



# IFMSA

International Federation of  
Medical Students' Associations

## IFMSA Policy Document Ending Gender-Based Violence

**Proposed by Team of Officials**

**Presented to the IFMSA General Assembly March Meeting 2020, in Rwanda.**

### Policy Statement

#### Introduction:

The United Nations Population Fund [UNFPA] describes gender-based violence (GBV) as one of the most prevalent global human rights violations. It undermines the health, dignity, security and autonomy of victims, exposing them to several severe sexual and reproductive health consequences. Women and girls are at the highest risk of experiencing gender-based violence. According to WHO, “ Gender refers to the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men. Gender interacts with, but is different from, the binary categories of biological sex.”[1] Secondly, according to UNHCR, “ Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys.” It is a fundamental cause and consequence of rigid gender norms, toxic masculinity culture and structural gender inequity. GBV is, therefore, a historical method used to create and reinforce unequal power relations. Sexual and gender minorities, such as gender diverse people, and those seen to behave outside of gender norms, are also victimized.

#### 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 equity, safety, liberty, integrity and dignity for all. Thus, IFMSA believes that gender-based violence is a matter of utmost concern to the communities and the society as a whole, and 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. 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. Develop strategies to address and prevent this violence.
- c. Develop and implement or improve national policies regarding GBV prevention.
- d. Ensure that identification documents of any citizen correspond to their self – identified gender to avoid institutional violence.
- e. Provide legal support for victims of gender-based violence.
- f. Implement educational policies that address the 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.
- i. Ratify international binding documents on addressing and preventing gender-based violence such as the Istanbul Convention.



## **2. The health sector to:**

- a. Ensure availability of first-line treatment for survivors of gender-based violence across primary, secondary, and tertiary health care centres.
- 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. Communicate and collaborate with law enforcement in establishing coordinated medico-legal services with a focus on respect, confidentiality, non-discrimination and safety for survivors of gender-based violence.
- d. Establish methods for detection of gender-based violence like one on one interviews with counsellors across all medical facilities, as to make it a mainstream method of medical practice.
- e. Implement a thorough training regime for health professionals to equip them with skills for the identification and management of cases of gender-based violence.
- f. Provide sensitive and safe psychosocial support and medical treatment for victims and/or survivors of gender-based violence.
- g. Promote recognition and seeking help in cases of gender-based violence in healthcare institutions by providing descriptive and visual publication materials.
- h. Implement policies that negate discrimination in the medical workplace and provide equal access to educational, financial and leadership opportunities for all genders within the health sector;
- i. Recognize that gender-based violence affects transgender people by implementing policies and methods that protect them in both medical and legal services, as well as ensuring access to medical and legal services.

## **3. Medical schools to:**

- a. Hold medical faculties, academic staff, and students who use discriminatory language and convey ideas that perpetuate gender-based violence in medical education accountable, and strive to uphold an academic code of conduct that is inclusive and safe in the areas of gender-based violence.
- b. Incorporate evidence-based teaching about the prevention, recognition and handling of issues of gender-based violence within the curriculum and offer faculty development programs to support teachers in delivering these topics.
- c. Develop and implement policies, reporting, and supporting systems that aim to combat GBV in institutions.
- d. Incorporate curriculum content that examines gender equality as a determinant of health, the relationship between gender norms and gender-based violence, approaching conversations regarding gender identity and gender dysphoria, and the importance of gender equity in health care. Therefore ensuring 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.

## **4. Medical students and national medical student associations to:**

- a. Develop and implement systems and opportunities of educating medical students in the issues of gender-based violence, and its relevance to health, using evidence-based knowledge and strategies.
- b. Advocate about improving medical education around issues of gender-based violence, and for the financing and development of local, state/province, and national infrastructure in the prevention of gender-based violence, and infrastructure to support the victims of gender-based violence.
- c. Acknowledge gender inequities 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. Develop and implement internal infrastructure in upskilling medical students in leadership in issues of gender-based violence, such as but not limited to supporting relevant projects and initiatives, offering students opportunities of gaining skills in advocacy or opportunities for students to generate educational content.
- e. Collaborate with other NMOs and NGOs on learning how to effectively develop advocacy and education strategies and infrastructure.



## Position Paper

### Background information:

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 the 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.

### Discussion

#### Consequences of Gender-Based Violence (GBV)

Gender-based violence can lead to serious, long-term consequences for survivors. At its most extreme, GBV results in permanent disability or death, but its consequences can range across a spectrum of physical and psychosocial impairments that have lasting and pervasive effects [4]. Physical threats of gender-based violence include maternal and infant mortality, HIV and AIDS, injuries such as fistula, disease, disability, adverse pregnancy outcomes, unwanted or forced pregnancy and unsafe abortion [4,2]. Psychological outcomes frequently associated with GBV include post-traumatic stress, depression, self-harm, substance abuse and suicide [4].

While gender-based violence greatly impacts the individual victim, its effects also permeate families and the wider society. GBV is pervasive, afflicting multiple generations; family structures are threatened, children are exposed to violence in their home, parental relationships dissolve leaving single-parent households in poverty, and psychological trauma impedes the ability to form healthy, safe and stable relationships in the future [4]. Attitudes of discrimination and acts of violence may be accepted by children as the norm, perpetuating this vicious cycle. In the social sphere, GBV can result in social rejection and stigmatisation, increased gender inequalities and increased feminisation of poverty [4,2]. In some countries, victims of GBV risk being arrested and punished for seeking protection or justice [4].

The economic burden of GBV is significant, illustrating that the impacts of GBV are ubiquitous and immense. GBV imposes extreme demands on the healthcare system, counselling services, justice system and welfare support, causes loss of productivity and work, and reduces women's participation in education and employment [6]. It is estimated that the economic cost of violence against women could amount to 2% of the global gross domestic product [7]. This is equivalent to \$1.5 trillion approximately equal to Canada's entire economy.

GBV has serious, multi-faceted and lasting consequences. These impacts affect every tier of society: the individual level of the victim, the broader effects on families, education and gender inequality, and on a global, economic scale. These consequences will be explored further in the following sections.

#### Relation of GBV to HIV and other STIs

Globally, 37.9 million people were living with HIV at the end of 2018. In 2018, around 770 000 (570 000–1.1 million) people died from AIDS-related illnesses worldwide [8]. Adult women account for 61.5% of new HIV infections and cases among the adult demographic. As a result, women are considered a vulnerable group in many societies, which makes them in many ways more susceptible to new HIV infections.

Women are at a higher risk of contracting sexually transmitted infections [STIs] than men [9]. It



is the combination of this and the physical trauma [i.e. genital lacerations and epithelial damage, also the increased risk is due to the infected semen staying in the vaginal canal for longer, with the large surface area of the vaginal canal to the semen, which increases the risk of infection with HIV and other STIs (sexually transmitted infections) that can be produced through sexual violence that leads to increased transmission of STIs [10,8] . In areas where women are subjugated to many forms of sexual violence including early marriage, sexual abuse, abduction, rape and harmful traditional practices, their vulnerability to HIV increases significantly [11] . Moreover, women who experience gender-based violence are 1.5 times more likely to acquire HIV and other STIs such as syphilis, gonorrhoea and chlamydia [12] . Although some studies have shown this risk to be even greater [up to 3 times more likely] [10]. This is due to both increased physiological and psychological risks [13] . Additionally, marginalised groups such as transgender women, female sex workers, and women who use drugs are more likely to be victims of GBV, often by an intimate partner. Besides, women who experience GBV are more likely to engage in unsafe behaviours such as unprotected sex, which results in HIV and other STI transmission. Furthermore, GBV acts a barrier for these groups to access HIV testing, care and treatment, as well as PrEP (Pre Exposure Prophylaxis) [14] . Thus, the elimination of gender-based violence is a crucial component in the fight against HIV transmission on a population level.

#### 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% [15] .

Research indicates that women suffering from IPV are more likely to develop oedema, high blood pressure, vomiting, dehydration, severe nausea, kidney infection and urinary tract infection when compared to women not experiencing such form of violence. [16] . Violence has been observed to both begin or intensify during pregnancy, resulting in adverse obstetric outcomes, maternal death and often children vulnerable to mothers' abusive partners [16– 18] .

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 [15] .

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 [19] .

IPV complicates use of contraception. 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 concerning to birth control use [15] .

With forced sexual engagement and lack of contraception, it is clear how IPV leads to increased rates of unwanted or unplanned pregnancies. That also comes with repeated miscarriages and/or terminations of pregnancies. Globally, 210 million conceptions occur each year, over 40% of which are unplanned [20,18]. 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) [20–22] .

#### GBV against Women and International Human Rights

Gender-Based Violence is one of the most pervasive human rights violations in the world, rooted in gender inequality, discrimination and harmful cultural and social norms [23] . It serves as an obstacle in the way of achievement of equality, peace and development. This not only infringes and desecrates the access of women to their rights as a human but also limits their means of approach to the most rudimentary needs of their gender rights [24] . Its roots lie in a lack of legal and policy frameworks that seek to eliminate gender-based discrimination or violence, and even when these frameworks are present, they are not implemented due to rationalization that is based on religious, political, traditional, and cultural grounds [25] .



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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 [26]. The objective of the Convention is the elimination of all forms of discrimination against women based on sex. It guarantees women the equal recognition, enjoyment and exercise of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, domestic or any other field, irrespective of their marital status, on a basis of equality with men.

Gender-based violence against women occurs in all spaces and spheres of human interaction, whether public or private, including in the contexts of the family, the community, public spaces, the workplace, leisure, politics, sport, health services and educational settings, and the redefinition of public and private through technology-mediated environments, such as contemporary forms of violence occurring online and in other digital environments [25]. Acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty fall under the violation of a right to life, liberty, and personal safety. Inaccessibility of legal services due to discrimination against their gender or otherwise constitutes a fundamental lack of the right to equality before the law and equal protection under the law as well as the right to a fair trial. Attitudes, cultures and actions that result in women being forced to occupy positions in society that constrict their growth, education, and employment opportunities such as child marriage, family abuse and forced marriage compromises their right to freedom of movement, the right to identify, and the right to protection. Health practices, such as obstetric violence and sexual violence, that are founded upon traditional values hinder the ability of women to enjoy their right to an optimum state of physical and mental health [28]. Armed conflicts constitute the most pervasive environment where violence against women is likely to occur. In times of humanitarian or economic crises, degradation of society and muted government responses to gender-based violence serve as risk factors that exacerbate gender-based violence and create an environment where it occurs without liability [25].

#### GBV against Men

There are not very detailed researches that analyze the problem globally (both numerically and sociologically), except from countries such as England and Wales, where a study conducted from 2005 to 2018 found that the difference between men and women victims of domestic violence, previously considered as very large, is actually very small (7.9% of women versus 4.2% of men) [26].

#### LGBTQIA+ People and Gender-Based Violence

Transgender and intersex people experience gender-based violence that presents unique challenges to the gender-based violence experienced by their female cisgender counterparts. Transgender people are defined as people living and presenting as a gender that does not align with the biological primary sex characteristics they were born with [29]. Transgender people experience several circumstantial and societal factors that render them more vulnerable to targeted violence [30]. Examples of these factors include systematic and societal discrimination, higher rates of unemployment, higher rates of poverty, social ostracisation, homelessness, higher rates of sex work and lack of access to appropriate health care [31]. Besides that, we must not forget that gender dysphoria was considered a mental illness before the IC-11 [38] and there is still legal, societal and religious persecution against transgender people [39]. From a 2019 study about Transgender Women and Gender-Based Violence, 82.9% of the sample have reported to suffer from GBV in Healthcare (note that the study was conducted in 4 countries with a sample of 74 trans women) [40]. Increased protections should be offered to transgender people to decrease risks of sexual, physical, and emotional violence, and further infrastructure needs to be developed and financed to support the physical and mental health of transgender people who have experienced violence [4].

Intersex is defined as a medical condition where people are born with a variance in biological sex characteristics that are atypical of the strictly female and male definitions of biological sexual presentation [32]. Additional to the increased risks of experiencing targeted violence in the community, intersex people also experience violence systematically in the medical sector. Although some surgeries on intersex infants and children may be life-saving and appropriate, frequently deferrable surgical procedures are performed on intersex infants and children for cosmetic purposes or to align their primary sex characteristics to a particular binary gender.



These procedures are often performed before the person is at an age where they can give informed consent and express meaningful input in what procedural changes they may or may not desire for their bodies. Deferrable surgical procedures on people who cannot give “full, free, and informed consent”, as defined by the United Nations Officer of the High Commissioner on Human Rights, demonstrates a violation and abuse of human rights and, therefore, constitutes violence [33]. Intersex people who have experienced trauma and violence in the health sector may also be reluctant to interact with healthcare in their adult lives, further perpetuating poorer health outcomes than their gender-conforming counterparts. To prevent this systematic violence towards intersex people, intersex people and intersex advocacy bodies should be actively involved in the formation of policies and guidelines surrounding intersex surgeries, and deferrable surgeries should not be performed on intersex children [34].

### 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 the 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 [35].

Gender norms and stereotypes fuelling gender-based violence include linking masculinity to provider roles, macho behaviours, and violence while associating femininity to chastity, submission, and victimhood. 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. The promotion of gender equality is an essential part of violence prevention. This includes interventions that confront the instilled mindsets and cultural norms from which gender inequalities develop, and efforts to include all sectors of society in redressing these inequalities, both of which are thought to reduce gender-based violence. 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 [35]. 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 a higher effectiveness of prevention programs [36]. Moreover, it is important to have an effective and accessible legal structure to address all forms of gender-based violence against individuals.

Another factor contributing to gender-based violence is the gender inequity that lies within social structures. Women continue to be confronted with economic inequalities, the global labour force participation rate for women is close to 49% while that for men is 75% with a gap of nearly 27 percentage. Also, women tend to have higher participation in unpaid family work [37].

Worldwide, women are still underrepresented in leadership and political roles lacking influence on the decision making process. 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.

Examples of programs tackling gender-based violence can be found in many countries: in Cambodia, there has been developed a code of conduct for reporting gender-based violence situations and action plans for prevention of GBV [41]; in Australia, in 2009 was approved a 10 year plan (2010-2020) to prevent violence against women; in India, the “Gender Equity Movement in Schools” aims to raise awareness on gender-based violence from a tender age, based on reflective work [42].

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