

# WMA STATEMENT ON FAMILY VIOLENCE

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## PREAMBLE

Family violence is a grave universal public health and human rights problem that affects individuals, regardless of age, gender, sexual orientation, racial/ethnic background, culture, religion, socio-economic status or any other factor.

Though definitions vary, the term family violence is generally applied to the physical, sexual, verbal, economic, spiritual, psychological or emotional abuse, or neglect of a person by someone with whom the victim is physically, financially, emotionally or socially related and/or dependent.

Although the causes of family violence are complex, a number of contributing factors are known, such as lack of basic education, lack of economic independence/poverty, underlying and/or undiagnosed mental health issues, substance abuse (particularly alcohol), stress, rigid gender roles, poor parenting skills, interpersonal conflicts within the family, the perpetrator's experience of maltreatment and family violence as a child, or familial social isolation.

Family violence has adverse physical, mental, emotional and psycho-social consequences on the individual and negatively impacts the health and wellbeing of the affected individual. There may also be socio-economic impacts as well as impacts on a witness of family violence, the family and community. These adverse effects could be short-term/immediate or long-term/chronic. They include physical harm/injuries, death, impact on reproductive health/miscarriage, dysfunctional families, educational disruptions and poor academic performance, sexually transmitted diseases, juvenile delinquency, professional disruptions and loss of employment, social exclusions and homelessness, insomnia, anxiety, depression, resort to substance abuse and crime, post-traumatic stress disorder, and suicide. Victims can become perpetrators of family violence and violent acts against non-intimates (intergenerational transmission of violence).

The World Medical Association (WMA) firmly condemns all forms of violence and reaffirms its policies on [Violence against Women and Girls](#), [Child Abuse and Neglect](#), [the Abuse of the Elderly](#), and [Violence and Health](#).

## RECOMMENDATIONS

### **Governments and National Health Authorities**

WMA urges governments to:

1. Strengthen the sense of social responsibility, develop and enforce policies, legal frameworks, and national plans with allocated budget for the prevention and elimination of family violence, as well as for protection of victims and witnesses of family violence.
2. Address the root causes of violence in relation to social determinants of health and to promote health equity. This should include addressing gender inequality and other harmful societal practices.
3. Recognise that times of intense individual and/or national stress increase the risk of family violence and ensure that appropriate resources are publicized and made available during such times.
4. Provide tools to recognize, act upon and if necessary report cases of family violence.
5. Develop data collection systems on family violence, that holistically include vital aspects of family violence such as mortality, morbidity, injuries, family or community environment, risk factors, costs of interventions, loss in productivity, legal costs among others.
6. Provide secure private reporting mechanisms and safe havens to protect the individual from feelings of guilt

and shame to avoid stigma and retaliation.

7. Require a guideline that indicates how to act on suspicion of family violence and what interventions are available. Reporting should only be done when, in the opinion of the physician, doing so will not endanger the individual experiencing the violence. If possible, this should be done in consultation with the individual experiencing the violence.
8. Institute and promote high-quality research programs to provide a strong evidence base on the multiple facets of family violence such as the magnitude, risk profiles, underlying factors, and the complex interplay of factors, as well as cross comparisons among settings, countries and regions.
9. Develop and offer family violence services to those experiencing family violence, including policy and legal accompaniments, case management, advocacy, counselling, safe housing and safety planning.
10. Encourage multi-stakeholder constructive collaboration between sectors, disciplines, as well as governmental and nongovernmental bodies, including traditional and religious institutions, to eliminate and prevent family violence.

### **WMA constituent members and the medical profession**

WMA constituent members should :

1. Encourage coordination of action against family violence between and among components of the health care system, criminal justice systems and law enforcement authorities, including family and juvenile courts, and victims' services organizations.
2. Encourage and facilitate research to understand the prevalence, risk factors, outcomes and optimal care for victims of family violence.
3. Promote advocacy, public and professional awareness creation, and community education programs on family violence.
4. Encourage managers of public and private health facilities to provide educational materials in reception/patient waiting rooms and emergency departments, to offer patients and clients general information about family violence, as well as to inform them about available integrated and professionally good local services that can be accessed.
5. Advocate for inclusion of courses on violence, including family violence, in the academic curricula for undergraduate and postgraduate medical education.
6. Promote capacity building and Continuous Medical Education programs for physicians, on prevention of family violence.
7. Advocate for rehabilitation, counseling, and therapy to those who either cause, experience or are exposed to the violent acts, especially traumatized children.
8. Encourage adequate undergraduate family medicine education and training in family dynamics, including the medical, sociological, psychological and preventive aspects of all types of family violence.

### **Physicians**

In the light of their obligation to promote the well-being of patients, physicians have an ethical obligation to take appropriate action to recognize and offer assistance to patients harmed by family violence and abuse.

Physicians should:

1. Routinely consider and be sensitive to signs indicating the need for further evaluations about current or past abuse as part of their general health screening or in response to suggestive clinical findings, as physicians are often the first to suspect family violence.
2. Be acquainted on ways to take an appropriate and culturally sensitive history of current and past abuse and be acutely aware of the need to maintain confidentiality and a trusting patient-physician relationship in cases of family violence.
3. Be aware of social, community and other services useful for victims, and in some cases, perpetrators of violence and refer to and use these routinely to support victims, witnesses and/or perpetrators of family violence.

4. Report suspected violence against children and other family members to appropriate protection and security services in keeping with applicable requirements, and take necessary measures to ensure that victims and witnesses of violence are not at risk.
5. Be encouraged to participate in coordinated community activities that seek to reduce the burden and impact of family violence.
6. Be encouraged to embrace patient-centred, community specific care, and to develop impartial attitudes toward those involved in family violence.