



# GENDER-BASED VIOLENCE IN FRAGILE COUNTRIES

This global phenomenon undermines the physical and mental health of those subjected to it wherever it occurs. In some low-resource countries, many in Africa, already afflicted by humanitarian emergencies and conflicts, gender-based violence takes on even more critical levels, aggravated by surrounding socio-cultural, behavioral, and environmental factors.

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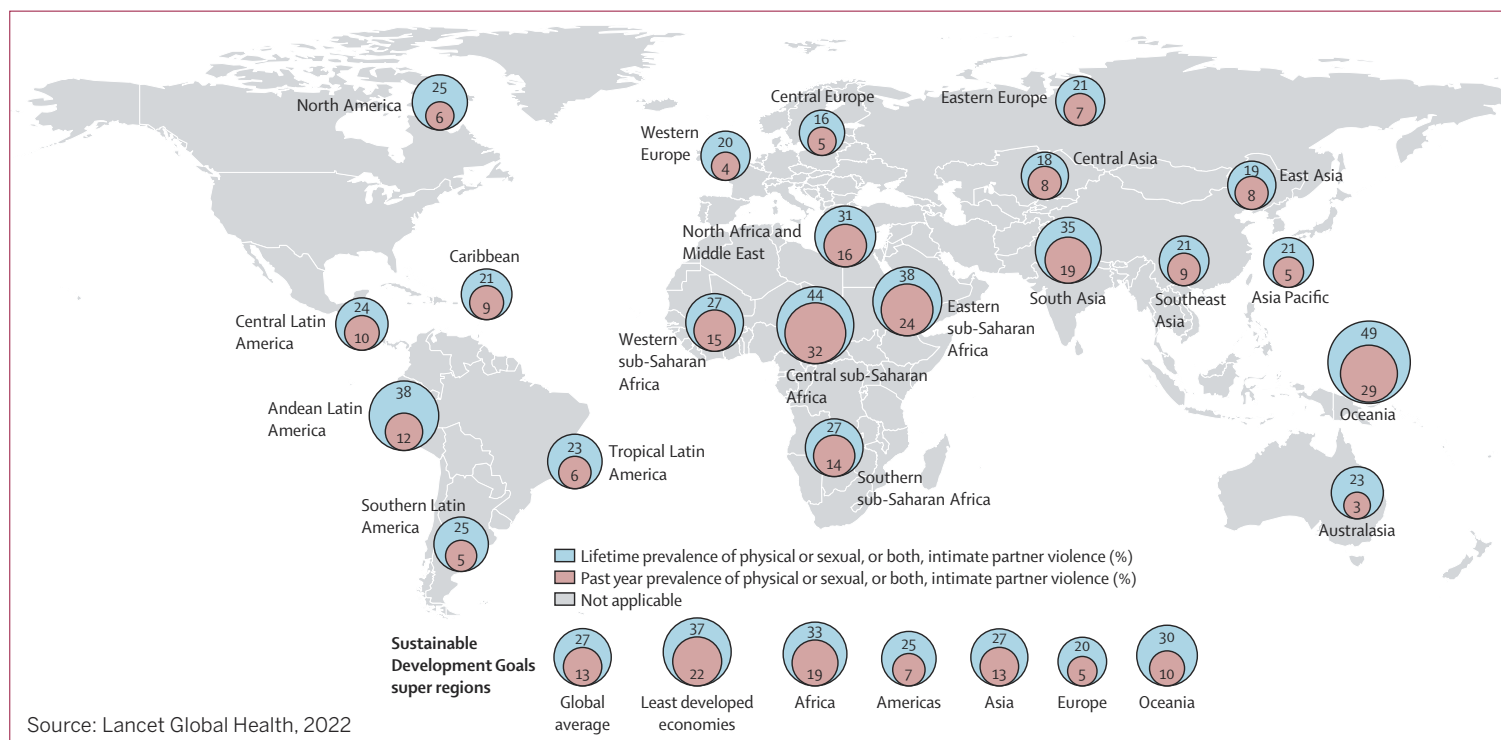
## A GLOBAL CRISIS

Right now in history, talking about violence means talking about women and talking about complex conflicts and emergencies. Gender-based violence is a serious problem affecting the entire world. The focus on the issue is relatively new, and there is no universally recognized definition of the concept nor standardized tools and methods of data collection and analysis. The ways of GBV are still complex and inadequate. The most authoritative sources are the *WHO Global Database on Prevalence of Violence Against Women and Demographic and Health Surveys*. Intimate partner psychological violence is rarely measured. The effect of measuring women's empowerment has only been sporadically evaluated. As such, the numbers given here should be taken with appropriate caution.

## GENDER-BASED VIOLENCE (GBV)

Gender-based violence is a human rights violation perpetrated by an aggressor against a person because of their gender or sex. The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>1</sup> The most prevalent form of gender-based violence is committed by intimate partners (Intimate Partner Violence). Globally, it is estimated that, on average, 27% of women aged 15 to 49 have experienced violence by an intimate partner (IPV) or a non-partner during their lifetime and millions are those affected by other forms of gender-based violence, such as child, early, and forced

**FIGURE 1 /** MAP OF 2018 LIFETIME VERSUS PAST YEAR PREVALENCE OF PHYSICAL OR SEXUAL, OR BOTH, INTIMATE PARTNER VIOLENCE AMONG EVER-PARTNERED WOMEN AGED 15-49 YEARS BY GLOBAL BURDEN OF DISEASE REGION AND SUSTAINABLE DEVELOPMENT GOALS SUPER REGION



Source: Lancet Global Health, 2022

Marriage, sex trafficking, and harmful traditional practices. The highest prevalence of GBV globally is found in the regions of Africa and Oceania (**Figure 1**)<sup>2</sup>.

## EFFECTS

Intimate partner violence can have severe short- and long-term physical and mental health effects, including injury, depression, anxiety, unwanted pregnancies, abortions, sexually transmitted infections, and worse. GBV can affect social well-being, leading to loneliness, social withdrawal, and a sense of victimhood in the affected person. It can also lead to death. It is estimated that 38-50% of murders of women globally are committed by intimate partners.<sup>3</sup> Intimate partner violence also has significant social and economic costs for governments, communities, and individuals. For example, women in Tanzania who experience violence earn 29% less than those who do not experience any abuse; this increases to 43% for women subjected to more severe forms of violence<sup>4</sup>.

## GBV IN THE CONTEXT OF COMPLEX EMERGENCIES AND ARMED CONFLICTS

GBV is a complex, ubiquitous problem and it has significant differences based on the context. A recent survey published by the Lancet Global Health on GBV's national, regional, and global prevalence, involving 161 countries, identifies 28 countries with levels significantly above the global average. Many of these are low-income countries and are affected by complex humanitarian emergencies or armed conflict. Most of them are in Africa<sup>5</sup>. During complex emergencies and armed conflicts, GBV disproportionately affects women and especially girls, although men, boys, and lesbian, gay, bisexual, transgender and intersex people also experience various forms of violence<sup>6</sup>. In settings such as refugee camps, GBV may be perpetrated by family members (e.g. fathers, siblings, uncles) or by others in the wider community (e.g. teachers, community leaders, employers, strangers, or humanitarian workers). The places where violence is perpetrated are varied, including the home, school, work fields, water sources, the market, offices, and so on. Some studies have documented a frequency of GBV affecting up to three out of four women<sup>7</sup>.

A particularly severe and horrific form is sexual and GBV violence (SGBV). With the increase in armed conflicts and wars, sexual violence perpetrated on a large scale as a "weapon of war and terrorism" is also growing<sup>8</sup>. In other words, during and after armed conflicts, women and girls are targeted for rape, intimidation, sexual and physical abuse, abduction and forms of sexual slavery, unwanted pregnancies, abortions, and/or murder by state or non-state armed groups.

The few independent studies that have been conducted in dif-

ferent countries reported a prevalence of sexual violence ranging from 2.6% in the current war crisis in Ukraine to 21.3% in South Sudan during the civil war between 2005 and 2011; to 9.7% in Tigray-Ethiopia in 2021. Significantly, between 80 and 90% of women who survived SGBV received no form of medical or psychological<sup>9</sup> assistance.

According to a recent report by the Secretary-General of the United Nations "Sexual and Conflict-Related Sexual Violence" for the year 2022, the countries where this violation of human rights is most widespread are the Central African Republic, South Sudan, Democratic Republic of Congo, Mozambique, Ethiopia, Libya, the countries of the Sahel and the Horn of Africa along with Ukraine, Afghanistan, Syria, Yemen, and Colombia<sup>10</sup>. Because of the particular heinousness of this crime, the United Nations has designated SGBV as a criminally prosecutable war crime in Article 8 of the Rome Statute of the International Criminal Court.

## RISK FACTORS

The risk factors underlying GBV are multiple, concomitant, and mutually aggravating. A systematic review focused on countries with a high prevalence of GBV<sup>11</sup>, identifies these risk factors as i) individual factors, including young age, illiteracy, and being unmarried; ii) societal factors such as poverty, unemployment, displacement, stress, and marital discord, residence in rural areas, absence of social support/protection, risky occupations, breakdowns of social norms on violence and patriarchal culture; iii) behavioral factors such as the use of alcohol and other substances and finally, iv) environmental factors such as complex emergencies, armed conflicts, and impunity. In addition, many of these factors were seen to increase after natural and health disasters such as the COVID-19 epidemic, suggesting that rates of violence increase in these contexts as well.

Knowledge of these factors and their combination are key to improving understanding of the prevalence, nature, and effects of GBV, as well as how it differs across age groups, countries, and regions. Many of these factors suggest that cultural characteristics underlying GBV (e.g. the role of women in the family and society) are associated with structural inequalities such as girls' reduced access to education, health, and income. Interventions and prevention policies should develop out of awareness of these factors and their interaction in various situations.

## THE MANAGEMENT OF GBV, POLICIES, AND PREVENTION PROGRAMS

In emergency and conflict contexts, essential interventions to be put in place to manage GBV cases are complex, and multisectoral, requiring diverse capacities<sup>12</sup> and a systematic approach<sup>13</sup>. These involve creating "safe" places for victims and providing

dedicated services such as health care, psychological, social, and economic support, protection and legal assistance, a referral system to emergency management centers, and coordination between all those involved<sup>14</sup>. The case of Cabo Delgado in Mozambique presented in this issue is an example of this type of intervention.

In terms of policies and programs to prevent GBV, the United Nations 2030 Agenda for Sustainable Development Goals (SDGs) includes Goal 5 on gender equality and women's empowerment. Target 5.2 aims to eliminate all forms of violence against women and girls in public and private contexts, including trafficking, sexual exploitation, and other types of violence.

This goal reflects the international community's commitment to addressing and eliminating gender-based violence as part of broader efforts to promote gender equality and women's empowerment.

Achieving this goal requires policies and actions at the national and global levels.

The framework to develop and implement national policies to prevent GBV is the WHO's RESPECT program, which proposes 7 evidence-based prevention strategies, which are: Relationship skills strengthened; Empowerment of women; Services en-

sured; Poverty reduced; Environments made safe; Child and adolescent abuse prevented; Transformed attitudes, beliefs, and norms<sup>15</sup>. At least 118 countries have established laws against intimate partner violence and even more countries have developed or updated national guidelines for health-sector responses to violence against women and girls based on WHO's suggested strategies<sup>16</sup>.

Despite some improvements over the past two decades, the current situation of intimate partner violence remains troubling in low- and middle-income countries (LMICs). In some countries, there has even been a worsening of the prevalence of intimate partner violence<sup>17</sup>. Ultimately, the gap between policies and practices remains enormous and unacceptable. But the deeper challenge involves changing those cultural and behavioral traits, found in all societies that stand in the way of full respect for the dignity of women and their empowerment in the community.

These are reasons to continue working with determination on all fronts, especially in the field, addressing problems and adopting evaluation and research initiatives, lobbying, and advocacy, to keep the focus on the issue of violence against women, which challenges the conscience of us all, health professionals and the public at large.

## NOTES

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**13** <https://www.who.int/news/item/25-11-2021-gender-based-violence-is-a-public-health-issue-using-a-healthsystems-approach>

**14** IMC. IRC. UNFPA. UNICEF. UNHCR. USAID, Interagency Gender-Based Violence Case Management Guidelines. Providing care and case management services to Gender-Based Violence survivors in Humanitarian Settings. January 2017.

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