Intimate partner violence against women and its intersection with violence against children: existing evidence and interventions

Dr. Heidi Stöckl

Gender Violence & Health Centre

Department of Global Health and Development

London School of Hygiene and Tropical Medicine

Improving health worldwide

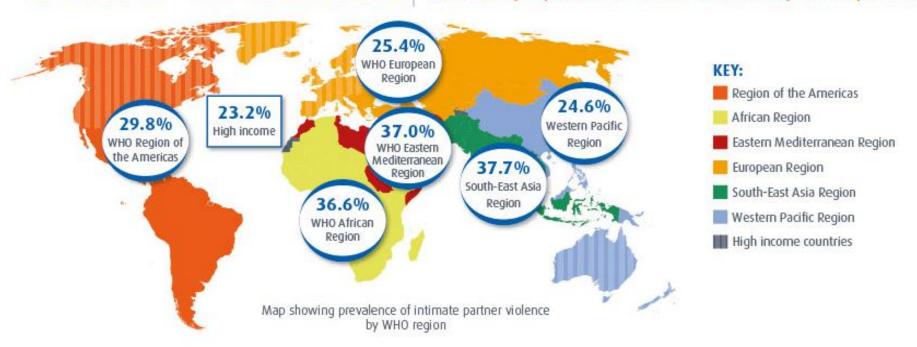
LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

www.lshtm.ac.uk

Prevalence of violence against women

1 in 3 women

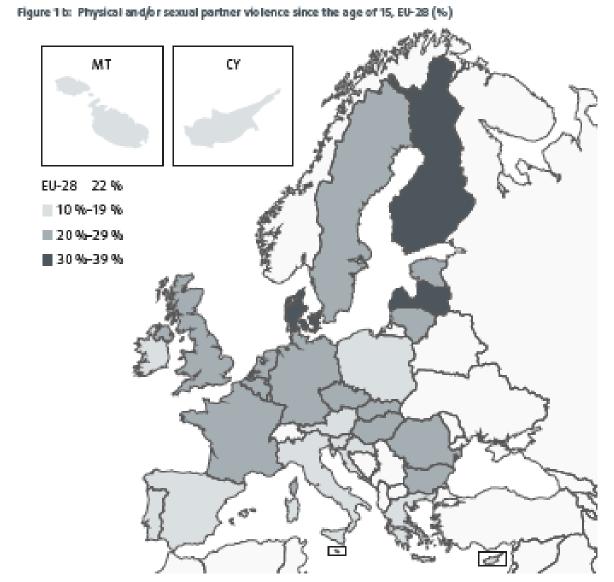
throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



All statistics can be found in the report entitled Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, by the World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council, found here:

Physical and/or sexual intimate partner violence in Europe

Source: Fundamental Rights Agency (FRA) 2013



Worldwide, at least 38% of female homicides, five% of male **homicides** and 14% of all homicides are committed by intimate partners

Source: Stöckl et al, The Lancet 2013

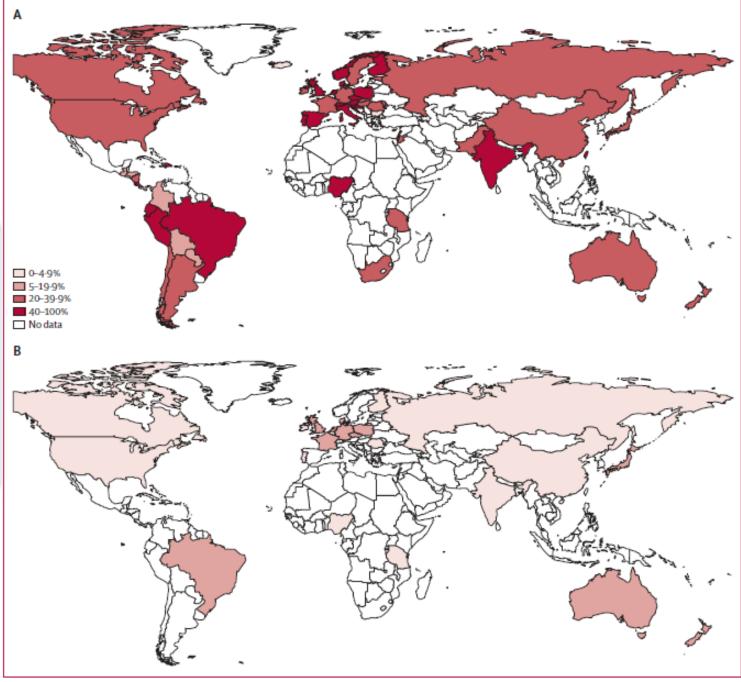


Figure 2: Prevalence of intimate partner homicide among all homicide cases, by sex Proportion of intimate partner homicides among (A) all female and (B) all male homicides.

Health effects of intimate partner violence

Women exposed to intimate partner violence are 🧇

Mental Health





Sexual and Reproductive Health

16% more likely to have a low birth-weight baby

1.5 TIMES X

more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

Death and Injury



of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

38,

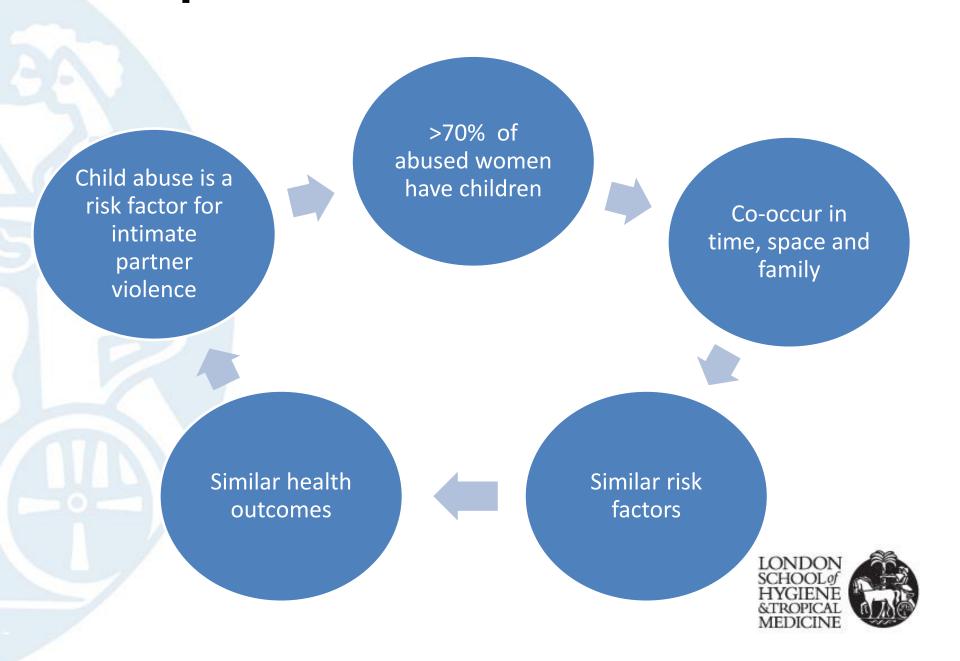
of all murders of women globally were reported as being committed by their intimate partners

All statistics can be found in the report entitled Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, by the World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council, found here:

http://www.who.int/reproductivehealth/publications/violence/en/index.html



Intimate partner violence and child maltreatment



The prevalence of physical violence during pregnancy

1-28% worldwide

(WHO-Multicountry Study, DHS, IVAWS)

- >90% of perpetrators are the father of the child
- 4-1/2 of women report that they were kicked or hit into the abdomen
- Association with experiences severe levels of lifetime intimate partner violence



Health effects of intimate partner violence during pregnancy

Intimate partner violence

Antenatal & Delivery Care

Antenatal risk behaviour

Direct trauma

Infant & toddler care

Physical and mental health

Fetal growth and pregnancy complications

Child outcomes (a selection)

Low birth weight Fetal death Abortion and miscarraige Insufficient child nutrition Child abuse potential Higher levels of anxiety Lack of attachment Increased risk of emotional, physical and sexual abuse **Bed wetting** Lower levels of breastfeeding **Asthma** Obesity Underimmunization Conduct problems ...and many more

Promising interventions: ANC counselling

- 30 minutes counselling intervention by ANC provider
- Reduce s psychological abuse, minor physical abuse and depression
- Evaluations in progress also measure child outcomes (e.g. attachment, immunization)

Inquiry for IPV during ANC



Abused women receive intervention

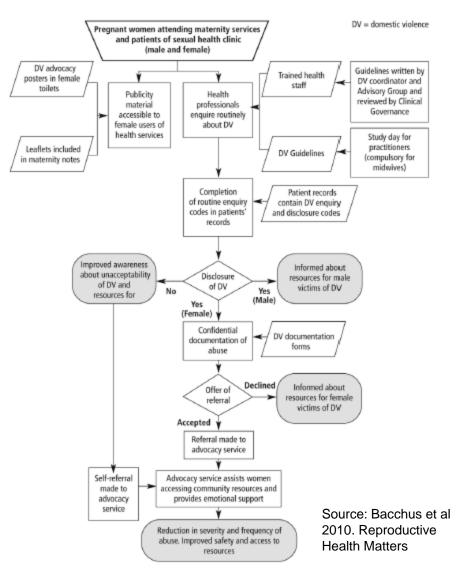
Intervention content:

- Acknowledge abuse and state that it is wrong
- Evaluating danger
- Cyclical nature of intimate partner violence
- Developing safety strategies
- Discussing options
- Available resources
- Emphatic listening

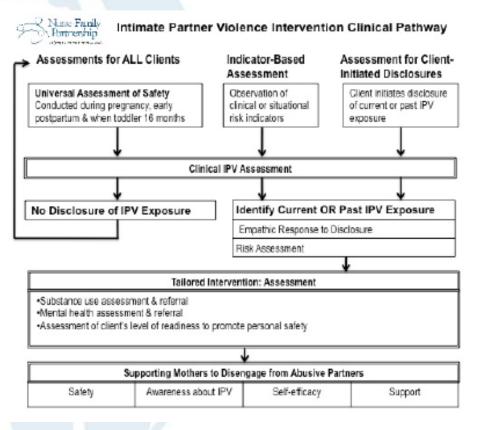


Promising intervention: MOZAIC: Health sector approach

- Multi-agency intimate partner violence service at Guy's and St Thomas UK
- Women who report intimate partner violence :
 - have the abuse documented confidentially in their records
 - are referred to an advocacy service
 - receive information on resources



Promising interventions: Nurse Family Partnership



Source: Jack et al 2012. BMC Health Services Research

- Programme for first time mothers of low socio-economic status
- Sucessfully reduces child maltreatment
- Does not work with women who experience intimate partner violence
- Intimate partner violence module has been developed
- Similar programmes exist in Europe that can be build on – midwives and nurse home visits



Poster displayed at the toilet of an antenatal care clinic in **London where** urine samples are collected

Do you feel safe at home?



If you feel threatened or controlled in any way by your partner or another household member and want help and support, please place a coloured sticker on the bottom of your urine sample pot. This will alert your midwife or healthcare professional to offer you help at an appropriate moment in privacy.

Conclusions and recommendations

- Intimate partner violence and child maltreatment are linked. Both are human rights violations that affect the health and well-being of women and their children.
- Interventions to address intimate partner violence and child maltreatment need to address both children's and women's needs
- Research gaps:
 - Longitudinal research on the effects of intimate partner violence on children
 - Intervention research
 - Longer follow-up for existing interventions
 - Design and evaluation of intervention models that aim at the outset to tackle intimate partner violence and child maltreatment

EVERY WOMAN, MAN AND CHILD HAS A RIGHT TO BE **FREE FROM VIOLENCE OF ANY KIND**

