



Zero Tolerance Update: in Recognition of International Women's Day

Accelerating Action to Combat Violence Against Women and Children, Reducing HIV Transmission

March 7, 2007

In August, 2006, Global AIDS Alliance published *Zero Tolerance: Stop the Violence Against Women and Children, Stop HIV/AIDS*, which is an outline of policies and programs essential to the eradication of violence against women and children. We argued that unless effective programs in this area were brought to scale, the fight against HIV/AIDS, would fail.

Since the publication of *Zero Tolerance*, there have been a number of important and exciting developments in this area, which we summarize in the present document. Taken as a whole, these developments show that some policymakers are beginning to take notice of the seriousness of the crisis of violence against women and children. They also show a growing determination among civil society to shine a bright light of accountability on all actors, public and private, who bear responsibility in this area and who hold the keys to progress. Backed by new research showing the efficacy of some programs that address violence, a growing movement is demanding faster and better action to secure the basic right of women and children to be free from violence.

Context

In sub-Saharan Africa, where the HIV/AIDS pandemic is most critical, nearly 60% of those infected with HIV are women and adolescent girls. Worldwide it is married women who are at greatest risk of contracting the disease. With this ongoing feminization of the HIV/AIDS pandemic and the growing number of children affected and infected, policymakers, advocates and implementers are increasingly acknowledging the root causes of women and children's disproportionate vulnerability to this deadly disease of poverty.

The reasons for women and children's particular vulnerability to HIV are many; with the exception of women's increased physiological risk to HIV, related to their subordinate status in every society. One factor, which is itself a pandemic paralleling that of HIV, is still not sufficiently recognized: violence against women and children (VAWC).

Worldwide, one in three women will survive sexual, physical or emotional assault in her lifetime; one in five will survive rape or attempted rape, and approximately 20% of women report that their first sexual experience was forced or coerced. Globally, around 20% of girls and 10% of boys under age 18 will experience sexual abuse.¹ The heightened risk of HIV transmission associated with sexual assault is evident, but physical and emotional abuse—of both males and females—also exacerbate the HIV epidemic. Women living with HIV have more lifetime experiences of violence, and women who have experienced violence may be up to three times more likely to acquire HIV.² Research has found that South African women with violent or domineering male partners are 50% more likely to contract HIV than those whose relationships are non-violent.³ Trauma arising from abuse often leads to increased HIV risk behavior in adolescence and adulthood, including greater use of drugs and alcohol⁴ (associated both with risky sexual decisions and greater exposure to potentially abusive situations) and irregular use of condoms.⁵ Additionally, boys who are abused are more likely to become men who abuse; women who are too disempowered or traumatized to protect their sons are unable to break this cycle. Yet, violence is not only a cause of HIV; it is also frequently a consequence. Violence or fear of it may prevent women and girls from seeking voluntary counseling and testing for HIV, returning for their test results, disclosing their status or receiving treatment.⁶

Innovative Programs Can Work

Behavior change communication—including comprehensive sexuality education and social marketing schemes aimed at social norms around sex and condom usage—is now accepted practice in preventing HIV. Now, new research is showing that a variety of programs can also succeed in laying the basis for behavior change in the area of VAWC. Scaling up these programs is another challenge, with some lessons to be taken from the HIV/AIDS movement. Scaling up requires resources, which have been relatively forthcoming and easy to track for AIDS. But these resources have been significantly—and dangerously—less available or traceable for VAWC.

- **UNFPA** recently released a review of 10 of its funded programs that address violence against women. The report's findings indicate that, although there has been progress, more resources must be allocated at international, regional and country levels, and such work must be coordinated at the national level with all stakeholders. However, ***the 10 projects studied reveal that people can and will be critical of their own cultural norms once they understand harmful impacts to their community through their own cultural lens.*** The report explores the successes and challenges of creating integrated programs to address

¹ UNFPA, *State of World Population 2005* (2005). Available at <http://www.unfpa.org/publications/detail.cfm?ID=248&filterListType=>. Additional information on the extent of violence against women and children is available from the *UN Secretary General's In-depth Study on All Forms of Violence against Women* (at <http://www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm>) and the *UN Secretary General's Study on Violence against Children* (at <http://www.violencestudy.org/r25>).

² The Global Coalition on Women and AIDS, *Stop Violence Against Women, Fight AIDS*. Available at: <http://www.womenandaids.unaids.org/themes/docs/UNAIDS%20VAW%20Brief.pdf>.

³ Dunkle, Kristin L. et al, "Gender-based violence, relationship power and risk of HIV infection in women attending antenatal clinics in South Africa," in *Lancet* (May 1, 2004).

⁴ WHO, *World report on violence and health* (2002), at 164. Available at http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/index.html.

⁵ Koenig, Michael et al. "Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda" in *International Family Planning Perspectives*, Vol. 30, No. 4 (December 2004), at 156. Available at <http://www.guttmacher.org/pubs/journals/3015604.pdf>.

⁶ For further analysis of the intersection of HIV/AIDS and violence against women and children, see the Global AIDS Alliance advocacy report, *Zero Tolerance: Stop the Violence Against Women and Children, Stop HIV/AIDS*, available at http://www.globalaidsalliance.org/GAA_Violence_Against_Women_Advocacy_Brief.cfm.

violence at the individual and community levels in Mauritania, Romania, Sierra Leone, Morocco, Columbia, Kenya, Turkey, Mexico, Bangladesh, and Ghana, which can be used as models for other implementers, agencies and government ministries seeking to tackle violence against women and children in their own cultures.⁷

A Growing Push for Accountability

When it comes to challenges as socially dependent and pervasive as HIV/AIDS and VAWC, there is no denying the importance of sufficient and reliable resources channeled to governments and service providers who work within indigenous frameworks. Yet, for most major donors—bilateral and multilateral alike—the money for VAWC just isn't there. A new report from the **Women Won't Wait campaign** delves into the question of whether violence against women and girls is on the agenda of the world's five largest HIV/AIDS donors. Sadly, the answer is no. The report's major findings show that violence is an "add-on" program rather than an integral element of AIDS programming; that violence is rarely mentioned as an important driver of the pandemic nor is program impact on VAWC measured; and that spending for violence is nearly impossible to track, since it is not a line item in relevant budgets. While these results appear discouraging, the knowledge provided by this report is essential for holding to account the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency Plan for AIDS Relief (PEPFAR, US bilateral), the UK Department for International Development (DFID), UNAIDS, and the World Bank. The recommendations provided by the report are useful for HIV/AIDS and VAWC advocates alike, and should unify these communities in a common fight that may save millions of lives.⁸

Selected Developments Across Six Pillars of a Comprehensive Response

Because the causes of VAWC are deeply rooted at all levels of society, only a comprehensive and sufficiently funded response to VAWC will have the necessary impact and help create a culture of zero tolerance for violence against women and children. A comprehensive response has six pillars:

- 1. Political commitment and resource mobilization;**
- 2. Legal and judicial reform;**
- 3. Health sector reform;**
- 4. Education sector reform;**
- 5. Community mobilization for zero tolerance; and**
- 6. Mass marketing for social change.**

⁷ UNFPA, *Programming to address violence against women: 10 case studies* (2007). At <http://www.unfpa.org/publications/detail.cfm?ID=322>.

⁸ Fried, Susana T., *Show us the money: Is violence against women on the HIV&AIDS funding agenda?* (2007). Available at www.womenwontwait.org. For more information on PEPFAR's violence programming, please see the Global AIDS Alliance analysis of PEPFAR's November 2006 report, available at http://www.globalaidsalliance.org/docs/GAA_Response_PEPFAR_GBV_Report.doc. The Global AIDS Alliance determined that a lack of dedicated funding and transparency is hindering PEPFAR's ability to support good programming and making accountability nearly impossible.

Although the current global response is far from comprehensive, positive steps are being taken in all six areas around the world. The examples below⁹ and newly available research shows a range of programs that are successfully addressing this challenge. Yet, this research also demonstrates that more work must urgently be done, whether to fix problematic policies or fill gaps in programming. Now is the time to capitalize on the increasing movement to address VAWC as an independent human rights and public health crisis and as a primary driver of the HIV/AIDS pandemic. Time wasted is lives unnecessarily lost.

Pillar 1. Political Commitment and Resource Mobilization:

HIV/AIDS has seen dramatically increased political attention and funding, particularly over the past five years. While still problematic in a number of important ways, this expression of political will to address and arrest the spread of HIV and stop the unnecessary loss of lives to AIDS sends an important message to multilateral agencies, governments, and individuals alike. Similar attention to VAWC is lacking at the global, coordinated level, yet governments are beginning to take important steps to create an integrated, national response and to demonstrate publicly their commitment to eradicating VAWC.

Global Level:

- In late August, senior religious leaders from around the world endorsed the Declaration on Violence against Children, developed in part by UNICEF. The Declaration, which commits religious leaders from all faiths and denominations to combating violence against children, was presented in October 2006, to the UN General Assembly along with the Secretary General's Study on Violence against Children.¹⁰
- In honor of International Women's Day, March 8, 2007, high-level UN officials have recognized the impact of violence against women and girls and called for its eradication. UN Secretary General Ban Ki Moon stated that "violence against women and girls continues unabated in every continent, country and culture. It takes a devastating toll on women's lives, on their families, and on society as a whole. Most societies prohibit such violence – yet the reality is that too often, it is covered up or tacitly condoned....The United Nations must be at the forefront of [work for enduring change]. I pledge to do all I can to ensure that it is – not only on International Women's Day, but every day."¹¹ UN Deputy Secretary-General Asha-Rose Migiro told the Commission on the Status of Women that "ending the pandemic" of violence against women and girls "will require us to create an environment where such violence is not tolerated; to work for the full implementation of existing legal norms and policies; to make focused efforts to prosecute and punish perpetrators; to dedicate sufficient resources; and to fully involve men and boys in changing stereotypical attitudes and behaviour."¹² Yet, the UN has yet to do anything more substantive than make bold statements and issue reports that explore the extent of the problem and existing fragmentary solutions. The UN, along with other key actors, such as the G8 leaders, must urgently catalyze an integrated international response based on comprehensive best practice approaches, local context, and expressed needs of affected people.

⁹ Please note that the examples contained in this document are by no means exhaustive, nor do they represent an endorsement of the specific policy or program described. There are potential problems with and challenges inherent to all initiatives discussed, yet they do provide models for moving forward. Readers may send additional examples to lschechtman@globalaidsalliance.org.

¹⁰ <http://www.un.org/apps/news/story.asp?NewsID=19671&Cr=UNICEF&Cr1>.

¹¹ <http://www.un.org/events/women/iwd/2007/index.html>.

¹² <http://www.un.org/apps/news/story.asp?NewsID=21684&Cr=commission&Cr1=women>.

National Level:

- UNFPA and the European Commission are supporting **Turkey's** government in a national project called "Prevention of Domestic Violence against Women." The project, in its first stages, addresses the social, political and cultural conditions that make women vulnerable by establishing a national activity plan informed by baseline research into the prevalence of this form of violence. National training for professionals who work with survivors of violence, an increased number of shelters, a review of school curricula and books for material that support the subordination of women, and the involvement of religious leaders to speak out on the dignity of women are elements of the program.¹³
- In **Saudi Arabia**, the government has begun a study on the establishment of a national supreme commission to protect women and children from violence. Currently under review by the Ministry of Social Affairs, the commission would be empowered to make laws and coordinate all government ministries to combat and respond to VAWC. The commission would consist of men and women from civil society, government and the private sectors with expertise in VAWC.¹⁴
- In September, the government of **Morocco** established a National Observatory for Fighting Violence against Women. The observatory will coordinate social services and implementation of Morocco's 2004 law on women's and family rights. The observatory consists of government, women's rights organizations, and institutions providing judicial and psycho-social support to survivors of violence.

Pillar 2. Legal and Judicial Reform:

Good laws are central to protecting women and children from violence, and are an expression of political will in the struggle to end VAWC. Yet, good laws alone are insufficient; consistent and reliable implementation carried out by well-trained professionals and with appropriate services available is essential. Since August 2006, there have been many important steps in creating a global legal system that protects women and children and prosecutes offenders.

- Domestic violence laws were enacted in **India** and **Mexico**, and the **Republic of Korea** positively revised its existing law. Importantly, India's law now criminalizes marital rape, an important factor in the feminization of the HIV/AIDS pandemic, among other forms of abuse.¹⁵
- A sexual offenses bill was tabled in **South Africa** and enacted in **Kenya**. While civil society and Parliament in South Africa work to ensure passage of the best possible bill, Kenya's broadens the legal definition of sex crimes and provides rape survivors free medical care and counseling (but also criminalizes deliberate transmission of HIV).¹⁶
- In **Benin**, a new law bans sexual harassment, a form of violence against women that reflects social tolerance for maltreatment of women and can enable escalation. The sexual harassment law will hopefully provide women and girls increased comfort and security in schools and the workplace, fundamental for breaking the cycle of feminized poverty that puts women at risk of violence and HIV.¹⁷
- A Children's Bill is being considered in **South Africa's** Parliament. One section has already been passed, while another, which will be amended to the original bill, is expected shortly. The legislation addresses early and forced marriages, virginity testing, children heading

¹³ www.todayszaman.com/tz-web/detaylar.do?load=detay&link=103663.

¹⁴ www.gulfintimedia.com/index.php?id=289098&news_type=Top&lang=en.

¹⁵ http://news.bbc.co.uk/2/hi/south_asia/6086334.stm.

¹⁶ www.andnetwork.com/index?service=direct/0/Home/recent.fullStory&sp=144639.

¹⁷ www.womensenews.org/article.cfm/dyn/aid/2842/context/archive.

households, age of consent for medical care, violence prevention and response (including foster care and shelter systems), and early childhood development. All of these are factors in children's vulnerability both to HIV and to violence.¹⁸

- The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) is closer to being incorporated into **Nigeria's** domestic law, where a bill to this effect has been introduced. Incorporation of CEDAW's protections into domestic law is an important first step in government commitment to ending violence against women and girls.
- A Women's Protection Bill was enacted in **Pakistan** in November. The law, which reduces the burden of proof on rape survivors by removing the requirement of corroboration by four males, was met with widespread protest from Islamist parties in Pakistan, reflecting the challenging socio-cultural environment for the protection of women and children in a country that maintains many traditional Islamic laws.¹⁹ Also in Pakistan, a bill to make forced marriages illegal and provide protection for women's inheritance rights was introduced in February.²⁰
- Police trainings on VAWC were conducted in **Swaziland**, which has the world's highest prevalence of HIV/AIDS, and the training was attended by police from across southern Africa.²¹
- In **India**, all-women police stations were established to provide women with a safe space in which to report violence against them and their children. All-women police stations often increase such reporting, but proper training and experienced of personnel is essential.²²

Pillar 3. Health Sector Reform:

VAWC is as much a health crisis as a human rights catastrophe, and the health system is often the point of entry for women and children into public services. Health care workers must be able to recognize and respond to signs and symptoms of violence against women and children without perpetuating stigma, including by providing forensics examinations and referrals to legal and psycho-social services. A strong network of shelters is also an important health intervention, as well as an expression of political will for the protection and empowerment of women and children.

- The Empowering Adolescents and Young Girls Affected by the War through Reproductive Health Services, HIV/AIDS Prevention, and Reintegration Opportunities project in **Sierra Leone** is responding to high levels of sexual violence during and after that country's armed conflict. Sex workers, rape survivors, people living with HIV, and child-headed households are among those being targeted for behavior change communication, skills training and sexual and reproductive health services, including free medical care and prevention of mother-to-child HIV transmission for participants and host communities through the Ministry of Health and Sanitation. The World Health Organization and Sierra Leone's National AIDS Secretariat are training teachers and health care workers on HIV/AIDS and other related skills, establishing networks of peer educators, and even rehabilitating related infrastructure.²³
- The first shelters for domestic violence survivors are being opened in **Qatar**. The shelters will provide safety, medical and psycho-social care, and legal assistance to women and children. The centers are similar to one-stop crisis centers that have been established in Malaysia and South Africa, which have been proven to increase reporting and shorten the time from reporting to prosecution of offenders.

¹⁸ <http://www.childlinesa.org.za/policy/ChildrensBillProgressUpdate.htm>.

¹⁹ <http://news.yahoo.com/s/nm/india279771&printer=1>.

²⁰ www.startribune.com/722/story/999063.html.

²¹ www.observer.org.sz/mail.asp?id=29438&Section=main.

²² www.awid.org.

²³ UNFPA, *Programming to address violence against women: 10 case studies* (2007). At 25. Available at <http://www.unfpa.org/publications/detail.cfm?ID=322>.

- **Mexico's** health system has established an integrated response to violence, by integrating assessment and treatment into reproductive health services nationwide. Health care workers and legal professionals have received training so that each can respond in its own sector while providing appropriate referrals to ensure that survivors have all their needs and rights met. In addition, mental health professionals have been engaged, awareness-raising materials have been prepared and distributed, and specialized services for survivors of sexual violence have been established in select hospitals. This comprehensive response combines public health and human rights concerns to create a model program for health sectors around the world.²⁴

Pillar 4. Education Sector Reform:

Education is one of the foremost HIV prevention interventions available. It also provides protection from violence, since education empowers people to say no when they mean no, to delay sexual debut and marriage, and to maintain socio-economic independence. Yet, for many students, school is not a safe place. Worldwide, students are forced into sex with teachers for passing grades, sexually harassed and raped by fellow students, and put in danger by long commutes to and from school. Education for all is an imperative goal, but safe schools must be a corollary to all such efforts.

- **Malawi and Ghana** are piloting a safe schools program, supported by USAID, that will reform curricula, train teachers and other education personnel, make important infrastructural changes such as adding lights to gathering places and building separate latrine facilities, and raise awareness of violence in schools and the community.²⁵ An intervention effectiveness evaluation is underway, and results are expected shortly.
- **Kenya's** Maasai girls now have safe haven from the harmful traditional practices of forced marriage and female genital cutting (FGC), factors that frequently lead to school failure and drop-out. Forced marriages are also a risk factor of HIV and violence because of extreme differences in power between husband and wife. Female genital cutting, itself a form of violence against women and girls, results in abrasions and open wounds in the vagina, providing easy access to HIV and therefore increased risk. A UNFPA-funded project in the Southern Rift Valley—where 90% of females over age 14 has undergone FGC—has constructed a safe house for girls wishing to escape these traditional practices. The project has also constructed a girls' dormitory, which helps to ensure access to education while protecting girl students' safety. All of the girls who have fled from early marriage or FGC to this program have gone back to school.²⁶

Pillar 5. Community Mobilization for Zero Tolerance:

The pervasiveness of VAWC is due in large part to tolerance of the subordination and disempowerment of women and children, and to the belief that men are inherently more powerful and deserving of respect. Engaging local leaders, working with men and boys to challenge gender norms and expectations, and increasing public dialogue about VAWC are essential for creating a culture at the local and national levels that will no longer tolerate VAWC.

²⁴ Ibid at 68.

²⁵ <http://www.igwg.org/articles/safeschools.htm> and <http://www.devtechsys.com/services/activities/ssp.cfm>.

²⁶ UNFPA 2007, at 52.

- Working with men and boys is fundamental to establishing respect for women and girls as a cultural norm, which would address a key factor in the feminization of HIV. In **South Africa**, Sonke Gender Justice Network launched its One Man Can Initiative in November. One Man Can is based on the belief that men and boys can and must create a more just and equitable world, and includes action sheets, workshop activities and a resource directory. The Initiative has reached many thousands of people with its workshops and awareness materials.²⁷
- In Limpopo Province, **South Africa**, an innovative microfinance scheme has had outstanding impacts on participants' experiences of violence, knowledge of HIV/AIDS, and general sense of empowerment. Microfinance, one of the most cost-effective economic justice and women's empowerment initiatives available, provides small-scale loans to impoverished people that allow them to start micro-enterprises. Repayment meetings provide opportunity to discuss pressing issues in the community. The IMAGE (Intervention with Microfinance for AIDS and Gender Equity) Study found improved ability to challenge established gender norms—including gender-based violence—in study participants. Participants reported increased communication with their partners and children about HIV and sex, and the women who had experienced intimate partner violence in the previous year reported a 55% reduction of such incidents in the two years during which the intervention was conducted. These benefits were also apparent to a more limited degree in youth in participants' households. Microfinance initiatives should be implemented and scaled-up rapidly, targeting women and wage-earning youth—people at heightened risk of VAWC and HIV.²⁸
- Religious leaders are among the most important norm-setting voices and must be included in all efforts to change the culture of violence. In **Bangladesh**, 2,400 imams have begun participating in the Community Mobilization Program Involving Imams in Anti-Trafficking. Trafficking, a form of violence against women and children, reflects a culture that perceives VAWC as relatively normal. The project demonstrates the impact that religious voices can have on damaging cultural norms.²⁹

Pillar 6. Mass Marketing for Social Change:

VAWC is cloaked in silence. It is the most underreported crime in the world; many survivors never disclose their experiences, enabling the cycle of violence—and HIV risk—to continue unabated. In order to challenge societal acceptance of VAWC and open space for government reforms to establish a new social norm, awareness of VAWC must be raised on local, national and international levels. Mass marketing has proven effective in increasing acceptance of condoms and HIV testing and treatment, and must be established around VAWC, as well.

- Art for Humanity, a foundation supported by the European Union, has unveiled 21 billboards across **South Africa**, which raise the voices of women and children around their rights and safety. The billboards display poetry and art from a range of South Africa's diverse cultures, and appear in each province.³⁰
- World Day for the Prevention of Child Abuse, November 19, was observed in **Lebanon**, with partial support from World Vision, with the distribution of awareness flyers, posters, stickers and pins across the country. The goal is to teach children about what constitutes abuse, to encourage them to come forward if they have experienced abuse, and to encourage families and the community to support children who have been victimized. The marketing materials

²⁷ <http://www.genderjustice.org.za/onemancan/home/index.php>.

²⁸ http://www.wits.ac.za/Health/PublicHealth/Radar/IMAGE_study.htm.

²⁹ www.humantrafficking.org/updates/385.

³⁰ www.afh.org.za.

were distributed to schools, child protection NGOs, community centers, government ministers, dispensaries, and a range of other public locales.

- Radio and print campaigns in **Afghanistan** are highlighting a range of perspectives on the immorality of domestic violence, targeting all sectors of society. Topics have included the law and violence; forced and child marriages; education; and cultural practices that perpetuate patriarchy. Between interviews, dramas, and standard reporting, the campaigns are raising awareness with the goal of helping people to break their silence.

Conclusion

HIV/AIDS and VAWC are two of the greatest challenges currently facing the global campaign to eradicate poverty. Both are deeply rooted in socio-cultural norms and gender roles, resulting in a feminized AIDS pandemic and an unacceptable tolerance for violence taking place both in public and behind closed doors, every minute of every day around the world.

Experience has shown that, with cultural sensitivity and a public health and human rights framework, effective programs, in place in some countries, can reduce HIV transmission and AIDS deaths. The many examples above show that the same is possible with VAWC. Forthcoming research, such as a WHO study looking at the efficacy of programs that work with men and boys to change gender norms, empower women and reduce violence against women and children, will provide further evidence that VAWC is not an insurmountable challenge. Governments and multilateral agencies must back these and other effective programs with sufficient and reliable financial and human resources and policies that support rather than hinder the changes that must be made.

Millions of women and children are waiting for the world's leaders to take a stand that will protect them, and for services to be widely available. We know what works, but the necessary policies and programs are fragmented and underfunded. Political commitment and resource mobilization; legal, judicial, health and education sector reforms; community mobilization; and mass marketing are beginning to provide opportunities and safety for survivors of violence and for potential victims. Advocates, survivors of violence, policymakers and service providers must join together to ensure these programs have a broad impact, declaring that there will no longer be tolerance of violence against women and children.

Global AIDS Alliance
1413 K Street, NW, 4th Floor
Washington, DC 20005
(202) 789-0432
www.globalaidsalliance.org