



## Review Article

# Step up and Speak Out: Sexual Violence

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## Abstract

Sexual violence occurs all over the world irrespective of the status, age, or even gender. It leaves a long-lasting physical and emotional trauma to the victims. Sexual violence has been a neglected area of research in most parts of the world. It is vital to develop interventions for resource-poor settings and rigorously to evaluate programs in both industrialized and developing countries. Sexual violence is a major problem faced by women and girls in India. Violence against women in India is actually more present than it may appear at first glance, as many expressions of violence are not considered crimes, or may otherwise go unreported or undocumented due to certain Indian cultural values and beliefs. Violence against women is a social, economic, developmental, legal, educational, human rights, and health (physical and mental) issue. It is already a challenge for survivors to obtain justice in the Indian legal system, and those from the country's marginalized communities face even more major barriers. Ultimately, the strong commitment and involvement of governments and civil society, along with a coordinated response across a range of sectors, are required to end sexual violence. As nations plan strategies to contain emerging diseases, it also has to consider this immoral behavior and make measures for people to live free from the fear of harassment.

**Key words:** Abuse, harassment, sexual violence, victim

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## Introduction

Sexual violence is a violation of fundamental human rights. It is a serious public health problem affecting millions of people each year throughout the world. It is driven by many factors such as social, cultural, and economic contexts that affect person's privacy and dignity. Women are most commonly affected, but males too experience it. It is highly prevalent in our Indian society, which has two major concerns: Violence to the women and taking away her fundamental human rights as an equal.<sup>[1]</sup> It has a profound impact on physical and mental health, causing physical injury, also associated with increased risk of sexual and

reproductive health problems, with both immediate and long-term consequences.<sup>[2]</sup>

## Sexual Violence

### Definition

World report on violence and health defines sexual violence 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 victim, in any setting, including but not limited to home and work.<sup>[3]</sup>

## Burden of the Problem

Data on sexual violence typically come from police, clinical settings, non-governmental organizations, and survey research. Any woman, in any country 35% globally, have experienced physical or sexual violence, 750 million women and girls alive today are married before their 18<sup>th</sup> birthday, 120 million girls have experienced forced sex or other sexual acts. Studies state that in India, Pakistan, and

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Bangladesh, “Gender inequality is so marked.” According to Cable News Network health news, over the east continent, the percentage of women who have experienced sexual violence is 57% in Bangladesh, 77% in Cambodia, 79% in India, and 87% in Vietnam. The relationship between these sources and the global magnitude of the problem of sexual violence may be viewed as corresponding to an iceberg floating in water.<sup>[4]</sup>

## Victims

The most commonly affected victims in our society are physically and mentally disabled people, children of all age group, children forced to child marriage, adult forced marriage, elderly, denial of the right to use contraceptives, obligatory inspections of virginity, and forced prostitution and especially girls.<sup>[3]</sup> The offenders are 93% of known and trust persons, 63% are teachers, neighbors, or community leaders, 37% are immediate or extended family, and 7% are strangers.<sup>[5]</sup>

## Classification

According to forensic medicine: Dr. K. S. Narayana Reddy, 1979, categorizes sexual offence as

1. Natural offence – A natural intercourse pattern where penis is inserted into vagina
  2. Unnatural offence – Unnatural intercourse pattern where penis is inserted other than vagina (anal opening, mouth)
  3. Abnormal sexual perversions – A human has abnormal sexual behavior and through it he/she gains pleasure.<sup>[6]</sup>
- The categories are described in detail in Table 1.

## Impacts of Sexual Violence

The impacts of sexual violence are not only limited to physical but also affects all domains of life. It affects the individual, family, and the society as well.

### Physical impacts

Of all the other impacts, physical impact needs the most important and immediate medical attention. The victim

might experience the following physical problems following sexual violence.

1. Irritable bowel syndrome
2. Damage to the urethra, vagina and anus, and perforation of the organs
3. Gastrointestinal, sexual, and reproductive health problems, because of the force applied over the abdomen
4. Physical assaults causing pain syndromes, eating disorders, and sleep disorders
5. Unprotected sex having an increased risk of contracting sexually transmissible infections and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome
6. Unwanted pregnancy and decisions regarding abortion
7. Vigorous pressure applied in the pelvic bone causes severe pelvic pain, headaches, and fractures
8. Chronic diseases such as diabetes by over eating and arthritis due to forceful pressure over the bones
9. Gynecologic symptoms: Dysmenorrhea, menorrhagia, etc.

### Psychological impacts

1. Anxiety and intense fear because of recalling situation
2. Fear of contracting HIV/STDs/becoming pregnant
3. Fears of future attacks and other harm can follow sexual assault
4. Trauma and post-traumatic stress disorder
5. Intrusive thoughts and distressing recollections of violence
6. Nightmares and other sleep disturbances
7. Depression – because of guilty feelings that arouse in a victim
8. Mood/anxiety disorders
9. Avoidance behaviors – feels unworthy in the society.

### Social and community impacts

1. Affected interpersonal relationship – because of the social stigma and guilty of the victim
2. Because of the social stigma, they feel vulnerable in local communities and public places
3. Work life also be disrupted because of the long-term and short-term impacts, the victims suffered

**Table 1:** Categories of sexual offence

Natural offence	Unnatural offence	Abnormal sexual perversions
<ul style="list-style-type: none"> <li>• Rape (forced against consent)</li> <li>• Constitutes (forceful attempt)</li> <li>• Incest (blood relatives)</li> </ul>	<ul style="list-style-type: none"> <li>• Sodomy (anal intercourse)</li> <li>• Buccal coitus (insertion of penis into mouth)</li> <li>• Tribadism (lesbianism)</li> <li>• Bestiality (with animals)</li> </ul>	<ul style="list-style-type: none"> <li>• Uranism (sexual instinct)</li> <li>• Sadism (tortures partner)</li> <li>• Lust murder (commits murder)</li> <li>• Necrophilia (dead body)</li> <li>• Necrophagia (sucking and licking by wounding partner)</li> <li>• Masochism (self-defeating)</li> <li>• Fetishism (by touching objects)</li> <li>• Transvestism (as opposite sex)</li> <li>• Masturbation (self-stimulation)</li> <li>• Exhibitionism (exhibits body)</li> <li>• Voyeurism (looks intercourse)</li> <li>• Frotteurism (rubbing in crowd)</li> <li>• Undinism (witnessing urination)</li> </ul>

- Avoidance of social situations, feelings, low self-worth, and self-doubt
- Reactions of family friends and partners because of the doubting nature though the victim tries to recover
- Intimate partner violence – doubting of the partner
- Leads to ill habits such as alcohol and substance abuse.

#### **Financial impacts**

- Loss of actual job – because of a sexual violence they might undergo hospitalization hence they won't be able to go for a job this leads to loss of job
- Loss of future earning capacity – because of the guilt that happened because of violence they might lose their future earning capacity
- Medical expenses – they have to spend a lot in physical and counseling expenses
- Intangible costs – because of any complications that arise because of sexual violence
- Counseling expenses that are spent after sexual violence might be exhaustive.

#### **Relational and marital**

- Less trusting of others – if sexual violence if because of a known person they might feel uncomfortable to trust even a partner or a family member or neighbor
- Commitment issues – victim won't be able to commit herself for a small issue too with the family members or colleagues
- Greater personal and family conflict – because of the guiltiness, they have several conflicts in relationship
- Isolation – victims have a thinking that they have made something non-acceptable so they isolate themselves from the society
- Fear of intimacy, marital dissatisfaction, spousal violence, marital conflict because of guilt.

#### **Parental**

- The parent might have guilt; stress and some might restrict the activity of the child because of her previous sexual violence experience
- Troubled parent child relationships
- Permissive parenting practices – because something happened to the mother she feels that this should not happen to the child she restricts the behavior of the child this causes depression of the child.<sup>[6]</sup>

### **Primary Prevention**

It is a major responsibility of the health-care provider to involve in the primary prevention of sexual violence by providing awareness. The implementation should cover education to the parents – who has long time exposure to children, teachers – who educate them along with their curriculum and community in which they live. The medium of health awareness can be through a violent protest, a silent protest, street plays, and dramas to bring out the understanding of the educational content.

### **Health Education**

#### **Following are certain health education for the parents**

##### ***Talk about body parts early***

Name body parts and talk about them very early. Use proper names for body parts, or at least teach your child what the actual words are for their body parts.

##### ***Teach them that some body parts are private***

Tell your child that their private parts are called private because they are not for everyone to see. Explain that mommy and daddy can see them naked, but people outside of the home should only see them with their clothes on.

##### ***Teach your child body boundaries***

Tell your child matter-of-factly that no one should touch their private parts and that no one should ask them to touch somebody else's private parts.

##### ***Tell your child that body secrets are not okay***

Most perpetrators will tell the child to keep the abuse a secret. Tell your kids that no matter what anyone tells, body secrets are not okay and they should always tell you if someone tries to make them keep a body secret.

##### ***Tell your child that no one should take pictures of their private parts***

This one is often missed by parents. Tell your kids that no one should ever take pictures of their private parts.

##### ***Teach your child how to get out of scary or uncomfortable situations***

Some children are uncomfortable with telling people “no” – especially older peers or adults. Tell them that it's okay to tell an adult they have to leave, if something that feels wrong is happening, and help give them words to get out of uncomfortable situations.

##### ***Have a code word your children can use when they feel unsafe or want to be picked up***

As children get a little bit older, you can give them a code word that they can use when they are feeling unsafe.

##### ***Tell your children they will never be in trouble if they tell you a body secret***

Tell your child that no matter what happens, when they tell you anything about body safety or body secrets they will NEVER get in trouble.

##### ***Tell your child that a body touch might tickle or feel good***

Many parents and books talk about “good touch and bad touch,” but this can be confusing because often these touches do not hurt or feel bad. I prefer the term “secret

touch,” as it is a more accurate depiction of what might happen.

***Tell your child that these rules apply even with people they know and even with another child***

No one else should touch you there. Not friends, not aunts or uncles, not teachers, or coaches. Even if you like them or think they are in charge, they should still not touch your private parts.<sup>[7]</sup>

**National commission for women**

Education of legal awareness among women would equip them with the knowledge of their legal rights and the capacity to use these rights, complaints, and investigation cell.

The women helpline number is 1091.

Children are physically less powerful than adults and are provided with limited information on matters regarding sex and sexuality which makes them more vulnerable. To make them aware of the complaint and investigation cell is made easier to remember.

The child helpline number is 1098.

## Secondary Prevention

**Examination of the victim**

It is a pivot responsibility of a health-care professional to carefully examine the victim of a sexual violence. Following are some of the points to be remembered while examining the victim:

1. The victim should not be compelled against her will and for children below 12 years of age, the parents' consent in writing needs to be obtained and they have to be examined with a female relative only.
2. Name and the identification marks should be noted
3. Demographic data, date, and time of alleged incident need to be recorded
4. Following are the details to be collected in verbatim
  - a. Swelling and tenderness in the affected area
  - b. Struggles underwent during abuse/resistance, description of pain
  - c. Areas of hemorrhage
  - d. Appearance of discharge
  - e. Micturition and defecation
  - f. Where was the event, any call for help should be collected in verbatim
  - g. Previous history: Previous menstrual date, vaginal discharge, venereal diseases, pregnancies, pelvic operations
5. If the victim has menstrual period, 2<sup>nd</sup> time examination is necessary for accuracy after termination of menstrual period
  - a. Examination of the clothes: Clothes to be examined for any blood stains, mud and other

stains, seminal stains, tear and loss of button (preserved) this provides an evidence to find out the offender

- b. Any seminal fluid to be assessed throughout the body to find out the offender and it should be preserved
- c. Mouth and throat – swabs can be taken
- d. Wrists and arms, inner sides of thighs and knees, on the back, on breasts and nipple – any redness or markings signifies the pressure over the victim
- e. Broken nails, debris under nails – signifies the dead skin of offender and to find it.

**Examination in a child**

1. The children should be examined properly because verbatim cannot be acquired as in adults confused status of the child
2. Look for orbit edema, bleeding of the ears, bite mark, multiple fingertip contusion of chest wall, zygomatic arch, abdominal wall, and nasal bridge
3. Open hand print, lash mark, loop, abrasion, and bruising/laceration should be observed
4. Look for black eye, lip laceration, and grab marks in both arms front and back
5. Observe for mucopurulent discharge, blood/oozing from vulva, and tissue torn from perineum into the anus
6. Physical development: In child breast and genitalia bodily changes should be collected.

**Where to report in case of a sexual violence**

A person who has learned of facts that give rise to the belief that a child has suffered abuse. The incident can be reported orally or in writing format to any of the government authorization crime centers.

**Duty of first informant**

It shall be the duty of all teachers and administrators in public school or a person who sees the sexual violence to report all incidents of probable abuse to the department of social welfare and development and strictly their every individual's duty to report and not to investigate on the incident.

**What if a person fails to report a sexual violence**

If a government official fails to report an incident; a fine of not more than 2000 and a possible liability of administrative and criminal action will be taken on the respective personal.<sup>[6]</sup>

## Tertiary Prevention

**Multidimensional process**

The health-care providers are the heart of tertiary prevention. The long-term impacts of sexual violence can be reduced only by a collaborative approach.



Regular home visits – to be made to remove the stigma of the individual, family, and friends.

- Health education to the area where the victim stays can be given weekly once to remove the social stigma of the society and local people
- Counseling to the individual to relieve long-term and short-term psychological impacts
- Psychological support to prevent them ending in suicidal ideation and anxiety and mood disorders
- Rehabilitation: To develop them physically, psychologically, and socially
- Positive reactions of support (empathy, belief, and understanding) that the medical personnel is available to support them individually and as a family
- Speaking about sexual assault, reduces the anxiety, and makes it as a common scenario in the society
- Social acknowledgement of the impacts of sexual assault
- Strong, empathetic social networks.

### **Individual approaches**

#### ***Psychological care and support***

Counseling therapy and support group initiatives have been found to be helpful following sexual assaults, especially where there may be complicating factors related to the violence itself or the process of recovery.

#### ***Programs for perpetrators***

The few programs targeting perpetrators of sexual violence have generally been aimed at men convicted of assault. They are found mainly in industrialized countries and have only recently begun to be evaluated.

#### ***Life skills and other educational programs***

In recent years, several programs for sexual and reproductive health promotion, particularly those promoting HIV prevention, have begun to introduce gender issues and to address the problem of sexual and physical violence against women.

### **Developmental approaches**

Research has stressed the importance of encouraging nurturing, with better and more gender balanced parenting, to prevent sexual violence.

### **Health-care responses**

#### ***Medicolegal services***

The use of standard protocols and guidelines can significantly improve the quality of treatment and psychological support of victims, as well as the evidence that is collected. Comprehensive protocols and guidelines for female victims of assault should be formulated in all health-care settings.

#### ***Training for health-care professionals***

Issues concerning sexual violence need to be addressed in the training of all health service staff, including psychiatrists

and counselors, in basic training as well as in specialized postgraduate courses.

#### ***Prophylaxis for HIV infection***

The possibility of transmission of HIV during rape is a major cause for concern, especially in countries with a high prevalence of HIV infection. The use of antiretroviral drugs following exposure to HIV is known in certain contexts to be reasonably effective.

#### ***Community-based efforts prevention campaigns***

Attempts to change public attitudes toward sexual violence using the media have included advertising on hoardings (“billboards”) and in public transport, and on radio and television.

#### ***School-based programs***

Action in schools is vital for reducing sexual and other forms of violence. A wider range of actions is needed, for training the teachers, recruiting, and reforming the curricula, so as to transform gender relations in schools.

### **Legal and policy responses**

#### ***Reporting and handling cases of sexual violence***

The specific mechanisms to speed up and sensitize the processing of cases by the courts include dedicated domestic violence units, sexual crime units, gender training for the police and court officials, women-only police stations, and courts for rape offences.

#### ***Legal reform legal***

Interventions that have been adopted in many places have included: Broadening the definition of rape; reforming the rules on sentencing and on admissibility of evidence; and removing the requirements for victims’ accounts to be corroborated.<sup>[8]</sup>

## **Legal Rights**

There are special rights designed to protect the women and children from sexual violence on the different scales in India and prevent sexual violence in our country.

## **Conclusion**

Health-care providers must work to hold the offenders accountable for their action and stop them from committing further sexual violence by provision of prompt medical screening, collection of evidence and documentation of findings, and responding to crisis, crisis counseling, appropriate assistance, support and information for victims, families, and friends. The health sector is considerably more effective in countries where there are protocols and guidelines for managing cases and collecting evidence, where staffs are well trained and where there is good collaboration with the judicial system.

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