GENDER-BASED VIOLENCE IN EMERGENCIES

A lunchtime seminar

DATE: Thursday, 14 March 2019
TIME: 12.00-13.00
LOCATION: EOC Main

HOSTED BY: Global Health Cluster
PRESENTED BY: Elisabeth Roesch, GBV Advisor

1 in 3 women will experience physical and/or sexual violence by a partner or sexual violence by a non-partner in her lifetime.

During emergencies, women's risk of violence increases dramatically and has significant health impacts.

ALL WELCOME!
Discussion Questions

• Are you currently addressing GBV in your work?

• What are the questions you have about addressing GBV within health responses?
GBV DEFINITIONS, TYPES, SCOPE AND MAGNITUDE OF VIOLENCE
GBV: 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.
• While men may experience GBV, in general women experience more sexual violence, more severe physical violence, and more control from male partners.
GBV: Scope and magnitude of the problem

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner.

Map showing prevalence of intimate partner violence by WHO region.

- 29.8% WHO Region of the Americas
- 36.6% WHO African Region
- 37.0% WHO Eastern Mediterranean Region
- 25.4% WHO European Region
- 37.7% South-East Asia Region
- 24.6% Western Pacific Region

KEY:
- Region of the Americas
- African Region
- Eastern Mediterranean Region
- European Region
- South-East Asia Region
- Western Pacific Region
- High income countries
Child marriage, sexual violence and domestic violence cited as main GBV concerns. (Voices from Syria, 2017)

“I know a woman who was used to being beaten by her husband. Now she can’t move because her knee cartilage was broken. I told her that her personality is weak.”

87% of Afghan women experience at least one form of domestic violence.

(Global Rights, 2008 “National Report on Domestic Abuse in Afghanistan”)
68.2% of respondents had experienced IPV.

(Myers Tlapek S., Journal of Interpersonal Violence 30(14) · October 2014)

65% of women and girls experience physical and/or sexual violence in their lifetime. A third experienced sexual violence by a non-partner.

(CARE, George Washington University, IRC, 2017)
Pathways and 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.

TWICE as likely to experience depression

ALMOST TWICE as likely to have alcohol use disorders

NONCOMMUNICABLE DISEASES
- cardiovascular disease
- hypertension

SOMATIC FORM
- 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

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

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

DISABILITY

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

4.5 times as likely to attempt suicide

World Health Organization
COMPONENTS OF A HEALTH RESPONSE TO GBV
Health: A Critical Service for Survivors

Why health systems?

- Women and girls experiencing violence are more likely to use health services.
- Health care providers are often women’s first point of professional contact.
- All women are likely to seek health services at some point in their lives.

Health providers and health systems have a critical role in supporting women, minimizing the impact and preventing violence from happening.
Discussion Point

• What are some of the reasons that GBV is not always addressed by the health sector at the very outset of a crisis?

In an emergency, health actors may be reluctant to focus on GBV issues because of the prioritization of other acute health needs. Nevertheless, health sector response to GBV is a crucial, lifesaving response for survivors and is part of the Minimum Initial Services Package series of crucial actions required at the onset of every emergency.
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
Consequences of Provider Behavior

**Provider behavior**

- Blames survivor
- Doesn’t recognize GBV behind chronic conditions
- Fails to provide adequate care
- Breaches privacy or confidentiality
- Ignores signs of fear or emotional distress

**Possible consequences**

- Emotional distress
- Inadequate medical care
- Unwanted pregnancy; STIs/HIV/AIDS; unsafe abortion
- Exposure to further violence by partner or family
- Woman is later injured, killed or commits suicide
The Health Response to GBV

- WOMEN CENTERED CARE AND FIRST LINE SUPPORT
- IDENTIFICATION AND CARE FOR SURVIVORS OF IPV
- CLINICAL COMPREHENSIVE CARE FOR SURVIVORS OF SEXUAL VIOLENCE
- TRAINING OF HEALTH CARE PROVIDERS
- COLLECT DATA FOR SERVICE DELIVERY AND COORDINATE
What WHO is doing
GBV in Emergencies Project

Strengthen health capacity to address VAW
- Training health providers in Syria, Iraq, Afghanistan, Cox’s Bazar, DRC and Nigeria
- Integrating responses to VAW in health sector strategies in humanitarian settings

Technical and normative guidelines
- Clinical Management of Rape Survivors
- Training materials: mental health, first line support, intimate partner violence (IPV) and self-care

Research and Learning
- Assessing the quality of services for survivors in humanitarian settings.
WHO Resources

For **health-care providers** on how to respond to IPV and SV

For **health managers** to plan and manage services

Guidance on **clinical management of rape** in humanitarian settings
WHO GBV in Emergencies Focal Points

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