

ELIMINATING SEXUAL VIOLENCE AGAINST WOMEN

Towards a Global Initiative

Report of the Consultation on

Sexual Violence Against Women,

The University of Melbourne, May 2000

Produced on behalf of the Global Forum for Health Research
by Linda Rae Bennett and Lenore Manderson
Key Centre for Women's Health in Society
University of Melbourne

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Other output from that meeting, published in parallel to this report, are

- Mapping A Global Pandemic: Review of Current Literature on rape, Sexual Assault and Sexual Harassment of Women (printed report)
- Sexual Violence Against Women: A Working Bibliography (CD)

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Global Forum for Health Research

c/o World Health Organization

20 avenue Appia

1211 Geneva 27

Switzerland

T (41 22) 791 4260 F (41 22) 791 4394

E-mail info@globalforumhealth.org

www.globalforumhealth.org

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This report provides a summary of the proceedings of the Consultation on Sexual Violence against Women and outlines the progress of this consultation towards the constitution of a formal Initiative on Sexual Violence Against Women. The contributions of those who consultation participants, and those who prepared summaries and provided comments on the draft report are gratefully acknowledged. The Consultation was convened for the Global Forum for Health Research by staff of the Key Centre for Women's Health in Society, The University of Melbourne. Funds for preparatory work, the hosting of the consultation, the participation of individuals and the production of this report were provided by the Global Forum for Health Research, the Australian Agency for International Development (AusAID), the Canadian International Development Agency (CIDA) and the Victorian Health Promotion Foundation (VicHealth).

1 INTRODUCTION: PURPOSE OF THE CONSULTATION

1.1 BACKGROUND

Violence Against Women (VAW) has gained increasing international attention since the ratification of the United Nations Declaration on the Elimination of Violence Against Women in 1993. VAW also received significant recognition in the Platform for Action of the Fourth World Conference on Women in Beijing (FWCW, 1995). Other international bodies that have been engaged in investigating the problem of VAW including the World Bank (Heise et al. 1994), the World Health Organization (WHO, 1997, 1998, 1999a, b, WHO/FIGO, 1997), IPPF, UNFPA, UNIFEM, the Harvard Initiative on Gender and Health Equity (Astbury, 1999, 2000; Garcia Moreno, 1999), the Global Forum for Health Research (GFHR, 2000:116-119), the Population Council (Heise et al. 1995), the Pan-American Health Organisation (PAHO, 2000a, b), the International Centre for Research on Women (ICRW), and human rights organizations such as Amnesty International, International Red Crescent, and Human Rights Watch.

Over this period, a growing number of regionally and locally organized NGOs directed their energy towards addressing the problem of VAW, and specifically sexual violence against women (SVAW). Women's organizations in particular, have a history of strong involvement in the implementation of practical interventions, conducting research and lobbying against VAW, that in many cases predates the 1993 declaration. Efforts to develop policy on VAW within international and multilateral institutions and NGOs, and at the levels of national and local governments, have been supplemented by community-based activities to address the problem, providing women with refuge from violence and counseling, and dealing with the homelessness that is often the consequence of their flight to safety. These efforts have gained considerable support within countries and more broadly through the establishment of networks of institutions and individuals, which have functioned to exchange expertise, resources and experiences concerning SVAW. Examples of regional and locally-based NGOs active in the area of VAW include ARROW (Malaysia), Korporasi Annisa (Indonesia), India SAFE (India), Fijian Women's Rape Crisis Centre, Latin American and Caribbean Women's Health Network, Women's Health Project - Philippines, CHANGE (UK and USA), WHON (Nigeria), IRRRAG – International Reproductive Rights Research Action Group, ASHOKA (Mexico) and KANWIN - Korean American Women in Need.

The above summary highlights the widespread attention given to violence against women. However, there has been an uneven response to VAW as a health problem from country to country, and efforts to co-ordinate research and action have often been constrained due to lack of resources. Currently, there are at least three international initiatives to expand research capacity on violence against women including initiatives by: WHO, INCLEN and INRVAW. The success of such initiatives can be promoted by increased budgetary and program-based commitment from international agencies. This support should encourage operational research into SVAW, support service delivery and promotes the evaluation of programs and their potential to be transferred to other settings.

The Global Forum for Health Research has discussed Violence against Women since its earliest meeting in 1997, reflecting its concern both with the severe health risks consequent to such violence and the violations of human rights. At Forum 3

(Geneva, 1999), it was recommended that a consultation be organized on this issue to bring together relevant partners to discuss the problem and plan future action.

The Melbourne consultation therefore reflected widespread support for an initiative on VAW at all levels, from community-based to international levels, and across multiple fields of international concern including women's health, development, human rights, gender equity and health research. It responded directly to the imperative of developing a comprehensive research agenda on SVAW that is both detailed and practical in nature. The consultation, held under the auspices of the Global Forum for Health Research, is seen as the first of what might be an on-going process of consultations. Its aim was to assist in formulating an agenda for further research on SVAW and to assess the interest in and need for an international research initiative focused on SVAW. This report outlines the objectives and process of the consultation and provides a summary of its proceedings.

1.2 ORGANISATION OF THE CONSULTATION

The Global Forum for Health Research is an International NGO established in Geneva as a Foundation in June 1998. Its central objective is to correct what has come to be referred to as the 10/90 disequilibrium, whereby 10% of research resources in the world both from the public and private sectors is devoted to health problems of 90% of the global health burden that constitutes the health problems of the world's poor. The aim of the Global Forum is to help correct this disequilibrium by improving the allocation of global research funds through facilitating collaboration among its partners both in the public and private sectors to focus on key problems affecting the health of the poor. In more practical terms, the Global Forum, located in the World Health Organization in Geneva, supports analytic studies on the global burden of disease to assist in priority setting and cost-effectiveness analyses to facilitate informed choice of alternative intervention strategies. It stimulated the formation of a group that monitors resource flows to keep track of the 10/90 disequilibrium. The Global Forum also encourages the formation of initiatives. These are synergistic actions around critical health problems for which multiple-partner action is needed to make significant progress. It also joins other partners in promoting research capacity development. Some initiatives supported by the Global Forum are: an alliance for health policy and systems research; an initiative on cardiovascular health in developing countries; a public-private partnership to promote the development of new anti-malarial drugs; and an initiative on violence against women. The Global Forum holds an annual meeting (Forum) where researchers, policy makers, NGOs and representatives of the private pharmaceutical industry meet to discuss the progress of the different initiatives and to plan for future action.

In October 1999, the Global Forum called for tenders to prepare the documentation, organize and host the consultation. As a result, the Key Centre for Women's Health in Society of the University of Melbourne took on this task. Professor Lenore Manderson, director of the Key Centre, acted as consultation convenor, and Linda Bennett acted as consultation secretary and was primarily responsible for the identification of relevant literature and the preparation of the background paper. The organisation of the consultation proceeded with advice from members of a working group, established in November 1999, the members of which were: Pramilla Senanayake, Rashidah Abdullah, Lori Heise, Roberto Briceño-León, Lindi Makubalo, Andrew Kitua and Claudia Garcia-Moreno, with Thomas Nchinda and Louis Currat from the Global Forum and Lenore Manderson.¹ The working group

¹ Lori Heise withdrew in March when she confirmed she would not be able to attend the meeting.

played the decisive role in determining the theme for the consultation, agreeing on its structure and content (see agenda, Annex A), and identifying participants.

The consultation aimed to involve around 25 to 30 people concerned with violence against women, from a broad cross-section of countries, cultures, institutional backgrounds and professional experiences. The aim was to involve both senior professionals and younger researchers and field workers, and to ensure the involvement of people from all continents. Accordingly, participants were invited on the basis of their experience and expertise in terms of health programs, research, interventions, advocacy, policy, and legislation relating to violence (primarily sexual violence) against women from all continents, and they included people from government agencies, NGOs and community-based organizations, and academics. Accordingly, the mix of individuals involved in the consultation was diverse (see Annexures B and C).

The operational definition of Sexual Violence Against Women for the purposes of the consultation included sexual harassment, sexual assault and rape, perpetrated by known and unknown assailants including spouses. The objectives of the consultation were to:

- Develop an agenda for research into sexual violence against women
- Develop guidelines for methods and ethics to be applied in research on sexual violence against women
- Identify appropriate links between research and intervention in the area of sexual violence against women, and develop an agenda for research on interventions.
- Identify funding sources for operational research on sexual violence against women at international, national and local levels
- Identify appropriate bodies, institutions and individuals to develop and sustain national and international networks on sexual violence against women, and
- Determine how to proceed with a formal Initiative on Violence Against Women.

These objectives related specifically to the problem of SVAW and to the possible long-term objective of constituting a formal Initiative on Sexual Violence Against Women. The consultation involved a mixture of both plenary sessions and smaller groups. The first two plenary sessions provided an overview of sexual violence against women in a number of developing countries and raised key issues related to research and interventions in the area of SVAW (Chapter 2). These presentations highlighted issues for more general discussion in the workshops and familiarized participants with issues related to sexual violence across cultures and disciplines. The plenary sessions at the conclusion of the group work enable participants to present workshop outcomes to the larger group, and to develop recommendations based on these outcomes.

The first three objectives, set out above, were pursued in workshops at the consultation, as described in greater detail below. Developing a research agenda involved identifying pertinent research questions and the gaps in existing research from local to international contexts. Participants were encouraged to draw upon their experience and knowledge of countries of origin and/or work experience in formulating research questions. Participants were also encouraged to draw upon and provide examples from their own experiences of research and intervention in the area of VAW, which responded to the key themes allocated to each group. Each workshop group was asked to consider possible funding sources for research into and intervention for SVAW (fourth objective) and to contribute this information in

Plenary Session D. The final two objectives were addressed primarily in the final plenary, and focused on networking and deciding the future of a formal initiative.

All participants were encouraged to bring with them and distribute relevant research publications and intervention material, and to contribute references to the Bibliography on Sexual Violence Against Women.² The cooperation of participants in supplying relevant references from their countries of origin and experience was crucial to produce a bibliography that was international in its scope, although it remains true that the published, English language materials predominate.

1.3 WORKSHOP THEMES

The consultation dedicated a total of five sessions to workshop key themes on sexual violence against women. Each of five groups was asked to focus its attention on a core theme to address the consultation objectives. Pertinent issues to be addressed under each theme were identified and guided the focus of the workshops. The five key themes addressed in the consultation workshops were:

1.3.1 Personal, Societal and Family Costs of SVAW

This theme focused on the personal, family and societal costs of sexual violence against women and recovery from sexual violence. Addressing this theme involved identifying links between sexual violence and women's reproductive and mental health, and how the consequences of sexual violence impact upon women's families. Discussions included how women's experiences of sexual violence are related to different risk factors for negative health outcomes and to the risk of repeated abuse. The ways in which families and communities can participate in recovery from the consequences of violence against women, not simply women themselves, were also integral to this theme.

1.3.2 Interventions and Evaluation of Interventions for SVAW

Theme B was concerned with interventions and evaluations of interventions directed at addressing sexual violence against women. Existing interventions and evaluations in the area of domestic violence were discussed for comparative purposes, particularly because of the strong links between domestic and sexual violence in intimate relationships. The group considered effective and problematic aspects of interventions in this area using examples where possible, and considered the development of general and/or specific guidelines for monitoring and evaluating interventions in the area of SVAW.

1.3.3 Policy Development and Legal Reform Addressing SVAW

Theme C was concerned with policy development and legal reform with regard to sexual violence against women. This included an examination of the underlying values and the limitations of legislation including international codes, national laws, and local regulations against VAW, and specifically SVAW. It also involved looking at the implementation of policy, and the enforcement of legislation, including women's experiences within the legal system when seeking protection from and attempting prosecution of perpetrators of sexual violence. This exploration of the relationship between policy and SVAW took a multi-sectoral approach, to investigate how different spheres of public policy such as health, community and/or family services,

² Bennett, L. R., Singer, M. and J. Cannon. 2000. *Sexual Violence Against Women: A Working Bibliography*. Geneva: Global Forum for Health Research.

law enforcement, education, religion and so on might participate in complementary and integrated strategies to address the problem of SVAW.

1.3.4 Theoretical Frameworks and the Etiology of SVAW

Theme D was concerned with theoretical frameworks and paradigms for understanding SVAW, including conceptual frameworks applied in understanding the etiology, consequences, and strategies for combating SVAW, across different cultures and sectors such as the activist, academic and health professions. The multiple understandings and definitions of women who experience sexual violence was also an important point of discussion. In addressing this theme, workshop participants identified the roles that multiple factors play in developing frameworks for theorizing sexual violence. These factors included the status of women, poverty, displacement, political instability, substance abuse, cultural constructions of sexuality and gender, and the roles of state, religion and culture in condoning, promoting or condemning VAW.

1.3.5 Methodology and Ethics for Research on SVAW

This theme addressed methods and ethics in researching sexual violence against women. It involved reviewing existing approaches to research, and identifying which methods were most appropriate in different contexts. The group discussed the links between research and interventions, and identified the multiple obligations involved in doing research with people who are survivors of sexual violence and who may also be at high risk of further abuse. The group addressed the importance of protecting women who chose to participate on research into SVAW and protecting researchers in this field - particularly in relation to re-traumatization of women and vicarious trauma for researchers. The group also discussed how issues of identity impact upon research into SVAW and the appropriateness of men's involvement in research on SVAW. The group considered the importance of reviewing and adapting existing guidelines for appropriate methodology and ethics for research on sexual violence against women.

1.3.6 Background Paper

The back ground paper for the consultation was informed by a review of contemporary literature, which focuses on rape, sexual assault and sexual harassment.³ This paper provided a summary of contemporary research into these forms of SVAW, including research on each of the workshop themes outlined above, and commented on challenges for and gaps in research on SVAW. The background paper was distributed to participants prior to the meeting and also included chapters on the development of the consultation, its objectives, and guidelines for the consultation process.

In Plenary Session A Linda Bennett presented an overview of the literature review within the background paper. Participants joined in a discussion of the key themes raised, the gaps in the review, and its usefulness in the consultation process.⁴ The need to incorporate further research and literature on SVAW and HIV/AIDS was expressed by participants. The lack of research and publications on interventions, and specifically evaluation of interventions, was also reiterated. Existing methodological and safety guidelines, and a comprehensive draft manual on

³ Bennett, L. R., Manderson, L. and J. Astbury (2000). *Background Paper for Consultation on Sexual Violence Against Women*. Melbourne, 18 –20 May.

⁴ Bennett, L. R. (2000) Highlights of the background paper. Paper presented at *Consultation on Sexual Violence Against Women*. Melbourne, 18 –20 May.

methods and ethics was also brought to the group's attention. A number of participants also offered insight into current research on sexual violence within marriage, which had not been included in the initial review. One outstanding gap identified in the literature review, was what the group came to refer to as "gray literature". That is, unpublished literature that documents current research and interventions on SVAW, and provides critical insight, which cannot be widely accessed due to its unpublished status. A revised version of the literature review has been produced, which incorporates the suggestions and comments of participants on the background paper, the eight presentations given at the consultation, participants' input during plenary and group discussion, and relevant gray literature contributed by consultation participants.⁵

1.4 THE CONSULTATION ON SEXUAL VIOLENCE AGAINST WOMEN

The Consultations proper were held from 18-20 May, but were preceded on the evening of 17 May with a reception, addressed by Senator the Honorable Kay Patterson, Parliamentary Secretary to the Minister for Foreign Affairs and Parliamentary Secretary to the Minister for Immigration and Multicultural Affairs, and Dr Thomas Nchinda on behalf of the Global Forum. The text of Dr Nchinda's address is included below. Chapters 2 and 3 describe the proceedings of the plenary and workshops of the consultation in Melbourne; Chapter 4 offers further discussion of the formal initiative. In the Annexures, we have included the consultation agenda, a list of participants and brief bio-notes describing participants' experience and interest in the field of violence against women.

1.4.1 Welcome Address - Dr. Thomas C. Nchinda

Senator the Honorable Kay Patterson, Professor Richard Larkins, Dean of the Faculty of Medicine, Ladies and Gentlemen and dear Participants,

A few days ago I saw a document prepared by the World Council of Churches for the Ecumenical Decade of Churches Solidarity with Women. The Global Forum is located in the World Council of Churches premises in Geneva. This 56 page document is entitled " Together with Courage: Women and Men living without Violence against Women". It described the work of 75 Teams each composed of 2 men and 2 women drawn from the member churches of the World Council of Churches. Each team visited over 300 churches and 650 women's groups to challenge the churches to reflect on the way they deal with the issue of violence against women. This is a powerful and strong advocacy document reflecting the fact that the churches cannot rest indifferent to this human rights and discriminatory practice. The church was therefore adding its voice to those expressed in the United Nations Declaration on the Elimination of Violence against Women and the Platform for Action of the Fourth World Conference on women in Beijing.

It is a singular honor and pleasure for me to say on behalf of all participants present here and on behalf of the Global Forum for Health Research how glad we are to have in our midst an important Australian personality, Senator the Honorable Kay Peterson. Rather than taking a quiet rest at home after what must be a very busy day for her she decided to honor us by sharing this welcome reception which somewhat marks the start of our work. We are also pleased to have with us

⁵ Bennett, L.R, Manderson, L. and J. Astbury. (2000). Mapping A Global Pandemic: Review of Current Literature on rape, Sexual Assault and Sexual Harassment of Women. Geneva: GFHR.

Professor Richard Larkins, Dean of the Faculty of Medicine who has also been able to make time to be with us at this reception.

Madame Senator,

This consultation brings together a cross-section of persons – scientists, professionals, researchers, specialists and other workers from different fields and disciplines to reflect together on the public health aspects of this important subject over the next three days. At the end of their reflections they will recommend a draft plan of action which will form the basis for carrying out studies that will produce the much needed evidence base for action. Most decisions now have to be backed by solid evidence. Violence Against Women as a Public Health Problem has, in the past, suffered from a paucity of good, reliable population-based data on the exact burden of disease linked to the problem of violence against women. In fact Violence against Women is a public health problem where militancy on its human rights aspects has inadvertently moved much faster than the generation of a broad and comprehensive evidence base to support public health action. The data that exists were not collected in a standardized manner thus making comparisons difficult. This has been further complicated by the deep-rooted socio-cultural aspects of the problem and compounded by the unwillingness of the victims to talk about the problem. This has often compromised the validity and wide application of studies. Also, interest in the subject has not always been matched by availability of funds to carry out necessary studies on the problem. We are here because we believe that its high time we took a bold step towards laying a foundation for generating an evidence base for moving this problem forward particularly its public health aspects.

Madame Senator,

These participants come from different backgrounds and bring with them a rich combination of experiences, expertise and regional backgrounds that together justifies their presence here today. They share some points in common that unites them:

- An overt interest in this important subject and a desire to do something about it;
- The belief that an evidence base is a useful start for addressing the problem;
- Personal involvement in studies aimed at bringing clarity to the problem in terms of methodological approaches for studying the problem;
- An interest in studying the health impact and health consequences;
- The desire to have a good scientific basis for hands on involvement with helping victims at all levels particularly the grassroots level.

The Global Forum for Health Research is a small international foundation with a research mandate established in Geneva under Swiss law in June 1998. Its central objective is to help correct the 19/90 dis-equilibrium whereby 10% of health research resources in the world is devoted to solving health problems of 90% of the global health problem that constitutes the problems of 90% of the population. The aim is therefore to improve the allocation of global health research funds and facilitate collaboration among partners both in the public and private sectors on key health problems with the highest burden particularly those afflicting the world's poor.

In more practical terms, the Global Forum supports analytical studies in collaboration with other partners in a number of key areas:

- determination of the global burden of disease;
- cost-effectiveness studies on new interventions methods and tools;

- measurement of resource flows in health research so as to keep track of the changes in the 10/90 dis-equilibrium;
- Priority setting on the basis on burden of disease calculations and other quantifiable method.

The Global Forum also catalyses the formation of Initiatives, concerted efforts by multiple partners to find solutions to intractable health problems through research – problems which no one partner can handle alone. Some Initiatives supported by the Global Forum include the Alliance for Health Policy and Systems Research, Initiative on Cardiovascular Health in Developing Countries, Partnerships between Public and Private sectors for anti-malarial drugs, vaccines etc. The Global Forum also supports Initiatives under development such as Violence against Women, Child Abuse, Road Traffic Accidents, Neuro-psychiatric Health and others.

Madame Senator,

This consultation is an attempt, albeit a modest first of a series, to focus on research on this important problem to bring in the much needed evidence basis for our actions. The participants will be guided by a background document that has reviewed current work on the subject. They will listen to presentations on current work presented by participants who did the work or participated in them. They will discuss, debate, and argue and subsequently come up with a recommended consensus plan of action that will generate the public health evidence base for future action.

Madame Senator,

We wish to thank you again for sparing time to be with us this evening. We request that you be so kind as to convey to the Australian Government our deepest appreciation for accepting this as venue for this consultation. The Key Centre for Women's Health in Society, a WHO collaborating centre for Women's Health, has a reputation for excellent research in Women's Health in Society by a reputable team of scientists. We wish in particular to express our gratitude to the Australian Agency for International Development for generously co-funding this consultation. Without this, the meager funds of the Global Forum would have been insufficient to meet the cost of holding this consultation. We wish to thank the other donors who supported this consultation – the Canadian International Development Agency (CIDA), Victorian Health Promotion Foundation (VicHealth), and the International Social Sciences Forum.

Finally, I wish to express our appreciation to Professor Richard Larkins, Dean of the Faculty of Medicine, Dentistry and Health Sciences of the University of Melbourne for allowing the use of their premises and facilities and staff of the Key Centre for Women's Health in Society for this consultation. I wish particularly congratulate and express our appreciation to Lenore Manderson and Linda Bennett who have put in so much time and effort to ensure a good outcome of this consultation. I am sure this will not be lost to the participants who will spare no effort to ensure that their recommendation match this strong effort by the organizers of the consultation. Thank you all once again.

2 PLENARY PRESENTATIONS

2.1 PLENARY A: COUNTRY CASE STUDIES

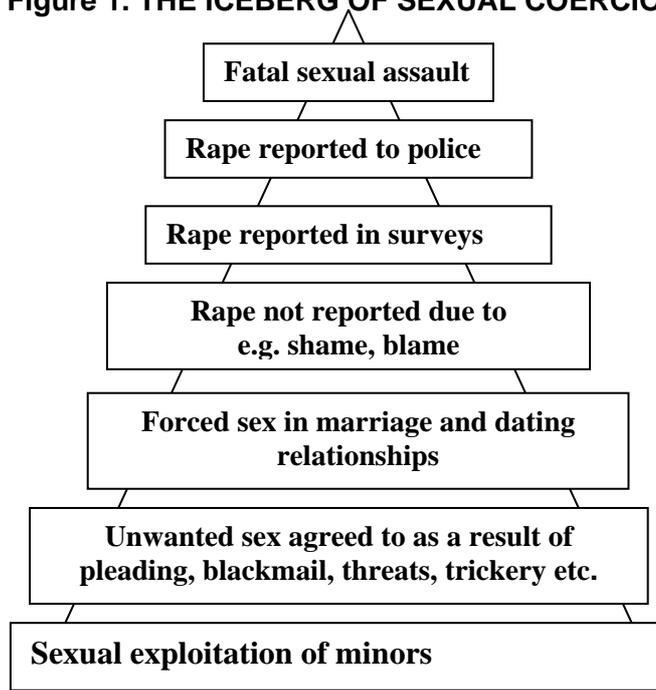
The opening plenary, chaired by Pramilla Senanayake, involves the presentation of regional and country case studies of sexual violence against women. Presentations described and provided insight into the incidence of sexual violence against women in South Africa, Bangladesh, India and the Pacific, providing evidence of the pervasiveness of VAW across different cultures and regions. This plenary offered participants a broader perspective on sexual violence across cultures and disciplines, and drew attention to both the commonalities and differences of women's experiences of violence. The salient points of each presentation in this session are summarised below.

2.1.1 Overview of Sexual Violence against Women in South Africa (Rachel Jewkes)

Over the last twelve months, the pervasiveness of rape in South Africa has been hotly debated. Findings of recent research were presented, that provided an overview of the epidemiology of rape and sexual coercion of women in South Africa.

The extent of the problem of rape and sexual coercion in South Africa is captured in the conceptual framework of "an iceberg of sexual coercion" (see Figure 1.): the most visible tip, rape reported to the police (including rape homicides) represents a small fraction of the problem. South African police crime statistics indicate 240 incidents of rape and attempted rape per 100 000 women each year, compared with 80 per 100 000 in the United States. However, The most common forms of sexual coercion seem to go unreported in surveys and to the police. These occur within marriages, dating relationships, families, or where sex is agreed to after blackmail, threats, trickery or persistent pleading. Rape and sexual coercion has often been said to occur on a continuum. The parts of the iceberg (Figure 1.) that become visible and more readily quantifiable are almost certainly a small proportion of the real problem.

Figure 1. THE ICEBERG OF SEXUAL COERCION



No single study has been so far able to describe the magnitude of these multiple forms of coercion but insights are provided through a multitude of qualitative studies, surveys and particularly research amongst adolescents. The difficulty in getting these actions recorded in surveys with adult women seems to suggest that most women have such low expectations of genuine sexual negotiation in relationships that being forced to have sex when men (husbands, boyfriends or often would-be lovers) want it, or provide it as a unit of exchange, is seen as “normal”. Representative community-based surveys have found that in the 17-48 age group, 2,070 such incidents per 100,000 women per year. The rape of girls has also been identified as a serious problem and the latest research suggests that the prevalence has doubled over the last decade. This is confirmed by the perceptions of prosecutors. However, while community-based surveys expose higher levels than police data, under-reporting is still a problem and survey data do not provide insight into non-consensual sex in marriage or dating relationships, unless very specific questions are included. Non-consensual sex in marriage and dating relationships is more common still and has not been systematically reported in surveys. Research amongst adolescents indicates that forced sexual initiation is reported by just under a third of respondents and coerced sex has been reported by up to 70% of teenage respondents.

In addition to marital and date rape, there is a large category of coerced sex which may be consensual, but where agreement is unwillingly given due to social expectations of sexual availability in marriage and dating relationships, or to threats, trickery or blackmail of women. Qualitative data best illustrate these coercive circumstances, which range from persistent begging such that compliance is the only way of getting rid of the man, to threats of loss of employment opportunities or school marks. Three percent of women in one survey had had at some stage to agree to sex in return for a job. This may be a substantial underestimate. A further layer of sexual coercion is where power is derived through very substantial age and economic differences; this includes the sexual exploitation of minors by “sugar daddies”.

The most important social force behind the problem of rape is the gender power inequalities in society, which include prevalent notions of male sexual entitlement and male rights to use rape and punishment. A culture of tolerance to sexual violence against women is reflected in and reinforced by the lack of seriousness with which the crime is treated by some members of the community, police and parts of the criminal justice system. Alcohol abuse, poverty, boredom and highly prevalent violence in communities and the legacy of apartheid in destroying communities were also identified as important contributing factors.

2.1.2 Sexual Violence in Bangladesh: Observations from a Field Study (M.E. Khan)

The extent, nature and frequency of violence against women in rural Bangladesh was explored in a multi-site study conducted among 199 randomly selected women from eight villages. Both qualitative and quantitative approaches were used to collect data: survey questionnaires, eight focus group discussions and 23 case studies. The study revealed a very high prevalence of VAW in Bangladesh. Seventy two percent of the women interviewed reported that they had been subject to violence by their husbands in the preceding 12 months. The most common, and frequently repeated, forms of violence reported by women were scolding (reported by 40% of women), slapping (44 %), severe beating (19 %) and forced sex (15 %).

Six factors appear to be especially significant in triggering husband's violence: a woman's failure to meet her husband's expectations in managing the household,

men's perception of women deviating from gender-based roles and responsibilities, men's dissatisfaction with their sexual relationship, dowry demands, poverty and the economic dependency of women on men. Women described the devastating impact of sexual violence within marriage upon their lives. Their lack of knowledge about sexuality prior to marriage placed them in a vulnerable and frightening position at the time of sexual initiation, which was experienced as violent by many women, and led to subsequent trauma and difficulty in their marital relationships. The health consequences of sexual violence in marriage include psychological problems, unwanted pregnancies and forced abortion. The study revealed higher numbers of unwanted pregnancies and infant deaths among women subjected to violence.

While ownership of real estate did not directly correlate with women's experiences of violence, women's possession of an independent bank account appeared an important indicator of women's economic independence, which in turn correlated with lower levels of physical and sexual violence within marriage. This suggests that one effective way of reducing marital violence among Bangladeshi women would be to promote their economic independence, which would help in alleviating gender inequality and increase the power of women within the family. However, while promoting women's economic status is an important step towards reducing violence against women, socio-economic and cultural factors that contribute to this violence need to be identified and eliminated. This demands broad social changes, particularly with regard to sexual socialization and normative constructions of gender.

2.1.3 Violence Against Women in the Marital Home: Results of a Household Survey in India (Nata Duvvury)

A household survey on violence against women in the marital home was conducted from 1997 to 1999 in seven Indian cities: Bhopal, Chennai, Delhi, Lucknow, Nagpur, Thiruvananthapuram, and Vellore. The sample size of the study was 9938 households across three socio-economic strata - rural, urban slum and urban non-slum. Participants in the study were women between the ages of 15 and 49 with at least one child.

The main findings of the survey were that violence against women in the marital home was pervasive across regions and socio-economic groups, with uniformly high prevalence of forced sex and violence during pregnancy. Most women interviewed experienced violent behaviors in multiple forms; 70% of women had experienced at least two forms of physical abuse and 50% had experienced all forms of abuse identified in the survey. Violence in the home frequently operated as a means of gender subordination and there was a high level of acceptability of violence against wives within families and communities. High rates of violence were reported among all groups of women. Rates of reported violence were lower for women when a woman or her husband had ten or more years of education, and higher among employed women than those not working for pay. Despite variations in the reporting of violence by strata or correlates, the character of violence experienced by women is uniform. For example, similar proportions of women in all three strata, including urban non-slum women, report experiencing violence in multiple forms, several times during their married life, and during pregnancy. The severity of violence experienced by women did not appear to diminish over time. Emphasis was placed on the importance of conducting research that identifies causal factors for violence, as well as characteristics of women and men that place them at greater risk of being a target or perpetrator of violence. It was also stressed that violence against women must be addressed through a transformation of gender power dynamics and a societal commitment to creating a culture where violence is unacceptable.

Ethical and safety issues related to studying domestic violence were discussed. A follow-up survey to this study revealed that less than 1% of women reported an incidence of violence as result of the survey, and in all cases where the survey appeared to have provoked violence, the women had divulged the subject matter of survey to their husbands. Procedures to standardize the collection and analysis of data across sites were also explained, proving a valuable example of rigorous methodology in this field.

2.1.4 Sexual Violence Against Women in the Pacific (Shamima Ali)

The Fiji Women's Crisis Centre was established in 1984 to offer support services to women survivors of domestic violence, sexual assault, sexual harassment and child sexual abuse. Activities of the crisis centre now include advocacy and lobbying at the policy level, involvement in law reform and a regional program of action on violence against women.

The first Pacific Regional Meeting on Women and Violence, held in 1992, formally acknowledged VAW forms of domestic violence, rape/sexual assault and child sexual abuse as serious problems in Pacific countries, including Fiji, Vanuatu, Papua New Guinea, Solomon Islands, Samoa, Cook Islands, Pohnapei and Tuvalu. This meeting also identified the lack of support for survivors from community services and government institutions such as the police, medical, judicial and social welfare institutions. It identified that community responses to women survivors tend to be negative and acknowledged that many survivors were subjected to further hostility if they publicly disclosed the abuse. This meeting resulted in the establishment of the Pacific Women's Network Against Violence Against Women which has continued to act as a support mechanism for women working on VAW in this region.

The second regional meeting in 1996, saw the emergence of intervention programs on VAW, sexual violence and violence against children, building on the commitment and passion to eliminate violence against women. This meeting promoted discussion of the cultural, religious and other institutional barriers to the elimination of VAW in the Pacific, and the need for research in this area. Each country attending formulated a four-year plan of action, including research. A decision was made to concentrate on domestic violence because women who were disclosing violence were more willing to speak out about partner abuse than sexual abuse.

However, an increasing number of women have been presenting with sexual assault, and professionals working in this area are confident that sexual violence remains severely underreported, particularly because most perpetrators of sexual violence against women who present are people known to them (usually relatives). There is considerable family pressure on women to conceal such violence in order to avoid shame.

Many Pacific men still believe that they have the right to unlimited sexual access to their partners and/or any woman. Societal attitudes continue to be informed by myths surrounding sexual assault, which are reflected in the harsh and unsympathetic attitudes to women by the police, medical and judicial authorities. Local attitudes towards female virginity, the stigma attached to women and sex, and the labeling of sexually active women as 'bad', all condemn women who experience sexual violence. For example, if an unmarried women in the Indian Fijian community is raped, her marriage prospects are severely compromised, and women publicly known to have been raped become more vulnerable as targets for forced sex.

Cultural heritage or “kastom” is often provided as an excuse for men’s violence against women. In Papua New Guinea, Vanuatu, the Solomon Islands and Fiji, forms of symbolic or economic compensation are often offered by a rapist for forgiveness by a women’s family. In the contemporary context, the effect of such an exchange is to excuse the perpetrator(s) and allow them to avoid prosecution. This contrasts with older traditions in most Pacific countries, when rape was punished by death or public flogging, and compensation occurred only as a secondary consideration to bring about peace between the two sides involved in the crime once the perpetrator had been appropriately punished.

2.2 PLENARY B: FOCUS ON RESEARCH AND INTERVENTION

This plenary, chaired by Rashidah Abdullah, concentrated on research and interventions in sexual violence against women. This plenary covered a number of issues critical in the task of formulating a research agenda on sexual violence against women. These included a discussion of methods and ethics in this field of research, the formulation of operational definitions of various forms of violence against women and how these definitions inform research agendas, the identification of the potential roles of the state and community in interventions for violence against women, and a discussion of the roles of international organizations in promoting and evaluating interventions at local and regional levels. The key points of the presentations are summarized below.

2.2.1 Methods and Ethics in Researching Violence Against Women (Claudia Garcia-Moreno)

Claudia Garcia-Moreno provided an in-depth discussion of appropriate design and use of methodology, and a detailed description of how ethical guidelines can be applied in the study of violence against women. The current WHO Multi-country Study on Women's Health and Domestic Violence Against Women was described as a concrete example of methodological and ethical issues in research on VAW. The participating countries in this study are Bangladesh, Brazil, Japan, Namibia, Peru, Tanzania, Thailand, and Samoa (the latter funded by UNFPA).

The methodological discussion focused on the details and logic of the study design, and included an overview of the study objectives and how these were to be met. Various measures of prevalence and the consequences of violence for women were measured. The study also analyses risk and protective factors and, women's resilience and responses to violence. The major contributions of the study, in addition to the goal of building local research capacity and fostering collaboration, include: the development of a methodology for measuring violence against women cross-culturally; the development of a reliable pool of data to begin calculating the impact or burden of violence on women's health; the identification of key areas for possible interventions; increasing awareness of VAW both nationally and locally; and strengthening of local research capacity and of collaboration amongst researchers and NGOs.

The discussion of ethics emphasized the imperative of putting women's safety first. Dr Garcia-Moreno briefly described the key points in the WHO Ethical and Safety Recommendations for Research on Domestic Violence Against Women (WHO/EIP/GPE/99.2). The recommendations focus on the need to make the safety of respondents and the research team paramount and a key element in all project decisions. Studies should be designed and implemented to be methodologically sound, minimize under-reporting, and protect confidentiality to ensure both women's safety and data quality. Great care is necessary in the selection of research team

members and specialized training and on-going support should be provided to them. The study design must include actions aimed at reducing any possible distress caused to the participants by the research, and fieldworkers should be trained to refer women to available sources of support - where few exist the study may need to create short-term support sources. Moreover, researchers and donors have an ethical obligation to help ensure their findings are properly interpreted and used.

Specific steps to protect the safety of research teams and respondents include conducting interviews in a private setting, and if necessary relocating interviews. Initially, the study should be described broadly, for example, as a study on women's health and family relations or life experiences, to enable the respondent to explain the survey to others safely. More detailed information should be provided once researchers are alone with respondents as part of the consent procedure. Protecting women's safety can also be ensured by interviewing only one woman per household, and training interviewers to terminate or change the subject of discussion in case of interruption. Logistics planning should also include consideration of respondents' and interviewers' safety. Specific measures need to be taken to protect confidentiality in the research process. In addition, it is important that interviewers minimize women's distress, and take practical steps to refer women to local services where this is needed. On-going support and debriefing of interviewers was also acknowledged as important.

The final stages of a research cycle were described, which involved the presentation of research findings and follow-up processes. Study findings should be presented to the study community and disseminated to the media in a responsible way. These processes are integral to a proactive approach to research that ensures the appropriate interpretation of results and involves the community and services groups at various stages throughout the research. The importance of feeding research findings into advocacy, policy and interventions was also emphasized.

2.2.2 Sexual Violence in Marriage: An Unexplored Issue (Purna Sen)

Dr Sen challenged the notion of consensual sex within marriage, arguing that upon marriage, women are too frequently subject to the assumption that they have forever consented to sexual relations with their husband. This assumption is supported by social and cultural practices, state policies and legal frameworks, which tend to confer upon men the 'right' of sexual access and control over their wives. If wives are raped or made to engage in other forms of sexual behaviour against their will, this may be perceived as being part of their wifely duties. If sexual abuse occurs, women have great difficulty in speaking about it, as they try to do so in a context of silence on this form of violence. This significantly denies women's rights to bodily integrity and sexual autonomy and is a problem which unknown numbers of women suffer, too often in silence.

There is very little information from most countries on non-consensual sex in marriage. Dr Sen discussed the development of the definition of "non-consensual sex in marriage", and the significance of this term in both political and research contexts (see Box 1.).

Box 1. Definition of Non-consensual Sex in Marriage

**Purna Sen
NCSM CHANGE UK**

Non-Consensual Sex in Marriage refers to when: 'A woman is subjected to Non-Consensual Sex in Marriage by her husband if she is involved in sexual activity either without her consent or where her consent is obtained under coercive conditions' (CHANGE 1999).

Sexual activity is considered to include, but is not limited to: penile vaginal penetration, other forms of penile penetration (such as of the anus or mouth), penetration of the vagina, anus or mouth by other parts of the body (such as fingers or hands), penetration of the vagina or anus by any other instruments or objects and non-penetrative acts such as masturbation, sexual touching and viewing of pornography.

The **consent** of the woman concerned is directly contradicted by the existence of any of the following: the perpetrator's use of force, coercion, threats or intimidation; the victim's verbal or physical expressions of unwillingness to participate, such as attempts to leave, physical struggle, attempts to minimize or avoid contact or crying; the victim being unable to give or withhold consent due, for example, to intoxication, actual or threatened physical abuse; the victim's assessment that she had no option but to acquiesce to the activity. Centrally important is the fact that consent cannot be assumed - neither at the time of marriage (forever thereafter) nor for a given sexual activity: it must be actively sought and given for each encounter. This is essential for women to gain control of their sexual behavior and realize their bodily integrity and sexual autonomy.

If women are not enabled and socially permitted to deny consent with respect to sexual relations then their consent becomes irrelevant. In such a climate women are denied permission to become sexual agents - that is, women are restrained from sexual autonomy and their ability to enjoy or not to enjoy sexual relations is severely compromised.

Rape in marriage falls within our conceptualization of non-consensual sex in marriage and will be significant in the work of the NCSM Programme. It is not criminalized in most countries although there is lobbying and agitation in many to change this situation. In addition to rape in marriage women are subjected to many other forms of non-consensual sex in marriage such as anal intercourse, oral sex and forced masturbation and the term non-consensual sex in marriage has been carefully chosen to encompass this range of sexual abuse.

This definition is from: <http://www.ncsm.net/ncsm-briefing/definitions.html>

This presentation demonstrated the need for knowledge about what women do when subject to sexual abuse from their husbands, whether and to whom they speak, and the impact of this violence on their lives - sexually, physically, psychologically and emotionally. The question of the options available to women, was also raised, when there is so little public legitimization of their right to be free from such abuse.

The CHANGE Programme on Non-Consensual Sex in Marriage aims to make known and challenge world-wide reluctance to acknowledge women's right to bodily integrity in marriage. It also hopes to support, inform and facilitate actions to increase women's ability to achieve greater self-determination in the control over their bodies within marriage. Specifically, the programme is engaged in collecting information on legal frameworks, policy initiatives, cultural contexts of violence and relevant research data; gathering women's testimonies of sexual violence and seeking help or

resolving the abuse; gathering information on strategies used by local, national and international organizations to raise this issue and win legal, policy or other social change; raising the issue of non-consensual sex in marriage through advocacy and lobbying in relevant arenas; supporting local and national networks which work on this issue; and in the longer term, ensuring the wide dissemination of the findings of the research.

2.2.3 Appreciating the Different Roles of Community and State Based Responses to the Elimination of Violence Against Lesbians (Nicole Asquith)

Whilst violence against lesbians is traditionally considered in terms of homophobic violence, a critical analysis of the similarities and differences in a variety of hate crimes in Australia indicates that such violence matches closely that of violence against all women. Although there are critical differences in experiences between lesbians and other women, the characteristics of violence, its perpetration and its perpetrators are substantially the same. Rather than reducing violence against lesbians to either gender or sexuality factors, a combination of both is essential in understanding this particular form of sexual violence. In employing such a tactic, similarities in the types of violence against women can be used strategically in order to act on the common ground, whilst allowing the unique experiences of lesbians to highlight the sometimes blurred edges between sexual violence, sexual harassment and heterosexism. These unique experiences were presented not as a challenge to the agenda on sexual violence against women, but rather as stories from the margin that offer alternative strategies to the project of the elimination of sexual violence against women.

The work of two community-based projects - *Homophobia. What are Ya Scared?* and *Mary's Place Project* were presented to illustrate that when the State will not intervene, or when government intervention is ineffective, the actions of community groups can set political, legal and moral agendas. Rather than expending all political energy on confrontationist encounters with the State, community action can build coalitions between disparate groups to change how individuals and communities engage with violence and work towards altering violent practices. These two intervention campaigns were widely supported because they were initiated and directed from the communities affected. The campaigns sought to find commonalities in experiences of violence in order to eliminate all forms of violence. This paper had, at its core, the same aim. In any discussion of sexual violence against women, the experiences of lesbians cannot be ignored because of arguments about their marginality or because their experiences are not categorised by the State as violence against women. Violence against lesbians must be included in our considerations as a component of violence against women as well as an expression of homophobia.

2.2.4 Monitoring and Evaluating Interventions: The IPPF Experience (Naana Otoo-Oyortey)

Although sexual and reproductive health care providers can play a strategic role in meeting the needs of women who have experienced sexual violence, most providers lack the competence and skills and feel uncomfortable in approaching the subject. Furthermore, where training programs, tools, protocols and guidelines have been developed, monitoring and evaluation is inadequately done.

The International Planned Parenthood Federation's Western Hemisphere Regional Office (IPPF/WHR) has taken measures to address gender-based violence as part of its policy of providing quality of care from a gender perspective. The initiative began

in 1999 in three Family Planning Associations (FPAs) in the Dominican Republic, Peru and Venezuela. However, PLAFAM, the Venezuela's FPA had started a pilot project to provide services including counselling for victims who had experienced gender violence in 1998. The key objectives of the project are to improve institutional capacity of affiliates; to bring about cultural change and awareness of the problem; to increase legal protection in the form of improving policies and implementation of legislation and increasing knowledge on how to access the law; and to disseminate lessons learnt on effective interventions, tools and protocols.

Monitoring and evaluation is a vital component of the IPPF/WHR intervention, because it allows for the development of common tools, protocols and guidelines and helps the FPAs to compare experiences. It is also a more systematic method of testing new approaches and ways for supporting women who have experienced violence. Since this project is fairly recent and a highly challenging initiative for the participating FPAs, the monitoring and evaluation tools have formed the backbone of the work. Examples of the instruments and tools adapted and developed include a screening tool with four direct questions on psychological and emotional violence, physical violence, sexual violence and sexual violence in childhood. The form also provides an opportunity for the staff to assess the safety of clients. Since the introduction of this method of screening clients, the Venezuelan FPA found an increase of 44% in the number of clients reporting one or more forms of gender violence. Staff members felt that the tool offers as much security for the clients as it does for the staff and provides credibility and confidence for patients.

Other tools developed for institutional diagnosis included a management checklist, random record reviews, gender-based violence stamp, observation guides for clinics and self- assessment questionnaire for assessing institutional barriers and the development of operational definitions of key indicators. Knowledge, Attitudes and Practice (KAP) surveys were developed to assess providers' attitudes on gender violence and to identify training needs and support.

Guides for in-depth interviews/exit interviews and case studies are the additional tools for assessing the level of satisfaction of clients with services received. A set of criteria for assessing success of the intervention has also been developed. Monitoring and evaluation of IEC materials and advocacy activities within this project has been primarily through focus group discussions based on a series of indicators. A number of challenges faced by the project, related to overcoming institutional barriers, restructuring services, and the accurate recording of data through restructuring information systems and new client forms.

3 TOWARDS A GLOBAL RESEARCH AGENDA ON SVAW: SUMMARY OF WORKSHOP OUTCOMES

Five sessions during the period of the consultation were dedicated to small working group discussions on key themes concerned with sexual violence against women. Each working group presented a summary of the key points of their discussion and identified three priority areas for a research agenda on sexual violence against women. The summaries below provide an overview of the discussion and debates involved in identifying key issues and considerations.

3.1 PERSONAL, SOCIETAL AND FAMILY COSTS OF SVAW (Pramilla Senanayake (facilitator), Ilmi Idrus, Hyun Lee, Shamima Ali, Nohemi Ortega, Thomas Nchinda)

The members of this working group focused on the personal, family and societal costs of sexual violence against women and recovery from sexual violence. This group concentrated on mapping out the varied costs of SVAW in terms of immediate, mid-term and long-term effects, and at the three separate, yet overlapping levels, levels of the individual, family and society.

Priority areas for a research agenda, focusing on the costs of SVAW at the personal level included:

- the emotional and physical effects on health
- women's need for legal aid
- the effects of violence on women's employment and financial situation
- women's needs for health care services (including for HIV/STDs), and
- the cost of re-victimization to women.

At the societal level, the group identified the following priority areas:

- the cost of SVAW in terms of community health services, hospitals, and private health care
- the impact on the criminal justice system
- the effects in terms of reduced productivity in employment and/or development
- the social impact of increased HIV/STD transmission
- reduced access to education resulting in a less educated population due to the lack of opportunity and autonomy experienced by women who are the targets of sexual violence
- the social impact of unwanted pregnancies due to forced sex; and
- the cost of necessary training of community workers who must respond to the problem of SVAW such as police and health workers.

Priority areas for the impact of SVAW on the family were:

- the effects on children of witnessing and experiencing violence
- the problem of inter-generational transmission of violence within the family
- the short and long term impact of SVAW on family cohesion and stability, and
- the reduction in family earning capacity and budget due to SVAW.

Plenary discussion of this group's presentation drew attention to the use of the term "costs" to describe the impact of SVAW. A number of participants raised the issue of this term being narrowly interpreted to focus only the financial costs of SVAW. The term was used, however, to refer to the broad social, economic and personal

repercussions on individuals, families and societies as a result of sexual violence against women. At the same time, it was noted that evaluating the financial costs (direct and indirect) of SVAW was a valid project in terms of capturing the interest and support of key groups such as government bodies, international donors and employers.

The group also made several suggestions regarding the evaluation of existing research. Firstly, it felt that it would be invaluable to establish a database documenting existing studies, including studies in languages other than English, with evaluations of those studies and interventions where possible. Secondly, the merits of "standardized" data collection methods and terminology was also discussed, although there was some concern over the feasibility of this task. Finally, the group highlighted the need to establish the prevalence of VAW in understudied areas using both qualitative and quantitative methods.

3.2 INTERVENTIONS AND EVALUATION OF INTERVENTIONS FOR SVAW

(Jill Astbury (facilitator), Sophie Kavoukis, Naana Otoo-Oyortey, Jan Hammill, Deborah Meacham, Ana Paula Portella, Wang Yan)

This working group was concerned primarily with interventions and evaluations of interventions to address sexual violence against women, and as part of its activities, mapped out key locations of current interventions addressing violence against women and subsequently noting whether these evaluations have been adequately evaluated (see table below).

EXISTING INTERVENTIONS	EVALUATION OF INTERVENTIONS
1. Counselling	USA, other developed countries (biased uneven and lack of funding)
2. Strengthening strategies	} Marginal and unclear } Need for evaluation of legal services/interventions for SVAW recognized in Australia, research agenda being developed
3. Sensitizing health services / professionals to gender and SVAW	
4. Training police / law enforcers	
5. Shelters / support	
6. Community awareness / consciousness-raising	
7. Education	} Evaluations have tended to focus on numbers only - real and long-term impact have not been adequately evaluated; response to calls for action is high
8. Lobbying	
9. Sensitizing legal services to gender and SVAW	
10. Health services	Several evaluations noted in Latin America / Carib in quality of care, also occurring in Australia in hospitals, community health services and general practices; often not specifically in terms of SVAW
11. Policy changes	ICPD evaluation in Latin America / Carib

The group concluded that there was currently a lack of evaluation of interventions in all countries represented in the group. This group also noted the lack of basic data on the prevalence of SVAW and qualitative data on women's experiences of violence, the causes of violence, and the impact of violence in many countries. The group also commented that interventions addressing SVAW tend to concentrate heavily on health and particularly counselling. Another issue discussed was the lack of access to and description of evaluations of interventions for male perpetrators of SVAW. The group acknowledged the need to promote interventions in resource poor settings and

to focus on capacity building. It addressed the limited access to evaluations of interventions and the possibility of evaluations being biased due to funding dependency. It also discussed the value of extended networking to facilitate the exchange of information on interventions in the field of SVAW.

The first priority for a research agenda on SVAW, was that it be developed from a rights perspective. The group asserted that research and action must be based on the perspective of sexual and reproductive rights as human rights, including the right to love without violence. Developing a research agenda from a rights perspective would involve researching how women exercise their rights; what laws exist nationally and internationally in relation to women's rights; what mechanisms exist to uphold and protect women's rights; how women use these mechanisms; and where the gaps are.

The second priority developed by the group was the need for Participatory Action Research. This approach to planning and implementing research necessarily involves an articulation between research and intervention, in order to develop a research agenda from within the community. That is, the community should play an integral role in deciding what research should be undertaken and how, and then in the design of interventions.

The final priority identified was to develop models for the evaluation of interventions. The group noted the importance of developing models for evaluation of different interventions (shelters, training / consciousness-raising, lobbying actions, etc) in the context in which they occur. Developing such models would ideally involve developing indicators for evaluation with which "best practice" models for such interventions could also be produced. The group also noted the importance of cultural appropriateness in designing, implementing and evaluating interventions.

Additional input from other participants in the discussion included: asking to what extent do interventions and evaluations look at gender inequality; a discussion of the importance of using the word gender in different contexts; the need for interventions and evaluations that do more than raise awareness, and the need to respond to evaluations to strengthen interventions.

3.3 POLICY DEVELOPMENT AND LEGAL REFORM ADDRESSING SVAW (Rachel Jewkes (facilitator), Nicole Asquith, Alison Duxbury, Mmaskepe Sejoe, Lenore Manderson)

Discussion focused on policy development and legal reform with regard to sexual violence against women, and reflected the concern that health initiatives in violence against women were supported by and complemented reforms in other areas, particularly in relation to policy and law. The key message conveyed by this group in their presentation was that *gender must be on the agenda*, that gender should be central to the design, goals and implementation of policy, law, research and interventions. This group also asserted the importance of policy in this area being "home grown", that is, it must take into account the social and cultural context of communities. The group also felt that the values of international law must be retained in the formulation of local policy and laws. It identified the need to address the fact that gender inequality has been consistently ignored from UN policy through to local levels.

This group noted the comprehensiveness of the policy environment influencing VAW and the need for a multi-sectoral approach to eliminating VAW. By mapping out the

constitution of modern Nation states, group three identified the numerous government sectors that can and should play a role in addressing VAW. These might include Health and Welfare, Education, Legal, Law enforcement/Police, Prisons, Immigration, Employment, Defense/Military, Housing, Foreign Affairs/Trade, Finance, Rural Development, and Industry. The group noted that the varied experiences of different countries in the areas of law and policy need to be shared in a genuine north/south dialogue. It also emphasized that policy needs to be underpinned by research, formulation and evaluation.

The group discussed the ways in which law and policy impact upon SVAW at both national and international levels. Issues specific to the legal system at a national level included:

- impediments to women giving evidence in court
- the inadequate penalties for SVAW and the lack of law enforcement against perpetrators
- contested definitions of rape and sexual assault
- abuse of women who have experienced sexual violence by police including police re-abuse and police persuasion, and coercion not to complain.

Poor access to justice for SVAW and a lack of resources for police and criminal proceedings were identified as problems. In resource-poor settings, ordinary community members have the onus to collect evidence of SVAW to increase the success of prosecution and to reduce the risk to women due to the lack of trained professionals. The usefulness of protection orders was also raised in discussion.

The three priorities for research identified by group three were:

- a review of international instruments (such as the Convention on the Rights of the Child and the Convention on the Elimination of All forms of Discrimination against Women) and national laws on SVAW, and an analysis of the values underpinning them
- the development of case studies of “success” in changing laws and successful implementation of laws, and
- the study of policy implementation in health sector, with a focus on strategies, resource allocation, coverage of services and the general recognition of SVAW by the health sector.

3.4 THEORETICAL FRAMEWORKS AND THE ETIOLOGY OF SVAW (Rashidah Abdullah (facilitator), Angelica Braun, Kate Gilmore, Andrew Kitua, Prescilla Tulipat, Lakshmi Ramachandran)

Group four focused on developing theoretical frameworks and paradigms for understanding and researching SVAW, including the etiology of sexual violence. Table 1. below illustrates the group’s effort to theorize etiology in terms of the power relations that perpetuate or constrain violence, as well as approaches to eliminating violence. In this table, the first column acknowledges that violence against women is fundamentally underpinned by unequal power dynamics and that SVAW is perpetuated by the imbalance and abuse of different forms of power, including social and cultural power, institutional power and economic power. The core issues identified in the second column refer to the ways in which different systems of power either promote or perpetuate SVAW, or alternatively inhibit or prevent SVAW.

The third column “approaches” refers to the range of responses to the problem of SVAW and approaches to researching SVAW. In this column, participatory/engaging responses refer to women themselves being involved at the outset of research in

defining the parameters. Ownership/entitlement refers to a focus on women's entitlement or right to be free from sexual violence, which must be recognised by all women, and must be central to the research process. Resistance refers to the initiatives women take to avoid or overcome sexual violence. This acknowledges that many women do resist SV creatively and effectively and not all are "victims", or powerless in the face of such violence. Finally, accommodation describes women's response to SV when they consciously decide not to resist as a strategy, which occurs particularly in marriage. The group also asserted that accommodation need not be constructed as less of an initiative than resistance, when it is strategic, and produces the outcomes a woman wants.

Table 1. Framework for Understanding and Researching SVAW

<u>Etiology</u>	<u>The Issue</u>	<u>Approaches</u>
Social and Cultural (Power)	Violence: -promoters -inhibitors	Participatory Engaging ↓
Institutional (Power)		Ownership (Entitlement) ↓
Economical (Power)		Resistance ↓ Accommodation

In their presentation, the group identified that theoretical frameworks are needed on:

- **“Women” as a category of research.** This necessitates recognising and affirming the commonalities among women whilst also valuing and celebrating our diversity. We need to theorize the women's differences, including differences in life cycle, age, sexual orientation, race and ethnicity, socioeconomic class, religion, dis/ability, and whether women are urban/rural or isolated.
- **Sexuality** should be theorized in ways that recognise that the expression and exploration of her sexuality is women's right. Sexual rights belong to all women and include not only the “negative” rights such as to sexual experience free from violence and coercion, but also “positive” rights such as the right to sexual pleasure, sexual expression and to intimate love.
- Recognising women as **sites of knowledge for research** assumes that women are willing and want to speak about their experiences, that their voices are the key source of knowledge. It also requires the recognition that women will work towards change, that women do survive SV – and that we can learn from their experiences. We also need to understand that women do live as other than “victim”, some women are agents in violent situations and we can also learn from this.
- The group asserted the need to develop comprehensive definitions of **what constitutes SVAW**. Clearer definitions can assist comparative research and the exchange of knowledge. In formulating these definitions we need to consider the varied elements of sexual violence including: concepts of consent [free and willing agreement], concepts of marital/sexual needs and rights of men and women, the relationship between the victim and the perpetrator, the settings in which SVAW is

perpetrated [public and private spheres], and the continuum of SVAW - from harassment to homicide.

- **Gender power relations** should be theorized to reflect: that SVAW is about power over women, not simply sex; that SVAW is a product of, and reinforcement for, unequal power between men and women; and that SVAW underlines and is a consequence of women's limited access to social, economic and political power.
- The **causes of violence** must be theorized to show that the underlying cause of SVAW is unequal power between men and women based in an interrelated set of social - cultural, religious, institutional and economic factors. Within each of these factors there are beliefs, practices, traditions and policies which either encourage or inhibit SVAW.
- Theorizing the **prevention and elimination of violence** against women must involve the recognition that SVAW is a violation of women's fundamental human rights that can and must be eradicated. It requires an understanding of how to change the dynamics of gender based power. It also requires the recognition that elimination of SVAW is essential for improving the health and wellbeing of all women and that international, regional and national coordination and collaboration is required to successfully eliminate SVAW. Finally, theorizing the prevention and elimination of SVAW necessitates our acceptance that elimination of SVAW requires fundamental changes in gender norms and social mores. Therefore, it is a long-term project.

The group also identified key assumptions that they felt should underpin any theoretical framework and research agenda on SVAW. These overlapped with the priorities and ground rules identified by a number of other working groups. The clarity and comprehensiveness of these assumptions made them an outstanding contribution to the consultation, provoking in-depth discussion, and the potential foundation for drafting a mandate for a future Initiative on Violence Against Women.

The key assumptions developed by this group can be summarized as follows:

- Sexual violence is a violation of women's fundamental human rights, and can and should be eliminated
- Research should be an important tool in preventing and eliminating violence against women
- The goal of all research into sexual violence must be positive change for women and promotion of gender equality
- To successfully eliminate VAW we need international, regional, national and local co-ordination and collaboration
- The elimination of SVAW is essential for improving the wellbeing and health of all women
- Sexual violence against women reinforces the inequity in women's social, economic and political status and power
- Understanding the dynamics of how to change gender power relations is essential to preventing and eliminating sexual violence against women
- Women are willing and want to articulate their experiences of SV and work towards positive change
- Research must include positive approaches (rather than victimization) that recognise women's strengths, agency and strategies for resistance and survival

- Research should not “medicalize” sexual violence against women but should be situated in a broad socio/cultural framework consistent with human rights.
- Research terminology and language therefore should be sociocultural and not medical, e.g. using alternatives to “treatment” and “recovery” such as healing, survival, empowerment, and engagement (not intervention).
- Research should be:
 - collaborative, meaning that it must be conducted and designed in co-operation with local community based NGO’s that are committed to women’s rights as human rights
 - action oriented, not an end in itself but should bring about change consistent with the prevention and elimination of SVAW; and
 - engaging and involving of the community that is being researched.
- Research must give voice to women’s own lived experience. This must involve:
 - taking into account language and cultural sensitivity
 - recognising the power of language in shaping knowledge; and
 - involving women as active participants in defining concepts, meaning, terminologies of sexual violence against women.
- It is important to recognise and affirm commonalities between women, but also to value and celebrate diversity including our differences: across the life cycle, in age, in sexual preference, in race and ethnicity, socioeconomic class, religion, ability and/or disability, and whether women are urban, rural or remote.
- “Sexual rights” are not only freedom from violence and coercion but also the right to pleasure and sexual expression and to love.

The three research priorities identified by this group were:

- comparative community-based (cultural) studies on sexual violence, e.g. rape in the context of consent/willingness
- evaluation of the effectiveness of interventions targeted at changing SVAW, and
- women’s survival mechanisms, in particular identifying first sites of response and strengthening women’s capacity to seek support.

3.5 METHODS AND ETHICAL ISSUES IN RESEARCH ON SVAW (Claudia Garcia-Moreno (facilitator), M.E. Khan, Nata Duvvury, Amal El Hadi, Purna Sen)

Group five focused on issues of methodology and ethics in researching sexual violence against women. The group identified core ethical issues involved in conducting research which included: safety of participants, confidentiality, training of researchers and interviewers, referral of women who require assistance, informed consent of study participants, not causing harm in the research process, not putting women / interviewers at risk in the research process, responsibility for proper interpretation of research data, ensuring individuals/communities are not further stigmatised by research, the question of buy in, and the imperative of identifying appropriate channels to feed back information if a strong women’s movement is absent from the research community.

The group also reviewed the current WHO Ethical and Safety Guidelines for research on violence against women and agreed upon the suitability of these guidelines in the context of setting a research agenda on sexual violence against women. A copy of the ethical guidelines is available from WHO.⁶ A draft manual on methods for

⁶ Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence WHO/EIP/GPE/99.2, WHO, Geneva, 1999.

researching sexual violence against women, prepared by the Center for Health and Gender Equity, was also distributed to interested participants to review prior to publication.⁷ This group drew attention to the need to translate this, and similar manuals, into languages other than English, and to distribute such materials widely.

A key issue arising from the group discussion included the need to promote both qualitative and quantitative studies. It noted the value of quantitative methodologies in providing reliable estimates of prevalence and the necessity of qualitative research to understand the meaning and context of violence. The group noted that multi-site and cross-cultural studies necessitated special consideration in relation to developing appropriate terminology and definitions, and stressed the value of a mix of methods in these types of studies. The group further noted that cross-sectional studies have limitations as they fail to indicate causality, which is not a fault of cross-sectional studies per se but of their misinterpretation. The group warned against the tendency to extract theories of causality from such studies without real basis. The group felt that a continued discussion of methodological issues in this field of study could be pursued through a list-serve and through the meetings of existing networks such as the International Network of Researchers on VAW – INRVAW.

In setting priorities for a research agenda, this group asserted that research teams should include women's NGO's whenever possible and that capacity building for NGO's in research skills should be a priority. Promoting gender sensitivity among researchers was also a priority. The practice of adding violence studies or sets of questions on violence onto existing surveys was also discussed. The group noted the difficulty of defining sets of questions to complement existing surveys and the problem of ensuring ethical and safety standards are met within the framework of studies which have not been specifically designed to address violence.

Group five developed a number of 'ground rules' to be applied in the setting of a research agenda and the development of a formal Initiative on Sexual Violence Against Women. These include:

- Avoiding duplication of existing research
- Utilising existing research capacity and avoiding the replication of institutional functions
- A research agenda should be weighted towards resource-poor countries, and board or committee membership should not be dominated by researchers from industrialized nations
- Research should be cross-sectoral, involving NGO's, researchers, policy makers, and should be multi-disciplinary
- A steering committee for a research agenda or formal initiative should be made up of people experienced in the field
- Partners in an initiative should include the eradication of SVAW in their organizational goals.

⁷ Ellsberg M, Heise L and Schrader E. (Draft document). Researching Violence Against Women. A Practical Guide for Researchers and Advocates, Center for Health and Gender Equity and the World Health Organization.

4 CONSULTATION OUTCOMES AND PROGRESS TOWARDS A FORMAL INITIATIVE

4.1 Towards a formal initiative

One of the purposes of the consultation was to explore the merit of developing a formal Initiative on Sexual Violence Against Women. The definition of an "initiative" that was used to guide discussion was that used by the Global Forum (as provided by Thomas Nchinda):

An initiative aims at involving multiple partners in concerted efforts to help find solutions to intractable health problems through research. By definition these problems are of such magnitude and complexity that no one institution can solve them alone. The driving force behind the creation of initiatives is the need for concerted action by many agencies and partners to generate the evidence base to tackle the problem and to mobilise funds for the activities.

In keeping with this definition, we envisaged that the initiative would focus on the development of an evidence-based public health response to Sexual Violence Against Women, and to chart the way to identify risk factors, carry out surveillance and propose intervention strategies and methods.

Participants were asked to consider the following questions in discussing the need and potential for a formal Initiative on Sexual Violence Against Women:

1. What were the underlying issues that might be addressed by an Initiative? How would an Initiative contribute to addressing the problem of violence against women? Would an initiative be viable?
2. What kinds of strategies and activities might be put in place to reach the objectives and a timeline for these activities? Is it possible to map out the exact research activities envisaged and indicate who will carry these out and where?
3. Who would be the main partners of the initiative? Who might contribute financially to the Initiative.
4. Organization, decision-making process, and staffing for the Initiative Secretariat.
5. Indicators to measure the progress of the Initiative should be outlined.
6. If time allowed, participants were also asked to address budget issues.

It was not possible to reach conclusive answers to all of these questions at this first consultation. However, the progress made during the final plenary indicated general agreement to the initiative, to its value as a mechanism to increase attention to Sexual Violence against Women as a serious health problem, and its utility in encouraging collaboration among multilateral agencies, NGOs, governments and researchers. Participants in the consultation agreed that this consultation had opened the gate to allow further activities to take place, and drew attention to the need to continue consultations to explore the scope and focus of an initiative, including a number of subjects outside of the agenda of this consultation. Discussion of the general and specific objectives of an Initiative was initiated at the consultation and continues to be debated among participants via the list server.

4.2 Short term goals

In practical terms, consultation participants agreed on the following:

- Appropriate partners needed to be identified in the different regions. These should include experts and activists in the area of violence against women.
- Further consideration needs to be given to: identifying specific activities, and research priorities for an initiative, as well as to the location of a secretariat to an Initiative
- Further work needed to be undertaken in terms of resources - financial, structural and human – to clarify the potential costs of an initiative according to different locations.
- A number of activities could be initiated prior to the funding and establishment of a formal initiative. These might include forming networks, the consolidation of databases and the distribution information using existing resources.
- It was suggested that a list serve be initiated (by WHO) to encourage discussions regarding the focus of an Initiative and mechanisms through which it would operate. The next INRAW meeting to be held in South Africa could focus on research methods for the study of sexual violence against women.
- Bibliographic material collated for the purpose of the consultation should be supplemented by gray literature, to the extent practical, and the bibliography should be made available widely.
- The break-out session at the International Conference for Health Research and Development (Bangkok, October 2000) on Violence Against Women should be organized to maximize interest in VAW research, particularly on sexual violence.
- Additional meetings on more specific topics need to be held. Such topics might include: Forced Sex among Men, HIV/AIDS and Sexual Violence, Interventions and Evaluations, and Research Methods for the study of Sexual Violence.

4.3 Developing research capacity in poor countries

Consultation participants commented on the predominance of research in industrialized countries, the need to expand our information base to include poorer countries, and the importance of expanding the information base to build up evidence of the prevalence of sexual violence and to document interventions. In this context, participants drew attention to the need to:

- Promote and co-ordinate local and regional initiatives
- Build capacity and strengthen local institutions, and
- Establish a small grants research program to encourage relevant research and develop local research capacity.

In elaborating on a research agenda and defining the kinds of activities that might be undertaken by an Initiative secretariat, the following areas were identified:

- Promote evaluation of health interventions
- Document interventions - use existing process documents, especially NGO work
- Document existing best practice models
- Pilot interventions identified and or developed
- Disseminate information, guidelines and manuals
- Expand networks

Prior to the Bangkok meeting, an interim steering committee was established, charged with the task of developing a mission/mandate for an Initiative. The members of the Interim Steering Committee are as follows:

Claudia Garcia-Moreno, chair (WHO, Geneva)
Lenore Manderson, deputy chair (University of Melbourne, Melbourne)
Rashidah Abdullah (ARROW, Kuala Lumpur)
Jill Astbury (University of Melbourne, Melbourne)
Lori Heise (still to be confirmed)
Rachel Jewkes (Medical Research Council, Pretoria)
M.E. Khan (Population Council, Dhaka)
Naana Otoo-Oyortey (IPPF, London)
Purna Sen (Change, London)
Pramilla Senanayake (IPPF, London)
Representative of Latin America and Caribbean Women's Network
Thomas Nchinda (Global Forum, Geneva)