

Written comments

Draft update of the General Recommendation No. 19 (1992): accelerating elimination of gender based violence against women

The following organisations are grateful for the opportunity to submit the following comments on the Draft Update on the General Recommendation No. 19 (1992): accelerating elimination of gender based violence against women:

- International Planned Parenthood Federation
- Swedish Association for Sexuality Education – RFSU
- Balance AC
- Center for Information and Counseling on Reproductive Health - Tanadgoma
- El Parto es Nuestro
- El Parto es Nuestro Ecuador
- Estonian Sexual Health Association
- Equipop
- Family Planning Organization of the Philippines
- Federacion Planificacion Familiar Estatal
- Indonesian Planned Parenthood Federation
- Irish Family Planning Association
- Le Planning Familial
- MenEngage Alliance
- NORSAAC
- Vietnam Family Planning Association
- Papua New Guinea Family Health Association
- pro familia, Germany
- Reproductive and Family Health Association of Fiji
- Rutgers
- Samoa Family Health Association
- Sensoa
- Sex og Politikk
- Sexual Health Switzerland
- Youth Harvest Foundation Ghana

We welcome the commitment of the CEDAW to update General Recommendation No. 19 and are heartened to see that the issue of violence against women and girls (VAWG) remains an on-going focus for the Committee. In particular, we see the update of General Recommendation No. 19 as an opportunity for further developing specific standards towards the elimination of gender based violence against women and girls. There are many elements of the General Recommendation that we welcome and would urge the Committee to retain going forward. We feel that it is imperative that the principles of non-discrimination, gender equality and sustainable development will comprehensively inform the final text of the updated General Recommendation.

Specifically, we welcome the reference in 15.b).ii to integrating gender equality into education, including through ensuring comprehensive sexuality education (CSE) for youth and adolescents. We believe that CSE plays a huge role in addressing gender norms and supporting society –particularly

youth and adolescents– to challenge norms, including those related to VAWG. Including this as an essential component in education is an important step towards creating a more gender equal world.

We also welcome the recommendation 15.j).i that calls on governments to repeal provisions that allow child marriage and legislation that criminalises abortion. With 21.6 million women experiencing unsafe abortion worldwide and 47,000 women dying from complications of unsafe abortion each year¹, it is clear that access to safe abortion is an essential part of ensuring women’s equality and human rights. It is crucial that the Committee takes a clear position on this issue, and we welcome it.

We were very pleased to see a specific paragraph (11) describing the impact that different and intersecting forms of discrimination may have on diverse groups of women. The acknowledgment that VAWG may affect women in different ways, and that diverse groups of women may be targeted because of these forms of discrimination is essential to understand how and why gender based violence occurs and how to address it. We were especially pleased to see explicit reference to impact that being lesbian, bisexual, transgender or intersex may have on experiences of violence.

Recommendations on the content of the Update

We consider that the update of General Recommendation on VAWG is a critical opportunity for the Committee to develop more detailed standards and guidelines on how states should implement their conventional obligations for achieving sustainable progress against VAWG. We are pleased that the Committee addresses how VAWG may affect women in different ways, and highlights the responsibility of state and non-state actors, whether international state responsibility may arise from actions as well as from omissions and negligence, and the different levels of the state that are relevant for state action against VAWG (legislative, executive and judicial). However, to a certain extent it remains unclear how those commitments should concretely be fulfilled by the state-parties to the Convention. Listing specific obligations binding upon states on certain topics concerning VAWG (particularly cross-cutting issues as mentioned by the Committee²) would positively contribute to increasing the possibilities for states to implement the Convention in a satisfactory manner. In addition, more detailed description of obligations and guidelines by the Committee could contribute to improve stakeholders’ efforts to hold state-parties to the Convention accountable both at the national (by CSO and NHRI, i.a.) and international level (through the periodic reviews by the CEDAW, i.a.)

In this regard, we are concerned that the Draft Update does not create strong enough links between access to sexual and reproductive health and rights (SRHR) and VAWG, and is not as ambitious as required to achieve meaningful and sustainable change.

SRHR and VAWG: The links

It is imperative that the Committee and the Draft Update explicitly recognise and reference the strong links between the realisation of sexual and reproductive health and rights (SRHR) and the impact that VAWG can have on access to these rights. Gender based violence can interfere with basic rights throughout a woman’s life and block access to critical sexual and reproductive health information and services. Women who experience violence are more at risk of unwanted pregnancies, maternal and infant mortality, and sexually transmitted infections including HIV, and such violence can cause direct and long-term physical and mental health consequences.

¹ http://www.who.int/reproductivehealth/topics/unsafe_abortion/magnitude/en/

² See para. 7

In many societies, women who are raped or sexually abused are stigmatised and isolated, which impacts not only on their well-being, but also on their social participation, opportunities and quality of life. Gains in preventing sexual and gender based violence therefore create an enabling environment for women in society and other spheres. SRHR programmes and services are widely considered a vital access point to survivors of sexual and gender based violence. Screening for violence in the context of sexual and reproductive health services can be effective in preventing the recurrence of violence and enabling the empowerment of women and girls. Given the infrequent contact by many women with the public health sector, SRHR programmes and services are often a vital access point for women to address violence and power relations in their lives, improve health outcomes and open access to economic, educational and political opportunities³.

Entry points have been identified throughout the health system to enable women and girls to access sexual and gender based screening treatment. These entry points include services such as home visits during pregnancy and the post-natal period, inter-linked referrals within the health sector, links with women's organisations, and gender sensitisation programmes among health care providers.

Furthermore, there is a strong and well-established relationship between HIV and sexual and gender based violence. In some countries, the risk of HIV (and other sexually transmitted infections) among women who have experienced violence may be up to three times higher than among those who have not⁴. Several studies have found that women are also more likely to experience intimate partner violence if they are known to be living with HIV⁵.

A significant percentage of women and girls who have had unprotected sex – a large percentage in some countries – are in a violent or coercive intimate relationship⁶. Two recent studies of women in Uganda (aged 15–49) and South Africa (aged 15–26) found that women who had experienced intimate partner violence were 50 per cent more likely to have HIV than women who had not experienced violence⁷. Forced sex and sexual violence can lead directly to HIV and other sexually transmitted infections. Fear of violence can prevent women from testing for HIV and/or disclosing their HIV status, accessing treatment, and insisting on condom use with their partner. Studies have found that adolescent girls forced into sex are less likely to use condoms or other contraception in future sexual encounters. In addition, individuals who have survived sexual coercion and assault early in life exhibit increased patterns of sexual risk taking later in life, including unprotected sex with multiple partners and transactional sex⁸. Violence can also be a consequence of HIV infection, and women living with HIV and other sexually transmitted infections can face abuse⁹, including coerced or forced sterilisation, abandonment, and other forms of stigmatisation and discrimination.

Specific Text Recommendations

Despite the positive references and recommendations in the Draft Update, we believe that there are a few areas where the General Recommendation can be strengthened to better reflect the interactions between sexual and reproductive health and rights and VAWG. Below are some

³ DFID (2014) *Girl's Education and Gender Equality*; United Nations Millenium Project (2005) *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millenium Development Goals*; UNFPA (2010) *Addressing Violence Against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets*.

⁴ President's Emergency Plan for AIDS Relief – PEPFAR (2013) *PEPFAR: Addressing Gender and HIV/AIDS*. USAID.

⁵ UNADIS (2014) *Unite with Women Against Violence and HIV*. Geneva: UNAIDS.

⁶ UNFPA (2010) *Addressing Violence Against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets*.

⁷ UNAIDS (2013) *AIDS by the Numbers*. Geneva: UNAIDS. Available at Accessed 14 January 2015.

⁸ *Ibid.*

⁹ United Nations Millenium Project. *Op. Cit.*

suggested text recommendations that we hope the Committee will reflect on in their subsequent drafting.

Recommendations on the Scope

Paragraph 12: “Gender based violence against women occurs in all spheres of human interaction, whether public or private. These include the family, the community, **[ADD: religious institutions]** the workplace, leisure, sport, **[ADD: health services and]** educational settings [...] It occurs in any area under the direct control of the State, for example, law enforcement or public health or where it has devolved tasks to private actors, such as where it engages privatised services to manage places of detention **[ADD: and health service provision, among others.]**”

Recommendations on the General Obligations of States

Paragraph 14: “The general obligations described above encompass all areas of State action, including the legislative, executive and judicial branches, **[ADD: sub-national, local and decentralised authorities]**, as well as privatised services.”

Recommendations on Prevention

b) i: “The integration of gender equality content into curricula at all levels of education from the early childhood level, as well as in public education programmes targeting stereotyped gender roles and promoting values of respect and equality and non-discrimination, including **[ADD: non-discriminatory, evidence-based, scientifically accurate]** comprehensive sexuality education for **[DEL: girls and boys][ADD: all children, youth and adolescents]**,”

h) “Ensure criminal proceedings are initiated in all cases of crimes of gender-based violence against women, **[ADD: including by means of activating extended criminal jurisdiction and/or international judicial cooperation, in order to]** bring the alleged perpetrators to trial in a fair, impartial, timely and expeditious manner and impose appropriate penalties. Fees or court charges should not be imposed on victims/survivors.”

j) i: “provisions that allow **[ADD: tolerate or hinder prevention, punishment and redress of]** child marriage **[ADD: and other harmful practices,]** and legislation that criminalises abortion **[ADD: or that restricts or conditions women’s access to sexual and reproductive health information, goods and services]**, as well as legislation that enshrines or facilitate gender-based violence against women; **[ADD: including gender-based violence via Internet and other technological resources; as well as legislation that criminalises homosexuality, adultery, sale of sexual services, HIV and STI transmission or mandatory disclosure of HIV, AIDS or STI condition, etc.]**”

l): “Ensure that the definition of rape **[ADD: and other types of sexual violence or aggression]**, including marital and acquaintance rape is based on lack of consent, and takes into account of coercive circumstances **[ADD: regardless the victim/survivor’s marital status, age, nationality or residence, disability, health condition, sexual orientation, gender identity or expression and other stigmatising circumstances including sex work, substance use/abuse, etc.]**. Any time limitations **[ADD: for prosecuting and/or punishing rape and other sexual aggressions]**, where they exist, should prioritise the interests of the victims/survivors **[ADD: as well as be applied giving due consideration to circumstances hindering the victim/survivor’s possibility to report the aggression to the competent authorities, namely the victim/survivor’s age, persistence of continued violence, fear, threats, or conflict/refugee situation preventing the victim/survivor from reporting an aggression, unavailability of reporting mechanisms or authorities, unwillingness or failure of authorities to receive or investigate the aggression, etc.]**”

Recommendations on Protection and Redress

a) iii: “Health **[DEL: -care]** services should be responsive to trauma and include **[ADD: timely, quality, comprehensive sexual and]** reproductive health services **[ADD: information and goods, including emergency contraception, medical abortion and post-abortion care and medicines, including generic medicines, for the prevention and treatment of sexually transmitted infections and HIV, etc., as well as legal and psychological support as required.]**”

a) v: “Providing protective and support measures to women irrespective of their **[ADD: marital status, age, nationality, disability, health condition, sexual orientation, gender identity or expression and other stigmatising circumstances including sex work, substance use/abuse, etc.,]** residence status and their ability or willingness to cooperate in proceedings against the alleged perpetrator”.

b) “Address factors that heighten women’s risk of suffering gender-based violence, such as **[ADD: being a human rights defender,]** the accessibility and availability of firearms and/or a context of criminality and impunity, which may be affected by armed conflict or heightened insecurity”.

c): “Provide effective reparation to women victims/survivors of gender-based violence **[ADD: in accordance with international standards on reparations of human rights violations.]** [...] Such remedies should be adequate, promptly attributed, holistic and proportionate to the gravity of the harm suffered **[ADD: as well as particularly aimed to preclude and/or lessen to the greatest extent possible permanent and/or significant consequences to the victim/survivor’s life, health and to her wishes and decisions concerning her personal development]** [...] Priority should be given to the victim/survivor’s wishes and decisions, safety, dignity and **[ADD: their physical and mental]** integrity”.

Recommendations on Data collection and Monitoring

a): “Develop and evaluate all legislation, policies and programmes **[ADD: in]** consultation with civil society organisations, in particular women’s organisations. States parties should encourage **[ADD: meaningful]** cooperation among all levels of the justice system and the organisations that work to protect and support women victims/survivors of gender-based violence **[ADD: including those providing comprehensive health information, services and goods to victims/survivors of gender-based violence]**, taking into account their views **[ADD: and expertise]**. States parties should encourage the work of human rights and women’s non-governmental organisations.”

e) Set up a mechanism or body, or mandate an existing mechanism or body, to coordinate, monitor and assess regularly the **[ADD: national and local]** implementation and effectiveness of measures, including those recommended in this document **[ADD: as well as other relevant international standards and guidelines]**, to prevent and eliminate all forms of gender-based violence against women.”