

# WMA STATEMENT ON VIOLENCE AGAINST WOMEN

*Adopted by the 61<sup>st</sup> WMA General Assembly, Vancouver, Canada, October 2010*

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## PREAMBLE

Violence against women is a worldwide phenomenon and includes violence within the family, within the community and violence perpetrated by or condoned by the state. Many excuses are given for violence generally and specifically; in cultural and societal terms, these include tradition, beliefs, customs, values and religion. Intimate partner violence, rape, sexual abuse and harassment, intimidation at work or in education, modern slavery, trafficking and forced prostitution, are all forms of violence condoned by some societies. One extreme form of such violence is sexual violence used as a weapon of war (United Nations Security Council Resolution 1820). Specific cultural practices that harm women, including female genital mutilation, forced marriages, dowry attacks and so-called “honour” killings are all practices that may occur within the family setting.

All human beings enjoy fundamental human rights. The examples listed above involve denial of many of those rights, and each abuse can be examined against the [Universal Declaration of Human Rights](#), as well as the [Convention on the Elimination of All Forms of Discrimination against Women](#) and the [Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children](#), supplementing the United Nations Convention against Transnational Organized Crime (2000).

The denial of rights and the violence itself have health consequences to women. In addition to the specific and direct physical and health consequences, the general way in which women are treated can lead to an excess of mental health problems and increase of suicidal behavior. The short and long-term mental health consequences of violence may severely influence later wellbeing, enjoyment of life, function in society and the ability to provide appropriate care for dependents. Lack of good nutritional opportunities can lead to generations of women with poorer health, poorer growth and development. Denial of educational opportunities leads to poorer health for all the family members since good education of women is a major factor in the wellbeing of the family.

In addition to being unacceptable in and of itself, violence against women is also socially and economically damaging to the family and to society. There are direct and indirect economic consequences to violence against women that are far greater than the direct health sector costs. Lack of economic independence, and of basic education, also mean that women who survive abuse are more likely to be or to become dependent upon the state or society and less able to support themselves and contribute to that society.

Physicians have a unique insight into the combined effects of violence against women. The holistic view from physicians can be used to influence society and politicians. Gaining societal support for improving the rights, freedom and status of women is essential.

This Statement alongside with other WMA key related policies, including the statements on [Female Genital Mutilation](#), [Sex Selection and Female Foeticide](#), [Medically-indicated Termination of Pregnancy](#), [Family Violence](#), [Violence and Health](#), [Child Abuse and Neglect](#) and on the [Right of Rehabilitation of Victims of Torture](#), provide guidance to WMA Constituent Members and physicians on ways to support women who are victims of violence, and strive for eradicating violence against women.

## RECOMMENDATIONS

The WMA:

1. Calls for zero tolerance for all forms of violence against women.
2. Asserts that violence against women is not only about physical, psychological and sexual violence but includes neglect and abuses such as harmful cultural and traditional practices and is a major public health issue as well as a social determinant of health.
3. Recognizes the linkage between better education, other women’s rights and societal health and wellbeing,

and emphasizes that equality in civil liberties and human rights are health-related issue.

4. Calls on WHO, other United Nations agencies and relevant actors at national and international levels to accelerate actions towards ending discrimination and violence against women.
5. Urges the governments to implement WHO's [Global Plan of Action to Strengthen the Role of the Health System within a National Multisectoral Response to Address Interpersonal Violence, in particular Against Women and Girls, and Against Children](#).
6. Encourages the development of free educational materials online to provide guidance to front line health care personnel on abuse and its effects, and on prevention strategies.

National Medical Associations are urged to:

7. Use and promote the available educational materials on preventing and treating the consequences of violence against women and act as advocates within their own country.
8. Seek to ensure that physicians and other health care personnel are alerted on the phenomenon of violence, its consequences, and the evidence on preventative strategies that work, and place appropriate emphasis on this in undergraduate, graduate and continuing education.
9. Recognise the importance of more complete reporting of violence and encourage the development of education emphasising violence awareness and prevention.
10. Advocate for legislation against specific harmful practices including female feticide, female genital mutilation, forced marriage, and corporal punishment.
11. Advocate for the criminalization of intimate partner violence as well as rape in all circumstances including within marriage.
12. Advocate for the development of research data on the impact of violence and neglect upon primary and secondary victims and upon society, and for increased funding for such research.
13. Encourage medical journals to publish more of the research on the complex interactions in this area, thus keeping it in the professions' awareness and contributing to the development of a solid research base and ongoing documentation of types and incidence of violence.
14. Advocate for the national implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Physicians are encouraged to:

15. Use the material developed for their education to better inform themselves about the effects of violence and the successful strategies for prevention.
16. Treat and reverse, where possible, the complications and adverse effects of female genital mutilation and refer the patient to social support services.
17. Oppose the publication or broadcast of victims' names or addresses without the explicit permission of the victim.
18. Assess risk of family violence in the context of taking a routine social history of a patient.
19. Be alert to the association between alcohol or drug dependence among women and a history of abuse.
20. Where appropriate, report suspected violence or ill-treatment against women to relevant protection services and take the necessary measures to ensure that victims of violence are not at risk.
21. Support global and local action to better understand the health consequences both of violence and of the denial of rights, and advocate for increased services for victims.