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**Follow-up to the Fourth World Conference on Women
and to the special session of the General Assembly entitled
“Women 2000: gender equality, development and peace for
the twenty-first century”: implementation of strategic
objectives and action in critical areas of concern and
further actions and initiatives**

Statement submitted by International Association for Women’s Mental Health, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



Statement

Interpersonal violence against women

A wide range of sources, including the Beijing Platform for Action, the World Health Organization and the Special Rapporteur on violence against women, its causes and consequences have recognized that interpersonal violence is a critical public health challenge throughout the world that causes distress, reduced quality of life, physical and mental health consequences, and even death.

Although men, women and children may all be victims of violence, the perpetrators and consequences of violence are usually different for men and women. While men are most likely to be injured by strangers during the commission of a crime or in war, women are most likely to be injured by their male partners or other family members, often someone they live with and love. In fact, women are more likely to be murdered by their intimate partners than by strangers. In addition, men's greater size and strength and their more frequent use of weapons result in more serious injuries to women from interpersonal violence between men and women. All these differences require special consideration for prevention, amelioration and policy for each gender; accordingly, the present consensus statement has been developed on interpersonal violence against women.

Research has revealed a high prevalence of acute and chronic physical and mental health consequences of violence against women. Women who are victims of violence are more likely to suffer from depression, anxiety, post-traumatic stress disorder, borderline personality disorder, substance abuse, sexual dysfunction, low self-esteem and psychological distress, as well as a host of acute and chronic physical disorders. Violence and abuse in early life are strong predictors of later mental illness, especially depression. Moreover, being assaulted, or witnessing an assault on family members in childhood or adolescence, increases the risk of mental disorders, low self-esteem and subsequent involvement in abusive relationships for both men and women. Violence against women also has negative secondary effects for families, communities, society and the economy.

Violence against women takes many forms: battery, sexual assault, psychological abuse and harassment. Cultural norms, social expectations, and gender roles and relations may promote such violence against women, and those social forces may determine the consequences to the woman and the response of society. Media and advertising too often portray violence against women as acceptable. Although religion may be used as a rationalization for violence against women, reference to core religious documents, such as the Bible, the Koran and the Torah, reveal in many parts that violence against women is not acceptable.

Understanding male violence against women requires an examination of the physical, legal and economic power inequality between men and women. Poor and older women, mentally ill women, women with disabilities, women in institutions, ethnic minorities, sex workers, trafficked women and other disadvantaged women, including women during armed conflict, are all disproportionately at risk for violence.

As psychiatrists and other mental health professionals play a vital role as mental health-care service providers, educators, researchers and policy advocates,

who help to shape mental health professional practice and public opinion, be it resolved that the International Association for Women's Mental Health:

(a) Issue a policy statement that recognizes violence against women as a major determinant of mental distress and psychiatric illness in women, and strongly condemns all forms of violence against women;

(b) Support programmes to improve the education of practising and training psychiatrists to recognize and treat victims of violence. This education should include, as a starting point, the routine inquiry about violence and victimization in all psychiatric assessments, and the recognition of the role of violence and rape in the genesis of many psychiatric illnesses and as a treatment issue;

(c) Promote safe, respectful and non-blaming ambulatory and inpatient treatment programmes for women victims of violence;

(d) Support research to develop and evaluate the best treatments for women who have suffered from violence, and for their children and the perpetrators;

(e) Support health professionals' and the public's awareness of violence against women as a critical women's mental health determinant;

(f) Explore opportunities for greater inter-professional collaboration (legal, social, medical and policymaking) on an international level to prevent and ameliorate violence against women, including violence during armed conflict;

(g) Explore wide-ranging psycho-educational and sociocultural interventions designed to change the objectification of women, which is a major determinant of violence against women;

(h) Censure public statements which seek to normalize violence against women as acceptable or as a cultural norm.
