



ROLE OF THE HEALTHCARE SYSTEM OF KAZAKHSTAN IN RESPONDING TO GENDER-BASED VIOLENCE



WHAT IS GENDER-BASED VIOLENCE?

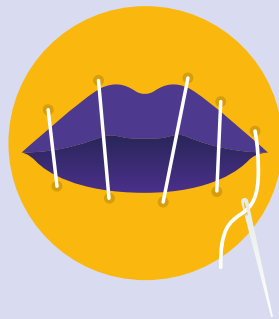
Any act of gender-based violence (GBV) that results in, or is likely to result in, physical, sexual, mental harm or suffering of women, including threats of such acts,

coercion or arbitrary deprivation of liberty, whether occurring in public or in private life

GENDER-BASED VIOLENCE CAN BE:



Physical



Mental

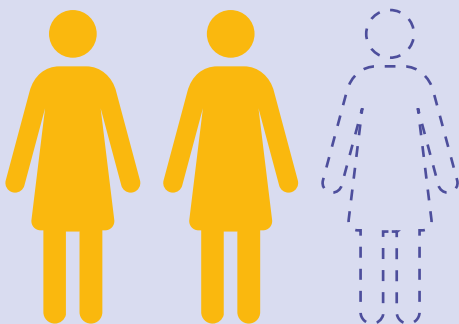


Sexual



Economic

HOW WIDESPREAD IS THE PROBLEM?



Every third woman (up to 852 million) has experienced physical or sexual violence.

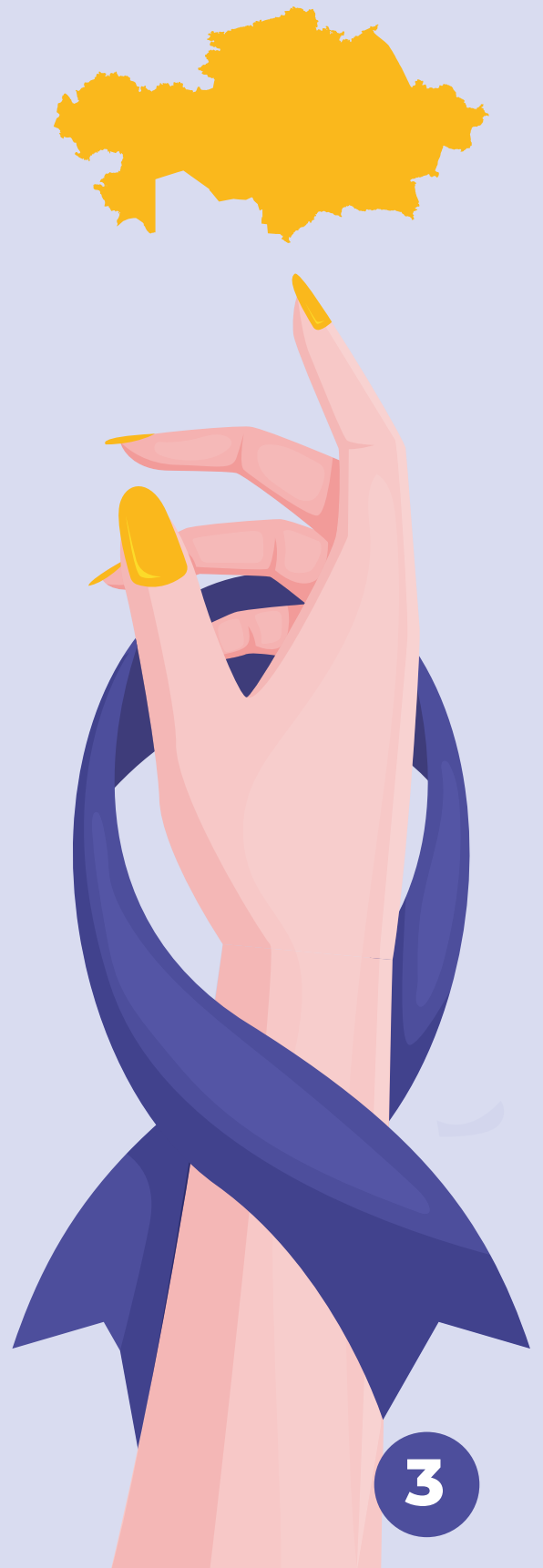
WHO estimates that 16% of women in Kazakhstan experience intimate partner violence and 5% non-partner sexual violence.

HOW IS KAZAKHSTAN RESPONDING TO THE PROBLEM?

Kazakhstan has acceded to many international commitments to promote gender equality, including:



To prevent and combat gender-based violence, in 2009 Kazakhstan adopted the laws On Preventing Domestic Violence and On State Guarantees of Equal Rights and Equal Opportunities for Men and Women.



WHAT ISSUES OF HEALTHCARE-SYSTEM AFFECT GBV?

50%

Issue

50% of health professionals perform a medical check-up of only a particular body part instead of conducting a full examinations.

Why is it bad?

Injuries go unnoticed.

26
МИН.

Issue

On average, survivor examinations last 26 minutes.

Why is it bad?

Lack of time to build trust-based relations between a health professional and a survivor.

>55%

Issue

More than 55% of health professionals report a lack of private examination rooms.

Why is it bad?

1. Allowing outsiders into the examination area prevents survivors from being honest with the doctor.
2. Having perpetrators around during the examination puts pressure on survivors.

78%

Issue

More than 78% of health professionals do not involve a psychologist in GBV cases.

Why is it bad?

GBV-related mental health issues lead to long-term problems and suicides.

87%

Issue

More than 87% of health facilities don't have social workers.

Why is it bad?

GBV survivors face long-term social and economic challenges.

>50%

Issue

More than 50% of the health professionals surveyed have not acquired GBV management skills as part of their basic health education.

Why is it bad?

Health professionals have not been trained in working with survivors based on international recommendations and research.

20%

Issue

Only 20% of respondents have been trained in communication with GBV survivors.

Why is it bad?

Communication failures impede trust and can provoke other mental trauma.

1/3

Issue

A third of health professionals do not record GBV cases as violent acts, despite having the necessary ICD-10 codes. Instead, GBV cases are recorded as common injuries.

Why is it bad?

Countrywide GBV statistics may be unreliable, which affects understanding of the depth of the problem and, therefore, appropriate state response.

95%

Issue

95% of health professionals do not use the WHO GBV clinical protocol in their work.

Why is it bad?

Lack of a standardized protocol may result in inaccuracies and under-reporting.



WHAT MUST BE DONE?

1. **Establish a sustainable mechanism for interaction and communication among health, law enforcement, and social service providers** to ensure effective referral of GBV survivors, their safe return to families, and their social reintegration.
2. **Train health professionals on how to assist in GBV cases**, including the development of communication skills based on the WHO questionnaire.
3. **Introduce gender-sensitive curricula** in medical education.
4. **Establish a specially equipped room in health facilities for one-on-one reception of survivors**, including necessary medical supplies, emergency contraception medication, and post-exposure prophylaxis for STIs and HIV.
5. **Establish multidisciplinary teams in health facilities to provide comprehensive care to survivors, comprising:**
 - 1) health professionals who provide medical care and maintain an optimal appointment time of at least 45 minutes;
 - 2) psychologists to provide mental-health first-aid and arrange follow-up psychological rehabilitation;
 - 3) social workers to provide social support.



WHAT MUST BE DONE?

6. **Amend the principles of recording the condition of GBV survivors.** Health professionals should be able to use “double coding,” where one code would define the type of gender-based violence and the other one - the location of the anatomic lesions.
7. **Establish a payment system for GBV-related health care** that would encourage accurate and complete recording of GBV cases.

WHAT ARE THE CONSEQUENCES OF GENDER-BASED VIOLENCE?

Gender-based violence is a problem not just for an individual or a family, but also for society and the country as a whole.

Globally, **87,000 women were killed through violence in 2017**, with more than half of them (58%) by an intimate partner or a family member. This means that every day 137 women across the world are killed by those they know .



WHAT ARE THE CONSEQUENCES OF GENDER-BASED VIOLENCE?

1. Impact of GBV on physical health:

- 1) bone fractures and injuries to soft tissues and internal organs in 42% of abused women;
- 2) unintended pregnancies and abortions (double increase), including illegal and life-threatening ones;
- 3) sexually transmitted infections, including HIV;
- 4) miscarriages, stillbirths, and premature births in pregnant women (a 41% increase).

2. Impact of GBV on mental health:

- 1) depression;
- 2) anxiety, stress, and post-traumatic disorders;
- 3) sleeping disorders;
- 4) eating disorders;
- 5) personality disorders;
- 6) suicide attempts.

If the victim was abused as a child, this can impact their personality and later behavior in society. This can correlate with both future perpetration of, and exposure to, violence.

3. Social and economic impact of GBV:

- 1) victim stigmatization;
- 2) victim blaming;
- 3) forced marriage;
- 4) isolation;
- 5) inability to work and loss of income;
- 6) limited ability to care about oneself and one's children.



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