Global AIDS Alliance

ZERO TOLERANCE:

Stop the Violence Against Women and Children, Stop HIV/AIDS

"After the school break, my mom asked me if I wanted to go back to school. I said no. I didn't want to go. All the people who I thought were my friends had turned against me. And they [the rapists] were still there. I felt disappointed. [Teachers] always told me they were glad to have students like me, that they wished they had more students like me. If they had made the boys leave, I wouldn't have felt so bad about it."
—WH, 13-year-old student gang-raped by classmates, South Africa, interviewed by Human Rights Watch, 2001[1]

"The central issue isn't technological or biological: it is the inferior status or role of women. To the extent that, when women's human rights and dignity are not respected, society creates and favors their vulnerability to AIDS." *—Dr. Jonathan Mann, former head of WHO AIDS Program, 1995*

August 1, 2006

Global AIDS Alliance
1413 K Street, NW, 4th Floor
Washington, DC 20005
www.globalaidsalliance.org

TABLE OF CONTENTS

CASE STUDIES

I. EXECUTIVE SUMMARY

There are now approximately 18 million women in the world living with HIV/AIDS, a large portion of whom live in sub-Saharan Africa.[2] 2.3 million children under the age of 15 are living with HIV/AIDS; one of them dies each minute.[3] As the international community attempts to grapple with these staggering numbers and spends billions of dollars on essential HIV/AIDS programs, comparatively little attention is being paid to the urgent need to scale up programs that address violence against women and children (VAWC).

Establishing zero tolerance for violence is a matter of basic respect for human rights, particularly those of women, including sexual and reproductive rights. Unless it is fully addressed with a holistic view of risk factors and consequences, the multi-billion dollar response to HIV/AIDS is bound to fail.

Violence is clearly at epidemic proportions, and it severely impacts children, with 20% of girls and another 10% of boys experiencing sexual abuse as a child.[4] Orphans and other vulnerable children (OVC) are at heightened risk. Refugees and displaced persons, 80% of whom are women and children, also experience increased sexual or physical violence; this makes approximately 15 million people especially vulnerable.[5]

Violence is linked to HIV. Women who have experienced violence may be up to three times more likely to acquire HIV.[6] In addition to behavioral risk factors, there are direct consequences of unprotected forced or coerced sex, and this is compounded by global HIV/AIDS policies that fail to take seriously the realities facing women and girls. Fear of violence can prevent women from seeking voluntary counseling and testing (VCT) for HIV, disclosing their serostatus, and receiving treatment when it is needed.

Many of the kinds of violence addressed in this paper have deep social roots. For instance, polls show that in some countries large majorities of men and women feel men are sometimes justified in beating their wives. These and similar views are based in traditional concepts of gender roles, which can be reinforced via religious institutions, the media and other mechanisms. However, there are strong examples of ways in which violence against women and children can be effectively addressed. For example:

- In rural South Africa, the IMAGE Project combined microfinance lending with participatory gender and HIV training. The program involved over 850 women and 4,000 young people, and has already had a positive impact.

- In Egypt, NGOs have implemented the New Visions educational program, which has reached 17,000 young men and boys. Among boys who have graduated from the program, only 26% now feel it is acceptable for a husband to hit his wife, a decline of about half.

For more than two decades, women's advocacy organizations have been calling for action on violence against women.[7] The call for action to stop violence against children is more recent but is beginning to be heard. Yet, despite clear evidence that successful strategies exist, international donor countries have been far too slow to react, multilateral funding mechanisms have been left starved of resources, and no global plan has been created. For instance, in 2005 the United States announced an initiative to support legal and judicial reforms and improve social protection mechanisms in four African countries, but it has taken more than a year to get off the ground. The UNIFEM Trust Fund to Eliminate Violence Against Women (TF) has provided only $10 million to programs in 100 countries and faces a resource gap of at least $14 million each year. Countries with high rates of violence against women and children, many of which also have high rates of HIV, too often fail to effectively enforce their own laws against violence and some don't even have laws on the books. Only 25 countries have developed national action plans on eliminating violence against women.

It is high time that the epidemic of violence be addressed with a new level of urgency—including much greater financial resources for effective, evidence-based programs. Billions of dollars have been mobilized for an initial—albeit inadequate to date—response to HIV/AIDS, but, so far, the rising concern about the epidemic of violence has led to almost no increase in financial resources for the range of successful programmatic responses to violence. Given the intimate connections between violence against women and children and HIV, it is clear that the international community must urgently implement a comprehensive response to stop the violence if we are to have any hope of preventing and successfully treating HIV/AIDS.

This document describes a framework for a comprehensive response to violence against women and children, including the resources that would be needed, political and financial, for full implementation. The following elements would be essential (for more detail, see Appendix III):

Pillar #1: Political Commitment and Resource Mobilization
Political commitment must occur at the country, international and civil society levels. An international commitment should include creation of a Global Task Force on Violence Against Women and Children, consisting of UN agencies, donor and affected country governments, and civil-society organizations, with UNAIDS as secretariat. Another option would be for the Task Force to become a major program of a new UN agency focused on the needs of women, an agency recently proposed by the Secretary General's Special Envoy on HIV/AIDS in Africa, Stephen Lewis.[8]

Effective HIV/AIDS prevention and treatment programs, such as those financed by the Global Fund, are addressing stigma, a key driver of violence. These programs must be fully funded, and the promise of universal access to HIV/AIDS prevention and treatment by 2010 must be kept. HIV/AIDS programs should be expanded to include funding for programs to address violence against women and children. Beyond HIV/AIDS programs, additional resources, at the level of at least $2 billion beginning in 2007, are urgently needed for effective, evidence-based programs that address violence.

Pillar #2: Legal and Judicial Reform
Countries should immediately enact and enforce legislation that criminalizes all forms of VAWC, and legally mandate violence recognition, prevention and response training for judicial professionals.

Pillar #3: Health Sector Reform
Comprehensive reform of the health sector is needed to ensure that VAWC is an essential element of universal access to care and that the right to health, including sexual and reproductive health, is met.

Pillar #4: Education Sector Reform
Countries should establish gender and violence trainings throughout the education sector for professional certification, incorporate violence into all national education strategies, and establish schools at all levels as places of safety. Addressing the needs of OVC is especially critical.

Pillar #5: Community Mobilization for Zero Tolerance
Local leaders and change agents should be mobilized by a decentralized network of community task forces, established by the national VAWC strategy, to identify, respond to, and speak out against VAWC in their communities.

Pillar #6: Mass Marketing for Social Change
National strategies should include plans to conduct widespread, comprehensive mass marketing campaigns aimed at eradicating tolerance of violence and modifying harmful gender norms.

The world has already waited too long, allowing more and more women and children to be victimized because of their lower status and the systemic violence that enables governments, police, neighbors and friends to turn a blind eye. The international community should take concerted action to bring an end to this epidemic on the basis of a coordinated and fully-financed plan.

II. CONTEXT: AN EPIDEMIC OF VIOLENCE

There are now approximately 18 million women in the world living with HIV/AIDS. In sub-Saharan Africa, the region with the greatest burden of HIV and AIDS, an estimated 59%—or 13.2 million—of all adults currently infected are women. This represents three-quarters of women over the age of 15 living with the disease worldwide.[9] 2.3 million children under the age of 15 are living with HIV/AIDS; one of them dies every minute of every day.[10] As the international community attempts to grapple with these staggering numbers, one key risk factor—violence—is too often left out of the equation almost entirely, and programs to address this risk factor are scattered and small-scale.[i]

Worldwide, one in three women will be the victim of abuse—physical, sexual, or psychological—because of her gender at some point in her lifetime. One in five women will survive rape or attempted rape.[11] In many places forced or coerced sex within marriage is considered normal, since the marriage contract is itself often viewed as universal consent to sex. Around one in four women is abused while pregnant, which can have severe consequences for both the mother and the child.[12] Additionally, many girls experience violent sexual debut. In some locations as much as 30% of women report that their first sexual experience was coerced or forced, and the younger they were at the time of sexual initiation the higher the chance that it was violent.[13] Rape is also an increasingly common weapon of war, and displaced women and children, who make up 80% of the world's refugees and internally displaced people, are particularly vulnerable to violence.[14] Importantly, physical and sexual violence go hand in hand, with the presence of one increasing the likelihood of the other. All told, an alarming number of the world's females will experience violence at some point in their lifetimes, simply because they are female—and because of the disempowerment and poverty that results from their gender.

> "Sexual violence against women by intimate partners in the home or by strangers…increases women's vulnerability to HIV infection and further violence. Effective intervention strategies can be developed by recognizing and analyzing the interplay between gender inequality, violence and the HIV pandemic."
>
> —Dr. Yakin Ertürk, UN Special Rapporteur on Violence Against Women

Widespread abuse of children is a similarly grave problem. Millions of children are sexually or physically abused by family members or acquaintances. Global research indicates that 20% of girls and another 10% of boys experience sexual abuse as a child.[15] Yet, reports of child sexual abuse suggest prevalence as high as 30% in some places.[16] Nearly 50% of all sexual assaults in the world are committed against girls aged 15 years or younger.[17] In many places, abuse takes place not only at home, but also at school. Violence in schools, sexual and otherwise, is pervasive in some locations. One study indicated that 72% of Ethiopian children had been slapped while at school; another, from Malawi, found that 50% of school-aged girls had been sexually assaulted by teachers or male classmates.[18]

Access to basic education is associated with lower HIV prevalence, yet children who have witnessed or experienced violence are often too afraid to attend school. Additionally, violence or the exposure thereto can lead to poor psycho-social adaptation and post-traumatic stress disorder (PTSD), perpetuating the cycle of violence. In fact, violence is often cyclical. Children who experience violence are more likely to experience it in adulthood, as well. For example, 60% of women whose sexual initiation was forced go on to experience sexual violence later in their lives.[19]

[i] For more information about the types of violence and the populations at risk considered in this report, please see *Appendix I* and *Appendix IV*, at the end of this document.

Violence of all kinds is central to the HIV/AIDS epidemic. Children who experience violence are more likely to engage in behaviors known to be risky for HIV in adolescence and adulthood.[20] Women who have at any time been forced to have sex are more likely to use condoms inconsistently than women who have never been coerced.[21] Fear of violence can prevent women and adolescent girls from negotiating safe sex, even when it is consensual, making research into female controlled prevention such as microbicides all the more relevant.

Women are at least twice as likely to acquire HIV as men simply for physiological reasons. Additionally, violence against women (VAW) is associated with an increased risk of sexually transmitted infections (STIs), which can heighten risk of acquiring HIV.[22] Violent sexual abuse can cause damage to the vaginal wall, resulting in tears such as traumatic gynecological fistula, which can facilitate access of HIV.

When combined with the high risk of violence faced by the world's women, their disproportionate risk of HIV takes on new meaning. Women living with HIV have more lifetime experience of violence, and women who have experienced violence may be up to three times more likely to acquire HIV.[23] 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.[24]

Violence or the fear of violence, as well as other forms of ill-treatment that can arise from the stigma associated with HIV/AIDS, can prevent women from seeking VCT, returning for their test results, disclosing their serostatus, or getting treatment if they are HIV positive.[25] Women's economic disempowerment can be a particular problem when it comes to seeking health care; asking male relatives for money to pay transit or health user fees can also cause violence, and women may resist asking out of fear of violence. Lack of access to VCT and lifesaving AIDS medications turns a chronic illness into a death sentence for too many people. In addition, there are the compounding impacts of global HIV/AIDS policies that presuppose that women always have a choice, and of structural violence that reinforces damaging gender norms by keeping women in poverty, hindering children's access to education, restricting health care and access to information, and committing other human rights abuses.

Social norms, including perceptions of morality and the lower status of women and children, play an important role in VAWC. Because the primary mode of HIV transmission is sexual, religious and other views that stigmatize sexual behavior can exacerbate stigma facing many PLWHA or individuals seeking VCT or treatment, and this can lead to physical violence.

In addition, social norms and expectations create an environment in which both men and women do not see VAWC as inherently wrong. For example, recent research found that as much as 84% of women in some parts of Ethiopia and Bangladesh feel men are justified in beating their wives for at least one reason.[26] Similarly, a survey in Johannesburg, South Africa, found that 27% of adolescent girls and 32% of their male peers felt that "forcing sex with someone you know is never sexual violence."[27] In order to reduce stigma of HIV/AIDS and positively impact socio-cultural norms around sex, violence, and women's status, widespread community mobilization and communication with a message of zero tolerance for violence are essential, along with earnest work on the part of governments to protect human rights.

Despite all that is known about the epidemic of VAWC, much remains unknown. VAWC has remained for so long in the shadows, treated as a private problem and ignored because of the lower status of its victims, making it one of the most underreported crimes in the world. Contributing to this lack of information is inadequate commitment to collection of data on incidence of VAWC and disaggregation of these data by gender and age. The lack of a legal definition of VAWC or a reporting

mechanism can make it difficult to quantify incidents of violence. To address this situation, baseline data on VAWC incidence and access to VAWC services should be gathered and used to inform measures of progress of multisectoral reforms, as advocated below. More information is also needed on the impact of exposure to violence on children and strategies to minimize it.

KEY VAWC STATISTICS:

- 1 in 3 women worldwide will experience violence in her lifetime.
- 1 in 5 women worldwide will survive rape or attempted rape.
- As much as 30% of women are forced into their first sexual experience.
- In some places, as much as 30% of children are sexually abused.
- Nearly 50% of all sexual assaults are against girls aged 15 or younger.
- As much as 50% of school-children in some countries report having been physically or sexually assaulted while at school.
- Up to 30% of youth in certain locations feel that forced sex with someone known to you is not sexual violence.
- Women who have been forced into sex are less likely to use condoms consistently than women who have never been forced into sex.
- Women who have experienced violence may be up to 3 times more likely to acquire HIV than those who have not.

International Promises on Stopping VAWC

Over the past ten years the international community has stated multiple times its intent to fight the epidemic of violence against women. For instance, the International Conference on Population and Development, held in Cairo, Egypt, in 1994, established VAW as an essential component of reproductive health, and included VAW prevention and treatment in its reproductive health services platform. A year later, the UN Fourth World Conference on Women, which took place in Beijing, China, identified VAW as a manifestation of "historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement," and participating governments committed to take action to mainstream women's roles in society; enact integrated measures to eliminate VAW; study its causes and consequences; and eliminate trafficking of women.[28]

In 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) acknowledged the role played by VAW in spreading HIV, and the members made a clear commitment to take action by 2005 by developing and implementing national strategies for the "elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls."[29]

In June of this year, the UN General Assembly met in another special session on HIV/AIDS (UNGASS) to review its progress over the past five years and lay out a comprehensive strategy for the global fight against AIDS. Countries submitted reports on their progress in keeping 2001 promises, yet many of these reports, including from a number of the countries most heavily impacted by HIV/AIDS, fail to even mention the problem of violence against women or any specific plan to address the crisis.[30] The Assembly issued a Political Declaration which essentially reiterated the 2001 promises regarding VAWC, but went no further.

Africa has itself made key commitments on VAWC and linked the issue to the response to HIV/AIDS. In preparation for UNGASS, an African continental consultation on HIV/AIDS prevention, treatment and care recognized the importance of violence in the context of Africa's HIV/AIDS epidemic. In their *Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS prevention, treatment, care and support in Africa by 2010*, African governments recommended the promotion of "legal and programmatic measures to address the high vulnerability of women and girls."[31] Then, in its Common Position, prepared for the UNGASS meeting, the African Union (AU) committed to "develop and strengthen interventions designed to eliminate factors that make women more vulnerable to HIV/AIDS."[32] Unfortunately, neither the AU nor the UN General Assembly has set any measurable targets related to violence.

Finally, there are the promises made to observe and enforce international human rights law. The Convention on the Rights of the Child has been ratified by all but two countries in the world. Similarly, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) has been ratified by 183 countries. Regional documents, too, are intended to hold governments to account. Both the AU Convention on the African Charter on the Rights and Welfare of the Child and the Protocol to the Charter on Human and People's Rights on the Rights of Women in Africa have been signed by 53 of 54 African countries. The Inter-American human rights system, the only other regional body that exists, has its Convention on the Prevention, Punishment and Eradication of Violence Against Women and its Convention on Human Rights. These international legal commitments hold governments responsible for protecting women and children from all forms of violence—physical and mental—perpetrated by state and non-state actors.[ii] Yet, these duties are ignored and most national laws have not been brought in line with international and regional obligations.

Current International Investment

Existing international investment in the problem of VAWC is seriously inadequate. There are a number of financing opportunities, ranging from bilateral and multilateral to national-level initiatives. An infusion of adequate funds is essential for a comprehensive response to VAWC, yet, thus far, the international community has failed to realize current opportunities or to activate new, dedicated funding streams.

Some major donor countries have invested in important VAWC programs, sometimes with mixed results. For instance, a 2005 evaluation of gender violence interventions funded by the British Government's Department for International Development (DFID) found the Department was supporting 44 projects that "seem to be related to gender violence." DFID has supported programs in Pakistan, Jordan, South Africa, and other countries. In South Africa, for instance, DFID supported the Soul City mass media campaign, after which reporting of domestic violence increased, while "behavioral change has been limited." The evaluation concluded that "positive work is going on" yet the projects were "largely isolated and [they] do not feed into the overall learning process."[33]

The United States' President's Emergency Plan for AIDS Relief (PEPFAR), a large-scale bilateral program for addressing HIV/AIDS, has also implemented some programs to target VAWC. The US Office of the Global AIDS Coordinator (OGAC), which implements PEPFAR, stated in 2006 that its

[ii] Although some states have argued that family and intimate partner violence are private matters that do not fall within the responsibility of governments, it is in fact government agents—police, judges, and other government-certified professionals—whose duty it is to prevent and punish violence. The UN Committee on the Elimination of Discrimination against Women, in its General Recommendation 19, emphasized that "States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation." (Available at: http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm)

implementing partners reported that "203 activities had a component that sought to address violence and coercion." The US program is supporting post-exposure prophylaxis (PEP) programs for rape victims in several countries, including Kenya, Zambia and South Africa. OGAC also states that the Emergency Plan "is supporting efforts to review, revise, and enforce laws relating to sexual violence and women's property and inheritance rights; enhance women's access to legal assistance; and eliminate gender inequalities in civil and criminal codes."[34]

Unlike DFID, the US has not commissioned an independent evaluation of these programs or activities. Any evaluation would have to carefully assess the impact of US policy on efforts to address violence. For instance, at least two-thirds of US funding for prevention programs must be spent on programs that promote abstinence, and training in condom negotiation is limited to narrowly-defined risk groups, such as sex workers. The US promotion of abstinence until marriage also favors program implementers who reject sex outside of marriage on moral groups and who may be unable to effectively reach out to people who suffer violence in relationships outside marriage. Some program implementers may ultimately reinforce stigma and gender stereotypes, and should be carefully considered by OGAC and evaluated by independent observers.

In June 2005, President Bush announced the Women's Justice and Empowerment in Africa Initiative (WJEI), which is intended to provide $55 million over three years to Benin, Kenya, South Africa and Zambia. The funds would be used to conduct legal and judicial reforms and improve the social protection mechanisms that allow women to seek safety from violence and adequate recourse for the crimes they have experienced. However, the program has moved extremely slowly. Since contracts have not yet been awarded, none of the work promised by the initiative has actually been carried out. In addition, the work to be conducted by WJEI is essentially limited to the legal and judicial sector, falling short of the needed comprehensive response.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, a unique multilateral partnership dedicated to addressing the three diseases through country-driven proposals, has the potential to scale up its work on VAWC in the context of HIV and AIDS. The Global Fund has to date supported several proposals that address the links between VAWC and HIV/AIDS, such as those from Costa Rica,[35] Croatia,[36] and Colombia.[37] Yet, to make a greater impact on the HIV/AIDS pandemic, the Global Fund must have both the financial and human capacity to expand further into areas of VAWC, including harmful gender norms.

> "Understanding what sexual violence is is not just for victims or for women, but it's for everybody."
>
> —Maria Koulouris, Global Rights

In analyzing the Global Fund's impact on gender concerns, the International Center for Research on Women found that full implementation and improvement of the Global Fund's technical recommendations on gender in programming would require additional donor resources for training members of the Fund's Board and Country Coordinating Mechanisms to integrate a gender orientation into existing policies.[38] With this training and with other forms of technical assistance, countries could request funding for VAWC programs that are clearly related to HIV/AIDS. An increase in financial support for the Global Fund could permit greater funding for proposals that make the link between VAWC and universal access to HIV/AIDS prevention, treatment and care. Unfortunately, most G8 governments have reneged on their promise, made in their July 2005 communiqué, to support full replenishment of the Global Fund, and the Fund is still lacking a sustainable, predictable funding stream for 2006, 2007 and beyond.

One of the few institutions working on the comprehensive approach essential for a VAWC response is the UNIFEM Trust Fund to Eliminate Violence Against Women (TF). Active since 1997, the Trust

Fund "links innovative efforts to end violence against women with opportunities to replicate and scale up successful strategies."[39] To date, the TF has provided $10 million to a range of multisectoral programs in 100 countries.[40] The TF has inaugurated a special funding window to address linkages between violence against women and HIV/AIDS, and, in 2005, Johnson & Johnson provided a contribution to support this activity. The TF has supported programs providing medical, psychological, social and legal assistance to survivors of violence who were living with HIV/AIDS in such countries as the Democratic Republic of Congo, Vietnam, India and Haiti. The TF has also funded programs that provide training for community leaders, authorities, and health and legal service providers to apply new laws to address violence against women in Tanzania, Cambodia and southern Nigeria.

Donors to UNIFEM have included Austria, Finland, Iceland, Norway, Slovenia, Trinidad and Tobago, and, for the first time last year, the United States. Yet, the TF has been able to respond to only a tiny fraction of the funding requests it receives. UNIFEM received 1,000 requests in 2005, but it was able to finance only 24.[41] The TF is dramatically underfunded, with a resource gap of at least $14 million each year; the international donor community should not only fill this gap but support expansion of this unique, intergovernmental mechanism for a comprehensive response to VAWC.

Much more funding is also needed to specifically address the impact of sexual violence on women and children made vulnerable by armed conflict. From 2000 to 2006 a mere $8.4 million out of a total of $105.7 million "allocated to UN institutions and NGOs for increased protection of vulnerable populations and working more effectively with governments was dedicated to specific GBV programming."[42] This is, according to UNIFEM and UNFPA, "grossly inadequate."[43] In June 2006, UNIFEM announced formation of a Joint Partnership against sexual violence in conflict, the "first initiative to combat gender-based violence that includes joint UN and civil society governing structures and resource mobilization processes."[44]

In conjunction with the formation of the Joint Partnership, the UN humanitarian sector, the European Commission, civil society and representatives of governments from conflict and post-conflict states issued the *Brussels Call to Action to Address Sexual Violence in Conflict and Beyond*. That document laid out a comprehensive platform for addressing violence in conflict and in peacetime. The Brussels Call to Action and the concrete financial analysis that preceded it are important models in the global effort to eradicate VAWC, support its victims, and incorporate violence into an HIV framework that goes beyond ABC. However, these efforts are largely specific to the humanitarian sector. While conflict and post-conflict states, refugees, and IDPs are an important element of a comprehensive response, more data collection and analysis must be done in order to determine a global resource need and to undertake efforts to fund the gap.

Estimates of Resources Needed

Dr. Geeta Rao Gupta of the International Center for Research on Women, has stated that "[a]t the national and local levels, there are multiple, proven strategies and best practices to reduce violence against women, including judicial and legislative reform, strengthening of law enforcement and police training mechanisms, and medical support services for women who are victims of violence—all those require financial resources and a political commitment to end violence."[45]

Yet, clear resource needs estimates are missing. According to UNIFEM, "there are no estimates on resources required to achieve gender equality and women's empowerment. Further hampering an understanding of costs, it becomes increasingly difficult to track investments when the category of 'gender' is mainstreamed into programme budgets. At the same time, insufficient investment in gender equality programming has been pointed out as a weakness at all levels."[46]

There do, however, exist estimates of the economic consequences of interpersonal violence. These include direct health care costs, absenteeism from work, lost productivity, and impact on Gross Domestic Product (GDP). The World Bank has estimated "the loss of 9 million years of disability-adjusted life years (DALYs) each year worldwide as a result of rape and IPV."[47] A 1999 study in Chile and Nicaragua found that intimate partner violence (IPV) reduced Chilean women's earnings by over $1.5 billion, a total of two percent of Chile's entire GDP; similarly, IPV reduced earnings in Nicaragua by $29.5 million, or 1.6% of total GDP.[48] Estimates at the global level suggest "that crime and violence together cost the equivalent of 5.0% of the gross national product of industrialized countries, and as much as 14% of the gross national product of low-income countries."[49]

> "He [her husband] would beat me to the point that he was too ashamed to take me to the doctor. He forced me to have sex with him and beat me if I refused. This went for every woman [wife]. Even when he was HIV+ he still wanted sex. He refused to use a condom…. [After he died of AIDS] relatives called me 'the killer.'"
>
> — Sules Kiliesa, HIV-positive Ugandan woman interviewed by Human Rights Watch for the 2003 report, *Domestic Violence and Women's Vulnerability to HIV Infection in Uganda*

Of the specific sectors described in this report, the costs associated with interpersonal violence are most researched in the health sector. In the United States, for example, mental health and medical costs for female survivors of IPV totaled $4 billion in 1995 alone. Similar research for low- or middle-income countries is rare, but what research does exist indicates a serious cost burden on resource-poor countries. A study in Colombia found that the government spent $73.7 million in 2003 to prevent, identify, and provide services to survivors of family violence—"an amount equal to approximately 0.6% of the total national budget." While Colombia has an ongoing armed conflict, a situation known to increase incidents of family violence and IPV, a study in Jamaica, a state without ongoing conflict, found that the direct costs of treating survivors of IPV at one hospital alone were almost $500,000 in 1991.[50] Costs of child abuse have also been analyzed, although almost exclusively in high-income countries. In 1999, for example, one study found that direct health care costs of child abuse in the United States totaled $14 billion.[51]

Violence against women and children, as a key driver of HIV/AIDS, is contributing to the very high economic cost of the HIV/AIDS epidemic itself. In 2004, the International Labor Organization (ILO) stated that between 1991 and 2002 the HIV/AIDS epidemic caused an average annual loss of 0.9% of GDP in 41 of the worst affected countries, with a total loss of approximately $17 billion per year. If this loss of GDP is maintained, the ILO estimated that these same 41 countries will collectively lose $270 billion by the year 2020.[52]

These estimates indicate the impact that VAWC has on countries' ability to grow and prosper; when combined with the personal impacts of violence, it is clear that VAWC must be urgently addressed by the global community, including an infusion of adequate funding to support comprehensive interventions.

Recommendations

First, existing funding needs to be used more wisely, fully recognizing and integrating VAWC into the programming it supports. Because of the links between VAWC and HIV/AIDS, one way to ensure this takes place would be to reserve 10% of all HIV/AIDS budgets—those of donors and national governments alike—for programs to address VAWC. If annual global spending on HIV/AIDS reached $22 billion, the amount the UN has stated is needed by 2008, 10% of this would equate to $2.2 billion. This method, sometimes known as ringfencing, has been used successfully by OVC advocates in the United States and elsewhere, to guarantee funding streams for OVC and to emphasize the connection between childhood vulnerability and HIV/AIDS. However, the world needs to go further

than allocating to VAWC portions of existing budgets for HIV/AIDS, since many of the multisectoral initiatives needed, such as legal reform, go beyond the scope of HIV/AIDS programs per se.

Secondly, a global funding stream dedicated to VAWC should be established. Although no costing estimates currently exist for global VAWC funding—a gap that should be immediately rectified—detailed estimates do exist for the battle against global HIV/AIDS. These estimates illustrate the programs that adequate VAWC spending would support, as many of them describe approaches that are also applicable to VAWC. UNAIDS publishes annual resource needs and the world closely tracks annual expenditures, a model that should be applied to VAWC. To provide a rough estimate of costs for VAWC programming, one place to start would be to refer to cost estimates for HIV/AIDS interventions that are similar to those required for VAWC.

UNAIDS disaggregates resource needs by type of intervention. Many of these, such as training health care workers; purchasing new laboratory equipment, building new facilities, or identifying at-risk individuals and conducting outreach to them, are of the same sort needed to address VAWC. The UNAIDS estimates below are useful in determining an approximate cost for similar scaled-up interventions to address violence. It is important to note that the resource estimates that follow do not include some sectoral interventions, such as judicial reform, and that their use in this document is for illustration only.

In addition to program costs for each sector, some of which are suggested in the table below, conflict and post-conflict states should provide reparations and rehabilitation for civilian survivors of violence arising from the conflict. Regional documents such as the Protocol to the African Charter on Human and People's Rights on Women's Rights in Africa, and international ones such as the Rome Statue of the International Criminal Court and the Brussels Call to Action, recognize the right of victims to reparations. In the case of sexual violence, the rehabilitation element of this obligation may prove costly, particularly when victims have acquired HIV/AIDS as a result of their attack and are in need of antiretroviral treatment, as in Rwanda and DRC.[iii]

Purpose[iv]	**Cost Per Year by 2008** (in millions of US dollars)
Post-Exposure Prophylaxis for HIV[53]	$2
Community Mobilization[53]	$772
Mass Marketing[53]	$190
Laboratory & Other Infrastructure Upgrading[54]	$236
Training Health Care Workers (HCWs)[54]	$231
Construction of New Health Centers[54]	$167
Community Outreach for OVC[55]	$25
Human Resources for Health (training new HCWs, recruitment, and improving wages)[56]	$859
Total	**$2.482 billion**

[iii] For more information on the links between rape as a weapon of war and HIV/AIDS in Rwanda and DRC, see Nduwimana, Françoise, *The right to survive: Sexual violence, women and HIV/AIDS* (2004); and Amnesty International, *Democratic Republic of Congo: HIV—the longest lasting scar of war* (2004), available at http://news.amnesty.org/index/ENGAFR620262004.

[iv] Estimates related to OVC, program and infrastructure costs, and human resources are for low- and middle-income countries, rather than global resources needed. The rest are for global resource needs. All estimates are specific to the portion of these interventions that applies to HIV/AIDS.

UNAIDS should urgently undertake an interagency research initiative to provide a full analysis of the funding needed for a comprehensive response to VAWC. The Global AIDS Alliance estimates the need to be **at least $2 billion in additional external financing per year**, beginning in 2007. For such a widespread challenge, long-term predictable financing is critical. This funding should be channeled to proven, evidence-based programs that meet clear standards and reflect local context and expressed needs.

III. COMPREHENSIVE APPROACH

Violence against women and children is, like HIV/AIDS, a public health and human rights crisis, whose roots often reflect those of HIV. Unless a fully-funded, comprehensive approach is taken, we cannot address the twin epidemics of violence and HIV/AIDS.

VAWC ACTION AGENDA:

A comprehensive approach to eradicating violence against women and children consists of six pillars:

I. Political Commitment and Resource Mobilization
II. Legal and Judicial Reform
III. Health Sector Reform
IV. Education Sector Reform
V. Community Mobilization for Zero Tolerance
VI. Mass Marketing for Social Change

The first element of the VAWC action agenda is political commitment and resource mobilization, since VAWC programming must have political backing and long-term, predictable financing. This agenda must be seen as central to universal access to HIV/AIDS prevention, treatment and care. National governments should dedicate their own resources to addressing the problem of VAWC, with the support of international donors and multilateral agencies. Such funding should be directed to programming that adheres to clear, evidence-based guidelines and is driven by local needs.

Judicial and legal reform at the national level is also essential in order to end impunity for VAWC crimes and begin important shifts away from tolerance of VAWC. Such reforms are complementary to reforms in the health and education sectors, which are integral to a referral system that helps to ensure that survivors of violence have sufficient and appropriate response, care and treatment. Legal reform also impacts professionals in the judicial, health and education sectors by mandating that they receive pre- and in-service training on gender; recognition, prevention and treatment of violence; and referral mechanisms.

Finally, efforts should be made at the local and national levels to change perceptions of VAWC and to activate a discourse that condemns violence and supports its victims—programming that utilizes skills already honed by health workers and community HIV/AIDS educators. At the community level, local leaders, including religious, health, business and political leaders, should be mobilized to spread messages of zero tolerance and to support individuals victimized by violence. At the national level, the media, theater, art and other methods of mass marketing should bring VAWC out of the shadows and aim for a complete cultural shift to an attitude that disapproves of all forms of violence and seeks to prevent VAWC, punish its perpetrators, and protect its victims.

All six pillars of this action agenda are important for a comprehensive response to VAWC, and each pillar depends upon the others. Together, sectoral reforms, community mobilization, and mass marketing can make fundamental changes to socio-cultural norms and stigmas that perpetuate VAWC. Supported by political will and reliable funding streams, VAWC can be diminished, increasing the health and wellbeing of women and children worldwide and preventing HIV.

South Africa Pioneers a Holistic Response to Intimate Partner Violence

Microfinance is a well-established development strategy that provides small-scale loans to poor women to develop income-generating projects. The IMAGE (Intervention with Microfinance for AIDS and Gender Equity) Project is one of the first of its kind to demonstrate that women who are more economically and socially empowered are better protected from intimate partner violence (IPV).

Implemented in rural South Africa and support by private funders, the South African government, and the Swedish International Development Agency, the IMAGE Project combined microfinance with a 10-part gender and HIV training program called "Sisters for Life," which was integrated into loan repayment meetings. Participatory sessions explored gender roles, culture, sexuality, communication, and relationships, as well as IPV and HIV. In addition to focusing on their own empowerment, IMAGE participants organized over 60 community events, working with traditional leaders, police, school principals, and soccer clubs, and formed a new village committee to address rape and sexual abuse. Over 850 women and 4,000 young people were reached by the project.

A detailed study of the impact of the IMAGE Project is now under way. Initial results appear to highlight the importance of addressing the feminization of the HIV/AIDS pandemic and the challenge of VAWC through a holistic lens.

For further information, see:
http://hermes.wits.ac.za/www/Health/PublicHealth/Radar/IMAGE_study.htm.

IV. POLITICAL COMMITMENT AND RESOURCE MOBILIZATION

POLITICAL COMMITMENT AND RESOURCE MOBILIZATION ACTION AGENDA

- **Produce and implement national VAWC strategies that address all sectors and contain financial commitment.**
- **Integrate VAWC into all National HIV/AIDS Strategies.**
- **Mobilize civil society advocacy to hold national governments and international agencies accountable.**
- **Create multilateral Global Task Force on Violence against Women and Children or new UN agency for women.**
- **Secure immediate guarantee from G8 governments of their fair share of the global resource need for VAWC.**
- **Secure from each donor country its fair-share contribution to the Global Fund to Fight AIDS, TB and Malaria**.
- **Establish clear guidelines for gender and VAWC concerns in all bilateral initiatives**.

In order for the global crises of violence against women and children and HIV/AIDS to be properly addressed, there must be not only global recognition that it is a problem, but global commitment to stopping it. Many of the conditions that perpetuate VAWC and HIV—economic injustice, inequitable gender norms, inadequate health, education and legal infrastructures, government apathy—are large systemic problems. An immediate infusion of sufficient and predictable financial, technical, and human resources is necessary to address these human catastrophes.

Firm and effective action to address violence and its causes is not an optional step for leaders; rather, it is the obligation of leaders to ensure that all people, women and children in particular, can exercise their human rights. There are clear linkages between violence and other violations of basic rights, including sexual and reproductive rights. It is essential that societies go beyond viewing women and girls as victims to recognizing and enforcing their human rights, including their right to choose whether and when to marry, to have sex, to have children, or to terminate a pregnancy.[57] For example, forced or coerced early marriage is associated with an increased risk for IPV and of ill sexual and reproductive health due to adolescent maternity, both of which can arise from poverty and can lead to HIV/AIDS.[58] Additionally, it is important to consider harmful traditional practices, such as female genital cutting. These are closely related to women's lack of economic rights and an inability to choose whether and when to marry, and result in fundamental health problems including poor sexual and reproductive health and an increased risk of acquiring HIV/AIDS.

Country Level

National governments should make a clear commitment to addressing VAWC and its root causes in their own countries. National efforts have been undertaken in response to the Millennium Development Goals, and these MDG strategies provide opportunity to integrate violence into existing national commitments. Yet, only around 25 countries in the world have "signaled their commitment by developing national action plans on eliminating violence against women."[59]

Consistent with the Brussels Call to Action, national VAWC strategies should be devised and implemented in every country that has not yet done so. These should be overseen by a high-level political initiative appointed by the president of each country. Countries should begin by establishing

surveillance systems in order to track incidence of VAWC. These should collect prevalence data disaggregated by gender and age on all forms of VAWC, such that a baseline may be established by which to evaluate progress. Baseline data should also consider VAWC services and legal structures currently in place, and their rate of accessibility by victims.

National strategies should provide guidelines for acceptance and use of external funds, to ensure resources support only proven, evidence-based interventions that meet local needs. These VAWC strategies should include integrated interventions for and requirements of all major sectors—judicial and legal, health, education, social welfare, district governments, and information. Countries should ensure these efforts are led by individuals with a high-level authority as well as appropriate experience.

All national strategies should include monitoring and evaluation requirements with meaningful targets, and a required annual public reporting process. National governments should demonstrate their own financial commitment to eradicating VAWC by dedicating portions of their budgets to VAWC and making this a line item in national and agency budgets beginning with the next budget cycle. In addition to incorporating VAWC into existing National AIDS Strategies, governments should reserve at least 10% of their AIDS budgets for VAWC programs. Wherever possible, national governments in the global South may benefit from South-South partnerships to provide technical support, capacity-building expertise, and other forms of assistance to countries working to build a VAWC infrastructure.

> "[W]e must take far more seriously the matter of bringing about sustainable changes in societal norms and values, as well as in the structural forces that make people more vulnerable to HIV….These things are usually relegated to the bottom of HIV prevention strategies, together with human rights, and with no funding attached to them."
>
> —Dr. Peter Piot, Executive Director, UNAIDS, July 27, 2005

National governments should similarly ensure that VAWC concerns are integrated into all sectoral national plans, including but not limited to AIDS, health, education, and social welfare. These sector-specific strategies are considered in greater detail in their respective sections, below.

Civil society has a vital role to play in holding national and local governments to account for appropriate, comprehensive interventions to address VAWC, and in forming sustainable partnerships among NGOs working on VAWC and related concerns, such as HIV/AIDS. Intensified advocacy by civil society is essential to ensuring that political will is mobilized, leaders are held accountable and an effective VAWC strategy is created—in consult with civil society—and implemented. Civil society advocacy should also ensure that the resource need is met and, where existing governments are unresponsive to outcries for urgent and comprehensive responses to VAWC, civil society should lead efforts to democratically replace apathetic or indifferent leaders with those who are prepared to take the necessary action in a responsible fashion.

International Coordination

It is essential that a politically powerful Global Task Force on Violence Against Women and Children be formed in order to ensure that a massively scaled-up effort to address VAWC is launched and effectively coordinated. This Task Force should be appointed by the UN Secretary General, with a secretariat with high-level technical capacity, such as UNAIDS. Another option would be for the Task Force to become a major program of a new UN agency focused on women, an agency recently proposed by the Secretary General's Special Envoy on HIV/AIDS in Africa, Stephen Lewis.[60]

The Task Force should consist of United Nations agencies, including the WHO, UNICEF, UNIFEM and UNFPA; the Global Fund; representatives of bilateral initiatives from donor governments; high-

level ministers from global South governments who are working on issues of HIV/AIDS, VAWC, and related topics in their own sectors; affected individuals such as PLWHA and survivors of violence; and civil society. This Task Force should mirror and complement the Joint UN-Civil Society Partnership Against Sexual Violence in Conflict and Crisis Settings, having as its goal collaboration on monitoring, program implementation, and resource mobilization for all VAWC-related issues, including those related to conflict, especially as it relates to the increasing feminization of the HIV/AIDS epidemic.

The Task Force should create evidenced-based guidelines that will assist in the establishment of national multisectoral strategies for the elimination of VAWC.[v] The Task Force would also provide guidance on the integration of VAWC programming into existing national AIDS, health and education strategies, including coordinating adequate technical support, as well as international costing and resource mobilization for a comprehensive response.

The Task Force could facilitate creation of an international technical support network that would assist countries in building capacity to collect gender- and age-disaggregated data on manifestations of violence at the individual, family and community levels and on the rate of access to available services by survivors of violence. This network could, among other elements of a comprehensive approach, also help bolster forensics capacity for sexual assault and medico-legal services.

In addition to the Task Force, multilateral agencies such as the Global Fund, WHO violence prevention initiatives, and the World Bank Multi-country HIV/AIDS Program and Health, Nutrition and Population Strategy, should make VAWC a priority in their international health, development, and AIDS work. Regional organizations and agencies such as the AU, the African Prosecutors' Association and the Organization of African First Ladies should prioritize VAWC and work to generate sufficient political will and resources to address the problem.

Donor Governments

While it is fundamental that national governments take a lead role in addressing VAWC, including through the use of their own resources, donor governments and agencies should also contribute their fair share of resources and provide technical support. G8 governments in particular should contribute their fair share of the global resource need for prevention of and response to VAWC, which the Global AIDS Alliance estimates to be at least **$2 billion per year**, beginning in 2007.

In addition to focusing on dedicated VAWC funding, donor governments should keep their promise to fully fund the Global Fund by contributing their equitable fair share. With adequate funds, demand from CCMs for VAWC-HIV/AIDS funding, and sufficient VAWC expertise on the Fund's Technical Review Panel, the Global Fund would be in an excellent position to fund violence prevention activities alongside HIV prevention and treatment, programs that would reflect local priorities. The Global Fund is also addressing stigma as it funds HIV/AIDS prevention and treatment programs; stigma is a key driver of violence against people living with HIV/AIDS, making full replenishment of the Fund all the more important for a comprehensive international response to VAWC.

Donor governments should ensure that all bilateral health and development initiatives require a gender equity component, and that there are clear requirements for VAWC programming, evaluation

[v] A model for such a broad strategy could be the *Blueprint of the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence* (2006). This document outlines a rights-based response for regional governments to take, including interventions in the legal, social protection and health, surveillance, and mass marketing sectors. For more information, go to http://www.coe.int/T/E/Human_Rights/Equality/PDF_EG-TFV_2006_8_blueprint_E.pdf.

and reporting in all guidelines issued to grant recipients and partners. Donor governments should also provide technical support and capacity building as needed. Donor governments should likewise hold themselves accountable by having clear and rigorous reporting, monitoring and evaluation requirements of their VAWC activities set by law. These requirements should also guide donor governments in supporting expressed needs of beneficiaries, rather than objectives or strategies of the donor government itself. It is the responsibility of the US Congress and other lawmaking bodies around the world to hold their development agencies to account and to set measurable—and meaningful—goals and require annual public reports on progress.

V. LEGAL AND JUDICIAL REFORM

LEGAL AND JUDICIAL REFORM ACTION AGENDA

- **Pass laws that criminalize all forms of violence against women and children.**
- **Establish a reporting system to track reports of VAWC and prosecution rates.**
- **Mandate by law trainings in gender sensitivity, violence response, policy, and referral to external systems as part of pre-service, in-service and professional certification for all justice sector professionals.**
- **Hire and properly train more female police officers, lawyers, judges and corrections officers.**
- **Establish dedicated units and court structures with well-trained personnel.**

Over the past decade some progress has been made in addressing legal safeguards against violence. UNIFEM states that, as of 2006, 89 countries have adopted legislation specifically prohibiting domestic violence. In addition, in 93 countries, trafficking in persons is criminalized and 90 countries have legislation prohibiting sexual harassment.[61]

However, most countries in the world still have inadequate legal protections for women and children experiencing violence. Adequate legal definitions of gender-based violence, violence against women, sexual assault or even rape are rarely in place. Only 15 countries have outlawed corporal punishment of children in all settings—school, home and the penal system.[62] 103 countries currently have no law against domestic violence.[63] 141 countries have no law against marital rape[64] and 102 countries have no law against sexual harassment.[65] In addition, statutory rape laws often do not exist and age limits for legal marriage, commonly below the age of 18 for adulthood as set by international standards, often go unenforced.

Those laws that do exist frequently lack effective implementation, costing structures, and monitoring and evaluation for accountability. Some countries' laws have loopholes, such as allowing an adult guilty of raping a minor to effectively erase his (or her) crime by marrying the victim.

Lack of Legal Protections and HIV/AIDS Risk

In countries with high HIV/AIDS prevalence or particular risk it is especially important that legal structures exist to protect women and children from violence. The table below shows a number of disturbing gaps in the legal systems of the countries with the highest HIV/AIDS prevalence, along

with Haiti, which has the highest prevalence in the Western Hemisphere, and India, where over five million people are HIV positive.

Establishing better legal protections must include measures to address violence affecting children, including corporal punishment. Corporal punishment, however light, is a clear violation of the Convention on the Rights of the Child. The Committee on the Rights of the Child recently stated that "corporal punishment is invariably degrading" and that "the State must take all appropriate legislative, administrative, social and educational measures to eliminate [it]," including within the home or family.[66] Boys who witness family violence or experience physical or sexual violence are more likely to grow into men who commit rape, placing another generation of children at risk of exposure to violence. There are also correlations between childhood experiences of sexual violence and adult experiences of sexual and domestic violence, which again continues the cycle of physical abuse.[67] Corporal punishment is clearly an important link in the chain that can lead to HIV/AIDS infection.

Country	HIV/AIDS Prevalence[68]	Problems with VAWC Law
Swaziland	33.4% (220,000 people)	Marital rape and domestic violence not criminalized.[69] Wives of any age are legally treated as minors unless otherwise stipulated in a prenuptial agreement; inheritance is passed to male children only and unmarried women do not confer citizenship on their children.[70] Corporal punishment not criminalized in all forms.[71]
Botswana	24.1% (270,000 people)	Marital rape and domestic violence not criminalized.[72,vi] Persons convicted of rape are required to undergo HIV test. Sexual harassment not criminalized.[73] Corporal punishment in all forms not criminalized.
Lesotho	23.2% (270,000 people)	Sexual harassment not criminalized.[74] Corporal punishment at home and in penal system not criminalized (criminalized in schools only).
Zimbabwe	20.1% (1,700,000 people)	Lacks specific legislation on violence against women, although sexual offenses, including marital rape and domestic violence are criminalized.[75] The legal age for marriage is 16 years for girls.[76] Corporal punishment in all forms not criminalized.
South Africa	18.8% (5,500,000 people)	Corporal punishment at home and in penal system not criminalized (criminalized in schools only).[77]
Haiti	3.8% (190,000 people)	Marital rape not criminalized.[vi] Discrimination on basis of gender and sexual harassment not prohibited.[78] Corporal punishment at home not criminalized.
India	0.9% (5,700,000 people)	Marital rape not criminalized.[79] Corporal punishment in all forms not criminalized.

South Africa has one of the most severe HIV/AIDS epidemics, one that is fueled by violence against women and girls. With 18.8% HIV/AIDS prevalence and as many as one rape every 26 seconds, the country has finally begun to take the epidemic seriously and mount a full-scale response.[80] The establishment of the Thuthuzela Care Centers (see below) is an important sign of hope.

[vi] In both Haiti and Botswana, rape is categorized as an offense against morals rather than against a human being, which perpetuates the dehumanized status of women and children and relegates women's value to the home and family.

However, there remain problems with the level of legal protection in the country, which may prevent the TCCs from achieving their full potential. Driven by the high-profile rape trial of Jacob Zuma, former deputy-president and member of the National AIDS Council, the South African Parliament recently passed a sexual offenses bill that had been awaiting consideration for over eight years. The original bill, crafted in consult with civil society, contained a number of key provisions that were stripped, weakening the final law. For example, provision of PEP is now linked to filing criminal charges, and the provision of other services or counseling for rape victims is no longer required. The bill also provides no special protections for children, and allows for perpetrators to be forced into an HIV test. Joan van Niekerk, national coordinator for Childline South Africa, outlined the fundamental flaw of the new law: "the broader vision of the bill…actually negates the protection of the victims. If they don't have protection, they're not going to come forward to report."[81] While South Africa should be commended for passing a law dedicated to sexual crimes, that country's current situation demonstrates the challenges of ensuring that sufficient legal safeguards and successful programming are optimized.

Legal Reform

Progress is being made in legal reform, but a number of specific steps still need to be taken and civil society advocacy for change is essential. Civil society and national governments should undertake efforts to criminalize all forms of violence against women and children, including corporal punishment, harmful traditional practices and early marriage; VAWC should become a legal category defined in criminal code; and evidence, corroboration, and examination codes that often make it impossible to secure a conviction or that increase secondary trauma for victims should be erased from the books. Judicial bodies should take action to ensure that all relevant personnel receive training in new laws and are able to enforce them. Institutional mechanisms should be established to monitor the implementation and enforcement of laws to protect women and children from violence; these mechanisms should be headed by Ministries of Justice and should have the funding, expertise and political will to make them a success.

In addition to reforming criminal codes, laws should be enacted and enforced that protect women's ability to survive independent of male relatives and address their disproportionate poverty, which places them at greater risk of violence and HIV. This means that women's rights to citizenship, to inherit and own property and to divorce their husbands must be upheld. Without the ability to leave abusive households and survive independently, women are effectively held prisoners in their own homes, unable to protect themselves or seek legal recourse against abuse.

As shown in the Democratic Republic of Congo and other countries, donor nations have supported successful legal reform initiatives. Donors should continue and increase their support for community-based organizations working for legal reform.

Successful Legal Reform in the Democratic Republic of Congo

In June 2006, the National Assembly of the Democratic Republic of Congo adopted a bill on sexual and gender-based violence (SGBV) that was drafted and championed by a national coalition of women's and human rights NGOs, with the support of Global Rights, a US-based NGO, and others from the international community.

Advocacy for the bill began when a women's organization from eastern DRC, where some of the most egregious of the conflict-related sexual assaults have occurred—approached a Parliamentarian about the need for such a law. Global Rights responded by bringing together NGOs from across the country to stakeholders' forums. Participants examined an existing draft of the legislation, compared it with the needs of locals and international legal standards, and improved upon it so it could have the necessary impact and the backing of a range of Congolese actors.

Global Rights played a capacity-building role but then stepped aside so the forums could be facilitated by Congolese NGOs, focused especially on enfranchising NGOs from outside DRC's capitol, Kinshasa. Maria Koulouris of Global Rights highlights that this decentralization was "important to us because groups that are not in Kinshasa are very disconnected from the legislative process. And so we wanted to raise their voices and have their opinions and their expertise, because they're the ones working with victims of sexual violence. They know what the issues are, they know what their needs are."

Once a single draft bill had been produced with the input of a range of stakeholders, a nationwide advocacy campaign began. Global Rights supported Congolese NGOs in creating an advocacy document that anticipated the questions of members of the National Assembly about the bill. All the answers were provided by Congolese activists and advocates, reflecting the local voice and ownership that went into the entire process of passing this law, and lending legitimacy to the law itself that would not have existed with an international document. Koulouris emphasizes that the focus must now be on ensuring full implementation of the law.

(From interview conducted by David Bryden with Maria Koulouris, July 18, 2006.)

Judicial Reform

Enacting and enforcing legal protections is the first step, but it is also important to ensure that the criminal justice sector is aware of and sensitive to issues of violence and related criminal sanctions. As such, all justice sector personnel—police, lawyers, judges, correctional officers, and others—must be legally mandated to receive pre- and in-service trainings on sensitivity to gender issues and outcomes of violence, criminal frameworks for the protection of women and children, appropriate health services, and social protection mechanisms such as shelters or women's centers. For many countries, establishing fully-funded police units and courts dedicated to family violence and/or sexual offenses may be an important part of ending impunity for these crimes. Such facilities, when staffed by well-trained personnel, have been shown to increase reporting and prosecution of the crimes with which they deal. Such facilities also increase the likelihood that forensic examinations will be conducted, which are essential for prosecution in many places.[82] The juvenile justice system should also be reformed, with an eye toward rehabilitating rather than simply incarcerating young perpetrators of violence, to help them become change agents in the fight against VAWC. In bolstering the judicial system's capacity to respond to violent crimes, national governments should consider increasing the number of female police officers, lawyers, judges and corrections officers well trained in VAWC issues by actively recruiting women for schooling and vocational training in these fields. These staff members must be well-trained in gender and violence issues; their mere presence will not be sufficient to address the many challenges facing judicial sectors in the area of VAWC.

Innovative Training on HIV/AIDS, Sexual Violence and the Law in Rwanda

In response to the sexual violence that occurred during Rwanda's 1994 genocide, WE-ACTx (Women's Equity in Access to Care and Treatment) has launched a legal program on the rights of persons living with HIV/AIDS in Rwanda. WE-ACTx sponsored an eight-week skills-building workshop aimed at training paralegals and community representatives of WE-ACTx's 24 local partner NGOs, who serve tens of thousands of HIV-positive clients. This training was the first of its kind in Rwanda to focus on the topic of HIV/AIDS with a subsection on sexual violence.

WE-ACTx created the workshop in direct response to requests by clients and staff of partner NGOs for legal advocacy training around HIV issues. A team of three US and European volunteer lawyers with expertise in international human rights, women's legal issues and sexual violence worked with HIV and survivors organizations, Rwandan lawyers, Rwandan law schools, paralegal groups, and several NGOs focused on Rwandan legal reform. The Rwandan Ministries of Justice and Gender, and representatives of AIDS agencies also backed the project.

During the sexual violence module, the participants learned how to respond to and assist a child who has been sexually abused, including preservation of evidence and how to use the child abuse hotline. Participants also learned and practiced ways to increase security and confidentiality in the *gacaca* process in order to encourage women to testify against their rapists in these local genocide tribunals.

WE-ACTx will work with Rwandan partners to create a handbook, *Know Your Rights: HIV/AIDS and the Law*, that will help paralegals and their clients access the legal system. WE-ACTx also plans to work with the Minister of Gender and the academic community to expand the legal program to the rural provinces, municipal officials, judges, and public health officials, and to include training for local officials in anti-discrimination and laws against sexual violence.

For more information about this WE-ACTx program, contact Megan McLemore at meegwie@gmail.com or Anne-Christine d'Adesky at acd@we-actx.org.

VI. HEALTH SECTOR REFORM

HEALTH SECTOR ACTION AGENDA

- **Incorporate violence prevention and treatment into all national health strategies, and require a national monitoring and reporting system**.
- **Ensure that health care workers are able to respond to the symptoms and outcomes of violence.**
- **Legally require trainings in violence recognition, prevention and treatment as part of pre-service, in-service and professional certification for all health care workers.**
- **Hire female health care workers.**
- **Secure reliable and adequate forensics and laboratory commodities and technology for provision of medico-legal services for sexual assault**.
- **Include men and boys in psycho-social services provided by the health sector to break the cycle of violence.**

Most women visit a health clinic at least once in their lives, making the health system the greatest window of opportunity for intervening with women and children who are experiencing abuse. One of the most common reasons for women to seek health care is to meet their sexual and reproductive health or family planning needs. However, VAW also has serious consequences for women's health and often for the health of their children, including increased maternal morbidity and mortality, and increased child mortality and low birth-weight, particularly when women are subjected to violence during pregnancy.[83] In fact, women who have ever experienced physical or sexual violence at the hands of their intimate partners are significantly more likely to report poor health—including emotional health—than those who have never experienced violence.[84] HIV status can also contribute to experiences of violence, highlighting the fact that health sector responses to violence can be a matter of life and death. Yet women are rarely recognized by the health system as having suffered abuse.[85]

In order to incorporate VAWC into universal access to HIV/AIDS prevention and treatment, the health sector should move beyond the standard paradigm of ABC and recognize the impact of VAWC on HIV/AIDS and other health outcomes. In order to break the cycle of violence, health sectors should treat not only the physical but the mental outcomes of VAWC. National health strategies, along with national AIDS strategies, should be modified to incorporate the holistic vision of a health system, as laid out below, and mandatory monitoring and reporting systems should be established.

Universal Skills

All health care workers, from doctors and nurses to triage personnel, VCT providers, and mental health specialists, must have the capacity to recognize the signs and symptoms of VAWC, including psychological and psycho-somatic symptoms such as phantom pain. Yet, because of the stigma surrounding violence and socio-cultural perceptions that violence is either normal or strictly a private affair, many health care workers are as reluctant to ask questions as survivors are to share their experiences, and sometimes even contribute to stigmatizing victims. Health care workers (HCWs) can harm women who have experienced violence in two broad ways: by escalating their danger (e.g., violating confidentiality or trivializing the abuse) and by increasing their entrapment (e.g., by ignoring the need for safety or blaming the victim).[86] Instead, HCWs should aid healing by empowering the victim. This can come in a number of forms, including safety planning, referrals to services, and respecting confidentiality.[87] HCWs need proper training and a universal skill set in order to maintain their commitment to do no harm in cases of abuse.

In addition, health professionals must be able to treat the consequences of violence, including vaginal trauma, STIs and HIV, and complications of pregnancy. Yet, if they cannot identify the causes of the symptoms they see, they cannot properly respond to violence. To facilitate an integrated national system designed to prevent and respond to VAWC, it is essential that health care workers be able to provide medico-legal services in cases of sexual assault and free post-exposure prophylaxis for HIV and other STIs. Specialized HCWs, such as fistula surgeons and trauma counselors, are also important. Finally, HCWs must have the knowledge to provide referrals to psycho-social services, social protection mechanisms such as shelters and hotlines, and the police and legal system. These requirements are equally applicable in situations of forced displacement due to armed conflict or natural disaster. A Minimum Initial Service Package (MISP) should be available to all health personnel in refugee and IDP camps, according to guidelines set by UNFPA.[88]

Training Systems

For many health systems, the range of interventions to violence cited above is beyond current capacity. As such, national health strategies should include all necessary elements of a thorough health sector response to VAWC. Ongoing and thorough training for all health professionals in each country is essential to creating a frontline response to violence that is not only effective within its own

sector but is also able to contribute to violence eradication efforts undertaken by others. Trainings in gender sensitivity, violence prevention and response, forensics, and national VAWC programs in all sectors should be mandated by law as an element of all required pre-service and in-service training and professional certification. In addition, community-based health care workers, midwives, traditional birth attendants, and other local health leaders should be trained, particularly in rural areas and among populations without access to formal health clinics, to screen for violence, provide care and treatment where possible, and give referrals to other services. In all settings, mental health workers such as social workers should be trained, as the psychological impacts of violence may last much longer than the physical ones and can potentially continue a cycle of VAWC. Of utmost importance is the ability of health systems to guarantee confidentiality for all patients, and this too should be incorporated into all trainings. Finally, having sufficient well-trained female health care workers can help to increase disclosure and treatment.[vii]

Forensics Services

Provision of forensics services to facilitate a legal response to violent crimes is also important. Yet, medico-legal services often require new technology and capacity. As such, donor governments and those in the global South having already acquired such equipment and expertise should provide support to countries working to establish a forensics infrastructure. Rape kits or the fundamental elements thereof, DNA testing and other laboratory equipment, and related commodities must be reliably available, and health care workers must have a good understanding of local and national laws and procedures regarding sexual violence. International guidelines such as the WHO's *Guidelines for Medico-legal Care for Victims of Sexual Violence* should be consistently applied in developing forensics responses to global violence.[89]

Men and Boys

The health sector also provides important opportunities to reach men and boys with messages of non-violence and to provide for their psycho-social needs. Women seeking family planning and antenatal services may in some circumstances be encouraged to include their intimate partners and male relatives in these processes.[90] In addition, the health sector can provide fundamental psycho-social services for boys who have witnessed or experienced violence. Addressing the trauma, including PTSD, caused by exposure to violence can help break the cycle of violence in which so many are trapped, mitigating the vulnerability to HIV that violence creates for women and children.

[vii] It is also important that national governments focus on retention of health care workers. This means that their salaries should provide them with an adequate standard of living, that they should be safe and comfortable at work, and that they should have opportunities for growth and professional development. If HCWs cannot earn a comfortable living in their own countries, governments risk losing newly trained employees to countries that better pay HCWs. Brain drain can seriously weaken health systems overall.

South Africa's Thuthuzela Care Centers

The Government of South Africa has responded to VAWC with important innovations. Managed by a high-level, interagency government unit, the Thuthuzela Care Centers (TCCs) are a "one-stop shop" for women and children who have experienced sexual violence. Located in areas with critical incidence of HIV/AIDS and violence, the TCCs are supported financially by the US and Danish development agencies, among others, and are an element of the US bilateral WJEI. The TCCs are linked to specialized sexual offenses courts, and focus on restoring dignity to the victim and working for justice.

When a sexual assault victim reports to a police station in an area served by TCCs and sexual offenses courts, the victim is taken to the TCC by ambulance. On the way, he or she receives counseling. Upon arriving at the TCC, the range of integrated services begins. First, the victim receives a medico-forensics examination, and then his or her statement is taken by a specialized officer. Before being taken home, the victim gets an appointment for a follow-up visit and a referral for counseling. When necessary, TCC staff will also assist the victim in safety planning and transport to a safe place. Explanation of the court proceedings to come is also provided, and a special prosecutor is connected to the victim before the trial.

TCCs also have specialized equipment and services for children, such as drawings and anatomically correct dolls. UNICEF has been an integral element of preparing the TCCs to work with the increasing number of children victimized by sexual violence in South Africa.

The TCC system fully integrates the need for safety, quick and appropriate medical response, psycho-social services, and referral to a supportive and appropriate legal system. That South Africa has legal mechanisms in place to criminalize most forms of violence is an important element of why the TCC and sexual offenses court systems work as well as they do—assuming these laws are enforced and provide meaningful protection to victims.

TCCs have increased awareness of sexual violence, reporting, and offender convictions. The time from report to conviction has also been dramatically reduced, which is an important element of reducing secondary trauma for survivors of rape and other forms of sexual assault. With political will, international commitment, and national interagency cooperation, many South African victims of sexual abuse are gaining access to proper services.

(For more information about the TCCs, go to www.unicef.org/southafrica/hiv_aids_998.html.)

VII. EDUCATION SECTOR REFORM

EDUCATION SECTOR ACTION AGENDA

- **Incorporate violence prevention, recognition and treatment into all national education strategies and establish a mandatory monitoring and reporting system**.
- **Legally require that all education professions receive trainings in violence recognition, prevention and treatment as part of pre-service, in-service and professional certification.**
- **Hire female education workers.**
- **Modify existing curricula to include gender and violence considerations.**
- **Reform physical infrastructure of schools to increase protection of children**.
- **Involve parents.**

In 2000, all 191 UN Member States agreed to the Millennium Development Goals, listing universal primary education by the year 2015 as Goal #2. Yet, for many children, school is not a safe place. The Global Campaign for Education has estimated that if every child received a complete primary education, 700,000 new cases of HIV would be averted each year.[91] Lack of safety at school not only puts children at greater risk of HIV as a direct or indirect result of violence, it also increases the chance that they will drop out, removing from them the highly protective factor of education and making them doubly vulnerable.

Recent studies in Africa found a range of 16% to 47% of girls in primary or secondary school reporting sexual abuse or harassment at the hands of male teachers or classmates.[92] One study in South Africa found that, of all rapes of girls under the age of 15, 32% were committed by a teacher.[93] In another survey, 67% of girls interviewed in Botswana in 2001 reported being sexually harassed by a teacher.[94] Many female students in sub-Saharan Africa have also reported violence at the hands of male classmates.[95] In South Asia, the UN reports that 83% of Afghan children have been physically assaulted at school, yet only one country in the region, Sri Lanka, has outlawed corporal punishment at home or school.[96] Another study found that, of the 9% of Nepali children who reported oral or penetrative rape, 17.5% had the experience at school.[97] Only four countries in Latin America had banned corporal punishment by 2003, and sexual abuse at school—particularly in exchange for grades—appears common, although children are highly reluctant to report such crimes, making strong data difficult to obtain.[98] OVC, who face heightened risk of violence in their daily lives, are in particular need of safety at school so that stigma, exploitation, and violence do not compromise their right to education.

> "I thought, he's a teacher, it'll be fine….I knew what was happening to me, but I couldn't move. He picked me up and took me to his room and started taking my clothes off. He took his clothes off. He's twice my size and like five times my weight, and has so many muscles. Then he penetrated me….I was scared to tell anyone because I was afraid no one would believe me. I had been raped before and no one believed me then."
>
> —15-year-old high school student in South Africa, interviewed by Human Rights Watch for the 2001 report, *Scared at School: Sexual Violence Against Girls in South African Schools*

Teachers as Allies

Education sector reform should be supported by strong political will, with national education strategies incorporating a full package of violence prevention and response programs at all levels of the education system. The sector also requires regulation by national governments and involvement from adults in local communities.

Teachers are often in a unique position to recognize more subtle signs and symptoms of violence, such as overly sexualized behavior toward other students or dissociation from the school community, that are indicators of violence taking place at home or at school. Of known sexual assaults within family structures, 40% to 60% are committed against girls younger than 15 years.[99] It is therefore vital that teachers be able to identify these symptoms and intervene by addressing family members or providing referrals to health, social protection, and legal sectors.

However, one common barrier to reporting is that students do not feel comfortable with their school's staff. To address this challenge, schools should increase the number of well-trained female staff members—from principals to teachers. In addition to reform of the criminal code, discussed in detail above, pre-service, in-service and professional certification of all teachers and other education professionals must be linked by law to completion of trainings in gender sensitivity and violence prevention, recognition and response. Trainings should include psycho-social responses to violence, and trained school counselors should be available.

While not all victims of school-based violence are girls, available data suggest that they are the majority and resources should be increasingly directed to meeting their needs. In addition, Ministries of Education should, in accordance with the Brussels Call to Action, revise legally mandated curricula at all levels of the education system. Curricula should emphasize challenging problematic gender norms, and incorporating violence prevention, gender equity, and interpersonal and parenting skills into lessons. Curricula should also include comprehensive sexuality education to better enable the negotiation of safe sex and to empower youth to say "no" and seek health care when it is needed. Such programs should include access to condoms and training in condom negotiation, as well as recognition of the right to a healthy consensual sex life.

> "The stigma attached to children living with HIV/AIDS is really an untold story. I have spoken to children in parts of Kenya who talk about the stone-throwing, about the taunts by their teachers – the kids who leave schools because they feel that they're not welcome there, because they're called names. And it's not only that they've been victimized by others outside their families. They're also victimized by their own families."
>
> —Sara Cameron, UNICEF Kenya, 2006

Importantly, teachers are in a position of power, and this power is sometimes abused. Along with helping teachers to become allies through training and improved curricula and hiring practices, there must also be national and local policies prohibiting sexual harassment and physical, sexual or emotional abuse on the part of teachers toward their students or other children in their care. Mechanisms should be in place at the local and national levels for reporting and sanctioning abuse of power in the education system, and all staff involved in governance in this sector should be held accountable for violence alongside teachers who commit it.[100]

Infrastructure as an Ally

The physical location and layout of schools is often as important a factor in violence experienced by students as the attitudes of teachers and the content of the curricula. For example, when schools are remote from the villages or towns in which their students live, long transits put children, especially girls, at risk. Once at school, many girls report harassment and assault at latrines, which are not often enough separated from those used by boys and men. And school grounds that provide space for large groups to congregate, particularly when no responsible adult is present, set the stage for group violence. Governments must commit to making infrastructural changes to reflect the need of youth to have schools nearby, of girls to privacy, and of all students to be safe and free from intimidation.

Parents as Allies

Parents should also be actively involved in the safe school equation. Parent-teacher Associations should be established where they do not already exist. PTAs should, in partnership with civil society, demand reform of the education sector for the safety and health of their children. They should partner with teachers in identifying children who are suffering violence, in seeking school-based solutions, and in taking these solutions to their homes and wider communities. PTAs also have an important preventative role to play, talking to their children about violence and asking appropriate questions to determine whether violence is taking place at school. In addition, PTAs can, alongside teachers, play an important role for OVC, who may not have other adult caretakers.

External Assistance

International donors should do more to help countries address school-based violence. The US Agency for International Development (USAID) began a program in 2003 that could potentially serve as a model that can be taken to scale. The Safe Schools Program (SSP) is a USAID initiative that is working for comprehensive education sector reform in Jamaica, Malawi, Ghana, and Ethiopia.

The program will provide gender and violence trainings for educators, and also entails infrastructural and curricular reform. SSP also plans to work at the community level to make changes so that all in-school children will have a safe place to receive their education.[101]

VIII. COMMUNITY MOBILIZATION FOR ZERO TOLERANCE

COMMUNITY MOBILIZATION ACTION AGENDA

- **Immediately establish district-level community task forces to promote zero tolerance for violence**.
- **Activate local change agents to spread messages of zero tolerance of violence and support for survivors.**
- **Train and certify victim advocates, especially in rural areas**.

Except in situations of armed conflict, almost all violence occurs at the family and interpersonal levels. Regardless of the change implemented at the national and international levels, communities themselves must be engaged in efforts to eradicate violence, much as they have been in numerous programs designed to convey messages about HIV prevention, testing and treatment.

As with HIV, the risk factors and manifestations of violence are deeply engrained in local cultural norms. Evidence suggests that it is both men and women who perpetuate damaging gender norms and expectations. It should therefore be local actors, supported financially by national and donor governments and multilateral agencies, who challenge these norms and create a culture with zero tolerance for violence.

Governments should take the first step by establishing local-level or district task forces for mobilizing community leaders to respond to and prevent VAWC. This is in accordance with the Brussels Call to Action, which urges action to

> [d]evelop comprehensive awareness-raising strategies on the nature, scope and seriousness of sexual and gender-based violence at all levels to ensure the protection of survivors from discrimination and stigmatization, and engage men and boys, as well as government officials, community and religious leaders, the media, women's groups and other opinion makers in promoting and protecting the rights and welfare of women and children.[102]

These decentralized task forces should include district or provincial coordinators who will oversee work at the local level and report to and be evaluated by the national government, as part of the national VAWC strategy. Work at the community level should consist of identifying vulnerable households and providing referrals to services, and communicating violence prevention and gender sensitivity messages. The ultimate message should be one of zero tolerance for violence.

Change Agents

As with HIV messaging, CBOs and other implementers of the community strategy should engage local leaders and change agents—including but not limited to religious, business and political leaders, healers and traditional birth attendants, celebrities, teachers, and survivors of violence—to spread the message that VAWC is common and will not be tolerated, and to express support for survivors.

Religious leaders of both indigenous and organized faiths should incorporate zero tolerance messages into sermons, marital counseling, lectures, and community events; they have a unique moral authority

that can for some be the strongest motivator of behavioral change. Similarly, traditional leaders, such as healers, birth attendants, and village elders, have another type of authority that will be most easily heard by a different cohort of society. Their opportunities for behavior change communication may include violence prevention and response in their healing work, providing referrals as outlined in the previous section on health sector reform; in their ceremonial work, such as birthing or rites of adulthood; or in leading gatherings of other local leaders. Many of these circumstances provide particularly strong occasion to speak with men and boys and engage them in the process of creating zero tolerance for violence as fathers, brothers, or respected community members.

Local civic leaders may find that their niche is in working with other sectors of the population, such as employees, who may benefit from violence in the workplace skills building; aspiring business and political leaders; town hall attendees; and business and political leaders at the national level, who will benefit from hearing local concerns. The range of local leaders should provide know-your-rights, gender sensitivity, and constructive male engagement workshops, so that all members of a community may have a place where they feel comfortable.

Engaging Men and Boys in Egypt to Change Gender Norms

Recognizing the value of engaging young men before they have families, in which gender norms are taught and violence may be perpetuated, the Center for Development and Population Activities (CEDPA) has implemented a program designed to do just that. With support from USAID, more than 17,000 Egyptian young men and boys have been reached since 2001 by CEDPA's New Visions non-formal education program.

Since its inception, New Visions has been implemented by more than 200 NGOs throughout Egypt. The New Visions curriculum was developed for boys aged 12-20 and implemented in youth centers across Egypt. Facilitated by Egyptian college graduates, the curriculum is made up of 64 sessions and lasts six months. Messages of gender equity, partnership with women, responsibility, and human rights are combined with skills training in anger management, negotiation, planning, communication and decision-making. By incorporating games, drama, poetry and visual aids, the curriculum feels less like school and more like a group activity.

When the program began, more than half of the Egyptian boys interviewed felt that a "husband was justified in hitting his wife if she answers back." Among boys who have graduated from the program, only 26% now feel it is acceptable for a husband to hit his wife, a decline of about half. Similarly, 36% of boys interviewed in 2001 could not name a single way that HIV is transmitted; three years later the boys who had completed the program knew of more than one way to transmit HIV. Course participants also expressed more favorable views on sharing family and community responsibilities with women; more positive attitudes toward male-female interaction; and positive shifts in attitude on GBV and female genital cutting. CEDPA/Egypt's six regional NGO partners have the capacity to scale up the New Visions program, and three have already done so with funding from a range of donors.

(For more information see the CEDPA documents *Strengthening the Next Generation of Fathers in Egypt*, and *New Visions: Life Skills Education for Boys*, available at www.cedpa.org.)

Finally, victim advocates should receive pre- and in-service training and be certified according to national standards established in the national VAWC plan. Victim advocates are particularly essential in rural areas remote from other services such as violence response police units or women's shelters, and are responsible for providing confidential and informed support for survivors of violence, and referrals to medico-legal and social protection facilities. Additionally, victim advocates help survivors negotiate the legal system and may speak for them in court proceedings. Victim advocates may themselves be social workers, or may be linked to a cadre of social workers across the country.

Participatory Video Brings Violence Out of the Shadows Among Liberian Refugees

One of the most important aspects of combating violence against women and children is bringing the issue out of the shadows. The more people realize how prevalent violence really is in their communities, the better able they are to report, seek health care, and secure legal recourse when available. In order to raise awareness of violence and help put a stop to it, the American Refugee Committee International (ARC) and Communication for Change (C4C) have launched a unique project: "Through Our Eyes," a participatory video initiative that has been piloted at the Lainé Refugee Camp in Guinea and in Gbargna, Liberia. Teams comprised of ARC field staff and members of the Liberian returnee and refugee community learn the essentials of filming, as well as how to address highly sensitive issues and to interview survivors of violence so as to protect their anonymity. The resulting videos include local-language dramas and personal testimonials on such topics as domestic violence, early or forced marriage, and rape. The members of the local video teams screen their films for the community and then facilitate discussions and information-sharing on prevention and response services.

Zeze Koni, a social worker for ARC Liberia, highlights one of the strengths of the program: "If there's a survivor of maybe GBV, you go around, people hear, they say, oh, maybe I don't believe this, this is not true. But if it's videotaped and shown to other people, they will feel that maybe they are not alone in this problem, you know…they will say 'oh, that same thing happened to me—it's really happening in our community,' because they saw it on the screen." By making the problem real and giving survivors a safe way to share their stories, communities can begin to confront the issues and to make lifesaving changes.

(This ARC/C4C program is described in the video *Through Our Eyes: Addressing Gender-Based Violence through Community Media*. For more information please contact Connie Kamara at ConnieK@archq.org.)

IX. MASS MARKETING FOR SOCIAL CHANGE

MASS MARKETING ACTION AGENDA

- **Incorporate a national mass marketing zero tolerance campaign into all national VAWC strategies and at the global level**.
- **Involve all types of media and a range of opinion makers in order to reach all sectors of society.**
- **Provide training to journalists in causes, prevalence and consequences of VAWC.**

Violence against women and children is often tolerated because efforts at bringing it out of the shadows and ending impunity are not being made. National efforts should be undertaken to acknowledge the problem, state its unacceptability, support the equitable power of women, and remind perpetrators that they can and will be criminally prosecuted. Building upon reforms to the international political culture, legal and judicial, health, and education sectors at the national level, and community mobilization, a new global norm must be established. To do so, national mass marketing campaigns should be immediately implemented, utilizing all media that impact daily life for people around the world.

All national VAWC strategies should include comprehensive national mass marketing campaigns aimed at eradicating tolerance of violence and modifying gender norms that currently perpetuate VAWC. High-level officials, opinion makers and change agents at all levels must be engaged in this process. These include the president, prime minister, local politicians, local and national religious leaders, businessmen/-women, football players and other celebrities, women in government willing to speak out about having survived violence, and many others.

National mass marketing campaigns should enfranchise all types of media, including but not limited to television, radio, newspapers, posters and billboards. These should publicize the problem, and spread messages of zero tolerance, respect and dignity of women and children, social and legal protection resources, medical outcomes of violence and treatment options. Messaging should also make evidence-based links between VAWC and HIV, in conjunction with existing national HIV marketing efforts.

All forms of media should also critically examine the role that they may play in overtly or covertly perpetuating attitudes that support violence and exploitation, and should take steps to reduce the levels of violence they exhibit. An important element of the mass marketing strategy is to engage and "empower the media to educate and advocate against sexual and gender-based violence," by providing trainings for journalists in the definition, prevalence, and outcomes of VAWC.[103]

> "I think it begins in the family, I think it is the gender roles that are assigned to each and every gender….Men as well, older men who do not rape or hit women, who do not abuse women, should also take a stand. Not all men are like that, we are good men. There are good men out there. The bad men should stop what they are doing. I think that would have a huge impact, rather than only being women saying that, 'We don't want you doing this to us.'"
>
> — Lihle Dlamini, Treatment Action Campaign, South Africa, July 7, 2006

The model set by Journalists Against AIDS Nigeria (JAAIDS) is illustrative.[viii] JAAIDS has as its mission the provision of "innovative communications interventions that will facilitate positive behavior change and reduce the spread of HIV/AIDS."[104] To do so, JAAIDS monitors Nigerian media, hosts a monthly media roundtable, serves as a media resource center on HIV/AIDS and reproductive health information, gives an annual award for journalism on the topic, and conducts capacity-building trainings for members of the media. This involvement with the media can serve to increase awareness of HIV/AIDS and VAWC, as well as holding governments accountable for their actions on these issues.

Mass marketing campaigns should be designed to reach all sectors of society, including educators and their students, health care workers and their patients, husbands and fathers, local leaders, out-of-school children, and women. These should be undertaken at the national level but also on a global scale. Media, in conjunction with national governments, should also observe national and international holidays to honor the inherent dignity and equal respect of women and children, such as November 25, International Day for the Elimination of Violence Against Women.

Civil society in each country can play an active role in holding the government accountable for engaging in these marketing campaigns, and in partnering with government agencies and national leaders to see accurate and effective messaging is implemented and disseminated. Civil society should also work to see that such messaging does not occur in a vacuum, but is integrated into a larger, comprehensive approach to eradicating VAWC.

[viii] For more information about JAAIDS, go to http://www.nigeria-aids.org/index.cfm.

Raising Awareness of Nicaraguan Youth Through Creative Media

Ensuring that the whole of society is educated and aware is vital in efforts to alter perceptions about interpersonal relationships and gender norms—an important element of preventing both HIV and VAWC. National campaigns through interactive and popular media are highly effective in disseminating information and raising awareness on many issues.

In Nicaragua, *Fundación Puntos de Encuentro* (Meeting Points) works on a national scale using a variety of media to "link the personal and the political" to get out its messages concerning HIV/AIDS and STI prevention, sexual and domestic violence, racism and homophobia, and reproductive health. While Nicaragua's HIV/AIDS prevalence remains low, UNAIDS reports that infections spread by men who have sex with men are on the rise, highlighting the importance of bringing once-taboo issues into the light in order to preserve the health and safety of the Nicaraguan people.

Fundación Puntos de Encuentro uses a variety of cutting-edge approaches to spread its messages. It airs a popular television series, *Sexto Sentido* (Sixth Sense), which is seen in Nicaragua, Honduras, Costa Rica, and the United States; the show will begin its sixth season this year. Puntos de Encuentro also runs Nicaragua's first youth-centered national radio call-in program, *Sexto Sentido Radio*; a magazine, *La Boletina*, which has the largest circulation of any magazine in Nicaragua and is available in 30 countries; and camps and workshops for youth leaders from all over Central America centered around promoting self-esteem and challenging oppression. The cast of the television and radio programs visit Nicaraguan high schools, and Puntos de Encuentro has established a network of over 90 NGOs, media organizations, and service providers across the country. Beginning with a 1999 campaign against domestic violence, Puntos de Encuentro continues to conduct bold thematic national campaigns utilizing all forms of media, and provides trainings on its methodology to others wishing to work on violence and HIV prevention with youth. The breadth and creativity of Puntos de Encuentro's approach is a model of the integrated and comprehensive response that is essential for changing social norms and creating a culture of zero tolerance for violence.

(To learn more, go to www.puntos.org.ni/english/.)

X. CONCLUSION

While there has been ample rhetoric from world leaders about the need for action to address violence against women and children, and related violence detailed in Appendix I of this report, programs to meet this need are still scattered and small-scale and counter-productive laws are still in place. Leaders at all levels are failing to communicate an approach of zero tolerance toward violence, and there is no comprehensive, evidence-based plan to guide program expansion.

The stakes are high, especially with 13,000 new HIV infections taking place each day. Finally recognizing the seriousness of the HIV/AIDS epidemic, the world has set the appropriate goal of ensuring universal access to HIV prevention services by 2010 and stopping and reversing the epidemic by 2015. These are solemn promises that must be kept.

However, the presence or threat of violence in the context of sexual relationships is clearly frustrating progress toward these goals, in part because violence makes effective HIV prevention, including condom negotiation, voluntary testing, and other strategies, much more difficult. Progress toward addressing HIV in children is also undermined by violence, since it increases their risk of HIV and threatens access to education, a critically important protective factor against HIV and other STIs.

The impact of violence, sexual and otherwise, on children has been insufficiently recognized. There are millions of children affected and at risk, including the estimated 15.2 million children orphaned by HIV/AIDS, and a fully-funded action agenda in this area is long overdue.

Success in addressing violence is possible, as shown by results from programs in South Africa, Egypt and other countries. A holistic response that addresses economic empowerment, as demonstrated by South Africa's IMAGE program, for instance, as well as a full commitment to universal human rights, has the best chance for success. Governments should implement a comprehensive approach that secures essential reforms in the legal and judicial, health, and education sectors, provides economic empowerment, mobilizes communities to take action, and utilizes effective mass communication.

The Global AIDS Alliance calls for a much greater level of resources in order to bring to scale a comprehensive response to violence against women and children. While lower-income countries should spend more of their own resources to address violence, much greater resources from donor countries are urgently needed. As shown in the fight against HIV/AIDS, properly directed resources can help galvanize accelerated action by recipient countries themselves.

Today we are faced with a situation, in which, for example, the UN's primary body addressing violence against women, UNIFEM (the UN Voluntary Fund for Women), has a total 2004 budget of only $51.1 million and no country offices, and whose Trust Fund for programs to address violence must reject 97.6% of funding requests. This is a recipe for failure. The world simply has not taken this issue seriously, and change is urgently needed.

A thorough study of resource needs in this area, carried out by technical experts at UNAIDS, UNIFEM and other agencies, is urgently needed. The Global AIDS Alliance calls for at least $2 billion for effective programs, a rough estimate provided here in order to illustrate the level of resources required to make serious progress in stopping violence and addressing its complex causes. HIV/AIDS programs addressing stigma are already making an important contribution and should be fully funded, since stigma surrounding HIV/AIDS can lead to violence or the threat of violence. In addition, a dedicated portion of resources directed at AIDS programs—such as 10% of all HIV/AIDS funding—should also be reserved for programs that address VAWC, in accordance with a comprehensive plan.

Leaders of all nations committed themselves, at the 2006 UN General Assembly Special Session on HIV/AIDS, to bold action to stop violence against women and children. Now, action is needed to make good on this promise and establish a norm of zero tolerance toward violence. To stop HIV/AIDS, we must stop the violence against women and children.

APPENDIX I: DEFINITIONS

Violence: This report specifically considers family violence, intimate partner violence, school-based violence, and collective sexual violence as occurs when rape is used as a weapon of war. "Violence" itself is defined by the WHO as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."[105] The behaviors indicated by these categories include, but are not limited to, the following:

- **Child abuse** includes corporal punishment, defined by the Committee on the Rights of the Child as including all physical punishment intended to cause discomfort or pain, no matter how light. It also includes sexual abuse, whether penetrative or not. Child abuse can be considered a type of family violence when it is committed by a member of the child's family. However, the acts need not be committed by a parent or family member in order to qualify as child abuse.[106] It may also occur as school-based violence when the perpetrator is a teacher, school staff, or a fellow student.
- **Intimate partner violence (IPV)**, consisting of domestic violence or "battering" on any scale as well as sexual violence, including rape of any kind (penile, digital, object) within marriage or other relationship. Coercive sex may have the same outcomes as forced sex, particularly regarding psychological response and HIV risk.[107] IPV may also be a type of family violence depending on the status of the relationship between victim and perpetrator.
- **Sexual violence** is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work."[108] Sexual violence can involve any sexual organ, and includes rape, which is defined as penetration, even partial, with any object or body part of the vulva or anus. It also includes violations of sexual integrity, such as female genital cutting (FGC). [109] Sexual violence may be directed at children as well as adults of both sexes, and may be an element of family violence or school-based violence, depending upon the relationship between victim and perpetrator. Sexual violence also encompasses **rape as a weapon of war**, during which rape is "systematically employed for a variety of purposes, including intimidation, humiliation, political terror, extracting information, rewarding soldiers, and 'ethnic cleansing.'"[110]

Children: As defined under international human rights law, adulthood is reached at age 18 unless the law applicable to the child in question otherwise defines majority.[111] This report considers all those under age 18 to be children, notwithstanding varying legal definitions set by individual countries, or research methodologies that employ the common cut-off age of 15 rather than 18. "Children" is defined as meaning both boys and girls. The majority of violence discussed in this report is directed at girls; however, GAA acknowledges the important and damaging scale of violence against boys. The multisectoral response to violence advocated in this document can address violence against both boys and girls.

Gender-Based Violence versus Violence Against Women and Children: Gender is a complex social construct that defines, based on sex or presumed sex, a set of characteristics expected of individuals. These gender norms include ideas such as "men are powerful and women are weak," or "men are breadwinners and women are homemakers." Reinforced by social and political structures, these gender norms can be especially dangerous to anyone thought to be transgressing them, such as women who refuse sex or men who have sex with men. While the scope of gender-based violence (GBV) is relevant to HIV/AIDS risk, this report focuses on violence against women and children as a collective population disproportionately vulnerable to HIV/AIDS. Comprehensive interventions designed to address VAWC can reach both these populations and both sexes within these populations. Similar interventions that can benefit people with other gender or sexual identities are vitally important in the fight against HIV/AIDS, but are outside the scope of this report. For further comment on GBV, see Appendix IV.

APPENDIX II: GLOSSARY OF ACRONYMS

ABC	Abstinence, Be Faithful, Use a Condom
AIDS	Acquired Immunodeficiency Syndrome
ARC	American Refugee Committee International
AU	African Union
CBO	Community-based Organization
CCM	Country-coordinating Mechanism (of the Global Fund)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDPA	Center for Development and Population Activities
CRC	Convention on the Rights of the Child
DFID	Department for International Development (UK government)
DRC	Democratic Republic of Congo
FGC	Female Genital Cutting
G8	Group of Eight (Canada, France, Germany, Italy, Japan, Russia, UK, and USA)
GAA	Global AIDS Alliance
GBV	Gender-Based Violence
GBLT	Gay, Lesbian, Bisexual, Transgender
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GDP	Gross Domestic Product
GNP	Gross National Product
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IPPF	International Planned Parenthood Federation
IPV	Intimate Partner Violence
MDG	Millennium Development Goals
MISP	Minimum Initial Service Package (humanitarian sector)
MSM	Men Who Have Sex with Men
NGO	Non-governmental Organization
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
OGAC	Office of the Global AIDS Coordinator (US government)
OVC	Orphans and Other Vulnerable Children
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief (US initiative)
PLWHA	People Living with HIV/AIDS
PTA	Parent-Teacher Association
PTSD	Post-traumatic Stress Disorder
SGBV	Sexual and Gender-Based Violence
SSP	Safe Schools Program
STI	Sexually Transmitted Infection
TB	Tuberculosis
TCC	Thuthuzela Care Centers
TF	UNIFEM Trust Fund to Eliminate Violence Against Women
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Voluntary Fund for Women
USAID	United States Agency for International Development
VAW	Violence Against Women
VAWC	Violence Against Women and Children
VCT	Voluntary Counseling and Testing for HIV
WJEI	Women's Justice and Empowerment in Africa Initiative (US initiative)
WHO	World Health Organization

APPENDIX III: ZERO TOLERANCE ACTION AGENDA TO STOP THE VIOLENCE AGAINST WOMEN AND CHILDREN AND PREVENT HIV/AIDS

Scientific evidence and on-the-ground experience from around the world increasingly highlight a dangerous link between violence against women and children (VAWC) and the HIV/AIDS crisis. In order to fully address HIV prevention and treatment, a comprehensive approach to preventing and responding to violence against women and children is essential, and must be urgently undertaken.

PILLAR #1: VAWC POLITICAL COMMITMENT ACTION AGENDA:

- **Produce and implement national VAWC strategies that address all sectors and contain financial commitment.** These strategies should include establishment of surveillance systems; meaningful monitoring, evaluation and reporting requirements; and high-level government positions to implement and oversee the national VAWC strategy.
- **Integrate VAWC into all National HIV/AIDS Strategies.** VAWC should also be incorporated into national health and education strategies.
- **Mobilize civil society advocacy to hold national governments and international agencies accountable.** Civil society should participate in the creation and implementation of national VAWC strategies and the Global Task Force.
- **Create a multilateral Global Task Force on Violence Against Women and Children or new UN agency for women** to establish normative guidelines, an international technical support network, and support affected countries in integrating VAWC concerns into national strategies on VAWC, AIDS, health and education. The Task Force should also create a global monitoring structure and issue an annual global monitoring report.
- **Secure immediate guarantee from G8 governments of their fair share of the global resource need for VAWC.** For 2007, the total need is at least $2 billion.
- **Secure from each donor country its fair share contribution to the Global Fund to Fight AIDS, TB and Malaria**. Without a fully funded Global Fund, this unique multilateral partnership cannot continue its country-driven work or build capacity to support integrated VAWC programming.
- **Establish clear guidelines for gender and VAWC concerns in all bilateral initiatives**. Donor governments should also hold themselves accountable by monitoring, evaluating and publicly reporting on their own progress on VAWC.

PILLAR #2: VAWC LEGAL AND JUDICIAL REFORM ACTION AGENDA:

- **Pass laws that criminalize all forms of violence against women and children**. Corporal punishment, all forms of rape including marital and statutory rape, domestic violence, sexual harassment, and underage marriage must be criminalized. Legal loopholes that prevent or inhibit prosecution must be closed. Women's property, inheritance and divorce rights must be protected by law.
- **Establish a reporting system to track reports of VAWC and prosecution rates.** This system should have an annual public reporting process.
- **Mandate by law trainings in gender sensitivity, violence response, policy, and referral to external systems as part of pre-service, in-service and professional certification for all justice sector professionals.** Police, lawyers, judges, and all others in the judicial sector who interact with crime victims must be aware of gender attitudes that perpetuate or stigmatize violence, of all laws and procedures related to violent crimes against women and children, and of services such as health care and social protection to which victims may be referred.

- **Hire and properly train more female police officers, lawyers, judges and corrections officers**. The more well-trained females working in these fields, the more likely are women to report gender-based crimes against them.
- **Establish dedicated units and court structures with well-trained personnel.** Police units, courts and other judicial structures dedicated to violence against women and children increase reporting and successful prosecution of family violence and sexual offenses.

PILLAR #3: VAWC HEALTH SECTOR REFORM ACTION AGENDA:

- **Incorporate violence prevention and treatment into all national health strategies, and require a national monitoring and reporting system**. Strategies should recognize that VAWC is an element of universal access to HIV prevention and treatment, in addition to carrying its own health consequences. They should also contain a surveillance system, with meaningful targets and an annual public reporting requirement, to monitor effective implementation of the health strategy, including VAWC programs.
- **Ensure that health care workers are able to respond to the symptoms and outcomes of violence.** HCWs should be able to respond to STIs, including HIV/AIDS, vaginal trauma, and psycho-social reactions to violence.
- **Legally require trainings in violence recognition, prevention and treatment as part of pre-service, in-service and professional certification for all health care workers.** Similar trainings should be provided to community-based health care workers, traditional birth attendants, and other local-level health providers working outside or parallel to the formal health system. Trainings should include applicable laws and procedures related to violence, and the ability to provide necessary referrals outside the health sector.
- **Hire female health care workers.** Offer training opportunities to women with the understanding that women are more likely to report violence to other women.
- **Secure reliable and adequate forensics and laboratory commodities and technology for provision of medico-legal services for sexual assault**. This requires training, capacity building, establishment of appropriate infrastructure, and adequate funding for one-time and ongoing purchases.
- **Include men and boys in psycho-social services provided by the health sector to break the cycle of violence.** This includes promoting responsible fatherhood and responding to the needs of boys who have been exposed to violence.

PILLAR #4: VAWC EDUCATION SECTOR REFORM ACTION AGENDA:

- **Incorporate violence prevention, recognition and treatment into all national education strategies and establish a mandatory monitoring and reporting system**. These strategies must include a surveillance system, monitoring and evaluation, and public reporting requirements.
- **Legally require that all education professionals receive trainings in violence recognition, prevention and treatment as part of pre-service, in-service and professional certification.** Teachers must be familiar with signs and symptoms of violence taking place at home or at school, be protective forces for the children in their care, serve as liaisons with parents and community members, and provide referrals to social protection mechanisms, health care and the legal sector.
- **Hire female education workers.** Offer training opportunities to women with the understanding that more female teachers and principals can increase safety.

- **Modify existing curricula to include gender and violence considerations.** Curricula at all levels should be legally required to include violence prevention, gender equity, life skills, and other elements of a comprehensive response to VAWC.
- **Reform physical infrastructure of schools to increase protection of children**. Minimizing travel time and distance to school, ensuring private latrines for girls and boys, and guarding against large, poorly lit spaces on school grounds where groups can gather without the supervision of responsible adults can help make schools the safe spaces they should be.
- **Involve parents.** Parent-Teacher Associations (PTA) should be formed where they do not already exist. PTAs should be partners in violence prevention and response. They should participate in non-violence and gender sensitivity trainings, work with teachers to recognize and respond to abuse, and work to hold the government accountable for protecting school children from all forms of violence.

PILLAR #5: VAWC COMMUNITY MOBILIZATION FOR ZERO TOLERANCE ACTION AGENDA:

- **Immediately establish district-level community task forces to promote zero tolerance for violence**. These task forces should include district or provincial level coordinators, meaningful monitoring and evaluation targets, and public reporting requirements.
- **Activate local change agents to spread messages of zero tolerance of violence and support for survivors.** Particularly important will be religious leaders; traditional healers and leaders; and local civic leaders who can bring local concerns to the national level. A range of opinion makers should conduct workshops on women's rights, gender sensitivity, and constructive male engagement, aimed at various sectors of the community.
- **Train and certify victim advocates, especially in rural areas**. Establish in the national VAWC strategy criteria for training and qualification. Ensure that advocates understand laws and policies around VAWC, are able to make referrals to the health, legal and social protection sectors, and can represent survivors in court.

PILLAR #6: VAWC MASS MARKETING FOR SOCIAL CHANGE ACTION AGENDA:

- **Incorporate a national mass marketing zero tolerance campaign into all national VAWC strategies and at the global level**. The campaign, which should be rapidly and thoroughly implemented, must include a range of approaches and opinion makers in spreading messages about the prevalence, consequences, policies, and social supports of VAWC.
- **Involve all types of media and a range of opinion makers in order to reach all sectors of society.** Media should publicize the problem, carry messages of zero tolerance for violence, and inform about medical and legal outcomes of violence and resources for protection and treatment.
- **Provide training to journalists in causes, prevalence and consequences of VAWC.** Journalists are important change agents, bringing to light national issues and holding governments to account for their action—or inaction.

APPENDIX IV: VIOLENCE AGAINST OTHER POPULATIONS AT RISK

Violence of the sort described in this report is often referred to as gender-based violence (GBV). Gender is a complicated concept, and GBV refers to violence beyond that which is experienced by heterosexual women and girls. While the many ways in which GBV impacts the HIV/AIDS pandemic are outside the scope of this report, it is important to acknowledge a few of the correlations. Violence affects such vulnerable groups as lesbians, men who have sex with men, gay, bisexual, transgendered, and intersexed people. This violence emerges from the same gender norms that lead to violence against women and girls. This discrimination, in many cases enforced by the state, undermines the fight against AIDS.

For instance, for lesbians in Southern Africa, cultural expectations and family economic needs cause tremendous pressure—and can lead to violence. To a family, an unmarried daughter represents an economic loss, since only when a girl or woman marries does the family receive the *lobola* or "brideprice" from the groom. Human rights groups have reported that when a family suspects its daughter is a lesbian they may arrange for a man to rape her, sometimes with the idea that this will maker her become heterosexual.[112]

Political leaders in Zimbabwe and Namibia have publicly vilified homosexuals, leading to persecution and violence, including torture and abuse by police and prison guards. In these countries, as well as in Botswana and Zambia among others, laws criminalizing homosexual behavior have enabled this abuse.[113] Nigeria's President Obasanjo has backed a law imposing five years' imprisonment on anyone involved in a gay or lesbian organization, publicly supporting lesbian and gay rights, or publicly displaying a same-sex relationship.[114]

In Jamaica, where there is widespread ignorance about methods of HIV transmission and stigma against GLBT individuals, police abuse against these populations is common and the country's outdated sodomy laws are regularly used to arrest people teaching gay men how to use condoms.[115] Cameroon, too, uses sodomy laws to detain people on suspicion of same-sex behavior and identity. The International Gay and Lesbian Human Rights Commission reports that, in the past year, at least 30 young people, mainly girls, have been thrown out of their academic institutions on such charges, violating their rights to nondiscrimination, privacy, and education among others.[116] In Bangladesh, men who have sex with men have been abducted, raped, assaulted and subject to extortion by police. Police there have also violently interfered with AIDS outreach work among MSM.[117]

Violence can also prevent GLBT individuals living with HIV/AIDS from seeking treatment, turning homophobia and ignorance about sexual identity from abuse to a death sentence. For example, Family Health International reports that fear of violence and imprisonment in Senegal is preventing many HIV-positive men from seeking treatment.[118]

Many of the reforms advocated in this report would, properly applied, also provide much-needed protection and services to the GLBT community, helping its members to avoid HIV and to get vital treatment when they need it. Policies and stigma that restrict or deter harm reduction interventions with populations made vulnerable by their sexual identities prevent violence from becoming an element of universal access to HIV prevention, care and treatment. Harmful gender norms, social expectations, and poverty perpetuate violence against GLBT individuals, and the international community and local civil society should take action to address these challenges in the context of gender as a whole. Doing so would prevent violence and save lives.

ESSENTIAL RESOURCES FOR NATIONAL VAWC PROGRAM SCALE-UP

Legal and Judicial Sector:

American Refugee Committee International, *Gender-based violence legal aid toolkit: A participatory toolkit* (2005). Available at: http://www.arcrelief.org.

Bauer, Jan and Anissa Hélie, Rights and Democracy and Women Living Under Muslim Laws, *Documenting women's rights violations by non-state actors* (2006). Available at: http://www.dd-rd.ca/site/_PDF/publications/women/Non-State.pdf.

Global Rights, *Une loi sur la répression des violences sexuelles: De quoi s'agit-il?* (2006). Available at: http://www.globalrights.org/site/DocServer/DRC_SexViolencePamphFIN_Eversion.pdf?docID=5444.

International Center for Research on Women (ICRW), *Reducing women's and girls' vulnerability to HIV/AIDS by strengthening their property and inheritance rights* (2006). Available at: http://www.icrw.org/docs/2006_proprghtsinfobull.pdf.

Health Sector:

EngenderHealth/The ACQUIRE Project, *Traumatic gynecologic fistula: A consequence of sexual violence in conflict settings* (2006). Available at: www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/TF_Report_final_version.pdf.

Guedes, Alessandra. *Addressing gender-based violence from the reproductive health/HIV sector* (2005). Available at: http://pdf.usaid.gov/pdf_docs/PNACY266.pdf.

International Planned Parenthood Federation, Western Hemisphere, *Improving the health sector response to gender-based violence: A resource manual for health care professionals in developing countries* (2004). Available at: www.ippfwhr.org/publications/publication_detail_e.asp?PubID=63.

Pan American Health Organization, *Integrated model of attention to intra-family violence: Deconstructing intra-family violence: State and civil society, the role of the health sector* (2001). Available at: http://www.paho.org/English/ad/ge/gph10english.pdf.

United Nations Population Fund (UNFPA), *A practical approach to gender-based violence: A programme guide for health care providers and managers* (2001). Available at: http://www.unfpa.org/upload/lib_pub_file/99_filename_genderbased.pdf.

USAID, *Gender-based violence and reproductive health and HIV/AIDS: Summary of a technical update* (2002). Available at: http://www.prb.org/pdf/Genderbasedviolence.pdf.

Watts, Charlotte and Susanna Mayhew, "Reproductive health services and intimate partner violence: Shaping a pragmatic response in sub-Saharan Africa" in *International Family Planning Perspectives,* Vol. 30 No. 4, December 2004: 207-213. Available at: http://www.guttmacher.org/pubs/journals/3020704.pdf.

World Health Organization (WHO), *Guidelines for integrating gender into HIV/AIDS programmes: A review paper* (2003). Available at: Available at: http://www.who.int/gender/documents/en/Integrating.Gender.HIV.pdf.

WHO Regional Office for the Western Pacific, *Integrating poverty and gender into health programs: Module on gender-based violence* (2005). Available at: http://www.wpro.who.int/NR/rdonlyres/E517AAA7-E80B-4236-92A1-6EF28A6122B3/0/gender_based_violence.pdf.

WHO, *Guidelines for medico-legal care for victims of sexual violence* (2003). Available at: http://whqlibdoc.who.int/publications/2004/924154628X.pdf.

Education Sector:
ActionAid International, *Stop violence against girls in school* (2004). Available at: http://www.actionaid.org/wps/content/documents/ActionAidViolenceBklt.pdf.

Leach,Fiona, et al., *Investigative study of the abuse of girls in African schools* (2003). Available at: http://www.dfid.gov.uk/pubs/files/investudyafricaedpaper54.pdf.

Panos Institute, *Beyond victims and villains: Addressing sexual violence in the education sector (2003).* Available at: http://www.panos.org.uk/resources/reportdownload.asp?type=report&id=1060.

PLAN Togo*, Suffering to succeed: violence and abuse in schools in Togo* (2006). Available at: http://www.crin.org/docs/plan_ed_togo.pdf.

USAID, *Unsafe schools: A literature review of school-related gender-based violence in developing countries* (2003). Available at: http://pdf.usaid.gov/pdf_docs/PNACU253.pdf.

Wible, Brent, Academy for Educational Development, *Making schools safe for girls: Combating gender-based violence in Benin* (2004). Available at: http://www.ungei.org/resources/files/aed_g18937english.pdf.

Community Mobilization & Male Engagement:
American Refugee Committee International, *Community safety initiative: Gender-based violence program* (2005). Available at: http://www.arcrelief.org.

Duvvury, Nata, Nandini Prasad, and Nanda Kishore, ICRW, *HIV/AIDS stigma and violence reduction intervention manual* (2006). Available at: http://www.icrw.org/docs/2006_SVRI-Manual.pdf.

Horizons Program and Instituto Promundo, *Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy* (2006). Available at: http://www.popcouncil.org/pdfs/horizons/brgendernorms.pdf.

Nyblade, Laura and Kerry MacQuarrie, ICRW, *Can we measure HIV/AIDS-related stigma and discrimination? Current knowledge about quantifying stigma in developing countries* (2006). Available at: http://www.icrw.org/docs/2006_CanWeMeasureHIVstigmaReport.pdf.

Ogden, Jessica and Laura Nyblade, ICRW, *Common at its core: HIV-related stigma across contexts* (2005). Available at: http://www.icrw.org/docs/2005_report_stigma_synthesis.pdf.

Pathfinder International, *Creating partnerships to prevent early marriage in the Amhara region* (2006). Available at: http://www.pathfind.org/site/DocServer/Pathfinder_Ethiopia_Report_FINAL.pdf?docID=6581.

Women's Commission for Refugee Women and Children, *Masculinities: Male roles and male involvement in the promotion of gender equality, a resource packet* (2005). Available at: www.womenscommission.org/pdf/masc_res.pdf.

Other:

Australian Capital Territory, *2004-05 Second action plan addressing violence and safety issues for women in the ACT* (2004). Available at: www.women.act.gov.au/secondactionplan.pdf.

Commonwealth Secretariat, *Integrated approaches to eliminating gender-based violence* (2003). Available at: http://www.thecommonwealth.org/shared_asp_files/uploadedfiles/%7bBC734E4C-36AC-482D-984A-593228DB5F8D%7d_gender%20violence.pdf.

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), *Ending violence against women and girls: Reduction and prevention of gender-based violence as a contribution to the protection of human rights and to development* (2003). Available at: http://www2.gtz.de/dokumente/bib/02-0473.pdf.

Family Health International and Reproductive Health Response in Conflict Consortium, *Communication skills in working with survivors of gender-based violence*. Available at: http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html.

GTZ, S*trengthening women's rights: Ending violence against women and girls—protecting human rights, good practices for development cooperation* (2005). Available at: http://www2.gtz.de/dokumente/bib/05-1048.pdf.

Inter-Agency Standing Committee Task Force on Gender and Humanitarian Assistance, *Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies* (2005). Available at: http://www.who.int/hac/techguidance/pht/GBVGuidelines08.28.05.pdf.

ICRW, *Too young to wed: Education and action toward ending child marriage, seeking policy solutions* (2005). Available at: http://www.icrw.org/docs/2005_brief_childmarriage.pdf.

Mathur, Sanyukta, Margaret Greene and Anju Malhotra, ICRW, *Too young to wed: The lives, rights and health of young married girls* (2003). Available at: http://www.icrw.org/docs/tooyoungtowed_1003.pdf.

Muthien, Bernedette, *Strategic interventions: Intersections between gender-based violence and HIV/AIDS* (2003). Available at: http://www.preventgbvafrica.org/images/program_approaches/hiv/strategicinterve.dv.hiv.pdf.

Population Council, *Forced sexual relations among married young women in developing countries* (2004). Available at: http://www.popcouncil.org/pdfs/popsyn/PopulationSynthesis1.pdf.

Rachel, Linde, World Bank, *Guidelines for impact or outcome evaluation for projects funded by the UNIFEM Trust Fund to Eliminate Violence Against Women* (2006). Available at: http://siteresources.worldbank.org/INTGENDER/Resources/UNIFEMEvaluationGuidelinesFinal.pdf.

UN Economic and Social Council, *Integration of the human rights of women and the gender perspective: Violence against women: Economic and social policy and its impact on violence against women* (E/CN.4/2000/68/Add.5) (2000). Available at: http://www.unhchr.ch/Huridocda/Huridoca.nsf/TestFrame/7bf7c36bdd98602c802568be0051f988?Opendocument

UNDP and UNFPA, *Combating gender-based violence: A key to achieving the MDGs* (2005). Available at: http://www.unfpa.org/upload/lib_pub_file/531_filename_combating_gbv_en.pdf.

UNFPA, *Addressing violence against women: Piloting and programming* (2003). Available at: http://www.unfpa.org/upload/lib_pub_file/361_filename_gbv_report.pdf.

Ward, Jeanne, The Reproductive Health for Refugees Consortium, *If not now, when? Addressing gender-based violence in refugee, internally displaced and post-conflict settings* (2002). Available at: http://www.womenscommission.org/reports/ifnotnow/index.shtml.

WHO, *Preventing violence: A guide to implementing the recommendations of the* World Report on Violence and Health (2004). Available at: http://whqlibdoc.who.int/publications/2004/9241592079.pdf.

WHO, *Violence against women: setting the research agenda* (2000). Available at: http://www.who.int/entity/gender/violence/en/VAWhiv.pdf.

REFERENCES

[1] Human Rights Watch, *Scared at school: Sexual violence against girls in South African schools* (2001). Available at: http://www.hrw.org/reports/2001/safrica/.
[2] UNAIDS, *Report on the global AIDS epidemic* (2006). Available at: www.unaids.org..
[3] Ibid.
[4] UNICEF, *Child protection information sheet: Violence against children* (2006), at 5. Available at: http://www.unicef.org/publications/files/Child_Protection_Information_Sheets.pdf.
[5] Women's Commission for Refugee Women and Children, *Women's Commission fact sheet* (2006). Available at: www.womenscommission.org.
[6] The Global Coalition on Women and AIDS, *Stop violence against women, fight AIDS*. Available at: http://womenandaids.unaids.org/themes/docs/UNAIDS%20VAW%20Brief.pdf.
[7] Center for Health and Gender Equity, *Population Reports: Ending violence against women* (1999). Available at: http://www.infoforhealth.org/pr/l11/violence.pdf.
[8] Office of the UN Special Envoy for AIDS in Africa, *Gender Equality Now Or Never: A New UN Agency For Women* (2006).
[9] UNAIDS, *2006 Report on the Global AIDS Epidemic* (2006), at 15. Available at: http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp.
[10] UNAIDS, *Report on the global AIDS epidemic* (2006). Available at: www.unaids.org.
[11] UNFPA, *State of World Population 2005* (2005), at 67. Available at: http://www.unfpa.org/swp/swpmain.htm.
[12] Ibid, at 69.
[13] World Health Organization (WHO), *Multi-country study on women's health and domestic violence against women* (2006), at, at 51. Available at: http://www.who.int/gender/violence/who_multicountry_study/en/.
[14] Women's Commission for Refugee Women and Children, *Women's Commission fact sheet* (2006). Available at: www.womenscommission.org.
[15] UNICEF, *Child protection information sheet: Violence against children* (2006), at 5. Available at: http://www.unicef.org/publications/files/Child_Protection_Information_Sheets.pdf.
[16] International Women's Health Coalition (IWHC), *Women and HIV: Select facts* (2005). Available at: http://www.iwhc.org/resources/hivaidsfactsheet.cfm.
[17] UNFPA 2005, at 66.
[18] The African Child Policy Forum, *Born to high risk: Violence against girls in Africa* (2006), at 23-4. Available at: http://www.crin.org/docs/acpf_eth_born.pdf.
[19] UNFPA 2005, at 65.
[20] 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.
[21] 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.
[22] Ibid, at 157.
[23] The Global Coalition on Women and AIDS, *Stop violence against women, fight AIDS*. Available at: http://womenandaids.unaids.org/themes/docs/UNAIDS%20VAW%20Brief.pdf.
[24] 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).
[25] Ogden, Jessica and Laura Nyblade, *Common at its core: HIV-related stigma across contexts* (2005). Available at: http://www.icrw.org.
[26] WHO 2006, at 38-9.
[27] Vetten, L. & K. Bhana (2001). *Violence, Vengeance and Gender: A preliminary investigation into the links between violence against women and HIV/AIDS in South Africa*. Research report written for the Centre for the Study of Violence and Reconciliation, April. Available at: http://www.csvr.org.za/papers/paplvkb.pdf.

[28] UN Division for the Advancement of Women, *Fourth world conference on women platform for action* (1995). Available at: http://www.un.org/womenwatch/daw/beijing/platform/violence.htm.
[29] UNGASS *Declaration of commitment* (2001). Available at: http://www.ungass.org/index.php/en/ungass/declaration_of_commitment/ungass_declaration_of_commitment.
[30] Country Reports are available at: http://www.unaids.org/en/Publications/2005ungassreporting/default.asp.
[31] African Union, *Brazzaville commitment on scaling up towards universal access to HIV and AIDS prevention, treatment, care and support in Africa by 2010* (2006). Available at: http://www.africa-union.org/root/au/conferences/past/2006/may/summit/doc/Braz_Commitment_on_scaling_up.pdf.
[32] African Union, *Draft Africa's common position to the UN General Assembly Special Session on AIDS* (May 2006), at 15. Available at: http://www.africa-union.org/root/au/conferences/past/2006/may/summit/doc/UNGASS.pdf.
[33] Edbrooke, Jill and Chris Peters, *Evaluation of DFID Development Assistance: Gender Equality and Women's Empowerment, Phase II Thematic Evaluation: Gender Violence* (2005), at 14. Available at: http://www.oecd.org/dataoecd/48/30/35075194.pdf.
[34] Office of the Global AIDS Coordinator, *Action today, a foundation for tomorrow: The President's Emergency Plan for AIDS Relief second annual report to Congress* (2006),at 81. Available at: http://www.state.gov/s/gac/rl/61286.htm.
[35] The Global Fund Proposal Form (2002). Available at: http://www.theglobalfund.org/search/docs/2CORH_156_165_full.pdf.
[36] The Global Fund Proposal Form (2002). Available at: http://www.theglobalfund.org/search/docs/2HRVH_83_171_full.pdf.
[37] The Global Fund Proposal Form (2002). Available at: http://www.theglobalfund.org/search/docs/2COLH_155_0_full.pdf.
[38] Duvvury, Nata, Helen Cornman and Carolyn Long, *The Global Fund to Fight AIDS, Tuberculosis and Malaria: Strengthening civil society participation and gender expertise* (2005). Available at: http://www.icrw.org.
[39] UN Economic and Social Council, *Report on the United Nations Development Fund for Women on the elimination of violence against women* (E/CN.6/2006/10-E/CN.4/2006/60) (2006), at 2.
[40] UNIFEM, *The 2006 Trust Fund call for proposals* (2006), at 1. Available at: http://www.unifem.org/gender_issues/violence_against_women/trust_fund_guidelines/vaw_trust_fund_guidelines_SouthernAfrica_2006_eng.pdf.
[41] UN Economic and Social Council 2006, at 3.
[42] Ward, Jeanne and Mendy Marsh, *Sexual violence against women and girls in war and its aftermath: Realities, responses, and required resources* (June 2006), at 26. Available at: http://web.unfpa.org/emergencies/symposium06/docs/finalbrusselsbriefingpaper.pdf.
[43] UNFPA, *Brussels call to action to address sexual violence in conflict and beyond* (2006). Available at: http://www.unfpa.org/emergencies/symposium06/docs/brusselscalltoactionfinal.doc.
[44] UNIFEM, *Joint UN-civil society partnership against sexual violence in conflict and crisis settings* (19 June 2006). Available at: http://www.unifem.org/news_events/story_detail.php?StoryID=473.
[45] Gupta, Geeta Rao, *Luncheon remarks on women and AIDS* (2 June 2005), at 7. Available at: http://www.icrw.org/docs/2005_speech_grg_interaction.pdf.
[46] UNIFEM, *United Nations Development Fund for Women multi-year funding framework, 2007-2007*, at 20.
[47] Duvvury, Nata, Caren Grown, and Jennifer Redner, ICRW, *Costs of intimate partner violence at the household and community levels: An operational framework for developing countries* (2004), at 8. Available at: http://www.icrw.org/docs/2004_paper_costingviolence.pdf.
[48] Ibid, at 11.
[49] WHO, *The economic dimensions of interpersonal violence* (2004), at 14. Available at: http://whqlibdoc.who.int/publications/2004/9241591609.pdf.

[50]Bott, Sarah, Andrew Morrison and Mary Ellsberg, Preventing and responding to gender-based violence in middle and low-income countries: A global review and analysis (2005). Available at: http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2005/06/28/000112742_20050628084339/Rendered/PDF/wps3618.pdf.
[51] WHO 2004, at 16.
[52] ILO, *HIV/AIDS and work: Global estimates, impact and response* (2004). Available at: http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/part1_chapter2.pdf. African countries included in the study were more severely impacted that were those countries in other regions. Income growth among the 35 African countries studied was reduced by 1.1% annually between 1992 and 2002, with a total economic loss of $144 billion for these countries over this period.
[53] UNAIDS, *Resource needs for an expanded response to AIDS in low- and middle-income countries* (2006), at 15. Available at: http://data.unaids.org/Publications/IRC-pub07/JC1255-ResourceNeeds_en.pdf?preview=true.
[54] Ibid, at 20.
[55] Ibid, at 19.
[56] Ibid, at 22.
[57] Center for Health and Gender Equity 1999.
[58] ICRW, *Too young to wed: Education and action toward ending child marriage, seeking policy solutions* (2005). Available at: http://www.icrw.org/docs/2005_brief_childmarriage.pdf.
[59] United Nations, *Review of the implementation of the Beijing Platform for Action and the outcome documents of the special session of the General Assembly entitled "Women 2000:Gender equality, development and peace for the twenty-first century": Report of the Secretary-General* (E/CN.6/2005/2), para. 214.
[60] Office of the UN Special Envoy for AIDS in Africa, *Gender equality now or never: A new UN agency for women* (2006).
[61] UNIFEM, *The 2006 Trust Fund call for proposals* (2006), at 1. Available at: http://www.unifem.org/gender_issues/violence_against_women/trust_fund_guidelines/vaw_trust_fund_guidelines_SouthernAfrica_2006_eng.pdf.
[62] Global Initiative to End All Corporeal Punishment of Children. Available at: http://www.endcorporalpunishment.org/pages/frame.html. Accessed July 12, 2006.
[63] UNIFEM, *The 2006 Trust Fund call for proposals* (2006).
[64] Amnesty International, *Violence with impunity—discriminatory, absent or flawed laws*. Available at: http://web.amnesty.org/library/index/ENGACT770362004. Accessed July 12, 2006.
[65] UNIFEM, *The 2006 Trust Fund call for proposals* (2006).
[66] Global Campaign to End Corporal Punishment. Available at: http://www.endcorporalpunishment.org/pages/frame.html. Accessed July 27, 2006.
[67] WHO 2002, at 158-9.
[68] UNAIDS, *Report on the global AIDS epidemic* (2006).
[69] Unpublished research conducted by Physicians for Human Rights (2006).
[70] US Department of State, *Country reports on human rights practices* (2005). Available at: http://www.state.gov/g/drl/rls/hrrpt/2005/61576.htm.
[71] Global Initiative to End All Corporal Punishment of Children. Available at: http://www.endcorporalpunishment.org/. Accessed July 24, 2006.
[72] Unpublished research conducted by Physicians for Human Rights (2006).
[73] US Department of State 2005.
[74] Ibid.
[75] UN Economic and Social Council 2006, at 43, 46.
[76] US Department of State 2005.
[77] Ibid.
[78] Ibid.
[79] Interview with Dr. Vineeta Gupta, July 18, 2006.
[80] McLaughlin, Abraham. "Key trial forces South Africa to confront rape" in *The Christian Science Monitor* (24 March 2006).

[81] IRIN News, *New sexual offenses bill fails to protect rape survivors* (10 May 2006). Available at: http://irinnews.org/report.asp?ReportID=53284&SelectRegion=Southern_Africa&SelectCountry=SOUTH_AFRICA.
[82] World Bank, *Reducing violence against women: Justice sector perspectives*. Available at: http://siteresources.worldbank.org/INTGENDER/Resources/JUSTICE.pdf.
[83] World Bank, *Addressing violence against women in middle and low-income countries: A multi-sectoral approach*. Available at: http://siteresources.worldbank.org/INTGENDER/Resources/MultiSector.pdf.
[84] WHO 2006, at 55.
[85] World Bank, *Violence against women: Health sector responses*. Available at: http://siteresources.worldbank.org/INTGENDER/Resources/Health.pdf.
[86] Pan American Health Organization, *Violence against women: The health sector responds* (2003), at 70.
[87] Ibid, at 71.
[88] Women's Commission for Refugee Women and Children, *Minimum initial service package (MISP) fact sheet* (2003). Available at: http://www.womenscommission.org/pdf/MISP_fact.pdf.
[89] WHO (2003). Available at http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/index.html.
[90] Van Niekerk, Joan. Personal correspondence, July 20, 2006.
[91] Global Campaign for Education, *Learning to survive: How education would save millions of young people from HIV/AIDS* (June 2004), at 4. Available at: http://www.campaignforeducation.org/resources/Apr2004/Learning%20to%20Survive%20final%202604.pdf.
[92] World Bank, *Addressing violence against women within the education sector*. Available at: http://siteresources.worldbank.org/INTGENDER/Resources/Education.pdf.
[93] Jewkes, R, Abrahams N. "The epidemiology of rape and sexual coercion in South Africa: An overview." *Soc Sci Med* 2002, 55(7):1231-44.
[94] The African Child Policy Forum 2006, at 26.
[95] Ibid.
[96] United Nations, *Violence against children in the countries of South Asia: The problems, actions taken and challenges outstanding* (2006), at 11 and 8. Available at: http://www.violencestudy.org/IMG/doc/South_Asia_report_JK_v4_FINAL_23_Jan.doc.
[97] Ibid, at 12.
[98] UN, *Violence against children in the countries of Latin America: The problems, actions taken and challenges outstanding* (2006), at 9-10. Available at: http://www.violencestudy.org/IMG/doc/Latin_America_report_JK_FINAL_31_May.doc.
[99] UNICEF Innocenti Research Center, *Domestic violence against women and girls*, No. 6 (June 2000), at 6. Available at: http://www.unicef-icdc.org/publications/pdf/digest6e.pdf.
[100] Mukhia, Neelanjana. Personal correspondence, July 28, 2006.
[101] For more information about the Safe Schools Program go to http://devtechsys.com/services/activities/ssp.cfm.
[102] UNFPA 2006.
[103] UNFPA, *Brussels call to action to address sexual violence in conflict and beyond* (2006).
[104] JAAIDS. Available at: http://www.nigeria-aids.org/content.cfm/1c. Accessed July 28, 2006.
[105] WHO 2002, at 5.
[106] Ibid, at 59.
[107] Ibid, at 91.
[108] Ibid, at 149.
[109] Ibid.
[110] Amnesty International, *Rape as a tool of war fact sheet*. Available at: http://www.amnestyusa.org/women/rapeinwartime.html.
[111] Convention on the Rights of the Child, article 1.

[112] Human Rights Watch and the International Gay and Lesbian Human Rights Commission (IGLHRC), More than a Name: State-Sponsored Homophobia and Its Consequences in Southern Africa (2003), at 176. Available at: http://www.iglhrc.org/files/iglhrc/reports/safriglhrc0303.pdf.
[113] Ibid, at 2.
[114] Human Rights Watch, *'Hall of shame' shows reach of homophobia* (17 May 2006). Available at: http://hrw.org/english/docs/2006/05/17/global13393.htm.
[115] Amnesty International, *"Battybwoys affi dead" Action against homophobia in Jamaica*. Available at: http://www.amnestyusa.org/outfront/jamaica_report.html. Human Rights Watch, *Hated to death: Homophobia, violence, and Jamaica's HIV/AIDS epidemic* (2004). Available at: http://hrw.org/reports/2004/jamaica1104/.
[116] ILGHRC, *Cameroon: Justice subverted as seven men convicted on sodomy charges* (13 June 2006). Available at: http://www.iglhrc.org/site/iglhrc/section.php?id=5&detail=645.
[117] Human Rights Watch, *Ravaging the vulnerable: Abuses of persons at high risk of HIV infection in Bangladesh* (2003). Available at: http://www.hrw.org/reports/2003/bangladesh0803/.
[118] Kaiser Network, *Taboo against MSM in Senegal threatening country's low HIV prevalence, experts say* (14 February 2005). Available at: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=28139.

Primary Author: Lisa Schechtman

We gratefully acknowledge the ideas, comments and recommendations provided by:

David Bryden and Paul Zeitz of the Global AIDS Alliance; Anne-Christine d'Adesky of WE-ACTx (Rwanda); Jennifer Delaney of Global Action for Children; Nata Duvvury of the International Center for Research on Women; Lauren Goodsmith of Communication For Change; Vineeta Gupta of Stop HIV/AIDS in India; Jodi Jacobson of the Center for Health and Gender Equity; Connie Kamara of the American Refugee Committee International; Maria Koulouris of Global Rights; Karen Leiter of Physicians for Human Rights; Erica Lipschultz; Gerrit Maritz of UNICEF South Africa; Neelanjana Mukhia of Action Aid International; Kevin Osborne and Andy Guise of International Planned Parenthood Federation; Nduka Ozor of Mgbala Agwa Youths Forum (Nigeria); and Joan van Niekerk of Childline South Africa.

The full content of this document is the responsibility of the Global AIDS Alliance. For more information, please contact Lisa Schechtman at lschechtman@globalaidsalliance.org.