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Violence against women: A public health crisis

Victoria Pedjasaar

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ABOUT THE AUTHOR

Victoria Pedjasaar is a former Programme Assistant in the Social Europe and Well-Being Programme at the European Policy Centre.

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Executive summary

In the EU, a third of women over the age of 15 have experienced physical or sexual violence and over half have been sexually harassed.[1] According to a study by the European Union Agency for Fundamental Rights (FRA), just 13% of women reported their most serious incident of non-partner violence to the authorities.[2] Gender-based violence can occur in various situations and circumstances. According to an EU-wide survey report, 32% of perpetrators of sexual harassment in the EU come from the employment context.[3]

Although often overlooked, the majority of (workplace) violence takes place in the healthcare sector as healthcare professionals are 16 times more at risk of violence in comparison to other occupations.[4] Violence does not only manifest in abusive behaviour toward workers on duty but can also be perpetrated on women as receivers of healthcare. High rates of violence in healthcare, brought on and exacerbated by gender stereotypes and inequality, point to dysfunctional health systems.

This Paper is divided into the following chapters and provides policy recommendations on the way forward for the EU member states:

1. Gender-based violence against healthcare workers.

2. Obstetric and gynaecological violence against women.

3. Gender-based violence is a story of gender inequality.

4. Legislation and policies that protect women.

Introduction

Commission President Ursula von der Leyen stated in her recent State of the Union address, "There can be no true equality without freedom from violence".[5] Furthermore, a Briefing by the European Parliament characterised violence against women as "violence of human rights and a form of gender-based discrimination",[6] which has gained prominence for policymakers during the COVID-19 pandemic. Following this, the Commission, published its report on gender equality in the EU on International Women's Day 2021, highlighting the negative impact COVID-19 had on women.

Commission Vice President for Values and Transparency Vêra Jourová emphasised the link between gender inequality and healthcare, pointing out that "women are at the frontline of the pandemic and are more affected by it".[7] But, violence in the healthcare sector is often attributed to challenges in the healthcare workforce, but it is also a gender-based issue that reflects the broader trend of violence against women. Further action needs to be taken on national and EU levels to tackle this trend of violence to better protect women and healthcare systems.

GENDER-BASED VIOLENCE AGAINST HEALTHCARE WORKERS

Gender-based violence in healthcare is a serious and multi-layered issue, which can manifest in abuse against women as healthcare professionals and as patients of healthcare.

Violence against women as providers of care entails physical or mental abuse perpetrated by patients or colleagues. As receivers of care, women endure mistreatment and violence during childbirth and other reproductive services. Violence in healthcare has negative consequences on the health of the victim and negatively impacts the quality of care, thereby contributing to problems in the health workforce. Whilst the EU has recognised and taken action against violence against women, more needs to be done to specifically target gender-based violence in healthcare.

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The severity of violence against healthcare workers is often underestimated. The European Working Conditions Telephone Survey (EWCTS), carried out in 2021, shows that healthcare workers reported 2–3 times higher levels of bullying, harassment and violence than the EU average.[8] In addition, healthcare workers reported three times higher levels of unwanted sexual attention than the EU average.[9] The COVID-19 pandemic further contributed to an increase in verbal and physical abuse as frontline workers were obligated to implement lockdown measures and navigate stressful situations that often resulted in conflict with patients and colleagues.[10]

The truth is that, for many healthcare workers, violence has become a routine part of their work.

The truth is that, for many healthcare workers, violence has become a routine part of their work. A study by the European Nursing Research Foundation (ENRF) found that, in 2021, 23% of healthcare workers experienced at least one form of negative social behaviour, such as unwanted sexual attention, violence, or verbal abuse in the past 12 months.[11] The actual rate of violence is likely to be much higher as workplace violence remains under-reported. Victims hesitate to speak up for several reasons such as fear of victimisation, or most commonly, the belief that reporting will not make a difference.[12] The lack of reporting means that it is difficult to grasp the severity of violence against healthcare workers as the situation is more serious than research and data currently indicate.

Violence can have an immense and long-term negative impact on the health of the victim, which can seep into personal and professional life. It is reported to lead to increased levels of job stress, decreased job satisfaction, absenteeism, burnout, sleep disorders, fatigue, and post-traumatic stress orders. Many reduce working hours or leave the profession as a consequence.[13] In extreme cases, violence can lead to self-harm or suicide. Studies show that healthcare workers, especially nurses and physicians, are at an increased risk of self-harm or suicide, with women disproportionally affected.[14, 15, 16] Even though men are generally at higher risk of suicide than women, female doctors have a higher suicide rate than men, which is often attributed to their "social family role, or a poor status integration within the profession".[17] However, statistics and data are severely lacking in Europe on this issue, and further action needs to be taken to account for the extreme consequences of violence on healthcare workers.

Power dynamics in healthcare systems contribute significantly to the level of violence and are also deeply gendered. In Slovenia, for example, a lack of reporting is commonly associated with the weak position of nurses in the institutional hierarchy in Germany. Up to 41% of reported abuse comes from other healthcare professionals.

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In many cases, colleagues in more senior positions are the perpetrators of violence.[18] Women hold around 70% of jobs in the health workforce and approximately 90% of jobs in nursing. However, as shown by the report "Delivered by Women: Led by Men", men hold the majority of leadership and high-level roles in healthcare, which creates a gender imbalance in which female healthcare workers are often unheard.[19] Gender inequality in the health workforce makes it easier for those in power positions (predominantly men) to abuse their status, and more difficult for the victims of abuse (predominantly women) to report it.

Creating a gender-equal workforce in which women have an equal say in leadership is essential to tackling violence in healthcare. Creating gender-balanced leadership will help to dismantle power imbalances and institutional hierarchies that hinder women's professional autonomy and contribute to the normalisation and under-reporting of violence. Better pay and safer working conditions are essential to create a holistic and violence-free workplace that protects the well-being of its workers.

OBSTETRIC AND GYNAECOLOGICAL VIOLENCE AGAINST WOMEN

Women face violence not only as caregivers but also as care receivers. The systematic mistreatment of women during childbirth and other reproductive services is a widespread problem that deserves more recognition at the EU level. Although governments across Latin America have taken action, no legislation has been put in place that criminalises this type of violence in Europe.

Gynaecological and obstetric violence refers to a type of violence rooted in the intersection of gender-based violence (targeting women just because of their gender) and institutional violence (rooted in the structural power imbalances within an institution), taking place in a healthcare setting.[20] It is a layered and complicated term caused by an abuse of power that is exerted at different levels, typically by health professionals towards the patient.[21] Examples of obstetric violence include coercive or unconsented medical procedures, violations of privacy, the refusal of admission to health facilities, failure to get fully informed consent, refusal to give pain medication, and discrimination based on socioeconomic status, ethnicity, state of health or age.

The data concerning obstetric violence in the EU is stark. In Belgium, out of a sample group of 4,226 women who gave birth between 2019 and 2021, one in five reported mistreatment, such as painful interventions without anaesthetics and the 'husband stitch', a potentially harmful surgical procedure involving an extra stitch to repair a woman's perineum after it has been torn or cut during childbirth in order to enhance male pleasure during penetrative intercourse.

In Poland, 81% of the 8,378 women surveyed reported violence or abuse from medical staff, with the most common abuse reported as medical procedures done without prior consent. In Germany and the Netherlands, the results of 422 female participants showed that 76.3% experienced some obstetric violence, for example, poor rapport between women and providers (66.7%), failure to meet professional standards of care, verbal abuse (30.6%), physical abuse (25.9%), stigma and discrimination (3.7%) and sexual abuse (1.2%).[22] Several reports dedicated to raising awareness about obstetric violence have pointed to the lack of available data on the member state level.[23]

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There are some general tools available to collect data on women's experiences of childbirth in some member states, but none that are specifically catered to obstetric violence. Factors such as race/ethnicity, gender, age, socioeconomic status, medical conditions, and religious beliefs are all crucial in determining the scale of violence. Previous research shows that ethnic minorities and migrant women are at a higher risk in Europe, especially Roma women in Romania and Slovakia, sub-Saharan African migrant women in France and Italy and migrant women in Belgium.[24] In Belgium, one out of three women of colour have experienced obstetric violence compared to the average of one in five. LBTIQ+ women are vulnerable to mistreatment as they face discriminatory behaviour based on their gender identity, sexual orientation, or sex characteristics.[25]

GENDER-BASED VIOLENCE IS A STORY OF GENDER INEQUALITY

Despite some progress made in the EU towards achieving gender equality, the systemic inequalities and gender biases built into healthcare systems persist. Why are women who deliver the healthcare system not included in global health decision-making? Whilst women comprise 70% of the total health workforce, they only hold 25% of leadership roles.[26] At the Executive Board of the World Health Organization (WHO), the percentage of seats held by women had risen to 32% in early 2020 but dropped to 6% in January 2022, only after two years of the pandemic.[27]

Women are experts in the health systems they deliver and have carried us through a global health emergency whilst putting their health and safety at risk. This has resulted in health workers being burnt out, mentally exhausted and leaving their profession. In 2020, the Royal College of Nursing found that a third of nurses in the UK considered leaving their jobs.[28] Healthcare workers leaving the profession have contributed to shortages across the EU, with an average of 3.9 doctors and 8.4 nurses per 1000 population in the EU.[29] Low wages and the gender wage gap are part of the problem too, as the health sector has a 24% gender gap, which is, on average, higher than in other occupations.[30] These challenges negatively impact the quality of care and point to a health system in crisis.

EU member states need to do more to tackle misogyny, sexism, and fight against harmful stereotypes which are prevalent in healthcare and society. A study in Germany found that a third of men aged 18-35 think that violence against women is "acceptable". Furthermore, 33% of respondents found it acceptable if their "hand slipped" occasionally during an argument with their partner. The trivialisation of violence against women is reflected in Germany's femicide rates, which is one of the highest in Europe. Moreover, when asked about matters such as the division of household labour, 52% of respondents preferred a "breadwinner-housewife model" that assigns men the role of breadwinner and women the role of caretaker.[31] The gender role expectations apply in healthcare where men are perceived as doctors and specialists "who cure" and women as nurses "who care".[32]

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It is, indeed, women who care. Women account for 76% of the 49 million care workers in the EU, 93% of all childcare workers and 86% of personal care workers. These are some of the most undervalued, underpaid and often invisible occupations. Women spend, on average, 3.2 times more on unpaid care work than men, causing some 7.7 million women across the EU to remain outside the labour market, compared to 450,000 men.[33] The unequal distribution of care work remains a major source of economic and social inequality between men and women.

LEGISLATION AND POLICIES THAT PROTECT WOMEN

Ursula von der Leyen made it clear in her political agenda that she will not rest when building a Union of Equality and fighting against domestic violence, which is a priority in the 2019-2024 term. During her term, the Gender Equality Strategy for 2020-2025 was launched, which lists "being free from violence and stereotypes" as one of the key principles of the EU. Regarding workplace violence, it promises to "adopt a new comprehensive legal framework with both preventative and reactive measures against harassment in the workplace".[34] The eradication of workplace violence should be a priority as the policy developments so far have not been binding for EU members and are insufficient to tackle the problem at its root.

In addition, EU institutions have tackled violence against women in other ways. For example, in 2020, the European Parliament published a Briefing on "Violence against women in the EU: State of play", which outlines the scale of the problem and calls for a European Union strategy to counter violence against women. On 8 March 2022, considering International Women's Day, the European Commission published a proposal for a Directive on combating violence against women and domestic violence, also known as the 'Istanbul Convention'. It aimed to establish a legislative standard in the EU law to protect victims of violence and ensure access to justice, protection, and support for victims.[35]

On 1 July 2023, the Council of Europe approved the EU's accession to the Convention, making it the first legally binding instrument to protect women against violence in the EU.[36] The Convention identifies different forms of gender-based violence against women that are to be criminalised. These include psychological violence, stalking, physical violence, sexual violence (including rape), forced marriage, female genital mutilation, forced abortion, forced sterilisation, and sexual harassment.[37] Whilst the Convention does not target violence in healthcare directly, reducing overall violence against women will also have a positive impact on violence against women in the healthcare sector. Indeed, the EU's accession to the Convention is a crucial step towards achieving gender equality in the European Union.

The journey of ratifying the Istanbul Convention was not easy due to backlash from some member states. In 2020, the Hungarian Parliament refused to ratify the Convention on the basis that it promotes "destructive gender ideologies" and "illegal migration". In 2021, the Bulgarian Constitutional Court ruled against ratification, arguing that "gender" should only refer to biological

sex.[38] It is clear that the political will to tackle gender-based violence varies greatly at the member state level. Countries that have not ratified the Convention are less likely to target specific forms of gender-based violence, including workplace violence against nurses. Whilst the ratification of the Convention is a significant step closer to protecting women and girls from violence, it is important that member states take action on the national level.

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But more needs to be done to tackle obstetric and gynaecological violence. In October 2019, the Parliamentary Assembly of the Council of Europe adopted the Resolution Obstetric and gynaecological violence. In the report, obstetric and gynaecological violence is addressed as a gender-based issue, considering as follows: "In the privacy of a medical consultation or childbirth, women are victims of practices that are violent [...]". This violence reflects a patriarchal culture that is still dominant in society, including in the medical field.[39] On a national level, 12 initiatives have been reported across the EU member states that tackle obstetric violence.[40] Yet, most of these developments are not legally binding and no European country has criminalised obstetric violence. Considering the pervasiveness of the problem, it is necessary to have laws and policies that prevent obstetric violence from happening.

THE TIME IS NOW: RECOMMENDATIONS ON THE WAY FORWARD

Gender-based violence against women is a complex issue that stems from gender power dynamics and norms and cannot be eradicated with one policy change. We need a comprehensive set of policy changes that tackle the issue at its root rather than dealing with its repercussions. Safer working conditions for healthcare workers are required, and violence should not be normalised as "part of the job". There are steps to be taken now to de-escalate violence against women and create better working conditions for healthcare professionals.

Recommendations for the EU and its member states:

1. The EU need to establish concrete targets, action plans and timelines to tackle gender-based violence in healthcare and integrate it into existing strategies, notably the Gender Equality Strategy.

2. Member states should improve data collection on a national level to better understand the gravity of the situation and implement appropriate policy solutions. Tools should be implemented at the workplace, making reporting mistreatment and abuse easy and accessible. Data should be inclusive and reflect the experiences of all women, including but not limited to migrant women, women with disabilities, and LBTIQ+ women. The EU should allocate additional funding and resources to programmes that support research and data collection on gender-based violence in healthcare.

3. Member states should improve the working conditions of healthcare workers by providing fair compensation and creating a safe, non-violent working environment. Care work should receive particular focus from policymakers as it is a major source of social and economic inequality between men and women.

4. Member states need to train healthcare professionals in the workplace on the different types of violence in healthcare. This should include mandatory training on how to recognise and report workplace violence. For the eradication of obstetric violence, this also means ensuring a non-discriminatory and patient-centred approach that empowers women to have full control over decisions that concern their bodies.

5. The EU and member states should tackle sexism and break down harmful gender stereotypes that facilitate violence against women. EU Institutions should carry out campaigns that raise awareness about gender stereotypes and their relation to violence. Member states have the power to initiate momentum on the national level through awareness-raising campaigns.

6. Member states that have not yet done so should ratify the Istanbul Convention and implement its laws. The Convention is a critical step towards setting minimal EU laws to criminalise violence against women. All EU member states should ratify the Convention.

Conclusion

Gender-based violence is a pervasive issue in the EU, affecting women both as healthcare workers and as recipients of care. This problem is deeply intertwined with gender inequality, with women underrepresented in healthcare leadership roles and subjected to harmful stereotypes. To address this, concrete steps are needed, including policies protecting healthcare workers, collecting data on workplace violence, and challenging gender biases in healthcare. The recent approval of the EU's accession to the Istanbul Convention is a significant step, providing a legal framework to combat gender-based violence. Now is the time for all actors, including policymakers, medical institutions, healthcare professionals and civil society organisations, to work together towards a future free of violence and gender inequality.

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[3] FRA (2014), *op. cit.*

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[5] Von der Leyen, Ursula, 2023 State of the Union Address by President von der Leyen, Brussels (European Commission), 13 September 2023.

[6] European Parliament (2023), Combating violence against women and domestic violence, Brussels.

[7] European Commission, Press release: International Women's Day 2021: COVID-19 pandemic is a major challenge for gender equality (accessed 20 October 2023).

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[9] *Ibid*.

[10] Kuhlmann, Ellen et. Al. (2022), "Violence against healthcare workers is a political problem and a public health issue: a call to action", *European Journal of Public Health*, Vol 33., No. 1, 4-5, p. 4.

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[13] ENRF (2022), *op.cit.*

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[21] SAAGE (2022), "Obstetric violence in the European Union. Situational analysis and policy recommendations", Brussels.

[22] *Ibid*.

[23] See SAAGE (2022) and IPPF (2022).

[24] *Ibid*.

[25] IPPF (2022), *op. cit.*

[26] World Health Organization (2019), *op. cit.*

[27] OECD (2023), "A gender-equal pandemic recovery needs a gender-equal health workforce", Paris.

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[33] Brady, Danielle, Rayner, Laura (2021), "Gender equality: Who cares? Do you?", Brussels: European Policy Centre.

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[37] Council of Europe, Istanbul Convention. Action against violence against women and domestic violence, Brussels (accessed 28 August 2023).

[38] Humanists International, "European Parliament backs EU accession to Istanbul Convention", 12 May 2023.

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[40] SAAGE (2022), *op. cit.*

NOTES

NOTES

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(4) investing in human capital for greater well-being and less inequality, with a particular focus on health.

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