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**Follow-up to the Fourth World Conference on Women and
to the special session of the General Assembly entitled
“Women 2000: gender equality, development and peace
for the twenty-first century”: implementation of strategic
objectives and action in critical areas of concern and
further actions and initiatives**

Statement submitted by Public Health Institute, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



Statement

Public Health Institute is an independent, non-profit organization with close to five decades of experience dedicated to improving health, nutrition, well-being and quality of life for people around the world. Its expertise lies in building local capacity, influencing health policies and training health leaders and advocates at the community, state, national and international levels. It works in partnership with local and international organizations around the world to ensure culturally relevant, locally driven and sustainable programmes and policies, guided by the beliefs that health is a fundamental human right and that just societies ensure equitable health outcomes for everyone.

According to the Programme of Action of the International Conference on Population and Development, advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. As an organization working to promote the health and well-being of all people, Public Health Institute recognizes the tremendous threat that all forms of violence pose to women and girls, especially intimate partner and domestic violence in low-resource settings.

Violence against women and girls, which includes domestic partner violence, intimate violence and sexual violence, is present in every country but is often undocumented and unaddressed. This violence is the widespread cause of significant physical and psychological harm and is a violation of the fundamental human rights of women and girls, including the right to health. The World Bank estimates that, worldwide, women of reproductive age are more at risk from domestic and sexual violence than from cancer, car accidents, war and malaria. The health consequences of intimate partner and sexual violence are extensive and can have serious immediate and long-term impacts on the health and well-being of women and girls. Public Health Institute also recognizes that, in addition to negative health effects, gender-based violence can have extensive social and economic costs, which have ripple effects throughout society.

Adopted by the General Assembly in 1993, the Declaration on the Elimination of Violence against Women defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, in any setting and regardless of the perpetrator's relationship to the victim. This definition includes rape, intimate partner violence, sexual violence, dowry-related violence, female genital mutilation and violence related to exploitation and trafficking.

Intimate partner violence, or domestic violence, is the most common form of violence experienced by women globally and has been documented in all countries and all socioeconomic environments. Studies have shown that relationship violence affects a substantial proportion of the world's youth population. Violence occurring in the family can include physical abuse, rape in intimate relationships and psychological or mental violence. Victims of domestic violence face a number of negative health consequences, including physical injury, chronic disability, psychological or emotional trauma and even death. Public Health Institute recognizes that, in most countries, there has been a failure to identify instances of

domestic violence and provide support to women and families suffering from this abuse, as well as a failure to bring perpetrators to justice.

Every year, roughly 10 million girls under the age of 18 are married. These girls are at significant risk of suffering violence inflicted by their husbands. One study showed that such child brides in India were twice as likely to report being beaten, slapped or threatened by their husbands than girls who married later.

Sexual violence against women and girls, including rape and sexual assault, causes significant morbidity and mortality in countries around the world. While rates of sexual violence are difficult to establish because the acts are often stigmatized and therefore underreported, the World Health Organization estimates that the proportion of women suffering from sexual violence by non-partners ranges from 1 per cent in Ethiopia to 12 per cent in Peru. Rape and sexual assault, especially among women and girls of reproductive age, can lead to numerous health problems for victims and their children. For example, violence during pregnancy has been associated with an increased risk of miscarriage, premature delivery and low birth weight.

In addition to immediate and short-term injuries, victims of sexual violence may suffer from lasting disabilities, including non-communicable diseases such as mental health problems and other illnesses such as cervical cancer, fistulas and sexually transmitted infections, including HIV/AIDS. Women and girls who are victims of deliberate violent attacks may live for many years with a resulting disability or infection, dramatically affecting their ability to live as productive members of society. The cost is high, not only in terms of medical and social services for affected women, but also because of the costs of their lost educational opportunity and job productivity.

Sexual violence in situations of conflict and displacement is a serious and rising concern affecting millions of people, especially women and girls. Perpetrators systematically use mass rape and sexual assault as weapons of war, primarily in intra-State conflicts, in order to humiliate populations, redraw ethnic boundaries and break down societal and cultural bonds. Sexual violence in conflict settings, which may also include sexual exploitation, can lead to violent injuries and poor overall health. The physical consequences associated with mass rape can include both chronic and infectious illnesses such as HIV/AIDS and other sexually transmitted infections, fistula, forced pregnancy, infertility, chronic sexual dysfunction and death. As with rape and sexual violence in non-conflict settings, mass rape can also lead to psychological damage for the victim, including post-traumatic stress disorder, depression and even suicide. The threat of rape also affects the mobility of women and girls, limiting their ability to collect water, gather firewood, attend school and work the land. This can result in food insecurity and poor nutrition, as well as poor educational outcomes, and can have enormous economic consequences for families and communities.

Public Health Institute therefore recommends that the following steps be taken by the international community to eliminate violence against women and girls and to mitigate the harmful effects of violence that does occur:

(a) Provide education programmes, especially for teenage boys and men, highlighting the effects of gender-based violence against women and girls;

- (b) Encourage school-based programmes for adolescents to prevent violence within dating relationships;
- (c) Clearly collect and disseminate data on domestic partner violence and sexual violence against women and girls (disaggregated by, among others, age and rural/urban areas);
- (d) In accordance with the Programme of Action of the International Conference on Population and Development and other United Nations documents, eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and girls;
- (e) Enforce laws that protect women and girls from violence;
- (f) Ratify international laws and agreements, such as the Convention on the Rights of the Child, and promote local policies and funding to ensure implementation;
- (g) Protect girls from intimate partner and sexual violence;
- (h) Reinforce the role of front-line health workers in responding to intimate partner and sexual violence, bearing in mind that sensitivity training for health professionals is essential;
- (i) Train health workers to detect and manage health consequences stemming from violence against women and girls;
- (j) Promote community-based programmes aimed at transforming cultural norms, initiating behaviour change and discouraging harmful practices such as early marriage and female genital mutilation;
- (k) Develop strategies and programmes to rehabilitate and return to productive employment women victims of violence, and ensure that injured girls can return to school without stigma;
- (l) Stop the practice of female genital mutilation and protect women and girls from all similar unnecessary and dangerous practices;
- (m) Provide women and adolescent girls with access to a variety of contraceptive choices, including multipurpose prevention technologies that do not require a partner's active participation;
- (n) Facilitate the access of women and girls to emergency contraception to prevent unwanted pregnancies resulting from sexual violence, as well as to drugs to reduce the risk of HIV infection resulting from rape;
- (o) Provide women in conflict areas with access to essential reproductive health and family planning services regardless of a woman's family or marital status;
- (p) Study the antecedents of violence against women, including poverty and lack of education.