

Why this Call for Action?

Violence against women (VAW) and girls is a human rights and public health emergency worldwide. It causes mental and physical injury, exposes women and girls to diseases and forced pregnancy, increases women's vulnerability in all spheres of their lives and, in the worst cases, ends in women's deaths. As a result of decades of efforts by women's groups to fight violence against women, there is a growing recognition that violence against women has a devastating impact not only on the lives of women, but also on their families, communities and societies at large.

In this Call for Action, we emphasise the responsibility of the public health sector to provide prevention and care based on the primary health care approach that puts women at the centre. The public health sector and health workers in most countries give inadequate attention to women's needs in general and lack understanding of violence against women in particular. Violence against women is a violation of human rights, for which governments and their institutions must be held accountable. **We call on you to join us to take action to end violence against women and hold our governments accountable for women's access to health!**

Defining violence against women

There is no universally agreed definition of violence against women, but broad international support can be found for the description in the United Nations (UN) Declaration on the Elimination of Violence Against Women (1993): "Violence against women is 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, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life." The Declaration further recognises violence against women as "one of the crucial social mechanisms by which women are forced into a subordinate position compared to men."

Background to Violence

The reasons for violence against women are diverse, but worldwide the cornerstone is **unequal gender relations**. Traditional "female roles" in society leave women with little decision making power, money, land and other entitlements compared to men.

Gender-based norms in societies that encourage men to play a dominant role within relationships and society and that condone the use of violence to solve conflicts encourage violence against women. Men are expected to "discipline" women and to **control women's life and sexuality**. In some societies both men and women think that it is normal and acceptable for men to beat their wives if their wives neglect household chores or refuse to have sex. Extra careburdens as a result of weakening public health systems and AIDS-related stigmatisation worsen existing gender inequalities and increase women's vulnerability to violence and exploitation.

Certain groups of women are more vulnerable to violence because they face double **discrimination** as a result of their race, class, caste, nationality, sexuality or disability. For example, indigenous, migrant and refugee women, sex workers, and lesbians are stigmatised and treated with contempt in many communities. The violence they face is not taken seriously but rather perceived as something "they deserve". Pregnancy increases a woman's vulnerability to violence from her partner. To end violence against women, sociocultural structures and norms therefore need to change so that women's personhood, dignity, rights and sexuality are fully recognised as being equal to those of men.

Forms of Violence

Violence against women includes many different forms of physical, sexual and psychological violence that take place in different circumstances and involve different abusers. Perpetrators of violence against women, usually men, can be family members, strangers, authority figures (boss, religious leaders, teachers) and service providers, as well as the state itself.

Women face most violence where they live: in their houses, in refugee camps or on the streets. For many women, violence begins in childhood or adolescence. In cultures where sons are strongly favoured over daughters, like in parts of India and China, female babies are sometimes murdered at birth. **Domestic violence and sexual violence** perpetrated by a husband, boyfriend, father or other known relative is the most common form of violence against women. Nearly one in four women experiences sexual violence by their husband or boyfriend in their lifetime. In Midlands Province, Zimbabwe, 25% of women have experienced sexual violence by an intimate partner while in Bangkok, Thailand, almost 30% of women have been abused.

In the USA, six of every ten murdered women are killed by someone they know well, such as their husband or boyfriend.

Other forms of violence include sexual harassment at work and on the street. In various countries women and children, particularly from poor communities, are trafficked: forced into **sexual slavery** or other types of **forced labour** after being taken from their home. They often suffer physical and sexual violence from their bosses. During disasters, women are more vulnerable to violence such as rape and **trafficking**, especially as a result of their displacement and lack of access to resources. "The Indian Ocean Tsunami may have made no distinction between men and women in the grim death toll it reaped with its waves but it has produced some very gender-specific after shocks, ranging from women giving birth in unsafe conditions to increased cases of rape and abuse" (report of Asian Civil Society Consultation on Post Tsunami Challenges, Bangkok, 13-14 February 2005). In Sri Lanka, women were raped as payment for being saved while in Aceh, Indonesia, cases have been reported of violence against women by the military.

In situations of war and conflict, women are extremely vulnerable and exposed to even more violence. **The fact that rape is used as an instrument of war and genocide** has been internationally recognised. Perpetrators from either side of the conflict usually enjoy impunity. Colombia, Sudan, Liberia, Northern Uganda and the Democratic Republic of Congo are examples of countries with current or recent conflict where violence against women has been reported and documented. In situations of armed conflict, women regularly face sexual violence and assault even when leaving the village or camp for daily chores such as searching for firewood, working on the fields, fetching water or going to the market.

The Vicious Circle

Violence against women negatively affects women's physical, sexual, reproductive and mental health and can lead to death. Where access to emergency contraception and safe abortion is limited or non-existent, women may resort to unsafe abortions to terminate such pregnancies, thereby further risking their health and lives.

Experience of violence may result in low self-esteem, emotional and psychological trauma and isolation from the outside world which increases women's vulnerability to violence. This is referred to as the vicious circle of violence against women.

The fact that women are often emotionally involved and economically dependent on those who abuse them adds to the challenge of getting out of the circle of violence.

Many incidents of violence against women are not acknowledged, not officially recorded or not reported. **Breaking the silence** on violence is a big risk for a woman as she faces lack of understanding and stigmatisation ("she must have provoked it in some way") and possible violent repercussions. Especially young and unmarried women who face sexual violence often prefer to remain silent than to risk the discrimination and humiliation that results from disclosure. Repercussions can be severe. In Darfur, Sudan, women who reported their rape case to the police have been punished and jailed for "illegal pregnancy". Other women have faced rejection and expulsion from their family or community. Such cases can be found around the world and show the challenge women face to break the silence and seek justice.

HIV/AIDS

There are strong links between violence against women and women's limited ability to protect themselves from HIV, sexually transmitted infections (STIs) and forced pregnancies. **Forced sex** is usually unsafe, increasing the risk of HIV transmission. Fear of violence from male partners and from the wider community prevents women from accessing information about their health and rights, getting tested, seeking treatment and insisting on safe sex. In various countries in Africa (including South Africa, Zimbabwe, Zambia, and Nigeria), Asia (Cambodia, India) and in the Caribbean a popular myth is spread that having sex with a virgin or with a disabled woman will cure a man of HIV/AIDS. Stigmatisation of people living with HIV/AIDS, lack of information and lack of access to treatment for HIV facilitates the popularity of the myth. AIDS prevention strategies should not be limited to education about abstinence or contraceptives if they want to have results; gender inequalities in the community and women's lack of power and support to demand safe sex and protect themselves from violence must be addressed.

Development

Violence against women is related to sociocultural, political and economic aspects of development. In addition to women's sexuality and reproduction, violence against women is a powerful tool for men to maintain **control over women's production**, allocation and distribution of resources. When women are physically or mentally injured and cannot work, either at home or in the workforce, their economic contributions are lost. Women are not able to fully participate as active citizens when their self-esteem and sense of self-efficacy are negatively affected by violence and abuse.

It is estimated that in established market economies violence against women is responsible for loss of one healthy day of life out of every five for women of reproductive age.

1 2 3 4 VIOLENCE AGAINST WOMEN: A GLOBAL HEALTH EMERGENCY

International Agreements

At the global level, violence against women is recognised as a violation of women's human rights in many agreements. The following are some examples:

- Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Optional Protocol, 1979/1999 – calls on States to pursue "a policy of eliminating violence against women" and allows women at the local level to complain and have their claims reviewed.

- UN Declaration on the Elimination of Violence Against Women, 1993 – see the box "Defining violence against women".

- Beijing (UN World Conference on Women), 1995 – devotes an entire chapter to violence against women.

- Rome Statute of the International Criminal Court (ICC), 1998 – includes sexual violence such as rape, sexual slavery, enforced prostitution and forced pregnancy in the definition of crimes against humanity and as war crimes.

- Beijing+5, 2000 – calls for the criminalisation of violence against women and for measures to address racially motivated violence against women.

- United Nations Millennium Declaration, 2000 – pledges to "combat all forms of violence against women" as well as supporting some of the conventions above.

Make Governments Accountable

The links between violence against women and women's health rights are well established, yet few effective policies and programs are in place worldwide to counter violence against women and to care for the women affected by it. Many governments even carry out or condone acts of violence against women. Examples include rape as an instrument of war, population policies aimed at limiting population growth of certain groups in society, jailing 'promiscuous' women, victims of rape, or women who have been forced to undergo an unsafe abortion; and by allowing and accepting acts of violence by others as fitting the country's customs or social norms.

Too few governments make attempts to end violence against women. A fundamental obstacle to addressing violence against women, especially domestic violence and sexual violence within a relationship, is that it is perceived as a "private family matter" by the state and health workers instead of a human rights and public health problem. There are 79 countries that do not have any legislation against domestic violence and sexual abuse although over 20 states are apparently in the process of drafting new laws on the issue. Rape by a husband or boyfriend is considered a crime in only 51 countries.

Under international law it is a government's responsibility to end violence against women, to care for survivors of violence and to bring those who commit the crimes to justice. Governments must prioritise the creation of a society free of violence and free of discrimination and inequality.

References and recommended resources can be found on www.wgnrr.org or contact us with specific requests.

Time for action

Violence against women is preventable. A world without violence against women is possible! Cross-cultural research has revealed communities where violence against women is non-existent or practically non-existent. We have a responsibility to promote women's health and end violence against women.

We have put some suggestions for demands and actions together, but do not feel limited by these examples. More tips can be found on www.wgnrr.org. Numerous innovative and successful efforts to combat violence against women and address it as a health emergency have already taken place. Sometimes laws have been adjusted or implemented, services improved or cultural taboos broken. We encourage you to share your experiences and ideas with us, so we can share them with others to bring an end to violence against women.

What are our demands?

Demands on International Communities:

a. The World Health Organisation (WHO) must increase its commitment and resources to end violence against women by providing assistance to public health services to develop the capacity to identify, treat and prevent violence against women and by ensuring that national governments allocate more resources to end violence against women.

b. The United Nations Special Rapporteur on Violence Against Women must take action to strengthen international research and advocacy efforts to eliminate violence against women and remedy its consequences with a focus on violence against women as a public health emergency.

Demands on Governments:

a. Strengthen primary health care services for all people with a comprehensive approach to sexual and reproductive health services, prevention of violence against women, and care for survivors of violence.

b. Reform all government policies and laws, in close collaboration with women's rights groups, that support or sustain violence against women.

c. Ensure that all agencies that deal with women and children are trained and sensitised on gender and violence against women, including health workers, social workers, police and legal personnel.

d. Initiate national public awareness raising campaigns in and outside of schools on violence against women and gender inequality that promote a rights-based perspective of women's health.

e. Set up education and treatment programs for perpetrators of violence against women.

f. Fulfill the obligations under human rights conventions like CEDAW (Convention on the Elimination of all forms of Discrimination Against Women), including submitting periodic reports containing information on how the government is addressing the question of violence against women.

Demands on health workers:

a. Ensure that health services and health workers respond adequately and in a woman-friendly manner to the needs of women survivors of violence.

b. Record all instances of violence against women.

c. Develop and strengthen violence against women prevention strategies within a primary health care approach.

d. Create clear guidelines and protocol for examination and treatment of survivors of sexual violence, including mental health services, access to emergency contraception, prophylaxis against STIs and HIV and safe and voluntary abortion services.

e. Collaborate with women's groups and community based health groups to ensure that women's needs are met.

Suggestions for Actions:

- Get informed! Educate yourself on violence against women in your community and how it is (not) addressed in public health policies. Learn about initiatives taking place, collect testimonies and statistics. Share your information with others.

- Translate, copy and disseminate this Call for Action and other campaign materials. Please credit WGNRR and send us a copy.

- Form alliances and coalitions. Look for other groups with relevant experience or an interest to combat violence against women and girls and promote women's right to health. With more people together we stand stronger.

- Break the silence on violence against women! Organise campaigns, media events (radio, TV, internet), street theatre, rallies, community discussions and other events to address social attitudes and norms that condone violence against women and limit women's access to health. • Work with minority groups, survivors of violence and women who have special needs or less access to health services. Work with women in rural communities.

- Men: take action too! Raise awareness, form discussion groups, address the media. Violence against women is not a 'women's thing'.

- Train and raise awareness of health workers, police officers, social workers, and others to ensure they have a proper understanding of gender inequalities and violence against women as a health concern.

- Lobby your government for change or implementation of policies to improve women's access to health services and their ability to stay healthy and free from violence. Legislation must be implemented against domestic violence.

If governments are serious about promoting development around the world and eradicating poverty and hunger as agreed to in the Millennium Development Goals (2000), they will need to prioritise women's access to health and eliminate violence against women.

Public health emergency

The right to health is a fundamental human right and applies equally to women and girls. This right requires physical and social access to quality health services as well as living and working conditions that make it possible for women to enjoy their health and sexuality. Violence against women forms a significant factor contributing to women's ill health. Considering that one in every three women around the world experiences violence during her life, violence against women is a major public health emergency. Most women visit health workers for routine medical care or check-ups during pregnancy. This puts health workers in a unique position to detect violence, provide referrals and support survivors of abuse. Rather than care and support, many abused women receive **rejection and neglect** at health services because public health systems absorb the social norms that dictate men's superiority over women and that condone violence against women. Health workers lack guidelines and protocol, gender-sensitivity, awareness, and training to provide the support women need.

The public health sector needs to critically examine policies and practices that may in fact constitute acts of violence against women. Examples include performing female genital cutting (also known as female genital mutilation or FGM), forced virginity tests, unnecessary caesareans, vaginal tightening, forced sterilisation, forced contraception and abortion, lack of willingness or capacity to perform abortions and treat post abortion trauma, and sex selective abortion. In India, some psychiatrists give electric shocks to lesbian women to supposedly change their orientation to heterosexuality. Public health services need to ensure quality of care and **women-friendly services** that take women's health complaints and women's decisions over their own body seriously.

Health services must be based on the primary health care approach to properly address women's needs related to the violence they are confronted with. Governments from around the world committed themselves to implement this approach in Alma Ata in 1978. However the target of "Health for All" by 2000 was not reached. Women, poor women in particular, women in rural communities and minority women need **access to primary health care** services that take into account their vulnerability and needs and respect their rights.

Yet neoliberal policies and Structural Adjustment Programs (SAPs) promoted by the World Bank, International Monetary Fund (IMF), Asia Development Bank (ADB), and through trade agreements, limit women's access to health services as a result of increased poverty and inequality, **health sector reforms**, budget cuts and privatisation. In the current situation, health systems are supposed to provide curative care for entirely avoidable injuries. In the long run, public health systems that properly integrate prevention and care efforts based on the primary health care approach may even reduce the costs of public health care provision.

The public health system has a responsibility not only to identify victims of violence, prevent consequences of violence such as pregnancy and STIs and heal injuries but also to raise awareness and **promote changes in perceptions** within communities so that violence against women becomes socially and culturally unacceptable. An integrated approach that emphasises collaboration with civil society organisations that includes participation of women and men from different communities must be implemented to end violence against women.

- Do not let women face violence in isolation while you wait for change to happen. Arrange access to emergency contraception and safe abortion services, set up women-centred shelters (crisis intervention centres), support programs for survivors of violence and use creative community sanctions as a deterrent to prevent more domestic violence in your community.

- Lobby your government to ratify and implement the Rome Statute of the International Criminal Court (ICC) and the Optional Protocol of CEDAW, to show their commitment to women's health concerns and end violence against women.

- Take it to a higher level! Send a postcard with your complaints to the UN Rapporteur on Violence Against Women explaining how your country's public health system or government condones violence against women. Complaints require response from the Rapporteur and may influence her agenda!

- Promote 28 May as the International Day of Action on Women's Health. In addition, take action on **25 November** as the **International Day against Violence Against Women**.

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Colophon

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Contact us with your comments and for additional copies of this Call for Action (also available on www.wgnrr.org)

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Violence Against Women A Global Health Emergency

Call for Action



Take Action:

- Get informed
- Break the silence
- Translate, copy and disseminate this information
- Work with others
- Include minority groups
- Men: take action too!
- Arrange access to emergency contraception and safe abortion services
- Set up women-centred shelters
- Set up community sanctions to scare off abusers
- Lobby your government for better policies and laws
- Send complaints to the UN Rapporteur on Violence Against Women

Join the action:

28 May 2005

International Day of Action for Women's Health

Violence against women and girls is a human rights and public health emergency worldwide. We call on you to join us to take action to end violence against women and hold our governments accountable for women's access to health!

Women's Access to Health Campaign (WAHC)

This Call for Action is part of the global Women's Access to Health Campaign, launched on 28 May 2003 by the Women's Global Network for Reproductive Rights (WGNRR) in collaboration with the People's Health Movement (PHM). Women's right to health can only be achieved if their sexual and reproductive rights and the right to freedom from violence are ensured. The Women's Access to Health Campaign mobilizes all those concerned with women's health on 28 May, and all year around. It is time for governments to take responsibility for women's health. Health for all, Health for women!

Join the Women's Access to Health Campaign

Women's Global Network for Reproductive Rights www.wgnrr.org