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Programma Mattone Internazionale Salute

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ONLINE ACTIVITY

PROMIS 2021

“The fight against gender-based violence: policies, strategies and tools for an integrated and intersectoral approach”

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Gender, health and inequalities before and during the Covid-19 pandemic



- What we knew before?
- Gender-based differences in life expectancy, mortality and health outcomes;
- Men generally have worse health outcomes than women but perceive their health as better; women live longer but spend fewer years in good health;
- Reasons are partly biological, but largely social (education, labour, income) and behavioural;
- Women are more likely to engage in health promoting behaviours, have more reliable interpersonal relationships and social support networks than men, which can reduce the risk of health problems;
- At the same time, women are more likely to suffer from interpersonal violence;



This Policy Precis looks at gender, health and inequalities. It covers differences in health status by gender, why these differences might occur, and what can be done to address gender-related health inequalities.

The Situation

There are gender-based differences in life expectancy, mortality and health outcomes. Men generally have worse health outcomes than women¹ but perceive their health as better². Women live longer but spend fewer years in good health. The reasons for this are partly biological, but largely social and behavioural.³

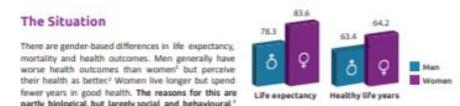
While women more often report experiencing mental health issues, such issues often go unrecognised in men⁴, who represent 77% of all suicides. Men's poorer health may be associated with male norms of risk-taking and adventure, health behaviour paradigms related to masculinity, and the fact that men are less likely to visit a doctor when they are ill.⁵ When they see a doctor, men are less likely to report on the symptoms of disease or illness.⁶ Women are more likely to engage in health promoting behaviours and have more reliable interpersonal relationships and social support networks than men, which can reduce the risk of many health problems.⁷ At the same time, they are more likely to suffer from interpersonal violence.

Labour, pay and feminised poverty

Labour market conditions have a big impact on health outcomes. Men are more exposed to occupational hazards like work accidents and cancer-inducing substances, leading to higher morbidity and mortality rates.⁸ Work-related hazards faced by women are generally under-estimated. Female-dominated occupations are associated with feminine traits such as selflessness and caring which can hide the often physically and emotionally demanding nature of the

work. These labour conditions contribute to poor physical and mental health across the lifespan for both men and women.

In addition, women's roles as the primary carers of children and older family members is generally unpaid. This can restrict their ability to get and sustain a job, work full time, develop careers, or achieve financial security.⁹ In fact, such responsibilities prevent 7.7 million women in the EU from participating in the labour market, compared to less than half a million men.¹⁰ While more women have a university degree, they are more likely to work in low-paid jobs and in lower positions.¹¹ On average, the hourly pay for women in the EU is 14.8% lower than for men¹², and the gender gap in overall earnings is 28.6%.¹³ In later life, gendered pay gaps become a pension gap, as women are less able to pay pension contributions. In the EU, women's pensions are 35.7% lower than men's. 20% of older women are at risk of poverty. The persistent digital gender divide is exacerbating these differences: technological developments are increasingly shaping our world and generating a growing demand for digital skills. This realm however, remains male-dominated,



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https://eurohealthnet.eu/sites/eurohealthnet.eu/files/PP_Gender2021_Online_FINAL_0.pdf

Gender, health and inequalities before and during the Covid-19 pandemic



- **What we learned so far on COVID-19 and gender and health equality?**
- Men are more vulnerable (complications, recovery) due to higher co-morbidities and more risky health behaviour, and 1.3 times as likely to die from COVID-19;
- Constituting the majority of front-line and service sector workers (health and social care), women are more exposed to infections and (long-term) psychosocial consequences of the pandemic (long-COVID, mental health fatigue and stress, informal care burden, loss of income/unemployment (the «she-cession»), violence and (digital) sexual harassment under confinement (the «shadow pandemic»), access to GBV and SRH services);
- Primary health and ambulatory care providers, and emergency services are often the first formal point of contact for victims of violence and domestic abuse, where short-term protection may be offered. In times of crises, access to formal services becomes challenging (closure, underprovision, underfunding) as resources are diverted to crisis management. Paired with an increased demand, the crisis such as the pandemic widens the gap and potentially leaves more women victims and their children without adequate support;

Gender, health and inequalities before and during the Covid-19 pandemic



- **What have we been doing before the pandemic to address the subject?**
- EuroHealthNet Country Exchange Visit in October 2019 (hosted by the Tuscany Region's Directorate for Citizenship Rights and Social Cohesion): The Promotion of Psycho-social Health. Multidisciplinary, integrated and institutional approaches to prevent violent behaviours and support victims of violence;
- Members from seven EU Member States exchanged good practices and learned from three site visits to:
 - *Artemisia Association* (Florence) providing resources and refuge to women and children victims of domestic violence;
 - the *Rose Code/Codice Rosa* in Careggi University Hospital offering a path of access to the emergency room for all victims of violence esp. Women, children and other disadvantaged groups; and
 - *Villa Lorenzi Project* addressing prevention of unsafe behaviours among children, the 'difficult' youth and their families, recovery, rehabilitation and resilience building.

Promising interventions from our members pre- and during COVID-19

- Public Health **Wales**/WHO Collaborating Centre on Investment for Health and Well-being:
 - gender-dimension of determinants and outcomes of Adverse Childhood Experiences (ACEs), integrated into prevention programmes such as nurse home visits, parenting programmes and school enrichment; tackled through a holistic approach; effective to diminish child maltreatment and injury, increase school completion and enter a job;
 - Established in 2019, the Wales Violence Prevention Unit (WVPU) is a multi-agency and inter-sectoral unit which seeks to prevent violence through the implementation on a public health approach to violence prevention. You can find out more about the VPU here - <https://www.violencepreventionwales.co.uk/>
 - **COVID-19**: WVPU is developing a **bystander intervention training programme** which can equip members of the public with the knowledge and skills necessary to safely intervene when they are witness to or have concerns about abuse;
 - A **'real-time' violence surveillance system** which aggregates a range of administrative data (including data from Police Forces, Emergency Departments, Ambulance service, and helpline data), in order to monitor the impact of the pandemic on these indicators of violence;
 - **monthly monitoring reports** issued to a range of multi-agency partners, used to inform policing response, safeguarding practice, communications campaigns to inform the public of services for victims of GBV, to raise awareness amongst professionals about the impact of the pandemic on violence, and to build a public health approach to violence prevention into policy, strategy and practice during COVID-19 recovery.

Gender, health and inequalities before and during the Covid-19 pandemic



- **Scottish** strategy for women which includes women's health and eradication of violence; schools are an important setting to understand and address violence; focus on the identification of victims of gender/domestic violence, e.g. the Multi-Agency Risk Assessment Checklist (MARACS); psychological violence prevention and prosecution law;
- In **Latvia**, the **Riga City Council** Department of Welfare organised a video conference on domestic violence during **COVID-19** and its consequences;
- **Finland's** 2030 Wellbeing, health and social welfare strategy includes 144 measures to improve wellbeing at the society level:
 - (1) prevention of intimate and domestic violence is one of its strategic priorities accompanied with specific dedicated Commission on Combating Domestic Violence, plus
 - (2) a Non-Violent Childhood Action Plan 2020-2025; and
 - (3) Municipalities and future welfare areas ensure effective cross-administrative cooperation mechanisms and regional approaches to intimacy and prevention of domestic violence.

Gender, health and inequalities before and during the Covid-19 pandemic



- **Tuscany Region** has 23 voluntary and NGO-run centres to prevent and fight GBV through empowerment and providing shelters where victims of violence can find protection and access specialised services: psychological support, legal advice, support for reintegration paths into work, and housing support;
 - Tuscany becoming the first region to adopt legislation on gender-based violence, recognising it as a violation of human rights. The Regional Coordination Committee for the prevention and fight against gender-based violence created;
 - Extra resources allocated to support the anti-violence networks, plus cross-sectoral activities to enhance cooperation among the different actors involved;
 - Different actors obliged to co-design the anti-GBV actions to be carried out at territorial level between the public and private sectors, incl. within the health and social institutional planning at local level.
 - **COVID-19**: boost to the Code Rose, anti-violence and stalking 24/24 phonenumber.
- Healthy **Ireland** Strategic Action Plan 2021-2025:
 - implementation of the National Men's Health Action Plan, and the National Strategy for Women and Girls; explicit theme on reducing health inequalities, empowering people and communities, partnerships and cross-sectoral work.
 - set up Sub-Group on Period Poverty and work on legislative access to period products;
 - Provide 450+ Men Sheds, providing a community-based enabling space for men to meet, get health information and support; (practice transferred to the UK, the Netherlands and Finland)

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- In **Portugal**, FUNDAÇÃO NOSSA SENHORA DO BOM SUCESSO
 - launched a mental health helpline for parents, caregivers and young people who face anxiety, stress and other issues caused by the COVID-19 pandemic and subsequent measures.
 - To further assist families in these trying times, the foundation also published a range of resources for coping with the COVID-19 pandemic.
- In **England**, HEALTH AND EUROPE CENTRE finalized EU Inter-reg project SHIFT on Sexual Health and Wellbeing in Disadvantaged Groups and 45+. Age, LGBTI discrimination in access to services incl. under **COVID-19** are discussed.
- In **Germany**, the German Federal Centre for Health Education (BZgA), along with the German Society for Prevention and Intervention in Child Abuse, Neglect and Sexual Violence has set up a database of qualified advanced training opportunities on the topic of sexual violence in childhood and adolescence.

Gender, health and inequalities before and during the Covid-19 pandemic



What our members told us is needed?

1. Improve and systematise **data collection and statistics** on GBV, incl. as part of a monitoring system on population-based health inequalities; research into the complexity of the effects of violence (social/health costs, savings through prevention, return on investment)
2. **National awareness campaigns on violence**, incl. on psychological abuse; policies and practice designed around prevention and empowerment; Integrated and holistic approaches for (GB) violence prevention integrated in local health strategies, incl. for mental health and sexual health;
3. Systematic and sustained attention to **vulnerable groups and inequalities**; victims must be prioritised throughout the system;
4. Establish and improve the **cooperation with municipalities, cross-sectoral** collaboration among authorities, e.g. by a universal multi-dimensional protocol for professionals working with women victims;
5. Effective **inter-sector/service communication** resulting in timely and effective response;
6. **Public health professionals** are essential in addressing the causes of and responses to GBV; need for training, skills and capacity building to embed anti-violence strategies and initiatives into health care systems' responses, incl. in health promotion and prevention;



Gender, health and inequalities before and during the Covid-19 pandemic



- **To sum up:**
- Already before the pandemic there were **gendered differences and inequalities** in opportunities for healthy lives, resulting in gaps in health outcomes, data and evidence. So was the case for GBV.
- The pandemic has **widened the gender health inequalities gap** and prevalence of GBV, the extent of which we have only started to realise (plenty of studies).
- The pandemic **response has not always been gender-specific** (incl. vaccinations, information dissemination, confinement measures); neither we can say it about the post-pandemic recovery, resilience and crisis preparedness for the future, be it in the context of economic, social or health systems' recovery.
- **Exchange** on of what works and in what contexts, **build capacities**, ensure sustainability, scale-up and **transfer successful** initiatives. That's what EuroHealthNet and our members do.
- Evidence and good practice streamed **bottom-up** so that relevant EU initiatives, political and financial strategic frameworks are **based on true needs-assessment** and guided by successful actions.
- **Thank you for your attention.**

