



Kenniscentrum
seksualiteit

For sexual and
reproductive health
and rights

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BIC ABNA NL 2A
IBAN NL18 ABNA 0496 3238 22

Utrecht, October 2018
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Project number: AA3047SE

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Sexual violence
Knowledge file

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1 Introduction

Sexual violence is a global health problem and a serious breach of human rights. Sexual violence can have far-reaching consequences for mental, physical, and sexual and reproductive health, as well as economic consequences for society. In the 70s and 80s of the last century, the women's movement put the topic on the agenda, together with victims who no longer wanted to remain silent. Power was central to their analyses. Over the years, research has shown the extent of sexual violence, and more and more insight has been gained into specific risk groups and the causes, forms, and consequences of sexual violence and how to deal with it. Sexual violence, and in a broader sense unwanted sexual behaviour, does not only include violent rape, but a range of behaviours that vary in severity: from an unwanted sexually explicit remark to indecent assault and rape. The perpetrator may be a stranger, but much more often the perpetrator is known to the victim. We now know that some people are especially vulnerable to experiencing sexual violence, and that sexual violence and unwanted sexual behaviour also occur within churches, sport organisations, residential youth care and other settings. Women are the most vulnerable to violence, but there is a growing understanding that boys and men can also be victims. Over time, relatively new phenomena have emerged, such as "loverboys" (pimps who pretend to be in love with a young woman and then force her into prostitution) and sexual aggression on and through social media.

Since October 2017, #MeToo has put the topic of sexual violence on the agenda again. Globally, a huge number of women – and men – have spoken out about their experiences. As a result, sexual violence and unwanted sexual behaviour have become the subject of public debate. In addition, there is increasing attention for involving boys and men in the prevention of sexual violence. Sexual violence is no longer only a women's issue.

In this white paper, we address the various definitions and manifestations. We provide an overview of figures, for the Netherlands and globally, and describe the causes and consequences of sexual violence. Finally, we address the approach of Rutgers and other organisations to sexual violence, both in the Netherlands and worldwide.

2 Definitions

According to the WHO, “sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting”.

Sexual violence can thus entail several forms of non-consensual sexual acts, including unwanted comments, kissing, touching sexual parts of the body, forced masturbation, attempted rape and rape. In the Netherlands, centres of expertise on sexual violence prefer to restrict the term sexual violence to attempted and completed rape.¹ The preferred term for the whole range of non-consensual acts is unwanted sexual behaviour.

Often different terms are used for different forms, settings and groups of victims, which partly overlap.

- **Gender-based violence (GBV)** refers to any crime committed against persons, male or female (including gender and sexual minorities), because of their sex and/or socially constructed gender roles. It is not always manifested as a form of sexual violence, and may include non-sexual attacks on women, girls, men and boys because of their gender.² The term GBV is often used interchangeably with **violence against women (VAW)**, which, according to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), refers to “all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.³ GBV covers a broader range of violence, including violence against men, boys, sexual minorities or those with gender-nonconforming identities, often rooted in the same gender inequalities and harmful gender norms that drive violence against women. As such, VAW is one type of GBV. The term GBV recognises the gendered nature of the violence. As such, it forms a point of departure for gender-transformative approaches, which transform gender norms and harmful masculinities by working with men and boys on the basis of respect for sexual and gender identities.
- **Rape** refers to coerced penetration of the body by means of force or threats. Penetration may take place with a body part or an object; rape includes vaginal intercourse, oral and anal sex.
- **Sexual abuse** refers to sexual acts involving an adult and a child, or any other situation in which there is a power imbalance and the victim is vulnerable, e.g. in the case of a teacher and a pupil, a therapist and a client, or a caregiver and a client with intellectual disability.
- **Sexual harassment** or intimidation is verbal, nonverbal or physical behaviour with a sexual meaning, with the purpose or consequence of violating a person’s dignity, especially when a threatening, hostile, offensive, humiliating or insulting situation is created.⁴ The term sexual intimidation is mostly used for work situations, but it can occur anywhere where people are together.
- **Domestic violence** An abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. The commonly acknowledged forms of domestic violence are physical and sexual violence, emotional and social abuse, and economic deprivation.⁵
- **Intimate partner violence** is any behaviour by a current or former partner or spouse that causes physical, sexual or psychological harm. This is globally the form of violence most commonly experienced by women.
- **Female genital mutilation** includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. Beyond enormous physical and psychological pain, especially in extreme forms such as clitoridectomy (removal of the clitoris), the practice entails many health risks, including death. The practice is rooted in gender inequality, attempts to control women's sexuality, and ideas about purity, modesty and beauty. Male circumcision, which also forms part of initiation rites, is controversial for ethical reasons as well, because it also violates the bodily integrity of young children.
- **Human trafficking** is the acquisition and exploitation of people for various kinds of labour, by means of force, fraud, coercion, or deception. Female victims are often trafficked into sex work.
- **Child marriage** is marriage before the age of 18, and is considered a fundamental violation of human rights.

- **Corrective rape**, also called 'curative' or homophobic rape, in which one or more people are raped because of their perceived sexual orientation or gender identity.
- **Conflict-related sexual violence** refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, forced sterilisation, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to an armed conflict.

Social media

Digital technologies and apps on smartphones and computers can lead to unwanted sexual behaviour. **Sexting** consists of the words "sex" and "texting" and is an umbrella term for the making, sending (and receiving) of sexually explicit messages or photos and videos via smartphones or other online media. This is unproblematic as long as both parties want it, but if the receiver shares the images on the internet against the other person's will the sexting is unwanted. **Revenge porn** is a variant of unwanted sexting. After an argument in a friendship, or the ending of a relationship, revenge can be a motive for forwarding nude images or posting them online, sometimes in combination with detailed personal information. **Sextortion** is the blackmailing (extortion) of people by sharing images online. When the images show minors, it is formally a case of producing and distributing child-pornographic images.

Grooming is online seducing of minors by adults, for example via social media, for the purpose of sexual contact.

Paedophilia

Paedophilia is the desire for sex with a child aged 13 or younger. This does not mean that a paedophile actually has sex with children. This does not always happen, for instance because the person in question knows that it is harmful to a child. The majority of sexual abuse of children is committed by people who are not paedophiles. Sexual abuse of children and paedophilia can occur together, but this is not necessarily the case.

Incest refers to sex between family members. This is not necessarily abuse, for example when two cousins have a sexual relationship to which both have consented. Therefore, incest is not a good term to refer to the abuse of children. Sexual contact with a child, however, always crosses a boundary and is sexual abuse.

3 Prevalence and key facts

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The availability of data on violence against women, including sexual violence, has increased significantly in recent years. Since 1995, more than 100 countries have conducted at least one survey addressing the issue. More than 40 countries conducted at least two surveys in the period between 1995 and 2014, which means that, depending on the comparability of the surveys, changes over time could be analysed.⁶ While women and girls remain disproportionately affected by sexual violence, men and boys are victims too. Male sexual victims have been relatively invisible in the discourse on sexual violence, but significant efforts have been made to provide more inclusive conceptualisations through research, policy, legislation and interventions.⁷

- Global estimates published by WHO indicate that about 1 in 3 women worldwide have experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.⁸
- Most of this violence is intimate partner violence. Worldwide, almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime. The prevalence of partner violence in a 12-month period appears to be less than 4% in many high-income countries, but at least 40% in some low-income settings.⁹ In a review of more than 7,000 studies covering 56 countries, it was found that in 2010 7% of women worldwide had ever experienced non-partner sexual violence. The highest estimates were in sub-Saharan Africa.¹⁰
- The lifetime prevalence of rape (or attempted rape) among women has been found to be around 18-19% in several samples in the United States and between 4 and 17% across several European countries.¹¹
- A European study of 28 countries from 2014 showed that 33% of women have experienced any form of physical or sexual violence since the age of 15, and 55% have experienced sexual harassment.¹²
- Victimization rates for sexual abuse of children range from 11 to 27% for girls and from 5 to 17% for boys in North America, and between 11 and 21% for girls and 3 and 13% for boys in Europe. In Asia, a higher prevalence of child sexual abuse has been documented among boys (from 11 to 23%) than among girls (from 8 to 17%). The highest prevalence among girls has been found in Africa, ranging from 15 to 38%.¹¹
- Worldwide, up to 50% of sexual assaults are committed against girls under 16 years of age.¹³ The 2014 UNICEF study estimated that around 120 million girls under the age of 20 (about 1 in 10) have been subjected to forced sexual intercourse or other forced sexual acts at some point in their lives. Boys also report experiences of sexual violence, but they do so to a lesser extent than girls; in high-income countries girls typically report lifetime rates that are three times higher than those for boys.¹⁴
- In a representative study in the United States, around 17% of men reported they had experienced one or more instances of sexual assault, including non-consensual penetration, unwanted sexual contact, being forced to penetrate someone else, and sex obtained through verbal pressure or manipulation. In 10 European countries, the prevalence of forced non-consensual sexual contact varied from less than 6 to almost 42% of men across countries, with an overall prevalence of 16%. In Australia, 5% of men reported having experienced some form of sexual assault obtained by force, threat or intimidation. A study in South Africa found that 10% reported a history of some form of sexual assault perpetrated by a man. In several studies around the world, the prevalence of rape or attempted rape among men varied between 1 and 5%.¹¹
- Young people in residential youth care more often become victims of sexual abuse than young people in the general population.^{15 16} Recent publications have also revealed sexual abuse in the Catholic church¹⁷ and sports organisations.¹⁸
- The practice of child marriage is slowly declining. Progress is most dramatic when it comes to the marriage of girls under 15 years of age. Globally, 1 in 4 young women alive today were married in childhood versus 1 in 3 in the early 1980s. The proportion of young women who entered into marriage before age 15 declined from 12% to 8% over the same period.¹⁹
- In the 30 countries with representative data on prevalence, at least 200 million women and girls alive today have undergone female genital mutilation. In most of these countries, the majority of girls underwent the procedure before age 5.²⁰

- Adult women account for 51% of all human trafficking victims detected globally. Women and girls together account for 71%, with girls representing nearly three out of every four child trafficking victims. Nearly three out of every four trafficked women and girls are trafficked for the purpose of sexual exploitation.²¹
- A Dutch study showed that 14% of girls and 6% of boys aged between 12 and 25 had at least one experience with sexting that was disagreeable.²² Other – international - studies found comparable figures. In Europe, 11% of all women had experienced online sexual harassment. Girls are more often confronted with unwanted sexting, and it is more of a burden to them.²³

Violence among specific groups

Evidence shows that certain characteristics, such as sexual orientation or disability status, and some contextual factors, such as humanitarian crises, including conflict and post-conflict situations, increase people's vulnerability to violence.

- In 2014, 23% of non-heterosexual women (those who identified their sexual orientation as lesbian, bisexual or other) interviewed in the European Union indicated having experienced sexual violence by both male and female non-partner perpetrators, compared with 5% of heterosexual women.²⁴ In a review of lifetime prevalence of any kind of sexual violence motivated by perception of sexual orientation and gender identity, the prevalence among homosexual or bisexual men ranged from 4% to 17%. This was slightly higher than in studies of homosexual or bisexual women, where it ranged from 1% to 13%. Between 7% and 49% of transgender people reported sexual violence.²⁵
- Several studies show that people with disabilities are at higher risk of sexual abuse.^{26 27 28} For example, an international review showed that between 14 and 32% of children with intellectual disability had experienced sexual abuse, 4-8 times more than children without intellectual disability.²⁹ In a study of adult women with physical or intellectual disabilities, it was found that 53% of the women had experienced sexual abuse at some point in their life, twice the rate of women without disabilities.³⁰ Studies of men with disabilities also found high percentages.^{31 32 33}

The Netherlands

22% of women and 6% of men have experienced sexual violence, such as penetration or forced masturbation, at least once in their life. When a broader range of unwanted sexual behaviour is included, e.g. touching in a sexual way, the percentages are 53% for women and 19% for men.³⁴ A study among young people between 12 and 25 showed that 14% of girls and 3% of boys had experienced sexual violence at least once.²²

15% of homosexual men and 23% of lesbian women, and 21% of transwomen and 35% of transmen, have experienced sexual violence (penetration or forced masturbation) at least once.³⁵

A study among people with disabilities showed lifetime experiences of 72% among women and 44% among men with intellectual disability, and of 49% among women and 22% among men with physical disability.³⁶

Sexual violence in (post-)conflict settings

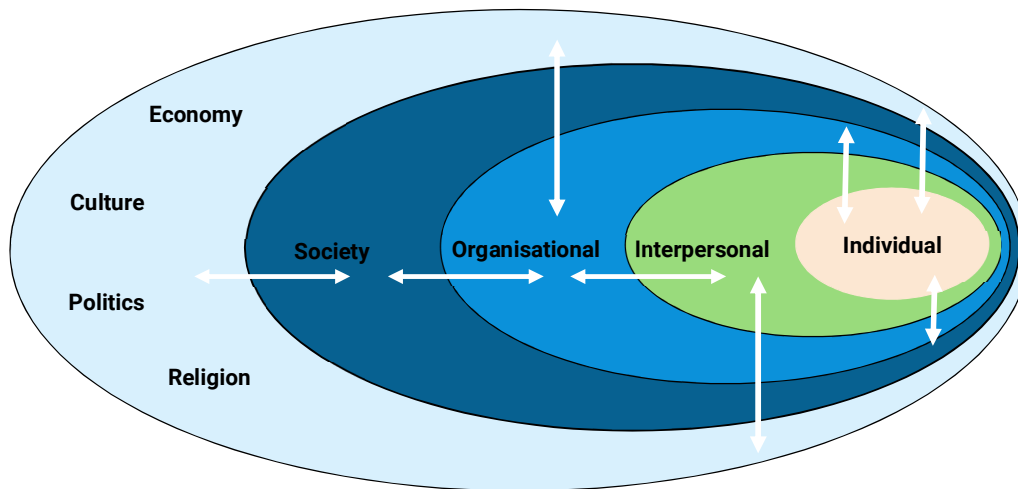
Situations of (post-)conflict and displacement may exacerbate existing (sexual) violence by intimate partners as well as non-partners, and may also lead to new forms of violence, particularly against girls and women. The rise in violent extremism and mass migration has increased the risk of trafficking in persons for the purpose of sexual violence/exploitation. Among the perpetrators are hybrid criminal-terrorist networks, which have used the bodies of women and girls as a form of currency in the political economy of war. The so-called conflict-related sexual violence is no longer seen as an inevitable by-product of war, but constitutes a crime that is preventable and punishable under international human rights law, international humanitarian law and international criminal law.³⁷

As with efforts to document sexual violence against women and girls, precise evidence of prevalence against males is hard to come by in most conflict-affected countries. Internalised feelings of shame, fear of stigmatization, and legal frameworks and social services that do not recognise men as victims prevent the majority of victims from reporting to the authorities.³⁸

The increasing awareness that men and boys are frequent victims of sexual violence in conflict, alongside women and girls, has contributed to significant efforts to include men and boys in conceptualisations of conflict-related sexual violence in policy as well as in international criminal law.³⁹

4 Causes and risk factors

Sexual and gender based violence is rooted in socially constructed sexual and gender norms, gender inequality and in power imbalances. Heterosexuality and norms of masculinity and femininity also lead to violence against sexual minorities and those with gender-nonconforming identities. These norms are expressed in, and enhanced by, individual, interpersonal, cultural, institutional and political factors. The socio-ecological model is often used to understand the causes of sexual and gender-based violence. This model shows that individual behaviour with regard to sexual violence and gender-based violence cannot be explained without taking into account the broader structures and ideologies that are reflected in relationships, institutions, culture and society as a whole.⁴⁰



4.1 Individual factors: attitudes and skills

Attitudes that (can) lead to sexual violence

Research shows that men who believe in rape myths, have a negative attitude towards women and girls, have traditional beliefs regarding gender roles (double standards) and masculinity, and who do not disapprove of sexual violence are more often perpetrators of unwanted sexual behaviour.^{41 42} These beliefs and attitudes are linked to cultural norms of masculinity, inflexibility, boldness, and not showing emotions except for aggression and violence.

Gender-stereotypical beliefs and a double standard also increase the risk of victimisation. It is often considered 'normal' for boys to violate boundaries, even by girls, and it is supposedly up to girls and women to set these boundaries. The belief that men take initiative in relationships is related to not always refusing unwanted sex. Because girls and women are so occupied with guarding their boundaries, they do not have enough opportunity to recognise and realise their own desires.

Entitlement and changing masculinities

In a patriarchal culture, men often feel entitled to have sex. However, this sense of entitlement of men is under pressure. Globalisation and neoliberalism affect men's status; many have lost their jobs, which means they are no longer able to perform their traditional role of breadwinner. Women's emancipation, although still far from a reality for millions of women, has brought drastic changes to many people's lives. In all parts of the world, girls have more access to education than before, they form part of the labour force, they are more able to control their bodies and reproduction, they have become economic, social and political leaders etc. So far, men's emancipation has not gone that far. Roles and expectations have not changed in the same way they have changed for women. In addition, the meaning of being a man is changing in many parts of the world. Pure macho behaviour is valued less, but it is far from clear what new forms of masculinities there are. For some boys and (young) men, these changing gender norms create confusion, fear and insecurity. This may lead to stress about their own identity, even more so when confronted with (more) educated and vocal girls and (young) women. These women expect (young) men to be sexually competent, to make no mistakes and to respect boundaries. Often, boys and men do not like to show their uncertainty and insecurity, and as a result they compensate for their sense of insecurity by overpowering and controlling the other. As gender norms are not only changing for girls and women but also for boys and men, it is important to engage both sexes in these processes of change. In this way, it is possible to create more awareness and understanding for each other and other people who feel linked to the broader sexual and gender diversity community.

Skills

Limited communication skills with regard to emotions in general and sexuality in particular are a risk factor for committing sexual violence. This is partly the result of an upbringing and culture in which boys in particular are not supposed to express themselves. Lack of empathy, impulsive behaviour and lack of self-regulation are risk factors as well; inexperience and peer pressure may contribute to them. Young people often behave impulsively without thinking about the consequences. This is even more the case online.

Perpetrators of sexual offences have relatively much difficulty in noticing and correctly interpreting indirect, subtle and nonverbal forms of refusal.^{43 44} These men are strongly self-centred and therefore interpret the behaviour of other people in the way that suits them best. There are also cases in which someone has understood a refusal but does not comply with it. Recognizing boundaries is therefore an important skill for preventing unwanted sexual behaviour.

For victims, limited sexual communication skills and unclear communication about desires and boundaries also play a role. It is important to know what you want and do not want. This is difficult for young people, because they do not always know precisely, and find it difficult to broach the subject with the other person. Ambiguous communication can be a result of this. This is related to a greater chance of experiencing unwanted sex.

A negative sexual self-image (dissatisfaction with one's sex life, preoccupation, shame) also increases the risk of experiencing unwanted sex, as does having sex for nonsexual motives (out of loneliness or to preserve the relationship).

Education

Young people with a low level of education are more at risk of becoming victims. For example, they start having sexual contact earlier and have more sexual partners than young people with a high level of education, which increases the risk of unwanted sex. In addition, they have more conservative beliefs about sex, less knowledge, and they are less able to refuse unwanted sex.^{45 46} They also have negative experiences of sexting more often.²²

Risk behaviour

Having many casual sex partners, starting having sex at an early age, and having sex in return for money or something else is related to both committing and experiencing unwanted sexual behaviour. Young people who engage in sexting and use dating apps have more experiences with unwanted sex. However, in these kinds of studies the difference between cause and effect is not always clear. It is

known that victims of sexual violence can display promiscuous behaviour, but on the other hand a lifestyle with many casual sex partners can increase the risk of meeting someone who crosses one's boundaries.

Finally, alcohol often plays a role, both for victims and perpetrators.³⁴ Error! Bookmark not defined. Alcohol can lead to signals and risks being interpreted less accurately, ineffective communication about sex, decreased ability to defend oneself, less control, and aggressive behaviour. In addition, alcohol can lead to sexual violence but, conversely, experiences of sexual violence often lead to more alcohol use, which increases the risk of victimisation. As a result, the relationship between alcohol and sexual violence is complex. However, in the end the responsibility lies with the perpetrator.

Revictimisation

Research among both young people and adults shows time and again that those who become victims of sexual violence have a high risk of becoming victims again (revictimisation), but also of becoming perpetrators.⁴⁷

4.2 Interpersonal factors

Upbringing

Growing up in a relatively unfavourable parenting climate, for example with little empathy and with domestic violence, and absence of fathers and/or a positive male role model increase the risk of perpetration but also victimisation.⁴⁸ In the case of boys this can mean for example that they are monitored less strictly by their parents, that they copy negative examples, but also that the negative family climate does not teach boys how to cope well with negative emotions. In situations of tension and stress they try to compensate for feelings of powerlessness by means of sexually aggressive behaviour, which provides short-lasting feelings of power and control.

Peer pressure

Committing unwanted sexual behaviour often happens as a result of peer pressure of boys and men among each other, especially when the group has beliefs and behaviour that support violating sexual boundaries and cultivate a macho culture. Whether boys are sensitive to peer pressure is probably related to individual factors, particularly their self-image. Boys with a negative self-image probably have more need for adjusting themselves to the group norm and derive their status from the appreciation they receive from their friends. In the case of the Netherlands specifically, acculturation stress may influence the self-image of Turkish and Moroccan boys. Some of these boys are brought up with a strong traditional masculine self-image, although Dutch society provides them with fewer chances to carry out the tasks that are part of this self-image.

(Partner) relationship

In most cases, perpetrators are known to the victim. Victims are less vigilant when they are with acquaintances, and they are less inclined to offer resistance. There is more ambivalence, because they weigh their own interests against the relationship with the other person. Young people who are sensitive to rejection are more often victims of unwanted sexual behaviour.

In partner relationships with certain characteristics, such as power imbalance, unequal beliefs about men and women, a sense of entitlement to have sex and controlling behaviour, unwanted sexual behaviour occurs more often. There is often a lot of mutual dependence between the perpetrator and victim, or even a so-called traumatic attachment. Perpetrators also represent the role of protector and provider of consolation, and in their turn have often been witnesses or victims of violence. Violence committed by a partner in a complicated attachment relationship is one of the explanations why it is so difficult to break the spiral of violence.

4.3 Organisational factors

Education, work environment and institutions

Culture also plays a role in the workplace, in schools and universities and in various institutions such as church organisations, sports clubs etc. Sexual intimidation occurs more often in a (work) environment dominated by men and a macho culture, in which sexually intimidating behaviour is seen as normal or is tolerated, and in which few measures have been taken to address unwanted behaviour.⁴⁹ Institutions that house young people with many problems (including experiences as perpetrators or victims of sexual violence), for example in residential youth care, often have a climate in which unwanted sexual behaviour is considered normal, or in which sexist beliefs are prevalent.¹⁵

Living situation

For women in particular, situations in which they have no protection because of a lack of social control carry extra risk. For example, women are especially vulnerable in refugee camps and during migration.⁵⁰ In the Netherlands and Belgium too, women in centres for asylum seekers are at a high risk of sexual violence, especially women who have fled without a partner or parents.⁵¹

4.4 Society and culture

Culture defines people's beliefs at different levels, which reinforce each other. Culture influences the attitudes, norms and behaviour of people at an individual level, and also how people interact with each other; it is reflected in public expressions such as the media. Culture is embedded in institutions, legislation and policies. A culture in which gender-stereotypical beliefs, heteronormativity, double standards, harmful forms of masculinity, negative beliefs about women and girls, and traditional beliefs about gender roles predominate encourages unwanted sexual behaviour. Girls and women in particular but also people who do not fit the norm become the victims of this, for example boys and men who do not behave in a macho way or have a feminine appearance, lesbian women, transgender people etc.

Double sexual standards and blaming the victim

Gender and sexual norms often differ for boys and men versus girls and women. Whereas being sexually active and having many girlfriends contributes to boys' and men's image in a positive way, it means the opposite for girls and women. Women who are sexually active, who flirt or who behave in a sexually attractive way are often accused of being a slut, which can have very severe consequences in certain parts of the world, such as honour killings or stoning. In many cultures, only a woman who is a virgin until marriage deserves respect, while men are expected to have sexual experiences before marriage and this is considered acceptable.

Victims of sexual harassment and rape are often accused of having provoked the sexual harassment by their own behaviour, such as going out late on their own or wearing sexy clothes. Blaming the victim can cause severe distress and can hamper treatment of the trauma.

Economy and public policies

Partner violence is more common when women are structurally at a disadvantage when it comes to dividing land, property and other productive resources. Partner violence is less prevalent in countries with a high proportion of women in the formal work force; in countries where few women work, working in the informal sector (i.e. working for cash) increases a woman's risk.

Being poor can increase the risk of becoming the victim of sexual exploitation, as may be the case with foreign victims of human trafficking who work in prostitution.

5 Consequences of sexual violence

Sexual violence can have negative consequences for people’s mental, physical and sexual health. Whether a victim develops health problems or not depends on several factors, such as the age of the victim, the characteristics of the sexual acts and of the perpetrator, the duration of the abuse, earlier experiences of sexual violence, the use of physical violence, support, and coping strategies. Feelings of shame and guilt, for example, can increase emotional problems.

Overview

	Women/Men/Children	Examples of coping and other behaviours
Physical	<ul style="list-style-type: none"> • Injuries • Headaches/lack of appetite • Chronic pain (belly/lower back) 	<ul style="list-style-type: none"> • Alcohol/drugs/medicines to forget pain • Staying at home, in bed
Emotional/ Psychological	<p><u>Traumatic stress symptoms:</u> Fear, intrusive memories, nervousness, agitation, sleep disorders, shame/low self-esteem, concentration problems, etc.</p> <p><u>Mental health conditions:</u> Depression, suicidal ideation, PTSD, anxiety disorders</p> <p><u>Relationships/affection</u></p> <ul style="list-style-type: none"> • Unable to feel love • Mistrusting others 	<ul style="list-style-type: none"> • Fighting, arguing, controlling, etc. • Forgetfulness • Crying a lot, sleeping all day • Isolation, talking a lot, behaving “weirdly”, talking to oneself, undressing in public, etc. • Being suspicious, arguing, neglecting others etc.,
Sexual & Reproductive	<ul style="list-style-type: none"> • Unwanted pregnancies • (Unsafe) abortion • STIs, HIV/AIDS • Fistulas • Loss of sexual interest/pleasure • Infertility • Child born out of rape 	<ul style="list-style-type: none"> • Sexual disorders • Shame and withdrawal • Becoming overactive (promiscuous) when it comes to sexual relations
Social	<ul style="list-style-type: none"> • Stigmatised and rejected • Social isolation/withdrawal • Unable to feel affection/love and attachment 	<ul style="list-style-type: none"> • Stigma/rejection and shame • No friends
Economic	<ul style="list-style-type: none"> • Unable to work; deep poverty • Forced to engage in prostitution or criminality 	Engaging in criminal/violent activities

Source: Training of Trainers Manual of Regional Training Facility, Great Lakes Region⁵²

5.1 Mental problems

The younger the victim is, the more serious the consequences are, especially if the abuse has happened over a longer period of time. For example, relationships have been shown between sexual abuse in childhood and posttraumatic stress disorder (PTSD), anxiety, depression, bipolar disorders, personality disorders, eating disorders, sleep disorders, and substance abuse. In addition, sexual abuse in childhood can influence one’s brain development.^{11 53 54} Experiencing sexual abuse in childhood can lead to health problems that extend into adulthood.

An adult who has experienced rape or sexual assault is at high risk of developing PTSD as well, more than for any other trauma.⁵⁵ Three quarters of adult victims of sexual violence still have symptoms of anxiety a year later.⁵⁶ Depressive symptoms also occur more often among rape victims,⁵⁷ as do eating disorders⁵⁸ and substance abuse.

The impact and consequences of online violence, such as revenge porn, are comparable to the emotional and mental damage caused by physical and sexual violence.²³

5.2 Physical problems

Long-term physical health effects of childhood sexual abuse include general somatic symptoms, functional gastrointestinal disorders, chronic pelvic pain, headaches and obesity.¹¹ Adult survivors also experience elevated rates of general somatic complaints.

5.3 Specific reproductive and sexual-health-related problems

When women face unwanted pregnancy resulting from rape, they are more than twice as likely to choose to terminate that pregnancy, even if safe and legal abortion options are unavailable. A Dutch study showed that 7% of women who were raped got pregnant as a result of the rape. Half of these women had an abortion, and almost a third carried the pregnancy to term.⁵⁹ Sixteen per cent of sexually abused women are more likely to have a low-birth-weight baby.⁶⁰

Many victims of sexual violence develop problems with intimacy and sexuality. Research shows that sexual problems occur twice as often among women who have experienced sexual violence in childhood than among women without experiences of sexual violence. Examples are problems with desire, orgasm problems and pain during sex.^{61 62} Among men too, sexual dysfunctions turn out to occur almost twice as often when they have experienced sexual violence before the age of sixteen, compared with men without experience of sexual violence. For men, these mainly include erection problems, premature orgasm and problems with subjective sexual arousal.

Some victims start to avoid sex and the associated painful memories (maybe particularly in cases of PTSD with flashbacks); others, conversely, display proactive sexual behaviour (risky sexual behaviour and a preoccupation with sexuality). For instance, a relationship has been found between chronic sexual abuse at an early age and increased sexual activity (and more sexual partners) in adulthood.⁶³ Recently it has also been shown that adolescent victims of a single incident of sexual violence (rape) experience sexual problems and pelvic floor problems in young adulthood more often than non-traumatised people.⁶⁴

Studies carried out across the world have also shown considerable links between GBV, STIs and HIV.⁶⁵ Not only can sexual violence undermine individuals' ability to protect themselves from HIV infection; fear that their HIV status may lead to increased violence from intimate partners or family members also keeps many individuals from getting tested, receiving treatment, or disclosing their status to partners.⁶⁶

5.4 Revictimisation

Children and adolescents who have experienced sexual violence are at higher risk of becoming victims again.^{59 67} Psychological sequelae to child sexual abuse, such as depressive symptoms, poor self-esteem, learned helplessness and PTSD, may lead to a sense of hopelessness and indifference, an inability to be assertive and prevent unwanted sexual advances, and avoidance of or inability to comprehend emotionally loaded information concerning sexuality. Children can be dependent on the perpetrator (f.e. the father), including receiving affection, which leads to even more confusion. The risk of becoming perpetrators is also higher for former – male – victims, although the majority of victims do not become perpetrators. This is mainly related to a sense of power and control in a situation over which they had no control as victims. Moreover, for young male victims abusive sexual behaviour is often the only example of sexual behaviour.⁶⁸

5.5 Economic consequences

Finally, domestic and sexual violence also have big financial consequences for society. According to American estimates in 2011, each rape victim costs the state 151,423 dollars.⁶⁹ European research shows that the costs of domestic and sexual violence can be expressed in terms of the costs to healthcare, police and the legal system and that these cost Dutch society more than 8.5 billion euros annually.⁷⁰

5.6 Stigma

Stigma is strongly related to sexual violence and can lead to secondary victimisation. This includes, among other things, the perceived dishonour of lost chastity or virginity, the stigma of maternity out of wedlock, and homosexuality taboos in the case of male rape. Children born of rape may themselves face a lifetime of marginalisation, owing to stigma and uncertain legal status.⁷¹ In the case of conflict-related sexual violence, children conceived through rape are often considered “children of the enemy”, and there may be shame about not having been able to defend oneself and one’s loved ones.

6 Disclosure

There is a lot of silence about experiencing sexual violence. Although the increasing attention and openness has made it easier to talk about, especially since #MeToo, for many people it remains hard to share their experiences and ask for help. This is true of women and of men, straight and/or LGBT.

The fear of not being believed is big and far from imaginary. Experiencing sexual violence is often associated with feelings of shame and guilt. Shame is often linked to sexuality in general, but is also caused by the feeling of having been partly responsible for what happened oneself. Female victims are often troubled by the thought that the sexual violence could have been prevented if they had behaved in a different way, for example: had not gone out alone, had worn different clothes, had not drunk alcohol, had set boundaries more clearly, etcetera. Men who have been victims of sexual violence feel as if they have been emasculated. Often these thoughts are reinforced by people in one's environment. Victims of sexual violence often face victim blaming: they are blamed or not believed, partly because there are still a lot of misconceptions about sexual violence (see boxed text), but also because it feels safer to deny, trivialise, or hold the victim responsible for what happened. Experiencing something serious is frightening and makes people aware of their own vulnerability. Reactions are also influenced by beliefs about gender, which are related to norms about masculinity and femininity, sexual morals, heteronormativity etc.

In addition, many victims are reluctant to go to the police or seek help. Reporting sexual violence to the police and legal procedures may be very challenging and difficult, because sexual violence mostly takes place in a one-to-one situation and a person's guilt is hard to prove. This is even more the case in areas where the status of women is low, women's rights are not respected, and officials lack an understanding of the dynamics of sexual violence and the consequences for victims. Many victims are not believed, victim blaming often occurs, and victims regularly suffer secondary victimisation. In some countries, rape victims are even forced to marry the perpetrator in order to shield the family from shame and to protect the perpetrator from prosecution.

As a result, in the majority of countries with available data, less than 40% of the women who experience violence seek help of any sort. Among women who do, most turn to family and friends and very few turn to formal institutions and mechanisms, such as the police and health services. Less than 10% of the women seeking help for experience of violence sought help from the police.⁷² Research on sexual violence against men also shows reluctance to disclose and/or to seek support, and when men do go to service providers they are often met with reluctance or hostility. Men are supposed to be masculine and strong, and able to provide income for their families. If they cannot do so, frustration and humiliation may occur. In the case of sexual violence, disclosure is even more problematic as men who have experienced it will not be considered real men anymore. Feelings of failed masculinity, humiliation and a loss of personal value can prevent sexually or otherwise abused men from accessing the services they need.⁷³

Adequate counselling for medical and mental problems is needed but is often not available in resource-poor settings. Nowadays there is common agreement that the best support for victims is provided by rape crisis centres where all necessary help (medical, psychological, legal) is concentrated. However, most countries do not have these facilities. In the Netherlands, the first centre was opened in 2012.⁷⁴

Myths versus Facts⁷⁵

Myth: Women are most likely to be raped outside, after dark and by a stranger, so women shouldn't go out alone at night.

Fact: Only around 10% of rapes are committed by 'strangers'. Around 90% of rapes are committed by known men, and often by someone who the survivor has previously trusted or even loved. [...] Risk of rape shouldn't be used as an excuse to control women's movements and restrict their rights and freedom.

Myth: If two people have had sex with each other before, it's always OK to have sex again.

Fact: If a person is in a relationship with someone or has had sex with them before, this does not mean that they cannot be sexually assaulted or raped by that person. Consent must be given and received every time two people engage in sexual contact. It is important to check in with our sexual partners and make sure that anything sexual that happens between us is what we both want, every time.

Myth: Someone who has willingly drunk lots of alcohol or taken drugs shouldn't then complain about being raped.

Fact: In law, consent must be fully and freely given by someone with the capacity to do so. If a person is unconscious or incapacitated by alcohol or drugs, they are unable to give their consent to sex. Having sex with a person who is incapacitated through alcohol or drugs is therefore rape. No-one asks or deserves to be raped or sexually assaulted; 100% of the responsibility lies with the perpetrator.

Myth: It's only rape if someone is physically forced into sex and has the injuries to show for it.

Fact: Sometimes people who are raped sustain internal and/or external injuries and sometimes they don't. Rapists will sometimes use weapons or threats of violence to prevent a physical struggle or sometimes they will take advantage of someone who isn't able to consent, because they are drunk or asleep for example. Many people who are sexually attacked are unable to move or speak because of fear and shock. Just because someone doesn't have visible injuries doesn't mean they weren't raped.

Myth: Once a man is sexually aroused he cannot help himself. He has to have sex.

Fact: Men can quite easily control their urges to have sex; they do not need to rape someone to satisfy them. Rape is an act of violence and control, not sexual gratification.

Myth: People often lie about being raped because they regret having sex with someone or out of spite or for attention.

Fact: Disproportionate media focus on false rape allegations perpetuates the public perception that lying about sexual violence is common when in fact the opposite is true. False allegations of rape are very rare. The vast majority of survivors choose not to report to the police. One significant reason for this is the fear of not being believed.

Myth: Men don't get raped and women don't commit sexual offences.

Fact: The majority of sexual assaults and rapes are committed by men against women and children but a small number of women do perpetrate sexual violence. Often people who've been sexually assaulted or abused by a woman are particularly fearful that they will not be believed or that their experiences won't be considered 'as bad' as being raped by a man. This can make it especially difficult for these survivors to access services or justice.

7 Human rights to eliminate gender-based violence

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In the 1970s and 1980s, many women's groups pushed for greater recognition of women's rights and the ending of violence against women on the political agenda. Violence against women was directly related to abuse of patriarchal power. World Conferences on Women were held in 1975, 1980 and 1985. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was created by the United Nations and has slowly been ratified by all industrialised countries (except the United States) and by most nonindustrialised countries.

At the 1993 World Conference on Human Rights in Vienna, there was clear and explicit recognition of women's rights as human rights. The same year (1993), the UN General Assembly passed the Declaration on the Elimination of Violence against Women. In 1994, at the International Conference on Population and Development (ICPD) sexual and reproductive health and rights were to be provided in a rights-based approach without coercion, discrimination, or violence. At the Fourth World Conference on Women, held in Beijing in 1995, the focus was almost entirely on women's rights as human rights. The conference produced the Beijing Declaration and the Platform of Action. By this time women's human rights were securely in the mainstream. As opposed to the focus on political rights of the past, much of the focus on women's human rights has been concerned with sex and reproduction, since it is in this area that many of the most serious abuses take place.

Internationally, the definition of gender-based violence evolved into a more inclusive concept. The International Criminal Court defines GBV as 'any crime committed against persons, whether **male or female** (including gender and sexual minorities), because of their sex and/or socially constructed gender roles, [it] is not always manifested as a form of sexual violence, and may include non-sexual attacks on women, girls, men and boys because of their gender'.² The implementation of domestic laws, however, falters due to a wide range of factors.

The Millennium Development Goals (MDG) had no specific targets or indicators related to violence; however, the 2030 Agenda for Sustainable Development does have such targets, formulated as *SDG Target 5.2 Eliminate all forms of violence against women and girls; SDG Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation; SDG Target 16.1 Significantly reduce all forms of violence and related death rates everywhere, and SDG Target 16.2 End abuse, exploitation, trafficking and all forms of violence against children.*

In 2011 the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) was opened for signature, and has since then been signed by 46 European countries and ratified by 33 (including the Netherlands). This Convention is based on the understanding that violence against women is a form of gender-based violence that is committed against women because they are women. It is the obligation of the state to fully address it in all its forms and to take measures to prevent violence against women, protect its victims and prosecute the perpetrators.⁷⁶

In 2015, at least 140 countries had passed laws on domestic violence, and 144 had laws on sexual harassment. However, even when laws exist, this does not mean they are always compliant with international standards and recommendations, or that they are implemented. 37 countries still exempt rape perpetrators from prosecution when they are married to or subsequently marry the victim.⁷⁷

In June 2017, Rutgers, MenEngage, Promundo, Sonke Gender Justice and partners of the Prevention+ programme worked together at the Human Rights Council Session (HRC35) in Geneva to influence the language of the Violence against Women (VaW) resolution: accelerating efforts to eliminate violence against women; engaging men and boys in preventing and responding to violence against all women and girls. This resulted in a strong resolution, including the commitment to a Report of the Office of the High Commissioner for Human Rights.

8 Addressing unwanted sexual behaviour

In the past years, Rutgers and other parties have increasingly invested in the prevention of sexual violence and – in the broad sense - unwanted sexual behaviour. The topic has been included in sexuality education in schools, interventions for at-risk groups have been developed, and healthcare professionals and teachers are more often and better able to recognise signs of sexual violence and to talk with young people about sexuality in general and unwanted sex. In addition, Rutgers puts pressure on institutions and regional and national authorities to deal with the issue. This is no longer limited to the assertiveness of potential victims, but also includes engaging men and boys, and changing a culture of inequality and gender-stereotyping. As yet, it is hard to tell whether these measures are effective. International research does not indicate it. In the Netherlands, we can compare figures for adults since 2006. They do not yet show a decline, but the figures are about lifetime prevalence; this means a decline cannot be demonstrated yet. Research among young people in the Netherlands is more promising: compared with 2012, we saw a slight decrease among both girls and boys in 2017.²² It remains to be seen whether this decrease will continue in the coming years. For the time being, it is necessary to continue prevention activities, as the figures are still much too high.

The points of departure of Rutgers

The socio-ecological model is the point of departure for the programmes of Rutgers. This means that interventions take place at different levels to prevent sexual violence.

- Individual and interpersonal: improving the knowledge, skills and attitudes of individuals regarding sexuality, relationships and gender beliefs.
- Organisational: steering and advising with regard to policies in the workplace, in institutions and schools, and increasing professionals' knowledge and skills.
- Societal/cultural: influencing societal views about gender equality, women's rights, sexuality, masculinity, involved fatherhood.
- Political: steering local, regional, national and international policies regarding gender equality and the prevention of sexual violence; providing equal chances.

The fundamental transformation of harmful social norms that is necessary to prevent sexual and gender-based violence and promote gender justice can only be realised if programmes intervene at these levels simultaneously and in a mutually reinforcing manner. To achieve this, theories of change are used.

In addition, Rutgers approaches unwanted sexual behaviour as something that should be dealt with in the context of sexual health and rights as well as safety. The broader framework of sexuality as a fundamental, healthy and pleasant aspect of life is an important point of departure. Therefore Rutgers will always give attention to the importance of desires regarding sexuality in addition to the importance of setting and respecting boundaries. This means that sexuality education is not just about preventing negative aspects of sexuality such as unwanted sexual behaviour, STIs and unwanted pregnancy, but also about the healthy and pleasant sides of sexuality in all their diversity. On the other hand, safety and support are of course of great importance as well. Policies, legislation and services need to provide prevention as well as support and treatment for victims and perpetrators.

Over all, the prevention of unwanted sexual behaviour and gender related violence is a matter for men and women, including people with various sexual orientations and gender identities.

8.1 Approach in the Netherlands

In its work in the Netherlands, Rutgers focuses on embedding the topics of unwanted sexual behaviour and sexual violence in sexuality education in schools, as well as on programmes for groups who are at increased risk of becoming victims or perpetrators of unwanted sexual behaviour. Sexual assertiveness is a compulsory element of the national curriculum. This means that schools

have to pay attention to this topic. Therefore the teaching packages of Rutgers include the topic of desires and boundaries, both offline and online, as well as gender diversity.

Risk groups include young people with a low level of education, young people with a physical or intellectual disability and young people in residential youth care. In recent years, various interventions have been developed for these groups by Rutgers and other parties, both for individuals and groups. The interventions of Rutgers aim to promote young people's sexual health and to increase their assertiveness when it comes to unwanted sex. For – potential – victims this means e.g. learning to assert their desires, being able to set boundaries, gaining more self-confidence and obtaining insight into gender-stereotyping; for perpetrators or potential perpetrators, it means being able to resist peer pressure, learning about macho behaviour, gender-stereotyping and being yourself, learning to deal with others in a respectful way and learning to respect other people's boundaries.

These programmes are theory-based, and a number of them have been tested for effectiveness. In the coming years, Rutgers will focus on upscaling and implementing interventions for vulnerable young people, responding to issues in the current social context, and on further research into the effect of various interventions.

In addition, we find it important that professionals in education and healthcare are equipped to adequately address the sexual development of young people, to recognise and report signs of sexual violence, and to make children and young people assertive. We promote this by developing lessons for vocational education, by developing guidelines, and by training professionals working in this field. For an overview of interventions for young people and professionals see www.act4respect.nl. Influencing beliefs and norms concerning sexuality, gender, sexual violence, masculinity and femininity takes place through education and specific programmes, and also through public campaigns.

In the coming years, Rutgers and Atria, knowledge centre for emancipation and women's history, will embark on a five-year programme with 4 strands of activities: a campaign about social norms in which the social norm regarding gender-based violence is adjusted/changed; increasing the knowledge of professionals regarding gender-based violence; adjusting, improving and providing evidence for interventions for vulnerable young people, and building a knowledge base and making it accessible through a digital platform.

Policies

In recent years, the government has implemented policies concerning the topic of violence in relationships of dependence, to which several ministries have contributed. Point of departure was violence in a broad sense (domestic violence, child abuse, violence against elderly people), including sexual violence. An important development was the decentralisation of child welfare services in 2015. Since 1 January 2015, municipalities are responsible for dealing with violence in relationships of dependence. Municipalities have to have a centre for reporting domestic violence and child abuse called Veilig Thuis (Safe at Home). Veilig Thuis also offers help and support for victims and people in their environment (including concerned bystanders), and for professionals. The policy document 'Geweld hoort nergens thuis' ('Violence belongs nowhere') sets out the approach for the coming years.⁷⁸ For victims of sexual violence, the focus is on improving the knowledge of professionals with regard to recognising and reporting signs of sexual violence, and on making the Centres for Sexual Violence more widely known. There is also attention for the victims of "loverboys" (pimps who pretend to be in love with a young woman and then force her into prostitution).

Since 1 July 2013, independent professionals, such as doctors, and organisations that employ professionals in the sectors of healthcare, education, child care, child welfare services, social support and the legal system are required to comply with the code of conduct for reporting violence (law on compulsory code of conduct for reporting domestic violence and child abuse). The code of conduct for reporting has to be followed when there are concerns about or suspicions of domestic violence or child abuse, and consists of a number of steps that need to be followed.⁷⁹

Rutgers provides advice concerning local and national policies, both at the request of other parties and on its own initiative. For example with regard to making sexual assertiveness a compulsory subject in education and monitoring it, providing financial resources for research and development,

and encouraging institutions to develop their own policies. A particular concern is gender sensitivity. This is insufficiently present in legislation and regulations, policies and implementation. Often a gender-neutral conceptualisation is chosen, partly as a result of the widely held assumption in society that men and women in the Netherlands are equal and that gender-sensitive policies, research and approaches have therefore become unnecessary. However, gender inequality still exists and is not only a cause but also a consequence of (sexual) violence.

8.2 Approach in countries outside the Netherlands

Specific programmes to prevent sexual and gender-based violence take place in Uganda, Rwanda, Indonesia and Lebanon. In addition, sexual violence is part of a number of large-scale programmes aimed at sexuality education, access to services, and advocacy, implemented in a large number of countries, ranging from southern, eastern and western Africa to Southeast Asia.

Prevention is aimed at addressing the underlying root causes of gender based violence by transforming harmful gender and sexual norms and power imbalances into a non-violent culture based on positive norms and values. Addressing norms and values takes place at the individual, institutional and societal level, changes inequalities and facilitates sustainable social change. The prevention of sexual violence is integrated into community interventions with (young) women and men, into comprehensive sexuality education, and into campaigning (including social media). Counselling of both survivors and perpetrators is seen as secondary prevention, aimed at ending violence within families in order to break the intergenerational cycle of violence; witnessing and/or being the victim of violence in one's childhood turns out to be a major risk factor for the use of physical violence against a partner.⁸⁰ Engaged fatherhood proved to offer a promising entry point address issues related to gender based violence (see below).

Rutgers builds the capacity of professionals within civil society, educational institutions, health care and ministries. Most programmes have a specific lobby and advocacy component to improve or adjust legislation, policies and practical implementation. Lobby and advocacy take place at different levels: within the European Union, the United Nations as well as at national and regional level in close collaboration with partner organisations.

All programmes aim at reshape gender relations to be more gender-equitable, largely through approaches that "free both women and men from the impact of destructive gender and sexual norms"⁸¹, the so called Gender Transformative Approach, by:

- Encouraging critical awareness of gender roles and norms.
- Questioning the costs of harmful, inequitable gender norms in relation to SRHR and GBV and demonstrating the advantages of changing them.
- Empowering women/girls and people with diverse gender and/or sexual identities/orientations; and
- Engaging boys and men in transforming gender, including masculinity norms.

The gender transformative approach interconnects the following themes: power dynamics in relationships, gender and sexual norms and values, women's and girls' empowerment, gender and sexual diversity, and engaging of men and boys.⁸²

Targeted, gender transformative programming for sexual and reproductive health and rights and gender based violence has proven to be successful. A three year programme, MenCare+, resulted in an increased percentage of South African men who disagreed with the statements, "Women who carry condoms on them are 'easy'" and "I would never have a gay friend" after group sessions.⁸³ A study on the impact of the MenCare+ programme⁸⁴ in Rwanda strengthens the existing evidence on male engagement approaches, showing that culturally adapted gender-transformative interventions with men and women can be effective at changing deeply entrenched gender inequalities and health-related behaviour outcomes. For instance, results of the show reduction of physical and sexual intimate partner violence, less child punishment, greater uptake of contraceptives, an increase in men's participation in childcare and household tasks, and less dominance of men in decision-making.⁸⁵

In addition to or as part of gender transformative programming, Rutgers is implementing a male counselling programme, Toolkit for Men, used to counsel abusers who want to stop intimate partner violence and become a more respectful partner.⁸⁶

Women's and children's safety as well as accountability to girls' and women's rights and empowerment remain pivotal in any intervention with boys and men.

9 In conclusion

Unwanted sexual behaviour is a persistent phenomenon. Despite all efforts since the eighties, with more laws in place, more knowledge and understanding of the causes, forms, consequences, and the various treatments, the prevalence of sexual as part of gender based violence remains high. Although the figures have been known worldwide for decades, attention for the subject is easily pushed aside because of denial and trivialisation. #MeToo positioned sexual violence back into the public debate. It is again about power and abuse within the social order that maintains abuse. #MeToo, however, is also followed by a countermovement of voices that had had enough of it. This is partly due to the fact that unwanted sexual behaviour includes so many things, ranging from the notorious hand on someone's buttock in a bar to long-term sexual abuse of children. Of course these things differ greatly in terms of severity, but in both cases there is sexual behaviour that is unwanted.

Far from everyone is aware that they should never infringe on somebody's sexuality, whether physical body parts, images, identity, orientation or otherwise, without consent. Unwanted sexual behaviour has been considered exclusively a women's issue for too long. But we are dealing here with a social issue that is rooted in a culture of gender inequality, gender-stereotypical beliefs about masculinity and femininity, and a culture in which sexuality is still a subject that is hard to discuss. Changing this culture requires the engagement and effort of everyone, men and women, at an individual, social, institutional and political level, nationally and internationally. With its programmes, Rutgers strives to influence and support this process in a structural, transformative and positive way.

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