



## Resolution 2306 (2019)<sup>1</sup>

Provisional version

# Obstetrical and gynaecological violence

Parliamentary Assembly

1. The European Union Agency for Fundamental Rights reports that one in three women in Europe is a victim of gender-based violence. This violence is a violation of human rights and a manifestation of gender discrimination and has long-term consequences on the lives of victims. No area is spared by this scourge, which has been recognised as a public issue for which authorities have a clear responsibility following the adoption and entry into force of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (“Istanbul Convention”, CETS No. 210).

2. The Parliamentary Assembly reiterates its unwavering support for the Istanbul Convention, confirmed in [Resolution 2289 \(2019\)](#) “The Istanbul Convention on Violence against Women: achievements and challenges”. It supports the prevention of and fight against all forms of violence against women and emphasises that awareness-raising activities for the general public are essential in order to put an end to such violence.

3. Obstetrical and gynaecological violence is a form of violence that has long been hidden and is still too often ignored. In the privacy of a medical consultation or childbirth, women are victims of practices that are violent or that can be perceived as such. These include inappropriate or non-consensual acts, such as episiotomies and vaginal palpation carried out without consent, fundal pressure or painful interventions without anaesthetic. Sexist behaviour in the course of medical consultations has also been reported.

4. Obstetrical violence is recognised and punished by law in Argentina and Venezuela. Article 39 of the Istanbul Convention specifically condemns forced abortion and forced sterilisation, but the Convention does not generally address obstetrical and gynaecological violence. Back in 2014, the World Health Organisation (WHO) strongly criticised the disrespectful and abusive treatment that women may suffer while giving birth in hospital. In August 2019, Dubravka Šimonović, United Nations Special Rapporteur on violence against women, its causes and consequences, submitted a report on “A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence” to the General Assembly of this organisation.

5. In a few Council of Europe member States, awareness campaigns have been conducted on social networks and numerous testimonies have been collected in recent years. This greater willingness to talk about the problem and the sharing of experiences have enabled women victims of gynaecological and obstetrical violence to realise that these were not isolated cases. This violence reflects a patriarchal culture that is still dominant in society, including in the medical field. The Assembly reaffirms its commitment to promote gender equality in all areas, which will make it possible to prevent and combat all forms of violence against women, including obstetrical and gynaecological violence.

6. The Assembly commends the work and commitment of health care personnel. It acknowledges that their working conditions in health care institutions can be difficult with staff shortages, limited resources and excessive workloads that can have an impact on the way patients and women about to give birth are treated.

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1. *Assembly debate* on 3 October 2019 (34th Sitting) (see [Doc. 14965](#), report of the Committee on Equality and Non-Discrimination, rapporteur: Ms Maryvonne Blondin). *Text adopted by the Assembly* on 3 October 2019 (34th Sitting).



Nevertheless, it deplures all forms of violence against women, including gynaecological and obstetrical violence, and calls for all necessary preventive measures to be taken and for the human rights of all to be upheld, in particular in the health care context.

7. The prevention and fight against gynaecological and obstetrical violence are not yet considered priorities, but caring and compassionate practices can be promoted in order to ensure humane, respectful and dignified treatment of and support for patients and women about to give birth. The Assembly fully supports the good practices identified by WHO and encourages their dissemination within Council of Europe member States.

8. In the light of these considerations, the Assembly calls on Council of Europe member States to:

8.1. prevent and combat discrimination on whatever grounds in access to health care in general;

8.2. ensure that care is provided in a manner that respects human rights and human dignity, during medical consultations, treatment and childbirth;

8.3. call on the ministries responsible for health and equality to collect data on medical procedures during childbirth and cases of gynaecological and obstetrical violence, to undertake studies on this subject and to make them public;

8.4. disseminate the good practices promoted by WHO and ask national medical associations to discuss this issue and make recommendations to prevent gynaecological and obstetrical violence, in particular through a commission to promote a caring approach in gynaecology;

8.5. conduct information and awareness campaigns on patients' rights and on preventing and combating sexism and violence against women, including gynaecological and obstetrical violence;

8.6. enact and implement legislation on the informed consent of patients and their right to information at the various stages of medical procedures, if this has not yet been done;

8.7. ensure appropriate funding for health care facilities so as to ensure decent working conditions for care providers, respectful and caring reception of patients and women in labour and access to pain relief;

8.8. provide specific training for obstetrician gynaecologists and raise awareness of gynaecological and obstetrical violence as part of this training;

8.9. ensure that the training of doctors, midwives and nurses attaches particular importance to the relationship between care providers and patients, the concept of informed consent, equality between women and men, the reception of LGBTI persons, persons with disabilities and vulnerable persons, communication, the prevention of sexism and violence and the promotion of a humane approach to care;

8.10. propose specific and accessible reporting and complaint mechanisms for victims of gynaecological and obstetrical violence, within and outside hospitals, including with ombudspersons;

8.11. provide for a complaint mechanism for gynaecological and obstetrical violence excluding any mediation, and provide for sanctions, if this is not yet the case, against health-care professionals when a complaint for this kind of violence is proven;

8.12. provide assistance to victims of gynaecological and obstetric violence and ensure that care is provided;

8.13. for those States that have not yet done so, sign, ratify and implement the Istanbul Convention;

8.14. implement Recommendation [CM/Rec\(2019\)1](#) of the Committee of Ministers on preventing and combating sexism.

9. The Assembly also calls on national parliaments to discuss the protection of patients' rights in the context of care and gynaecological and obstetrical violence in order to contribute to public debate and the lifting of taboos.

10. The Assembly encourages non-governmental organisations to continue their efforts to raise awareness and inform public opinion in order to prevent and combat all forms of violence against women, including gynaecological and obstetrical violence.