## Health and human rights

## Preventing sexual violence: a rights-based approach

The World Report on Violence and contains a global overview of the epidemiology, causes, and health consequences of sexual violence, but the question remains, how can such violence be prevented? The level of certainty in answering is low, since this area of research has been substantially neglected. There has been some thorough ethnographic research on sexual violence causation, but few epidemiological data exist. Little research has been done on sexual violence prevention, and thus this area has no evidence base.

Notwithstanding the lack of data, there is general agreement that sexual violence against women is rooted in gender power inequalities prevalent in society and in hierarchical gender relations. Much sexual violence takes place within families, marriage, and dating relationships, and is made legitimate by ideas of male sexual entitlement. In many settings, rape is a culturally approved strategy to control and discipline women.1 of Prevention sexual violence must entail efforts at all levels of society to improve women's status.

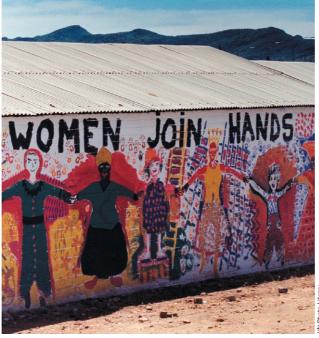
Patterns of vulnerability to some forms of sexual violence, especially sexual harassment and coerced sex, suggest specific prevention approaches for governments

and other responsible agencies. Key locations of violence include schools and educational facilities, residential institutions, prisons, and refugee camps. Perpetrators are people with power and resources: teachers, prison warders, stores distributors, and powerful peers.

Commonsense indicates that preventive measures for governments must include publicly acknowledging and discussing the problem, establishing systems of reporting cases to neutral third parties, ensuring that those who report offences are protected, having policies in place on sexual harassment and other forms of sexual violence, ensuring staff in institutions are trained in and familiar

with these policies, and having a swift system of investigating complaints and effective disciplinary measures. Whether these measures are sufficient to reduce sexual violence in these settings needs to be researched.

Poverty, peace, and development were given centre stage in global debates at the World Summit on Sustainable Development held at the end of August this year. There is a general consensus by researchers in sexual violence that addressing these issues is crucial for prevention. Harsh childhood environments, characterised



Mural for women's solidarity in sub-Saharan Africa

by marital discord and rejecting, violent, or abusive parents, play an important part in shaping tendencies towards sexual violence by reducing men's abilities to engage in loving sexual relationships.<sup>2</sup>

Poverty also increases the risk of involvement in violent adolescent peer groups, which flourish in urban and rural slums. It reduces the ability of women to protect themselves from sexually violent men, and throughout history, disputes over resources—the predominant context of war—have been characterised by mass rape.<sup>3</sup> In sub-Saharan Africa, poverty is increasing in the wake of the AIDS epidemic, famine, and war. Without concerted intervention, the likelihood

of escalation of sexual violence is strong.

In many countries, sexual violence is perpetrated with relative impunity compared with other crimes. Victims receive little help or redress, not least because few cases (between one in four and one in seven of those identified through survey research) are reported to the police, and of these, only a tiny proportion result in custodial sentences (7% in South Africa).<sup>4</sup>

To combat this situation, an informal alliance of women's groups,

academics, lawyers, and health professionals have been working with the government in South Africa to change relevant legislation; improve health sector responses to victims of violence; and raise awareness in communities. activities These have stemmed from a perception that prevention of sexual violence and its adverse consequences should encompass changes in societal norms for male control of, and access to, women's bodies, recognition of the rights of victims, and an understanding of the role of the criminal justice system in communicating to society that sexual violence is a serious offence.

The competence of staff who treat victims of sexual violence in the South African health sector has

been questioned.4 Most of these workers have no relevant training and see treatment for sexual violence as a minor part of their work, and so place little priority on learning from and discussing care with colleagues, and inadequately manage clinical signs such as sexually transmitted diseases. The provision of care for victims has largely been developed in response to police demands, with consequence that psychological and physical health care receives substantially less attention than medicolegal evidence. Victims find the process of seeking care entails further trauma, and geographical barriers to services can be insurmountable.

Such difficulties are common to many countries, but sexual assault care in South Africa is undergoing radical changes. A government policy is being developed to make the health needs of victims a priority, including provision of antiretroviral drugs, and there are plans to train all current service providers in treating victims of sexual violence. The department of health is engaging in an active debate about whether care should be provided by nurses or doctors and whether the focus should be on meeting basic health needs at an accessible primary care level or on more specialised care in centres that see large numbers of cases. In this process, rape survivors are being asked what they value from services and, acknowledging difficulties of service provision in a developing country, what concessions they are prepared to make to achieve the best possible care.

Prevention of sexual violence requires responses that extend well beyond, but clearly encompass, the health sector. Research is urgently needed, but action is necessary in the meantime. Health professionals have a crucial role in ensuring that health services meet the needs of victims and reaffirm victims' autonomy, bodily integrity, and sense of self.

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## International Day of Peace takes place amid continuing violence

Against a background of growing US war noises against Iraq, the rumble of Israeli tanks and heavy artillery against renewed Palestinian suicide bombings, and the bloodiest ever unrest in the Ivory Coast, the UN celebrated its International Day of Peace on Sept 21.

In response to the call for a day of global ceasefire, governments and

religious and humanitarian groups in 67 countries held ceremonies and vigils. Countless individuals took their own personal stand against violence with prayers, music, and even so-called peace-ofcake tea parties. UN Secretary General Kofi Annan rang the Peace Bell at the world body's Manhattan headquarters, and delivered a message for peace. His wife, Nane, hosted a video conference with children from war-torn countries.

The peace ceremonies came on the eve of WHO's long awaited report on violence and health, which estimated that 1.6 million people died from violence last year—and that a fifth of these deaths were war related. "With the drums of war beating so close to us, this day has a special meaning", said Christine Hasan, a teacher in Bahrain, in one of dozens of messages sent to mark the day.

The organisers, UK-based Peace One Day, declared themselves overwhelmed by the response, but said that it would take weeks to assess its full effectiveness. They stated that even though they had failed to halt any of the world's major conflicts, the day had still been

worthwhile. "This isn't just about pointing your finger at governments, but about taking individual responsibility and becoming active in the peace process", said Jeremy Gilley. Gilley launched the Peace One Day movement in 1999, arguing that a fixed day in the calendar was necessary to issue a call to lay down arms.



Kofi Annan rings the Peace Bell at UN headquarters

The UN, which for the past two decades has designated the start of its General Assembly session as the International Day of Peace, last year agreed on a fixed date—Sept 21. "The Day shall henceforth be observed as a day of global ceasefire and non-violence, an invitation to all nations and people to honour a cessation of hostilities for the duration of the Day", it pronounced.

The UN is fond of declaring international days to mark various causes: World Health Day on April 7, and World AIDS Day on Dec 1, are among the best known. Other observances pass all but unnoticed outside UN corridors—

the International Day of Solidarity with the Palestinian People (Nov 29) and the International Day for the Eradication of Poverty (Oct 17)—are just two of many.

For most urban poor and rural people in developing countries the official Days, Years, and Decades—we are in the Decade of Culture and Peace and Non-Violence for the

Children of the World—seem to have little immediate relevance and no real effect. Certainly there was no noticeable lull in conflicts on Sept 21.

In response to renewed suicide attacks after a few weeks of relative calm, Israel demolished much of Palestinian leader Yasser Arafat's compound, and four Palestinian demonstrators were killed by army fire. The Bush administration continued its efforts rally international to support for a war to oust Saddam Iraqi leader

Hussein. And hundreds were feared dead after rebel soldiers staged an attempted coup in the Ivory Coast, which used to be one of West Africa's most stable countries.

Gilley said the violence merely underlined the dire need for a grass roots stand in favour of peace. "It is vital that we, as global citizens, respond to this call to action, and demonstrate that this starting point for peace, established by the peoples, has the active support of the peoples", he said. "This Day belongs to all of us and was fuelled, above all, by people's imagination and creativity".

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