

# Gender-Based Violence

## A Threat to Women's Reproductive Health



Gender-based violence (GBV) knows no boundaries. It cuts across societies, classes, races, religions and ethnicities, affecting an estimated one in three women in the course of her lifetime.<sup>3</sup> While some acts of GBV have garnered public attention, such as armed groups' use of rape as a tactic of war or the brutal and random attacks on city streets, much of the time this violence remains hidden within the home. GBV is most commonly committed by an intimate partner or family member.<sup>4</sup>

Whether perpetrated by a stranger, spouse or other individual in their lives, violence or the threat of violence causes many women to lose the ability to control their own reproductive health and plan their families. Sexual assault can lead to unwanted pregnancies and sexually transmitted infections (STIs), including HIV. Additionally, women who experience emotional or physical violence or other forms of abuse within their relationships may also have less ability to negotiate the use of condoms or other contraceptives with their partner in order to protect themselves from these outcomes.

Violence and abuse can also create steep barriers to accessing healthcare. Some women may be limited in their ability to independently travel to health centers, make personal decisions about their care, and pay for services. For many others, stigma and fear can discourage them from seeking information or help.

### Reproductive and Maternal Health Consequences of Gender-Based Violence

Gender-based violence is linked to a variety of negative health outcomes for women, including severe reproductive and maternal health consequences. When women face an unwanted pregnancy resulting from rape, they are more than twice as likely to choose to terminate that pregnancy, even if safe and legal abortion options are unavailable. In the developing world, 56 percent of abortions are performed by individuals lacking proper training or in facilities that do not meet medical standards. This puts women at a high risk for complications, including debilitating injuries and death.<sup>5</sup>

Women who experience violence during their pregnancies potentially face a number of complications to maternal and newborn health. Studies have shown that violence against pregnant women is associated

with increased likelihood of miscarriage, stillbirth and premature labor.<sup>6</sup> Additionally, in many areas of the world, including the United States, violence, often at the hand of an intimate partner, is a leading cause of injury and death among pregnant women.<sup>7</sup>

Studies performed around the world have also shown considerable links between GBV and HIV. Evidence from Tanzania, South Africa and Rwanda shows that women who have experienced GBV face up to a three times greater risk of contracting HIV than those who have not experienced violence.<sup>8</sup> Not only can sexual violence undermine individuals' abilities to protect themselves from HIV infection, but fear that their HIV status may lead to increased violence from intimate partners or family members keeps many individuals from getting tested, receiving treatment, or disclosing their status to partners.

### Responses to Gender-Based Violence Must Be Comprehensive and Integrated

Survivors of GBV need integrated and comprehensive care that addresses their legal, psychological and health needs, and the barriers they face in accessing services. The health sector has a crucial role to play in both providing care, and in some cases, identifying those who have experienced violence or may be at risk. Health care providers are often the first point of contact for these individuals, outside of family members or friends. In 2013, the World Health Organization released clinical and policy guidelines on GBV, which re-emphasized the importance of proper education and training of health providers, ensuring privacy and confidentiality and having referral systems in place for women to access necessary services.<sup>9</sup>

Reproductive health services are vital to GBV responses. The provision of timely and confidential access to emergency contraceptives can prevent women from becoming pregnant as a result of sexual violence. Likewise, increasing access to information about HIV and confidential testing, counseling and early treatment services – like post-exposure prophylaxis – can reduce the risk of infection.

The root causes of violence against women are complex. Creating and implementing effective long-term solutions will not be easy either. Throughout the world programs are being developed to prevent gender-based violence by changing attitudes and

#### What is gender-based violence?

The term "gender-based violence" (GBV) is used to describe violent acts targeting individuals based on their sex, gender identity, or their perceived adherence to gender norms. GBV consists of a wide range of physical or psychological abuses or threats including sexual exploitation, coercion and rape, and forced or early marriage, among others.<sup>1</sup>

#### Post-exposure prophylaxis for HIV:

A short-term course of anti-HIV medications taken as soon as possible (within 72 hours) of a sexual assault to try to reduce the risk of becoming HIV positive.<sup>2</sup>



social norms. Many of these programs are working to engage men and boys in dialogues around gender-based violence and strategies to combat the use of violence in their homes and communities. Other topics of discussion include gender inequality and reproductive health.<sup>10</sup>

### United States Policy Response

Under the Obama administration, the United States has amplified its efforts to empower women and address GBV both domestically and around the world. In August 2012, President Obama issued an executive order calling for the implementation of the U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally. The strategy, developed by USAID and the U.S. Department of State, focuses on increased interagency coordination and integration of gender-based violence prevention and response efforts throughout the U.S. government's work, as well as expanding U.S. programming on GBV internationally.

The strategy builds off of other Obama administration initiatives including the National Action Plan on Women, Peace and Security and USAID's Gender Equality and Female Empowerment Policy. Both call for increased access to reproductive health services and greater efforts to combat gender-based violence and lessen its consequences.

To date, the United States' largest investment in addressing gender-based violence internationally has been through the President's Emergency Program for AIDS Relief (PEPFAR), which has contributed more than \$215 million dollars to gender-based violence programming over the past 3 years. While many of these programs have focused on prevention of gender based-violence, PEPFAR has also been able to reach nearly 85,000 survivors of sexual violence in 19 countries with post-exposure prophylaxis to prevent HIV infection.<sup>11</sup>

Although PEPFAR encourages the integration of family planning and HIV services, the Office of the Global AIDS Coordinator's decision to restrict the use of PEPFAR funds for contraceptive commodities means that they do not purchase emergency contraception. Separately funded emergency contraception may or may not be available at program sites and referrals may be insufficient given the limited window of time when emergency contraception is effective.

United States engagement and leadership within the international community, including the United Nations is essential. At the 2013, UN Commission on the Status of Women, which focused on violence against women, the United States supported a strong and comprehensive outcome document, which reaffirmed survivors right to access reproductive health services

for the prevention and treatment of pregnancy and STIs, including HIV and safe abortion services where permitted under national law.<sup>12</sup> Despite this strong show of support at the international level, the U.S. remains one of the only countries that has failed to ratify the 1979 landmark Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).<sup>13</sup>

### Policy Recommendations

- Congress must ensure that the sexual and reproductive health and rights of GBV survivors are fully incorporated into any future U.S. legislation designed to deal with issues around GBV.
- U.S. programs to address gender-based violence must be fully resourced in terms of technical expertise, funding and commodities, including the procurement of emergency contraception.
- The U.S. must act to fully implement the strategies they have laid out to prevent and respond to GBV around the world. This includes:
  - ▶ Tracking and documenting investments in GBV interventions in order to identify opportunities to scale up successful models and address additional gaps in services.
  - ▶ Continuing to facilitate greater coordination and cooperation between relevant U.S. agencies, including the Department of State, USAID, the Office of Global Women's Issues, and the Office of the Global AIDS Coordinator, among others.
- The U.S. should continue to engage with the international community on multilateral efforts to combat GBV led by the United Nations and its respective agencies, including U.N. Women and UNFPA. Furthermore, the U.S. must continue to increase engagement with and support for local civil society organizations in developing countries working to address GBV in their communities.

### Endnotes

- 1 Based on definition from United States Agency for International Development, 2011
- 2 U.S. Department of Health & Human Services, 2013
- 3 (World Health Organization, 2013) [http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf)
- 4 <http://www.who.int/gender/violence/gbv/en/index.html>
- 5 [http://ippf.org/sites/default/files/death\\_and\\_denial\\_unsafe\\_abortion\\_and\\_poverty.pdf](http://ippf.org/sites/default/files/death_and_denial_unsafe_abortion_and_poverty.pdf)
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- 7 <http://www.cdc.gov/Reproductivehealth/violence/>
- 8 [http://data.unaids.org/publications/irc-pub07/jc1184-stopviolence\\_en.pdf](http://data.unaids.org/publications/irc-pub07/jc1184-stopviolence_en.pdf)
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## Population Action INTERNATIONAL

HEALTHY FAMILIES HEALTHY PLANET

1300 19TH STREET NW  
SECOND FLOOR  
WASHINGTON, DC 20036 USA  
(202) 557-3400  
E-MAIL: PAI@POPACT.ORG

WWW.POPULATIONACTION.ORG

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