

Gynaecological & obstetric violence



This paper aims to provide a definition of gynaecological and obstetric violence and make recommendations to European and national decision-makers on how to tackle it. For more details, notably regarding the prevalence of this form of violence in Europe, read our [longer paper](#).

Gynaecological and obstetric violence – Definition and root causes

Gynaecological and obstetric violence refers to a type of violence perpetrated in healthcare settings during the provision of gynaecological and obstetric care. It is an umbrella term that encompasses a variety of neglectful, demeaning, abusive or harmful practices. It can happen **throughout the lifecycle**¹, when seeking gynaecological examinations, access to contraception, abortion care, after miscarriages, during fertility treatments, pregnancy, and childbirth.

Gynaecological and obstetric violence is a form of **gender-based violence**, targeting women because they are women², and stemming from deeply rooted gender norms within patriarchal societies and male-dominated health systems. **Multiple and intersecting forms of discrimination** significantly increase the vulnerability of women from certain groups to this form of violence, e.g. Roma women, women of colour, women living with a disability, LGBTIQ+ women, socio-economically disadvantaged women, etc.

Gynaecological and obstetric violence is also a form of **institutional violence**, rooted in structural power imbalances within established healthcare institutions. It is enabled by the **inherent power imbalance** between doctors and their patients, a **lack of effective and impartial complaints and accountability mechanisms**, and a **lack of awareness and empowerment of patients** due to the normalisation of such violence. Only recently have women in Europe started to speak out about being mistreated by healthcare professionals.³

The types of gynaecological and obstetric violence:

Gynaecological and obstetric violence can take many forms. The categories below are not mutually exclusive, nor exhaustive:

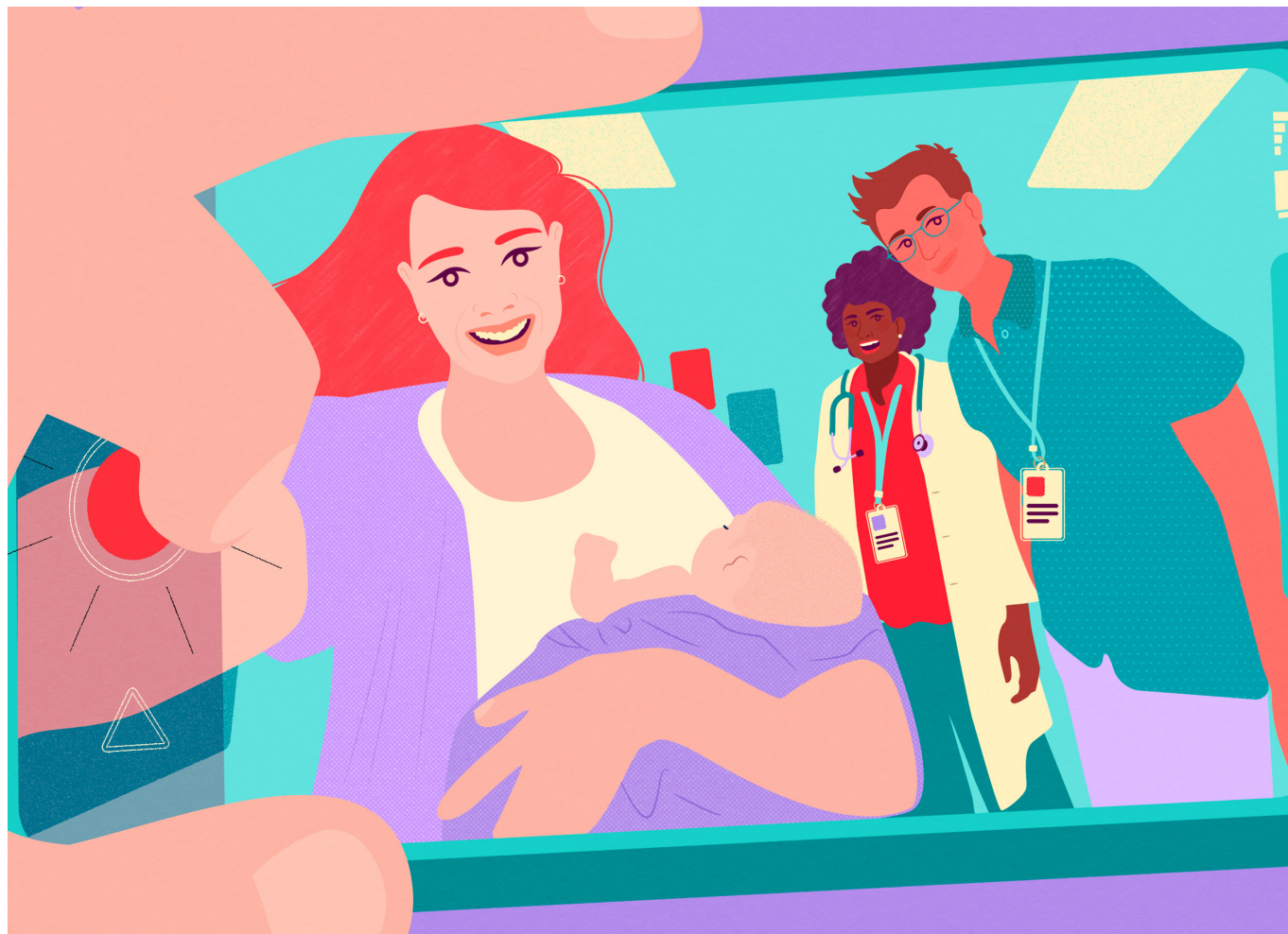
Psychological and physical violence: including humiliation, shaming / judgemental / sexist remarks, verbal abuse, lack of respect for privacy and confidentiality, as well as physical abuse.

Forced/non-consensual acts, carried out without free, prior, and informed consent, including – but not limited to – **non-consensual internal (vaginal or rectal) examinations**, which amount to sexual violence, and **forced contraception, forced sterilisation, forced abortion**⁴.

Routine, not medically necessary procedures, carried out in non-compliance with clinical guidelines⁵, for cost-effectiveness purposes, or the convenience of healthcare professionals, such as: **routine induction of labour, fundal pressure⁶, routine C-sections, routine episiotomies, the "husband's stitch"**⁷ – which is never medically justified.

Delay or refusal of care: including delay or refusal to administer pain management medication. It also encompasses delay or refusal to provide abortion care.

Mistreatments during abortion care⁸ are often perpetrated by anti-choice healthcare professionals, who oppose the right to abortion or hold stigmatising views on abortion, and attempt to dissuade, control or punish women who choose an abortion⁹. Mistreatments during, and denial of abortion care have been condemned by human rights experts as a form of gender-based violence that may amount to torture or ill treatment.¹⁰



Best practices and recommendations

Gynaecological and obstetric violence was first conceptualized and criminalised in Latin American countries over 15 years ago. Since then, it has been increasingly recognised and condemned by the international, and European, community¹¹. Despite this, actions taken by European countries to prevent and address it are scarce and remain insufficient. We call on the EU and its Member States to:

→ Adopt criminal laws to prohibit gynaecological and obstetric violence.

No European country has put in place criminal legislation prohibiting gynaecological and obstetric violence. Only [Catalonia](#) (Spain) has defined it in non-criminal legislation as a form of sexist violence¹². At the European level, this could be done, for instance, through the proposed EU [Directive](#) on Violence against Women and Domestic Violence.

→ Adopt policies and protocols to prevent and address gynaecological and obstetric violence, including measures to ensure informed consent of women and people who can become pregnant, and independent reporting and accountability mechanisms.

In Belgium, the [Wallonia-Brussels Federation's Action Plan](#) to combat Violence Against Women (2022-2024) includes measures to prevent gynaecological and obstetric violence, including during abortion care. At the European level, recommendations could be made to Member States through the upcoming EU Recommendation on Harmful Practices.

→ Collect more disaggregated data on all forms of gynaecological and obstetric violence and put in place national observatories on gynaecological and obstetric violence.

Studies were commissioned and funded by governments in [France](#), and in [Belgium](#), Wallonia-Brussels Federation. Observatories have been set up in France, [Italy](#), [Spain](#), and soon in Belgium. At the EU level, the European Institute for Gender Equality could do an EU-wide survey.

→ Train healthcare professionals in order to tackle sexism and intersecting discrimination, and to ensure a gender-sensitive, non-discriminatory, and patient-centred approach, fully respectful of women's right to informed consent and decisions over their own bodies.

→ Raise awareness on the issue of gynaecological and obstetric violence among the general population and inform women and people who can get pregnant of their rights and how to exercise them.

NOTES

1. More precisely, gynaecological violence can happen at any stage of life, while obstetric violence happens specifically during pregnancy, labour and just after childbirth.
2. For the purpose of this paper, we use the term 'women' to designate all people who need gynaecological and obstetric care.
3. In Europe, these include campaigns in: Italy; ([#bastatacere: le madri hanno voce](#)); Croatia ([#PrekinimoSutnju](#)); France ([#PayeTonUterus](#)); the Netherlands ([#Genoeggezwegen](#)); Hungary ([#Mássalapotot](#)); and Finland (the Roses revolution and [#Minä Myös Synnyttäjänä](#)).
4. Forced abortion and forced sterilization are prohibited by the [Istanbul Convention](#). Forced sterilization was condemned by [UN agencies](#), as violating a person's right to be [free from torture](#) and ill-treatment. It has been used as a tool for social and population control, particularly targeting Roma women, those living with disabilities, and transgender persons.
5. See WHO guidelines on [antenatal and intrapartum care, induction of labour, and reducing unnecessary C-sections](#).
6. Fundal pressure is the outdated technique of manually applying pressure or pushing downward at the top of the pregnant person's uterus during vaginal birth. It is not recommended by [WHO](#), and potentially harmful to women.
7. Stitching an episiotomy or the vaginal tear tighter, supposedly to increase the male partner's pleasure during sex.
8. Such as refusal to give painkillers, deny access to key information such as results of genetic tests, stigmatising and shaming psychological abuse to convince women to continue pregnancies, all the way to denial of abortion care.
9. The UN [Human Rights Committee](#) recognised that gender stereotypes require that "women should continue their pregnancies regardless of the circumstances, their needs and wishes, because their primary role is to be mothers and caregivers."
10. [UN Special Rapporteur on Torture](#): "The denial of safe abortions and subjecting women and girls to humiliating and judgmental attitudes in such contexts of extreme vulnerability and where timely health care is essential amount to torture or ill treatment". Committee on the Elimination of Discrimination against Women, [General Recommendation](#) no35: "forced pregnancy, criminalisation of abortion, denial or delay of safe abortion and post-abortion care, forced continuation of pregnancy, abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment." European Court of Human Rights: [R.R. v. Poland, P and S v. Poland](#).
11. The [World Health Organisation](#) in 2014, the [UN Special Rapporteur on Violence against Women](#) in 2019, the Council of Europe [Parliamentary Assembly](#) and [Commissioner for Human Rights](#), and the [European Parliament](#).
12. Including "forced sterilisation, forced pregnancy, prevention of abortion in legally established cases and prevention to accessing contraceptive methods, as well as gynaecological and obstetric practices that do not respect the decisions, the body, the health and the emotional processes of women". In addition, some EU Member States have adopted laws to prohibit obstruction of abortion care, including harassment in front of healthcare facilities providing abortion care ([France](#), [Spain](#)).



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