



## **Economic and Social Council**

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### **Commission on the Status of Women**

**Fifty-seventh session**

4-15 March 2013

**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 IPAS, 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**

IPAS welcomes discussion of the priority theme of elimination and prevention of all forms of violence against women and girls, at the fifty-seventh session of the Commission on the Status of Women. Preventing and treating the consequences of violence against women and girls should be a priority in all countries, with support from the United Nations system and regional organizations. The present statement focuses primarily on sexual violence and the need for comprehensive programmes that include, among other things, information to women on their sexual and reproductive rights, physical and mental health treatment, voluntary screening and treatment for HIV and sexually transmitted infections, emergency contraception, safe abortion and legal aid.

### **Magnitude and consequences of sexual violence**

A World Health Organization (WHO) study in multiple countries found that 15-71 per cent of women reported physical and/or sexual violence by an intimate partner at some time in their lives. Documentation in various countries has also provided evidence that women and girls living in conflict situations are highly vulnerable to violence, which WHO has stated may result in social stigmatization and exclusion, mental health problems, sexually transmitted infections, gynaecological problems, unwanted pregnancies, unsafe abortions and physical injuries.

It is particularly adolescents in all regions of the world who are forced or coerced into having sex. Almost 50 per cent of all sexual assaults around the world are against girls aged 15 years and younger. Research indicates that many young people who experience violence do not receive family or community support and may even be accused of instigating the violence. This is particularly the case for young women who are raped. In addition, child marriage is still tolerated, placing young girls in a situation where they have no choice about sexual relations.

As mentioned above, an additional consequence of unprotected sex and sexual violence is the transmission of sexually transmitted infections. WHO reports that sexually transmitted infections disproportionately affect adolescent girls, with 1 in 20 acquiring a bacterial infection through sexual contact every year. WHO also notes that the age at which such infections are acquired is dropping. In addition, women and girls continue to be vulnerable to HIV infection, with an estimated 1.2 million having newly acquired HIV infections in 2011.

A particularly serious consequence of sexual violence against young girls is unwanted pregnancy. Complications from pregnancy and childbirth are the leading cause of death for women aged 15-19 years in many countries, with girls being twice as likely to die from childbirth as women in their 20s. The risk of maternal mortality is highest for adolescent girls under 15 years of age and about 50,000 adolescents die from pregnancy and childbirth complications each year.

When women and girls do not wish to continue an unwanted pregnancy, they often resort to unsafely performed abortion procedures because of legal restrictions and other barriers preventing access to safe abortion. According to the latest WHO estimates, as of 2008, 15 per cent of unsafe abortions in developing countries were among young women aged 15-19 years. Regionally, 22 per cent of all unsafe

abortions in Africa are in the same age group; the percentage for this age group is 11 per cent in Asia and 16 per cent in Latin America and the Caribbean.

In various countries, women and girls who have become pregnant after sexual assault may further be criminally charged and imprisoned for having abortions. The Special Rapporteur on the right to the highest attainable standard of physical and mental health has advised Governments to remove barriers to women's access to safe abortion by decriminalizing abortion, in addition to ensuring access to emergency contraception to prevent unwanted pregnancies.

### **Approaches to the prevention and treatment of sexual violence**

Interventions to address the prevention and treatment of sexual violence should include measures to investigate and prosecute perpetrators and to inform and educate women and girls about the available resources for assistance when they are subjected to violence of any kind, including in conflict situations. They must also include measures to help women and girls deal with the consequences of violence, particularly sexual abuse, which can have long-lasting psychological and physical health effects. WHO has reiterated that comprehensive, gender-sensitive health services to help women and girls cope with the physical and mental health consequences of sexual violence include testing, prophylaxis and treatment of sexually transmitted infections, pregnancy testing, pregnancy prevention (emergency contraception), legal abortion services and treatment of injuries and psychosocial counselling.

In this context, it is important that governmental regulations and policies allow adolescents to access sexual and reproductive health services according to their evolving capacities and without mandatory parental consent, which can form a barrier to their willingness to report sexual abuse or seek health care. The Committee on the Rights of the Child, in its general comment on the right of the child to be heard, has stated that States parties need to introduce legislation or regulations to ensure that children have access to confidential medical counselling and advice without parental consent, irrespective of the child's age, where this is needed for the child's safety or well-being. Children may need such access, for example, where they are experiencing violence or abuse at home, or in need of reproductive health education or services, or in case of conflicts between parents and the child over access to health services. The right to counselling and advice is distinct from the right to give medical consent and should not be subject to any age limit.

Various American health organizations have stated that open and confidential communication between the health professional and the adolescent patient, together with careful clinical assessment, can identify the majority of sexual abuse cases. Federal and state laws should support physicians and other health-care professionals and their role in providing confidential health care to their adolescent patients. In 2012, member States of the Commission on Population and Development called for privacy, confidentiality and informed consent for adolescents in cases of sexual abuse.

### **Recommendations for Governments**

Governments must initiate and support awareness-raising campaigns about sexual violence that include information for women and girls on where they can

access services to deal with unwanted pregnancies and receive comprehensive sexual and reproductive health care.

Governments must fund programmes to prevent and deal with violence against women and girls that include services for survivors of such violence and that incorporate physical and mental health treatment, voluntary HIV and sexually transmitted infections screening and treatment, post-exposure prophylaxis for HIV, referrals to HIV support services as needed, pregnancy tests, emergency contraception, safe abortion and referrals to legal aid.

Particular care should be taken to ensure that women and girls living in situations of conflict have access to comprehensive sexual and reproductive health services to manage the consequences of physical, psychological and sexual violence.

Laws and policies should ensure that women and girls can access health services to deal with the consequences of violence without requirements of spousal or parental consent and with full respect for their privacy and confidentiality.

If laws require parental notification or reports to law enforcement officials when adolescents access health counselling and treatment for sexual abuse, physicians and other health-care providers should inform their patients about this requirement.

Laws requiring proof of police certification or legal action for rape cases before a woman or girl can obtain a legal abortion must be repealed.

Laws and policies must ensure that emergency contraception is widely available to all girls and women of reproductive age, and must decriminalize abortion so that women and girls can terminate unwanted pregnancies safely.

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