



GENDER EQUALITY

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Women’s rights are human rights; they are an essential component of universal human rights. They reflect the fact that women experience the world differently than men and the fact that women and girls often face gender-based discrimination that puts them at increased risk of poverty, violence, ill health, and a poor education. Gender equity—the treatment of people according to their respective needs—is essential in achieving equality for women and girls and in advancing the human rights of all people, particularly women, girls, and sexual and gender minorities. Central to promoting gender equity and ensuring the rights of women and girls is the ability of women and girls to control their own bodies without fear and violence. Living free from violence is a human right, yet millions of women and girls suffer disproportionately from violence: one in three women experience physical or sexual violence during the course of their lives; during crises such as the COVID-19 pandemic, this violence increases to even more staggering levels. Gender-based violence (GBV) stems from the failure of governments and societies to recognize the human rights of women. GBV is rooted in a global culture of discrimination that denies women equal rights with men and which legitimizes the appropriation of women’s bodies for individual gratification or political ends. Violence against women feeds off discrimination and serves to reinforce it. The denial of sexual and reproductive rights for women serves the same end, feeding off of discrimination and reinforcing it. It, too, is rooted in a global culture that denies women equal rights and which legitimizes the appropriation of women’s bodies. And the denial of sexual and reproductive rights, like gender-based violence, stands in the way of gender equity. Women and girls are active and powerful agents of change, and the United States can and should be a strong and consistent leader in the effort to ensure gender equity at home and abroad.

GENDER BASED VIOLENCE

INTERNATIONAL

THE ISSUE

Levels of gender-based violence are rising due to COVID-19. In just the first few weeks of the crisis, communities globally – including in the United States – have witnessed an increase in gender-based violence (GBV) such as intimate partner violence while struggling with the loss of traditional safety networks, resources, and services. The physical, mental and social impacts of GBV are not only personal to the victim but also have the potential to hinder emergency response efforts and may impede long-term recovery.

One in three women experience physical or sexual violence during the course of their lives; during crises such as COVID-19, that type of GBV increases to even more staggering levels. The stress and disruption caused by crises exacerbate underlying norms that lead to acts of domestic violence. Violence is heightened when movement is restricted under movement restriction orders or incomes are disrupted, forcing victims to remain trapped with or dependent on their abusers. The Ebola pandemic demonstrated that violence such as child marriage, trafficking, and sexual exploitation and abuse can surface due to complex underlying social norms in emergencies.

The drivers of gender-based violence during crises are increasingly complex, and already marginalized groups are being disproportionately impacted. Critical programs to support women and girls – which are already under-resourced – are disrupted during global pandemics. GBV response and prevention services, particularly in the health sector, may be weakened when not deemed “essential” as already limited resources and supplies are diverted to fund infection control and treatment. Even where basic essential services are maintained, a collapse in a coordinated response between different sectors such as health, police, justice, and social services response, as well as a general overburdening of health systems, will mean that sectors will be challenged to provide meaningful and relevant support to women and girls who are experiencing violence.

TALKING POINTS

- 1 in 3 women will experience violence in her lifetime—and rates of violence are increasing under COVID-19.
- Not addressing gender-based violence globally during COVID-19 responses will hinder emergency response efforts and impede long-term recovery.
- The United States’ response to COVID-19 must include redoubled efforts to end gender-based violence globally.

RECOMMENDATIONS

- Ensure adequate funding to address gender-based violence.
- Support program measures that integrate GBV prevention and mitigation.
- Ensure U.S. Government programs are based on a gender analysis and collect sex- and age-disaggregated data.

- Prioritize women-, girl-, and community-led solutions and knowledge.

ADDITIONAL RESOURCES

- Coalition to End Violence Against Women and Girls Globally: COVID-19 and Gender-Based Violence Globally (available [here](#))

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REPRODUCTIVE RIGHTS

INTERNATIONAL

THE ISSUE

The U.S. Global Gag Rule (also known as the Mexico City policy) threatens the rights of millions around the world by cutting off U.S. foreign assistance to organizations, clinics, and hospitals because of their policies or practices on abortion. While no U.S. funding ever goes to abortion or abortion services because of current U.S. law, the Global Gag rule means that organizations that receive U.S. international aid for other reasons can't so much as educate their communities on safe abortion, no matter what the laws of that country are, or they will lose all U.S. funding.

The Global Gag Rule was first adopted in 1984 by President Reagan but has since been removed and reinstated several times. President Trump not only reinstated the Global Gag but expanded its reach, applying it to all U.S. foreign assistance, a major expansion with huge implications for the lives of millions of people whose access to health, including HIV and AIDS prevention, maternity care, or basic healthcare, depends on U.S. foreign aid.

Under the Global Gag Rule, foreign NGOs are forced to choose between two options: (1) accept U.S. funds and be prohibited from providing abortion counseling, referrals, or services, as well as advocacy around abortion, outside of the three exceptions; or (2) refuse U.S. funds and attempt to secure alternate sources of funding in order to continue providing comprehensive health services to clients and advocating for law reforms to reduce unsafe abortion.

The consequences of Global Gag are severe:

- Limited funding for international health programs, such as HIV prevention, maternal and child health, malaria, family planning, and Zika prevention;
- Women and girls lose access to contraception;
- Increase—not decrease—in abortion rates;
- Health clinics close;
- Women and girls are prevented from accessing safe abortion consistent with laws in their countries; and
- Rural communities have decreased access to healthcare.

The Global Gag rule is deadly and violates the basic rights of millions of people globally to health, information, free speech, and even life. The expanded reach of this policy will have devastating consequences on millions.

We must permanently end the Global Gag rule and ensure all people—especially women and girls—have access to the healthcare they need.

TALKING POINTS

- The Global Gag Rule hampers effective U.S. aid and violates the basic rights of millions of people globally to health, information, free speech, and even life. U.S. aid should do the best good, not endanger women's lives. Trump's Global Gag has put the lives of millions at risk; it's time to end this backwards policy.

RECOMMENDATIONS

- The White House must immediately and fully repeal the Global Gag Rule.

ADDITIONAL RESOURCES

- Amnesty International, "Global Gag Rule" (August 2017) (available [here](#))
- International Women's Health Coalition, "Crisis in Care: Year Two Impact of Trump's Global Gag Rule" (available [here](#))

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RAPE OF NATIVE WOMEN

DOMESTIC

THE ISSUE

Rape and violence are committed against Indigenous women with almost total impunity in the United States. Native women are 2.5 times more likely to be raped than non-Native women in the United States: 1 in 3 Native women will be raped during her lifetime. At least 86% of perpetrators of these crimes are non-Native men. Native women face significant barriers to securing justice following rape or sexual violence, including inadequate police response, inadequate health and forensic services, and a lack of prosecutions.

Many survivors struggle to get even the most basic post-rape care, including access to a rape kit, which can provide crucial evidence for a successful prosecution if they are collected and stored properly. The quality of provision of such services to Native American and Alaska Native women varies considerably from place to place. Indian Health Service centers are severely underfunded and lack resources and trained staff, including sexual assault nurse examiners or even rape kits themselves. Survivors may have to travel over 150 miles to reach a facility where a forensic examination can be performed. Without a rape kit, there is almost no chance a trial will move forward, meaning perpetrators enjoy total impunity and Native women receive no justice.

Indigenous women and girls are disappeared or murdered each year at alarming rates. The Center for Disease Control and Prevention has reported that murder is the third-leading cause of death among Native American and Alaska Native women. Rates of violence on reservations can be up to ten times higher than the national average. No government research has been done on the rates of violence against Indigenous women living in urban areas-despite the fact that approximately 71% of Native American and Alaska Native women lives in urban areas. According to a 2018 report by the Urban Indian Health Institute, there were 506 current cases of missing and murdered American Indian and Alaska Native women across 71 cities, though this is likely an undercount due to the lack of data collection by cities, states, and the federal government.

The U.S. federal government has failed to keep data rates of violence and disappearances of Native American and Alaska Native women and girls. States and U.S. cities are also not adequately tracking this data, sometimes lacking basic classification options in their databases for Native American and Alaska Native women. The lack of data on this issue impedes the ability of communities, tribal nations, and policy makers to make informed decisions on how best to address this violence.



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TALKING POINTS

- Rape and violence against Native American and Alaska Native women is an epidemic in our country.
- Native American and Alaska Native women are 2.5 times more likely to be raped than non-Native women in the United States
- Every rape survivor has the right to basic post-rape care, including a rape kit. Indian Health Service should be providing that.
- Native American and Alaska Native women and girls are disappeared or murdered each year at alarming rates.
- The lack of data and resources for missing and murdered Indigenous women and girls in America is deadly. We need accurate data and more resources to address this crisis.

RECOMMENDATIONS

- Develop a comprehensive, cross-agency plan of action to stop violence against Indigenous women in consultation with Tribal nations and Indigenous women in particular
- Require Indian Health Service to fully implement its sexual assault protocols, provide survivors access to adequate and timely sexual assault forensic exams (rape kits), and track services provided.
- Create standardized guidelines for responding to cases of missing and murdered Native Americans and Alaska Natives, in consultations with Tribal governments, which will include guidance on inter-jurisdictional cooperation among tribes and federal, state, and local law enforcement

ADDITIONAL RESOURCES

- “Maze of Injustice AIUSA Report (August 2011) (available [here](#))
- “End rape of Native women flyer” (available [here](#))

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