Violence against Women and Mental Health
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Volume Editors

Claudia García-Moreno  Geneva
Anita Riecher-Rössler  Basel

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Foreword

Violence against Women as a Public Health Priority

The silent pandemic of violence against women and girls leaves no country or community untouched.

Long accepted as a normal part of women’s lives, violence against women has been declared a public health priority requiring urgent attention by the World Health Organization. This declaration built on the dedicated efforts of the international women’s movement over the past several decades, raising awareness and demanding action to end violence against women. Today there is increasing political momentum by the international community to tackle one of the most pervasive human rights violations in the world.

Gender-based violence is increasingly recognized by decision-makers and the public at large – men, women and young people – as a priority concern, no longer acceptable in the 21st century. Pervasive violence against women and girls is not compatible with the values of equality, human dignity and democratic participation. This is especially relevant today in the current global context of political and social transitions and popular demands for inclusiveness and equity. Each and every act of violence against women violates and threatens the very principles upon which the United Nations was founded – human rights, human dignity and the equal rights of men and women. These values provide a unifying platform across geographic, cultural and linguistic boundaries.

Yet despite progress in many countries of the world, the reality of violence in women’s and girls’ lives, and the rampant trampling of their basic freedoms and well-being, chart us on a challenging road ahead. Based on analysis carried out by UN Women of surveys from 86 countries, including WHO’s landmark study of 2005, between 9 and 76% of women report having experienced physical and/or sexual violence by any perpetrator, partner or non partner at some point in their lifetime. The majority are assaulted by men they know, often their own husbands or partners.

This violence takes many forms, from domestic abuse and sexual assault, to sexual harassment and the humiliation of women and girls in public spaces, to harmful practices such as child and forced marriage or female genital mutilation. Today sexual
trafficking constitutes a form of modern day slavery, and rape and sexual torture are routinely used as a tactic of warfare. The list goes on and includes all the women and girls who have been murdered, been victims of femicide, so-called honor killings and abandoned as newborns, their main risk factor simply being female.

While the most commonly identified damages of violence against women are physical injuries, the unseen damage penetrates deeper. Those working on these issues have seen bruises and broken bones heal. But if you ask a woman what is the greatest and lasting harm inflicted from an incident of rape or years of abuse by her life partner, she will tell you: the psychological, emotional and mental impacts. There is also the social stigma – the sense of being alone, of being silenced by a society that questions and blames her, and seeks excuses for the men who perpetrated the crimes against her – ‘what did you do wrong to provoke him?’ – instead of holding abusers accountable.

Most women who experience abuse will never report it to anyone, neither their friends nor the police, nor are they likely to consult a physician. Yet women and girls tend to be impressively resilient, perhaps more so because of the discrimination they face and the need to overcome the barriers to equality that they encounter. In the end, women survive violence and continue as active and productive members of societies, as heads of households and family breadwinners, food gatherers and caretakers, despite the social and political neglect they may encounter.

The mental health needs of women and girls who experience gender-based violence is an area that has been overlooked and needs urgent attention. This is especially important given the lack of specialized services for the millions of women and girls who suffer from depression, anxiety, post-traumatic stress disorder, attempted suicide, poor social functioning, eating disorders, social isolation and marginalization as a result of the cruel and inhumane treatment and violence they have experienced.

Economic strains have been found to exacerbate violence against women. In fact, rising unemployment increases the risk of violent behavior by men who may already be predisposed to abusive attitudes and actions. The disempowerment of losing the ability to fulfill their socially ascribed role as provider is an affront to their identity and manhood. This has been reported from the United States to Japan and Europe, where, in the context of the current global economic crisis, more women are seeking refuge in shelters. Under fiscal and belt-tightening pressures, programmes that address domestic violence and sexual assault services are often among the first national cuts in social budgets – even as the needs and risks of violence to women increase.

Ultimately, violence against women is an unnecessary and preventable burden on societies and economies. It costs women and girls their lives, their health and wellbeing. It costs society the loss of the benefits of women’s full participation and contributions. It fuels the inter-generational cycles of harm, malaise, violent behavior and diminished prospects for children who are witness to or targets of the abuse. It undermines international goals (such as, the Millennium Development Goals adopted by Heads of State and Government in 2000) to keep girls in school, improve maternal
and child health, halt the spread of HIV and overall, reduce poverty and improve the quality of life of the world’s inhabitants, especially for those living in poverty.

It actually costs public budgets more to stand by and let women alone bear the brunt of the violence than to take a determined political stand and take action to prevent it. In the US, for example, it was found that the Violence against Women Act not only saved lives, it also saved money. In its first 6 years alone, VAWA saved taxpayers at least USD 14.8 billion in net averted social costs. A recent study found that civil protection orders saved one state (Kentucky) on average USD 85 million in a single year.

**What Is the Way Forward?**

Lifting the costly and avoidable burden of violence against women is no simple challenge. It has been deeply ingrained socially and culturally throughout the history of humankind, an expression of the underlying discrimination, unequal treatment and undervaluation of women and girls. Nonetheless, it is a learned behavior and social norm and, as we know from modern history, rapid shifts in social orders and power structures are possible even within our own lifetimes, accompanied by the fast pace of medical and technological breakthroughs.

As a human rights priority, we should aspire in the coming years to ensure universal access to prompt, quality care and services for the safety, health and justice of women and girls who have experienced gender-based violence. Violence against women needs to be acknowledged as the global emergency that it is, requiring universal access to emergency and basic services, including psychological support. The United Nations and countries around the world have mobilized emergency services for other priority health issues – such as reducing maternal mortality and the spread of HIV – and the same attention and accountability is needed to address violence against women.

Ending violence against women also requires increased investment in prevention – especially engaging strategic groups such as men and young people and through the prevention of child abuse. Socialization of boys and girls since childhood and throughout adolescence on values of gender equality and nonviolence is key – at home, in schools and in their communities. Fathers and mothers should be supported and motivated to promote norms and behaviors based on equality and respect between women and men, boys and girls, that can lead to healthy and nurturing relationships and thus contribute actively to social transformation. The mass media has a tremendous role to play, through awareness raising, educational campaigns, and setting public norms of what is and is not acceptable.

This book is to be commended for bringing to the forefront the often neglected but critically important issue of mental health and violence against women.

*Michelle Bachelet, MD, Executive Director of UN Women, New York, N.Y.*
Preface

Violence against Women as a Risk Factor for Mental Ill Health

This is a book about violence against women as a risk factor for mental disorders. It demonstrates, convincingly, that violence against women is widespread and that it is contributing to the occurrence of mental disorders. It is a valuable contribution to the literature on the impact of violence and aggression on health, wellbeing and productivity of women and it should be read and remembered when addressing public health problems related to violence against women and to help victims. The fact that violence against women contributes to the occurrence of mental disorders which have far reaching consequences for the life of those who have suffered them underlines the need to do whatever is possible to prevent it or to attenuate its impact.

This and other books, meetings and articles that examine the effects of violence against women on their health in general, on their working capacity, on their family relationships – are informative and enlarge our knowledge not only about the consequences of violence against women but also about the impact of trauma on various forms of human functioning. The presentation and discussion of these facts is of great importance and can be of immediate use in practice, in orienting research and in teaching the variety of professionals who are likely to have to deal with the problem in various roles.

And yet, the attention given to the fact that violence against women can contribute to the incidence of mental disorders and create a host of other problems for the women affected may obscure the much more fundamental issue – which is that violence against women is wrong, that it is a transgression against one of the most important ethical rules which states that aggression against another human being is evil and must be stopped – regardless of the immediate or long-term consequences which the evil act may have. In other words, even if it were true – and it is certainly not true – that violence against women will make them more resilient, not harm them or enhance their capacity to fight for their goals, it would never be justified to perpetrate it.

There are women who experience violence (in one or more of its various forms) yet continue to live without apparent mental disorders and perform admirably well
in their social and personal roles. This has, not infrequently, been used by those who do not feel that more attention should be given to the prevention of violence as an argument to let things be as they are. The opponents of resolute action against violence argue that the consequences of violence against women are a problem of lesser public health importance than many other health problems. This, they say, should be reflected in deciding about the priority that the prevention of violence against women and its consequences should have. When fighting against this notion it is essential that we remind or convince all concerned that stopping violence is an act against the intrinsic evil that characterizes the acts of violence in general and violence against vulnerable groups such as women, the elderly, children and the disabled in particular. The justification of giving high priority to the prevention of violence does not reside only in its consequences such as, for example that there will be damage to victims’ health or that victims of abuse are at risk to become perpetrators of violence later on: its power is derived from the ethical imperative which recognizes that in addition to its immediate consequences violence also erodes the structure of society and diminishes the probability that the human societies will survive.

It is a pleasure to see this book in print. It will certainly help many to think about and deal with mental disorders and other psychological consequences of violence. I hope that it will also enlarge the numbers of those who will abhor violence in all its forms and who will devote at least a part of their professional and civilian life to its prevention.

Norman Sartorius, MD, PhD, FRCPsych, Geneva
Acknowledgments

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Claudia García-Moreno, MD, MSc, Geneva
Anita Riecher-Rössler, MD, Basel