PERSPECTIVE

Sexual Violence Through Public Health Lens

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CITATION
Solanki R, Yadav P, Bahurupi Y. Sexual Violence Through Public Health Lens. Indian J Comm Health. 2025;37(3):496-499. https://doi.org/10.47203/IJCH.2025.v37i03.023

ARTICLE CYCLE
Received: 28/04/2025; Accepted: 18/06/2025; Published: 30/06/2025

ABSTRACT

Sexual violence is a major public health issue with substantial personal and societal repercussions. We don't fully understand the factors that contribute to sexual assault in different contexts because there is a dearth of evidence. Sexuality in India's medical curriculum is taught in a fragmented manner and in a non-standardized manner across several various disciplines. Gender inequity, income inequity, pathological families, emotional abuse are few of the associated factors with sexual violence. This article provides an in depth understanding of the various factors associated with sexual violence. We have proposed certain public health interventions to tackle the issue.

KEYWORDS

Sexual Violence

INTRODUCTION

Sex has a significant part in the procreation and survival of human species. Sexuality integrates the social, psychological, and physical domains and is an essential component in determining life quality. Indeed, any issues related to sexual function may cause a worsened overall quality of life. (1,2)

According to WHO, sexual health is "a state of physical, emotional, mental and social well-being about Sexuality; it is not merely the absence of disease, dysfunction or infirmity." (3) Sexuality is closely linked with socioeconomic, political and cultural factors. However, it is considered taboo and hence is often missing from the socioeconomic, political, and health debates. When sexual health is not given due attention, it does not remain restricted to the privacy of the four walls. It bleeds into the space beyond, manifesting as sexual abuse and violence, disrupting the personal and social fabric.

A systematic review by Dworkin et al., reported that an estimated 27–44%, 11–25%, and 27–47% of women, men, and transgender people, respectively, experience sexual violence globally. (4) Sexual violence was found to have significant physical and mental health consequences. (5) In light of this, it is critical to fully understand the prevalence and contributing factors of sexual assault worldwide to establish effective prevention and intervention plans and allocate resources accordingly.

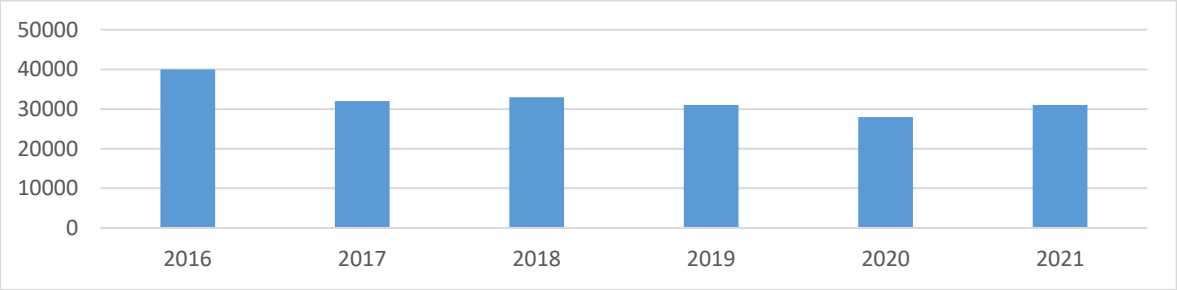
A 2013 WHO report estimated that the lifetime prevalence of sexual violence among women was 30% for ever-partnered women and 7% for non-partner sexual assault globally.(6,7) The prevalence of sexual violence by intimate partners was highest in the African, Eastern Mediterranean countries, and Southeast Asia regions, while non-partner sexual assault was most prevalent in Africa.(7) In the United States, reportedly “more than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) have experienced sexual violence or physical violence by an intimate partner in their lifetime.”(8) Sexual violence has significant personal and societal consequences and is a serious public health concern. There is evidence that the prevalence of sexual assault varies by country, with high-income countries having a lower rate than other countries. (7) Research on the issue of sexual violence from countries with low or middle incomes is

inadequate. However, due to a paucity of data from different countries, we lack an understanding of the determinants of sexual violence in various settings. We are posed with many questions: What are the broader ecological factors leading to sexual violence? How can we prevent them? How do we raise our children and sensitise our students to grasp sexual health? Which early interventions might be most successful in preventing and healing sexual violence victims?

Where does India stand?

In India, every third ever married women (32%) reportedly experienced violence by their husbands - physical, sexual, or emotional - at least once in their lifetime. In India, domestic violence reported were 28%, 14%, and 6% physical, emotional and sexual respectively. (9) Another study reported the prevalence among women aged 15-49 years to be 53.5%. (10) India has been ranked 7th worst country for sex trafficking and crimes against minors as reported by Maplecroft. (11) National Crime Record Bureau report 2020 reveals that one rape is reported every 16 minutes in India. (Figure 1)

Figure 1 After a drop in 2020, rape cases spike again



Source: National Crime Records Bureau (2016 – 2021)

Determinants of sexual violence

Is sexual violence a safety issue?

98% of rapes take place while the victim is at work, and 34% of child sexual abusers are family members. The perpetrator is someone known to them. (12) Seventy-three per cent of perpetrators have been close acquaintances of their victims (Bureau of Justice Statistics, 2012). (13) These findings suggest that sexual violence is taking place within safe places of homes, and it has more to do with distorted behaviours of the individuals who know the victims.

Women empowerment and sexual violence

The female literacy rate in India has come a long way from 8.86% in 1951 to 65.46 % in 2011. The proportion of women with a savings account has increased from 53 per cent in NFHS-4 (2015-16) to 79 per cent in NFHS-5. However, this increase in the educational status and employment status does not reflect the reduction in the sexual violence against Indian women.

The characteristic features of the agent /perpetrator of crime:

Socioeconomic status: Income inequity has been consistently reported as the breeding ground for sexual violence. (14) The increase in the national income is not reflected in the per capita income as the distribution of resources in the country is not equal. The income inequity breeds the ground for sexual violence.

Gender inequity: As per the global gender gap report for 2024, India ranks the third lowest in the region. The overall rank for India is 129 out of 145 globally. The perpetrators of sexual violence reveal distorted perceptions regarding gender roles and have been found to blame the victim for their offence often (15)

Pathological families: Compared to the general population, sexual offenders had four times the likelihood of experiencing emotional neglect, 13 times the likelihood of experiencing emotional abuse, and twice the likelihood of experiencing physical abuse. (16). The individuals who are brought up in emotionally deprived families are unable to identify their emotions and fail to manage their feelings in a conflict situation. In abusive families, poor parental bonding worsens the effects of child abuse, creating the mindset of a sexual offender. (17) Likewise, a recent meta-analysis that compared intrafamilial to extrafamilial offenders, reported a causative role of family abuse and poor attachment in intrafamilial sexual offending. (18,19) Emotional abuse and neglect experienced as a child were associated with victimisation and sexual antisocial behaviour in later years (19)

Poor emotional skills: Usually, perpetrators attack out of rage, animosity, and retaliation.(14) Additionally, sexual offenders often struggle with intimacy deficits, are influenced by negative peer relationships, and exhibit poor self-regulation in both sexual and general behaviors and they hold these as justification for their offensive and a sense of entitlement in expressing intense sexual desires.(20) They are more likely to experience personality disorders as antisocial disorders.

Substance abuse: Sexual offenders have a higher likelihood of substance abuse and exhibiting symptoms of psychosis. Alcohol and sexual assault often happen together. Research suggests that alcohol is a factor in 30% of all sexual assaults and 75% of those occurring on college campuses, with perpetrators being under its influence at the time of the offense. (21)

Lack of sex education - This somewhat contributes to the perverted enjoyment that perpetrators get out of the act because they are doing something that is "forbidden".

Economic Cost of sexual violence: There are some studies in the USA that tried to figure out the economic burden of sexual violence. Each act of rape costs around $151,423. (22) At $127 billion annually, rape has a greater financial impact than any other crime in the US, followed by assault, murder, and drunk driving with $93 billion, $71 billion, and $61 billion respectively. Additionally, healthcare costs for women who experienced childhood sexual abuse in the U.S. are 16% higher than those who did not. (22,23)

Public Health Interventions – Breaking the Silence: Addressing this pervasive violence requires appropriate acknowledgement of evidence-based dialogue followed by actionable change.

Capacity Building and Training: The training and discussion about human sexuality in medical education in India is inadequate. It does not equip the medical graduate to deal with their own and their patients' sexual issues confidently. Human Sexuality has been treated as an emotionally neutral "act" in medical education that interfered with the need to learn about their client's sexual and reproductive concerns. The medical graduate lacks training related to the ethics and procedures that should be followed to ensure the safety of the victim. (24) The teaching of Sexuality in the medical curriculum in India is delivered across several disciplines in a fragmented approach that occurred in a non-standardised fashion across several disciplines. The training in Sexuality lacks the emotional and social aspects that determine sexual behaviour. The risk communication in public health emphasises the message that abstinence is the only policy and relates Sex with sexually transmitted infections and unplanned pregnancy. The sex-positive approach is often missing from the medical curriculum, viewing Sex as a problem rather than a creative force behind human existence. (25,26,27)

Public Health Research and Evidence Building

There is a need for a national survey on sexual health and behaviour in India to understand Sexuality in a community setting deeply. We need to initiate such national sexual health surveys to understand attitudes, needs and cultural practices related to Sex. We need to normalise the discussion around healthy Sexuality on public health platforms. Comprehensive data on domestic and sexual violence in healthcare settings is essential for understanding the scope of the problem scope and for designing effective interventions. However, healthcare systems need standardised administrative data on sexual violence to inform sustained programmatic responses. Many countries do not have comprehensive population data on the prevalence of sexual violence across different groups, including children. Additionally, there is a significant research gap in understanding sexual violence within various sub-groups and populations. Researchers typically adopt narrow definitions of sexual behaviour and focus almost exclusively on risks of unplanned pregnancy and disease. There has to be a focus on incorporating the tools to assess Sexuality and its interconnectedness with diverse social and health conditions.

Health Programmes

Early child development: There has to be a focus on responsive parenting, including the father as a caregiver, across the programs dealing with reproductive and child health. The role of a functional family respecting everyone's autonomy is imperative to developing a happy and healthy child. (15,16,17) The happy family component, practising responsive parenting, must be generalised in health communication and messages. The development of healthy sexuality depends on the health and harmony within the primary family.

Life Skill Education: The development of emotional skills is imperative to the growth and development of adolescents. The National Education Policy has also emphasised incorporating life skills in adolescent training. However, there are several gaps in the execution of the training. The life skill training of adolescents should be emphasised, acknowledging its role in developing healthy Sexuality. (15)

Gender Sensitisation and Sex Education in School Syllabus: We need to prioritise the incorporation of gender sensitisation into the school syllabus. Gender inequity and gender stereotyping are determining factors in the magnitude and prevalence of sexual violence. (20) The way we handle sex education at the school and college level needs a paramount shift. Viewing Sexuality as a problem that leads to disease and unplanned pregnancy, it offers the experience of human intimacy and fulfilment. The shift from Sexuality as a risk to Sexuality as a positive experience: this

paradigm shift is needed while dealing with sex education in the school curriculum.

Policy and Advocacy: Public health policies play a crucial part in addressing sexual violence, tackling key challenges in global mental health, and guiding the devising and implementation of effective strategies. A public health framework is essential for identifying risk and protective factors, understanding the impact of sexual violence, and advancing prevention efforts.

Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors haven't used any generative AI/AI-assisted technologies in the writing process

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