Sexual Violence Research Agenda

To strengthen our understanding of rape and sexual violence, and ultimately prevent it, we need to ensure that the research undertaken is both priority driven and carried out in such a way that it provides a sound practical and empirical basis for interventions/programmes, policy and advocacy on sexual violence. To drive this process forward, the Sexual Violence Research Initiative (SVRI) has facilitated the development of a broad research agenda for sexual violence.

What is sexual violence?

Sexual violence is defined as:

"any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the survivors/ victims, in any setting, including but not limited to home and work." [1]

Sexual violence can take place in different circumstances and settings. These include coerced sex in marriage and dating relationships, rape by strangers, systematic rape during armed conflict, sexual harassment, sexual abuse of children, sexual abuse of people with mental and physical disabilities, lesbian, gay, bi-sexual and transgender (LGBT) populations, forced prostitution and sexual trafficking, child marriage, denial of the right to use contraception, forced abortion and violent acts against the sexual integrity of women, including female genital cutting and obligatory inspections for virginity.

Developing a research agenda

Developing a research agenda is a complex process. Many forces influence what can be defined as a research priority, and research needs will differ from country to country and even within countries. It is therefore not useful to try and provide a detailed list of research aims and objectives, but rather to provide an indication of where major gaps lie. This document identifies 6 priority areas for research, within which broad research themes are outlined.

Priority has been given to research that will:
• facilitate response to and prevention of sexual violence;
• address issues that particularly impact lower and middle income countries;
• provide a sound practical and empirical foundation for interventions, policy and advocacy programmes within countries, and at regional and global levels.

The agenda was informed by published literature on sexual violence; a series of SVRI facilitated international expert meetings and discussions, as well as recommendations arising from the World Report on Violence and Health [2].

Why develop a research agenda?

The aim of the sexual violence research agenda is to focus attention on and funnel limited resources to redress knowledge gaps. The research agenda serves to:

- assist researchers to identify study questions within the areas of highest need;
- assist donors in shaping funding programmes that are based on research gaps and priorities, and promote best use of limited research resources; and
- inform the development of responsive and effective sexual violence services, prevention and advocacy programmes.

Priority areas for sexual violence research

The SVRI has identified the following six priority areas for research on sexual violence.

Priority Area 1: Nature, prevalence, social context and risk factors associated with sexual Violence

Priority Area 2: Sexual violence prevention

Priority Area 3: Appropriateness and effectiveness of sexual violence services

Priority Area 4: Childhood sexual abuse

Priority Area 5: Sexual violence in conflict and emergency settings

Priority Area 6: HIV and sexual violence

Priority Area 1: Nature, prevalence, social context and risk factors associated with sexual violence

Our knowledge of the magnitude and the nature of the problem of sexual violence is limited. Data are available for few countries and for few forms of sexual violence. Very little research has been conducted on men's risk of perpetration of different forms of sexual violence, as well as the social context in which they occur. The lack of visibility of the problem on agendas of policy makers and donors is undoubtedly influenced by the paucity of information, and the sensitivity of the subject matter. Effective interventions to prevent sexual violence cannot be developed without a better understanding of such violence.

Priority areas for research include:

- assessment of the prevalence and patterns of sexual violence in a range of settings, using a standardised research tool for measuring sexual coercion;
- identification of the risk factors for perpetration of sexual violence;
- understanding the mental and physical health and social consequences of sexual violence;
- evaluation of the social contexts in which different forms of sexual violence take place, as well as the aspects of societies that engender risks associated with sexual violence.

"Sexual violence is a global issue that requires evidence-based coordinated responses"

Priority Area 2: Sexual violence prevention

Prevention of sexual violence is ultimately the most important goal in the field of sexual violence. There are many different approaches to preventing sexual violence, including efforts aimed at men, families, communities and those operating at a societal level to prevent sexual violence and to enhance protection for women. Interventions need to be developed with a rigorous empirical base. There is a need to evaluate and describe the impact of specific interventions, and to understand what may account for variations in societies where the rate of sexual violence is changing.

Priority areas for research include:

- development and testing of the effectiveness of theoretically-based interventions that seek to prevent the many forms of sexual violence;
- evaluation of existing programmes that seek to prevent sexual violence;
- adaptation and testing of successful programmes more widely in diverse settings;
- evaluation of settings where the rate of sexual violence is changing to determine the most important factors at play.

Priority Area 3: Appropriateness and effectiveness of sexual violence services

Many survivors/victims of sexual violence receive assistance, care and support from family and friends and often a range of agencies, including non-governmental organisations, social services, health workers, the police and legal systems. Globally, responses are very diverse, with differences influenced by the level of resources, status of women, and a range of other factors. Some agencies focus more on the apprehension and punishment of perpetrators, whereas others aim to promote healing of the survivor/victim, and sometimes her family or community. Good quality services have great potential to reduce a range of post-rape related health problems. There is a need to improve our understanding regarding priority services for survivors/victims of sexual violence, including services that target survivors/victims, family members and communities. Research should also be directed at identifying what interventions are effective in responding to sexual violence in different settings.

Priority areas for research include:

- assessment of formal services, including the level of resources, and degree to which staff are specifically trained and prepared to respond to sexual violence;
- evaluating the quality of care provided according to women's perspectives.

Priority Area 4: Childhood sexual abuse

Lack of good data on the nature and extent of childhood sexual abuse hampers the development of effective prevention programmes and services for survivors/victims of such violence. Prevention efforts and policies must directly address children, their caregivers and the environments in which they live in order to prevent abuse from occurring and to deal effectively with cases of abuse and neglect that have taken place. The concerted and coordinated efforts of a range of sectors are required, and public health researchers and practitioners can play a key role by leading and facilitating the process.

Priority areas for research include:

- investigation of the nature, extent and social context of childhood sexual abuse in different cultural settings, using standardised instruments and methodologies;
- development and testing of theoretically-based prevention programmes for childhood sexual abuse;
- development and testing of interventions to improve the response of services to child survivors/victims;
- an understanding of the short and long-term health, developmental and social consequences of childhood sexual abuse in a range of settings;
- identification of alternative, more sensitive justice-sector approaches to childhood sexual abuse.

Priority Area 5: Sexual violence in conflict and emergency settings

There is a need to better understand the vulnerabilities of women, children and male survivors in conflict and emergency situations. Further research, documentation and analysis is required in order to try and assess the magnitude of sexual violence in conflict and emergency settings, to prevent sexual violence during and after emergency/conflict situations, and to respond effectively to the needs of survivors/victims of sexual violence.

Priority areas for research include:

- development of methods and tools for describing the nature and extent of sexual violence among emergency-affected populations, with particular emphasis on the context of risk and ways to prevent sexual violence in emergency settings;
- investigation of the needs of women and children in emergency settings, particularly survivors' health needs;
- evaluation and documentation of good practice with regard to providing effective services which meet women's needs and minimise risks for women and children during and after emergencies.

Priority Area 6: HIV and sexual violence

Gender inequality and gender based violence, particularly sexual violence, place women and girls at increased risk for HIV. The behavioural and physiological pathways that link sexual violence and HIV are complex, necessitating a nuanced, multi-disciplinary approach to research [3]. HIV interventions which address gender equality and gender-based violence have been found effective in improving HIV and other health related outcomes, health seeking behaviour and partner communication. Ensuring research informs programming and adapting and testing locally appropriate interventions and models that address the complex linkages between these dual epidemics is essential. Advances in the field can also be made by capitalizing on existing data sources to gather evidence on violence from longitudinal studies on HIV and health, from demographic health surveys and other population based data, and integrating questions on violence in HIV intervention research.

Priority areas for research include:

- Exploration of the behavioural and physiological pathways linking sexual violence and HIV using longitudinal and prospective methods;
- Exploring the impact of and testing interventions to respond to the short and long-term HIV outcomes of sexual violence;
- Adapting and testing effective violence and HIV prevention interventions in local settings for different populations including young women; children; men and boys; people engaged in sex work;
- Evaluating interventions for violence prevention and response within HIV interventions including couples voluntary testing and counselling (VCT), care and antiretroviral therapy (ART), partner notification and disclosure services and prevention of vertical transmission programmes.

References

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3. Campbell, J. C., M. B. Lucea, et al. (2012). "Forced sex and HIV risk in violent relationships." American journal of reproductive immunology.