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VIOLENCE AGAINST WOMEN & GIRLS: PREVENTION, SUPPORT & CARE

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DEFINITIONS

- **Gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.
- **Violence against women:** Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women.
- **Intimate partner violence:** Behaviour by a current or former intimate partner that causes physical, sexual or psychological harm.
- **Sexual violence:** Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim.

RATIONALE 1/2

- Gender-based violence against adolescents is an important problem: Among ever-partnered girls aged 15-19, the lifetime prevalence of intimate partner violence is 29%.[1] The prevalence of child sexual abuse worldwide is estimated to be approximately 18% for girls and 8% for boys.[2]
- Gender-based violence against adolescents has major health & social consequences: It increases girls' risk of unintended pregnancies, induced abortion (often unsafe), the acquisition of HIV and STIs in some settings, adverse mental health outcomes, & is a risk factor for unhealthy behaviour during adolescence & adulthood.[1,3,4]

RATIONALE 2/2

- Gender-based violence prevention, support & care programmes have been shown to be effective: Parenting support programmes, school-based dating violence prevention programmes, & community based interventions to build equitable gender norms & attitudes in boys & girls have been shown to be effective.[5] Effective programmes incorporate multisectoral & multilevel action, foster intersectoral coordination, use longer term investments, repeat exposure to ideas in different settings over time, place gender power interplay at the core of the content, & respond to those who experience violence with empathy & in a timely manner.[6,7]
- However, laws & policies, prevention strategies & their implementation, & access to high quality care & support services need attention: There is much that needs to be done.

HUMAN RIGHTS OBLIGATIONS

- States are obliged to prevent and address violence against women and girls, providing them with support and care.
- States are obliged to immediately pursue all appropriate means of eliminating gender-based violence.

KEY CONCEPTS TO CONSIDER

- Where GBV prevention & response services exist, they are often implemented on a pilot basis & not scaled up; further, they are piecemeal and not integrated into existing platforms. Further intersectoral coordination is weak: Support and care for adolescent girls who experience IPV & sexual violence need to be integrated into sexual & reproductive health, HIV, mental health and adolescent health programmes & services.[6]
- Many health care providers are not prepared to deal with GBV, including on the reporting of sexual abuse: Training & ongoing support to health care providers are imperative to ensure that care is child-and adolescent centered, age appropriate, responsive to needs of adolescents & takes into account their evolving capacity in decision-making about involving parents and other caregivers.[6,8,9]
- Adolescents often do not seek GBV prevention, support and care services: Raising public awareness on the signs, symptoms & health consequences of IPV & sexual abuse, & on the need, and overcoming stigma is key to changing the situation.[10]

WHO GUIDELINES

- ***Responding to children and adolescents who have been sexually abused: WHO clinical guidelines (2017).***
- ***Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2013).***
- ***WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (2011).***
- ***WHO guidelines for the health sector response to child maltreatment (2019).***
- ***Consolidated guideline on sexual and reproductive health and rights of women with HIV (2017).***

COMPLEMENTARY DOCUMENTS TO WHO's GUIDELINES

- Global plan of action: health systems address violence against women and girls (WHO, 2017).
- RESPECT women: preventing violence against women, framework and implementation package (WHO, 2019).
- INSPIRE: seven strategies for ending violence against children (WHO, 2016).
- Global guidance on addressing school-related gender-based violence (UNESCO, 2016).
- Sixteen ideas for addressing violence against women in the context of the HIV epidemic: a programming tool (WHO, 2013).
- What works to prevent partner violence? An evidence overview. (London School of Hygiene and Tropical Medicine; 2011).
- School-based violence prevention: a practical handbook (WHO, 2019).
- COVID-19 and violence against women: What the health sector/system can do (WHO, 2020).
- Addressing violence against children, women and older people during the covid-19 pandemic: Key actions (WHO, 2020).
- Infographics on COVID-19 and violence against women (WHO, 2020).

Specific measures for delivery of services in the context of COVID-19

- Inform adolescents where and how to get care, where access is possible, through mass media and digital media.
- Sensitize and alert health-care providers, community workers and support networks to the potential for increases in sexual and gender-based violence and ensure they are aware of adolescents' specific vulnerabilities (e.g. limited ability to report abuse).
- Strengthen screening and enhance care and support, including mental health and psychological support for adolescents.
- Ensure the availability of post-rape care services including emergency contraception, HIV post-exposure prophylaxis, and testing and treatment for STIs for adolescents.
- Identify safe houses, shelters or social service referrals for adolescents at risk of violence in or around their homes.
- Establish help lines or enhance existing help lines for adolescents to seek help if needed.

Considerations for resumption of normal services in the context of COVID-19

- Inform adolescents that they can seek care if they have experienced sexual and gender-based violence and were unable to do so during periods of confinement.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.

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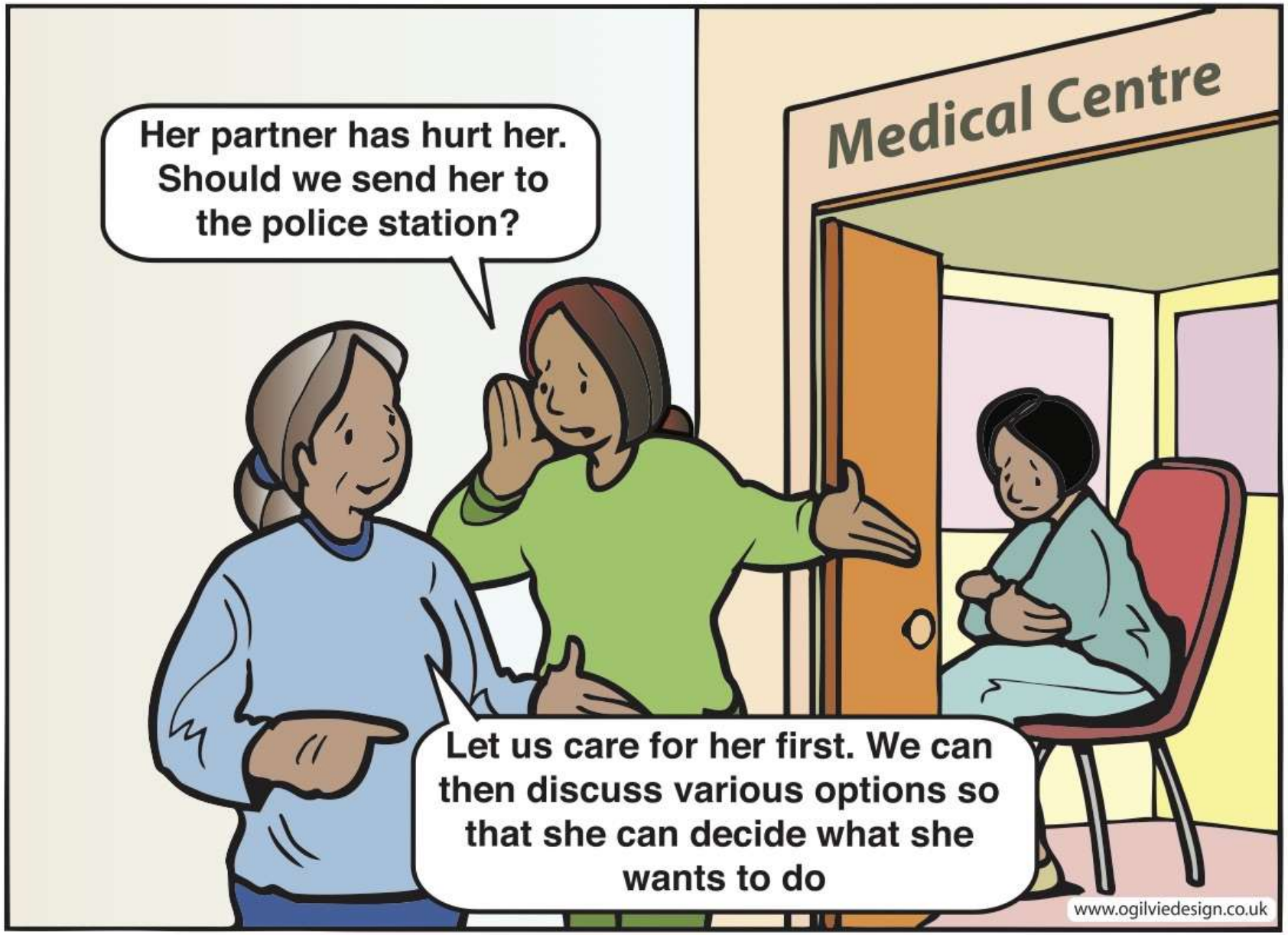
Medical Centre
Her partner has hurt her. Should we send her to the police station?
Let us care for her first. We can then discuss various options so that she can decide what she wants to do
www.ogilviedesign.co.uk

Violence against women and girls: prevention, support and care

A Regional Perspective

"There is never any excuse for violence. We abhor all violence, of all forms, at all times"
Dr Tedros Adhanom, WHO Director-General

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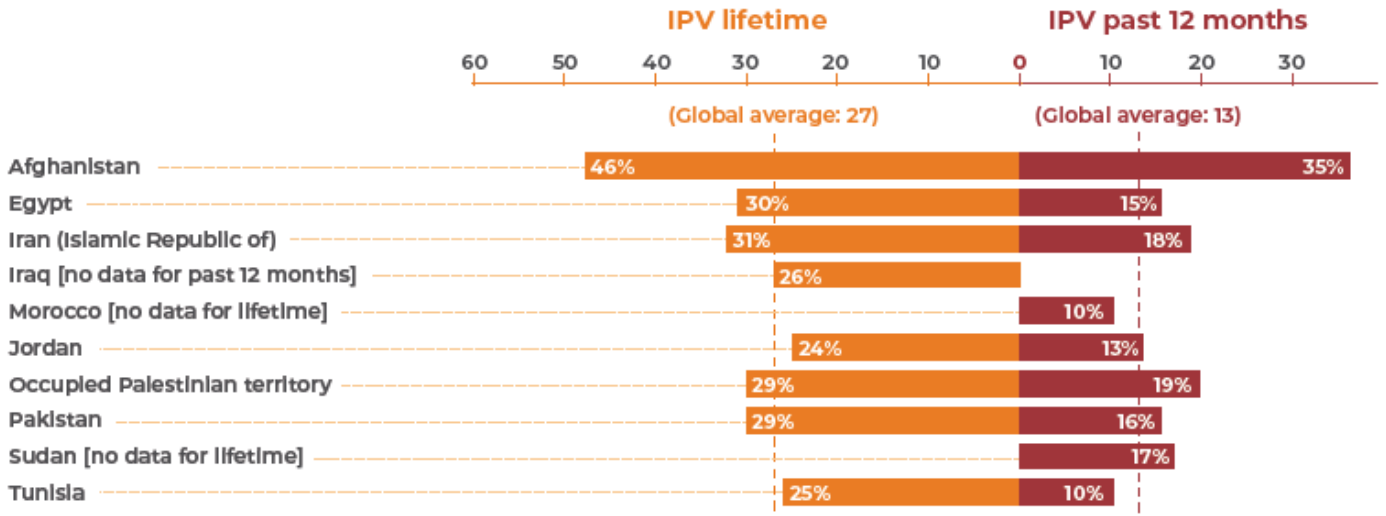
Key facts about VAWGs from the Region - 1

The Eastern Mediterranean Region has the third highest prevalence of VAWGs globally, with an estimated 31% of ever-partnered women who have experienced physical and/or sexual intimate partner violence at some point in their lives. (1) Adolescent girls, young women, women belonging to ethnic and other minorities, and women with disabilities face a higher risk of different forms of violence. (2)

COUNTRY PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE (IPV)

This chart shows country prevalence estimates of lifetime and past 12 months IPV among ever-married/partnered women aged 15–49 in countries and areas of the WHO Eastern Mediterranean Region.[a]



[a] *There are a total of 22 Member States in the region.*
Survey data are available now for Saudia Arabia and Somalia. As the surveys were conducted after 2018 (cut-off year) they will be included in future iterations.

Source: Violence Against Women Prevalence Estimates, 2018. World Health Organization; 2020

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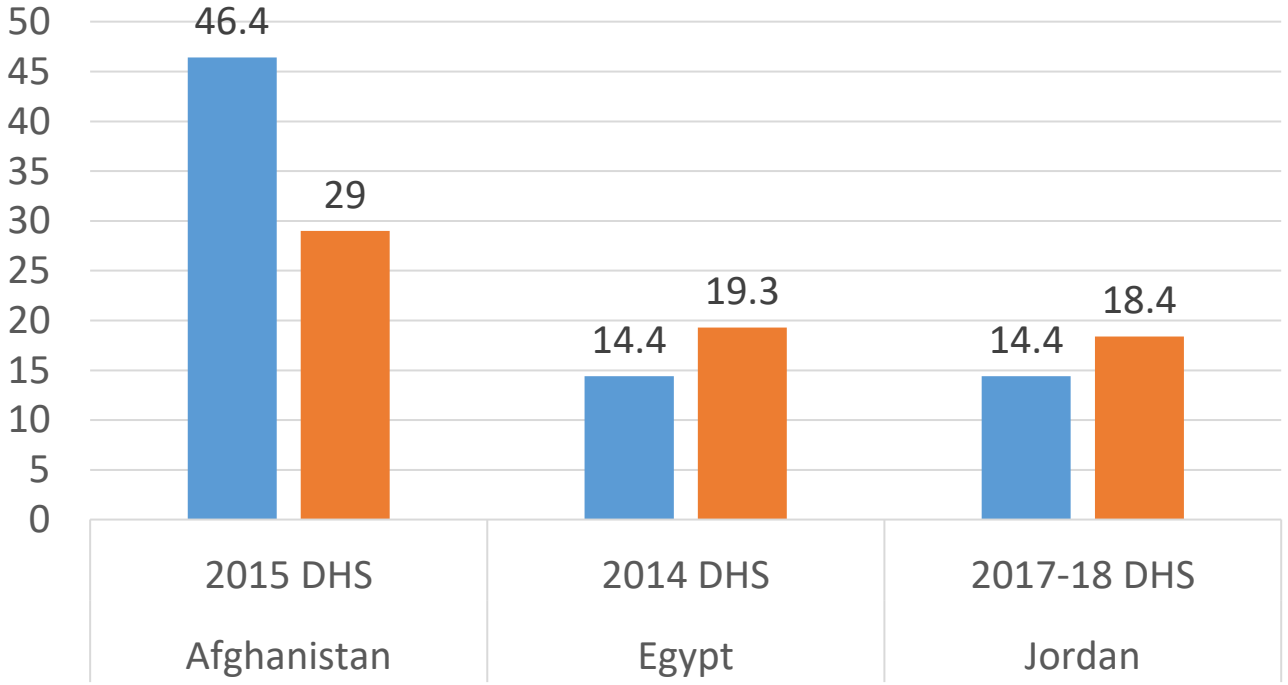
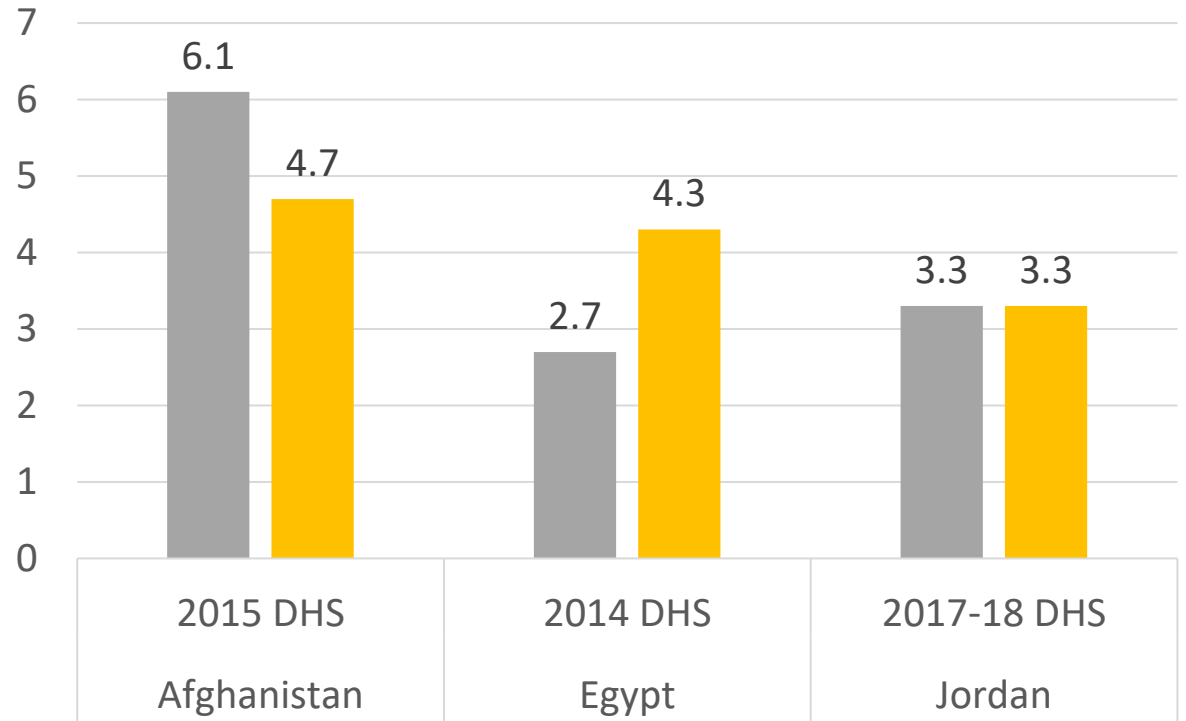
Experience of Physical or sexual violence among adolescent girls





Source: DHS statcompiler. https://www.statcompiler.com/en/

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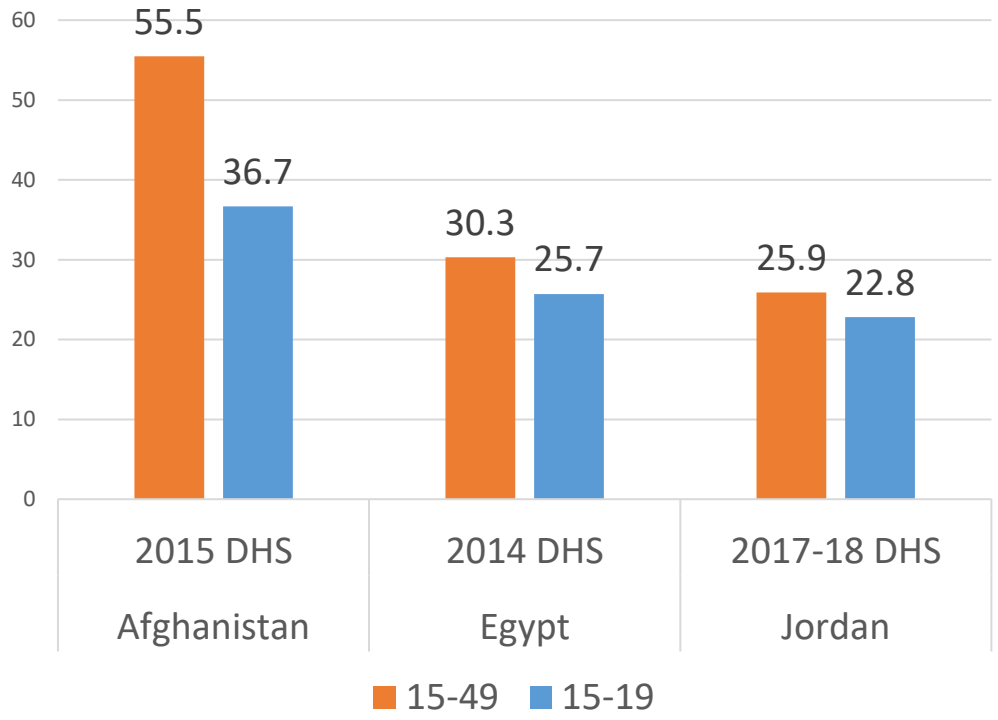
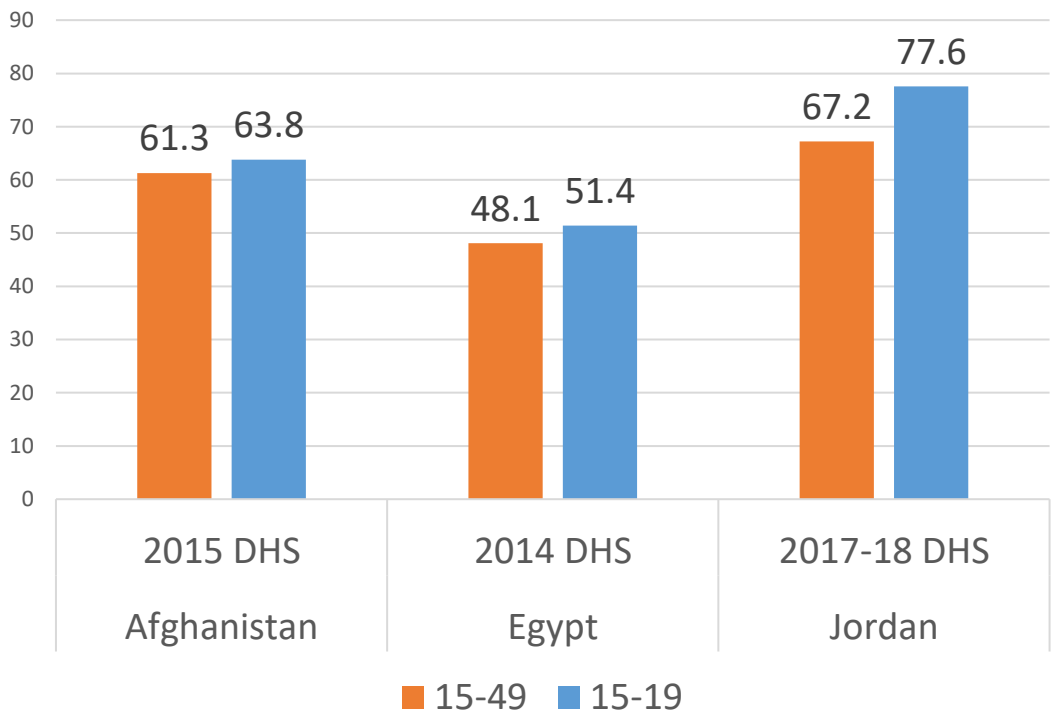
Experience of spousal violence and help seeking among ever-married adolescent girls

Physical or sexual or emotional violence committed by husband/partner



Never sought help to stop violence, and never told anyone



Source: DHS statcompiler. https://www.statcompiler.com/en/

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Key facts about VAWGs from the Region - 2

Policy Situation

The EMR has the lowest proportion of countries (53%) with national multi-sectoral plans of action for violence against women globally. (3)

However, of the 16 countries that responded to a RMNCAH policy survey in the Region, 81% cited adolescents as a specific group for defined interventions for gender-based violence. (4)

Likewise, 88% have a law to punish perpetrators of coerced sex involving adolescent girls. (4)

Regional challenges - 1

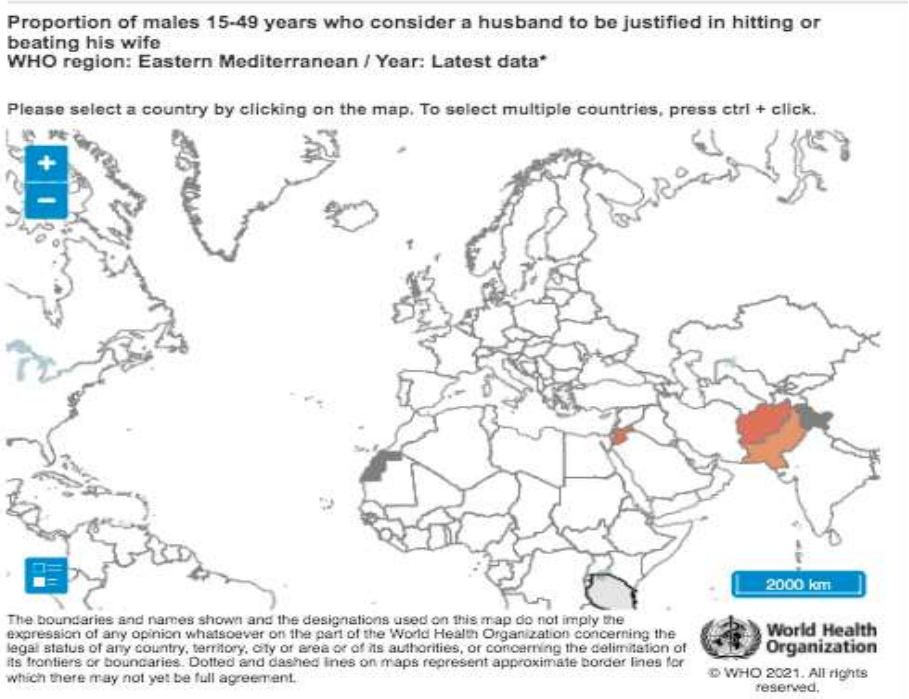
- **High rates of child and forced marriages:** Women and girls who are married as children are more likely to experience Gender-Based Violence (GBV). Therefore, there is a need to strengthen work with traditional institutions, community and religious leaders, and government actors to systematically address this issue. (5)

- **Underreporting:** Due to social stigma, women and girls hesitate to report incidents and believe that "nothing could be done". They are commonly afraid of further violence from perpetrators, and do not trust services due to fear of confidentiality breech. (6)

- **Attitudes and social and cultural norms:** Social norms that blame the women for violence they experience (e.g., because she was out alone after dark, she was not modestly dressed, she is working outside the home), along with gender discrimination and stigma, prioritize protecting family honor over the safety and wellbeing of the survivor and encourage institutional and social acceptance of GBV as normal. (6,7)

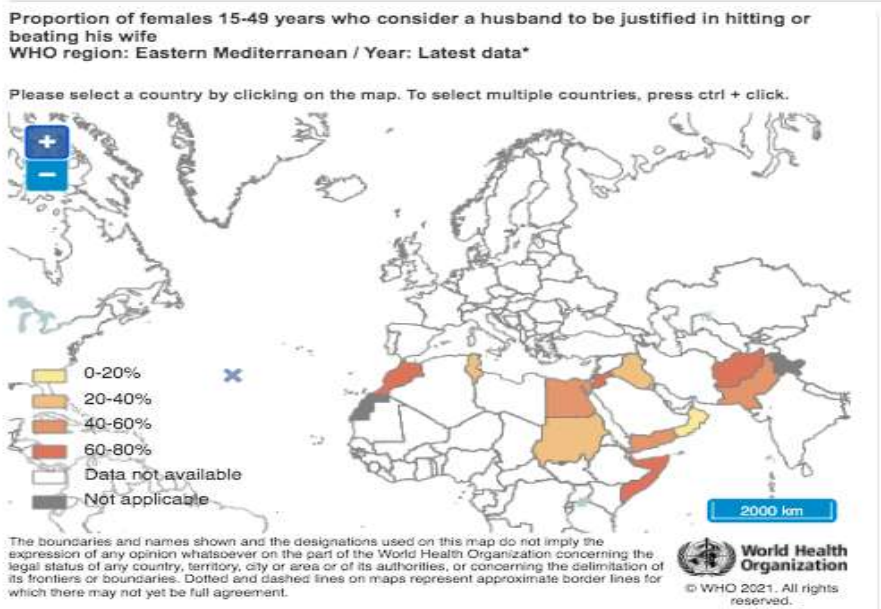
Attitudes towards Gender-Based Violence (8,9)

Proportion of <u>males</u> 15-49 years who consider a husband to be justified in hitting or beating his wife



AFG:70 (2015), JOR: 64 (2018), PAK: 58 (2018), QAT: 22 (2012)

Proportion of <u>females</u> 15-49 years who consider a husband justified in hitting or beating his wife



AFG: 78 (2015), JOR: 63 (2018), PAK: 51 (2018), MOR: 64 (2004), EGY: 46 (2014), SUD: 35 (2014), YEM: 49 (2013) IRAQ: 31(2018), TUN: 26 (2012), OMAN: 9.6 (2014), Lebanon: 22 (2009)

Regional challenges - 2

- **Lack of information:** There is limited information available to the public regarding the consequences of GBV and the availability of potential legal and social support services for the survivors. (7)

- **Low availibility of services:** Women and girls who experience GBV are likely to seek Family planning or maternal health services. Therefore, the health sector is one of the key entry points for ensuring survivors get the care and support they need. Unfortunately, these services are often not available. For example, a recent survey showed that only 10% of facilities in Afghanistan are well prepared to address GBV, and that only a quarter of the 280 health facilities surveyed in 7 provinces had private examination rooms and only 2% of facilities had a protocol in place for GBV care. (10)

- **Numerous humanitarian settings:** One in five refugees or displaced women in complex humanitarian settings has experienced sexual violence. (11) Meanwhile, care services for women and girls survivors of violence remain one of the least implemented parts of the Minimum Initial Services Package (MISP).

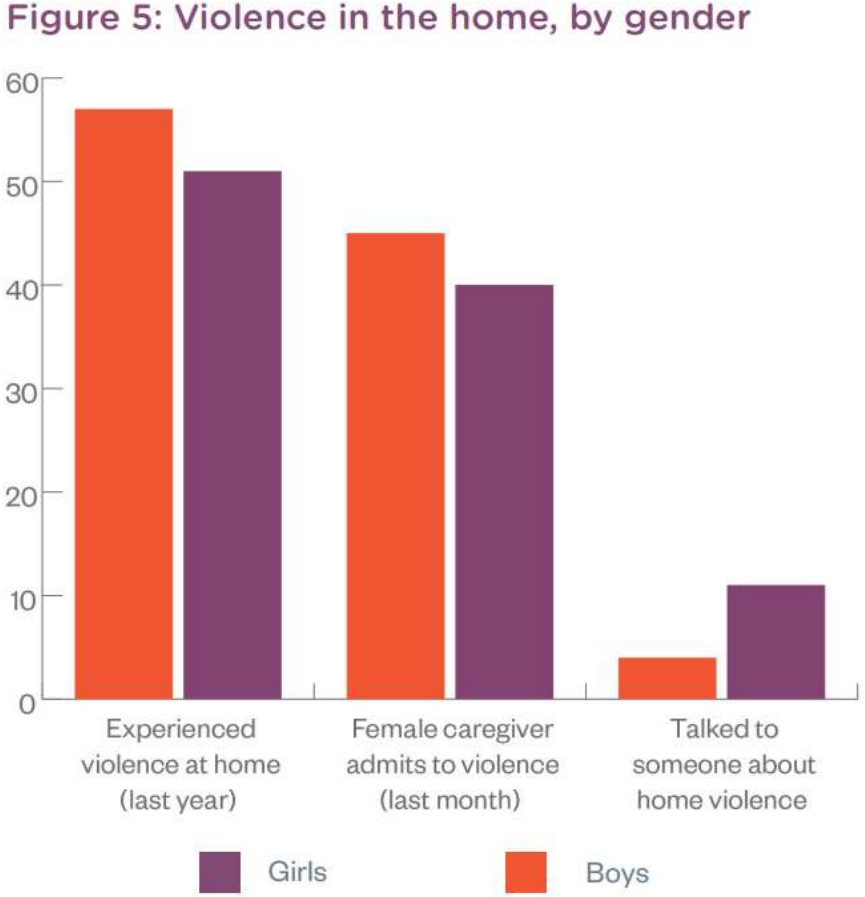
GBV among adolescents in humanitarian settings

- In Jordan, girls are less likely to experience violence but more likely to talk to someone about it compared to boys.

- In Lebanon, violence pervades Palestinian households in Lebanon's Ein elHilweh and Wavel Camps

- Boys see themselves as protectors but girls accounts indicate their brothers are the perpetrators of extreme violence
  - 'My brother heard a false rumour that I was talking to a boy on the street, he came home and started beating me so hard and imprisoned me at home …. He kept beating me several times and no one defended me not even my close sister …. After several times of being hospitalised, my uncle took me to live with him.' (12)

Palestinian refugees in Jordan

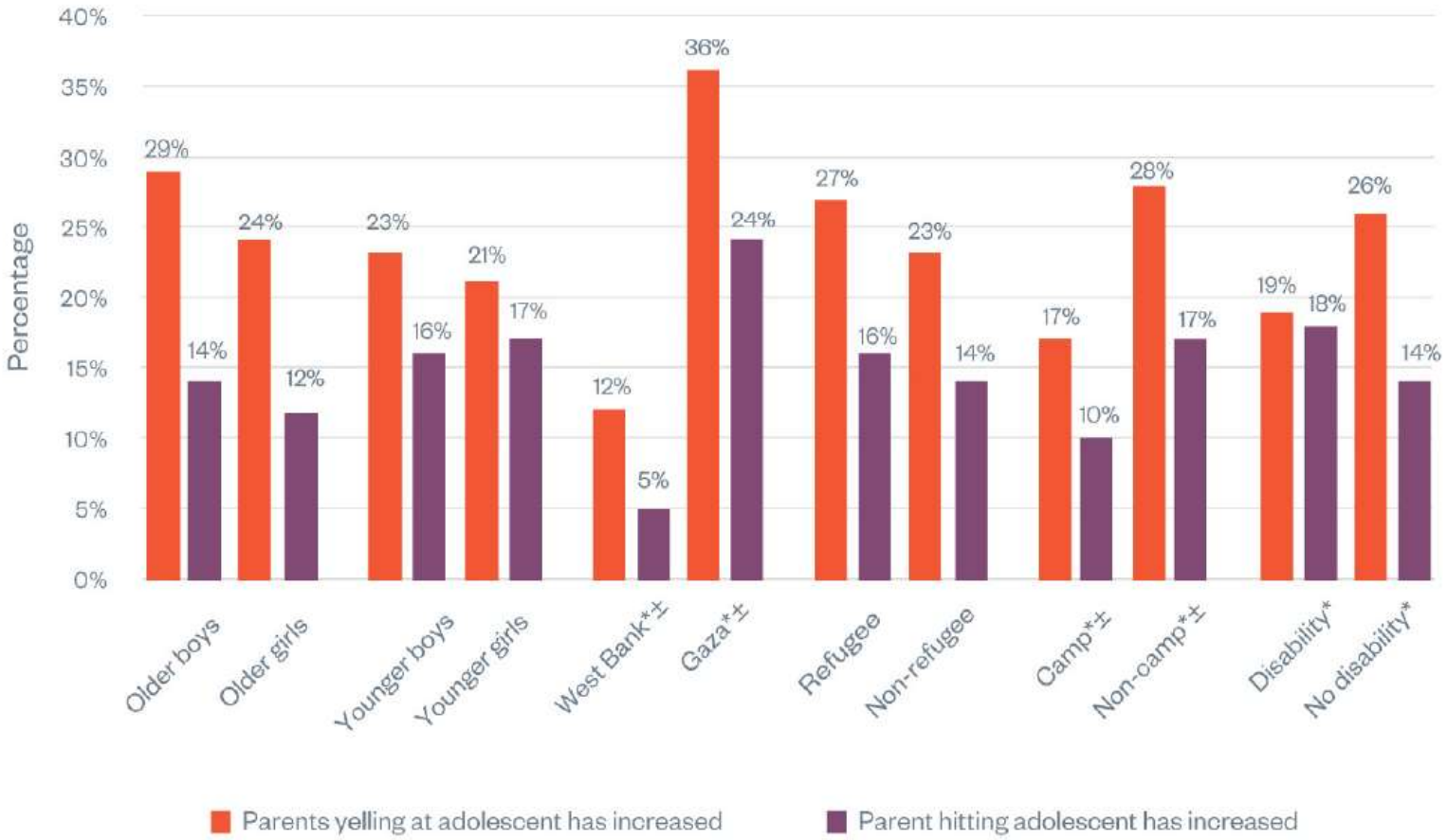


Source: Presler-Marshall E, et al. Adolescents in protracted displacement: exploring risks of age- and gender-based violence among Palestine refugees in Jordan, Lebanon and the State of Palestine. Report. London: Gender and Adolescence: Global Evidence; 2021.

Impact of COVID-19 on GBV among adolescents in Palestine

“The pandemic has amplified household stress and intrahousehold violence”

Fig. 6: Perceptions about the experience of household violence for “adolescents like themselves” among unmarried adolescents



Source: Abu Hamad B, et al. Adolescent well-being and the COVID-19 pandemic: experiences and perspectives from the State of Palestine. Report. London: Gender and Adolescence: Global Evidence; 2021. (13)

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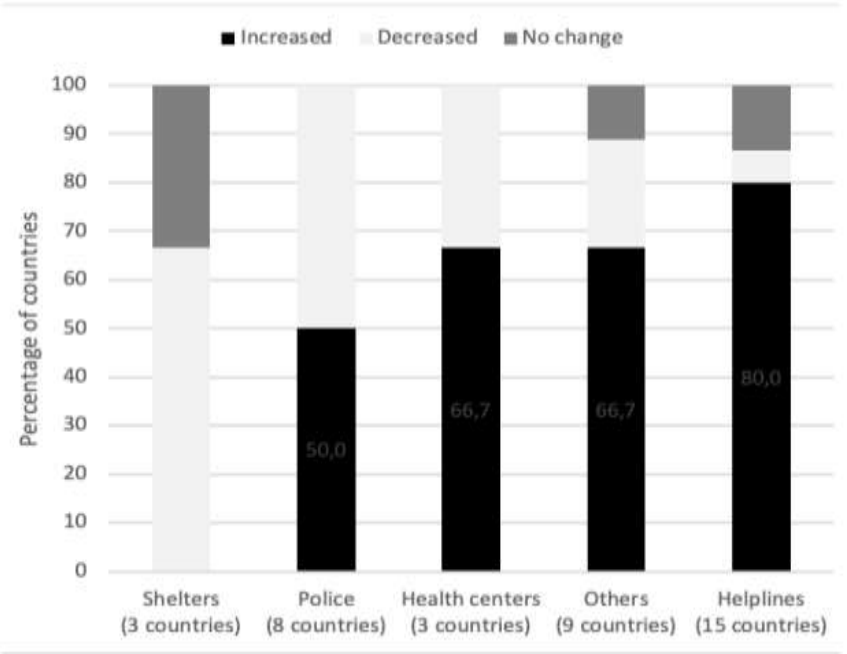
GBV during COVID-19: the shadow pandemic

- The ‘quarantine paradox’ refers to the idea that while quarantine is necessary to “save lives” it can also cause serious psychological consequences and a surge in domestic violence.
- Mobility restrictions, and fear of infection are reducing women’s ability to file complaints.
- Disruption in services due to the pandemic is causing women and girls to not be able to seek shelter.
- In Lebanon, there are reports of forensic doctors being unable or unwilling to document physical and sexual abuse of survivors at police stations for fear of COVID-19 spread, while law enforcement work is diverted to other priorities.
- According to an analysis conducted by UN Women analysis, there is an increase in calls/reports to helplines/hotlines.
- In Tunisia, a 400% increase in reports hotlines was documented. (14)



Source: UN Women. Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings. UN Women; 2020.

REGIONAL INITIATIVE 1
Violence against women awareness campaign in Afghanistan (15)

Time period: 2016 and early 2017

Implemented by: Public Legal Awareness Unit of the Afghan Ministry of Justice and two NGOs (Women for Afghan Women and Voice of Women Organization), with support from the International Development Law Organization (IDLO).

Setting: The campaign was rolled out across nine provinces (Badakhshan, Balkh, Bamyan, Herat, Jowzjan, Kabul, Kunduz, Nangarhar and Samangan), including some that posed significant security challenges, reaching 5000 people.

Aim: The campaign aimed to educate participants on all forms of gender-based violence, including domestic violence, forced and underage marriage, rape, forced prostitution, beating, harassment and humiliation.

REGIONAL INITIATIVE 1, cont.
Violence against women awareness campaign in Afghanistan (15)

(1) By signing a symbolic pledge banner, students affirmed their commitment to say 'NO' to violence against women.

(2) Public awareness of citizens' rights was an important part of the initiative.

(3) High school teachers were empowered to raise awareness locally within their schools.

(4) Local ownership helped ensure the sustainability and success of the campaign.

(5) Live drama performances engaged young audiences on an emotional level.

(6) Community leaders (Mullah and Tribal elders) were familiarized with constitutional and religious legal frameworks to ensure their decisions are fair and consider the rights of all parties.

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Interventions from the region to adapt to COVID-19

In Morocco, a national platform operated by the National Union of Moroccan Women was created to file online complains through a mobile application. In case of danger, the platform is in direct contact with the National Security, the Royal Guard and the Public Prosecutor's Office to report cases and enable rapid intervention as the survivor can be geolocated through the app. The Regional Council of the College of Physicians and the Moroccan Society of Psychiatry is also providing psychosocial support remotely.

In Lebanon, judges convene virtual sessions to issue protection orders for women at risk of and surviving violence.

Communication activities are being carried out in communities to raise awareness on the possible impact of the COVID-19 measures on VAWG. Additionally, information on available services are disseminated via radio, television, and social media channels in different local languages, as seen in Egypt, Iraq, Morocco, and Palestine.

Source: UN Women. Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings. UN Women; 2020.

REGIONAL INITIATIVE 2
Prevention and response to violence against women and girls in the Region in the time of COVID-19 (16)

Surveys conducted by the Health Clusters (April-May 2020) to measure health service utilization by GBV survivors during COVID-19 in **Afghanistan, Iraq, and Somalia showed a 45% percent increase in GBV.**

The survey's findings highlighted an increase not only in domestic violence, but also in sexual violence against girls, along with a concerning upsurge in female genital mutilation (FGM).

Initiatives have thus been undertaken at the country level to address the continuity of life-saving services and to establish referral linkages in order to connect survivors and reach out to women and girls in need of support.

REGIONAL INITIATIVE 2, cont.
Prevention and response to violence against women and girls in the Region in the time of COVID-19 (16)

In Afghanistan, a guidance note was developed for women's protection centres operating during the COVID-19 pandemic, in partnership with UN Women. Management support was provided, as needed.

In Iraq and Lebanon, guidance was produced for both remote and face-to-face health services for women who may have been subjected to violence, and for updated referral pathways for each governorate. Online training was conducted on GBV and COVID-19 for frontline workers from the Ministry of Interior and the Ministry of Defense. Additionally, remote case management was put in place, with the aim of establishing safe, strong and flexible communication lines with survivors living in confinement with their aggressors.

In Pakistan, GBV-specialized telemedicine support and health services were implemented in collaboration with the Institute of Psychiatry in Baluchistan. Additionally, the capacity of health providers in the country's high risk/burden provinces was built to support them to integrate GBV response into their services during the COVID-19 pandemic.

Key messages

I. **GBV**, and specifically violence perpetrated against women and girls which is largely driven by deep-rooted gender discrimination, **is a significant threat** to adolescent health and well-being in the Region.

II. **Health services are critical** for mitigating the health impacts of such violence, particularly to prevent HIV, unwanted pregnancy, STIs, and adverse mental health outcomes.

III. **Health services for women and girls survivors remain inadequate** in many countries in the Region, with severe consequences for the health of women and girls.

IV. **WHO is intensifying efforts** to ensure that violence against women and girls is better prioritized by the health sector in emergencies and that health partners are equipped with the technical knowledge needed to respond.

V. **WHO encourages donors, UN agencies, and NGOs** to step up efforts to integrate services for women and girls survivors as a core part of their health responses in emergencies, including for COVID-19.

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