IFMSA Policy Document
Ending Gender Based Violence

Proposed by Team of Officials
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Policy Statement

Introduction

The United Nations Population Fund (UNFPA) describes gender-based violence as one of the most prevalent global human rights violations, with one in three women experiencing physical or sexual abuse at least once in her lifetime. Gender-based violence includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. Thus, it undermines the health, dignity, security and autonomy of victims, exposing them to several severe sexual and reproductive health consequences such as forced and unwanted pregnancies, unsafe abortion, traumatic fistula, and sexually transmitted infections.

Women and girls are at highest risk of experiencing gender-based violence as this form of oppression originates from inequalities between male and female genders in society. These inequalities perpetuate the use and abuse of physical, emotional, and/or financial power and control. Sexual and gender minorities such as gender diverse peoples, as well as males who are perceived to act in a stereotypically feminine manner, are also victimized. Due to the vast burden of violence on women and girls, “violence against women” and “gender-based violence” are often used interchangeably.

IFMSA position

The IFMSA condemns any form of gender-based violence as it believes that this abuse violates the basic human rights of its victims. The IFMSA affirms the need for gender equality and safety for all. Thus, we believe gender-based violence is a matter of high concern to the communities and the society as a whole, which cannot be kept within the confinements of the home or family entity. It must be addressed and eliminated in order to benefit the health and wellbeing of individuals and communities globally.

Call to Action

Therefore, IFMSA calls on:

1. Medical students and national medical student associations to:
    a. Acquire evidence-based knowledge pertaining to gender-based violence and its relation to health. Develop necessary skills for the prevention of gender-based violence.
    b. Raise awareness of the issue of gender-based violence, its implications and consequences, and ways of prevention, especially within medical faculties and teaching institutions.
    c. Acknowledge gender inequalities present socially and systemically within medical schools and institutions. Engage in the primary prevention of gender-based violence by increasing the visibility of these inequalities and collaborating with members at all stages of training/education, including peer-to-peer education, to be active agents of change.
    d. Participate in and/or develop awareness activities as well as education campaigns aimed at ending gender-based violence.
    e. Organize educational activities aimed at the prevention and eradication of gender-based violence.

2. Medical schools to:
    a. Incorporate teaching about the prevention, recognition and handling of issues of gender-based violence within the curriculum.
    b. Discuss gender equality within accessibility to higher education in academic institutions and whether selection processes exhibit biases that contribute to an unequal acceptance process to universities.
    c. Form and/or highlight support systems for victims of gender-based violence within institutions.
    d. Incorporate curriculum content that examines gender equality as a determinant of health, the relationship between gender norms and gender-based violence, and the importance of gender equity in health care. This aims to ensure that future health professionals can sensitively respond to cases of gender-based violence and act as key agents of prevention. This curriculum can include specific committees dedicated to Gender Based Violence education.
    e. Offer faculty development programs to support teachers in delivering these topics to their students.

3. The health sector to:
    a. Train all healthcare providers to effectively manage cases of gender-based violence, such as being aware and able to identify cases of violence, as well as prevention, treatment and management. This includes ongoing professional development training.
    b. Ensure that essential and appropriate referral processes are in place as well as connection with appropriate NGOs and community organisations that specialise in the rehabilitation of victims and/or survivors of gender-based violence.
    c. Provide sensitive and safe psychosocial support and medical treatment for victims and/or survivor of gender-based violence.
    d. Implement policies that actively promote equal access to educational, financial and leadership opportunities for all genders within medical workplaces.

4. Governments, NGOs and international agencies to:
    a. Recognize gender-based violence as a public health issue that affects all areas of society.
    b. Conduct and promote research on the epidemiology, consequences and different forms of gender-based violence locally. Develop strategies to address and prevent these violences.
    c. Develop and implement legislation supporting gender equality socially and gender equity in healthcare distribution.
    d. Ensure that identification documents of any citizen correspond to their self –identified gender in order to avoid institutional violence.
    e. Provide legal support for victims of gender-based violence.
    f. Implement educational policies that address behaviours of youth, such as the UN Engaging Schools in Violence Prevention Efforts program.
    g. Work on identifying factors that contribute to and influence the type and extent of gender-based violence and thereby focus on prevention campaigns.
    h. Organise public campaigns to raise awareness of gender-based violence and the need for its eradication.

Position Paper

Introduction

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Background

Consequences of Gender-Based Violence (GBV)

Sexual and Gender Based Violence is a medical emergency [1]. It results in a variety of long term consequences physically, psychologically and with respect to reproduction. In addition, it also has social, economic and political impacts. Gender-based violence threatens family structures. For instance, children suffer emotional damage when they watch their mothers and sisters being battered. In addition, two-parent homes may break up, leaving the female head of household to struggle against increased poverty and negative social repercussions [2].

A variety of psychological implications such as low self-esteem, suicidal tendencies, anxiety, post traumatic stress disorder, and major depressive disorder can also occur as a result of gender-based violence. Some victims need intensive psychotherapy sessions to help them overcome the trauma and adapt to their surroundings. Social stigma, rejection, and divorce can add to the long term psychological impacts and deepen depression - contributing to substance abuse and social rejection. In addition, the nature of violence inflicted can leave women seriously injured and disabled.

Victims of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death [3]. These are explored further in the following sections.

Relation of GBV to HIV and other STIs

Globally there are 36.7 million people living with HIV, which resulted in 1.1 million AIDS related deaths in 2015 alone [4]. Thus, the elimination of gender-based violence is a crucial component in the fight against HIV transmission on a population level.

Women who experience gender-based violence are 1.5 times more likely to acquire HIV and other STIs such as syphilis, gonorrhea and chlamydia[6]. Although some studies have shown this risk to be even greater (up to 3 times more likely) [5]. This is due to both increased physiological and psychological risk [5][7].

Anatomically, cis-gendered women are at a higher risk of contracting sexually transmitted infections (STIs) than men.[8] It is the combination of this and the physical trauma (i.e. genital lacerations and epithelial damage) that can be produced through sexual violence that leads to increased transmission of STIs[5].

Lack of communication between sexual partners due to fear of violence results in high risk sexual behaviours such as reduced condom use, thus increasing the rates of STI transmission. Lack of condom use is also common when sex is forced. The decreased use, or absence, of barrier methods in addition to decreased screening rates amongst those experiencing gender-based violence result in a disproportionate burden of STIs and their complications amongst these individuals[7].

Effects of GBV on Maternal and Child Health

Gender-based violence has a significant impact on women's ability to exercise their reproductive rights; thus it negatively influences female sexual and reproductive health as a whole. Within this section, the effects of violence against women will be examined through literature based in intimate partner violence (IPV) as this is an example of a specific type of gender-based violence and possesses an existing body of research/literature.

Lifetime exposure of women to IPV ranges from 15-71% depending on the region studied and definition used. Relatedly, rape within intimate relationships ranges from 5.9-42% [9]. Violence has been observed to both begin or intensify during pregnancy, resulting in adverse obstetric outcomes and maternal death [10][11][12].Adverse outcomes such as perinatal death and low-birth weight as well as complications such as preeclampsia, preterm labour and third trimester bleeding have been studied and associated with IPV [13].

Women who experience IPV are more likely to undergo multiple abortions throughout their lifetime, despite no significant association between the number of pregnancies and IPV [9] One study has revealed over a 2.5 fold increased likelihood of physical or sexual violence among women presenting for their third abortion, compared to women presenting for their first abortion [14].

Contraception use amongst women who experience IPV is a complicated phenomenon. In addition to systemic barriers influencing access to contraception in many regions, women who experience violence have also reported being actively prevented from accessing contraception by their partner. Furthermore, some women have reported being deceived by their partner with respect to birth control use [9].

With forced sexual engagement and lack of contraception it is clear how IPV leads to increased rates of unwanted or unplanned pregnancies. Globally, 210 million conceptions occur each year, over 40% of which are unplanned [15][16]. 1 in 10 of these conceptions results in unsafe abortion which in turn cause the death of approximately 68 000 women annually (13% of global maternal mortality) [15][16][17]

Relation of GBV to Human Rights

Gender-based violence is a flagrant transgression of the principles enshrined in the Universal Declaration of Human Rights [18]. It stems from the failure of governments and societies to recognize the human rights of women. The Declaration on the Elimination of Violence Against Women names gender-based violence as a violation of human rights and as an instance of sex discrimination and inequality.[19]

Among others, violence against women is a violation of the right to life, liberty and personal safety (article 3); of the right to not be subjected to torture or to cruel, inhuman or degrading treatment or punishment (article 5); of the right to equality before the law and to equal protection under the law (article 7); of the right to a fair trial (articles 8 and 10); of the right to freedom of movement (article 13), and of the freedom of assembly and association (article 20) [18]. It has also begun to be recognized that gender-based violence is a violation of the right to *identify*, since it reinforces and reproduces the subordination of women to men; of the right to *affection*, since violence is the antithesis of any expression of that sort; of the right to *peace and enriching personal relations*, since it is a negative form of dispute settlement; of the right to *protection*, since it creates a situation of defenselessness; of the right to *freedom of expression*, and of the right to *an optimum state of physical and mental health* [18].

Furthermore, women's rights continue to be violated through systematic rape and other forms of gender-targeted violence that are increasingly being used as weapons of war in armed conflicts in different regions of the world [20].Gender-based violence in conflict and post-conflict areas can take many forms including rape, sexual abuse, slavery, forced impregnation/ miscarriages, kidnapping/trafficking, forced nudity, and disease transmission[21] along with a host of other human rights abuses, as part of military campaigns and as a result of the breakdown of community norms which tend to accompany armed conflicts [22].

Prevention of GBV

Prevention is a priority in tackling gender-based violence, and a comprehensive approach is necessary. Gender based violence is the result of interactions of social norms, structures, and practices, and these factors are manifested on individual, interpersonal, community, and societal levels [23]. Therefore, it is impossible to prevent gender-based violence without addressing the root: eliminating gender stereotypes and gender inequality. Important sectors to be involved include government and legislature, educational facilities, health services, media, and more [24].

Gender norms and stereotypes fueling gender-based violence include linking masculinity to provider roles, macho behaviors, and violence while associating femininity to chastity, submission, and victimhood [23]. The acceptance of traditional gender roles and the normalization of violence both contribute to gender-based violence [23]. Consequently, education against these conceptions is deeply essential.
Education and prevention are optimized when targeted on key populations and adapted to their needs. These key populations include children and their families, young people, communities experiencing rapid social or economic changes, and groups affected by multiple forms of discrimination [24]. On the other hand, instead of targeting solely women and sexuality/gender minorities, more programs now aim to also include men and boys, since they are ultimately also affected by gender stereotypes, and their involvement results in higher effectiveness of prevention programs [25].

Another factor contributing to gender based violence is the gender inequality that lies within social structures. Women continue to be confronted with economic inequalities, such as lower wages than men [26] and a higher participation in unpaid family work [27]. Politically, women face a lack of representation and influence [28]. These inequalities result in poverty and a lower level of autonomy for women, which contribute to violence against women [23]. Therefore, the elimination of gender inequalities is essential to the prevention of gender-based violence.

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