Sexual Violence: A Public Health Primer

Overview

Sexual violence refers to an act or encouragement of an act that includes any violence, physical or psychological, carried out through sexual means or by targeting sexuality. This violence takes different forms which include but are not limited to sexual assault, childhood sexual abuse, sexual harassment, degrading sexual imagery, cyber- harassment and sexual exploitation. Sexual violence is a significant public health issue.

Sexual Violence in Nova Scotia

In Nova Scotia in 2012, there were 668 sexual assaults reported to police. This translates to a rate of 70.41 per 100,000 population and is higher than the Canadian rate of 62.85 per 100,000 population.

Although people, regardless of gender, sexual orientation or gender identity can be victims or perpetrators of sexual violence, the majority of incidents of sexual violence are perpetrated by males and the victims are primarily female. For police reported assaults in Nova Scotia in 2011, 82% of victims were female and 97% of suspects were male.

There were 72 incidents of sexual violence against children reported to police in Nova Scotia in 2012 (7.59 per 100,000 population).

Incidence of Sexual Violence

Youth are especially affected by sexual violence and young age is a risk factor for both being a victim and a perpetrator. According to the most recent (2009) General Social Survey on Victimization in Canada, 47% of victims of reported sexual assaults were 15-24 years old and 25% were aged 25-34\textsuperscript{1}, while in more than half of the incidents (56%), the accused was aged 18-34.

The rate of sexual assault among aboriginal women is 3 times higher than the rate of non-aboriginal women in Canada. The rate of sexual assault experienced by disabled women in Canada is 2.5 times higher than the rate for non-disabled women.

Data Sources on Sexual Violence

There are 2 main sources of data used by Statistics Canada to collect information related to sexual assault – police reported data and self-reported data. The Uniform Crime Reporting survey (UCR2) is done annually, while the self-reported General Social Survey (GSS) collects data from Canadians 15 and over and is administered every 5 years. Each survey defines sexual assault somewhat differently. It is important to keep in mind that most incidents of sexual violence go unreported.
Sexual Violence: A Public Health Primer

Social norms linked with Sexual Violence

There are complex factors that increase the likelihood of sexual violence occurring, including gender inequality, hypersexualization, social norms around masculinity, and the harmful use of alcohol. There are also interactions between these various factors. For example, in North America, there are dominant cultural norms associated with alcohol, hypersexualization and gender:

• our culture of alcohol normalizes regular and excessive consumption

• hypersexualized media and marketing glamorizes sexual attractiveness and sexual behaviour and objectifies women

• gender socialization equates femininity with sexiness and sexual availability and masculinity with aggression and sexual prowess.

• there are gendered expectations about alcohol, including beliefs that females can use alcohol to lower their sexual inhibitions and that drinking a lot of alcohol is a sign of masculinity.

• there is a double standard around alcohol and sexual violence – if a female victim has been drinking alcohol she is often blamed, whereas male perpetrators who have been drinking alcohol may be excused for their behaviour.

Sexual violence also intersects with social media – this is an emerging area. There have been several recent examples of the ways social media can be used to harass and amplify the harms associated with sexual violence.

The interaction between these social norms are complex and difficult to measure, however, these norms overlap and create an environment that is conducive to sexual violence.

Relationship between Sexual Violence and Alcohol

The relationship between alcohol and sexual violence is complex. The association of sex and alcohol consumption is normalized in our dominant culture. Yet harmful use of alcohol is a risk factor for both experiencing and perpetrating sexual violence.
Sexual Violence: A Public Health Primer

It has been estimated that as many as 50 - 70% of sexual assaults are linked to alcohol use. Most alcohol-related sexual violence occurs between individuals who are known to each other, most often at parties and in bars or in dating relationships. Alcohol is the number one date rape drug.

Alcohol lowers inhibitions, impairs judgment and decision making, impairs reaction time, diminishes recognition of vulnerability and risk, reduces ability to give consent, and decreases capacity to resist unwanted sex. Some perpetrators use alcohol to increase their victim’s vulnerability and seek out women under the influence of alcohol who are less likely to be credible witnesses.

Victims of sexual violence may also use alcohol to self-medicate or to forget.

The brains of young people are still developing during the late teens and early 20’s and drinking heavily can negatively impact areas of the brain related to functions such as paying attention, making decisions, as well as areas involved with processing emotions, empathy for others and controlling impulses leading to irrational behaviour. This has implications for sexual violence.

The link between alcohol consumption and sexual violence is a sensitive area to explore and discussion of these links is sometimes seen as blaming victims or excusing perpetrators. However, the intention of a public health focus on these issues is not to blame individuals. Instead, a public health approach moves beyond the individual level and seeks to understand risk factors and support alcohol policy levers to prevent violence from occurring.

Energy Drinks, Alcohol and Sexual Violence

Mixing alcohol with caffeinated energy drinks is a common practice. However, the harms associated with drinking caffeinated alcohol beverages are significantly higher than the harms from drinking alcohol alone.

Combining caffeinated energy drinks with alcohol leads to drinking more alcohol, being more likely to drink to intoxication, to binge drink and to alcohol related harms including sexual violence.

Hypersexualization and Sexual Violence

Sex is used to sell almost everything. Hypersexualized images and messages are pervasive in our everyday life. Hypersexualization includes all of the media and marketing messages that our value comes from our sexiness, the sexual objectification of people (girls and women especially), the mainstreaming of pornography and the blurring of the lines between adult and child sexuality.

These messages get internalized and become part of our expectations for ourselves and others.
Hypersexualized marketing and media don’t cause sexual violence, but they do shape cultural norms, normalize the objectification of women and the commodification of sex.

Research suggests that exposure to hypersexualized marketing affects our attitudes and beliefs and contributes to greater acceptance of dating violence, rape myths, and violence against women. Also emerging are links between hypersexualized media and sexually aggressive behaviour.

In addition, hypersexualization shapes social expectations about gender and sexuality and reinforces narrow gender stereotypes of hyper-femininity and hyper-masculinity where women are sexually available objects and males are consumers of the female body. Masculinity is also associated with aggression and power in this narrow script.

Hypersexualization also contributes to an increased incidence of sexual harassment and coercion which is part of the continuum of sexual violence.

Hypersexualization helps maintain a climate of violence against women.

**An Upstream Approach to Sexual Violence Prevention**

An upstream approach to sexual violence prevention includes looking beyond individual level behaviour to address underlying factors that contribute to sexual violence, building supportive environments through healthy public policy, emphasizing the importance of changing social norms, incorporating evaluation to help generate evidence and mobilizing communities to be agents of social change.
Sexual Violence: A Public Health Primer

A comprehensive approach to sexual violence prevention is evidence-informed and incorporates a number of strategies rather than relying on one tactic to create the desired change.

The goal of an upstream approach to preventing sexual violence is to support the development of policies, programs and strategies that address the underlying factors that contribute to sexual violence and that build healthy, safe and resilient communities.

Promising Practices in Sexual Violence Prevention

Primordial and primary prevention of sexual violence is an emergent area. There is not a wide body of evidence around particular policy approaches as applied to sexual violence, but there are several promising areas.

Alcohol Policy: An emerging body of evidence suggests that addressing alcohol policy is a promising part of a sexual violence prevention response. Alcohol policies contribute to a safer culture of alcohol consumption and a reduction in harms, including sexual violence. Reducing alcohol consumption in the population can reduce the perpetration and experience of sexual violence.

Hypersexualized marketing: Efforts to raise awareness of and limit hypersexualized marketing and advertising and to mobilize communities to address hypersexualization are promising areas of sexual violence prevention.

Bystander Approaches: This approach seeks to cultivate the capacity in peers or witnesses to identify potential violence, interrupt or intervene in harmful situations, speak out against social norms, language and attitudes that support sexual violence, and play a role in the prevention of harm.

Working with men and boys: Changing social norms around masculinity and the ways that boys and men are socialized is a promising practice for sexual violence prevention.

Youth Engagement: Effective approaches work with youth to understand social norms, are strengths-based and focus on positive youth development and build assets in youth to reduce risk or enhance protective factors.

A Word about Prevention Education

Public attention to sexual violence prevention is often focused on education. Education can make a contribution to the prevention of sexual violence, but education and knowledge alone do not change behaviour or shift cultural norms. The evidence on the effectiveness of sexual violence prevention education programs is mixed.

Sexual violence prevention educational initiatives tend to focus at the individual level and can put the onus on individuals to protect themselves from harm rather than creating safe and supportive environments through policy approaches. In the case of sexual violence, this can be harmful, as an individual level focus can perpetuate victim blaming.

Alongside healthy public policy, access to social-emotional learning and comprehensive sexual health education, including healthy relationships, are part of a comprehensive prevention approach.
Sexual Violence: A Public Health Primer

The role of Public Health in Sexual Violence Prevention

- Increase understanding of sexual violence as a public health issue.
- Raise the profile of hypersexualization as a key public health issue.
- Seek to influence the development and implementation of evidence informed healthy public policies to reduce the harmful impacts of alcohol.
- Seek to influence the establishment and implementation of healthy public policies to reduce marketing related harms.
- Advocate for comprehensive sexual health education in schools.
- Collaborate with others working in areas related to sexual violence prevention.
- Work with youth and community partners to understand social norms related to sexual violence.
- Mobilize communities to build support for sexual violence prevention, alcohol policy, and restrictions on hypersexualized marketing.

References:


