Chapter

3

Condemn, Combat, and Reduce all Forms of Sexuality Related Violence

*Sexual health cannot be attained until people are free of stigma, discrimination, sexual abuse, coercion and violence.**

Introduction

According to the World Health Organization (WHO, 2003) "sexual violence is ubiquitous; it occurs in every culture, in all levels of society and in every country of the world" (p. 1). The victims of sexual violence are young, old, male and female, although women and girls are disproportionately the victims of all types of sexual violence. The individual and societal consequences of sexual violence are vast. A significant reduction, if not eradication of sexual violence will directly impact upon achieving gender equality, improving infant and maternal health, as well as interrupt in a number of ways, the epidemiological spread HIV/AIDS. As such, the fight against sexual violence is an important component of attaining the Millennium Development Goals (MDGs). This chapter will outline the role of reducing sexual violence in achieving the MDGs, define sexual violence, summarize the prevalence and consequences of various forms of sexual violence, and discuss and list strategies and recommendations to reduce sexual violence.

*This chapter was informed by the WAS Expert Consultation in Oaxaca, Mexico, a thorough review of the literature, and the background paper written by Ine Vanwesenbeeck (see Appendix IV and V).

The Role of Reducing Sexual Violence in Achieving the Millennium Development Goals

In a recent report, the WHO (2005a) noted that the connection between preventing violence against women and the MDGs is a reciprocal one. That is, "working towards the MDGs will reduce violence against women; and preventing violence against women will contribute to achieving the MDGs" (p.1). The same WHO report also recognized sexual violence and intimate partner violence (intimate partner violence often includes coerced sexual acts) as fundamental manifestations of the global problem of violence against women. It must be stated and recognized by governments and other public institutions in clear and certain terms that the achievement of MDG 3 (Empower Women and Promote Equality Between Women and Men) and MDG 6 (Reverse the Spread of Disease, Especially HIV/AIDS and Malaria) cannot be achieved without a reduction and eventual elimination of sexual violence. In addition, the rape of girls and women results in unintended pregnancy which, as detailed in other sections of this document, has important implications for the achievement of a number of the MDGs.

Sexual violence negatively impacts upon girls and women's lives in multiple ways, but first and foremost sexual violence prevents girls and women from exercising the most basic and essential human rights. Sexual violence against girls and women not only reflects the profound gender inequality that exists globally, sexual violence also acts as a means of enforcing and perpetuating gender inequality. The centrality of gender equality for sustainable human development has also been firmly established and recognized by much of the international community including various United Nations conferences and declarations such as the 1993 UN Declaration on the Elimination of Violence Against Women. The UN Millennium Declaration makes the connection through MDG 3. Although gender-based violence must ultimately be addressed as a fundamental issue of human rights, it is relevant in the context of promoting sustainable development to note its economic implications. According to a World Bank report (Bott, Morrison & Ellsberg, 2005) "Gender-based violence poses significant costs for the economies of developing countries, including lower worker productivity and incomes, lower rates of accumulation of human and social capital, and the generation of other forms of violence both now and in the future" (p. 12). Given the centrality of sexual violence as a component of gender-based violence, the issues raised by the WAS declaration on the critical need to eliminate sexual violence and abuse must be addressed and utilized by the international community as a critical and necessary component of the Millennium Development Goals process.

Defining Sexual Violence

The World Health Organization (2002) defines sexual violence as:

> 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 relation to the victim, in any setting, included but not limited to home and work (p.149).

Sexual coercion, which itself can be seen as a form of violence, can involve physical force, psychological intimidation, blackmail or other threats or may occur when the victim is unable to give consent, for instance when drugged, asleep or mentally incapable of understanding the situation. Other descriptors closely related to sexual violence, sometimes used synonymously, are: gender-based violence, violence against women, and domestic violence. Violence that is perpetrated against a person because of his or her sexuality and/or because of his or her actual or presumed sexual behavior can also be considered a form of violence. Thus, physical violence and intimidation directed at gay, lesbian, bisexual, and transgendered persons also constitutes a form of sexual violence.

The WHO (2002) specifies 11 different types of sexually violent acts:

- rape within marriage or dating relationships; rape by strangers;
- systematic rape during armed conflict;
- unwanted sexual advances or sexual harassment, including demanding sex in return for favours;
- sexual abuse of mentally or physically disabled people; sexual abuse of children;
- forced marriage or cohabitation, including the marriage of children;
- denial of the right to use contraception or to adopt measures to protect against sexually transmitted diseases;
- forced abortion;
- violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity;
- forced prostitution and trafficking of people for the purpose of sexual exploitation (p. 149-150)

Sexual violence is nearly always gender-based and disproportionately directed at girls and women. For example, the UN Declaration on the Elimination of Violence against Women includes a definition of violence against women that clearly captures the extent

to which sexual violence is involved in the harm of women. The Declaration defined violence against women as:

> physical, sexual and psychological violence occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state (UN, 1993).

Prevalence of Sexual Violence

The prevalence of various forms of sexual violence is, in many regions of the world, difficult to determine. Most instances of sexual violence are not reported to the police and are not well recorded by survey research. In other words, the scope of sexual violence is not well documented and is vastly underreported. Most of what we know about prevalence and incidence of sexual violence stems from police statistics, clinical settings and population-based survey research. But there is a wide range of figures reported, depending on the country, setting and/or sample studied, the definitions of sexual violence used and data collection methods and procedures. There is enormous cultural variation in the degree to which individuals are willing and have the capacity to report sexual violence and there is equal variation in the extent to which police departments and governments record the relevant figures.

Paradoxically, higher figures may be reported in countries where sexual violence has been the subject of public debate, where attitudes towards sexuality and sexual violence have become more open, and where awareness of sexual violence among the population has risen. In these countries, acts of sexual violence are more likely to be reported. The prevalence of sexual violence may well be higher in those countries where sexuality and sexual violence are not talked about openly, where being a victim of sexual violence is a source of shame and ostracism, and where some forms of sexual violence are normatively accepted if not condoned. The WHO (2002) World Report on Violence and Health notes that, globally, the number of instances of sexual violence reported to police represents only a tip of the iceberg of the actual prevalence and that survey research captures only an additional small percentage of actual cases. Thus, the statistics presented below should be viewed with caution and in many cases significantly under-estimate the magnitude of the problem.

Child Sexual Abuse and Forced Sexual Initiation

In addition to the limitations discussed above, the prevalence of child sexual abuse (CSA) may be particularly susceptible to under reporting. For example, young children may not recognize the inappropriateness of the act, particularly if the perpetrator is known to them, and disabled children may not have the capacity to report it (Sapp & Vandeven, 2005). Nevertheless, the available data are suggestive of the scope of the problem. According to Sapp and Vandeven (2005) a review of the available research suggests that, world-wide, the prevalence of CSA ranges from 11-32% for females and 4-14% for males and that in the United States studies have found that 22.3% of females and 8.5% of males reported experiencing sexual abuse. A review of the data from sub-Saharan Africa indicated incidence rates of CSA of 7-36% for females and 3-29% for males (Lalor, 2004). In a multi-country study of the Caribbean, close to half of sexually active females reported that their first sexual intercourse was forced (Halcon, Beuhring & Blum, 2000 cited in WHO, 2002).

Sexual Assault/rape

According to Tavara's (2006) review of studies from both the developing and developed world examining the prevalence of sexual violence, 10-33% of women of reproductive age have been forced to have sex at least once in their life. In a series of country studies conducted by the UN (cited in WHO, 2002), the percentage of women that reported they had been sexually assaulted in the previous five years ranged from 0.8-4.5% in Africa, 1.4-5.8% in Latin America, 0.3-2.7% in Asia, and 2.0-6.0% in Eastern Europe. There is relatively little data concerning the prevalence of sexual violence against men. According to the WHO (2002) studies from the developed world indicate that 5-10% of men report a history of CSA and a few population-based studies of the percentage of males reporting that they have ever been the victim of sexual assault found prevalence rates of 3.6% in Namibia, 13.4% in Tanzania to 20% in Peru.

Sexual Violence as a Weapon of War

Systematic rape as an instrument of war has left millions of girls and women dead, traumatized, forcibly impregnated, or infected with HIV or other STIs. There is little accurate data available concerning the number of girls and women who have been raped as a part of war (Watts & Zimmerman, 2002; Gottschall, 2004). Rape as an instrument of war has existed throughout human history. Using a wide range of sources, Gottschall compiled a partial list of countries where during the 20th century mass rapes were reported to have been conducted by military or paramilitary forces. This list includes Afghanistan, Algeria, Argentina, Bangladesh, Belgium, Brazil, Burma, Bosnia, Cambodia, China, Congo, Croatia, Cyprus, East Timor, El Salvador, Germany, Guatemala, Haiti, India, Indonesia, Italy, Japan, Korea, Kosovo, Kuwait, Liberia, Mozambique, Nicaragua, Pakistan, Peru, Philippines, Russia, Rwanda, Serbia, Sierra Leone, Somalia, Turkey, Uganda, Vietnam, Zaire, and Zimbabwe.

Intimate Partner Sexual Violence

Intimate partner violence perpetrated by husbands, wives, boyfriends, girlfriends, and ex-partners is extremely common and a large percentage of these assaults are in the form of sexual violence. The WHO (2002) review of population-based studies from around the globe on the percentage of adult women reporting attempted or completed forced sex by an intimate partner at some point in their lives found rates ranging from 6.2% in Yokohama, Japan to 42.0% in Durango, Mexico, 46.7% in Cusco, Peru, 29.9% in Bangkok, Thailand, and 25.0% in Midlands Province, Zimbabwe. A more recent WHO (2005a) multi-site study involving 10 countries found the percentage of women reporting that they had been sexually assaulted by a partner to range from 6% in Japan and Serbia and Montenegro to 59% in Ethiopia with most sites falling between 10% and 50%. A survey of men in Cape Town, South Africa found that 15.3% reported that they had committed sexual violence against an intimate partner in the previous decade (Abrams, Jewkes, Hoffman & Laubsher, 2004).

Trafficking and Forced Prostitution

Reports published by the United States Department of State (cited in UNFPA, 2005) indicate that between 600,000 and 800,000 people are trafficked each year, the majority for the purposes of sexual exploitation and approximately 2,000,000 children, mostly girls are believed to be sex slaves in the commercial sex industry. These figures do not include women and girls who are bought and sold for sexual exploitation within countries. According to the International Organization for Migration (cited in Watts & Zimmerman, 2002) the number of women trafficked each year, mostly for the purposes of forced prostitution, from different regions of the world is enormous with 250,000 coming from Asia, 100,000 from the former Soviet Union, 175,000 from eastern and central Europe, 100,000 from the Caribbean and Latin America, and 50,000 from Africa. The WHO (2002) notes that significant numbers of trafficked women and girls are sent to North America and Europe.

Female Genital Mutilation

According to the WHO (2000) between 100 million and 140 million girls have been the victims of female genital mutilation (FGM) (i.e., the partial or total removal of the external genitalia for cultural, religious, or other non-therapeutic reasons) and up to 2 million girls are subjected to the procedure each year. The practice occurs in 28 African countries and is found in parts of the Middle East and Asia.

Consequences of Sexual Violence

The negative impact of sexual violence on the individual victim and on society is wide-ranging and far-reaching. The devastating impact on the victim causes physical and psychological trauma that unfolds in a myriad of ways. Because sexual violence takes many forms and therefore affects victims in a range of ways it is difficult to briefly

catalogue and summarize its impact on the individual and society. Discussed below are only some of the many consequences of sexual violence.

Physical Consequences

In discussing the impact of sexual violence on the individual it should be recognized from the onset that the victim may well be killed in course of or in the aftermath of a sexual assault. A violent sexual assault may itself cause death or the victim may be subsequently murdered.

Depending on the degree of physical force used, physical trauma, both genital and extragenital, may or may not be evident (Tavara, 2006). The most common types of gential injuries include tears, bruising, abrasions, redness and swelling of the posterior fourchette, labia minora, hymen, and/or fossa navicularis (WHO, 2003). Non-genital physical injuries often include bruises and contusions, lacerations, ligature marks to ankles, wrists, and neck, pattern injuries (i.e., hand prints, finger marks, belt marks, bite marks) and anal or rectal trauma (WHO, 2003).

The short term physical consequences of FGM include severe pain, shock, haemorrhage, urine retention, and ulceration of the genital region while longer term consequences include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia and other sexual dysfunctions, and difficulties with childbirth (WHO, 2000).

Mental Health and Psychosocial Consequences

The psychological consequences of sexual violence vary considerably from person to person. However, there can be little question that psychological impact of sexual violence on the victim is often severe and debilitating. These short and long-term (lasting for many years) outcomes include rape trauma syndrome, post-traumatic stress disorder, depression, anxiety, social phobias, increased substance use, suicidal behaviour, eating disorders, and sleep disturbances (WHO, 2003).

A number of studies have found an association between sexual assault and the development of sexual dysfunctions among victims which may persist for years. In particular, a review of the literature suggests that many women experience a significant reduction in sexual pleasure and satisfaction and that over the long-term many women experience sexual dysfunctions related to desire and arousal (Van Berlo & Ensink, 2000).

Sexual Violence and HIV/AIDS

Although in the Western world HIV/AIDS is sometimes thought of as a disease primarily affecting men who have sex with men, it is important to recognize that globally about half of those living with HIV/AIDS are female. In parts of the developing world, such as sub-Saharan Africa, a majority of persons with HIV/AIDS

are female (WHO, 2005b). It is clear that many cases of HIV/AIDS are tied in one way or another to sexual violence against women. The perpetrators of sexual violence rarely use condoms, and because the often physically coercive nature of sexual violence results in genital trauma, victims are at extremely high risk of sexually transmitted infections including HIV infection (Tavara, 2006; WHO, 2003). Studies from Africa clearly demonstrate the link between sexual coercion and increased risk for HIV infection for women (Population Council, 2004). For example, one study from South Africa (Dunkle et al, 2004, cited in WHO, 2005b) found that women who had a violent or controlling partners had an HIV infection rate 50% higher than other women and that abusive men were more likely than non-abusive men to be HIV+.

It is important to understand that sexual violence increases women's HIV risk in multiple ways. As the WHO (2001) report on sexual violence and HIV notes, "This violence can contribute to women's increased risk of HIV infection both directly through forced sex and indirectly by constraining women's ability to negotiate the circumstances in which sex takes place and the use of condoms" (p. 7). A fear of violence can easily prevent a woman from suggesting or insisting on condom use (Maman, Campbell, Sweat, & Gielen, 2000). In addition, the risk for STI and HIV is particularly high for women who have been trafficked for purposes of sexual exploitation (WHO, 2002).

Sexual Violence and Unintended Pregnancy

Rape frequently results in unintended pregnancy (Stewart & Trussel, 2000). For example, a study from the United States found that 5% of rape victims become pregnant as a result of the assault (Holmes, Resnick, Kilpatrick, & Best, 1996) while a study from Ethiopia found that 17% of adolescent women who were raped became pregnant (Mulugeta, Kassaya, & Berhane, 1998 cited in Tavara, 2006). In many parts of the world, girls and women who find themselves pregnant as a result of rape are forced to either have the child or put their lives at risk with "back-street abortions" (WHO, 2002, p, 162). Needless to say, a girl or woman who has given birth to a child as a result of rape has been unable to elect the time when her children are born.

The Context and Root Causes of Sexual Violence

A thorough discussion of the multiple causes of sexual violence is beyond the scope of this brief report. Nevertheless, nearly all of these causes are rooted in an inescapable and fundamental factor that must be grasped and confronted if meaningful progress toward eliminating sexual violence is to occur. First and foremost we must clearly understand and accept that most forms of sexual violence are related to, and occur in the context of gender inequality and that sexual violence against women is more likely under relatively strong patriarchal regimes. Cross-cultural research provides evidence that the greater the asymmetry in power between the sexes is to the disadvantage of

women in a given culture, the more likely control of female sexuality as well as sexual violence against women occurs (Wood & Eagly, 2002).

It is in this context of gender inequality and control that sexual violence must be understood. As summarized by the WHO (2003),

> Sexual violence is an aggressive act. The underlying factors in many sexually violent acts are power and control, not as is widely perceived, a craving for sex. Rarely is it a crime of passion. It is rather a violent, aggressive and hostile act used as a means to degrade, dominate, humiliate, terrorize and control women. The hostility, aggression and/or sadism displayed by the perpetrator are intended to threaten the victim's sense of self (p. 9).

Strategies to Reduce/Eradicate Sexual Violence

Throughout the world, sexual violence is pervasive and deeply rooted. An effective approach to reducing sexual violence must therefore be broadly-based, addressing the issue at the international, national, community, and individual levels of society.

International/National Action and Advocacy

The international community must play a pivotal role reducing sexual violence. International recognition of the scope of the problem and the damaging effects of sexual violence on the individual and on society is an initial first step but such recognition must be followed up by action. International treaties, such as the UN (1979) Convention on the Elimination of All Forms of Discrimination Against Women set standards for national legislation and provide a lever to campaign for legal reforms. In particular the shift from a needs-based approach to a rights-based approach to sexual health has been important in relation to sexual violence. The human rights framework has, among other things, helped to officially recognize the experience of violence as a violation of human rights, it has helped challenge the false public/private dichotomy of international law, has provided a feminist vocabulary for international political documents, and has played a role in forming coalitions: "The status of women of all regions and the diverse violations to their human rights, which were previously hidden and silenced, have all surfaced, linking local movements to a global women's movement that continues to grow"(Obando, 2004, online). For further progress to be made, future international treaties and declarations focusing on human rights and/or economic/social development must explicitly recognize, name, and address sexual violence as a significant impediment to human well-being and progress.

National governments, because they possess substantive political and legal power, will play the most important role in eradicating sexual violence. Governments must adopt policies that explicitly recognize the problem of sexual violence. They must introduce and enact effective legislation that makes all forms of sexual violence illegal (e.g., FGM, marital rape) and includes the prosecution and punishment of perpetrators of sexual violence. National governments must also launch public awareness campaigns to discourage sexual violence and promote gender equality. Such campaigns must also encourage the victims of sexual violence to access health care. Such campaigns must also seek to educate and motivate boys and men to resist sexual violence both in their own lives and in the lives of other men.

In some cases, national governments have taken steps to reduce sexual violence (Kelly, 2005: WHO, 2002). For example, some governments have implemented relatively simple measures to encourage the reporting of sexual violence and improve sensitivity among police and judiciary. Some have created dedicated domestic violence units and sexual crime units, employed female examiners/investigators to perform forensic examinations with female victims, used female court officials, and created women-only police stations and courts for rape offences. The WHO (2002) notes that legal reforms in many places have included broadening the definition of rape, reforming rules on sentencing and on admissibility of evidence, and removing requirements for victims accounts to be corroborated.

Health and Education Sector Actions

Health care facilities such as hospitals and clinics must be properly equipped to receive, assess, counsel, and treat the victims of sexual violence. Adequate medical/health services specific to the needs of sexual violence victims are often lacking. Facilities are often not victim friendly and health care providers often lack training in sexual violence and forensic evidence collection. Wide spread dissemination and implementation of the WHO (2003) Guidelines for Medico-Legal Care for Victims of Sexual Violence would represent a leap forward in the care of victims of sexual violence.

As noted above, FGM is a form of sexual violence that damages the health and well-being of millions of girls and women. Although it is linked to sometimes deeply held cultural and religious traditions, there is hope that professional and community groups working together can make meaningful progress in discouraging the practice of FGM. The WHO (2002) describes a campaign in Egypt in which government, health organizations, and religious leaders have united in their opposition to FGM. Similar efforts are required in African countries where FGM is still common. To be successful, it will be important that local programs addressing FGM are tailored to the specific cultural and/or religious factors influencing the practice of FGM. The participation of community opinion leaders is vital if such programs are to succeed.

Sexuality education programs for youth, where they exist, very often focus narrowly on HIV/STI and basic reproduction but do not directly address either gender equality or

sexual violence. Some progress in being made in providing high quality sexual health education to increasing numbers of youth around the world (See Chapter 4). Such programs provide an ideal opportunity to educate youth, during a time in life where basic attitudes and values concerning sexuality are formed, on issues relevant to sexual violence prevention.

Community-Based Actions

There are a wide range of community-based actions involving public health agencies, community groups, media, as well as many others that can play an active role in reducing sexual violence. They are to numerous to adequately address here (see WHO, 2002, 2003) but a few examples that target men are mentioned below.

The media can be used effectively to raise awareness and to campaign against sexual violence. The WHO (2002) cites several examples from South Africa and Zimbabwe where billboards, radio, and television have been used to communicate anti-sexual violence messages. In addition, influential public figures, such as sports stars, need to be increasing utilized to voice opposition to sexual violence and communicate healthy messages concerning sexuality and gender equality to young men. Sports organizations such as the Fédération Internationale de Football Association (FIFA) are ideally placed to reach hundreds of millions of boys and men around the world with educational messages to combat sexual violence. Involving media and sports organizations in efforts to reduce sexual violence holds considerable promise as they have significant potential to fundamentally transform values and customs that support the culture of sexual violence.

Necessary Actions

3.1 To be effective, laws, policies, and programs to reduce sexuality related violence must address gender inequality with respect to human rights and economic position. This includes legislation to prohibit all forms of sexual violence and harassment against children, women, and sexual minorities.

3.2 Comprehensive public health programs to raise awareness of the need to address sexual violence are required. Complementary programs aimed at the primary prevention of sexual violence must also be instituted. Sexual violence prevention programs should be delivered to all segments of society.

3.3 Effectively reducing the impact of sexual violence requires reform of the health care domain. This includes eliminating all forms of discrimination related to gender or sexual orientation within health care

systems and ensuring that health care personnel and the institutions in which they work are adequately prepared to receive and treat the victims of sexual violence

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