

Gender Equality and Antidiscrimination for Roma

MODULE 5
Contrast to violence
and abuse against girls.

SUMMARY

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WHAT WE MEAN BY VIOLENCE AGAINST WOMEN

As is amply illustrated by the literature on the subject, violence against women has historical and cultural roots that legitimise its imposition because to maintain the stereotypes of women and men in society, consequent social norms, concepts of masculinity and notions of women's inferiority. We define violence here, in a broad sense, as a *form of control over the freedom of the other that is expressed through the imposition, by means of coercive systems, of a system of meanings and rules.* Violence against women is the precipitate of a cultural *humus that is* transmitted through the generations and that legitimises, also through processes of normalisation, violent behaviour, continuing to promote unequal relations between the sexes. It is a power and cultural structure that is passed down through acquired symbolic categories, by men as well as women, that refer to stereotypes, prejudices, omissions, to unconscious patterns of perception and evaluation: men are strong, rational, capable, hunters; women are gentle, fickle, charming, prey.

Violence against women, as is becoming increasingly evident, is therefore a phenomenon that is rooted in structural inequality and cuts across all social, cultural, and economic conditions.

To date, the most far-reaching instrument to combat violence against women in Europe is the Istanbul Convention of 2011¹. Subsequently signed, ratified, and adopted at different times by member states, this international treaty establishes preventive and protective measures and includes a set of obligations to ensure an adequate criminal justice response to serious human rights violations.

As far as our project is concerned, let us point out that the Convention was ratified by Italy in 2013, Belgium and Romania in 2016, while Bulgaria, causing outrage among women's rights groups, chose not to ratify it. The Bulgarian government justified this decision by claiming that the Convention's proposed definitions of gender have no biological basis and are therefore unconstitutional.²

The Convention insists on the need to acknowledge that this phenomenon is of a structural nature, studying and understanding it from its cultural matrixes, and clearly highlight that its eradication is inseparable from the de *jure and de facto* achievement of gender equality.

In this sense, Articles 12 and 14 are specifically dedicated to the need to recognise and deconstruct the stereotypes that underlie the intergenerational transmission of the phenomenon.

Studying the phenomenon of violence in numerical terms is therefore very difficult, especially for those cultural reasons that, as mentioned, mask and justify it. A first requirement is therefore to start from unambiguous definitions that make the phenomenon and its components objectively visible and measurable.

In accordance with the 2011 Council of Europe definition (Istanbul Convention): ""violence against women" is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".

This definition can include the different subcategories of violence and domestic violence, which refers to the behaviors implemented in the family context between former or current spouses or partners.

In these pages we will refer to the definitions established in the glossary by the European Institute for Gender Equality (EIGE) within the framework of the study on terminology and indicators to reliably and comparably measure violence against women in the 28 EU Member States.³ After having analysed in detail the components of the European, international and national definitions used at the legal and political level and their declinations used for statistical purposes, this study allowed to establish the following three

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¹ Council of Europe Treaty Series - No. 210; https://rm.coe.int/168008482e

² See *inter alia*: https://www.coe.int/en/web/commissioner/-/stronger-commitment-needed-to-combat-racism-fight-gender-stereotypes-and-increase-media-freedom-in-bulgaria

³ https://eige.europa.eu/publications-resources/publications/glossary-definitions-rape-femicide-and-intimate-partner-violence?language content entity=en

definitions that unambiguously describe the three forms of violence against women (VAW) for the purpose of a greater harmonisation of data collection in the first place.

Rape: "Sexual penetration, whether vaginal, anal or oral, through the use of object or body parts, without consent, using force, coercion or by taking advantage of the vulnerability of the victim."

Femicide: 'The killing of a woman by an intimate partner and the death of a woman because of a practice that is harmful to women. Intimate partner is understood as a former or current spouse or partner, whether or not the perpetrator shares or has shared the same residence with the victim."

Intimate partner violence (IPV): 'Any act of physical, sexual, psychological, or economic violence that occurs between former or current spouses or partners, whether the perpetrator shares or has shared the same residence with the victim.

The main components of IPV are:

- Physical violence: 'Any act which causes physical harm to the current or for- mer partner because of
 unlawful physical force. Physical violence can take the form of, among others, serious or minor assault,
 deprivation of liberty and manslaughter.
- **Sexual violence:** 'Any sexual act performed on the victim without consent. Sexual violence can take the form of rape or sexual assault."
- Psychological violence: 'Any act or behaviour which causes psychological harm to the partner or former
 partner. Psychological violence can take the form of, among others, coercion, defamation, verbal insult,
 or harassment.
- **Economic violence:** "Any act or behaviour which causes economic harm to the partner. Economic violence can take the form of, among others, property damage, restricting access to financial resources, education, or the labour market, or not com- plying with economic responsibilities, such as alimony.

SOME ELEMENTS OF THE SCENARIO

The persistence of gender stereotypes is reflected in an immediately visible way in the maintenance of important asymmetries that are well depicted at European level by the Gender Statistic Database EIGE⁴. Women continue to be under-represented at the level of presidents and members of the highest decision-making body in major political, administrative, scientific, and academic institutions. Despite having gained an important decision-making role in the COVID-19 pandemic response. In terms of capability between men and women, significant differences remain. First, that of time devoted to family work, which, from an early age, continues to be carried out in clear predominance (around 70%) by women, to the detriment of their free time and that devoted to paid work. Equally explanatory is the gender difference in intentional homicide victims; in the 27 member states, the percentage of women victims tends to be four times higher than that of men.

Corollary to the widespread phenomenon of gender-based violence is a *socialisation to violence that* characterises the different contexts of life, from the family to the workplace, up to informal socialising environments, and that recurs with few differences at different ages, confirming the gender stereotypes that underlie it. This leads to generalised behaviour such as, for example, the acceptance of rape and violent conduct by one's partner as unpleasant events yet considered as 'normal' incidents that can happen. In many court cases, the burden of proof, conviction and social disapproval lies with the victim. Sexual violence becomes an 'incoercible impulse', killing becomes a 'raptus', physical violence becomes a 'family quarrel', in a process of devaluation, re-dimensioning and normalisation of violence itself that judges the woman if she did not conform to social expectations (she had left him, she was not a good mother, work was more important to her, etc.).

This condition is also widely amplified in its media representation: from advertising to social media, to the way the press reports on rape and violence. Harassment and inequality in the workplace, rape, feminicide and intimate partner violence are illustrated here, in most cases, through a perverse modality that implies

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⁴ https://eige.europa.eu/gender-statistics/dgs

the secondary victimisation of the woman as the 'perpetrator' of the violence suffered. Here, gender-based violence is further expressed and reinforced in a context of widespread gender discrimination.

As described in the latest report of the Italian National Institute of Statistics (ISTAT) on gender stereotypes: 'one in five men (19.7%) think that women can provoke sexual violence by the way they dress compared to 14.6% of women. On the other hand, men and women's opinions on the responsibility attributed to women in certain circumstances are similar. About 11% believe that a woman who is a victim of sexual violence when drunk or under the influence of drugs is at least partly responsible, about 10% believe that if a woman after a party accepts an invitation from a man and is raped, it is also her fault."

Socialisation to violence in the family context also has serious repercussions on children's mental health. Children who grow up in a dysfunctional environment, even if not strictly abusive, react by activating adaptive mechanisms that lead them to be in a perpetual state of alertness and hyperarousal or fear, as in Post Traumatic Stress Disorder (PTSD), compromising the development of emotional regulation, cognitive processes, and organisational skills. Positive adaptive mechanisms, from emotional regulation to the development of communication and social skills, are those that then enable the child to interact, with others and with the social world, effectively achieving personal autonomy and being able to pursue his or her own goals. According to the World Health Organisation, violence is one of the main risk factors, together with lack of family support, poverty, and social exclusion, for mental disorders in children and adolescents. As they get older, emotional regulation disorders are associated with externalising disorders, such as conduct disorders and antisocial disorders, and internalising disorders, such as anxiety, depression and eating disorders. In a nutshell, in addition to the increased risk of suicidal ideation (suicide is the second most frequent cause of death for adolescents after accidents), experiences of abuse in childhood are also responsible for drops in scholastic performance, maladjustment in social contexts, disturbances in self-image and interpersonal skills with others; first and foremost empathy, i.e. the subject's ability to connect with the emotional states of others and thus also to foresee the consequences of one's actions. It is therefore evident that experiences of interpersonal violence, as an experience with a high traumatic potential, interfere with the development and maintenance of human capacities over time. Moreover, they contribute substantially to conditioning future behaviour: violent conduct on the one hand and quiescence on the other.

MAGNITUDE OF THE PHENOMENON

We can get a statistical estimate of the phenomenon by looking at the different services, whether health and medical, social, or legal aid, and the many agencies dedicated to offering help to women victims of violence. However, while these data can illustrate the social response to the phenomenon and offer important data on trafficking in women and feminicide, they cannot provide a realistic estimate of the extent of violence against women, although, in many cases, these statistics are still useful to identify which subgroups do not make use of anti-violence services.

On the other hand, it appears evident that many women do not reveal that they have been victims of violence because of feelings of shame or fear of the perpetrator and of possible future retaliation or even, as often happens also in Italy, in order not to be the object of secondary victimisation. Moreover, the data collected by the different services, health, justice, and social services, cannot be considered significant for the phenomenon since recourse to the services represents in many cases the last resort to which women resort after a long series of abuses. In this regard, it is estimated that on average only 33% of physical or sexual abuse and 20% of more serious incidents are reported.

However, considering that the cases of violence reported are probably about one third of those that occur, the scale of this phenomenon is seriously worrying. Data published in 2013 by the World Health Organization estimated that globally, more than one in three women (35.6 per cent) reported experiencing physical and/or sexual violence by a partner, or sexual violence by a non-partner; globally, as many as 38 per cent of all murders of women are reported as being committed by intimate partners; 42 per cent of

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⁵ https://www.istat.it/it/files//2023/11/STAT_TODAY_Stereotipi.pdf

women who have been physically and/or sexually abused by a partner have experienced injuries as a result of that violence. ⁶

With respect to the difficulties that prevent women from reporting abuse and/or ill-treatment and turning to services, where these are present, it is necessary to consider that motivation and support from family members and the community also play a significant role. Indeed, in some community's cultural conventions implicitly accept various forms of violence, e.g. economic and psychological violence, because they do not identify it as a specific sub-type of violence. For example, coercive control, which we can consider a precursor of all forms of violence and is typically perpetuated by men against women, is characterised by a low level of frequently repeated abuse. It is conduct that significantly undermines the autonomy and well-being of the victim, even though it is difficult to recognise and is not even covered by the Istanbul Convention.

Among the most underestimated forms of violence, often also because they are not recognised, psychological violence deserves special attention. In this case, surveys show a significant difference in the levels of women's awareness of this phenomenon, which has a clear prevalence in groups of women under 30 years of age, and in those subgroups most vulnerable to intersectional forms of violence: women with disabilities, non-heterosexuals, refugees, or those with a migration background. Among the consequences of psychological violence, it is necessary to consider the important repercussions on the children of women who suffer it. The latter, as mentioned before, will be more likely to commit or experience violence once they are adults and, whether they are women or men, to consider gender inequality and related forms of violence acceptable.

If suicide is the ultimate effect of psychological violence on women⁷ no less important are its effects on mental health, from depression to post-traumatic stress disorder (PTSD) to the impairment of cognitive functions: attention, verbal, visual and working memory, inhibition, planning and reasoning, visuomotor skills, cognitive flexibility, and decision-making. However, a significant repercussion concerns the victims' inability to recognise the perpetrator of the abuse and thus the severity of the phenomenon due to the strong psychological conditioning that leads them to blame themselves. In other words, the state of quiescence and unawareness in which the victims find themselves is the result of continuous and systematic psychological abuse.

Let us therefore start from the assumption that statistics only significantly represent a fraction of the phenomenon.

However, the comparison of Eurostat data from 2013 to 2015 in the table below shows how, despite the persistence of a submerged experience of a culture of silence and victim blaming, the identification and reporting of rape and sexual violence is steadily increasing⁸.

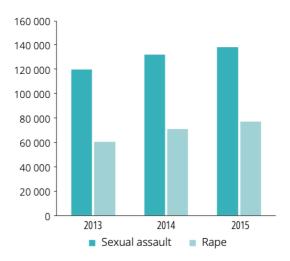
Total number of recorded offences of rape and sexual assault, across EU-28 Sexual assault Rape

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⁶ https://iris.who.int/bitstream/handle/10665/85239/9789241564625 eng.pdf?sequence=1&isAllowed=y

⁷ https://eige.europa.eu/publications-resources/publications/combating-coercive-control-and-psychological-violence-against-women-eu-member-states

⁸ EIGE, Beijing + 25: the fifth review of the implementation of the Beijing Platform for Action in the EU Member States, https://eige.europa.eu/publications-resources/publications/beijing-25-fifth-review-implementation-beijing-platform-action-eu-member-states. p.73



Source: Eurostat (data code: crim_off_cat).

Note: Data missing for rape for Italy in all years. Data cover period only until 2015 because statistics for sexual assault in 2016 missing in a number of Member States at the time of writing of the report.

A further significant amount of data on the phenomenon can be found in the reports produced by the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO)⁹, which oversees mapping and monitoring the implementation of the Istanbul Convention in the member states, and which plans to publish further comparable data by 2024. However, even this documentation, which is the result of an attempt to standardise the legislation of the different Member States on the implementation of the Istanbul Convention, reflects the different choices of the countries that have joined the convention to ratify or not to ratify certain articles of the treaty, by entering reservations. This is the case, for instance, of Romania, which, although it ratified the treaty in 2016, reserved the implementation of some articles until 2022. ¹⁰

About the picture outlined, it should be noted that, as highlighted by the Istanbul Convention's baseline evaluation reports, women who belong to Roma community undergo forms of intersectional discrimination in their access to protection and assistance¹¹. These variables further affect their ability to react and oppose passive acceptance of the *status quo*.

⁹ https://www.coe.int/en/web/istanbul-convention/grevio

¹⁰ Romania ratified the Istanbul Convention on 23 May 2016. In accordance with Article 78, paragraph 2, of the convention, Romania reserved the right not to apply the provisions under Article 30, paragraph 2, Article 44, paragraphs 1e, 3 and 4, Article 55, paragraph 1, in respect of Article 35 regarding minor offences, Article 58 in respect of Articles 37, 38 and 39, and Article 59. Moreover, in accordance with Article 78, paragraph 3, of the convention, Romania reserved the right to provide for non-criminal sanctions for behaviours referred to in Articles 33 and 34. These reservations were valid for a period of five years from the day of the entry into force of the convention in respect of Romania and lapsed on 1 March 2022 in application of Article 79, paragraph 2, of the convention. https://rm.coe.int/0900001680a6e439

¹¹ "Another group of vulnerable women is Roma women. According to indications made by women's rights NGOs in the field, women from Roma communities, including those arriving from Ukraine, continue to experience discrimination which is rooted in deep-seated prejudice and stereotypes. Worrying accounts shared by civil society representatives indicate normalisation and disregard for gender-based domestic violence in the Roma community by professionals, including law-enforcement officers. Such indications suggest that there is a tendency to ascribe violence committed against Roma women to 'cultural practices' and to apply different standards as regards their access to justice. Moreover, educational and financial constraints hinder them from accessing support services. Research data also show discriminatory practices among the Roma population, resulting in early marriages.13 While there are no official statistics, an estimated 12% of girls in Moldova are married before the age of 18, and underage marriage is most common within the Roma communities. Such high rates of early marriages may indicate a widespread yet unreported prevalence of forced marriage." GREVIO Baseline Evaluation Report Republic of Moldova, pp. 13-14. https://rm.coe.int/0900001680ad46a1

PERSISTENCE OF STEREOTYPES

Gender-based violence includes on the one hand deliberately sexist behaviour and on the other hand unconscious prejudices that justify and perpetuate it. The latter were the subject of a specific Recommendation proclaimed in 2019 by the Council of Europe¹². Measures to combat sexist attitudes and behaviour concern all areas of society and refer to communications to public and private sectors, workplaces and environments Gender stereotypes significantly affect women's enjoyment of human rights and their access to positions of power and economic resources. Moreover, they significantly affect those minority groups already exposed to intersectional violence and discrimination: Roma women, migrants, exacerbating their vulnerability. We also must consider how these stereotypes can undermine law enforcement and even prevent or strongly discourage women from reporting. Given the deep cultural entrenchment of these stereotypes, many stakeholders feel that the legal prohibition of sexist behaviour, e.g. in the workplace, is not a sufficient measure. Instead, greater effectiveness could be achieved through legislation regulating gender stereotypes in the media and advertising. In the wake of this renewed awareness-raising, several women's groups and organisations across Europe have embarked on campaigns to promote greater attention to sexist behaviour in various spheres, coupled with an increased awareness of the sexism hidden in language at public and private level.

In Romania, a recent survey of academic students' perceptions explored their attitudes towards equality, the prevalence of stereotypes, sexual violence and harassment, and gender-based discrimination. Against a general perception of gender neutrality of professional skills, the analysis of the stereotype dimension revealed that domestic skills are more likely to be seen as typically female. Opinions on domestic violence basically confirm its clear relation to gender equality. About sexual harassment in the workplace, this study also confirms that women are more likely to be subjected to harassment and discrimination. In conclusion, the research reveals a substantial perception of high rates of gender inequality in Romania, even though the academic environment is perceived as a clearly favourable place for gender equality.¹³

Even in Italy, looking at the latest ISTAT report, there seems to be a greater awareness among women with respect to adherence to gender stereotypes, yet the differences between men and women are not so significant with respect to, for example, sexual violence.

A general overview of European countries ten years after the Istanbul Convention¹⁴, it is evident that many prevention and support measures are still to be implemented.

POSSIBLE SUPPORT

Among the certainly most effective measures to offer concrete help to women who are victims, in various ways, of gender-based violence are first anti-violence centres. These are free and easily accessible services (24 hours a day, 7 days a week and often with multilingual assistance) that generally offer immediate support, including: reception, safety, psychological and legal support, and empowerment paths at different levels.

Below are some summary data from the report 'Women Against Violence Europe (WAVE)' describing the state of play as of 2021.¹⁵

¹² https://rm.coe.int/cm-rec-2019-1-on-preventing-and-combating-sexism/168094d894

¹³https://www.researchgate.net/publication/345237777 Students%27 Sense and Sensibilities An Exploratory Study of Gender Perceptions At Romania%27s Largest University

¹⁴ https://rm.coe.int/final-prems-rapport-de-berlin-may-2021/1680a3d7fd

¹⁵ https://rm.coe.int/input-caw-brussel-family-reunification-and-domestic-violence-/1680931a4f

1. Belgium

In Belgium there is no national helpline for women, due to structural and linguistic differences, but there are three regional helplines (Brussels, Wallonia, Flanders) for each of the language communities, which offer support to survivors of violence. There are 38 accessible shelters with 1,863 beds. There are several women's centres offering support services, three referral centres for sexual violence and a rape crisis centre. The services most often provided are reception, counselling, support, and practical advice. In some shelters it is necessary to pay a fee as not all shelters manage to meet the costs with donations. The three most common types of violence reported by women in shelters were intimate partner violence, honorbased violence, and forced marriage. There are also other shelters in Belgium that can offer support to women, although they are not only for women but also for men who are victims of intimate partner violence. In any case, most of the women hosted in these shelters are survivors of violence against women. There are 23 centres specifically dedicated to women survivors of violence against women. they offer psychological support, legal counselling, and specialist support services. Some centres offer training, literacy courses or psychosocial support. However, there is no general system to classify these support services. While most centres are in Wallonia, in Brussels there are three centres providing support to survivors of forced marriage, honor-based violence, FGM and trafficking. There are also centers dedicated to rape victims.

2.Bulgaria

In Bulgaria there are two national helplines for women, they do not offer multilingual support but are free of charge. There are 13 women-only shelters with a total of 128 beds available, thus missing 82% of the number of beds as would be recommended by the Istanbul Convention. The two hotlines are both run by NGOs and receive funding from the Ministry of Justice. The most common forms of violence reported by callers of all hotlines are domestic violence, sexual violence, and early marriages.

Another telephone line, not free of charge, was opened by the association Demetra in 2020. The latter is active during normal working hours and is dedicated to supporting professionals working with survivors of domestic violence such as doctors, psychologists, and police officers.

Three of the 13 women-only shelters are specifically dedicated to survivors of trafficking, another one also accommodates, in a separate building, male victims of domestic violence. The stay in the shelters is free of charge and the length of stay is six months, although the average length of stay is one to three months.

In addition to these, there are an estimated nine additional services for abused children and survivors of human trafficking. Altogether there are 18 women's centres, which offer counselling and psychological support services (also specifically for cases of sexual violence), legal counselling and employment. They also deal with prevention education. They are staffed by women's NGOs and receive state funding.

3. Italy

In Italy, there is a national helpline for women that operates 24/7, is free of charge and offers multilingual support. There are 272 free women-only shelters, offering 2,421 beds (only 41% of those required under the Istanbul Convention). Of these, only a few operate 24/7, mainly due to lack of funds and resources. Shelters are especially concentrated in large cities and are rarely found in the south of the country. This reflects the very unequal distribution of wealth, welfare, social services and job opportunities in the country. Particularly suffering in this respect are the rural areas in the centre and north, and all the southern regions.

The shelters receive state funding, unfortunately little and insufficient, and are supported by donations.

There are 302 centres specifically dedicated to women victims of violence and of these 93 belong to the Women against Violence Network D.i.Re. (Donne in Rete contro la violenza).

The support services provided by the centres, specifically the D.i.Re. centres, include: specialised psychological care; legal counselling and support; housing; employment; financial and social support; representation in court, police, and social services; specialised SV advocacy, awareness-raising and prevention education services; and in some cases, specialised services on trafficking in persons. However, there are no specific services for migrant women survivors of VAW.

The Women's Network against Violence D.i.Recollects and publishes data on specialised support services for women.

The most common forms of violence reported by callers to the national number were physical violence, psychological violence, sexual harassment, sexual assault, economic violence, bullying and threats. In addition, 50.5% of callers reported multiple forms of violence.

Although women-run shelters recommend a stay of six to nine months, which is necessary to promote a woman's autonomy, often the difficult social, housing and labour market conditions in Italy do not allow women to become economically independent and leave the shelter.

4. Romania

In Romania, there is a national helpline dedicated to women victims of domestic violence, free of charge and operating 24/7, offering multilingual support. The line is run by the National Agency for Equal Opportunities between women and men and is funded by the state. There are 70 women-only shelters with a total of 796 beds, 41% of those that should be available to meet IC standards. There are a further 23 non-women-only shelters and there are plans to establish a network of 42 shelters in the future to provide greater geographical coverage. In fact, the shelters are currently rather unevenly distributed and concentrated in the largest cities. There are 17 counselling centres for women survivors of domestic violence; in addition, there are now five referral centres for sexual violence and one rape crisis centre.

The national helpline offers support in cases of domestic violence, human trafficking, and gender discrimination. The most frequently used services are psychological counselling and, to a much lesser extent, general counselling, and practical advice. Instead, the reason for using the services mainly concerns domestic violence.

An obvious vulnus is the impossibility for undocumented migrant women to use the shelters and for all others to be accepted if they are not resident in the same territorial area as the shelter or if there is no evidence of a complaint or protection order.

Indications for professionals and social workers

Accompanying women on their journey by supporting all protective factors, such as access to services and care pathways and, above all, exposing victims to positive interpersonal relationships as much as possible, guaranteeing access to their personal resources

Awareness education: offering information materials that enable young women to recognise controlling and violent behaviour.

Specific training for shelter workers and women. It is of fundamental importance to start from the assumption that the responsibility for violence, contrary to what the victims think, lies with the perpetrator and not with the victim.

Through seminars, focus groups and debates, promote greater awareness among girls and boys about tacitly accepted sexist views.

Focus on and deconstruct gender stereotypes from everyday experiences in socialising environments and in the family.

Promoting reflection on the meaning of power, limit, consent, responsibility.

Promoting reflection on the feelings and emotions that come into play in affective relationships with peers.

During their work in web radio, they promote girls' participation and decision-making processes.

Provide frequent opportunities for the exercise of free choice and personal development.

Building trusting relationships and promoting girls' education about the status of women in different societies and eras.

Source: WHO¹⁶ **INTIMATE PARTNER VIOLENCE** PHYSICAL TRAUMA PSYCHOLOGICAL TRAUMA/ **FEAR AND CONTROL STRESS** MENTAL HEALTH ► LIMITED SEXUAL AND ► HEALTH CARE ► INJURY **PROBLEMS** REPRODUCTIVE **SEEKING** musculoskeletal CONTROL · lack of autonomy soft tissue • PTSD · anxiety · lack of contraception · difficulties seeking · genital trauma depression other • unsafe sex care and other · eating disorders services · suicidality SUBSTANCE USE ► PERINATAL/MATERNAL alcohol ► SEXUAL AND REPRODUCTIVE HEALTH · other drugs HEALTH tobacco · low birth weight · unwanted pregnancy · prematurity abortion • pregnancy loss • HIV NONCOMMUNICABLE ► SOMATOFORM • other STIs · gynaecological problems DISEASES · irritable bowel cardiovascular · chronic pain disease · chronic pelvic · hypertension pain DEATH DISABILITY · homicide · suicide · other

Figure 1. Pathways and health effects on intimate partner violence

There are multiple pathways through which intimate partner violence can lead to adverse health outcomes. This figure highlights three key mechanisms and pathways that can explain many of these outcomes. Mental health problems and substance use might result directly from any of the three mechanisms, which might, in turn, increase health risks. However, mental health problems and substance use are not necessarily a precondition for subsequent health effects, and will not always lie in the pathway to adverse health.

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 $^{^{16} \ \}underline{\text{https://iris.who.int/bitstream/handle/10665/85239/9789241564625}} \ \ \underline{\text{eng.pdf?sequence=1\&isAllowed=y}}$