Second WHO Discussion Paper

Development of a draft global plan to strengthen the role of the health systems to address interpersonal violence, in particular against women and girls, and against children

Joint feedback by YSAFE & YouAct

YSAFE (Youth Sexual Awareness for Europe) and YouAct (European Youth Network on Sexual and Reproductive Rights) are two youth led organizations active in the field of Sexual and Reproductive Health and Rights, covering the European region and Central Asia (YSAFE) that have coordinated in producing a youth voice to feed into this open process initiated by the World Health Organization.

Please find our comments below, following the pattern:

I. General comments

II. Specific feedback on content

- Number & text of section/paragraph стратегический направление commented on

- Relative changes in red

- Name and organization

III. Table with names and roles in the organization

I. General comments

1. From the outset there is no language on Young People. There is mention of women and girls and specific reference to children and adolescents is included. However, Young People are a specific social category with many cultural attributes which are distinctive from that of
adolescents and of mature women. Namely, this is often the period that first years of independence from the family are experienced but that the financial status is often unpredictable and unstable which can lead to a host of vulnerabilities, including that of interpersonal and gender-based violence. Specific reference to this group is needed to ensure that services or information on services is made available through social spaces, training centres, colleges and universities.

2. In my opinion, this document doesn't pay enough attention on comprehensive sexuality education which plays one of the key roles in prevention of violence. The part that is also missing according to me is involvement of young people into strategic directions, and as part of the group that this document pays attention to, they should be included.

3. The intersectionality of violence and the and vulnerable groups could be taken more into account; social aspects of violence can be emphasized more; young people should be integrated more into planning, implementation, monitoring and evaluation; the necessity of Comprehensive Sexuality Education should be stressed more as it is vital in the prevention of and fight against violence.

II. Specific feedback on content

1. Introduction

1.2 Overview of the global situation

Magnitude

Proposal to add bullet point under ‘Magnitude’ which stipulates that:

Violence against and among young people, particularly inflicted upon young women and girls, includes particular experiences in the context of online abuse and sexual harassment in the work and study place. Online sexual bullying is in many cases influenced by mass-media body image pressures which are often particularly targeted toward women. Given the relative newness of many communications technologies, little research exists on the impact and
effects of sexual-gender targeted abuse through these mediums. Nonetheless attention is urgently needed.

1. Violence affects the lives of millions of people and when not fatal can have long-lasting consequences. Deaths are only a fraction of the health and social burden arising from interpersonal violence. Women, children and elderly people bear a higher burden of non-fatal physical, sexual and psychological consequences of abuse (3). Figure 1 summarizes data on the magnitude of some of the common types of violence, across the life-course.

I would add social consequences of abuse as well as many victims/survivors' social lives are also affected and it is important to take this into account in the prevention, diagnostic and treatment phase, as violence is a bio-psycho-social process.

8. Disproportionate vulnerability in certain institutions

Proposal to add violence in schools and universities – Young girls are still exposed to violence in schools by their teachers/professors (e.g. a teacher asking for sexual favors in exchange for a passing exam grade which causes both mental and physical abuse). There are also cases of abuse in religious institutions that are not being addressed.

9. Disproportionate vulnerability of certain populations. Certain groups are more likely to be exposed to, or experience, different types of violence because of social exclusion, marginalization and multiple forms of discrimination. Such groups include people with disabilities including mental health conditions, indigenous peoples, ethnic and racial minorities, sex workers, sexual minority groups, people living with HIV, migrants, and persons from the poorest families. Women, girls, children and young people should also be included here as vulnerable groups; age and gender are two of the most common criteria of discrimination.

Health consequences

Proposal to add bullet point under ‘Health consequences’ which stipulates that:
Young women and girls are particularly vulnerable to online sexual-gender-targeted abuse. The psychological impact of interpersonal online sexual bullying can be extreme to one's healthy sense of self and well-being.

**Progress in countries and gaps**

15. *Laws are in place to address some forms of violence, but their enforcement is weak.* Most countries report having laws in place that penalise at least some forms of violence, including some forms of violence against women and girls (e.g. domestic violence, rape), and against children. Few countries, however, are fully enforcing their laws against these and other forms of violence (3).

I would add a reference to the absence of recognition of some forms of domestic violence in some countries' laws: marital rape for example.

**Section 2. Vision, goal, objectives, strategic directions, and guiding principles**

**2.3 Objectives**

Proposal to add another objective which would be related to improving policies and laws around treating cases of violence against women, girls and children (taking into account the fact that some countries still don't have specific policies on this).

**2.4 Strategic directions**

The missing part is about Comprehensive Sexuality Education (CSE), which plays a main role when it comes to young people. Therefore, improvement of CSE and/or advocacy for its implementation in some countries needs to be included in this document.

**Section 3. Actions for Member States, national and international partners, and the WHO Secretariat**

**A. Violence against women and girls**
Strategic Direction 1: Strengthen health system leadership and governance in addressing violence

Member States and national and international partners

4. Establish a unit or designate a focal point to address violence against women in the Ministry of Health and ensure response to VAWG and harmful practices is clearly articulated in health policies, regulations, plans, programmes and budgets (28, 29), in particular those related to sexual and reproductive health, HIV, maternal and child health, adolescent health, mental health, healthy aging and humanitarian emergency preparedness and response. Women’s organizations, youth organizations and survivors must be involved in planning and policy development, implementation, monitoring and evaluation and particular attention paid to the needs of women and girls that face multiple forms of discrimination and marginalization.

6. Strengthen accountability of the health system in 1) addressing violence experienced by health workers in the workplace; and 2) the mistreatment and abuse of women and girls by health workers, especially in reproductive health services. A special attention should be given also to abuse based on gender plus another determinant (e.g. disability, including mental disabilities, ethnicity, marital status etc).

For the WHO secretariat

2. Raise awareness and understanding of VAWG through evidence-based advocacy among senior policy-makers about its nature, health and other consequences, risk and causal factors, and the need for it to be integrated within health policies, plans and programmes and within responses to humanitarian crises, including health clusters. A special attention should be given to the interdependency of the consequences and the potential snowball effect.

Strategic Direction 3: Strengthen programming to prevent violence

A general comment repeat the issue of the gap pointed out above, namely addressing the issues and vulnerabilities of youth, particularly female youth.
A more specific recommendation is to address the evidence based benefits of states investing in comprehensive sexuality education, WHO Europe having produced very helpful guidelines. Responses to violence against women and children (sexual abuse) are most often in the form of secondary (immediate responses after violence has occurred) and tertiary (long-term efforts to prevent recurrence) prevention. One of the reasons for the dominance of these two responses is due to the lack of social spaces where primary prevention (activities to prevent abuse and violence before it occurs) can take place. With a social cohort of youth, school provides a space in which primary prevention of youth peer-on-peer sexual and gender-based violence can take place through the implementation of comprehensive sexuality education. We would strongly encourage WHO to put emphasis on this point in this section under Nation-State responsibilities to preventing violence and abuse among its citizens.

**Strategic Direction 4: Improve information and evidence on violence**

**For Member States and national and international partners**

18. Conduct or support analysis and use of data on VAWG and harmful practices and disaggregate them by age, ethnicity, socio-economic status and education among others. Data should be disaggregated by disability as well (including mental disability) as this is sometimes correlated with VAWG.

**B. Violence against children**

Violence should include symbolic violence as well as it can constitute the starting point for physical violence or other forms of abuse and even the symbolic violence alone can affect a child’s psychological development and even its health integrity (e.g. suicide). This is especially important in prevention programmes.

**Strategic Direction 1: Strengthen health system leadership and governance in addressing violence**

**Member States and national and international partners**
1. Integrate strategies to address child maltreatment and other forms of violence against children into early childhood development and maternal and child health programmes, and strategies to address peer violence into child and adolescent health, school health programmes, educational settings, youth development schemes, and juvenile justice systems.

For the WHO secretariat

2. Provide technical assistance to develop and implement national plans of action for addressing violence against children and adolescents. An alternative could be encouraging states to integrate violence against children and adolescents into various national strategies and action plans, as a theme related to young people’s experiences (a potential cross cutting theme).

Strategic Direction 3: Strengthen programming to prevent violence

Member States and national and international partners

14. Advocate for and support the development and implementation by other sectors of programmes to help children and adolescents develop life and social skills to solve problems, manage anger and emotions, and maintain positive relationships in order to prevent peer violence. These are all part of the Comprehensive Sexuality Education (CSE) Curriculum so states should be encouraged and supported to ensure access to CSE to all young people, in and out of school, in formal and informal setting, according to national context and specific needs.

Strategic Direction 4: Improve information and evidence on violence

Member States and national and international partners

17. Conduct studies on the effectiveness of programmes to prevent child maltreatment and peer violence, and on victim services. Studies should have a focus on the most vulnerable groups to violence and restricted access to services.

C. All forms of interpersonal violence: cross-cutting actions
Strategic Direction 1: Strengthen health system leadership and governance in addressing violence

Member States and national and international partners

2. Advocate for reforms in laws, policies and regulations, their alignment with international human rights standards and their enforcement that address common risk or causal factors and determinants for several types of violence, such as those that: promote gender equality; prevent harmful alcohol and substance use; reduce firearm availability; ensure access to education and specifically Comprehensive Sexuality Education (as it challenges norms regarding masculinity and femininity and it builds up the skills needed to identify and react to violence and to become responsible partners) and keep adolescent boys and girls in secondary schooling; reduce concentrated poverty.

III. Table with names and roles in the organization

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<th>Organization</th>
<th>Role in the organization</th>
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