

Contextualizing Sexual Violence in a GBV framework : Human rights, gender and health



Human rights and health

- The right to health is a fundamental human right- same international legal status as freedom of religion and right to a fair trial
- Human rights violations such as GBV and SV lead to poor physical and psychological health in women
- Historically, women's health or rather ill health explained in a very different way, far beyond the realm and language of human rights.

Women's 'vulnerability' to ill health

- In the past, women's 'vulnerability' to ill health and psychological disorder was attributed to:
- Biological especially reproductive and hormonal differences compared with men
- And intra-psychic factors including, for example, having a 'ruminative' response style to explain higher rates of depression in women.

Sex and gender

- Only when sex and gender were differentiated conceptually was it possible to:
- Examine the separate contribution that biological factors (sex) versus social determinants (gender) made to health status
- Female gender is a risk factor for many forms of poor mental and physical health
- Gender determines differential access to power and resources that favours men
- Girls and women are disproportionately exposed to adverse experiences and rights abuses including Gender Based Violence that undermine their human dignity and their health and development

Gender acquired risks

- Gender related risks are multiple and interconnected eg, both female gender and low income are risks for GBV and the social gradient in health is heavily gendered as women make up > 70% of the world's poor
- Many gender acquired risks arise from women's greater exposure to poverty, discrimination, socioeconomic disadvantage and economic dependency on men; to inferior social ranking, gender stereotypes and rigid gender roles ie greater caring responsibilities and especially their exposure to the many forms of Gender Based Violence
- Individually and in sum these risks are synonymous with a denial of opportunities that underpin self determination and the exercise of agency and autonomy

Defining Gender Based Violence (GBV)

- The Declaration on the Elimination of Violence against Women defines GBV as
- ‘any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’

Rates of Gender based violence

- WHO Report on Violence and Health (2002)
- VIOLENCE BY INTIMATE PARTNERS
- Any behaviour causing physical, psychological or sexual harm
- 48 population based surveys around the world indicate:
- Between 10% and 69% of women reported being physically assaulted by an intimate male partner at some point in their lives

Sexual violence

- Sexual violence is one of the most significant but least researched of all forms of GBV.

- Sexual violence is defined 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 relationship to the victim, in any setting, including but not limited to home and work’

(Jewkes R (2002). Chapter six, Sexual Violence in World Report on Violence and Health)

Rates of SV

- Wide variation in rates have been reported in the limited research conducted so far
- For women aged 16 years and older who report being sexually assaulted in previous 5 years (Chapter 6, World report on violence and health)
- Rates ranged from:
 - A low of 0.3% in Manila, the Philippines to
 - A high of 8.0% in Rio de Janeiro, Brazil.

Sexual violence by intimate partners

- Rates for women ever sexually assaulted by an intimate partner (includes attempted or completed sex)
- Rates ranged from:
- A low of 5.9% in Finland- a national survey
- A high of 46.7% in Cusco, Peru
- The highest rate for completed forced sex, 51.9% was reported by women in East and SE Anatolia, Turkey

Gender based violence: an emblematic rights violation

- Because it:
 - Degrades the dignity and worth of the human person and violates the equal rights of men and women
 - Violates multiple human rights including the right to health
 - GBV is clearly incompatible with achieving the highest attainable standard of physical and mental health

Which rights are violated

- Life
- Equality
- Liberty and Security of person
- The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment
- Equal protection under the law
- The violation of that right is evidenced by trivialization of allegations of sexual assault; failure to investigate thoroughly; low rates of conviction
- In addition, court proceedings can result in high rates of secondary traumatising for victims of SV. Hostile questioning and attempts at 'character assassination' of the victim are legally condoned within the adversarial system

Violated rights

- In all countries for which evidence is available
- There is low rate of reporting of sexual violence (compared with the prevalence of such violence documented in research studies) – the Iceberg of sexual coercion
- Together with the very low rate of convictions for crimes of SV, this suggests women have few grounds for expecting that their right to experience equal protection under the law will be protected

Discrimination

- Women have the right to be free from all forms of discrimination
- But the discrimination and stigma experienced by female victims of sexual violence, denies and limits their equality of rights with men.
- Such a denial is fundamentally unjust and an offence against human dignity
- See CEDAW (1967) and Declaration on the Elimination of Violence against women (1993)

Sexual Violence: circumstances and settings

- Sexually violent acts occur in a range of circumstances and settings:
- Rape within marriage or dating relationships; rape by strangers; during armed conflict; gang rape
- Unwanted sexual advances/ sexual harassment including demanding sex in return for favours
- Sexual abuse of children and people with disabilities
- Forced marriage/cohabitation inc child marriage
- Denial of right to use contraception or protect against STD's
- Forced abortion; violent acts against sexual integrity inc. FGM and mandatory virginity inspections
- Forced prostitution/ sexual trafficking of people
- What have we left out?

Some impacts of SV

- SV affects all aspects of health- physical, psychological, spiritual and social
- Of all the traumatic experiences, SV is the one that most strongly predicts the development of Post traumatic Stress Disorder and a range of other psychological disorders (depression, anxiety, suicidality, phobias, substance use etc) and physical health problems (forced pregnancy, STDs inc HIV & HPV, chronic pelvic pain, sexual and gynaecological problems; sleep disorders; gastrointestinal disorders)
- Social stigma and ostracism; forced marriage

The Sexual Violence Research Initiative - SVRI

- The SVRI was established in response to the paucity of research evidence on sexual violence.
- The Sexual Violence Research Initiative (SVRI) is an initiative of the Global Forum for Health Research hosted by the Gender and Health Research Unit, Medical Research Council, South Africa.
- The SVRI promotes and disseminates policy relevant, action-oriented research to reduce and respond to sexual violence through: identifying gaps; building capacity; supporting research; raising awareness; and building partnerships.

Research agenda of the SVRI

- The SVRI research agenda aims to focus attention on and funnel limited resources to redress knowledge gaps. It is designed to:
- Assist researchers to identify study questions within the areas of highest need;
- Assist donors in shaping funding programmes that are based on research gaps and priorities, and promote best use of limited research resources; and
- Inform the development of responsive and effective sexual violence services, prevention and advocacy programmes.

Who is the Agenda For?

- It is envisaged that the research agenda will be an important resource for:
- Researchers
- Funders/donor agencies
- Policy makers
- Service planners
- Gender and human rights advocates

SVRI Priorities

- To prioritise research that will facilitate effective responses to sexual violence and contribute to the prevention of sexual violence;
- To address issues that particularly impact on lower and middle income countries;
- To provide a sound practical and empirical foundation for interventions, policy and advocacy programmes within countries, and at regional and global levels.

How the research agenda was informed

- The SVRI agenda was informed by:
 - A review of published literature on sexual violence and identifying the major gaps in research evidence
 - A series of SVRI facilitated international expert meetings and discussions
 - Recommendations arising from the following chapters of the World Report on Violence and Health: child abuse and neglect by parents and other caregivers; sexual violence; and self-directed violence.

Key Focus Areas

- 1. Nature, Prevalence, Social Context and Risk Factors Associated with Sexual Violence**
- 2. Appropriateness and Effectiveness of Sexual Violence Services**
- 3. Sexual Violence Prevention**
- 4. Sexual Violence and Restorative Justice**
- 5. Sexual Violence in Conflict and Emergency Settings**
- 6. Child Sexual Abuse**
- 7. Human Trafficking for Sexual Exploitation**
- 8. Female Genital Cutting / Mutilation**