Gender and violence against women

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

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Stepping up leadership on gender-responsive health policy
Gender approach as an accelerator
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.
Violence against women is present in every single country of the region

- 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.
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

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

Human rights violations with a direct health impact

Addressing determinants of health through rights-based approaches

Promoting human rights through health policy

Torture, ill-treatment

Slavery

Arbitrary detention

Violence against women

Harmful practices

Gender inequalities

Non-discrimination

Right to education

Right to information

Right to adequate housing, food, water

Right to participation

Cultural rights

Right to privacy

Gender inequalities

Right to education

Right to adequate housing, food, water

Cultural rights

Non-discrimination

Right to information

Right to participation

Right to privacy
Pathways & health effects of IPV

INTIMATE PARTNER VIOLENCE

PHYSICAL TRAUMA

PSYCHOLOGICAL TRAUMA/STRESS

FEAR AND CONTROL

Mental Health

42% of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result.

STOP violence against women

1 in 4 women have experienced physical and/or sexual violence by an intimate partner.
1 in 10 women have experienced non-partner sexual violence.

ALMOST TWICE as likely to have alcohol use disorders.

NONCOMMUNICABLE DISEASES
- cardiovascular disease
- hypertension

SOMATOFORM
- irritable bowel
- chronic pain
- chronic pelvic pain

LIMITED SEXUAL AND REPRODUCTIVE CONTROL
- lack of contraception
- unsafe sex

HEALTH CARE SEEKING
- lack of autonomy
- difficulties seeking care and other services

TWICE as likely to experience depression

16% more likely to have a low birth-weight baby

Twice as likely to have an abortion

1.5 times more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

38% of all murders of women globally were reported as being committed by their intimate partners

4.5 times as likely to attempt suicide

DISABILITY
“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
<table>
<thead>
<tr>
<th>Provider behaviour</th>
<th>Possible consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blames or disrespects women or girls</td>
<td>Inflicts additional emotional distress or trauma</td>
</tr>
<tr>
<td>Doesn’t recognize VAW behind chronic or re-occurring conditions</td>
<td>Woman receives inappropriate or inadequate medical care</td>
</tr>
<tr>
<td>Fails to provide adequate care to victims</td>
<td>Unwanted pregnancy, untreated STI, unsafe abortion</td>
</tr>
</tbody>
</table>
# Ignoring violence can do harm

**Provider behaviour**

- Breaches privacy or confidentiality
- Doesn’t address VAW in family planning or STI/HIV counselling
- Ignores signs of fear or emotional distress

**Possible consequences**

- Partner or family member becomes violent after overhearing information
- Unwanted pregnancy; STIs/HIV/AIDS; unsafe abortion; additional violence
- Woman is later injured, killed or commits suicide
The important role of the health system - from country commitment to action

Four strategic directions

1. **YOU CAN**
   Strengthen health system leadership and governance

2. **YOU CAN**
   Strengthen health service delivery and health providers’ capacity to respond to violence against women and girls

3. **YOU CAN**
   Strengthen programming to prevent violence against women and girls

4. **YOU CAN**
   Strengthen information collection and evidence
WHO tools to support countries address violence against women

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

https://www.who.int/reproductivehealth/publications/violence/en/
WHO Europe specific commitments in relation to violence against women

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 (...).
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.
Impact of COVID-19 on violence against women and children

Emergencies exacerbate existing inequalities
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 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!