Key FINDINGS

on Sexual Violence From the "global status report on violence prevention 2014"

NSVRC

national sexual violence resource center

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Research translation by NSVRC

S exual violence is a global public health problem that can be prevented. Effective prevention requires multiple efforts across the social ecology. Efforts at individual, relationship, organizational, community, and societal levels are needed. To end sexual violence, we need to know the true scope of its prevalence, the factors that influence its occurrence, and the most effective strategies to address and prevent it. This research translation provides a summary of key findings on sexual violence as a component of interpersonal violence that is the wider focus of the Global Status Report on Violence Prevention 2014 (World Health Organization [WHO], 2014). People working to end sexual violence can use these findings to inform data collection, prevention planning and evaluation, policy advocacy, and community partnerships.

BACKGROUND

In 2002, the World Health Organization (WHO) issued the first World Report on Violence and Health to further our understanding of prevalence and impacts of violence throughout the world (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). In addition to publishing the findings, WHO also made specific recommendations to prevent and address violence throughout the world.

Recommendations involved research and data collection, prevention, victim response, gender and social equality, multidisciplinary collaboration, public policies, and other aspects of violence prevention and response. Key findings from that report can be found in *Global Perspectives on Sexual Violence: Findings from the World Report on Violence and Health* from the National Sexual Violence Resource Center (2004).

In the current Global Status Report (WHO, 2014), WHO provides examples of how these recommendations are being implemented in more than 100 countries. The report examines the following:

- The scope of violence and data collection efforts;

- The status of prevention programs, policies, and legislation;

- The availability of victim services;

- Opportunities to address gaps and inspire action – the way forward.

Methods

In 2010, WHO began systematically gathering information about violence prevention efforts on a global scale. WHO collaborated with the United Nations Development Programme and the United Nations Office on Drugs and Crime. They assessed 133 countries, representing 88% of the world's population (WHO, 2014, p. 5).

The data-gathering process entailed four steps beginning with a self-administered questionnaire that was completed by a range of government and non-governmental agencies from health, legal, education, gender, law enforcement, child services, social development, and other sectors. Following the questionnaire, respondents met to reach consensus about the data that best represented their respective countries. The data were validated by WHO and global violence prevention staff and permission was then provided by governments to include the data in the status report (WHO, 2014, p. 6).

The questionnaire asked about each country's data gathering, laws, policies, services, and programming pertaining to interpersonal violence. Interpersonal violence encompassed child maltreatment, elder abuse, intimate partner violence, sexual violence, youth violence, gang violence, and armed violence. The assessment focused on the presence of efforts, not the quality or effectiveness of those efforts.

Key findings

The scope of violence and data collection

Much of our global data about violence comes from population-based surveys and special studies. Over half (52%) of the participating countries indicated they gather prevalence data on sexual violence, which is obtained mainly through surveys. Sexual violence is the second highest form of violence being examined for prevalence, with 57% of countries gathering prevalence data on intimate partner violence and only 6% collecting gang violence data. Interestingly, "countries reported that sexual violence was the predominant type of violence surveyed across all levels of country income status" with more low-income countries including sexual violence in population-based studies than high-income countries (WHO, 2014, p. 22).

Other findings: (WHO, 2014, p. viii)

- Data from participating countries show one in five women has been sexually abused

Globally, one in three women has been victimized physically or sexually by an intimate partner in their lifetime.

1 in 5

Girls sexually abused during childhood.

High Economic Costs	Mental Health Problems	Sexual and Reproductive Health Struggles	Chronic Disease Consequences

Globally, violence is linked to high economic costs; a range of physical, mental health, behavioral, sexual and reproductive health struggles; as well as chronic disease consequences.

as a child. WHO acknowledges the sexual victimization of boys and men, but indicates this remains poorly documented globally. People who identify as transgender are also underrepresented in the data.

- Child sexual abuse is highly prevalent globally. One in five girls has been sexually abused during childhood; in some countries, the number is closer to one in three. Eighteen percent of girls and 7% of boys have been sexually abused in their lifetime.

- Globally, one in three women has been victimized physically or sexually by an intimate partner in their lifetime. Forty-two percent were injured as a result. Seven percent of women were sexually victimized by someone other than an intimate partner.

- Abuse against older adults is defined broadly, and included physical, sexual, emotional, psychological, and financial abuse as well as abandonment and neglect. One in 17 older adults was abused in the previous month at the time the data was collected.

The status of prevention programs, policies, and legislation

Globally, violence is linked to high economic costs; a range of physical, mental health, behavioral, sexual and reproductive health struggles; as well as chronic disease consequences. The negative ripple effects of violence make investments in effective prevention strategies all the more urgent. Data drives our understanding of a problem and the ways in which it should be addressed. While the presence of national action plans which are designed to prevent and respond to violence within a country, is promising, the report found that most plans and policies are formed in the absence of data.

For example, it was more common for countries to report that they have national action plans than to report that they conduct population-based studies. While plans may be underway, without data and evidence, it is unclear if such plans are going to be effective in preventing violence. This was less the case for intimate partner and sexual violence than it was for other forms of violence, yet for all forms of violence, having national action plans were still more common than actual data collection and analysis as indicated below (WHO, 2014, p. 24).

National action plans

- Approximately half (51%) of participating countries said they had plans to address multiple forms of violence. These integrated plans were most common in the Americas.

- Sixty-five percent of countries had national action plans on sexual violence (compared to 71% on child maltreatment, 68% on intimate partner violence, and 53% on youth violence). Elder abuse, armed violence, and gang violence were underrepresented (between 37-41%) in national action plans.

Multi-sectoral strategies

The overwhelming majority (96%) of countries have an approach to violence prevention that involves multiple agencies or disciplines. Further, 77% of countries have a way to share information across these agencies. However, clear leadership and mechanisms to coordinate these efforts are often missing. Without leadership and coordination, agencies may duplicate efforts and lack the support needed for evaluation and strategic planning (WHO, 2014, p. 26).

Sexual violence prevention strategies being implemented

Sexual violence is a complex public health problem affecting all aspects of our society. Yet, global investments in its prevention remain low. Further, while growing evidence shows that violence is preventable, strategies are unevenly supported across the globe.

"Best buy" strategies

Following a review of the scientific evidence base for prevention and response, WHO and its partners identified "best buy" strategies in which to invest – six prevention strategies and one that is response-focused (#7 below). They describe these strategies as having the potential to prevent multiple forms of violence, prevent perpetration, and reduce risk for victimization (WHO, 2014, p. 27).

1. Developing safe, stable, and nurturing relationships between children and their parents and caregivers;

2. Developing life skills in children and adolescents;

3. Reducing the availability and harmful use of alcohol;

4. Reducing access to guns and knives;

5. Promoting gender equality to prevent violence against women;

6. Changing cultural and social norms that support violence;

7. Victim identification, care, and support programs.

Implementation of "best buy" strategies to prevent sexual violence

The report assessed the extent to which the six prevention strategies identified above are being implemented by looking specifically at 18 types of violence prevention programs. Overall, findings show that many countries are engaged in violence prevention, but not to the scale needed to actually end violence. Less than 40% of countries are implementing "best buy" strategies on a large scale; even when large-scale efforts are underway, there is not necessarily evidence supporting their effectiveness.

Strategies that relate most closely with sexual violence prevention include:

- **Social and cultural norms change strategies** that seek to dismantle rigid gender norms about male sexual entitlement and attitudes and beliefs that support sexual violence. This approach is most commonly used by countries to address violence against women; however only 11% have implemented this strategy on a broader scale (reaching 30% or more of the target population across multiple communities). Fifty percent of countries have engaged in this strategy on a more limited scale, once or a few times (WHO, 2014, p. 28). (A more detailed breakdown of programs can be seen on page 6 of this report.)

- **Child sexual abuse avoidance strategies** teach children about body safety, body

ownership, and how to tell a trusted adult about abuse. Thirty-seven percent of countries are implementing child sexual abuse prevention. Fifteen percent of countries are implementing this strategy on a larger scale and 37% are engaged in a more limited way (WHO, 2014, p. 71).

- **School and college programs** encompass awareness-raising activities, gender norms analysis, bystander behavior activities, and seek to effect changes in knowledge and attitudes about rape and sexual assault. Only 20% of countries are engaged in school and college-based sexual violence prevention strategies on a broad scale. More countries (35%) have implemented this strategy in a limited way (once or a few times) and most (45%) countries said they do not offer this type of program (WHO, 2014, p. 77).

- **Physical environment approaches** to sexual violence prevention include surveillance, lighting, and encouraging the use of public spaces. Twenty-six percent of countries are using this strategy to prevent sexual violence on a larger scale; 29% have implemented it once or a few times (WHO, 2014, p. 77).

- Notably, **economic empowerment and gender equity programs** have evidence showing reductions in partner violence, yet only 21% of countries are implementing microfinance and gender equity strategies to address intimate partner violence (WHO, 2014, p. 75).

Additionally, while the following three strategies are not directly referenced as sexual violence prevention strategies in the report, they could potentially strengthen and inform violence prevention efforts.

- **Caregiver support programs** relieve the burden of people providing care to older adults. These programs include help with housekeeping, meals, respite, and other supports. They are aimed at reducing caregiver stress and depression, which are risk factors for elder abuse. Thirty-three percent of countries are engaged in caregiver support programs on a larger scale; 39% offer it on a more limited scale (WHO, 2014, p. 31).

- **Residential care policies** improve nursing and residential care home standards to prevent elder abuse. Thirty-seven percent of countries implement this strategy on a large scale (WHO, 2014, p. 31).

- **Parent-child relationship programs** are being implemented to nurture positive child development and success in school. Growing evidence shows that stability within families and child-caregiver relationships may serve as a protective factor against depression, anti-social behavior, and poor communication (WHO, 2014, p. 30).

Implementation of "Best Buy" Strategies to Prevent Sexual Violence

Social and Cultural Norms Change Strategies seek to dismantle rigid gender norms about male sexual entitlement and attitudes and beliefs that support sexual violence.

Child Sexual Abuse Avoidance Strategies teach children about body safety, body ownership, and how to tell a trusted adult about abuse.

School and College Programs seek to effect changes in knowledge and attitudes about rape and sexual assault.

Physical Environment Approaches to sexual violence prevention include surveillance, lighting, and encouraging the use of public spaces.

Economic Empowerment/Gender Equity Program to implement microfinance and gender equity strategies to address intimate partner violence.

Proportion of countries implementing different types of programs on a larger scale, by type of program and who region (n=133 reporting countries)

	African Region	Region of the Americas	Eastern Mediterranean Region	European Region	Southeast Asia Region	Western Pacific Region	All
Child Maltreatment							
Home Visiting	7%	52%	31%	51%	13%	30%	35%
Parenting Education	11%	57%	44%	46%	13%	40%	38%
Child Sexual Abuse Prevention	44%	62%	31%	29%	0%	35%	37%
Youth Violence							
Pre-School Enrichment	22%	67%	31%	54%	13%	15%	38%
Life Skills/Social Development Programs	33%	71%	56%	63%	38%	30%	51%
Bullying Prevention	30%	52%	69%	59%	25%	35%	47%
Mentoring	15%	29%	44%	27%	13%	10%	23%
After-School Programs	7%	43%	31%	59%	25%	20%	35%
Intimate Partner Violence							
Dating Violence Prevention Programs	22%	38%	0%	27%	13%	15%	22%
Microfinance with Gender Equity Training	19%	33%	25%	12%	0%	35%	21%
Social and Cultural Norm-Change Programs	41%	67%	56%	48%	25%	50%	49%
Sexual Violence							
Prevention Programs for School and College Populations	30%	52%	38%	37%	25%	25%	35%
Improving Physical Environments	15%	24%	50%	29%	25%	40%	29%
Social and Cultural Norm-Change Programs	56%	62%	56%	42%	38%	50%	50%
Elder Abuse							
Professional Awareness Campaigns	11%	24%	44%	37%	0%	25%	26%
Public Information Campaigns	15%	19%	31%	27%	0%	30%	23%
Caregiver Support Programs	15%	43%	56%	51%	25%	35%	39%
Residential Care Policies	11%	52%	63%	40%	13%	30%	36%

> SOCIAL AND CULTURAL NORMS CHANGE CAN BE AN IMPORTANT STRATEGY TO INFORM AND CREATE CULTURAL SHIFTS IN PROMOTING NORMS SUPPORTIVE OF HEALTHY, NON-VIOLENT, AND GENDER EQUITABLE RELATIONSHIPS.
>
> (WHO, 2014, p. 28)

Social and Educational Policies to address risk factors

Social and educational policies have great potential to influence factors that can either perpetuate or prevent sexual violence on a large scale. WHO identifies the following risk factors as associated with all forms of violence (p. 33):

• Weak governance and laws

• Cultural, social, and gender norms

• Gender-based inequality

• Unemployment and income inequality

• Rapid social change

• Limited educational opportunities

Despite the potential of different policies that could address many of the above conditions, WHO found that only a few countries are implementing measures. For example:

• Academic enrichment can protect against a host of risk factors for violence, yet only 40% of surveyed countries have national policies that incentivize at risk youth to complete secondary schooling (p. 33).

• Poverty, unemployment, and housing instability interrupt community characteristics that can protect against violence: social cohesion, support networks, and social control. Yet, only 24% of surveyed countries indicated they have housing policies to reduce poverty and economic instability (p. 34).

Additionally, access to firearms and harmful alcohol consumption are identified risk factors for various forms of violence. Research from the United States suggests that a 1% increase in the price of alcohol could reduce intimate partner violence by 5.3%; a 10% increase in beer prices would reduce violence among college students by 4% each year (WHO, 2014, p. 35). Additional findings included:

• Eighty percent of countries surveyed tax beer, wine, and spirits (p. 35).

• Nearly all countries regulate firearm access, although the laws themselves and the populations covered vary (p. 35).

Laws against violence

Laws against violence have great potential to influence individual behavior and establish community norms and practices. Laws can mobilize community investment and collaboration in violence prevention, fostering a climate in which people are deterred from committing harm in the first place. According to survey findings, most (80%) countries have laws to prevent violence; however, active enforcement of those laws occurs only 57% of the time (WHO, 2014, p. 39). The report does not provide in-depth findings related to how countries enforce these laws.

In the survey, WHO inquired about 12 laws pertaining to violence prevention including laws against sexual violence, domestic violence, firearms, gang violence, corporal punishment, and elder abuse (p. 39).

- Findings from the survey show that 80% of countries have enacted each of these laws, although to varying degrees. For example, only 40% of countries have elder abuse prevention laws compared with 98% of countries with rape prevention laws.

- There were regional differences in the existence of marital rape prevention laws, with only 50% of countries in the Western Pacific Region and 52% in the African region having such laws, compared to 91% of countries in the Region of the Americas and European Region (p. 39).

> "Addressing the needs of victims with trauma-focused care, cognitive behavioral therapy … and other mental health services can potentially mitigate the serious mental health outcomes of abuse".
>
> (WHO, 2014, p. 40)

The availability of victim services

There are multiple short- and long-term consequences of sexual violence. Individuals may experience struggles in mental and physical health, legal, economic and housing challenges, and other aspects of life following sexual violence. Providing comprehensive, trauma-informed services for persons who are victimized can mitigate far-reaching consequences. The survey asked about the availability of the following services which can provide much-needed support for victims of violence (WHO, 2014, pp. 40-43):

- **Child and adult protective services**
  Child protective services were most widely available, with 69% of countries reporting they have such services.

- **Medical and legal services for sexual violence victims**
  The availability of medico-legal services for sexual violence victims were reported by 67% of countries. The identification of child maltreatment through screening and referral services embedded in maternal and child health programs were reported by 59% of countries. However, of those, 80% were reported by high-income compared to 33% by low-income countries.

- **Referral services**
  Providing referrals and supportive services for victims of sexual and intimate partner violence is recognized by WHO as important, yet these services were available in only 53% of countries. Availability of these services was influenced by economics, with services being more available in higher-income countries.

- **Mental health services**
  Less than half (49%) of countries indicated that mental health services are available for

victims. Of those, most countries with mental health services were located in the Region of the Americas (71%) and Europe (66%) and the least were located in the Western Pacific Region (26%) and in the African Region (15%).

- **Legal services pertaining to victim compensation and court representations**
  A majority of countries report having laws providing for legal representation in criminal courts, with half reporting victim compensation provisions as well. The extent to which these are enforced varies by country income, with high-income countries reporting higher rates.

Globally, child protective services were the most widely reported of all services, followed by medical and legal services for victims of sexual violence. However, the quality and accessibility of services were not examined. Despite the availability of child protective services being relatively high, the delivery of services is often fragmented and under-resourced, which may hinder children and families from accessing the support they need.

Despite a growing aging population, adult protective services were the least available across all countries, with only one third reporting that they have these services in place. However, the United States is reportedly farthest along in its efforts to identify, report, and treat cases of elder abuse.

Strengths and limitations of the Global Status Report

There are several strengths associated with the Global Status Report:

- The study used a comprehensive approach to learn about multiple forms of violence and prevention in 133 countries.

- The standardized assessment method to obtain data and consensus-building approach

to ensure the data were most representative are also strengths.

- Enlisting government endorsement of data also helped to potentially build investment in violence and its prevention on a systems-level scale.

There are also limitations that can help inform future research:

- The study asked individuals to complete a survey based on their perceptions of prevention activities underway. Therefore, it is possible that people over-estimated the extent of prevention activities.

> Political and economic investment in sexual violence prevention does not yet match the toll that this public health and social justice problem takes on the global community.

- The assessment measured the existence of types of programs and policies, but did not measure the quality of those efforts, or gather information on the specific programs and policies implemented.

- The study only examined prevention programs and policies that are supported by evidence. This means that many strategies and underserved populations were not included in the assessment or report. There could be innovative strategies that are underway, but left out of the conversation due to lack of evidence.

A way forward

Public and organizational policies play an important role in prevention. Policies are a reflection of public values, attitudes, and priorities. They also can help to shape the ways that communities approach an issue and can catalyze broad-scale social change. The Global Status Report sheds light on a possible way forward, to strengthen sexual violence prevention policies and programs on a global scale and in the U.S.

Recommendations that would strengthen prevention efforts (WHO, 2014, pp. 48-50):

- Strengthen data collection to further the world's understanding of sexual violence and ensure that data inform comprehensive, national prevention plans. Data should reflect the reality of sexual violence and its impacts on people across gender identity, sexual orientation, race/ethnicity, language, economic status, ability/disability, and age.

- Integrate violence prevention into other public health frameworks such as early childhood development, school health programs, mental health, HIV prevention, substance abuse prevention, and others.

- Build capacity for leadership and coordination of violence prevention – prioritize training of the workforce and building infrastructures to sustain prevention over time and across agencies/organizations.

- Strengthen prevention and response strategies by addressing multiple forms of violence and using approaches grounded in the best available data.

- Expand support for evaluating sexual violence prevention programs and policies to inform intended outcomes. Multiple resources have been developed to guide evaluation efforts,

including Framework for Program Evaluation in Public Health by the Centers for Disease Control and Prevention (1999). In addition, there are evaluation resources available on the Program Evaluation project page on the NSVRC website (http://www.nsvrc.org/projects/xchange-forum/program-evaluation).

• Establish, enact, and enforce public policies that address multiple forms of violence and measure their prevention effectiveness.

The findings from the *Global Status Report* help to validate the range of efforts being implemented in the United States to prevent and address sexual violence. For example, efforts at individual, relationship, community, and societal levels are underway, with an increasing focus on policy, evaluation, and research as integral to prevention.

The report also validates many of the challenges in preventing sexual violence. For example, local, state, and national needs often outpace research on best practices in sexual violence prevention. WHO notes: "Efforts geared towards preventing violence should be comprehensive, tackling the range of factors that increase the risk of violence, including larger social determinants such as economic and gender inequality, and should be sustained over time" (WHO, 2014, p. 27). Political and economic investment in sexual violence prevention does not yet match the toll that this public health and social justice problem takes on our global community.

This report calls for increased political and economic resources to support research and data collection; prevention strategy development, coordination and evaluation; victim services; and violence prevention policy development and enforcement. An infrastructure is needed to support prevention strategies that engage multiple levels of

our society and are informed by research, best practices, and the strengths and needs of communities. People working to prevent sexual violence can share these findings with policymakers, funders, and community stakeholders to help build a sustainable investment in sexual violence prevention.

For more information on this resource or other topics pertaining to sexual violence and its prevention, please contact the NSVRC at resources@nsvrc.org.

References

Centers for Disease Control and Prevention. (1999). A framework for program evaluation in public health. *Morbidity and Mortality Weekly Report, 48(RR-11)*. Retrieved from ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). *World report on violence and health*. Retrieved from the World Health Organization: http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf

National Sexual Violence Resource Center. (2004). *Global perspectives on sexual violence: Findings from the World Report on Violence and Health*. Retrieved from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Global-perspectives-on-sexual-violence.pdf

World Health Organization. (2014). *Global status report on violence prevention 2014*. Retrieved from http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/