

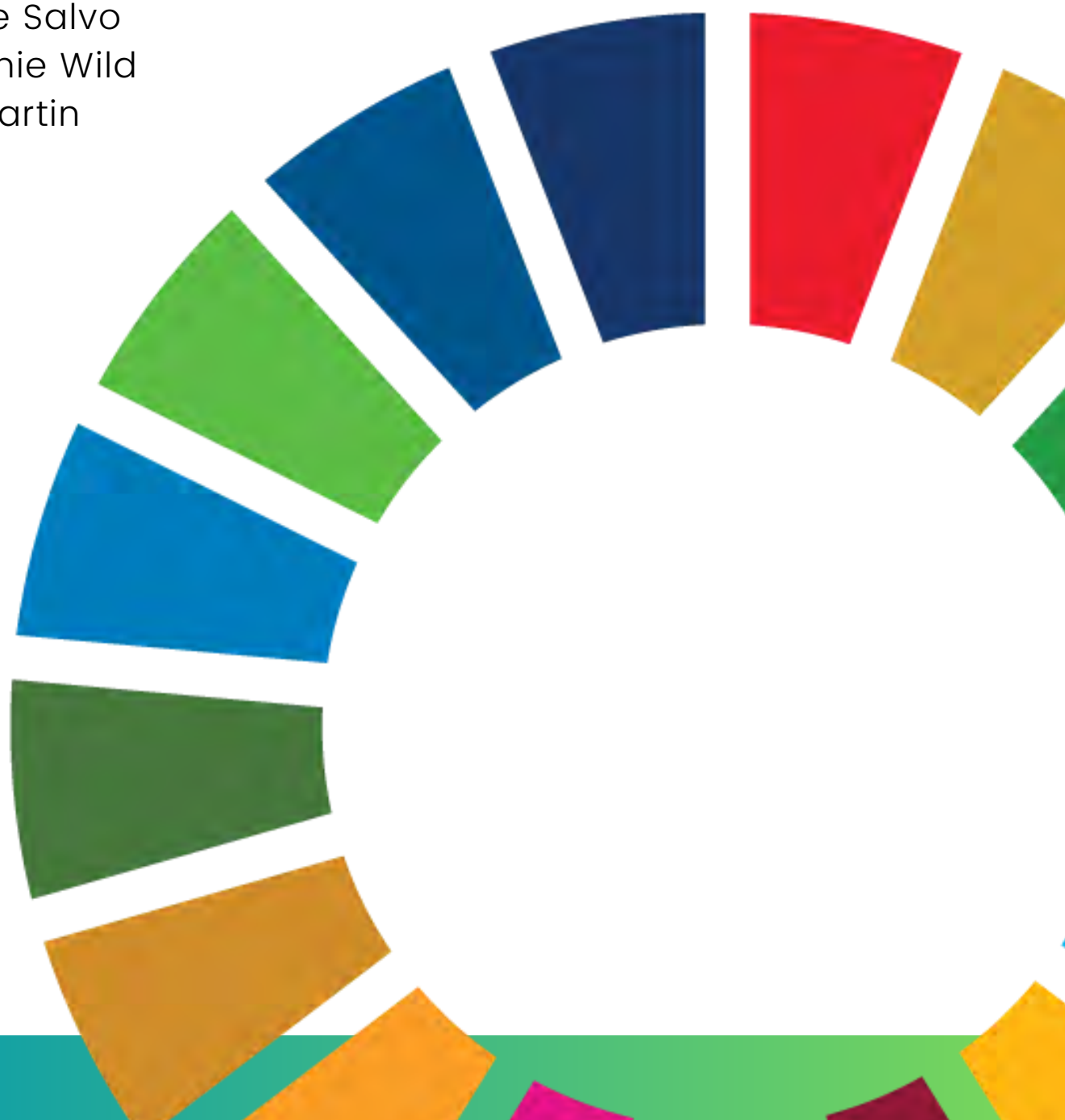
Women's Federation for World Peace
International UN Office Geneva



7th Human Rights Internship 2024

HUMAN RIGHTS POLICY PAPERS

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Executive summary

Interpol labelled South Africa the rape capital of the world in 2020.¹ That following year, in 2021, the South African President, Cyril Ramaphosa, identified rape to be the country's 'second pandemic' after Covid-19.² While civil society has engaged in nationwide protests on the topic of femicide and rape for years, and many policies including a Women, Peace and Security (WPS) National Action Plan (NAP) have been implemented to curb the problem, addressing SGBV requires a holistic, multisectoral approach.

The Problem

South Africa has a long legacy of pervasive sexual and gender-based violence (SGBV) rates. According to the most recent data from the 2022/2023 period, 43,037 South Africans reported being raped, while an additional 10,851 reported being victims of other sexual offences.³ Furthermore, in the 2021/2022 period, 3,198 women were murdered in South Africa (an average of nine women killed each day).⁴ An additional 4,015 attempted murders of women were also reported to the police in this period, with the majority being targeted by partners or ex-partners (commonly referred to as femicide). While race- and class-disaggregated data is hard to come by, anecdotal evidence suggests that women from disenfranchised communities and formerly disadvantaged groups tend to be the most vulnerable to SGBV in South Africa, disproportionately affected by rape, SGBV and femicide.⁵

As such, the Sexual Offences and Community Affairs Unit of the NPA introduced TCCs in 2000 as part of South Africa's anti-rape strategy. The centres were designed to be multisectoral and integrated approaches to post-rape care, intended to prevent, respond to, and support rape survivors.⁶ Often located in public hospitals or community clinics (typically in areas with high rates of SGBV), TCCs were designed to be one-stop facilities where victims can directly report violence, receive immediate medical attention, organise long-term counselling, and open a police case.⁷ This holistic approach aims to reduce secondary victimisation and encourage SGBV victims to report incidents at greater rates.

This policy brief examines the conviction rates for rape in South Africa's Thuthuzela Care Centres (TCCs) established by the National Prosecuting Authority (NPA), comparing these statistics with reporting and conviction rates in ordinary police stations to assess the success of and to inform recommendations for the country's anti-rape response policy. The lessons and recommendations presented here are based on literature review and analysis of statistics published by the NPA, the South African Police Services (SAPS) and other government sources, as well as those published by NGOs and academic experts.

Key Findings

Higher conviction/reporting rates for cases reported at TCCs

According to the NPAs 2021/2022 annual report, the conviction rate nationwide for sexual offences was 74.3%, and 94.3% for femicide.⁸ In that same period, the conviction rate for rape cases reported at TCCs was 77%.⁹ This suggests a slightly higher conviction rate for

¹ See <https://www.tears.co.za/wp-content/uploads/2020/07/presentation.pdf>

² See <https://www.hrw.org/news/2021/11/24/south-africa-broken-promises-aid-gender-based-violence-survivors>

³ See <https://www.statista.com/statistics/1362370/number-of-sexual-offences-in-south-africa-by-crime/>

⁴ See South African Police Service. Submission of the Annual Report to the Minister of Police 2021/2022. Pretoria: Department of Police

⁵ See <https://za.boell.org/en/2022/05/04/freedom-time-femicide>

⁶ See <https://www.nacosa.org.za/wp-content/uploads/2020/01/TCC-Programme-Description-V1.0.pdf>

⁷ See <https://www.iustice.gov.za/vg/sxo/2019-TCC-Brochure-Sep.pdf>

⁸ See https://www.npa.gov.za/sites/default/files/uploads/NPA%20Annual%20Report%202022_web.pdf

⁹ See <https://www.gov.za/speeches/president-cyril-ramaphosa-second-presidential-summit-gender-based-violence-and-femicide-1>

SGBV cases reported at TCCs than those reported at ordinary police stations. That being said, a 2.7% difference in conviction rates is rather negligible. However, these conviction rates only consider reported SGBV cases that went to trial, excluding unreported and withdrawn cases. According to a national study conducted in 2017, when including reported SGBV cases that did not go to trial, the conviction rate for rape in the country was as low as 8.6%.¹⁰ Regarding reporting rates however, anecdotal evidence suggests that communities with TCCs that hold awareness raising campaigns have seen an increase in reporting rates for SGBV crimes.¹¹

Resources are limited

To service a population of roughly 60,000,000, 61 TCCs were recorded nationwide in 2022. Of these, 6 were established in the 2021/2022 fiscal year;¹² an additional 3 were set up in 2023.¹³ Many TCCs battle poor infrastructure, with the government's 2020/2022 Reflective Report on the Implementation of the South African National Strategic Plan on Gender-Based Violence and Femicide calling some centres "dilapidated."¹⁴ Given the TCCs multi-sectoral approach, the coordination of services between and maintenance of infrastructure by the NPA, Department of Health, Department of Social Development, SAPS and NGOs is complicated and challenging.

Comprehensive data is scarce

Estimates of exactly how many rapes go unreported vary greatly – a topic that has been hotly debated for the past 25 years or so, even in parliament.¹⁵ For instance, SAPS estimated that one in 36 rapes go unreported in 1999 (a figure many journalists and academics still refer to),¹⁶ while the NGO Women For Change estimate 90% of rapes go unreported,¹⁷ and statistics published by The Economist in 2017 suggest that one in nine rapes go unreported.¹⁸

Lacking sufficient knowledge of the number of unreported SGBV cases in the country, it is difficult to accurately determine whether incidents of SGBV are increasing, stabilising, or decreasing year-to-year – only an estimate is available. This then makes it difficult to implement evaluation and monitoring mechanisms. Moreover, it is impossible to determine whether a decrease in reported SGBV cases represents a real decrease in SGBV, or decreased trust in the criminal justice system and therefore reporting.

Intersectional-gendered perspectives on violence

While one of the six guiding principles of South Africa's WPS NAP for the 2020 to 2025 period is "*listen and respond to the needs of women, girls and gender non-conforming persons' voices with an intersectional lens,*"¹⁹ data disaggregated by race, class, sexual identity/orientation, HIV-status, age, disability, and religion regarding the success of TCCs is unavailable. It is therefore unclear whether the legal, medical and psycho-social support

¹⁰ See <https://www.samrc.ac.za/intramural-research-units/rape-adjudication-and-prosecution-study-south-africa>

¹¹ See *ibid.* 10.

¹² See

<https://gbvf.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-29102212noon.pdf>

¹³ See <https://www.sanews.gov.za/south-africa/government-committed-ending-gbv>

¹⁴ See

<https://gbvf.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-29102212noon.pdf>

¹⁵ See <https://pmg.org.za/committee-meeting/5075/> This figure continues to be cited, as recently as 2020. See

<https://ballardbrief.byu.edu/issue-briefs/gender-based-violence-against-women-in-south-africa>

¹⁶ See <https://pmg.org.za/committee-meeting/5075/>

¹⁷ See <https://womenforchange.co.za/lets-talk-about-rape/>

¹⁸ See <https://www.economist.com/middle-east-and-africa/2017/03/09/south-africas-rape-epidemic>

¹⁹ See https://www.gov.za/sites/default/files/gcis_document/202103/south-african-national-action-plan-women-peace-and-security.pdf

offered at TCCs are equally accessible and useful to SGBV survivors across these demographics.

Recommendations

Developing more TCCs to increase conviction rates of SGBV crimes

According to a 2017 study by the South African Medical Research Council, many SGBV victims withdraw charges before cases can go to trial due to concerns of re-traumatisation, especially as prosecutions drag.²⁰ Long-term and ongoing counselling, such as that provided at TCCs, is an important step towards improving conviction rates by reducing secondary victimisation and disincentivising victims from withdrawing reports. Moreover, SGBV cases reported at TCCs have attracted more severe jail sentences, with 15% to 18% of rape cases reported at TCCs in 2022 getting life imprisonment for perpetrators,²¹ which totals 342 life imprisonment sentences for the 2021/2022 period.²² More TCCs are necessary to increase conviction rates and to secure harsher sentencing for sexual offences country wide.

Encourage increased private funding to TCCs

According to the government's 2020/2022 Reflective Report on the Implementation of the South African National Strategic Plan on Gender-Based Violence and Femicide, those TCCs that receive both private and public funding tend to be the most successful and best equipped centres.²³ Therefore, where private investment in TCCs is encouraged, SGBV victims have access to better medical care, as well as psycho-social and legal support. Develop incentive programmes to encourage private investment and/or collaboration with grassroots NGOs.

Decrease stigma to increase reporting rates

According to a 2013 study commissioned by the Department of Women, Children, and People with Disabilities, many SGBV cases go unreported because survivors fear stigma both within their communities and amongst police officers and prosecutors when coming forward to report such crimes.²⁴ Grassroots community-wide education programmes for men and women that address gender inequality, patriarchy, and gendered violence, such as those arranged by NGO Sonke Justice, are important tools to promoting gender justice and minimising stigma in the community.²⁵ Grassroots NGOs can also play an important role in providing gender-sensitivity training to SAPS officers responding to SGBV reports. For example, Ilitha Labantu holds training sessions on topics such as defining gender, harmful social norms, legal remedies and procedures, working with survivors of violence, basic counselling, and receiving traumatised victims.²⁶ TCCs can include training and community education programmes in their mandate to help destigmatise SGBV amongst police officers, prosecutors and members of the wider community, and in turn promote increased reporting.

Conduct intersectional-gendered research

²⁰ See <https://www.samrc.ac.za/intramural-research-units/rape-adjudication-and-prosecution-study-south-africa>

²¹ See Dlamini 10.

²² See

<https://gbvf.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-29102212noon.pdf>

²³ See

<https://gbvf.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-29102212noon.pdf>

²⁴ See https://www.saferspaces.org.za/uploads/files/Stop_Violence_Against_Women_-_Report.pdf

²⁵ See <https://genderjustice.org.za/project/community-education-mobilisation/>

²⁶ See <https://www.unwomen.org/en/news-stories/feature-story/2023/12/south-african-womens-group-trains-police-to-respond-to-gender-based-violence>

Often used in the context of refugees, migrants and those forcibly displaced,²⁷ intersectional-gendered perspectives on violence have become increasingly popular in the peace and security field to determine which policies are most effective at promoting gender equality and social inclusion.²⁸ As disaggregating data according to class, health status, religion, ethnicity, and education has been beneficial when determining best practices of security and refugee policies, so can collecting data of women's experiences of SGBV and of treatment at TCCs across these demographics be used to better understand what SGBV survivors need and how best to improve the centres.

²⁷ Nicola Popović *1325 Snapshots from the Field: Examples of Good Practices and Lessons Learned within Projects on Women, Peace and Security* ifa (Institut für Auslandsbeziehungen eV) (2018) 1.

²⁸ Pauline Oosterhoff & Raudah M Yunus 'The Effects of Social Assistance Interventions on Gender, Familial and Household Relations Among Refugees and Displaced Populations: A Review of the Literature on Interventions in Syria, Iraq, Jordan and Lebanon' (2022) 2.

The Problem

Sexual and gender-based violence (SGBV) and femicide represent a major epidemic across the African continent. In January 2024 alone, 31 women were killed in Kenya – sparking nationwide protests. Similar activism took place in Somalia during this same period after three women were killed in the first week of February – including pregnant Lul Abdi Aziz Jazirain, set alight by her husband.¹ In total, an estimated 20,000 women were killed by their partners and ex-partners in 2022 on the Continent alone.² These high and pervasive SGBV rates are a particular problem in Southern Africa, with many countries in the region consistently reporting the highest SGBV rates in the world. In 2022, the World Population Review reported that Botswana has a 92.93% rape rate, Lesotho 82.68%, and South Africa ranking third with a 72.1% rate.³ Similarly, in 2022, 1,836 rape and defilement cases were reported in Malawi,⁴ 38,000 SGBV cases were reported to UNICEF in the Democratic Republic of Congo (DRC),⁵ and, in Namibia, a total of 4,000 women reported being raped between 2019 and June 2022 – an average of 1,142 rapes per year with a country population of roughly 2.5 million –⁶ with an additional 759 SGBV cases reported in the 2022/2023 period against children alone.⁷

Despite these figures, of the sixteen Southern African Development Community (SADC) member states, only six have adopted Women, Peace, and Security (WPS) national action programmes in compliance with UNSCR 1325.⁸ These include South Africa and Namibia, both of which have implemented holistic, multisectoral approaches to addressing SGBV to meet the goals laid out in the 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and in the 2015 SADC Gender Protocol. This multisectoral strategy aims to address the key drivers behind and aggravating factors for high SGBV rates, such as institutionalised patriarchy, unequal societal views on gender roles, harmful cultural and religious practices, and stigma around SGBV in local communities. For instance, 42% of Namibians believe a woman will be criticised, harassed or shamed by those in the community were she to report a crime, while 25% believe domestic violence is a private matter to be handled by the family instead of police.⁹ Furthermore, only 14.9% of survivors of intimate partner violence seek help from the police.¹⁰ In South Africa, 43% of citizens believe a woman would face such treatment by her community were she to report SGBV to the police, and, according to a 2013 study commissioned by South Africa's Department of Women, Children, and People with Disabilities, many SGBV cases go unreported because survivors fear stigma both within their communities and amongst police officers and prosecutors when coming forward to report such crimes.¹¹ Moreover, only 66% of South Africans with no formal education believe that the police will take SGBV cases seriously.¹² This therefore suggests that, unlike other violent crimes, addressing SGBV and femicide requires a holistic and identity-sensitive approach to overcome harmful, patriarchal social norms in communities and the criminal justice system.

Multisectoral Anti-Rape Strategies

¹ See <https://www.theguardian.com/global-development/2024/feb/13/killing-three-women-week-femicide-somalia>

² See <https://www.nytimes.com/2024/02/20/briefing/aleksei-navalny-widow-africa-femicide.html>

³ See <https://www.datapandas.org/ranking/rape-statistics-by-country>

⁴ See <https://allafrica.com/stories/202302150086.html#:~:text=The%20Malawi%20police%20service%20says,service%20in%20investigating%20the%20cases>

⁵ See <https://news.in.org/en/story/2023/09/1137092>

⁶ See <https://namibiadailynews.info/surge-in-rape-cases-sparks-concern-in-namibia/>

⁷ See <https://www.erongo.com.na/crime-ero/over-600-girls-32-boys-raped-in-10-months2023-08-31#:~:text=Official%20statistics%20obtained%20by%20Namibian,reported%20during%20the%20same%20period>

⁸ See <https://www.sadc.int/latest-news/sadc-hosts-four-day-regional-consultation-workshop-implementation-women-peace-and-0#:~:text=This%20assessment%20noted%20that%20six,adopted%20NAPs%20on%20UNSCR%201325>

⁹ See https://www.afrobarameter.org/wp-content/uploads/2022/04/nam_f9_news_release_gender-based_violence_7mar22.pdf

¹⁰ See https://www.unodc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBPVU_071019_002.pdf

¹¹ See https://www.saferspaces.org.za/uploads/files/Stop_Violence_Against_Women_Report.pdf

¹² See <https://www.afrobarameter.org/wp-content/uploads/2023/11/AD738-South-Africans-see-gender-based-violence-as-a-top-priority-Afrobarameter-24nov23.pdf>

The Namibian Police Force (NamPol) first established its Gender Based Violence Protection Unit in 1993 to respond to its already high rates of sexual violence, particularly perpetrated against minors. The unit has since been renamed the Gender Based Violence Investigation Unit (GBVIU). These units aim to provide victims with a coordinated and timely response by a multi-disciplinary team to SGBV cases. Typically located in hospitals, these units apply a victim-centric approach drawing on NamPol, as well as health and social services resources to investigate the reported crimes, as well as provide court preparation, psycho-social support, and witness support.¹³ Similarly, the Sexual Offences and Community Affairs Unit of South Africa's National Prosecuting Authority (NPA) introduced Thuthuzela Care Centres (TCCs) in 2000 as part of the country's anti-rape strategy. The centres were designed to be multisectoral and integrated approaches to post-rape care, intended to prevent, respond to, and support rape survivors.¹⁴ Often located in public hospitals or community clinics (typically in areas with high rates of SGBV), TCCs were designed to be one-stop facilities where victims can directly report violence, receive immediate medical attention, organise long-term counselling, and open a police case.¹⁵ This holistic approach aims to reduce secondary victimisation and encourage SGBV victims to report incidents at greater rates. These approaches are not uncommon in the region. For instance, Ghana established its Domestic Violence and Victims Support Unit in 1998,¹⁶ Lesotho the Child and Gender Protection Unit in 2002,¹⁷ while the Botswana Police Service announced a Gender and Child Protection Unit in April 2021.¹⁸

Recommendations

Establish awareness raising campaigns

Anecdotal evidence in South Africa suggests that communities with TCCs that raise awareness about the nature and causes of SGBV have helped alleviate stigma and have seen an increase in reporting rates.¹⁹ Grassroots research in Namibia also suggests that there is a lack of awareness amongst SGBV victims regarding legal and rights literacy in the wake of these incidents.²⁰ As such, it is important to include SGBV and rights literacy campaigns to raise awareness in local communities in these specialised, multisectoral units' mandates.

Develop and strengthen relationships with grassroots NGOs

In South Africa, SGBV cases reported at TCCs have attracted more severe jail sentences, with 15% to 18% of rape cases reported at TCCs in 2022 getting life imprisonment for perpetrators,²¹ which totals 342 life imprisonment sentences for the 2021/2022 period.²² This is largely due to more efficient and timeous evidence collection, as well as psycho-social and witness support, which both strengthens cases and reduces victims' likelihood of withdrawing cases brought to the police. Increasing partnerships with grassroots organisations/NGOs to ensure more robust legal aid, medical treatment, and long-term psycho-social support is therefore necessary.

Grassroots community-wide education programmes for men and women that address gender inequality, patriarchy, and gendered violence, such as those arranged by South African NGO Sonke Justice and Namibian Align Platform, are also important tools to

¹³ See https://www.unodc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBVPVU_071019_002.pdf

¹⁴ See <https://www.nacosa.org.za/wp-content/uploads/2020/01/TCC-Programme-Description-V1.0.pdf>

¹⁵ See <https://www.justice.gov.za/vg/svo/2019-TCC-Brochure-Sep.pdf>

¹⁶ See <https://police.gov.gh/en/index.php/domestic-violence-victims-support-unit-dovvsu/>

¹⁷ See https://www2.ohchr.org/english/bodies/cescrw/docs/CE03M/CESCR.D.1-9.Add.1_en.pdf

¹⁸ See <https://yourbotswana.com/2020/11/09/botswana-police-service-gbv-dedicated-branch-planned-for-2021/>

¹⁹ See *ibid.* 10.

²⁰ See <https://www.svri.org/sites/default/files/attachments/2016-08-05/GBVReport1396341116%20%281%29.pdf>

²¹ See Dlamini 10.

²² See <https://gbvf.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-25102212noon.pdf>

promoting gender justice and minimising stigma in the community.²³ Notably, Botswana group Men and Boys for Gender Equality highlights the need to encourage the active engagement of men and boys in these campaigns.²⁴ Grassroots NGOs can also play an important role in providing gender-sensitivity training to police officers responding to SGBV reports. For example, in South Africa, Ilitha Labantu, holds training sessions on topics such as defining gender, harmful social norms, legal remedies and procedures, working with survivors of violence, basic counselling, and receiving traumatised victims.²⁵ In Namibia, *The Leave No One Behind Project* partners with NamPol to hold psycho-social support workshops and empathy training for social workers and police.²⁶ In the case of Lesotho, however, while police officers at protection units received specialised training to respond to sexual exploitation, capacity and know-how could not be retained due to the rotation of police officers.²⁷ Ultimately, to improve how victims are received by authorities, more collaboration with community-based organisations that provide personnel training is necessary.

Clarify roles of each department and agency to streamline cooperation

Given these facilities' multi-sectoral approach, the coordination of services between and maintenance of infrastructure by prosecuting authorities, health and social services, police departments and NGOs is complicated and challenging.²⁸ More attention needs to be paid to how services are coordinated, clearly delineating the responsibilities (including equipment and infrastructure maintenance) of each department. Regular audits can then hold the departments responsible.

Encourage increased private funding

While Namibia only has 17 GBVIU facilities (at least one in each region) to service a population of roughly 2.5 million,²⁹ South Africa reported 64 TCCs in 2023 to service a population of roughly 60,000,000. Notably, many TCCs battle poor infrastructure, with the government's 2020/2022 Reflective Report on the Implementation of the South African National Strategic Plan on Gender-Based Violence and Femicide calling some centres "dilapidated."³⁰ Those TCCs that receive both private and public funding therefore tend to be the most successful and best equipped centres,³¹ while the best equipped Namibian GBVIU facilities have benefitted from cooperation with UNICEF and the UK National Crime Agency.³² Therefore, it is necessary to develop incentive programmes to encourage private investment in these centres, as well as develop relationships with and secure funding from fellow states' crime agencies to improve facilities.

Conduct research and collect data using an intersectional-gendered lens

Estimates of exactly how many rapes go unreported in South Africa vary greatly – a topic that has been hotly debated for the past 25 years or so, even in parliament.³³ For instance, SAPS estimated that one in 36 rapes go unreported in 1999 (a figure many journalists and academics still refer to),³⁴ while the NGO Women For Change estimate 90% of rapes go unreported,³⁵ and statistics published by The Economist in 2017 suggest that one in nine rapes go unreported.³⁶ Similarly, Namibian police estimate that as many as 19 in 20 rapes go

²³ See <https://genderjustice.org.za/project/community-education-mobilisation/> and <https://www.alijplatform.org/sites/default/files/2022-06/oyo-final.pdf>

²⁴ See <https://info.unwomen.org/docs/default-source/2018/GBV%20ACTIVISM%20HIGHLIGHTS%20REPORT.pdf>

²⁵ See <https://www.unwomen.org/en/news-stories/feature-story/2023/12/south-african-womens-group-trains-police-to-respond-to-gender-based-violence>

²⁶ See <https://namibia.unfpa.org/en/news/boosting-resilience-and-empathy-police-and-social-workers-receive-vital-gbv-training>

²⁷ See <https://www.upr-info.org/sites/default/files/documents/2014-03/mia-lesotho.pdf>

²⁸ See *ibid.* 10.

²⁹ See https://www.unodc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBVPV_071019_002.pdf

³⁰ See <https://gbv.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-29102212noon.pdf>

³¹ See <https://gbv.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-29102212noon.pdf>

³² See https://www.unodc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBVPV_071019_002.pdf

³³ See <https://pmg.org.za/committee-meeting/5075/>. This figure continues to be cited, as recently as 2020. See <https://ballardbrief.byu.edu/issue-briefs/gender-based-violence-against-women-in-south-africa>

³⁴ See <https://pmg.org.za/committee-meeting/5075/>

³⁵ See <https://womenforchange.co.za/lets-talk-about-rape/>

³⁶ See <https://www.economist.com/middle-east-and-africa/2017/03/09/south-africas-rape-epidemic>

unreported,³⁷ with marital rape going significantly underreported.³⁸ It is therefore difficult to implement evaluation and monitoring mechanisms, and to determine whether a decrease in reported SGBV cases represents a real decrease in SGBV, or decreased trust in the criminal justice system and therefore reporting. More data regarding the number of unreported cases must be conducted, ensuring victims' anonymity to overcome obstacles relating to stigma, either through collaboration with local NGOs or further development of reporting hot lines.

Moreover, anecdotal evidence suggests that women from disenfranchised communities and formerly disadvantaged groups tend to be the most vulnerable to SGBV in South Africa, disproportionately affected by rape, SGBV and femicide.³⁹ Notably, similar evidence in Namibia suggests members of the LGBTQ+ community and sex workers are particularly vulnerable to SGBV.⁴⁰ That being said, there is no mention of intersectional perspectives in Namibia's 2019-2024 WPS NAP.⁴¹ While one of the six guiding principles of South Africa's 2020-2025 WPS NAP includes applying an "*intersectional lens*,"⁴² data disaggregated by sex, race, class, sexual identity/orientation, HIV-status, age, disability, and religion regarding SGBV rates and the success of TCCs is largely unavailable. This is despite South Africa's 2019 Voluntary National Review including a pledge to collect disaggregated data going towards 2030.⁴³ Namibia's 2018 review also highlights the country's lack of disaggregated data, pledging to improve the Namibia Statistics Agency.⁴⁴ Collecting data of women's experiences of SGBV and of their treatment at these multisectoral facilities across demographics is necessary to better understand what SGBV survivors need and how best to improve the centres.

³⁷ See <https://www.hotpeachpages.net/africa/Namibian%20Directory/Background.pdf>

³⁸ See <https://www.ecoi.net/de/dokument/2011359.html>

³⁹ See <https://za.boell.org/en/2022/05/04/freedom-time-femicide>

⁴⁰ See <https://www.swi.org/sites/default/files/attachments/2016-05/SGBVReport1306341116%20%281%29.pdf>

⁴¹ See <https://wpsfocalpointnetwork.org/wp-content/uploads/2021/07/Namibia-2019-2024.pdf>

⁴² See https://www.gov.za/sites/default/files/gcis_document/202103/south-african-national-action-plan-women-peace-and-security.pdf

⁴³ See <https://hlf.un.org/countries/south-africa/voluntary-national-review-2019>

⁴⁴ See <https://www.npc.gov.na/wp-content/uploads/2021/12/Voluntary-National-Review-2018.pdf>

The Problem

Sexual and gender-based violence (SGBV) and femicide represent a global pandemic. From January 1st to 31st, 2024 alone, there were 240 femicide cases recorded across 26 different countries.¹ Notably, countries in Africa (and more specifically Southern Africa) and in Latin America (LATAM) consistently report the highest levels of SGBV – often dominating the top ten global lists of rape rates.² Those most commonly featuring on these lists include South Africa, Lesotho, Botswana, Costa Rica, and Nicaragua. In total, while comprehensive statistics are unavailable, an estimated 20,000 women were killed by their partners and ex-partners in 2022 on the African continent alone.³ Select states in Latin America and the Caribbean collecting and publishing regular data on femicide, in 2022, at least 4,050 women fell victim to femicide across 26 countries in the region.⁴

Relevant Conventions across the World

Since the 1980s, national, regional, and international frameworks have increasingly been implemented to recognize that SGBV is a violation of victims' rights, as well as to recognise that the state has an obligation to both ensure victims can reasonably exercise their rights and to end this form of gendered violence. At an international level, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) was implemented in 1979, the Vienna Declaration and Programme of Action in 1993, the Beijing Platform in 1995, and the United Nations Security Council Resolution (UNSCR) 1325 – also known as Women, Peace and Security (WPS) – in 2000. At a regional level, the Southern African Development Community (SADC) has implemented its 2015 Gender Protocol, as well as its 2018-2022 Regional Strategy on Women, Peace and Security.⁵ In LATAM, the Convention of Belem do Para' or the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, has been adopted since 1994.⁶

Social Impact

Unlike other violent crimes, addressing SGBV and femicide requires a holistic and identity-sensitive approach to overcome harmful, patriarchal social norms in communities and the criminal justice system. This is clear when looking at data from both global SGBV hotspots, i.e., Southern Africa and LATAM. For instance, 42% of Namibians believe a woman will be criticised, harassed or shamed by those in the community were she to report a crime,⁷ with only 14.9% of survivors of intimate partner violence seeking help from the police.⁸ In South Africa, 43% of citizens believe a woman would face such treatment by her community were she to report SGBV to the police,⁹ with only 66% of South Africans with no formal education believing that the police will take SGBV cases seriously.¹⁰ Similarly, in Costa Rica, SGBV survivors tend to be stigmatised given the country's patriarchal structures and culture of 'machismo'.¹¹ Furthermore, in Nicaragua, SGBV victims not only report fear of social stigma, but also fear of retribution and loss of economic security.¹² As a result, many states in both SADC and LATAM regions have adopted holistic strategies which aim to address the key drivers behind and aggravating factors for high SGBV rates, such as

¹ See <https://documentwomen.com/in-january-2024-how-many-women-were-abused>

² See <https://www.nationmaster.com/country-info/stats/Crime/Rape-rate> and <https://www.datapandas.org/ranking/rape-statistics-by-country>

³ See <https://www.nytimes.com/2024/02/20/briefing/aleksei-navalny-widow-africa-femicide.html>

⁴ See

<https://www.cepal.org/en/pressreleases/2022-least-4050-women-were-victims-femicide-latin-america-and-caribbean-eclack::text=jpg;.ln%202022%2C%20at%20least%204%20of%20women%20were%20victims%20of%20femicide.of%20the%20Economic%20Commission%20for>

⁵ See <http://1325naps.peacewomen.org/wp-content/uploads/2021/08/RAP-2018-2022-SADC.pdf>

⁶ See https://www.peacewomen.org/assets/file/Resources/NGO/LawRef-VAW_LatinAccessJusticeEN_CPES_2008.pdf

⁷ See https://www.afrobarometer.org/wp-content/uploads/2022/04/nam_e9_news_release_gender-based_violence_7mar22.pdf

⁸ See https://www.unodc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBRVU_071019_002.pdf

⁹ See https://www.safespaces.org.za/uploads/files/Stop_Violence_Against_Women_-_Report.pdf

¹⁰ See <https://www.afrobarometer.org/wp-content/uploads/2023/11/AD738-South-Africans-see-gender-based-violence-as-a-top-priority-Afrobarometer-24nov23.pdf>

¹¹ See <https://www.diga-portal.org/smash/get/diva2:1751771/FILETEXT01.pdf>

¹² See <https://www.refworld.org/reference/annualreport/usdos/2016/en/109750>

psycho-social support, childcare services, and rehousing programmes, as well as conducting awareness raising campaigns on gendered violence. These stations can be found in Brazil, Ecuador, Nicaragua, Peru, Argentina, Bolivia, Uruguay, Colombia, and Costa Rica.¹⁷ It is worth noting, however, that these models differ slightly around who the target population is, the kinds of violence dealt with, which direct and indirect services are provided, how they are funded, as well as which state and non-state actors are involved and the shared responsibilities among them for both service delivery and decision-making.¹⁸ This strategy first emerged in Brazil in the mid-1980s, with the remaining countries typically implementing these police stations after gaining independence from their various dictatorships.

Recommendations

Prevention: establish awareness raising campaigns

Anecdotal evidence in South Africa suggests SGBV reporting rates have increased in communities in which TCCs have adopted awareness raising campaigns around the nature of SGBV.¹⁹ Grassroots research in Namibia, however, suggests a lack of awareness amongst SGBV victims regarding their legal and rights literacy.²⁰ Therefore, these post-rape care facilities need to raise awareness on both the topic of SGBV and survivors' rights. In fact, in Argentina, women's led police stations are legislatively required to engage in primary prevention at least once a month, ranging from community prevention campaigns, to distributing contact details in periods leading up to anticipated increases in SGBV, such as over the Christmas period, and the denaturalisation of violence to prevent revictimisation.²¹ Establishing similar legislative requirements can make such prevention strategies non-negotiable.

Optimising results: Develop and strengthen relationships with grassroots NGOs

- A) In South Africa, SGBV cases reported at TCCs have attracted more severe jail sentences, with 15% to 18% of rape cases reported at TCCs in 2022 getting life imprisonment for perpetrators,²² which totals 342 life imprisonment sentences for the 2021/2022 period.²³ This is largely due to more efficient and timeous evidence collection, as well as psycho-social and witness support, which both strengthen cases and reduce victims' likelihood of withdrawing cases brought to the police. Increasing partnerships with grassroots organisations/NGOs to ensure more robust legal aid, medical treatment, and long-term psycho-social support where state funds are limited can improve these results. Notably, studies in Brazil, Ecuador, Nicaragua, and Peru suggest increased collaboration between women-led police stations and community networks can more effectively and consistently help SGBV survivors.²⁴
- B) Grassroots community-wide education programmes for men and women that address gender inequality, patriarchy, and gendered violence, such as those arranged by South African NGO Sonke Justice and Namibian Align Platform, are also important tools to promoting gender justice and minimising stigma in the community.²⁵ Similarly, HI in Bolivia works in local communities to educate women on reproductive/sexual health, strengthening women's financial resilience, promoting women's rights, and

¹⁷ See <https://www.abc.net.au/listen/programs/lawreport/10866466> ; https://www.endvawnow.org/uploads/browser/files/security_wps_case_study.pdf ; <https://www.scientia.global/adjunct-professor-herry-carrington-women-led-police-stations-help-to-prevent-gender-based-violence/>

¹⁸ See https://cerlac.info.yorku.ca/files/2016/09/ubb_and_Pasinato_Background-Paper.pdf

¹⁹ See *ibid.* 10.

²⁰ See <https://www.svri.org/sites/default/files/attachments/2016-08-05/SGBVReport1396341116%20%281%29.pdf>

²¹ See <https://research.qut.edu.au/ngp/wp-content/uploads/sites/249/2020/04/Briefing-Paper-Carrington-V3-20042020-Revised.pdf>

²² See Dlamini 10.

²³ See <https://gbvfor.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBVF-29102212noon.pdf>

²⁴ See https://www.peacewomen.org/assets/files/Resources/NGO/LawRefLAW_LatinaAccessJusticeEN_CPEJ_2008.pdf

²⁵ See <https://genderjustice.org.za/project/community-education-mobilisation/> and <https://www.alignplatform.org/sites/default/files/2022-06/oyco-final.pdf>

strengthening community resources for SGBV prevention/care.²⁶ Notably, Botswana group Men and Boys for Gender Equality highlights the need to encourage the active engagement of men and boys in these campaigns.²⁷

- C) SGBV survivors can also face stigma within the criminal justice system. For example, research in Peru and Uruguay suggest that, while women-led police stations have existed since the 1980s to dismantle patriarchal institutions and beliefs, they can often reproduce harmful myths, such as it is always better to mediate and keep a family together, rather than encourage women to leave abusive partners.²⁸ Grassroots NGOs can play an important role in providing gender-sensitivity training to these police officers. For example, in South Africa, Ilitha Labantu, holds training sessions on topics such as defining gender, harmful social norms, legal remedies and procedures, working with survivors of violence, basic counselling, and receiving traumatised victims.²⁹ In Namibia, *The Leave No One Behind Project* partners with NamPol to hold psycho-social support workshops and empathy training for social workers and police.³⁰ In the case of Lesotho, however, while police officers at protection units received specialised training to respond to sexual exploitation, capacity and know-how could not be retained due to the rotation of police officers.³¹ This suggests that not only is more collaboration with community-based organisations that provide personnel training necessary, but so are mechanisms aimed at retaining officers.

Improving logistics: Clarify roles of each department and agency to streamline cooperation

Many multisectoral facilities in the SADC region struggle to coordinate services between and maintenance of infrastructure by prosecuting authorities, health and social services, police departments and NGOs.³² More attention needs to be paid to how services are coordinated, clearly delineating the responsibilities (including equipment and infrastructure maintenance) of each department. Regular audits to track resource allocation can then hold the departments responsible. Notably, the women-led police stations in Argentina typically work with local boards to avoid the duplication of services, pool resources, and even share information about high-risk cases to prevent gendered violence from escalating to femicide.³³ Similar information-sharing strategies can help streamline the coordination of services in the SADC region.

Increasing resources: Encourage alternative sources of funding

Notably, when comparing the SADC and LATAM regions, it becomes clear that the former has far less resources to allocate to these post-rape care facilities than the latter. For instance, in Brazil, there are over 250 women-led police stations nationwide.³⁴ While Namibia only has 17 GBVIU facilities to service a population of roughly 2.5 million,³⁵ and South Africa 64 TCCs to service a population of roughly 60,000,000, the Argentine capital Buenos Aires has 128 women-led police stations alone.³⁶ Notably, many TCCs battle poor infrastructure, with the government's 2020/2022 Reflective Report on the Implementation of the South African National Strategic Plan on Gender-Based Violence and Femicide calling some centres "dilapidated."³⁷ However, those TCCs that receive both private and public funding tend to be

²⁶ See <https://www.hi.org/en/news/hi-fights-to-end-gender-based-violence-in-bolivia>

²⁷ See <https://info.undp.org/docs/pdc/Documents/BWA/GBV%20ACTIVISM%20AWARDS%20REPORT.pdf>

²⁸ See https://www.peacewomen.org/assets/file/Resources/NGO/LawRef-VAW_LatinaAccessJusticeEN_CPFS_2008.pdf

²⁹ See <https://www.unwomen.org/en/news-stories/feature-story/2023/12/south-african-womens-group-trains-police-to-respond-to-gender-based-violence>

³⁰ See <https://namibia.unfpa.org/en/news/boosting-resilience-and-empathy-police-and-social-workers-receive-vital-gbv-training>

³¹ See <https://www.upr-info.org/sites/default/files/documents/2014-03/mia-lesotho.pdf>

³² See *ibid.* 10.

³³ See <https://research.qut.edu.au/peg/wp-content/uploads/sites/249/2020/04/Briefing-Paper-Carrington-V3-20042020-Revised.pdf>

³⁴ See <https://link.springer.com/book/10.1057/9781403973412>

³⁵ See https://www.undoc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBPVU_071019_002.pdf

³⁶ See <https://www.abc.net.au/listen/programs/lawreport/10866466>

³⁷ See <https://gbv.org.za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GBV-29102212noon.pdf>

the most successful and best equipped centres,³⁸ while the best equipped Namibian GBVIU facilities have benefitted from cooperation with UNICEF and the UK National Crime Agency.³⁹ Therefore, where government funds are severely limited, it is necessary to develop incentive programmes to encourage private investment in these centres, as well as develop relationships with and secure funding from fellow states' crime agencies to improve facilities.

Monitoring and evaluating: Conduct research and collect data using an intersectional-gendered lens

- A) Anecdotal evidence suggests that women from disenfranchised communities and formerly disadvantaged groups tend to be the most vulnerable to SGBV in South Africa.⁴⁰ Notably, similar evidence in Namibia suggests members of the LGBTQ+ community and sex workers are particularly vulnerable to SGBV.⁴¹ In Brazil, according to a 2015 Violence Map study, black women were 23% more likely to be murdered than their white counterparts in 2003, jumping to 67% in 2013,⁴² while, between 2010 and 2014, the homicide rate for indigenous women in Brazil was double that of non-indigenous women.⁴³ That being said, there is no mention of intersectional perspectives in Namibia's 2019-2024 WPS NAP, nor in Brazil's 2017-2023 NAP.⁴⁴ While one of the six guiding principles of South Africa's 2020-2025 WPS NAP includes applying an "intersectional lens,"⁴⁵ data disaggregated by sex, race, class, sexual identity/orientation, HIV-status, age, disability, and religion regarding SGBV rates and the success of TCCs is largely unavailable. This is despite South Africa's 2019 Voluntary National Review including a pledge to collect disaggregated data going towards 2030.⁴⁶ Namibia's 2018 review also highlights the country's lack of disaggregated data, pledging to improve the Namibia Statistics Agency,⁴⁷ while Brazil's 2017 review also highlights the importance of disaggregated data to protect the most vulnerable demographics of society.⁴⁸ Collecting data of women's experiences of SGBV and of their treatment at these post-rape care facilities across demographics is necessary to better understand what SGBV survivors need and how best to improve the centres.
- B) Women-led police stations have been in use in LATAM since the mid-1980s, while multisectoral facilities have been in use in SADC since the early 1990s. However, these regions continue to be major SGBV hotspots three to four decades later, and research regarding the efficacy of these strategies is largely anecdotal. That being said, a 2019 Brazilian study found that in the areas with women-led police stations, the female homicide rate for women aged between 15 and 24 dropped by 50%, and for all women by 17%.⁴⁹ Therefore, more quantitative research is necessary to better monitor and evaluate both SADC and LATAM strategies.

³⁸ See <https://gbvfor.org/za/wp-content/uploads/2023/09/REFLECTIVE-REPORT-ON-THE-IMPLEMENTATION-OF-THE-SOUTH-AFRICAN-NATIONAL-STRATEGIC-PLAN-ON-GRVE-29102212noon.pdf>

³⁹ See https://www.unodc.org/documents/southernafrica/Consultancies_and_Opportunities/2019/REWRITTEN_WEBSTORY_OF_LAUNCH_GBVPV_071019_002.pdf

⁴⁰ See <https://za.boell.org/en/2022/05/04/freedom-time-femicide>

⁴¹ See <https://www.savi.org/sites/default/files/attachments/2016-08-05/GBVReport1396341116%20%281%29.pdf>

⁴² See <https://www.brasilefato.com.br/2017/11/08/femicide-in-brazil-is-directly-linked-to-race-and-class-according-to-researchers>

⁴³ See <https://pubmed.ncbi.nlm.nih.gov/31340281/>

⁴⁴ See <https://wpsfocalpointnetwork.org/wp-content/uploads/2021/07/Namibia-2019-2024.pdf>

⁴⁵ See https://www.gov.za/sites/default/files/gcis_document/202103/south-african-national-action-plan-women-peace-and-security.pdf

⁴⁶ See <https://hijaf.un.org/countries/south-africa/voluntary-national-review-2019>

⁴⁷ See <https://www.npc.gov.za/wp-content/uploads/2021/12/Voluntary-National-Review-2018.pdf>

⁴⁸ See https://hijaf.un.org/sites/default/files/vnrs/2021/15806Brazil_English.pdf

⁴⁹ See <https://www.miragenews.com/how-women-s-police-stations-cut-violence-against-women-in-south-america/>

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7th Human Rights Internship 2024

HUMAN RIGHTS POLICY PAPERS

By

Irune Martin

ADDRESSING GENDER-BASED VIOLENCE TOWARDS REFUGEE WOMEN IN GREECE

INTRODUCTION

Ensuring women's equality is not just a basic human right but also pivotal for establishing a peaceful and sustainable global community. Nonetheless, gender-based violence (GBV) remains a pervasive violation of human rights, deeply rooted in gender disparities. Goal 5 of the SDGs holds great significance, aiming to promote gender equality and empower women. Specifically, Target 5.2 aims to eradicate all forms of violence against women and girls, emphasizing the urgent need for comprehensive action and sustained commitment to address GBV.

Women confront particular inequalities and violence simply because of their gender. However, the risk of violence is further exacerbated for women who face multiple and intersecting forms of discrimination¹. Among vulnerable populations, refugee women in Greece face heightened risks of GBV due to the intersecting factors of gender, displacement, and socio-political dynamics. This policy analysis seeks to delve into the intricacies of GBV among refugee women in Greece, assessing existing policies and interventions, and offering comprehensive recommendations to tackle this urgent issue.

GREEK LANDSCAPE

In the context of gender-based violence (GBV), alarming trends have emerged. The number of women reporting incidents of domestic violence to the police between 2012 and 2017 witnessed a concerning increase of 49%. Data from the Greek Centre for Gender Equality (KETHI) revealed that out of the total of 2,833 domestic violence aggressors reported in 2017, 84.5% were men and 15.5% were women².

Greece has served as a primary gateway for refugees fleeing from conflict, persecution, and poverty across the Middle East, Asia, and Africa. According to the latest data provided by UNHCR in 2023, there were 41,561 sea arrivals and 7,160 land arrivals in Greece throughout the year. Among these arrivals, female asylum seekers constituted up to 22%³. International research has underscored the prevalence of GBV in humanitarian emergencies. Yet, Greece grapples with significant gaps in GBV data⁴. UNHCR stressed the heightened risk of sexual violence for refugee women and children in overcrowded Greek island reception facilities, exacerbating their vulnerability⁵.

GREEK LEGAL FRAMEWORK

Greece has taken significant legislative steps to combat gender-based violence (GBV) and promote gender equality. The GBV protection response system in Greece reveals a regulatory framework primarily governed by Law 3500/2006 and articles 322-353 of the Penal Code. This legislation addresses domestic violence comprehensively, prosecution of domestic violence cases, provision of shelters for victims⁶.

Law 4531/2018 ratified the Istanbul Convention, strengthening penal laws, broadening domestic violence measures, and ensuring protection for victims, including foreign nationals. Law 4351/2018 empowers refugee and migrant women to report violence without deportation fears. Meanwhile, Law 4604/2019 establishes a comprehensive legal framework for

¹ The Equality Institute (2021). SUSTAINABLE DEVELOPMENT GOALS AND VIOLENCE AGAINST WOMEN AND GIRLS.

² KETHI: Η βία κατά των γυναικών σε αριθμούς (2020). <https://www.kethi.gr/nea/i-bia-kata-ton-gynaikon-se-arithmoys-0>

³ Operational Data Portal: Mediterranean situation: <https://data.unhcr.org/en/situations/mediterranean>

⁴ Centre for Women's Issues Diotima (2019). Final Report: Accessibility and Barriers to Gender-Based Violence Services for refugee girls, boys women and men in Greece.

⁵ Ibidem

⁶ General Secretariat For Family Policy And Gender Equality (2020). 1st Annual Report on Violence Against Women.

gender equality and GBV prevention. Additionally, Greece offers vital support through its Network of Structures, including a national helpline (SOS 15900) providing 24/7 counseling in Greek and English, with interpreters for Farsi and Arabic speakers. Apart from this, through its 20 Women's Shelters, accommodation, food, psychosocial support, legal counseling, and empowerment services are provided.

Furthermore, the Ministerial Decision on Site Operations (23/13532/2020) mandates safe housing for single women and emphasizes the protection of women from GBV. These initiatives reflect Greece's commitment to combating GBV and fostering gender equality⁷.

LIMITATIONS

While Greece has ratified international human rights treaties and has made significant progress in addressing gender-based violence, several gaps and limitations remain urgent to address. Firstly, there is a notable emphasis on supporting female survivors of gender-based violence, but provisions must also be extended to support male and LGBTQ+ individuals, including Trans women, who have specific needs requiring holistic support.

Additionally, conditions in refugee camps, marked by overcrowding and inadequate infrastructure, heighten the risk of GBV due to insufficient lighting, privacy concerns, and inadequate security measures, necessitating the establishment of proper protective measures⁸. Language barriers pose another significant obstacle, as many refugee women struggle to access legal, health, and integration services supporting GBV victims.

Lastly, many women lack education on their rights and are unaware of how to exercise them, hindering their ability to seek legal protection, as revealed by the Diotima report (2019). Addressing these barriers is crucial to ensuring comprehensive support and protection for all individuals affected by gender-based violence.

Insufficient data on the prevalence and characteristics of gender-based violence (GBV) among refugee women in Greece impedes the development of effective policies and interventions. To address this issue, robust data collection methods and research efforts are essential. These initiatives are crucial for gaining a deeper understanding of the extent of GBV and for informing evidence-based approaches to combating it.

RECOMMENDATIONS

To overcome the existing limitations, a concerted effort is required to bridge the gap between laws and their effective implementation. Recommendations include:

1. **Holistic Awareness Plan:** Develop a comprehensive plan to raise awareness among state actors, NGOs, healthcare, legal, and law enforcement bodies. Training programs should be implemented to equip them with the knowledge and skills needed to effectively identify and respond to cases of gender-based violence.
2. **Ensuring Adequate Shelter** is central to establishing and guaranteeing GBV protection: Providing sufficient, safe, and separate accommodation minimizes overcrowding and enhances privacy and security. Creating designated safe spaces within refugee camps where women can seek refuge and support in cases of GBV, with trained staff available to provide assistance and resources.
3. **Enhanced Access to Legal Aid and Interpretation Services:** Improve access to legal aid and interpretation services for refugee women. This involves increasing the number of interpreters and implementing a holistic plan to facilitate empowerment and understanding.
4. **Community Engagement and Empowerment:** Establish a holistic plan to engage refugee communities, empowering them to challenge gender inequalities and harmful norms. This initiative should extend beyond refugee communities to encompass Greek society as a whole, involving educational institutions, schools, and various social actors.
5. **Inclusive Gender-Based Violence Response:** Develop a more holistic response to gender-based violence that explicitly includes the experiences of males and transgender women. Implementation of an awareness strategy should involve all institutions and societal actors, including those in education and the media.

⁷ Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO). Report submitted by Greece (2020).

⁸ Centre for Women's Issues Diotima (2019). Final Report: Accessibility and Barriers to Gender Based violence services for refugee girls, boys women and men in Greece.

European Policy Review on Refugee Women and Gender-Based Violence: A Comparative Analysis of Greece and Spain

INTRODUCTION

In a world increasingly shaped by violence, and human rights violations, over 110 million people worldwide have been displaced from their homes.¹ Many begin their journey towards Europe, with Greece and Spain serving as primary entry points in their quest for a life free from violence. According to UNHCR data from 2024, there were 25,035 arrivals in Spain and 13,586 in Greece².

A critical issue arising from this situation is the need for effective protection measures against Gender-Based Violence (GBV), especially in reception and accommodation sites for these displaced individuals. Inadequate accommodation significantly increases women's vulnerability to gender-based violence, stemming from substandard reception and living conditions³. This policy review focuses on comparing the approaches of Greece and Spain, highlighting their distinct strategies and challenges in detention centres and accommodations for refugee women.

EUROPEAN LEGAL FRAMEWORK

The European legal framework recognizes asylum as a fundamental right, in line with the 1951 Refugee Convention. EU countries are collectively responsible for welcoming asylum seekers with dignity, facilitated by the Common European Asylum System (CEAS).⁴ This system sets common standards to ensure equal and fair treatment for asylum seekers, providing them with adequate housing, food, and healthcare⁵. Additionally, the CEAS focuses on addressing the specific needs of vulnerable groups, including victims and gender-based violence.

- Directive 2013/33/EU establishes EU standards for asylum seeker reception, offering various housing options and ensuring family life protection and access to assistance. It emphasizes safeguarding vulnerable groups, particularly against gender-based violence.
- The European Asylum Support Office (EASO) guidance on EU housing standards for asylum seekers (2019) focuses on ensuring safety and meeting specific needs, particularly for GBV protection. Member States offer various housing options, including private and adapted premises, with stress on privacy, security measures, and gender-segregated facilities⁶.

¹ United Nations: Peace, dignity and equality on a healthy planet: Refugees: <https://www.un.org/en/global-issues/refugees#:~:text=Among%20those%20were%2036.4%20million,in%20need%20of%20international%20protection%20>.

² UNHCR, Operational Data Portal: <https://data.unhcr.org/en/situations>

³ Friedman, J. (2016) Sexual and gender-based violence against refugee women: a hidden aspect of the refugee "crisis", *Reproductive Health Matters*, 24:47, 18-26, DOI: 10.1016/j.rhm.2016.05.003

⁴ European Asylum Support Office (EASO) Migration and Home Affairs https://home-affairs.ec.europa.eu/networks/european-migration-network-emn/emn-asylum-and-migration-glossary/glossary/european-asylum-support-office-easo_en

⁵ European Commission: Reception Conditions: https://home-affairs.ec.europa.eu/policies/migration-and-asylum/common-european-asylum-system/reception-conditions_en

⁶ European Asylum Support Office (EASO)(2019): Guidance on asylum procedure: operational standards and indicators

GREECE: ACCOMMODATION AND VULNERABILITY ASSESSMENT

- In early 2020, thousands of asylum seekers/refugees were moved from Athens to remote camps, leading to 11,000 recognized refugees being evicted without support.⁷
- ESTIA II Program Closure: By late 2022, 1,843 were in ESTIA II housing. Its closure in December 2022 led to increased relocations to remote camps. The end of ESTIA II was⁸ predicted to result in 10,000 evictions, impacting vulnerable groups like torture survivors⁹.
- Precarious Housing Situation: Half of the international protection beneficiaries face precarious housing conditions, with a lack of shelters or financial support.
- HELIOS Integration Support Challenges: Despite enrolling 22,980 refugees, only 9,203 accessed rental subsidies. The program struggles with bureaucratic and language barriers, increasing the risk of homelessness for vulnerable refugees. The program ended in early 2024.¹⁰
- Greece has faced criticism for its handling of refugee women, especially in its detention centres and overcrowded camps like those on the islands of Lesbos and Samos¹¹.
- Greece has been implementing vulnerability assessments in reception sites, which include screenings for gender-based violence (GBV). In 2022, 4,805 persons were identified as presenting vulnerability indicators.¹²

SPAIN: ACCOMMODATION AND VULNERABILITY ASSESSMENT

- Spain's asylum seeker reception, overseen by the Ministry of Social Inclusion and NGOs, faces increased arrivals, impacting its capacity, particularly in Ceuta and Melilla.
- Asylum seekers stay in reception centres or NGO accommodations for up to 6 months, with generally good conditions and access to activities and training¹³.
- In the Canary Islands, rising arrivals lead to temporary accommodations like encampments and hotels, but challenges in living conditions persist, particularly in informal settlements.
- A new decree on reception in Spain emphasizes the need for a vulnerability assessment conducted by trained professionals, as directed by the Ministry of Migration. This is aimed at improving the identification and support of vulnerable individuals within the asylum process.¹⁴

LIMITATIONS AND RECOMMENDATIONS

- Analyses reveal that the persistent shortage of accommodations and overcrowding in Greek camps significantly heightens the risk of gender-based violence (GBV). To mitigate this, efforts should focus on decongesting these camps and developing a comprehensive plan to support and accommodate refugee women, with a special emphasis on GBV survivors, to prevent them from facing homelessness.
- Enhance GBV policies and integrate gender-sensitive approaches in reception sites as well as in the overall asylum program framework. To achieve this, it's crucial to have professionals trained in these

⁷ Greenwood, P. (2022) The Greek government wants a refugee-free capital by 2023 <https://hyphenonline.com/2022/12/02/the-greek-government-wants-a-refugee-free-capital-by-2023/>

⁸ FENIX AID (2020) Closure of ESTIA II: thousands of extremely vulnerable asylum seekers to be left without humane and adequate accommodation and proper care <https://www.fenixaid.org/articles/closure-of-estia-ii-thousands-of-extremely-vulnerable-asylum-seekers-to-be-left-without-humane-and-adequate-accommodation-and-proper-care>

⁹ Asylum Information Database: AIDA: Housing Greece: <https://asylumineurope.org/reports/country/greece/content-international-protection/housing/>

¹⁰ DIOTIMA (n.d.) Refugees in Greece: risk of homelessness and destitution for thousands during winter: <https://diotima.org.gr/en/refugees-in-greece-risk-of-homelessness/>

¹¹ European Agency for Fundamental Human Rights (2023) ASYLUM AND MIGRATION: PROGRESS ACHIEVED AND REMAINING CHALLENGES.

¹² Asylum Information Database(2023).Identification (<https://asylumineurope.org/reports/country/greece/asylum-procedure/guarantees-vulnerable-groups/identification/>)

¹³ Asylum Database (2023) Conditions on Reception Facilities in Spain <https://asylumineurope.org/reports/country/spain/reception-conditions/housing/conditions-reception-facilities/>

¹⁴ European Agency for Fundamental Human Rights (2023) ASYLUM AND MIGRATION: PROGRESS ACHIEVED AND REMAINING CHALLENGES.

areas for early detection of GBV. Efforts should be made to minimize barriers facing women, including legal, linguistic, and cultural obstacles, to ensure effective support and protection.

- Adopt a more collaborative approach involving NGOs, grassroots initiatives, and local governments to improve living conditions and protection for women affected by GBV. This cooperation should aim at creating a supportive network that enhances the safety and well-being of GBV survivors through shared resources, expertise, and effective policy implementation.¹⁵
- To ensure the effectiveness of policies addressing GBV, there is a need for more comprehensive data collection and research. This should focus on monitoring the prevalence of GBV incidents, evaluating the impact of current policies, and identifying areas for improvement. Regular analysis and feedback mechanisms will help in continuously refining these strategies for better outcomes.

¹⁵ European Institute For Crime Prevention And Control, Affiliated With The United Nations (2020). Why Refugee Women Victims Of Gender-Based Violence Do Not Receive Assistance In The EU,

GLOBAL POLICY ANALYSIS: 1325 RESOLUTION

The Beijing Declaration and Platform for Action, established in 1995, underscored the importance of gender equality in all aspects of life, paving the way for the adoption of United Nations Security Council Resolution (UNSCR) 1325 in 2000. This resolution marked a pivotal shift in international peace and security strategies, highlighting the necessity of integrating gender perspectives and ensuring women's participation in all phases of peacebuilding and conflict resolution.

UNSCR 1325 stands out for its introduction of four fundamental pillars: enhancing women's participation in decision-making processes, safeguarding women from gender-based violence, and implementing gender-sensitive approaches in relief and recovery efforts. This groundbreaking resolution laid the groundwork for subsequent initiatives, notably UNSCR 1889 (2009), which specifically targets women's involvement in peace processes and their socio-economic rights, emphasizing the need to address gendered socio-economic disparities in conflict and post-conflict contexts.

Recognizing the challenges in post-conflict reconstruction, where societies are at significant risk of reverting to conflict, UNSCR 1325 acknowledges that effective conflict transformation is vital for achieving sustainable development. This understanding is crucial since gender plays a pivotal role in sustainable development processes. According to UNSCR 1325, integrating women's experiences and needs into political and social decisions is essential for enhancing their participation in peace processes and upholding their rights in post-conflict settings (Nazeemudeen, 2019). This comprehensive approach ensures that gender equality is not only a goal in itself but also a fundamental means to achieve lasting peace and development.

INTEGRATION OF GENDER IN PEACEBUILDING

Integrating gender perspectives in peacebuilding is crucial for social justice, legitimacy, inclusion, and accountability, with women's associations playing a key role in monitoring these activities. A gender-sensitive approach in post-conflict interventions promotes political inclusion, reduces gendered poverty, and supports social and economic cohesion. This approach, rooted in equity, is essential for sustainable peace and equality, offering opportunities to improve women's rights and reshape gender dynamics. Additionally, a gender lens helps identify the root causes of conflict, including societal norms around masculinity and violence, and assesses the gendered impact of conflict, such as increased violence against women and their changing roles in society. This understanding might aid development agencies in creating targeted programs addressing women's specific needs and challenges in post-conflict scenarios.

CHALLENGES AND LIMITATIONS

While UNSCR 1325 was a significant milestone in recognizing women's vulnerabilities in conflict, its effectiveness is limited by the necessity for substantial changes in social structures, which hampers the empowerment process for women and the recovery of livelihoods.

In post-conflict scenarios, there is a unique opportunity for social transformation and the advancement of gender equality. Women's empowerment and participation are crucial for lasting peace and

development. However, post-conflict programs often fail to address the changes in gender roles during and after conflicts adequately. Major challenges in enhancing women's economic empowerment include facilitating access to resources, and enabling control over income for strategic life decisions. Gender-sensitive approaches in post-conflict interventions need to comprehensively assess women's skills, vulnerabilities, and responsibilities, aiming to dismantle gender discrimination and ensure equitable access to resources.

Moreover, the presence of women in decision-making and political spheres remains insufficient. Economic empowerment is essential for ensuring their effective participation and equality. Without economic stability, women's ability to make independent social choices and engage in decision-making is compromised.

A critical limitation of UNSCR 1325 is the lack of robust international enforcement mechanisms, often leading to the marginalization of women's roles in peace processes and the continuation of violence against them. Additionally, there is a significant oversight in the resolution: the sexual violence against boys and men, which is also a prevalent issue in conflict and post-conflict situations, is largely neglected. This omission highlights the need for a more inclusive approach that addresses the experiences of all genders. To fully realize the goals of UNSCR 1325, stronger implementation strategies and a commitment to addressing these gaps, including the experiences of violence against boys and men, are essential at both the international and local levels.

RECOMMENDATIONS

To enhance the effectiveness of United Nations Security Council Resolution 1325, a more comprehensive approach should be adopted. This approach should include the following measures:

1. Address Violence Towards Men and Boys: Expand the scope of the resolution to acknowledge and address violence against men and boys in conflict situations. Recognizing that gender-based violence affects all genders is crucial for a more inclusive approach to peacebuilding.

2. Data collection: Invest in research and data collection to better understand the impact of conflict on different genders. This data should include qualitative and quantitative information about the experiences of both women and men in conflict and post-conflict situations.

3. Ensure Enforcement Mechanisms: Develop robust international and national enforcement mechanisms to ensure compliance with the resolution. This could include sanctions for non-compliance or incentives for countries that effectively implement gender-sensitive policies in line with UNSCR 1325.

4. Enhance women's empowerment and participation by facilitating their access to education, healthcare, and economic opportunities, and by encouraging their active role in political decision-making. Adopt a feminist perspective in post-conflict efforts to combat gender inequality and power imbalances, while striving to eliminate discrimination and promote peace and gender equality. Recognize and address the diverse experiences of women, influenced by caste, class, and sexual orientation, through an intersectional approach.

5. Foster global collaboration and exchange of best practices in implementing UNSCR 1325 by encouraging nations and organizations to share successful strategies and learn from various international experiences. This involves analyzing both successes and failures across different contexts to enhance understanding and address the resolution's limitations. Such collaborative efforts can lead to more strategic, effective solutions and innovation in peacebuilding and gender equality.

Conflict often reshapes women's roles, challenging established gender norms and offering chances for societal change. Women's diverse roles in conflicts - as victims, perpetrators, and peacemakers - can shift traditional gender dynamics. However, post-conflict settings pose challenges; while conflicts may temporarily elevate women's status, these gains often are not sustained, with women reverting to traditional roles and reinforcing gender hierarchies. The critical question is how to effectively leverage the momentum of post-conflict situations to implement and sustain gender equality. Enhancing this momentum requires gender-sensitive approaches that thoroughly evaluate women's skills, vulnerabilities, and responsibilities, and create environments that challenge gender discrimination and promote equal access to resources.

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HUMAN RIGHTS POLICY PAPERS

By

Gaia De Salvo

Policy analysis: abortion care in Italy - By Gaia De Salvo

Definitions and relevant legal texts

Article 12(1) of the International Covenant on Economic, Social, and Cultural Rights (ICESCR) states: *the States Parties to the present Covenant recognize the right of everyone to enjoy the highest attainable standard of physical and mental health.*

The right to sexual and reproductive health is widely considered to be part of the right to health enshrined in this treaty, as clarified by the Committee on Economic Social and Cultural Rights¹ and as included in the Convention on the Elimination of all Forms of Discrimination Against Women in its own article 12(1).

As we look towards the 2030 Agenda for Sustainable Development, we cannot ignore Goal 3 on good health and well-being and Goal 5 on gender equality, specifically on sexual and reproductive health care, Goal 3 (7) asserts: *by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes*².

Per the Special Rapporteur on the right of everyone to enjoy the highest attainable standard of physical and mental health, sexual and reproductive health encompasses not only maternal health but also contraceptive information, goods and services, and safe abortion care³. This is reiterated by an older, yet not less important, document: the Beijing Declaration and Platform for Action from The Fourth World Conference on Women which states: *In circumstances where abortion is not against the law, such abortion should be safe*⁴.

Safe abortion care can be viewed through the AAAQ framework as available, accessible, acceptable, and of quality⁵. In proceeding with this report, I will analyze the adequacy of abortion care in Italy, specifically focusing on availability and access to voluntary termination in the country.

Italian reality

Access to abortion in Italy is regulated by Law 194/1978 and was allowed after years of social movements asking for the right to choose. The law substitutes the quasi-total ban on abortion from the Fascist era

¹ [General comment No. 22 \(2016\) on the right to sexual and reproductive health \(article 12 of the International Covenant on Economic, Social and Cultural Rights\)](#)

² [Transforming our world: the 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs](#)

³ Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172), para. 20.
<https://documents.un.org/doc/undoc/gen/n21/195/83/pdf/n2119583.pdf?token=wsqyySlkCjzvORMQkJ&fe=true>

⁴ [Resolution 1 Beijing Declaration and Platform for Action* The Fourth World Conference on Women, Having met in Beijing from 4 to, para 106.k](#)

⁵ [International Covenant on Economic, Social and Cultural Rights](#) General Comment No. 14 (2000) and [General comment No. 22 \(2016\) on the right to sexual and reproductive health \(article 12 of the International Covenant on Economic, Social and Cultural Rights\)](#)

towards a model of “partial decriminalization, medicalization, hospitalization, and a quasi-monopoly over abortion procedures in public health care.”⁶

The availability of facilities, goods, and services related to abortion care in Italy was established in Article 8 of Law 194/1978, which identifies the medical doctor working in an obstetric/gynecologic department as the sole health worker authorized to provide abortion services and also establishes a public hospital or a private hospital with a specific licence (4% of total abortions in 2021⁷). The availability and accessibility of abortion care in Italy is put in peril because of the refusal to provide abortion services based on conscience; indeed, the number of conscientious objectors in the country is 63.4%, with southern Italy at 78.5%⁸.

This situation causes some pregnant women to travel to different parts of the country to receive abortion care, incurring personal and economic costs. This is deemed to cause intersectional discrimination, taking into account factors such as gender, geographical location, health status, and socioeconomic disadvantages, as explained in the decision on the merits of the European Committee on Social Rights, IPPF EN v. Italy in 2013⁹, followed by another in 2015¹⁰ and further follow-up assessments that have continued to highlight breaches to the right to health in the country when it comes to abortion care.

Policy recommendations

- Implement incentives to encourage private healthcare facilities to offer abortion services. This could involve financial support, streamlined licensing processes, or tax benefits to incentivize private institutions to contribute to the provision of safe abortion care.
- Develop support programs to encourage healthcare professionals who do not object to abortion to work in regions with limited access to abortion services. This could involve offering relocation bonuses, professional development opportunities, and other benefits to attract qualified medical professionals to underserved areas.
- Provide financial assistance or subsidies to women who need to travel to access abortion care or seek private services because of conscientious objections in their local healthcare facilities. This could include covering travel expenses, accommodation costs, and medical fees to alleviate the financial burden of women seeking abortion services.

By implementing targeted policies aimed at expanding access, incentivizing service provision, and supporting marginalized individuals, Italy can move closer to realizing the principles of reproductive rights and gender equality outlined in international agreements.

⁶ Caruso, E. (2023). The hyper- regulation of abortion care in Italy. *International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics*, 163(3), 1036–1042. <https://doi.org/10.1002/ijgo.15150>

⁷ [Relazione del Ministro della Salute sulla attuazione della legge 194/78 tutela sociale della maternità e per l'interruzione volontaria di gravidanza - dati 2021](#)

⁸ *ibid.*

⁹ [HUDOC-ESC](#)

¹⁰ [Confederazione Generale Italiana del Lavoro \(CGIL\) v. Italy Complaint No. 91/2013 REPORT TO THE COMMITTEE OF](#)

Abortion rights in Europe, a comparative study - by Gaia De Salvo

The European Union as a political body is at the forefront in the international sphere in protecting human rights, markedly as it concerns women's rights. Today, almost all European countries allow abortion at least in the first trimester of pregnancy, either on request or on broad social grounds; furthermore, nearly all permit interruption of pregnancy when such a status would harm the health or life of a pregnant person. Despite such progressive liberalization, happening over the last eighty years, there is still a small minority of countries maintaining highly restrictive laws which in almost all circumstances make it impossible to terminate a pregnancy.¹ As per the World Health Organization, *lack of access to safe, timely, affordable and respectful abortion care poses a risk to not only the physical, but also the mental and social, well-being of women and girls (...) When women with unwanted pregnancies face barriers to obtaining quality abortion, they often resort to unsafe abortion.*²

In this policy brief I will discuss three countries in the EU which have had severely restrictive abortion laws, and analyze the developments both social and legal of access to voluntary termination. Such countries are Ireland and Poland. These are geographically distant and culturally diverse yet similar in their catholic roots and past domination by the UK and USSR respectively. Ireland and Poland have nonetheless followed slightly diverging paths as regards reproductive rights: Ireland, a longtime anti-abortion country, has legalized the procedure in 2018 with positive results; Poland, a post-soviet country, has gone from providing abortions to almost fully banning them in the 90s and is now being discussed. From this brief description we can denote different progressions in Ireland and Poland, when it concerns abortion care. I will now go deeper in my analysis, focusing on social movements and the stories that enraged and propelled them.

Ireland

In 2019, the predominantly Catholic nation significantly eased its strict prohibition on abortion, prompted by a decisive referendum outcome in 2018. Prior to this change, about 3,000 women annually traveled to Britain to undergo terminations with significant personal and financial costs.

The matter gained significant attention in 2012 when Savita Halappanavar, a dentist experiencing a miscarriage of a desired pregnancy, tragically succumbed to sepsis at 31 after medical professionals declined to terminate her pregnancy despite the fetus not being viable, Dr. Halappanavar was told "it is a Catholic country" and it is against the law to terminate when the fetus still has a heartbeat, said her husband³. An investigation on the matter then ruled that confusion over the country's abortion law was the cause of the death.⁴

Savita became a symbol of the movement to change abortion legislation in the country which was successful thanks to cultural shifts linked to the emergence of new feminist organizations who encouraged women to speak out about their experience, a decline in the moral authority of the Catholic Church and in its influence on political and public matters, and the lack of positioning on the issue from traditionally conservative political elites.⁵

¹ See [European Abortion Laws A Comparative Overview](#)

² See [Abortion](#)

³ See [Woman dies after abortion request 'refused' at Galway hospital - BBC News](#)

⁴ See [Investigation of Incident 50278 from time of patient's self referral to hospital on the 21](#)

⁵ Cullen, P., & Korolczuk, E. (2019). Challenging abortion stigma: framing abortion in Ireland and Poland. *Sexual and Reproductive Health Matters*, 27(3), 1686-197. <https://doi.org/10.1080/26410397.2019.1686197>

Presently, abortion is permissible within the first 12 weeks of gestation, and later in cases where the fetus has a terminal ailment or when the woman's health is endangered.

Poland

The perception of abortion in Poland is closely linked to post-communist reconstruction efforts, with supporters of stricter regulations framing them as a rejection of the communist past and a reaffirmation of traditional Polish values, particularly those tied to Catholicism. The Church played a significant role in shaping anti-abortion discourse and legislation. By the late 1990s, this discourse had gained dominance, shifting the narrative around abortion to equate it with "killing a human being," while women's voices and rights arguments diminished.

Efforts to challenge the 1993 law intensified from around 2011, with some seeking to restrict while others aimed to liberalize regulations. Mass protests in 2016 and 2017 led to a noticeable liberalization in public attitudes toward abortion, but significant portions of the population still support its prohibition.

The 2020 ruling by the Constitutional Court effectively outlaws most abortions in Poland, permitting them only in cases of rape, incest, or threat to the mother's life. The death of a 30 year-old woman identified as Izabela from septic shock during her 22nd week of pregnancy in November 2021 sparked outrage. Reproductive rights activists say that she was the initial casualty of the 2020 ruling, protests erupted in Warsaw, Krakow, and other locations on Monday evening, with individuals holding candlelight vigils in her memory.⁶

The newly appointed liberal Prime Minister, Donald Tusk, has pledged to introduce legislation allowing abortions up to 12 weeks into pregnancy, but conservative President Andrzej Duda may veto such legislation. The population is now evenly split on the issue, with abortion stigma attributed to women fighting for access to abortion (feminists), while women who have undergone abortions being portrayed as victims. This characteristic aligns with discourses articulating Polish national identity in ethnic terms. Community-oriented arguments, presenting abortion as a threat to Polish culture and nation, further validate these links. The intertwining of anti-abortion and nationalist discourses may explain the prevalence of community-oriented arguments in Polish anti-abortion discourse.⁷

Conclusion

These two case studies have shown the breadth of discourse on abortion and the use of real-life cases by protest movements. This analysis has also highlighted how contextual factors affect the fight for safe and accessible abortion care. Ireland, once a stronghold of anti-abortion sentiment, underwent significant liberalization in 2018 following cultural shifts, declining influence of the Catholic Church, and a successful advocacy campaign based on women's lived experiences. In contrast, Poland's perception of abortion has been deeply entwined with post-communist reconstruction efforts, the intertwining of anti-abortion discourse with nationalist narratives in Poland adds complexity to the issue, making it more difficult for social movements to push for reproductive rights despite significant efforts and some successes. Both cases underscore the ongoing challenges and complexities surrounding abortion rights, the importance of grassroots activism, and the role of political leadership in advancing reproductive justice.

⁶ See [Polish activists protest after woman's death in wake of strict abortion law | Poland | The Guardian](#)

⁷ Inga Koralewska & Katarzyna Zielińska (2022) 'Defending the unborn', 'protecting women' and 'preserving culture and nation': anti-abortion discourse in the Polish right-wing press, *Culture, Health & Sexuality*, 24:5, 673-687, <https://doi.org/10.1080/13691058.2021.1878559>

The Status of Abortion Policy

Gaia De Salvo

Introduction

There has been a global shift towards liberalizing abortion laws. Globally, there has been an overwhelming trend towards liberalization of abortion laws, granting more and more women autonomy over their bodies. Despite this trend, 40% of women worldwide, amounting to 753 million individuals, live under restrictive abortion laws, leading to unsafe procedures, health risks, and socioeconomic burdens¹. Research shows that countries with more liberal abortion laws experience a decrease in abortion rates, with a 12% increase in countries with severe restrictions and a 43% decrease in countries where abortion is generally legal from 1990-94 to 2015-19². The 1994 International Conference on Population and Development (ICPD) in Cairo and the subsequent Beijing Platform for Action emphasized the importance of safe and accessible legal abortion, recognizing unsafe abortion as a significant public health concern³.

The worst records for reproductive rights and abortion cases at a global level are in Africa and the Americas. In this paper I will discuss policies in these areas, highlighting the relevance and advocacy of regional organizations and the dynamics accounting for increase and decrease of liberalization.

Africa

Abortion care in Africa has been enshrined in the 2003 African Union (AU) treaty, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol, ratified by 43 AU members. The Maputo Protocol is indeed the first pan-African treaty to explicitly recognize abortion as a human right, under specific circumstances: sexual assault, rape, incest, life-threatening fetal anomalies, when the continued pregnancy endangers the woman's mental and physical health or her life.⁴

As stated by the Special Rapporteur on the Rights of Women in Africa: *criminalising abortion violates many basic human rights, including the right to life, liberty, security, health, and freedom from torture. (...) This situation is often grounded in colonial laws that have never been abolished*⁵, as we have seen in Kenya with its abortion law being linked to the British penal code, changed with the 2010 constitution expanding the grounds to allow abortion in cases of emergency or when the mother's health is at stake. Similarly, in Chad and Guinea strict legislation dating back to the 1810 Napoleonic Code imposed by France has been substituted by laws allowing for abortion in cases of rape, incest, or fetal impairment.⁶

Despite regional treaties and AU advocacy on the issue, more than 9 out of 10 African women of reproductive age live in countries with restrictive abortion laws and only 1 in 4 abortions are performed safely—by a qualified medical provider in an environment that meets minimum medical standards.⁷ Liberal abortion policies have been enacted in few countries: Algeria, Benin, Ethiopia, Liberia, Sierra Leone, South Africa, and Tunisia.

¹ Topcu EG, Ramirez A, Ubom AE. A global study on the abortion views and knowledge of trainee obstetrician-gynecologists. *Int J Gynecol Obstet.* 2023; 163: 453-460. doi:10.1002/ijgo.15119

² [Abortion Law: Global Comparisons | Council on Foreign Relations](#)

³ [ABORTION UN OHCHR](#)

⁴ [Applying the Maputo Protocol Can Reduce Unsafe Abortions](#)

⁵ [Statement by the Special Rapporteur on the Rights of Women in Africa, on the Occasion of the "Global Day of Action for Access to Safe and Legal Abortion"](#)

⁶ [Abortion Law: Global Comparisons | Council on Foreign Relations](#)

⁷ [Applying the Maputo Protocol Can Reduce Unsafe Abortions](#)

Americas

Similarly to Africa, in the Americas regional human rights bodies have taken the forefront in denouncing inadequate and/or regressive abortion laws, on the effects of the overturning of *Roe v. Wade* in the USA (the landmark case which protected abortion rights at a federal level), the Inter-American Commission on Human Rights has declared it is *concerned about the risks to women's health and lives given the restrictions on access to abortion care, which could have an impact on the increase in maternal mortality rates in the country*⁸, emphasizing the intersectional issues related to lack of abortion access and reiterating its concern about *regressive measures that prohibit or restrict access to the interruption of pregnancy, including in cases of rape or incest, danger to the life of the woman or pregnant person, and obstetric emergencies*.⁹

The set backs to the state of abortion in the USA, in which at least 13 states have banned or severely restricted abortion, and Honduras in which it has been forbidden to terminate a pregnancy under any circumstance (even rape, incest, or if the life of the mother is in danger) since 1985, and since 2021 the Congress has explicitly added the ban to the country's constitution, have been a minority as decriminalization has been a trend, especially in Latin America.

Indeed, thanks to efforts of the green tide transnational reproductive rights movement, in 2020 Argentina legalized abortion¹⁰ after it having constituted a crime since the late 19th century; in 2021 the Mexican Supreme Court ruled to decriminalize abortion, stating that national laws prohibiting the procedure were unconstitutional and in violation of women's rights¹¹; in 2022 Colombia the Constitutional Court of Colombia decriminalized abortion legalizing it up to 24 weeks, among the most progressive abortion laws in the world.¹² Brazil's highest court is also set to rule upon the issue in the wave of the green tide movement.¹³

Conclusions and recommendations

Even in these 'worse-off' regions, we have witnessed a general progression towards broader access to abortion care, often due to the advocacy of women's rights movements and human-rights approaches supported by regional organizations. However, there is still much work to be done, particularly given the precarious nature of the progress made. For example, the recent election of anti-abortionist leader Milei in Argentina may jeopardize the success of the 2020 law. Similarly, we've observed setbacks, such as Trump-appointed judges in the US Supreme Court overturning the *Roe v. Wade* precedent, effectively nullifying federal protection for abortion rights.

To ensure the protection of the most vulnerable segments of the population, it is imperative to incorporate an intersectional dimension into abortion care. Indeed, the intersection of discriminations based on health status, socioeconomic status, race, ethnicity, and religion often results in disproportionate disadvantages and is associated with stigma, higher mortality rates, and challenges in accessing safe abortion care.

⁸ [IACHR: The United States must protect and guarantee women's right to reproductive health](#)

⁹ *Ibid.*

¹⁰ [Explainer: Abortion Rights in Latin America | AS/COA](#)

¹¹ [Mexico decriminalizes abortion, extending Latin American trend of widening access to procedure | AP News](#)

¹² [Causa Justa Lawsuit to Decriminalize Abortion in Colombia \(Colombian Constitutional Court\) - Center for Reproductive Rights](#)

¹³ [Brazil's Supreme Court A Step Closer to Decriminalizing Abortion | Human Rights Watch](#)



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