ROLE OF THE HEALTHCARE SYSTEM OF KAZAKHSTAN IN RESPONDING TO GENDER-BASED VIOLENCE
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.
Kazakhstan has acceded to many international commitments to promote gender equality, including:

- **1948** Universal Declaration of Human Rights
- **1953** Convention on the Political Rights of Women
- **1957** Convention on the Nationality of Married Women
- **1966** International Covenant on Civil and Political Rights
- **1966** International Covenant on Economic, Social and Cultural Rights
- **1979** Convention on the Elimination of All Forms of Discrimination Against Women
- **1993** Vienna Declaration and Programme of Action
- **1993** Declaration on the Elimination of Violence Against Women
- **1995** Beijing Declaration and Platform for Action

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?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Why is it bad?</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% of health professionals perform a medical check-up of only a particular body part instead of conducting a full examination.</td>
<td>Injuries go unnoticed.</td>
</tr>
<tr>
<td>On average, survivor examinations last 26 minutes.</td>
<td>Lack of time to build trust-based relations between a health professional and a survivor.</td>
</tr>
<tr>
<td>More than 55% of health professionals report a lack of private examination rooms.</td>
<td>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.</td>
</tr>
<tr>
<td>More than 78% of health professionals do not involve a psychologist in GBV cases.</td>
<td>GBV-related mental health issues lead to long-term problems and suicides.</td>
</tr>
<tr>
<td>More than 87% of health facilities don’t have social workers.</td>
<td>GBV survivors face long-term social and economic challenges.</td>
</tr>
<tr>
<td>More than 50% of the health professionals surveyed have not acquired GBV management skills as part of their basic health education.</td>
<td>Health professionals have not been trained in working with survivors based on international recommendations and research.</td>
</tr>
<tr>
<td>Only 20% of respondents have been trained in communication with GBV survivors.</td>
<td>Communication failures impede trust and can provoke other mental trauma.</td>
</tr>
<tr>
<td>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.</td>
<td>Countrywide GBV statistics may be unreliable, which affects understanding of the depth of the problem and, therefore, appropriate state response.</td>
</tr>
<tr>
<td>95% of health professionals do not use the WHO GBV clinical protocol in their work.</td>
<td>Lack of a standardized protocol may result in inaccuracies and under-reporting.</td>
</tr>
</tbody>
</table>
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.
References:

UNHCR. 1993. «Declaration on the Elimination of Violence against Women»
WHO. 2021. «Violence Against Women Prevalence Estimates». 2018
«Map». 2021. WHO - VAW

Верховный Суд Республики Казахстан. 2010. «Сборник международных
правовых документов Организации Объединенных Наций по вопросам
равноправия мужчин и женщин»

«Global study on homicide: gender-related killing of women and girls»
UNICEF. 2020. «The material risks of Gender-Based Violence in Emergency Settings»
WHO. 2013. «Global and Regional Estimates of Violence Against Women»

UNFPA Kazakhstan. 2021. «Виды гендерного насилия»

Resources of UNFPA in Kazakhstan:

www.kazakhstan.unfpa.org
@UnfpaInKazakhstan
@UNFPAKAZ
@unfpakaz

This publication was developed by UNFPA with financial assistance from the UK Government
It does not necessarily reflect the official views of the UK Government and UNFPA.