

# SERIOUS VIOLATIONS TO THE WOMEN RIGHT TO HEALTHCARE: THE CASE OF UNITED KINGDOM, ITALY AND UNITED STATES

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## 1 INTRODUCTION

This short paper has been prepared for the purpose of the violation of women's right to basic health care. It is an early work exclusively guided by the analysis of official documents of the United Nations. The source of research was the special committee on the elimination of all forms of discrimination against women. And the three developed countries report were analyzed: United Kingdom, Italy and the United States. The aim of this choice is relatively simple. The research, still in its initial phase, seeking to know which are the most frequent forms of violation of the right to women's health. And it seemed useful start the search from the knowledge of what is a violation of this right in countries that have the best tradition of respect for human rights. Further research should also address the case of Brazil and other similar countries, particularly those that are part of the BRICS.

## 2 UNITED KINGDOM

### 2.1 VIOLATIONS BY FAMILIARS ABOVE THE EU AVERAGE: PHYSICAL AND SEXUAL ABUSES AND FEMALE GENITAL MUTILATION

According to the most recent Report on violence against women in United Kingdom, domestic violence is "one of the most pervasive forms of violence against women in the United Kingdom". It is stated that crime surveys reveal that "a 2014 Europe-wide survey on violence against women found that 29 per cent of respondents in the United Kingdom had experienced physical and/or sexual violence committed by a current and/or previous partner since the age of 15." This is above the European Union average for the survey, which was 22 per cent. A 2007 study estimates that at least 66,000 women and girls in England and Wales may be living with the consequences of female genital mutilation (FGM) and 21,000 girls under the age of 8 are deemed to be at risk, based on the countries of origin of women and girls (UNITED NATIONS, 2015, p. 3-4).

### 2.2 VIOLATIONS BY COMMUNITIES: INCREASING OF SEXUAL OFFENCES, RAPE, INTERNET HARASSMENT, GANGS AND RACIAL VIOLENCES.

It is reported that "a total of 60,894 sexual offences were recorded by the police for 2013 across England and Wales, representing an increase of 17 per cent compared to the previous year." Rape also "increased by 20 per cent and other sexual offences by 15 per cent." (UNITED NATIONS, 2015, p. 4). One may find on this Report that media and other reports suggest that some of the increased reporting of sexual offences may be linked to the publicity surrounding the Saville case and Operation Yewtree, which is the investigation operation carried out by Metropolitan Police

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into sexual abuse claims launched in October 2012 in the wake of the Jimmy Savile scandal. Jimmy Savile, a Radio 1 DJ and BBC presenter, died aged 84 in October 2011 - a year before allegations he had sexually abused children were broadcast in an ITV documentary. The claims prompted more than 100 people to come forward to police, giving accounts of how they were sexually abused by Savile on NHS premises and in other places. The reports on 28 hospitals found the late DJ subjected patients, visitors and staff across the country to “truly awful” sexual abuse for more than four decades.

Regarding Internet violence, a recent studies “found that many women and girls had been exposed to harmful behaviours online, including humiliation, harassment, intimidation and “sexting” as a form of bullying. Furthermore, interviewees stated that boyfriends commonly published, and/or threatened to publish, photographs of consensual sexual activity to harass and manipulate women and even force them to engage in sexual activity with the boyfriend and/or their friends (UNITED NATIONS, 2015, p. 6).

Particularly serious is the situation of young girls involved in gangs and its connection with schools omission. Interviewees alleged that some schools turn a blind eye to gang activity in order to protect their reputation. Special Rapporteur mentioned that girls involved with gangs are “often raped and forced to carry drugs and guns. They are pressured to have sex with boys and have been abducted and sexually assaulted for criticizing gang members. They are made to perform sexual acts on several men.” (UNITED NATIONS, 2015, p. 6).

The Report also holds that women and girls from black and minority ethnic communities are specially submitted to consequences of sexual violence include additional fears, pressure, shame linked to family honour and community norms, stigmatization and rejection, because of the silence in these families and communities (UNITED NATIONS, 2015, p. 6).

## 2.3 VIOLENCE PERPETRATED BY THE STATE: PRISON, ABORTION AND UNEMPLOYMENT

It is of particular interest to understand why the Government did not permit a visit to Yarl’s Wood Immigration Removal Centre by the Special Rapporteur. She was simply denied to enter and was informed by the Centre’s director that instructions had been received to deny entry to the Special Rapporteur (UNITED NATIONS, 2015, p. 7). The Report has mentioned that even when it was possible, the direct contact with inmates was not allowed, which particularly affected the gathering of informations. All in all, it is clear that “there is an increase in women being incarcerated, with black and minority ethnic women overrepresented within prisons and immigration detention centres.” (UNITED NATIONS, 2015, p. 7).

In Northern Ireland, a concern is the “restrictive abortion law, under which termination of pregnancy is not allowed in cases of rape or incest, or malformation of the foetus.” (UNITED NATIONS, 2015, p. 7). On the other hand, if the right to work and the right to social security are integral to the right to an adequate standard of living, current cutbacks in public spending often lead to increased unemployment of women (UNITED NATIONS, 2015, p. 12).

### 3 ITALY

#### 3.1 VIOLENCE PERPETRATED BY THE STATE: OVERCROWDING AND UNHEALTHY CONDITIONS OF PRISONS, IMMIGRANTS DO NOT SEEK HEALTH SYSTEM, WOMEN WITH DISABILITIES SUFFER DISCRIMINATION

It is reported that “in the Women’s Detention Centre in Pozzuoli, 12 women, including an 8-month-pregnant woman and an elderly woman in her 60s, were confined in a cigarette-smoke filled cell, with no hot water in the communal bathroom.” Similarly, the “Judicial Psychiatric Hospital in Castiglione delle Stiviere under the Lomabardia regional administration is not only overcrowded but also understaffed.” (UNITED NATIONS, 2012, p. 4).

Challenges faced by irregular migrant women as a consequence of the legislative and policy measures adopted to curb irregular migration include the creation of alternative, illegal facilities which offer them services that cannot be obtained through public entities. “The Special Rapporteur was informed by a CSO in Rome that irregular migrant women do not normally seek access to the justice or health systems in spite of existing laws.” (UNITED NATIONS. Human Rights Council 2012, 9). The fear of being reported and deported and the lack of information on the assistance available to them plays a huge role in such decisions... Owing to prejudices and stereotypes, the public perception generally considers them either as domestic/care workers or as sex workers, depending on their nationality.

Women with disabilities were, for a long time, seen as passive recipients of assistance. The State, society and even family members perceived disabled women as invisible at best, a burden at worst. Girls and women with disabilities tend to be less educated due to the stereotypical opinion that considers them as dependent and in need of care. Educating them is therefore considered not only difficult, but unnecessary.<sup>83</sup> This perception has at times led to an inferior quality of education and, consequently, employment in subordinate roles despite existing legislative and policy frameworks for the integration of people with disabilities.<sup>84</sup> In terms of health care, discussions with a CSO in Imola working with women with disabilities highlighted the absence of consultation with these women to enable them to make informed and appropriate health and family planning decisions (UNITED NATIONS. Human Rights Council 2012, 12).

### 4 UNITED STATES

#### 4.1 DOMESTIC VIOLENCE AND EMBARRASMENTS TO SEEK HEALTH CARE

Similarly to United Kingdom, in US women are victims of domestic violence which arises enormous challenges in terms of their sexual and reproductive health. In terms of health consequences, this sort of violence in US also affect the seek of health institutions once

abusers usually exercise control over victims’ access to contraception, abortion and other reproductive health services. According to the National Domestic Violence Hotline, 25% of 3,169 callers who participated in a recent survey, reported that they had experienced birth control sabotage and pregnancy coercion 18 Women experiencing IPV commonly also experience sexual assault, and abusive partners

often refuse to use condoms and respond violently to women's intentions to use contraception. (UNITED NATIONS, 2011, p. 7).

## 4.2 MILITARY SEXUAL TRAUMA

It is known that Post-traumatic stress disorder (PTSD) and depression, anxiety, adjustment and substance use disorders are the top mental health diagnoses associated with Military Sexual Trauma. When women veterans are at stake, statistics reported revealed that among Veterans using Department of Veteran Affairs (DVA) outpatient healthcare in FY 2009, 21.9% of women Veterans and 1.1% of male Veterans screened positive for Military Sexual Trauma at some time. Of these Veterans with a positive Military Sexual Trauma screen, 52.3% of women and 35.3% of men had an Military Sexual Trauma-related mental health encounter (UNITED NATIONS, 2011, p. 10).

## 5 WOMEN IN DETENTION

The mission carried out in 1998 by the first UN Special Rapporteur on violence against women highlighted the main challenges faced by women in detention, particularly with regards to:

- a) the high rates of incarceration of disadvantaged women, particularly racial minorities;
- b) the severity of sentencing for drug-related offences and the lack of alternative rehabilitation programs, especially for women with children;
- c) the lack of gender-specific health care services including sexual and reproductive health, mental health, substance abuse and counseling for victims of physical and sexual abuse,
- d) the abuse in the use of restraints.

The poor state of health care services for inmates was also flagged as a concern by many interlocutors. Inadequate access to health services in prison and detention facilities is characterized by delays, neglect, and mistreatment of inmates and detainees. Patients with chronic health concerns have complained of the long delays in seeing a doctor, intrusive body searches immediately upon their return from therapy, and regular indifference of staff to requests for special assistance. The inadequacy of dental health care was also raised by a number of interlocutors who point out that some inmates have been waiting for more than two years to see a dentist despite complaints of extreme discomfort and the inability to chew properly. Many of the women in custodial facilities also face inadequate mental health services. Reportedly, 60-80% of women prisoners face substance abuse problems<sup>41</sup> but few received professional treatment. The mental distress of women in detention within the criminal justice system is further increased by the continued practice of cross-gender supervision and searches, the frequent lockdowns, the isolation of inmates, and the general aggressive climate and verbal abuse prevalent within the facilities.

## 6 CONCLUSIONS

When observed as a whole, the three cases reveal serious violations to women right to healthcare. Notwithstanding, which is more dramatic is that this is not completely noticed even in such an important Report as those released by United Nations. It is quite clear that owing to

their experiences of violence and abuse, women victims of violence often present symptoms of depression and other mental health problems. Moreover, there is recognized links between sexual and domestic violence with mental health illness and suicides. Not to mention that self-harms, in cases like such remains a hidden phenomenon.

It is also evident that insufficient attention is paid to the particular intersections of violence, poverty and structural inequality, which is experienced by black and minority ethnic women and which places them at particular risk of suffering depression, anxiety and other mental health issues. This is particularly serious in United Kingdom and Italy where one can find many sorts of treatments in major cities, however, smallest ones are not ready to address the same challenge.

In Italy it was of particular significance cultural aspects related to violence against women. Practices justified on the basis of customs, religions and traditions also facilitate violence against women and girls in some instances. However, in all three countries negative and over-sexualized media portrayals of women and girls include women being predominantly represented in passive and stereotyped roles and often portrayed as victims. Special Rapporteur mentioned as a conclusion that the proliferation of a “celebrity culture” and of beauty advertising has had a tremendous effect on girls’ body image, with 29 per cent of 11-16 year girls being “not at all happy with the way they look”. This fact was seen as a further compounded by the stereotyped portrayal of rape and abuse victims; the underrepresentation of positive news items related to women; and men’s domination in the leadership and shaping of the media industry.

Another negative health consequence for women arises of Intimate Partner Violence. It is very well documented that women submitted to this type of violence are more likely to experience unplanned pregnancies and the contacting of sexually transmitted diseases. During pregnancy, women are at risk of escalated rates of abuse and of greater financial and emotional dependency on their abusers.

As a first an overarching conclusion it is fair to hold that an inadequate system of health sufficiently responsive to gender-specific needs, including the reproductive health needs of women is missing in all these countries. The lack of this type of public policies is far more felt within the prisons, that by their typical complexities posing even more challenges for inmates and potentially discouraging them from seeking needed medical assistance.

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