treat survivors of violence, confidentially document cases, and provide necessary referrals to needed services and support. Coordination among sectors is essential to reduce the harmful impacts and prevent further injury, trauma and harm.

WHO strengthens role of the health sector in primary and secondary response to violence against women through development and support to countries in implementing ethical and safe research on violence, guidelines on medico-legal care to survivors of sexual violence, addressing violence against in HIV responses, and on primary prevention. The WHO gender in health and development and violence, injury prevention and disabilities programmes support Member States in the Eastern Mediterranean Region to strengthen health sector response to violence against women by:

- organizing results-oriented workshops on primary and secondary response to violence against women, targeted across sectors and leading to multisectoral plans of action for coordinated responses to this form of violence.
- mapping services, activities and violence-related legislation to create an effective mechanism for a multisectoral approach to strengthening the health sector response to violence against women, and identifying gaps and priorities to move forward.
- conducting rapid assessment of health sector readiness to increase safe and confidential identification, response, referral and documentation of violence, in order to identify barriers to strengthening health sector response to violence against women and highlighting areas where interventions should be targeted.

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