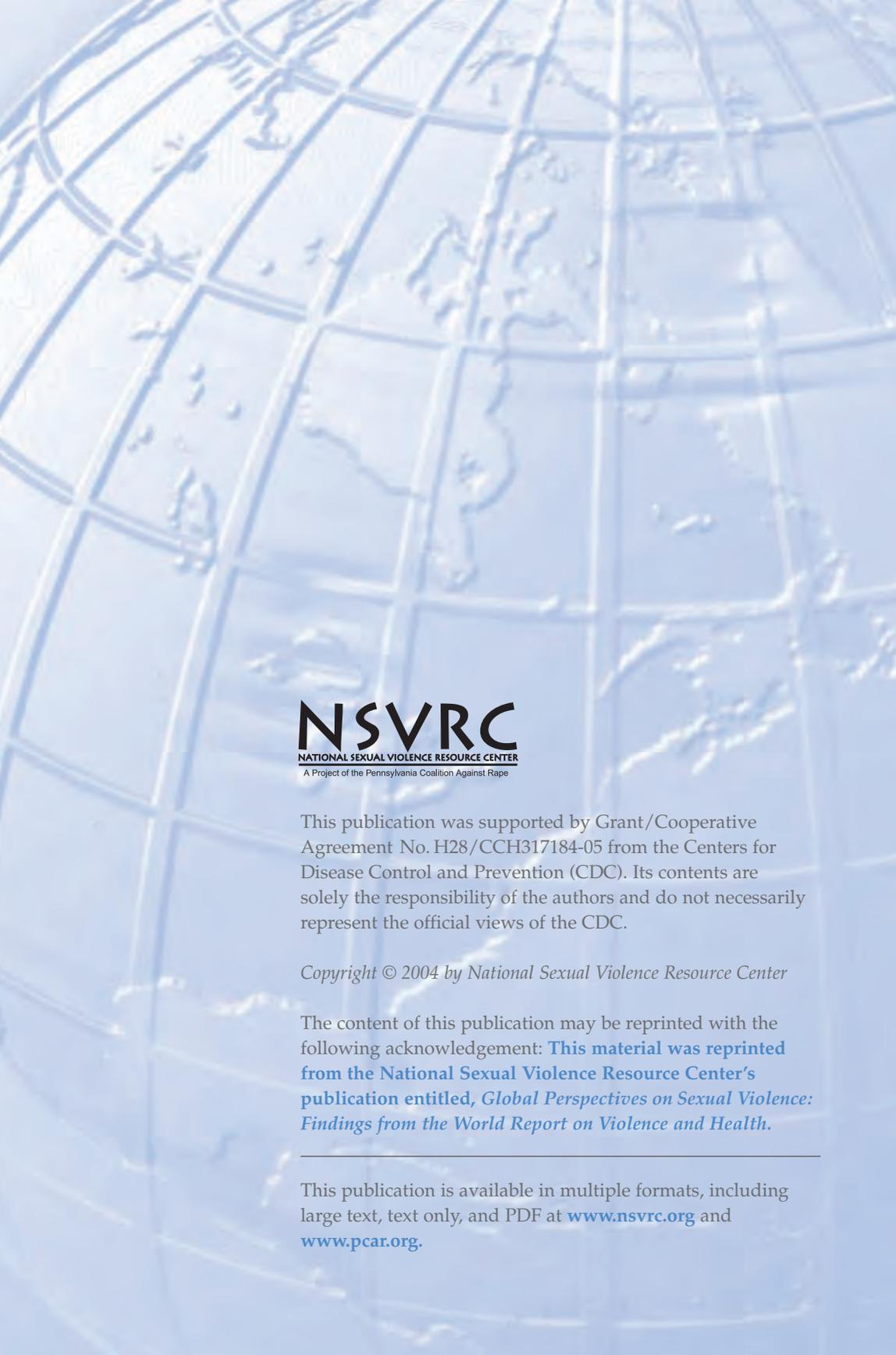


Global Perspectives on Sexual Violence:

Findings from the
World Report
on Violence and
Health



NSVRC

NATIONAL SEXUAL VIOLENCE RESOURCE CENTER
A Project of the Pennsylvania Coalition Against Rape

This publication was supported by Grant/Cooperative Agreement No. H28/CCH317184-05 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Copyright © 2004 by National Sexual Violence Resource Center

The content of this publication may be reprinted with the following acknowledgement: **This material was reprinted from the National Sexual Violence Resource Center's publication entitled, *Global Perspectives on Sexual Violence: Findings from the World Report on Violence and Health.***

This publication is available in multiple formats, including large text, text only, and PDF at www.nsvrc.org and www.pcar.org.

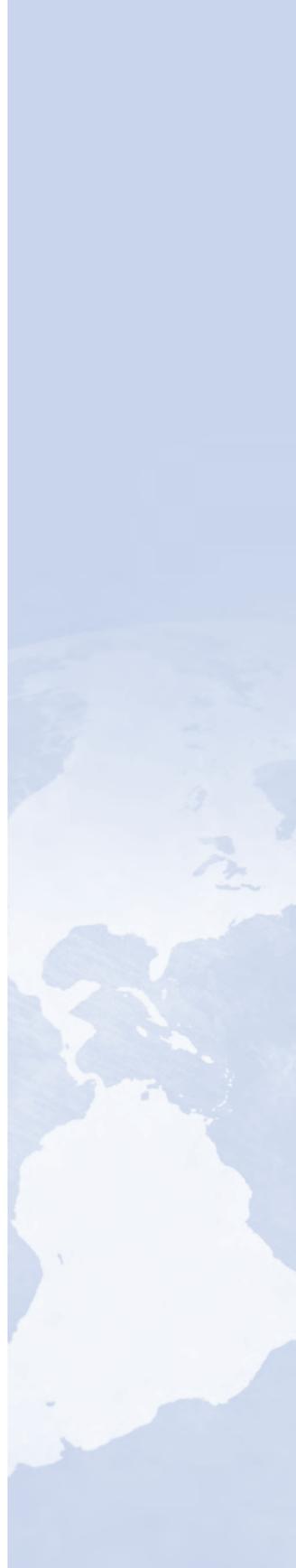
Global Perspectives on Sexual Violence

In 2002, the World Health Organization (WHO) released the *World Report on Violence and Health*. This report, the first of its kind, uses a public health approach to examine global youth violence, child abuse and neglect, violence by intimate partners, abuse of the elderly, sexual violence, self-directed violence, and collective violence. It draws from the information, findings, and insight of over 160 experts from approximately 70 countries and from published literature on violence. The Report views violence through an ecological lens and discusses biological, social, cultural, economic, and political factors that influence its occurrence and prevalence.

Developed from the *World Report on Violence and Health*, this booklet offers a synopsis of the Report's findings related to global sexual violence. The intent of this booklet is to promote a better understanding of global sexual violence, spark new research, and encourage collaborative efforts to prevent sexual violence.

“[World Report on Violence and Health] makes a major contribution to our understanding of violence and its impact on societies. It illuminates the different faces of violence, from the ‘invisible’ suffering of society’s most vulnerable individuals to the all-too visible tragedy of societies in conflict...And in doing so, it reminds us that safety and security don’t just happen: they are the result of collective consensus and public investment.”

Nelson Mandela
(Krug, et al., 2002)





A Closer Look

- In some countries, up to one-third of adolescent girls report forced sexual initiation (*Jewkes, Sen, and Garcia-Moreno, 2002*).
- Mass rape of women and girls is used as a weapon of war; between 10,000 and 60,000 women and girls were raped during the wars in Bosnia and Herzegovina from 1992 to 1995 (*Zwi et al, 2002*).
- Sexual violence against men and boys is a serious and understudied problem. Studies show that 5-10 percent of men report a history of childhood sexual abuse (*Jewkes, Sen, and Garcia-Moreno, 2002*).
- Women are subjected to sexual violence in health care settings—including sexual harassment, genital mutilation, forced gynecological procedures, threatened or forced abortions, and inspections of virginity (*Jewkes, Sen, and Garcia-Moreno, 2002*).
- Hundreds of thousands of women and girls throughout the world are forcibly trafficked and prostituted each year (*Jewkes, Sen, and Garcia-Moreno, 2002*).
- Sexual violence in schools occurs at an alarming rate; in Canadian schools 23 percent of girls experience sexual harassment (*Jewkes, Sen, and Garcia-Moreno, 2002*).

facts

Working Towards Sexual Violence Prevention

Sexual violence affects millions of people worldwide and represents a serious global public health problem. Risk factors, rooted in social injustices and inequities transcend geographical boundaries and individual differences. The costs of sexual violence are devastating and jeopardize the health of individuals and entire societies.

The National Sexual Violence Resource Center (NSVRC) recognizes that despite its prevalence and costs, sexual violence is not inevitable. A major goal of this booklet is to underscore the opportunity for those working to end sexual violence from around the world to partner and work together to identify and address its root causes. Today, a global perspective grows increasingly relevant for advocates and policy makers the world-over. War adds to the urgency. It not only ravages our world, people, and economies; war increases the risk of sexual violence. The needs and experiences of refugees and those that are trafficked illustrate the importance of building relationships and resources within a global community context.

Advocacy efforts have grown out of a fundamental understanding of sexual violence as a human rights, crime victims' rights, and social justice issue. Anti-sexual violence advocates have historically worked to change the social conditions that perpetuate violence. Building networks has been a crucial part of that work. We have much to give and gain by examining international public health efforts that aim to end sexual violence through social change.

Despite its prevalence and costs, sexual violence is not inevitable.

prevention



Definition of Sexual Violence

Definitions of sexual violence may be influenced by cultural values, social norms, human rights, gender roles, legal initiatives and crime and may evolve over time. While defining sexual violence advances our global efforts to identify and eliminate sexual violence, it must be recognized that all definitions are arrived at through cultural, socio-political, and geographic lenses. The Report attempts to build connections between communities and propel our solutions forward by offering the following definition of sexual violence:

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

(Jewkes, Sen, and Garcia-Moreno, p. 149, 2002).

Additionally, WHO emphasizes that a person who commits sexual violence uses coercion, which can include “physical force...psychological intimidation, blackmail or other threats—for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent—for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation” *(Jewkes, Sen, and Garcia-Moreno, p. 149, 2002).*

The Report presents the following forms of sexual violence (*Jewkes, Sen, and Garcia-Moreno, p. 149, 2002*):

- 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 favors
- 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 other 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

It asserts that sexual violence is used as a tool to punish and subjugate individuals for perceived transgressions of social or moral codes, noting its “underlying purpose is frequently the expression of power and dominance over the person assaulted” (*Jewkes, Sen, and Garcia-Moreno, p. 149, 2002*).

Definition



Prevalence of Sexual Violence

According to the World Health Organization “the true extent of sexual violence is unknown” (*Jewkes, Sen, and Garcia-Moreno, 2002*). In part, this is due to the significant variations in research definitions and methods. There are also significant gaps in research that keep sexual violence invisible and off of policy-makers’ agendas (*Krug, p. 172, 2002*).

Regardless of these inconsistencies, the Report confirms what many advocates have known: sexual violence terrorizes women, men, girls, and boys across the globe. The following examples help illustrate the global prevalence of sexual violence:

- Nearly one in four women may experience sexual violence by an intimate partner in her lifetime (*Jewkes, Sen, and Garcia-Moreno, 2002*).
- The practice of marrying off children as young as seven or eight is not uncommon. Forced marriage brings with it forced sexual initiation for children (*Jewkes, Sen, and Garcia-Moreno, p. 157, 2002*).
- Findings from international studies show that 20% of women report a history of childhood sexual abuse (*Runyan, et al., 2002*).
- Evidence suggests that males may be even less likely than females to report sexual assaults to authorities due to shame, guilt, fear of not being believed or of being denounced (*Jewkes, Sen, and Garcia-Moreno, p. 155, 2002*).
- Currently and formerly incarcerated men widely report rape by fellow inmates, prison officials, and police in many countries (*Jewkes, Sen, and Garcia-Moreno, p. 154, 2002*).

prevalence

Sexual Violence Risk Factors

Sexual violence does not occur in isolation. Risk factors, deeply rooted in social injustices and inequities, connect sexual violence to other forms of violence across the globe. Risk factors transcend boundaries and occur in individual, social, cultural, and economic contexts.

When viewing sexual violence through a public health lens, both reducing risk factors and increasing protective factors become paramount. Some of the individual risk factors found to increase men's risk of committing rape include using alcohol and drugs, lacking inhibitions to suppress associations between sex and aggression, holding attitudes and beliefs that are supportive of sexual violence and hostile towards women, associating with sexually aggressive peers, and having experienced sexual abuse as a child.

Societal risk factors that contribute to the occurrence of sexual violence and place certain groups at greater risk include gender-based inequality, magnification of male honor and entitlement, war, and absent or weak sanctions and human services.

**Through
multi-level
social change,
we can prevent
sexual violence.**



Gender-based Inequality

Sexual violence is more likely to occur in societies with rigid and traditional gender roles: “in societies where the ideology of male superiority is strong—emphasizing dominance, physical strength and male honor—rape is more common” (*Jewkes, Sen, and Garcia-Moreno, p. 162, 2002*). In some countries, the concept of gender equality disrupts a deep-seated system of inequality, creating social unrest in the short-term but empowerment and greater equality for women in the long-term.

Male Entitlement

Men are more likely to commit sexual violence in communities where concepts of male honor and entitlement are culturally accepted and where sexual violence goes unpunished. In many countries, the integrity of male honor hinges on female sexual purity. The rape of a woman taints the honor of her husband and/or family and she will likely face punishment as a way to restore the family’s honor. Punishment may include her marriage to the rapist, banishment and/or varying degrees of violence against her, including her murder, or “honor killing.” Social ideology entrenched in male entitlement may deny women a fundamental right to refuse sex and fail to recognize marital rape as a problem.

Absent or Weak Sanctions and Services

Community tolerance of sexual violence is evidenced by the unresponsiveness of systems and services. Sexual violence that occurs in certain settings or forms is not recognized as “sexual violence” by law in many countries. Evidence provided by victims is often not considered to be sufficient for a conviction. Victims do not come forward in many places out of fear of being punished by the criminal justice system. “In some places, rape can even occur in public, with passers-by refusing to intervene” (*Jewkes, Sen, and Garcia-Moreno,*

p. 161, 2002). Weak or absent social sanctions and services contribute to and exacerbate sexual violence. Unresponsive systems fail to hold perpetrators accountable and fall short of victims' needs.

Poverty

Violence impacts certain groups disproportionately. Poverty increases people's vulnerabilities to sexual exploitation in the workplace, schools, and in prostitution, sex trafficking, and the drug trade. People with the lowest socioeconomic status are at greater risk for violence. Individuals who lack sufficient economic resources to meet their basic needs, specifically women, may have to resort to bartering for essential goods with sex.

War

The rape and torture of men, women, and children as military tactics have been widely documented. Rape has been used as a weapon of war and conflict. "Rape is often used to terrorize and undermine communities, to force people to flee, and to break up community structures. Physical and psychological effects on victims are far-reaching" (Zwi, Garfield, and Loretta, p. 218, 2002). Refugees who flee conflict and persecution are at extreme risk for sexual violence in their new settings, including refugee camps. War often depletes economic and social resources and pushes many people into prostitution.

risk factors



Promising Approaches

A public health approach to ending sexual violence requires a collaborative, multi-disciplinary, multi-level, and holistic strategy. The Report discusses many promising approaches to ending sexual violence, including but not limited to the efforts described below.

The Philippines Task Force

Comprised of doctors, nurses, social scientists, and supported by the Department of Health, the Task Force on Social Science and Reproductive Health in the Philippines has developed training on gender violence for nursing and medical students (*Jewkes, Sen, and Garcia-Moreno, p. 167, 2002*). This training has become a standard component of nursing and medical school curricula. Training modules are designed to increase students' understanding of the root causes of violence in cultural and gendered contexts, help them identify patients and families at risk for violence and to prepare them to provide primary and secondary interventions in collaboration with other professionals.

Sexual Assault Nurse Examiners (SANE)

Located in hospitals or police stations, SANE programs provide victims of sexual violence with a wide range of services through a collaborative approach that includes rape crisis centers, law enforcement, district attorneys, and medical professionals (*Jewkes, Sen, and Garcia-Moreno, p. 167, 2002*). Sexual Assault Nurse Examiners (SANE) provide specialized and comprehensive health care services to victims of sexual violence. SANE programs operate in a number of countries, including Canada, the United States, and Malaysia.

Stepping Stones

Originally developed in Africa and now used by many parts of the developing world, Stepping Stones links HIV/AIDS prevention with sexual violence prevention (*Jewkes, Sen, and Garcia-Moreno, p. 165, 2002*). This program is designed for female and male peer groups. A review of Stepping Stones in Africa and Asia showed the program's success in helping men take responsibility for their actions, communicate more effectively, and develop greater respect for women. Reductions in rates of violence against women have been reported in Cambodia, the Gambia, South Africa, Uganda and the United Republic of Tanzania as a result of this program.

Institute for Health and Human Development

South Africa's Institute for Health and Human Development (IHDC) uses the mass media to promote health and prevent violence (*Jewkes, Sen, and Garcia-Moreno, p. 168, 2002*). Prime-time television and radio dramas discuss social and health issues including interpersonal violence, bullying, gang violence, domestic violence, rape, and sexual harassment in ways that engage viewers of all ages on emotional levels. Of note is a popular children's program, *Soul Buddyz*, that reaches two thirds of South African children. In addition to TV and radio, IHDC produces and disseminates booklets that provide more extensive information on various topics. IHDC also administers a hotline, through which crisis counseling and referral services are provided.

Inter-American Coalition for the Prevention of Violence

The Inter-American Development Bank, Organization of American States, Pan American Health Organization, United National Educational, Scientific and Cultural Organization, United States Centers for Disease Control and Prevention, and the World Bank joined forces to form the Inter-American Coalition for the Prevention of Violence to respond to the problem

of violence (*Krug, et al., p. 252, 2002*). The coalition supports the public awareness efforts, research, policy, training, media outreach, collaborative, and preventive efforts of organizations on a national scale by helping to mobilize resources and partners at local levels.

Developmental Approaches

There are a number of developmental approaches to health promotion and violence prevention. One model that targets children at every stage of their development is the Schwartz model (*Jewkes, Sen, and Garcia-Moreno, p. 166, 2002*). With this tool, health providers explore parenting, gender stereotypes, stress, conflict, and violence issues with expecting parents. Health providers explore the following issues along children's developmental continuum: child sexual abuse, violence in the media; "good and bad" touch, sexual aggression; rape myths and facts, boundaries and the link between sex, violence, and coercion.

Men as Activists

Men's collective involvement in sexual violence prevention is growing, with over 100 groups in the United States alone (*Jewkes, Sen, and Garcia-Moreno, p. 169, 2002*). At the core of the male activist movement is the need for men to take responsibility for reducing violence. To that end, such groups often work with women's groups to raise public awareness about violence, promote violence alternatives, explore the meaning of masculinity, and provide educational programs in community settings.

Legal and Policy Responses

Legal and policy efforts have improved the health and quality of life of people throughout the world. In Asia, a broadening of legal definitions of rape coupled with mandated state assistance to victims has resulted in more victims reporting and coming forward (*Jewkes,*

Sen, and Garcia-Moreno, p. 170, 2002). Rule 96 of the International Criminal Tribunal for the former Yugoslavia lends itself as a model for reform elsewhere (*Jewkes, Sen, and Garcia-Moreno, p. 170, 2002*). Rule 96 removes the corroboration requirement in victims' testimony and prohibits prior sexual history of victims from being admitted as evidence. Policy changes have made a difference in victims' lives and the systems they encounter.

International Rescue Committee

The International Rescue Committee (IRC) employs a collaborative model to prevent and address sexual- and gender-based violence against refugees (*Jewkes, Sen, and Garcia-Moreno, p. 171, 2002*). Community workers connect victims to services. Community attorneys prosecute perpetrators. IRC has helped refugee populations in Bosnia and Herzegovina, the Democratic Republic of the Congo, East Timor, Kenya, Sierra Leone and the former Yugoslav Republic of Macedonia.

Child Abuse Public Awareness Campaign in Kenya

Coalition members from governmental, nongovernmental, and community-based backgrounds came together in 1996 to respond to a study that showed a high prevalence of child abuse and neglect in Kenya (*Runyan, et al., p. 77, 2002*). The response was three-tiered and included training, advocacy, and child protection efforts. Through drama, music, and essay competitions, children shaped the coalition's efforts. Success is illustrated in a strengthened reporting and management of child abuse cases, creation of a legal network for abused children, organization and provision of national and regional conferences, and heightened public awareness about child abuse and neglect.

Solutions

The Way Forward

There are clear steps that advocates, researchers, and policy-makers can take to help light the way forward.

Much can and has been done to address sexual violence, but “the world has not yet fully measured the size of the task and does not yet have all the tools to carry it out” (*Krug et al., p. 254, 2002*). While the report findings reveal gaps in sexual violence research, prevention, and intervention across the world, there are clear steps that advocates, researchers, and policy-makers can take to help light the way forward.

In September 2004, WHO released *Preventing Violence: a Guide to Implementing the Recommendations of the World Report on Violence and Health* to provide step-by-step conceptual, policy and practical suggestions on how to implement these recommendations (WHO, 2004). WHO offers a series of concrete recommendations for multi-level social change that include:

- Increasing the capacity for collecting data on violence.
- Researching violence—its causes, consequences and prevention.
- Promoting the primary prevention of violence.
- Promoting gender and social equality and equity to prevent violence.
- Strengthening care and support services for victims.
- Bringing it all together—developing a national plan of action

moving forward

Summary

Sexual violence is a human rights and public health concern that transcends boundaries and incurs a devastating global human cost. Gender inequalities, male entitlement, absent and/or weak social sanctions and services, poverty, and war put certain populations at greater risk for sexual violence. Sexual violence terrorizes individuals throughout the world and undermines communities and systems. Change is possible through a commitment to the protection of human rights and a national sexual violence prevention strategy.

The WHO Report shows that sexual violence is preventable and social change is possible. However, lasting social change requires the commitment and collaboration of advocates, policy-makers, researchers, medical personnel, educators, police officers, prosecutors, and other professionals across the globe. Sexual violence prevention requires rigorous advances in research, including the development and implementation of consistent definitions and methods and the sharing of analyses. Through the commitment of members of society at every level, new programs and policies can emerge to significantly eliminate sexual violence.

Current WHO Initiatives

Following the Report's release, WHO launched the *Global Campaign for Violence Prevention* to raise awareness about the problem of violence and the value of a public health approach and to encourage global action at every level of society. For more information on the campaign, visit: http://www.who.int/violence_injury_prevention/violence/global_campaign/campaign/en/.

For a detailed description of how to implement recommendations that were referenced on page 14, visit: http://www.who.int/violence_injury_prevention/media/news/08_09_2004/en.

Change is possible through a commitment to the protection of human rights and a national sexual violence prevention strategy.

References

Krug, EG et al., eds. *World Report on Violence and Health*. Geneva, World Health Organization, 2002.

Krug, EG et al., *The Way Forward: Recommendations for Action*. In: Krug E., Dahlberg, L., Mercy, J.A., Zwi, A.B., Lozano, R. World Report of Violence and Health. Geneva, Switzerland: The World Health Organization. 2002: 241-254. (Available on the Internet: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap9.pdf)

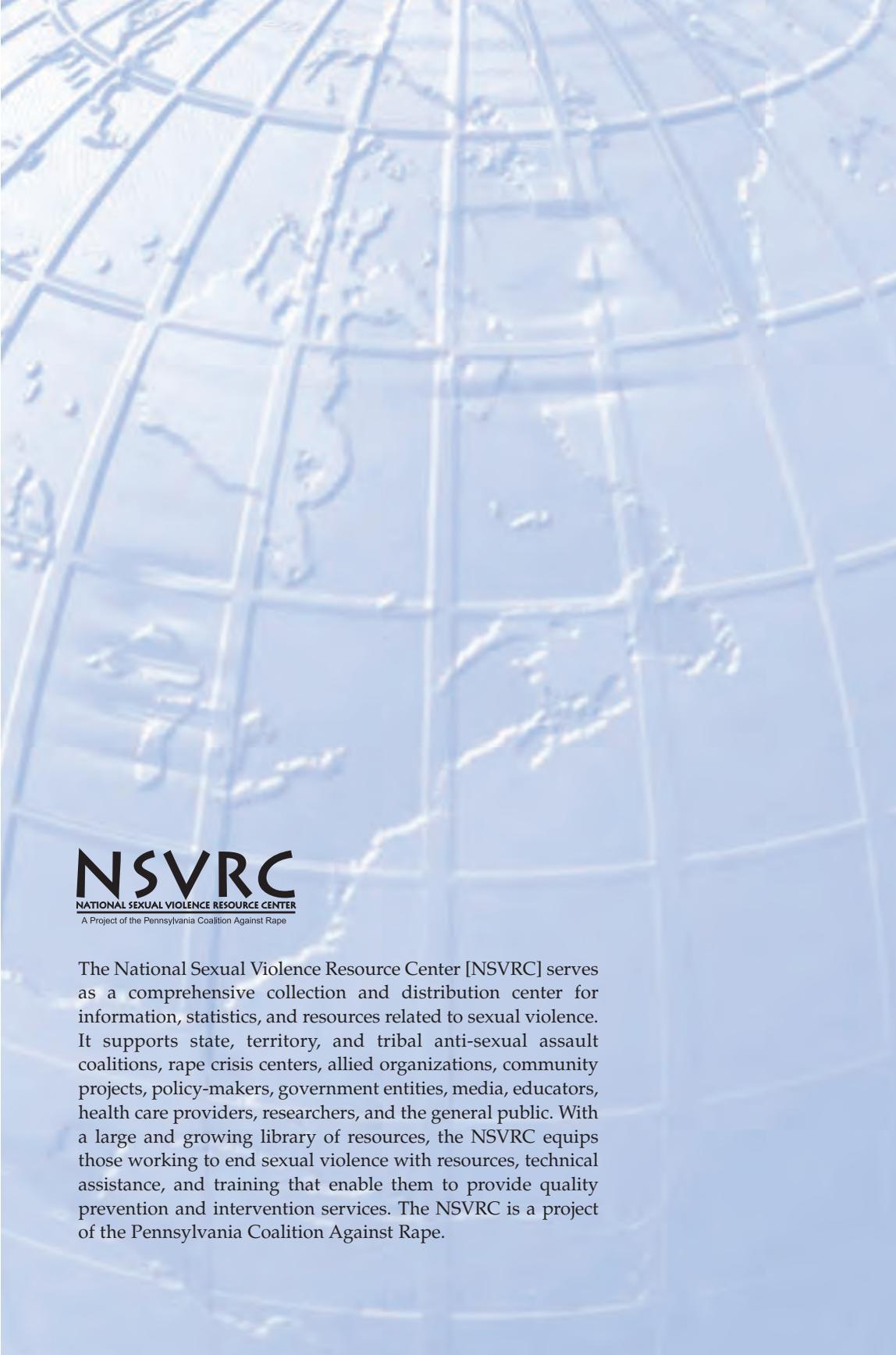
Jewkes, R., Sen P., Garcia-Moreno, C. *Sexual Violence*. In: Krug E., Dahlberg, L., Mercy, J.A., Zwi, A.B., Lozano, R. World Report of Violence and Health. Geneva, Switzerland: The World Health Organization. 2002: 147-181. (Available on the Internet: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf)

Runyan, D. et al. *Child Abuse and Neglect by Parents and Other Caregivers*. In: Krug E., Dahlberg, L., Mercy, J.A., Zwi, A.B., Lozano, R. World Report of Violence and Health. Geneva, Switzerland: The World Health Organization. 2002: 147-181. (Available on the Internet: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf)

Zwi, A.B., Garfield, R. Loretta, A. *Collective Violence*. In: Krug E., Dahlberg, L., Mercy, J.A., Zwi, A.B., Lozano, R. World Report of Violence and Health. Geneva, Switzerland: The World Health Organization. 2002: 213-239. (Available on the Internet: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap8.pdf)

World Health Organization. (2004). Who issues new publication *Preventing violence: a guide to implementing the recommendations of the World report on violence and health*. Retrieved October 25, 2004, from www.who.int/violence_injury_prevention/media/news/08_09_2004/3n/print.html.

The full *World Report on Violence and Health* is available at the World Health Organization's web site: [who.int/violence_injury_prevention/violence/world_report](http://www.who.int/violence_injury_prevention/violence/world_report).



NSVRC

NATIONAL SEXUAL VIOLENCE RESOURCE CENTER

A Project of the Pennsylvania Coalition Against Rape

The National Sexual Violence Resource Center [NSVRC] serves as a comprehensive collection and distribution center for information, statistics, and resources related to sexual violence. It supports state, territory, and tribal anti-sexual assault coalitions, rape crisis centers, allied organizations, community projects, policy-makers, government entities, media, educators, health care providers, researchers, and the general public. With a large and growing library of resources, the NSVRC equips those working to end sexual violence with resources, technical assistance, and training that enable them to provide quality prevention and intervention services. The NSVRC is a project of the Pennsylvania Coalition Against Rape.



NSVRC

NATIONAL SEXUAL VIOLENCE RESOURCE CENTER

A Project of the Pennsylvania Coalition Against Rape

If you have questions or
would like more information,
please contact the:

Toll-free: 877-739-3895

TTY: 717-909-0715

Email: resources@nsvrc.org

www.nsvrc.org