

facts

Sexual violence

Sexual violence is a serious public health problem affecting millions of people each year worldwide. It is driven by many factors operating in a range of social, cultural and economic contexts.

Coerced sex may result in sexual gratification on the part of the perpetrator, though its underlying purpose is frequently the expression of power and dominance over the person assaulted. It is also used to punish people for transgressing perceived social or moral codes.

THE EXTENT OF THE PROBLEM

- The true extent of sexual violence is unknown, though available data suggest that nearly one in four women may experience sexual violence by an intimate partner in their lifetime.
- For many young women, sexual violence begins in childhood and adolescence. In some countries, up to one-third of adolescent girls report forced sexual initiation.
- Each year hundreds of thousands of women and girls are bought and sold into prostitution. Many are promised work in the domestic or service industry, but instead are taken to brothels where they are beaten, locked up, stripped of their identification papers and forced to earn back their purchase price through prostitution.
- Tens of thousands of women each year are subjected to sexual violence in health care settings, including sexual harassment by providers, genital mutilation, forced gynaecological examinations and obligatory inspections of virginity.
- Rape has been used as a weapon of war and has been documented in many conflicts, including those in Algeria, Bangladesh, Bosnia and Herzegovina, Indonesia, Liberia, Rwanda and Uganda. In Bosnia and Herzegovina, alone, estimates of the numbers of women raped range from 10 000 to 60 000.

Proportion of women reporting attempted or completed forced sex by an intimate partner in their lifetime, selected cities

Country	Year	Sample Size	Attempted or completed forced sex (%)
Brazil (Sao Paulo)	2000	941	10.1
Canada (Toronto)	1991-1992	420	15.3
Japan (Yokohama)	2000	1287	6.2
Mexico (Guadalajara)	1996	650	23.0
Nicaragua (León)	1993	360	21.7
Peru (Cusco)	2000	1534	46.7
Thailand (Bangkok)	2000	1051	29.9
UK (North London)	1993	430	23.0
Zimbabwe (Midlands Province)	1996	966	25.0

THE CONSEQUENCES OF SEXUAL VIOLENCE

Sexual violence can profoundly affect the physical, emotional, mental and social well-being of victims. It is associated with a number of health consequences, including:

- unwanted pregnancy
- gynaecological complications such as vaginal bleeding, fibroids, chronic pelvic pain and urinary tract infections
- sexually transmitted diseases including HIV/AIDS
- depression
- post-traumatic stress disorder
- suicidal thoughts and behaviour.

Victims may also face ostracism from family, friends and their communities.

WHAT ARE THE RISK FACTORS FOR SEXUAL VIOLENCE?

There are many factors increasing the risk of sexual violence. These factors influence not only the likelihood of rape, but also the reaction to it.

Factors increasing men's risk of committing rape

- using alcohol or drugs
- lacking inhibitions to suppress associations between sex and aggression



- holding attitudes and beliefs supportive of sexual violence, including coercive sexual fantasies
- a pattern of behaviour that is impulsive, anti-social and hostile toward women
- associating with sexually aggressive peers
- having been sexually abused as a child
- growing up in a family environment characterized by physical violence, little emotional support and few economic resources.

Poverty and living in a community with a general tolerance for sexual violence and weak sanctions against it are also contributory factors.

Sexual violence is more likely to occur where beliefs in male sexual entitlement are strong, where gender roles are rigid, and in countries with high rates of other types of violence.

WHAT CAN BE DONE TO PREVENT SEXUAL VIOLENCE?

Efforts to prevent sexual violence have largely focused on:

- support for victims
- legal and policy changes
- health care services and training for providers
- educational programmes and campaigns to change attitudes and behaviours.

Counselling, therapy and support group initiatives are designed to lessen the trauma of sexual violence and hasten recovery. These types of services have been found to be helpful following an assault.

Legal and policy responses

Efforts to reform legal responses include:

- broadening the definition of rape so that it includes marital rape and other forms of sexual violence
- reforming the rules on sentencing and on admissibility of evidence
- removing the requirements for victims' accounts to be corroborated.

In general, legal responses are geared toward encouraging people to report incidents of sexual violence to the police and improving the speed and sensitivity of the processing of cases by the courts. Legal and economic reforms have also been proposed to combat sexual trafficking.

Health care services and training

The health sector has a particularly important role to play in its response to victims of sexual violence by:

- collecting medical and legal evidence
- training health care providers
- offering other support services.

Medico-legal documentation of sexual assault can significantly increase the chances of a perpetrator being arrested, charged and convicted. Unfortunately, medico-legal services are not routinely offered in many countries.

Training for health care professionals is also critical. Such training should give health care workers greater knowledge and awareness of sexual violence and make them better able to detect and handle cases of abuse in an effective way.

Educational programmes and campaigns

Other approaches to combat sexual violence focus on education and raising awareness, including educational programmes in schools and other settings that address gender relations, sexual coercion, and skills for building healthy relationships.

Media campaigns and community activism by men's and women's groups have also been used to change destructive behavioural patterns as well as public attitudes towards sexual violence.