endabuse

FAMILY VIOLENCE PREVENTION FUND

To: United Nations Division for the Advancement of Women

From: The Family Violence Prevention Fund

RE: Secretary General's Study on Violence Against Women

Date: October 15, 2005

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We at the Family Violence Prevention Fund commend the Secretary General and the United Nations Division for the Advancement of Women for their thoroughness and eagerness to seek input from the NGO community with regard to the Secretary General's Study on Violence Against Women. Below are our suggestions as to the focus of the study and recommendations we hope the study puts forth.

**Key Recommendations**

Essential to all of our work is the belief that violence against women can be stopped and must be stopped if we are to support the human rights of women and be successful in achieving other development goals. We believe that instead of seeing "culture" as an excuse for violence, we must view culture as the source for our solutions. This study must identify practices that are culturally-specific and culturally-relevant and must also look at processes for developing successful practices for the purposes of replication. We also believe that the focus of our actions, and we would hope a key component of the study, should be prevention and early intervention. We must change social norms around gender-based violence through public education, educating men and boys, and highlighting the voices of survivors of violence as leaders of these efforts. For too long, we have focused our work on responding after the fact or attempting to address the ramifications of gender-based violence in development programs, maternal and child health and HIV/AIDS programming. Ending gender-based violence is in and of itself a laudable goal but we also must capitalize on the great opportunity this study provides to draw the links between violence and our health, development and human rights goals. Below is a more detailed discussion of the issues we hope the study will address and recommendations we would hope it proposes.

**Gender-based Violence and HIV/AIDS**

HIV/AIDS has become a global pandemic, however the face of its victims has changed. In recent years, women's infection rates have steadily increased around the world. Women now make up 48 percent of all adults living with HIV/AIDS.[i]

Gender-based violence also remains widespread with HIV/AIDS now one of the deadliest results, particularly for women in the developing world. Between 10

percent and 69 percent of women report being hit or otherwise physically harmed by an intimate partner,[ii] with rates of sexual coercion likely to be as high, though at this point more difficult to quantify. Research shows a clear link between gender-based violence and women's infection rates. Because of some social, economic, and cultural barriers, the threat of violence puts women at a greater risk for contracting HIV/AIDS, and women who have experienced previous sexual abuse and/or domestic violence are more likely to practice higher-risk sexual behavior.[iii] Women who have been abused may not be empowered to negotiate safer-sex or make healthy choices to reduce their risks of transmission.

Domestic and sexual violence are primary causes of the feminization of the HIV/AIDS epidemic. Women are more vulnerable to HIV/AIDS, and HIV-positive women are more likely to experience violence as a result of their status. Three main factors contribute to the high female HIV infection rates. First, due to gender inequalities that reinforce female subordination, women do not have the power to negotiate safer-sex practices. In unequal relationships, condom use is rarely initiated by women. Moreover, married women risk accusations of infidelity and threats of violence when they ask their husbands to use condoms.

Second, women are more physically susceptible to contracting HIV than men. Data shows that male-to-female transmission during sex is twice as likely as female-to-male transmission.[iv] Injuries and abrasions from sexual contact heighten physical vulnerability to AIDS transmission.[v] Forced sex is of particular concern. Women bear the brunt of the sexual violence and sex trafficking that plagues many countries. Women are particularly affected in war-torn countries where rapes are common practice. In one survey of 1,125 women who had survived rape during the genocide in Rwanda, 70 percent tested positive for HIV.[vi]

Third, women in developing countries have restricted access to reproductive and HIV prevention health services. Due to the fear of violence if they seek out information, their familial obligations, and lack of educational opportunities, many women never receive the information that could save them from HIV infection.

By addressing gender-based violence we will be far more successful in meeting goals to reduce HIV/AIDS. In addition, by properly understanding the link between HIV and violence, we will be more successful in reducing the violence, abuse and abandonment women face. To that end, we hope the study will address these key areas for policy and research:

- ***Promoting public education and community engagement programs that challenge the social norms that perpetuate violence***. Programs that are successful in creating true and lasting change must be seen as organic and "of the community." Effective initiatives must create avenues for dialogue on the community-wide impact of violence, conduct assessments of norms that both condemn and condone gender-based violence, cultivate indigenous leaders who can sustain the work, foster community cohesion and community development, and engage community members in devising solutions to abuse that are culturally-appropriate and strengths-based.

Women, youth and men who have had direct experience with violence and abuse should set the priorities for any such initiatives and be the primary audiences for leadership development.

- ***Targeting boys and engaging men as allies***. We cannot end violence against women unless men change their behavior. Programs that focus on younger men and challenge adult men to serve as non-violent and respectful role models show promise as prevention models. Providers of HIV services must also be trained on the link between gender-based violence and HIV and must work with men as well as women.

- ***Empowering women and girls***. Women should be given the tools to negotiate sexual practices with partners. We must increase women's access to free or low-cost education, health care, vocational training, credit, female condoms, vaginal microbicides, and antiretrovirals. More immediate responses should ensure that girls and women who are victims of violence have immediate access to services, particularly within the reproductive health care setting.[vii] Providers must be trained to respond to violence as well as the risk it poses for HIV infection.

**Connecting Women's Health to Gender-based Violence**

Reproductive health services can play a significant role in reducing violence against women and therefore also reduce women's vulnerability to HIV/AIDS and improve maternal and child health more broadly. Because of the lack of economic resources and obligations to their families, many women are not able to access adequate medical care. When women are able to access the services they need, the health care workers with whom they come in contact are often poorly trained. Women are not always given accurate facts about prevention and are not screened for sexual abuse and domestic violence.

In addition, we note that maternal morbidity and mortality persist at epidemic levels and disproportionately affect women in developing countries who are 40 times more likely to die from pregnancy-related complications than their counterparts in developed countries. Gender-based violence is one of the leading causes of this disparity as women who are abused are for more likely to face unintended pregnancy, unsafe abortion and give birth to low birth-weight babies.

Health services, therefore, should:

- **Screen women for domestic violence victimization, assessment, documentation, intervention, and referrals should occur in multiple settings**. Because of the long-term impact of abuse on a patient's health, it is important to integrate screening for lifetime exposure to violence. In the absence of medical services, strong community development that fosters preventative sexual practices is crucial.

**Final Study Recommendations**

In addition to the recommendations we outline above we would encourage the Secretary General to focus the study in several other key ways:

1. *Focus on successful interventions, not solely prevalence*. With the release of the World Health Organization's World Report on Violence two years ago and the impending release of the WHO's Multi-country Study on Gender-based Violence, we will have much of the data we need to justify the call to action this problem so urgently deserves. Future research should instead focus on successful interventions and promising practices.

2. *Programs should be assessed for their ability to be brought to scale and implemented at the regional level.* We have many successful programs at the local and community level, but much of that work is slow to spread because we continue to fund small programs. It also often falters when funding stops because it has not been integrated into existing infrastructure.

3. *Interventions to address gender-based violence should be identified but ways to integrate violence prevention activities into already existing campaigns and programs should be emphasized*. Priority should be placed on how to successfully integrate gender-based violence prevention into already existing HIV/AIDS, Maternal and Child Health, Human Rights and Reproductive Health programs.

4. *Prevention should be emphasized.* Once violence has been committed the harm has been done. Research must look not just at successful interventions but successful prevention programs as well.

***For additional information, please contact Kiersten Stewart, Director of Public Policy, Family Violence Prevention Fund, 202-682-1212.***

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[i] UNAIDS/UNFPA/UNIFEM report: Women and AIDS: Confronting the Crisis, 2004.

[ii] Krug EG, et.al., eds. *World Report on Violence and Health*. Geneva, World Health Organization, 2002.

[iii] Cohen, Mardge, MD et. al. *Domestic violence and Childhood Sexual Abuse in HIV-Infected Women and Women at risk for HIV.* 2004.

[iv] UNAIDS. 2004 report on the global HIV/AIDS epidemic: 4th global report.

[v] UNAIDS, *Women and AIDS, Best Practices Collection* (Oct. 1997), at 3.

[vi] See www.avega.org.rw

[vii] Guedes, Alessandra. *Addressing Gender-based Violence from the Reproductive Health/HIV Sector, A Literature Review and Analysis*. U.S. Agency for International Development. May, 2004.


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