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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 Salesian Missions, 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

Our tolerance of violence is disturbing. Whether it be verbal or physical, with words or a weapon, violence should be unacceptable. But it is not. Violence has entered public discourse with such vigour that for some even the thought of not using force is a sign of weakness. Indeed, violence against women is socially tolerated routinely, and in some societies, forced sex with a spouse and wife beating are accepted or even expected expressions of masculinity.

Research shows that violence is increasingly prevalent in intimate relationships, harming not only the women and girls brutalized, but the societies to which they belong. A potentially deadly, and clearly disturbing consequence of this violence, is an increase in infection of assaulted women and girls with the HIV virus.

Prevalence of violence against women and girls

The World Health Organization (WHO) estimates that from 11 to 45 per cent of women whose first sexual experience was before age 15 were forced into that first sexual encounter. Other researchers put the number as high as 40 per cent. Women also report high rates of forced sexual debut, ranging from 8 to 30 per cent. Important connections exist between gender-based violence with intimate partners and HIV infection among adolescent women.

Gender-based violence is defined by WHO as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship and includes physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion and various controlling behaviours. The World Report on Violence and Health notes that sexual violence includes sexual acts, attempts or advances which violate a person's sexuality through coercion. Coercion covers a wide spectrum of degrees of force. Included in this is psychological intimidation, blackmail or other threats such as physical harm. It can also include enticement with material goods, what has been labelled as the four "Cs": cell phones, clothes, cash and cars in exchange for sex. It can also occur when the person who is the target of such aggression cannot give consent. Poverty, unemployment, power dynamics and age differentials are factors known to promote sexual abuse and violence. The overt and covert acts of violence inevitably increase the spread of HIV and AIDS.

Violence and HIV infection

Research validates the linkages between the prevalence of HIV/AIDS and violence. In the United States of America, adolescent girls between the ages of 13 and 19 account for the highest group of infected females. Nearly 36 per cent of this group is newly diagnosed. Sub-Saharan Africa is the global "epicentre" of the HIV epidemic, with women accounting for a daunting 59 per cent of adults living with HIV. Young women of the region aged 15 to 24 years of age comprise 76 per cent of all young people living with HIV/AIDS. In Botswana, adolescent females have a higher prevalence rate of infection than do their male partners. It was found that cultural norms that allow men to have multiple partners and older men to have sex with much younger women or girls contributes to the higher global rates of HIV infection among young women compared to young men. In Malawi, women have a high global prevalence rate, given that 14 per cent of its population is HIV infected.

In South Africa, a study recognized that women beaten by their boyfriend or husband were 48 per cent more likely to become infected with HIV as compared with women who were in non-violent relationships. The same study revealed that women who were emotionally or physically abused were more than 52 per cent more likely to become infected than those who were not abused.

Research has also shown that rape increases women's vulnerability to HIV infection. Forced sex with infected men places younger women and girls at risk physiologically because they are more susceptible to tears and abrasions along the walls of the vagina, allowing the virus to spread more easily.

Women and girls are vulnerable to sexual violence during times of conflict. In wars, women are frequently targeted for rape, gang rape, forced pregnancy or forced marriage to enemy soldiers. Women become deliberate weapons of war, being dehumanized and being stigmatized as bearers of community. In 2004, nearly 50 per cent of women between the ages of 15 and 70 surveyed in Liberia during the five-year civil war reported being physically abused by a soldier.

Sexual and physical abuse often cluster with other HIV risk factors such as having multiple sexual partners, having a high-risk primary partner, excessive drinking or poverty. Women and girls who have been trafficked and then prostituted are at increased risk of infection. Violence can also occur after a test finding of HIV seropositivity, that is, disclosing an HIV-positive test results to sexual partners or family members leads to further violence. This can happen even when the person being violent against the woman is the one who infected her. Stigma and discrimination against HIV-positive women is frequently much more severe than that for their male partners.

The interface of HIV and intimate partner violence has been acknowledged by the United Nations, WHO and the Institute of Medicine, but there has been little work done globally to disaggregate the data to document the perceived increased risk for adolescent girls. Sexual violence has a profound impact on the physical and mental health of girls. Physical injury, HIV infection and psychological consequences such as guilt, anger, anxiety, depression, post-traumatic stress disorder, sexual dysfunction, sleep disturbances, withdrawal from relationships, stigmatization by family and community, and attempted suicide have been observed as a result of intimate partner violence. The special needs and health risks of girls need to be addressed.

Recommendations

We urge Member States to take immediate action to:

1. Partner with established health and educational institutions on the local and national levels to integrate resources to initiate sustained public awareness campaigns about the linkage of violence and HIV transmission.
2. Identify existing and trending forms of discrimination in society that are the root causes of violence against women and commit themselves to systemic change to overcome harmful traditional or societal practices that put women at risk for violent abuse.
3. Address HIV risk and intimate partner violence, as well as other health issues, for adolescents within a culturally appropriate context.

4. Provide psychological and medical services to women and girls who have been victims of violent assaults.
 5. Ensure that military forces are trained to prevent rape from being used as a weapon of war and prosecute those found guilty of such an egregious crime.
 6. Combat the trafficking of persons and provide all the services needed for those who have been trafficked in their nation.
 7. Address sexual coercion and physical violence as public health issues relevant to HIV prevention. The underlying disparity of financial and sexual gender power differentials needs to be addressed as well.
 8. Encourage corporations and private businesses to formulate policies that clearly delineate a no-tolerance stance on human trafficking and violence against women.
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