

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

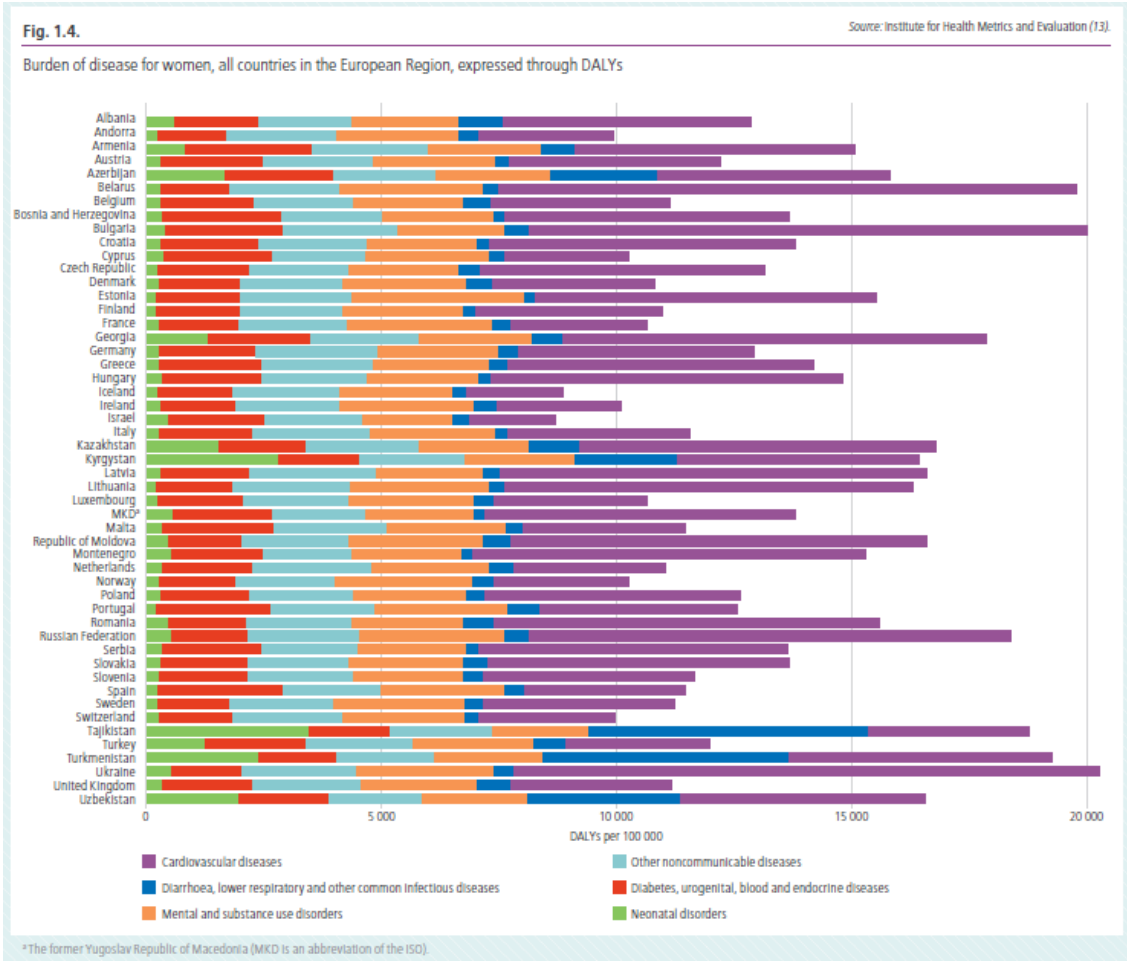
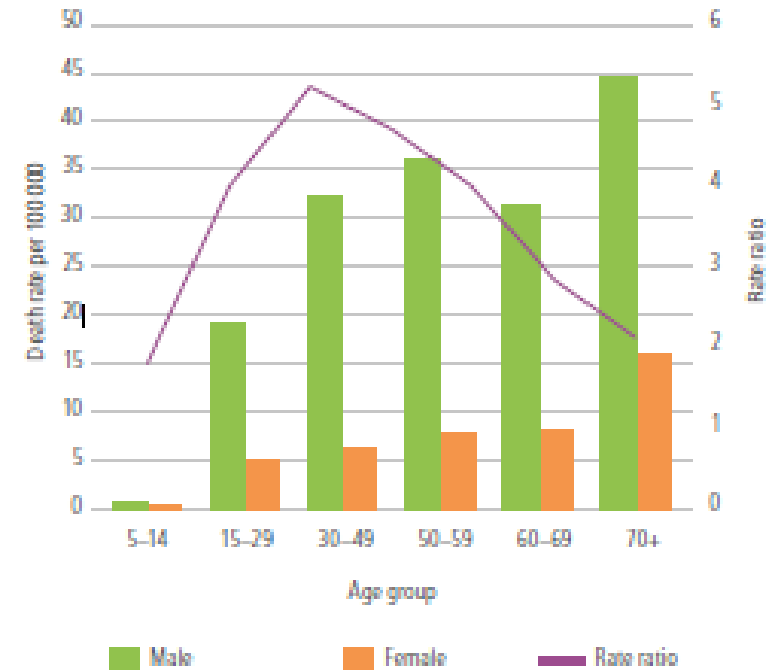


Fig. 2.4.

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



Source: WHO (2018b).

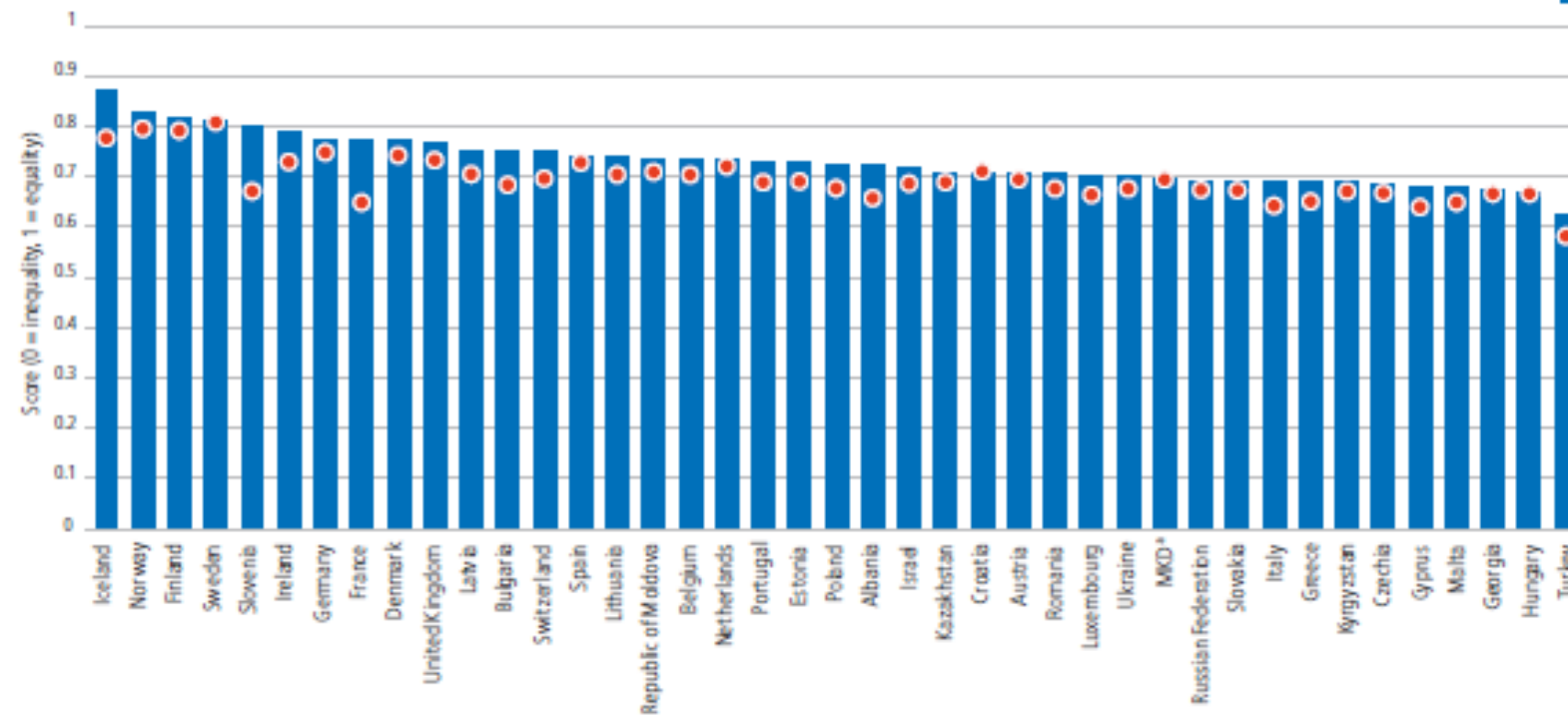
Gender equality as a goal



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



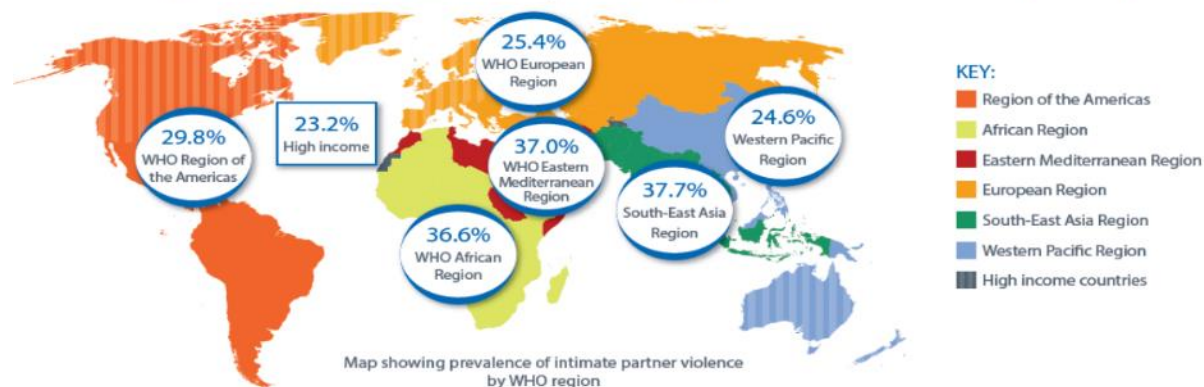
Source: World Economic Forum (2017). *The former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the ISO.

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

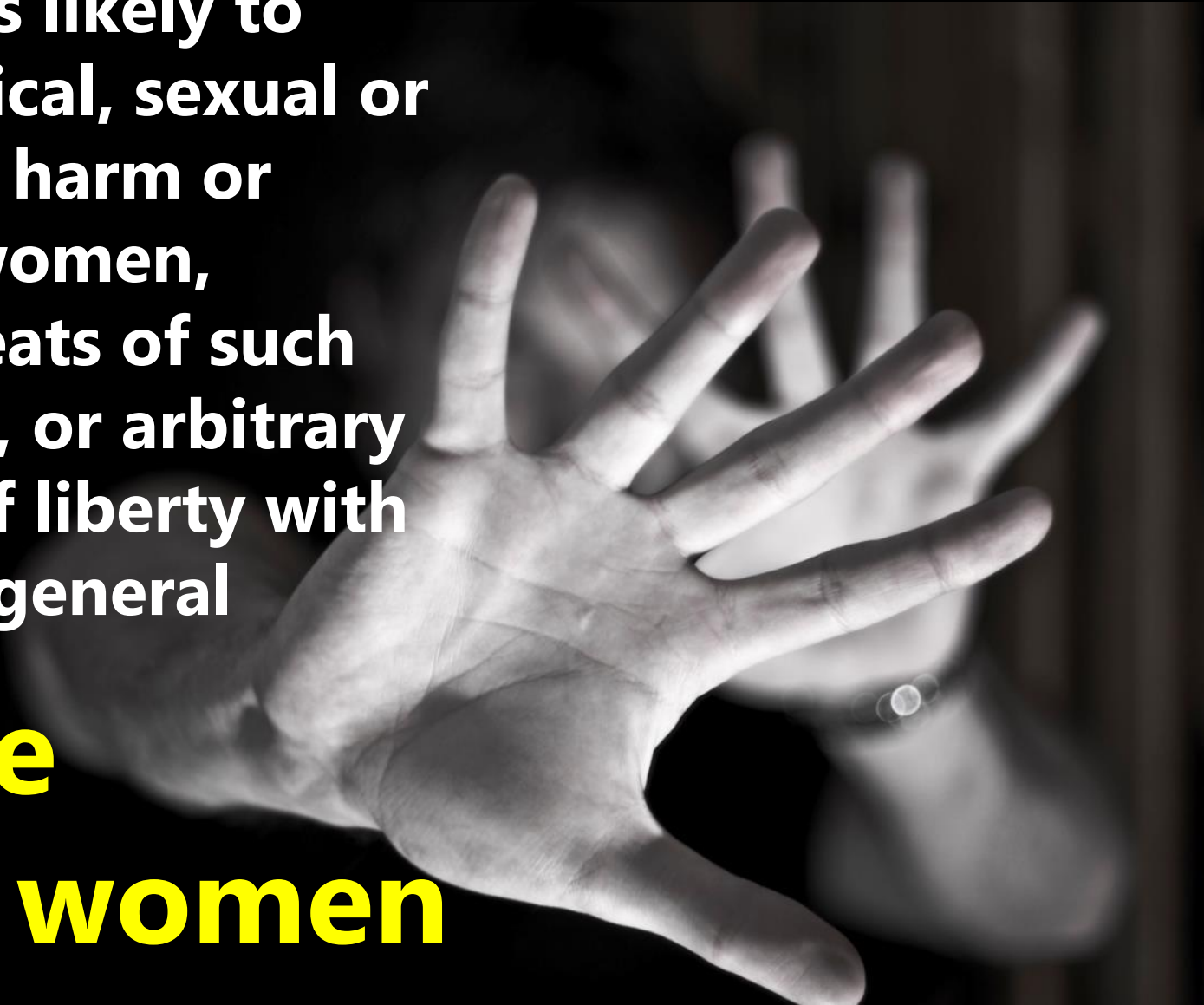
- Child and forced marriages.

- **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

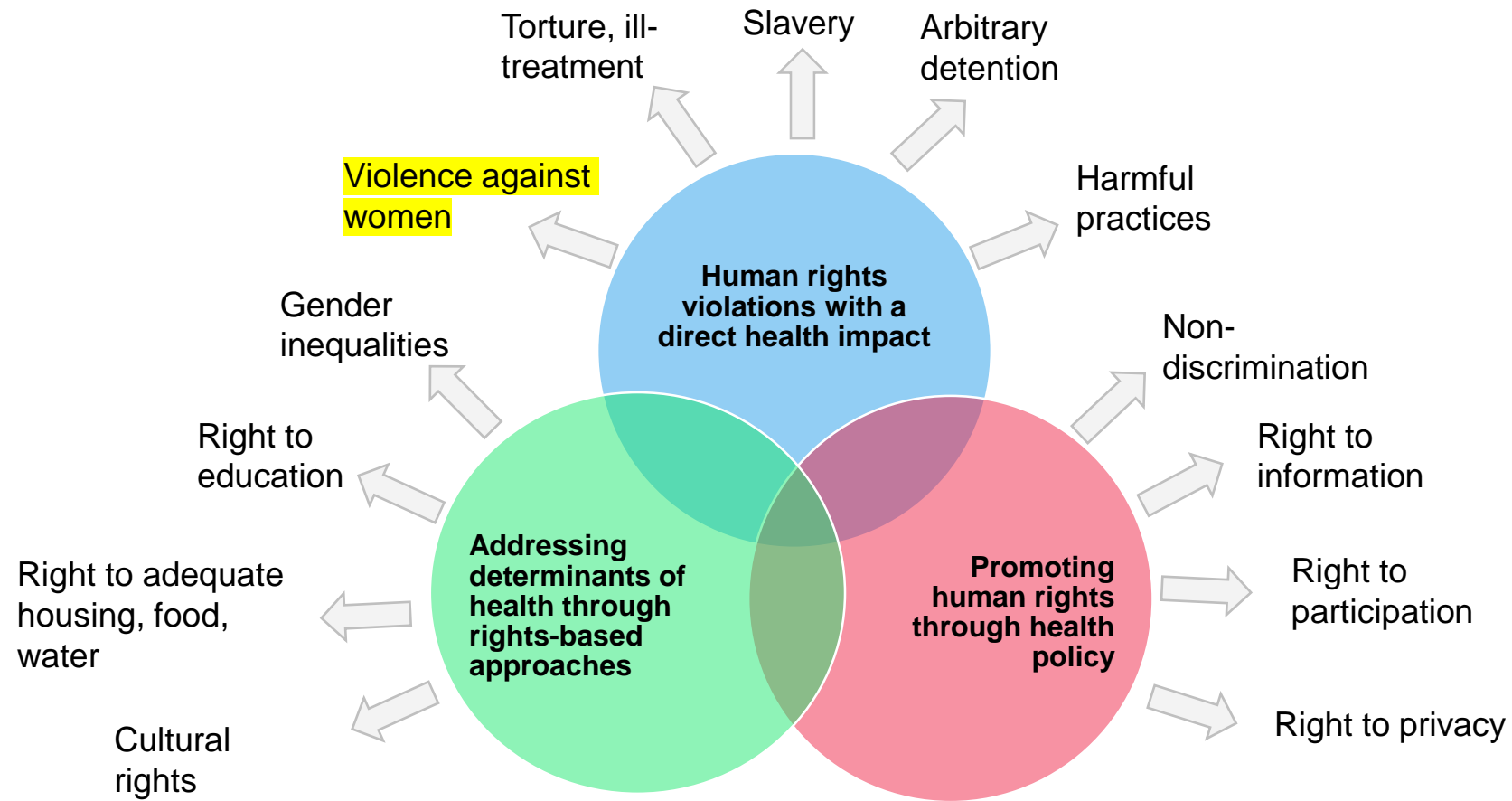
Albania gender equality priorities 2020-2025

Albania Beijing+25 report – top 5 priorities

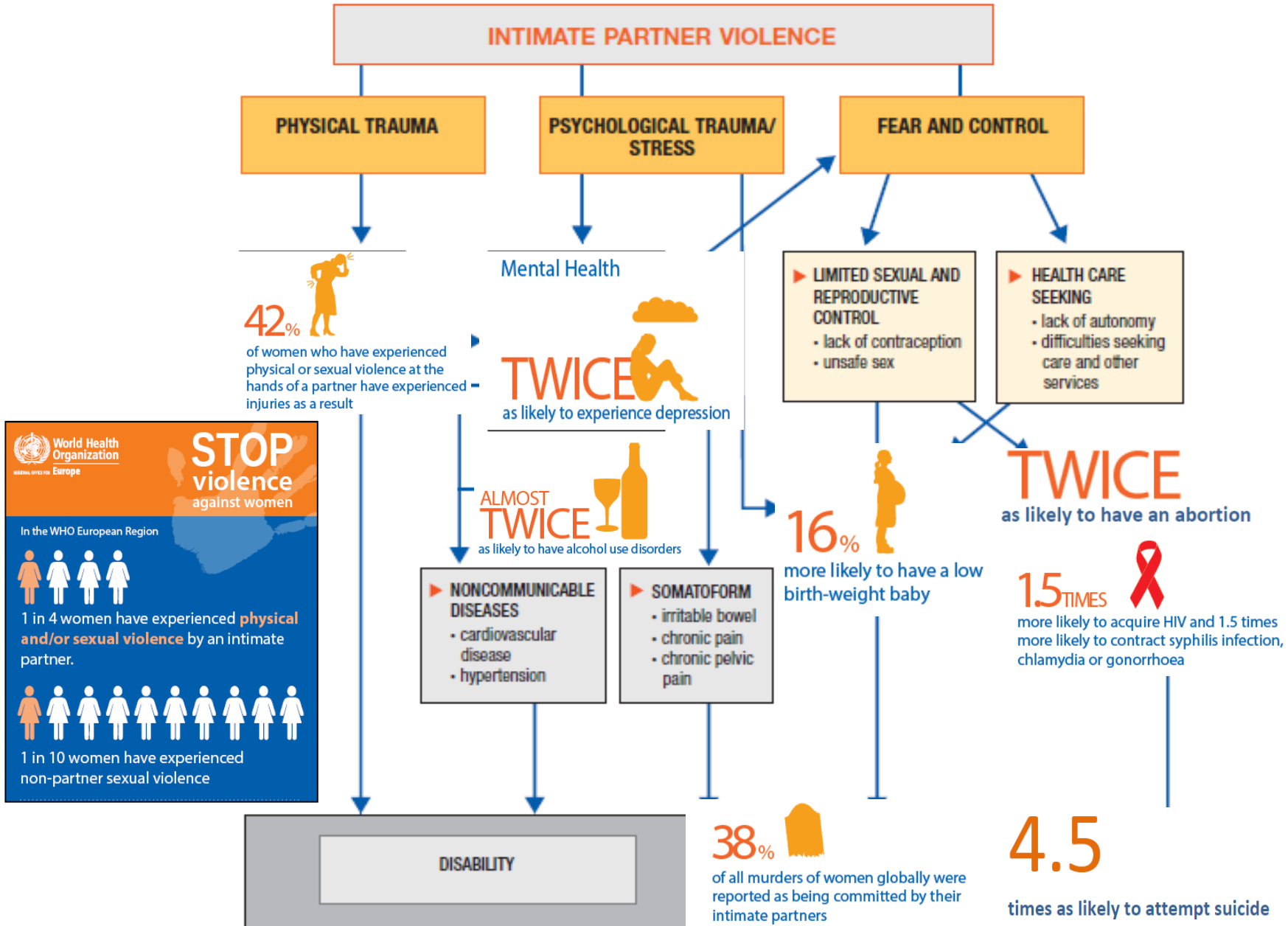
- **Eliminating violence against women and girls**
- Gender-responsive budgeting
- Equality and non-discrimination under the law and access to justice
- Quality education, training and life-long learning for women and girls
- Women's entrepreneurship and women's enterprises



Health & human rights



Pathways & health effects of IPV




STOP violence against women

In the WHO European Region

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

“

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?

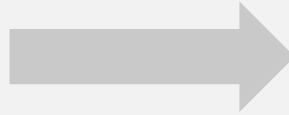
Doctor in El Salvador

Ignoring violence can do harm

Provider behaviour

Possible consequences

Blames or disrespects
women or girls



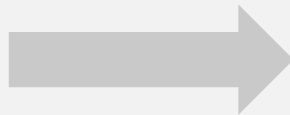
Inflicts additional
emotional distress or
trauma

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



Woman receives
inappropriate or
inadequate medical care

Fails to provide
adequate care to
victims



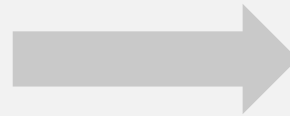
Unwanted pregnancy,
untreated STI, unsafe
abortion

Ignoring violence can do harm

Provider behaviour

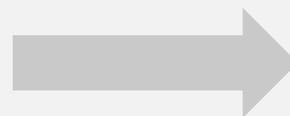
Possible consequences

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

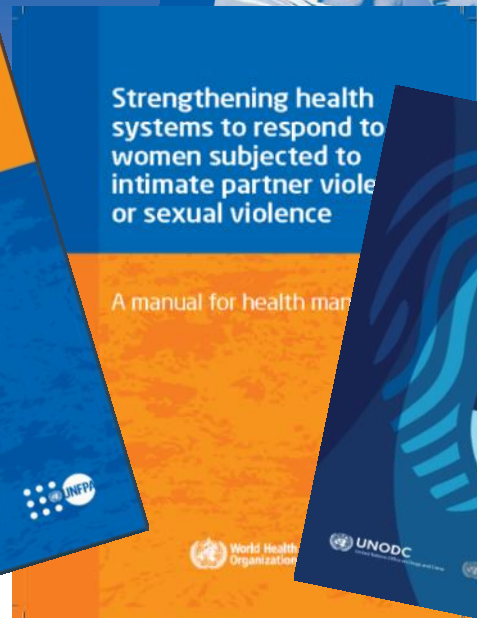
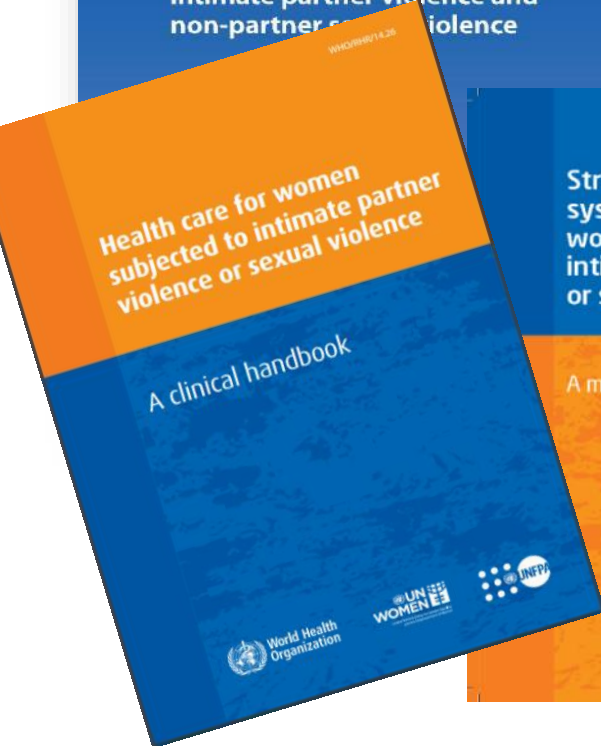
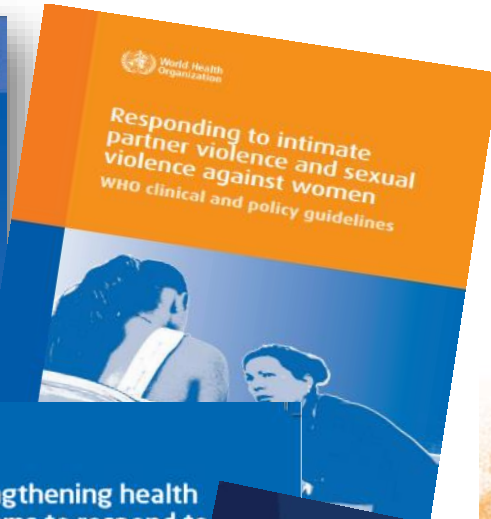
The important role of the health system - from country commitment to action

Four strategic directions



WHO tools to support countries address violence against women

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



Each line of RESPECT stands for one of the following seven strategies:

- Relationships with strengthened boundaries
- Empowerment of women
- Sexual assault response
- Primary prevention
- Secondary prevention
- Child and adolescent abuse prevention
- Facilitated referrals, health and justice

• Eliminating violence against women and girls is key to achieving gender equality and women's empowerment. Sustainable Development Goal (SDG) 5, and other SDGs.

• Successful prevention requires political commitment and leadership, strengthening laws and policies that promote gender equality, ensuring it is country, organization, and allocating resources to prevention. It also requires addressing the multiple forms of discrimination faced by women.

• We know more than ever before about what works to prevent violence against women. More evidence is needed to ensure that we respond to the understanding of how different interventions work and for whom, and the synergies between them.

• The seven strategies should not be seen as silos. Successful programmes often have implemented interventions that fall across more than one of the seven strategies.

• Interventions that are selected need to be adapted to context, monitored and evaluated before they are scaled.

• Common elements of more promising programmes focus on: women's safety, addressing unmet gender justice obligations, using participatory approaches, that identify critical reflection on power and strengthen voice and agency, and also facilitate partnerships across organizations and sectors.

• Ending violence against women begins with RESPECT and is a collective commitment to act today.



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

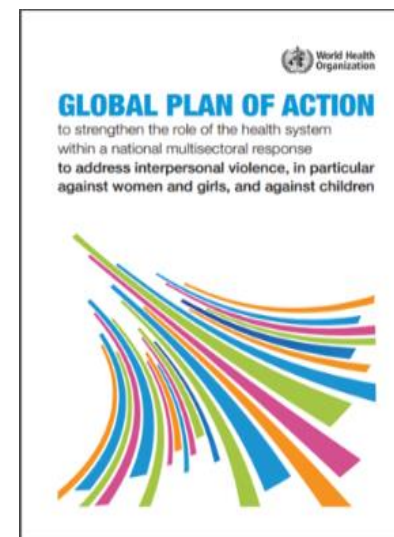
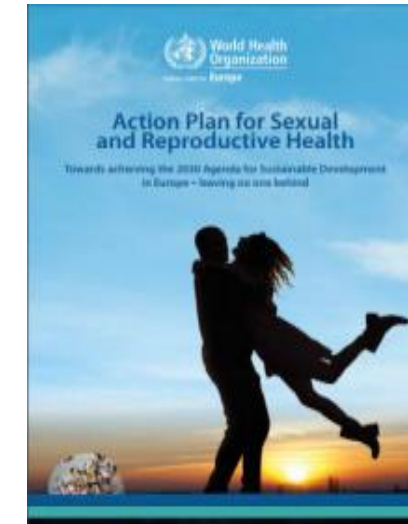
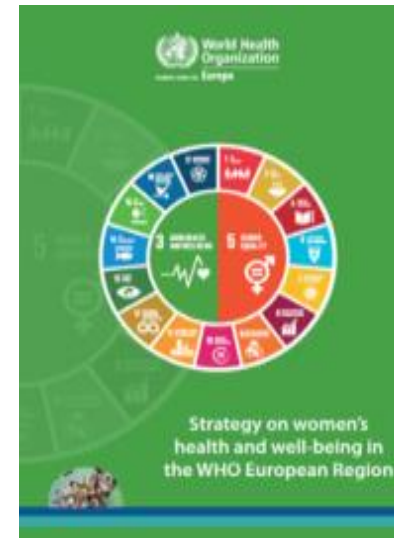
WHO Europe specific commitments in relation to violence against women

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



If you are experiencing violence during COVID-19:



Make a safety plan for you and your children:

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



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](#)**
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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
Marmorvej 51
Copenhagen Ø
Denmark



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