International Day for the Elimination of Violence Against Women
November 25, 2014

A statement from the independent Expert Review Group on Information and Accountability for Women's and Children's Health

Geneva, November 25—Violence against women is common worldwide, a severe abuse of a woman's human rights, and a global health challenge of epidemic proportions:

• Around 30% women have experienced either physical or sexual partner violence
• 1 in 14 women (7.2%) worldwide have experienced non-partner sexual assault
• In some parts of the world, sexual violence is endemic—reports of non-partner sexual violence are as high as 21% in areas of sub-Saharan Africa
• Sexual violence is also widespread in high-income countries, with 1 in 8 women (13%) and 1 in 9 women (11.5%) reporting non-partner sexual violence in North America and Western Europe, respectively
• A woman's main risk of homicide is from her intimate partner—as many as 38% of homicides among women are by intimate partners (compared with 6% of male homicides)
• 1 in 5 women and 5-10% of men report being sexually abused as children
• 125 million girls and women have undergone female genital mutilation in 29 countries across Africa and the Middle East
• Nearly 70 million girls worldwide are married before the age of 18
• Over 11 million women and girls are coercively and deceptively trafficked worldwide for exploitation or forced sex work
• The physical, mental, and sexual and reproductive health consequences of sexual violence are severe—with high rates of subsequent depression, anxiety, and alcohol abuse, sexually transmitted infections and injuries.

These figures, shocking as they are, are almost certainly underestimates. The stigma and fear attached to sexual and other forms of violence in its myriad forms mean that many women do not disclose the horrific reality of their predicament.

On the occasion of the International Day for the Elimination of Violence Against Women, the independent Expert Review Group on Information and Accountability for Women's and Children's Health wishes to express its urgent concern that this important dimension of women’s, adolescent’s, and children’s health has for too long been overlooked and neglected.

Although prevention is absolutely essential, there is no simple proven means of preventing all instances of violence against women and girls. The reasons why violence is perpetrated against women are many and complex. For example, in studies of men who, as intimate partners, have committed violent acts against women, evidence points to a complex array of causes—gender and relationship practices, childhood trauma, alcohol misuse, depression,
low education, poverty, and being part of gangs that use weapons. Among men who, as non-partners, have raped women, the causes seem to be related to poverty, a history of victimisation, low empathy, alcohol misuse, masculinities that emphasise heterosexual performance, dominance over women, and gang participation.

This complexity must not be allowed, however, to create a culture of complacency or paralysis. Although there is no solution that is a panacea for prevention, sexual violence can be prevented by addressing the underlying risk factors of violence, including the social norms that condone or allow violence and gender inequality to continue. There is also good evidence that interventions can improve the physical and mental health of women who have survived episodes of sexual violence. It does not take a generation to make an impact.

Health professionals—and the health system in which they work—have especially important parts to play. The health system provides a safe and supportive environment for women. Health professionals therefore need to know how to identify patients experiencing violence. Learning about violence against women and girls should be part of the routine education of all health professionals. Indeed, health professionals can offer important leadership to raise public and political awareness about violence against women. A well-financed health system should be an important priority for governments seeking to protect women and children from violence.

An effective response to violence against women needs to go beyond the health sector. Only when the health system is coordinated with the criminal justice system, education, civil society, and faith sectors will an effective response be sustained. Ultimately, these are political questions, and political commitment lies at the root of all effective actions to protect women and children.

Our understanding of how to prevent violence against women and girls is at an early stage. But enough is known to initiate a much stronger movement against violence against women and girls—more decisive and outspoken political commitment, stronger health-system responses, more vigorous leadership from the health sector itself, greater civil society activism, investment in innovative methods of prevention, and further research to understand the impact of these interventions.

The iERG believes that the elimination of violence against women must be a central objective of the post-2015 era of sustainable development. Indeed, prioritising action to protect women and girls from the global epidemic of violence that they face will be an important litmus test of the ongoing political rhetoric about the future of human development.

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The iERG was established in 2012 as the principal global review group to monitor progress on the recommendations from the Commission on Information and Accountability for Women’s and Children’s Health. The iERG reports to the UN Secretary-General through the Director-General of WHO.