BOOK REVIEWS 629

Violence against women and mental health, C. García-Moreno, A. Riecher-Rössler, editors (Karger, Basel, Switzerland) 2013. 180 pages. Price: US \$ 93.00 / CHF 79.00

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Violence against women is known to be one of the causes of mental health problems. Gender bias and social injustice is present all over the world. This book covers the global perspective of impact of violence against women in all cultures and special aspects of violence. There are 16 chapters which highlight the magnitude of this problem, types of violence and the policy implications. According to Michelle Bachelet. former Executive Director of UN Women, New York violence is a silent pandemic and leaves no country or community untouched. International women's movement has declared violence against women as a public health priority. Violence is experienced by women at home, work place and in public spaces. Earlier women were silent about experience of violence, but now they are being encouraged to come forward to seek help.

Norman Sartorius, from WHO, Geneva, emphasises in the preface that violence against women is a risk factor for mental ill health. This book examines the effect of violence against women on their health in general, on their working capacity, family relationships and trauma on various forms of human functioning. He questions the ethical rule of aggression against another human being and appeals that this evil should be stopped.

The book has two parts namely, 'Violence against Women Worldwide' and 'Specific Aspects of Violence'. It provides substantial evidence of the pervasiveness of violence against women across the world. The first six chapters give a global overview of the prevalence and consequences of violence against women from various regional perspectives - Europe, Latin America, Middle East, South Asia, and South Africa. All chapters highlight how social, cultural and economic factors, particularly gender inequality and women's low status in society, are root causes of violence and affect women's mental health directly.

The first chapter provides a global overview of most forms of violence against women which include intimate partner violence (IPV), sexual abuse by non-intimate partner, human trafficking, female genital mutilation and conflict sexual violence. It also discusses the risk of violence on pregnant women,

adolescent girls, and women with disabilities or abusing substances. Violence in turn leads to fatal outcomes such as homicides, suicide and maternal mortality. There is a need to implement policies and strategies in the health sector and educating healthcare providers on this problem.

The next five chapters focussed on worldwide view of violence against women in Middle East, Latin America, South Asia, Europe and South Africa. All the countries have reported on increase in vulnerability of women to violence, social and political forces behind the under-reporting and attitude of the society towards women. Gender-based violence in Middle East is executed in forms of domestic violence, female genital mutilation/cutting, honour killing and violence at times of war. Almost 50 per cent of women in Latin America suffer from some type of family violence and gender disparity. Intimate partner violence is also reported in Latin American women. In the chapter, 'Violence against Women in South Asia', the author has reported sexual violence practices in Pakistan and India especially dowry-related murders, honour killing, human trafficking and violence during pregnancy. The attitude and physical and verbal abuse by mother-inlaw towards daughter-in-law in these countries are reported. Higher prevalence of depression in women is also reported. Domestic violence against women is also reported in other South Asian countries like Bangladesh and Sri Lanka. All South Asian countries are working on sensitizing the judiciary, police, planners, policy makers to gender related issues.

In European countries the prevalence of intimate partner violence is variable with Sweden, Denmark and Switzerland reporting only 1 per cent, France 5.5 per cent and Finland 8.6 per cent. The European council has adopted recommendations on the protection of women against violence as the first international legal document. It has also developed services for victims. In Africa gender-based violence has resulted in much higher prevalence of depression (PTSD; post-traumatic stress disorder), binge drinking, suicidal thoughts and attempts.

The chapters under the second section of this book document the burden of mental ill health among women who have experienced different forms of violence – sexual abuse in childhood, IPV, sexual violence; similarly with violence in different settings such as in conflict and among migrants and refugees. Other chapters address violence against women with severe psychiatric illness, sexual abuse perpetrated on

patients by health professionals, suicide and intimate partner violence.

Sexual assault has also been associated with many types of mental health problems. Intervention methods for the survivors of sexual assault has been discussed in detail. These strategies include brief cognitive behaviour therapy, prolonged exposure and stress inoculation training. Eye movement desensitization and reprocessing have been shown to improve the mental health of many adult female sexual assault survivors. IPV is a major public health problem. Suggestions have been given to address problems of poor identification, training healthcare professionals to provide care. Child sexual abuse (CSA) among girls has also been discussed in detail.

High rates of psychological distress and mental disorders have been documented in survivors of sexual violence in areas of armed conflict. Despite the acknowledged scale of the problem, little is known about effective interventions for survivors of sexual violence in areas of armed conflict in low- and medium income countries. Although evidence is extremely limited and methodological limitations make it difficult to decipher the outcome of an intervention implemented towards achieving the stated goals, the reviewed studies reinforce what is considered 'best practice' for psychosocial interventions with survivors of sexual violence in settings of armed conflict.

One chapter has been devoted to violence on the female refugee and migrant population. The premigratory factors that may contribute to mental and physical health problems are discussed, along with the post-migratory factors that further add to psychological and physical distress, contributing to social problems. The increasing public health problem of trafficking is analyzed in relation to the causative factors and possible therapeutic interventions. Strategies are outlined focusing on how to empower these populations to be able to better cope with their lives.

One chapter has been focussed on abuse in doctorpatient relationships. An orientation about professional boundaries and treatment of victims of sexual abuse is provided along with a definition of professional, sexual misconduct. Inpatient and outpatient settings in clinics/ hospitals are considered as high risk places for sexual offences due to the opportunities and infrastructure. This is comparable to intra-familial sexual exploitation. Sexual misconduct by health care professionals in all cases is a criminal offence. Work place harassment based on sex is also considered a risk factor for women's mental health problems. Many women encounter sexual harassment at workplace which has been categorized as gender harassment, unwanted sexual attention and sexual coercion. Women who have encountered sexual harassment at workplace report depression, anxiety, increased use of alcohol and drugs and eating disorders. Additionally, negative mood, self blame, reduced self-esteem, emotional exhaustion, anger, disgust, envy, fear and lowered satisfaction with life in general have also been reported. Violence against women also increases the chances of suicidal behaviour and severe psychiatric illness. Domestic abuse by family members has been implicated in suicides in some Asian settings.

In summary, this volume is comprehensive, well researched and organised work on a pertinent issue of gender based violence. Despite the evidence, most mental health policies and programmes do not systematically include violence issues. This book is a call for more awareness, for changes in the system and integration of violence issues into mental health policies and training curricula for mental healthcare providers. The book will be of help in planning treatment and research in the field of mental health in women

Manju Mehta

Department of Psychiatry All India Institute of Medical Sciences New Delhi 110 029, India drmanju.mehta@gmail.com