

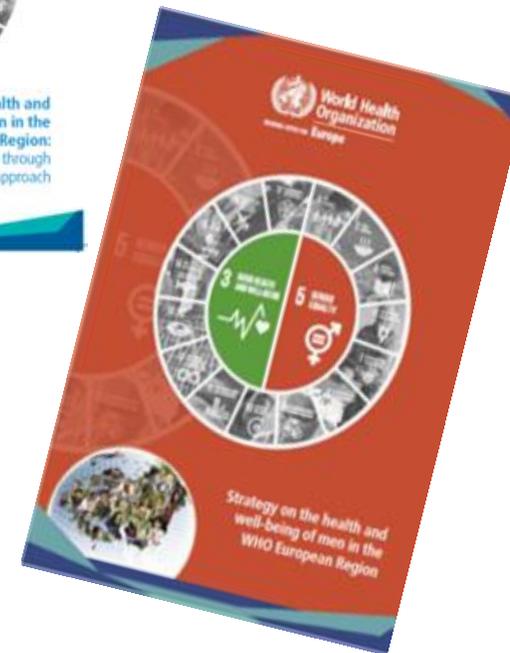
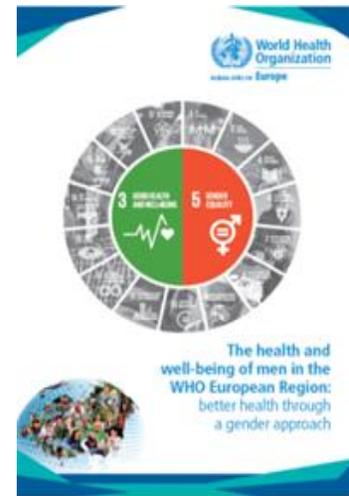
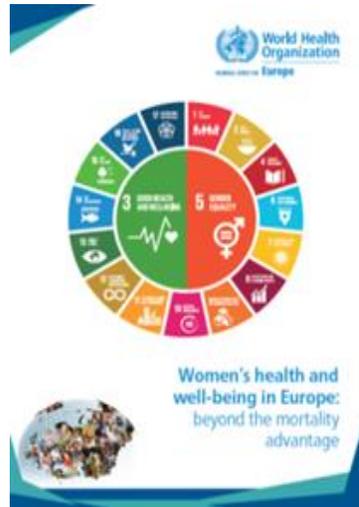
# Gender and violence against women



WHO-UNICEF Training 'Mental Health and Psychosocial Support in Emergencies', Albania

25 June 2020

# Stepping up leadership on gender-responsive health policy

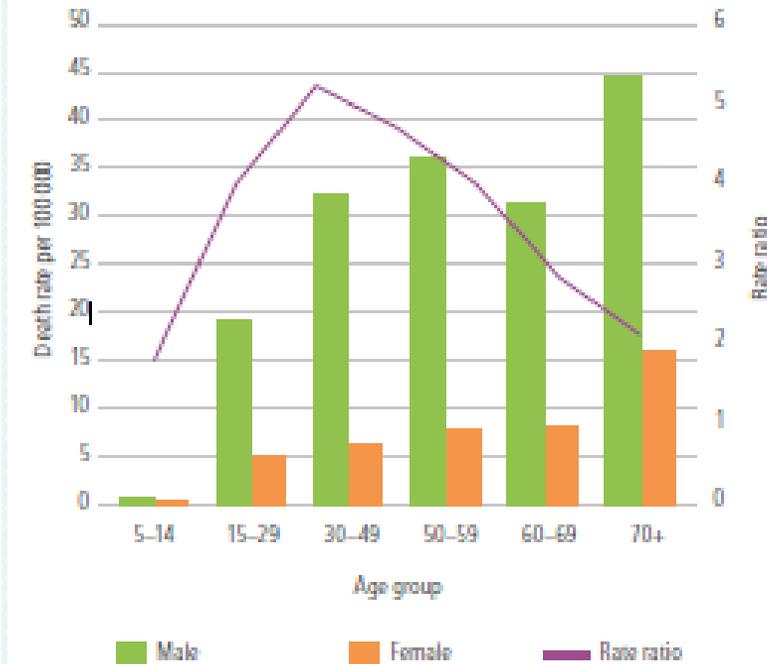


# Gender approach as an accelerator



**Fig. 2.4.**

Estimated death rates from suicide by age and sex, WHO European Region, 2016



Source: WHO (2018b).

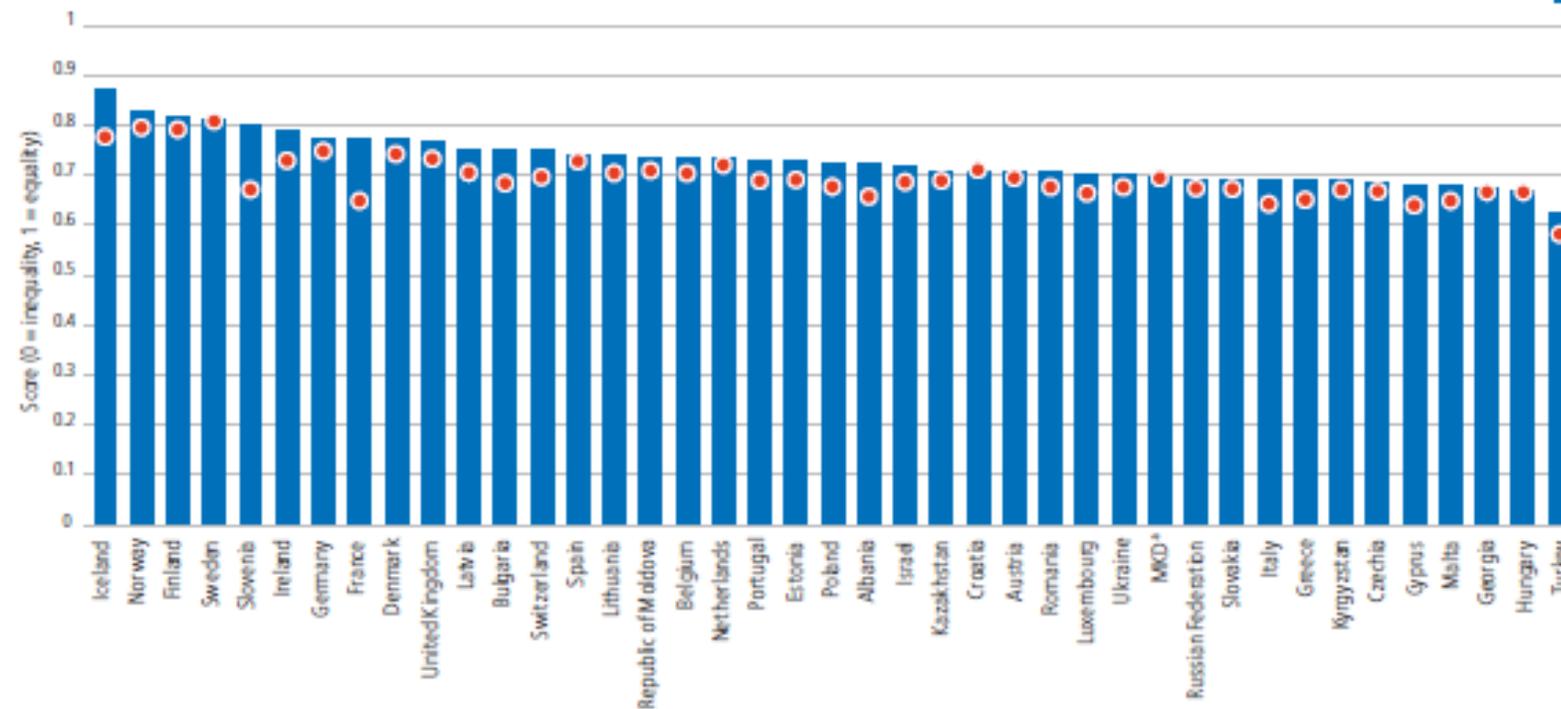
# Gender equality as a goal



## 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Fig. 4.1.

Gender gap index for 41 Member States of the WHO European Region, 2006–2017



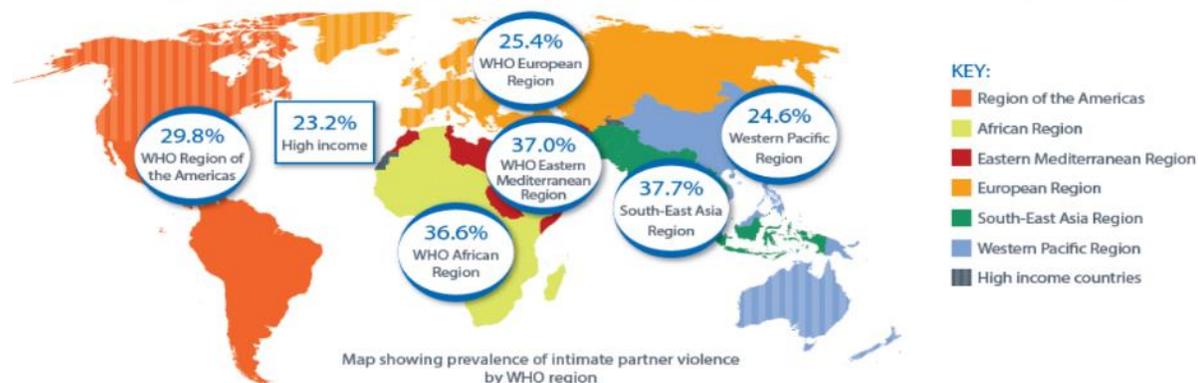
Source: World Economic Forum (2017). \*The former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the ISO.

# Violence against women is present in every single country of the region

PREVALENCE →

## 1 in 3 women

throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



- Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence.

- In the WHO European Region, this is 1 in 4 women

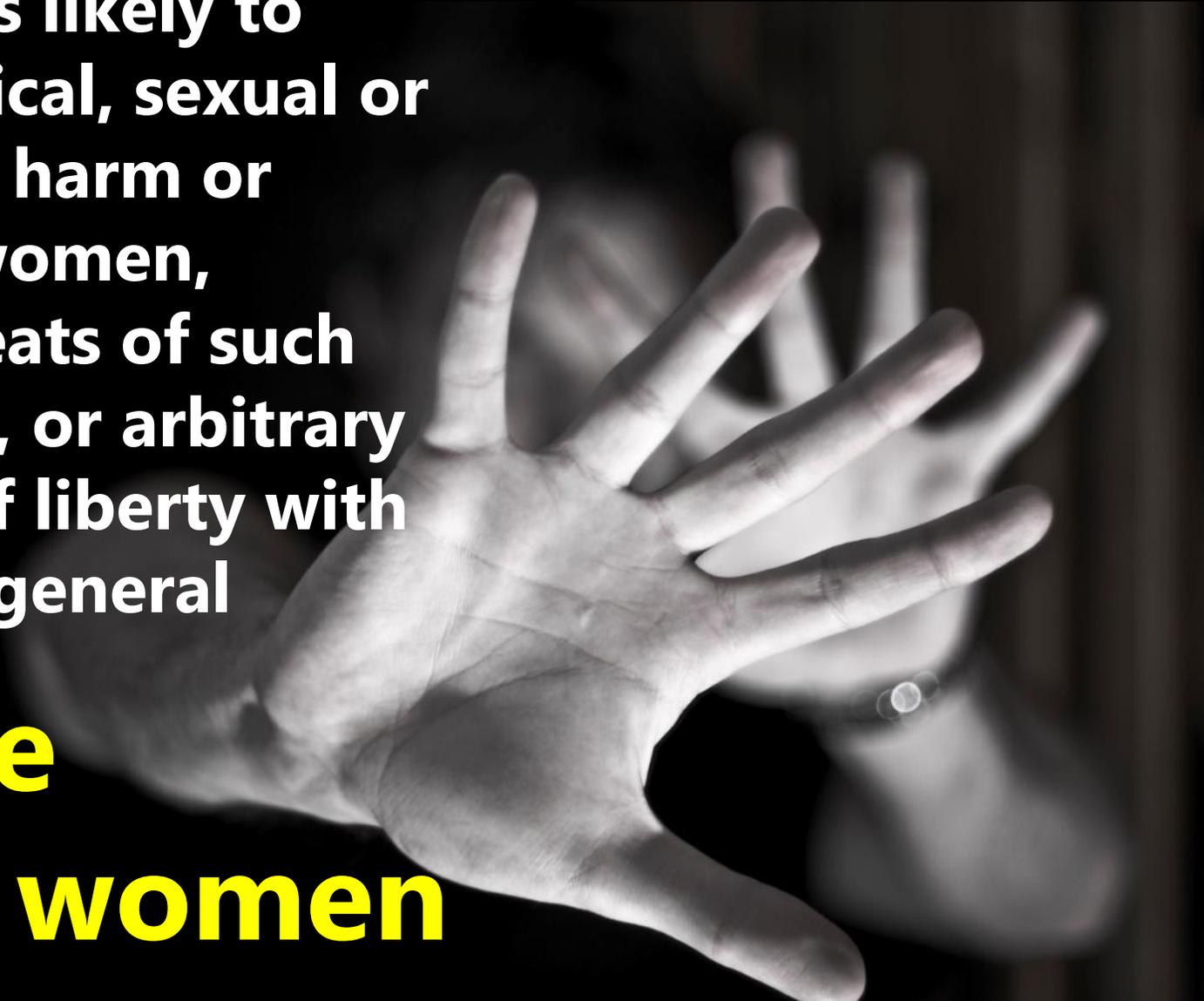
- There are many forms of VAW:

- Sexual violence,
- Femicide,
- Human trafficking,
- Female genital mutilation
- Child and forced marriages.
- **The most spread form of violence experienced by women is intimate partner violence**, including *physical, sexual, and psychological violence*

**Any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty with the family or general community**

**Violence**

**against women**



# Gender inequality a key risk factor

## Violence against Women Risk Factors

### Community Factors

- Harmful gender norms that uphold male privilege and limit women's autonomy
- High levels of poverty and unemployment
- High rates of violence and crime
- Availability of drugs, alcohol and weapons

### Societal Factors

- Discriminatory laws on property ownership, marriage, divorce and child custody
- Low levels of women's employment and education
- Absence or lack of enforcement of laws addressing violence against women
- Gender discrimination in institutions (e.g. police, health, etc.)

### Interpersonal Factors

- High levels of inequality in relationships/ male-controlled relationships/ dependence on partner
- Men's multiple sexual relationships
- Men's use of drugs and harmful use of alcohol

### Individual Factors

- Childhood experience of violence and/or exposure to violence in the family
- Mental disorders
- Attitudes condoning or justifying violence as normal or acceptable



Source: RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019 (WHO/RHR/18.19). Licence: CC BY-MC-SA 3.0 IGO

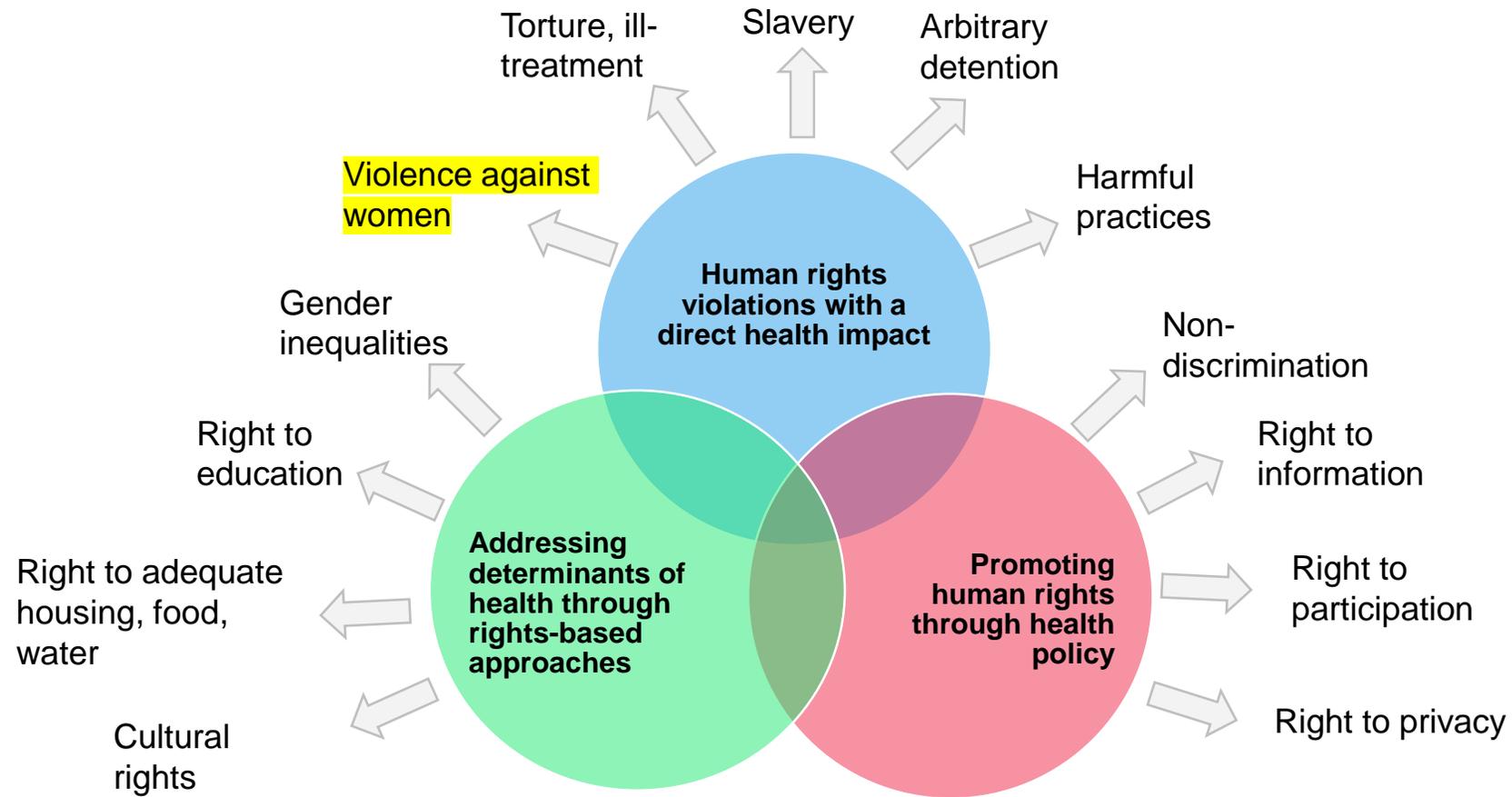
# Albania gender equality priorities 2020-2025

## Albania Beijing+25 report – top 5 priorities

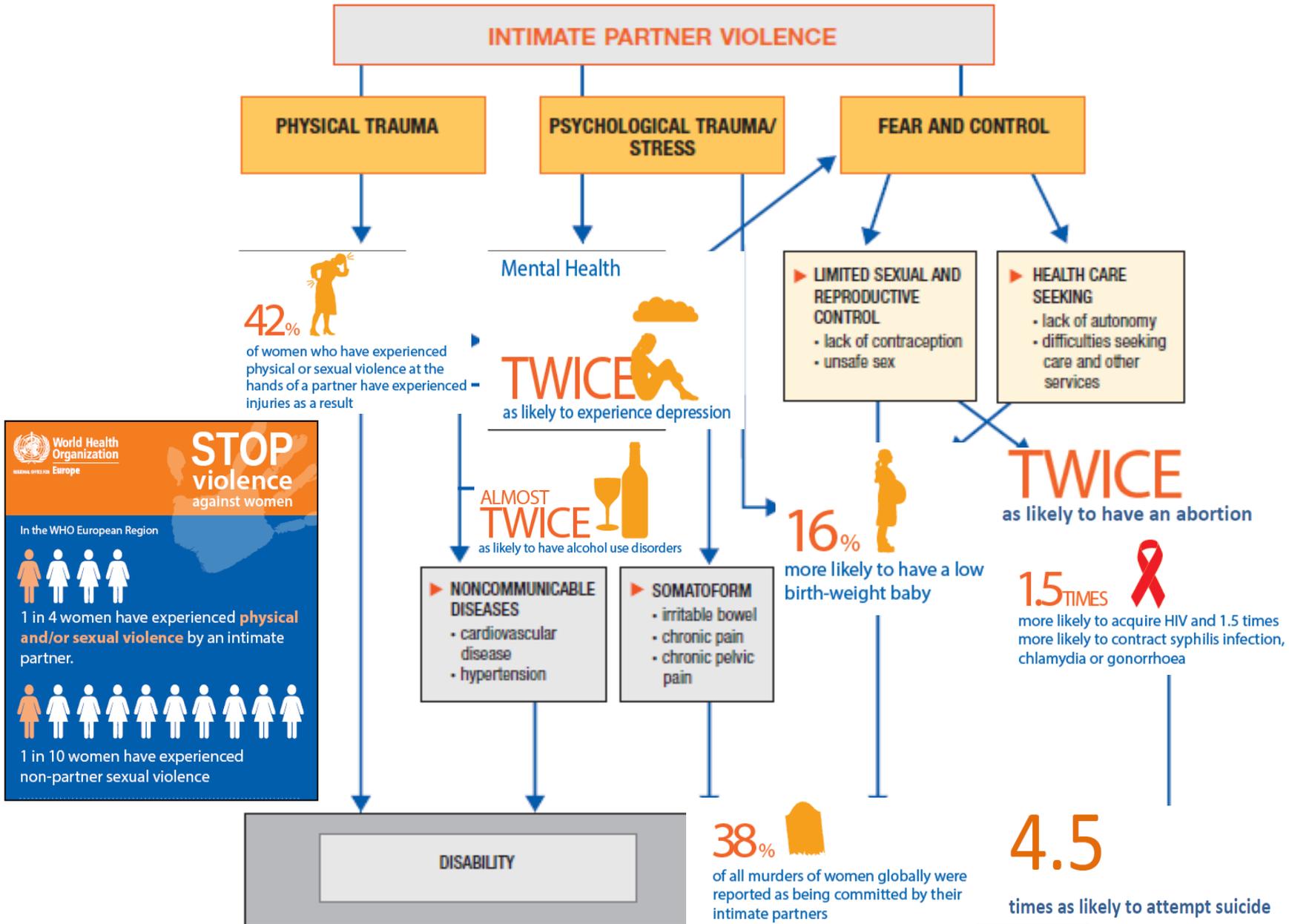
- Eliminating violence against women and girls
- Gender-responsive budgeting
- Equality and non-discrimination under the law and access to justice
- Quality education, training and life-long learning for women and girls
- Women's entrepreneurship and women's enterprises



# Health & human rights



# Pathways & health effects of IPV



“

Sometimes when I ask a woman about violence, she dissolves in a sea of tears... then I think now how am I going to get rid of her?

Doctor in El Salvador

# Ignoring violence can do harm

## Provider behaviour

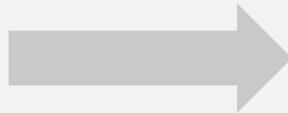
## Possible consequences

Blames or disrespects  
women or girls



Inflicts additional  
emotional distress or  
trauma

Doesn't recognize VAW  
behind chronic or re-  
occurring conditions



Woman receives  
inappropriate or  
inadequate medical care

Fails to provide  
adequate care to  
victims



Unwanted pregnancy,  
untreated STI, unsafe  
abortion

# Ignoring violence can do harm

## Provider behaviour

## Possible consequences

Breaches privacy or confidentiality



Partner or family member becomes violent after overhearing information

Doesn't address VAW in family planning or STI/HIV counselling



Unwanted pregnancy; STIs/HIV/AIDS; unsafe abortion; additional violence

Ignores signs of fear or emotional distress



Woman is later injured, killed or commits suicide

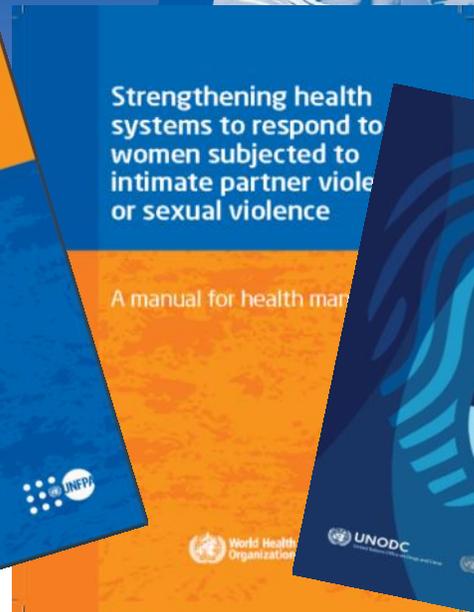
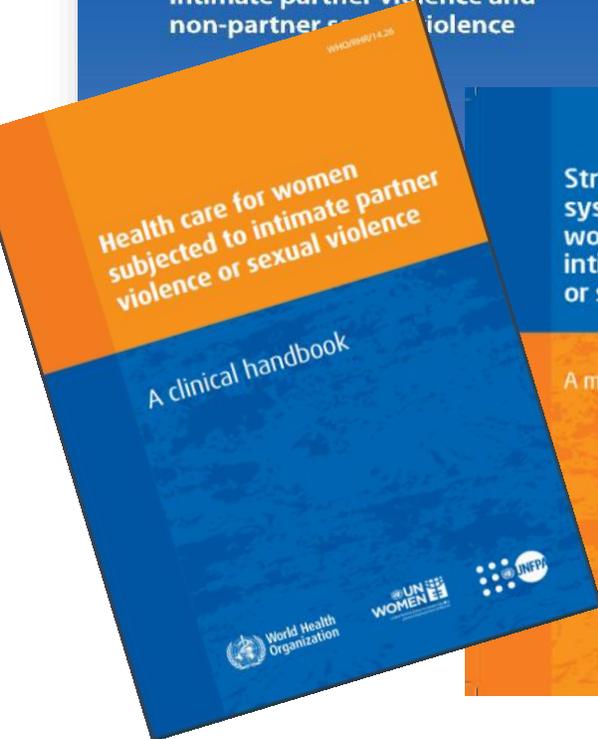
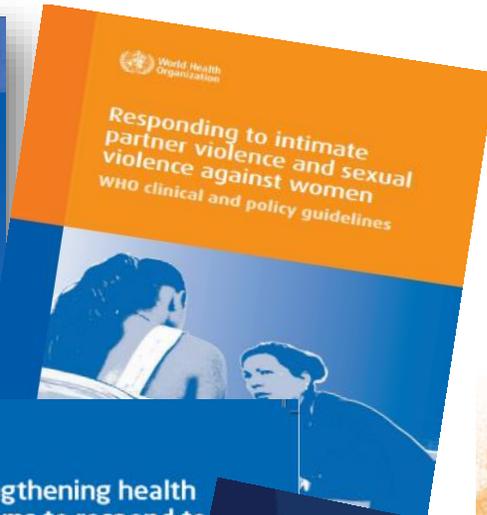
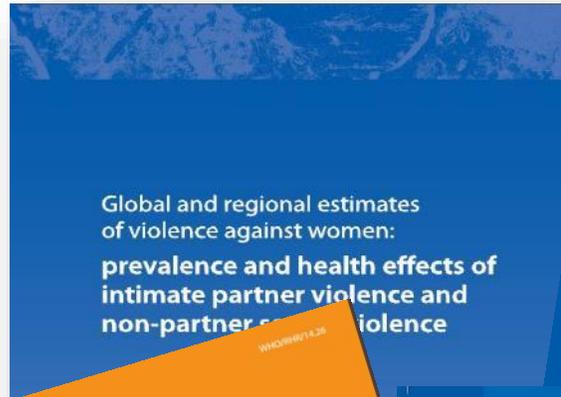
# The important role of the health system - from country commitment to action

## Four strategic directions



# WHO tools to support countries address violence against women

<https://www.who.int/reproductivehealth/publications/violence/en/>



**Evidence:** Prevalence estimates and health effects

**Response:** tools for health system strengthening

- Policy and clinical guidelines (IPV, SV, children)
- Medico-legal
- Clinical handbook
- Manual for health managers
- Curriculum for health workers

**Prevention:** RESPECT action framework

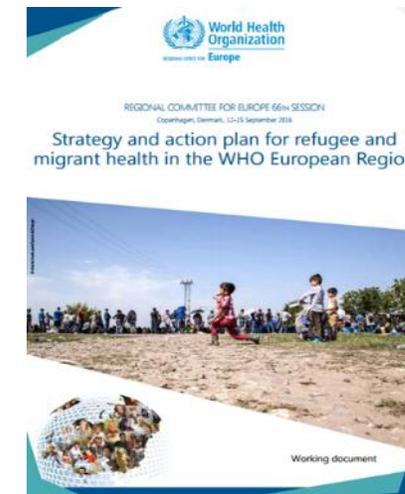
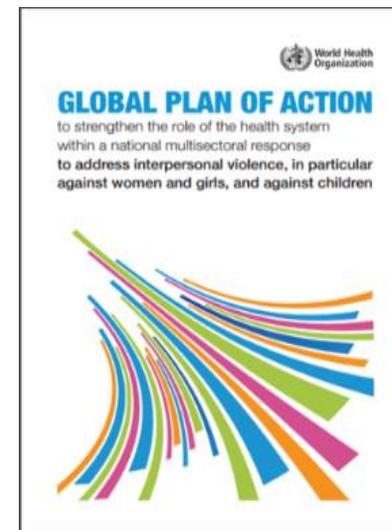
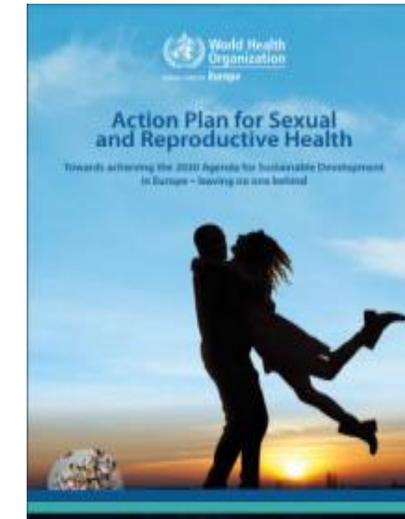
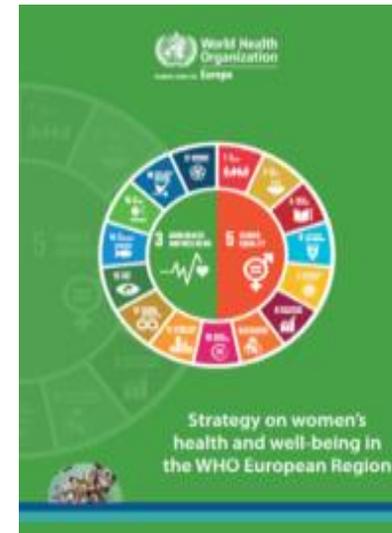
# WHO Europe specific commitments in relation to violence against women

## Resolution EUR/RC66/R8 (2016)

URGES Member States

(f) To prevent and combat all forms of violence against women and girls, including domestic violence, and to implement resolution WHA69.5 adopting a WHO global plan of action (...).

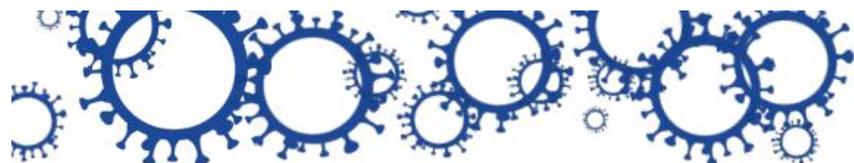
Global Plan of Action:  
**Health systems address violence against women and girls**



# VAWC increases in all emergencies including epidemics

## Likely pathways

- Stress
- Disruption of social and protective networks
- Decreased access to services



## COVID-19 and violence against women What the health sector/system can do

7 April 2020

Violence against women remains a major threat to global public health and women's health during emergencies

- Violence against women is highly prevalent. Intimate partner violence is the most common form of violence.
  - Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime. Most of this is intimate partner violence.

### Governments can help protect women and their children from violence during COVID-19

**Include** violence against women essential services in COVID-19 emergency preparedness and response plans

**Support** hot lines, shelters and other specialised services to provide services in the context of COVID-19 prevention measures



### Health systems can help women survivors of violence during COVID-19

- Identify and share** information on support services including opening hours and contact details
- Establish** online linkages
- Find out** what survivors of violence need, and how best to reach them safely



### If you are experiencing violence during COVID-19:

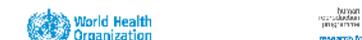
- Reach out** to supportive family, friends or neighbours
- Call** a hotline or access information online if possible
- Seek out** local services for survivors



### Make a safety plan for you and your children:

If you are experiencing violence at home and need to leave in a hurry

- Identify** a friend, neighbour, relative, or shelter you can go to
- Plan** how to get there
- Keep ready** essential personal items to take with you



# Impact of COVID-19 on violence against women and children

## Emergencies exacerbate existing inequalities



Data from media reports and not verified

### Regional Director

- [News](#)
- [Dr Kluge: biography](#)
- [Vision and strategic directions](#)
- [Multimedia](#)
- [Speeches and presentations](#)
- [Statements](#)**
- [In the media](#)
- [Election process](#)
- [Regional Directors emeritus](#)

## Statement – During COVID-19 pandemic, violence remains preventable, not inevitable

### Statement to the press by Dr Hans Henri P. Kluge, WHO Regional Director for Europe

7 May 2020, Copenhagen, Denmark

Good morning.

Thank you for joining us today.

It is over 3 months since the novel coronavirus gained a foothold in our Region, over 2 months since Europe first documented community transmission, and just over 1 month since we observed the virus move east across the European Region. With a total of 1.6 million cases and



7 May, Copenhagen, Denmark, Dr Hans Henri P. Kluge, WHO Regional Director for Europe

# Gender, human rights and COVID-19

## Specific recommendations - 1

### Limited availability of sex and age disaggregated data hamper analysis of the gendered implications of COVID-19 and development of appropriate responses

- Member States and their partners are encouraged to collect, report and analyze data on confirmed COVID-19 cases and deaths that are disaggregated by sex and age at a minimum, as per WHO global surveillance and national surveillance guidance.
- They are also urged to conduct a gender analysis of data and invest in quality gender-responsive research on the potentially differential adverse health, social and economic impacts of COVID-19 on women and men. The findings of such analysis should be used in fine-tuning response policies.

### Violence against women is increasing during lockdowns

- Member States and their partners are encouraged to include responses to violence against women, in particular intimate partner violence, as an essential service as part of the COVID-19 response, resource this adequately and identify ways to make services accessible in the context of lockdown measures

### Access to sexual and reproductive health and rights for women and girls may be reduced during the pandemic

- Member States and their partners are encouraged to maintain the availability of and equitable access to sexual and reproductive health services and include them in the essential package of health services for COVID-19 response.

# Gender, human rights and COVID-19

## Specific recommendations - 2

### Health and social workers face increased risk and vulnerability

- Member States and their partners are encouraged to ensure that all frontline health and social workers and caregivers have equitable access to training, personal protective equipment and other essential products, psychosocial support and social protection, taking into account the specific needs of women, who constitute the majority of such workers, especially at the frontline.

### Inequities in access to information, prevention, care and financial and social protection are likely to disproportionately affect the poor and other populations facing social exclusion, potentially exacerbating existing inequities

- Member States and their partners are encouraged to remove financial barriers or access to COVID-19 testing and treatment services, making them free at the point of use.
- Equitable access to essential health services, as well as access to safe water and sanitation facilities, in disadvantaged areas, such as rural communities and informal settlements, must be ensured.
- Safety nets to mitigate the adverse and inequitable social and economic impacts of the pandemic, including sick leave and unemployment benefits, will support containment measures.

### Increased stigma and discrimination are occurring and can hamper effective response

- Member States and their partners are encouraged to underscore that health is a human right and ensure that emergency responses to COVID-19 are inclusive and non-discriminatory and avoid excessive use of emergency powers to indefinitely regulate day-to-day life, with a view to return to normal life.
- They should also take measures to identify and counter stigmatizing and discriminatory practices in COVID-19 responses.



## **ONGOING!! WHO Europe rapid assessment : COVID-19 and violence against women and children**

Rapid assessment on how COVID 19 public health measures affect violence against women and children across the life course in WHO European Member States, including access to health care and care delivery.

Documentation of promising and innovative practices.

Vulnerability tracer: specifically vulnerable groups of women and children (disabilities, refugee, trafficked, minority, homeless)

WHO CCs:

- Gender Violence and Health Centre, LSHTM
- Public Health Institute, WHO CC for Violence Prevention, Liverpool John Moores University

Healthy Cities network

May-Sept 2020

# Thanks!



## WHO Regional Office for Europe

UN City  
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Copenhagen Ø  
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