



# INDICATOR ANALYSIS

## PROPORTION OF YOUNG WOMEN AND MEN AGED 18-29 YEARS WHO EXPERIENCED SEXUAL VIOLENCE BY AGE 18

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| <p>How is the indicator calculated</p> | <p><i>Definition of sexual violence:</i> "Sexual violence comprises any sexual activities imposed by an adult on a child against which the child is entitled to protection by criminal law. This includes: (a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; (b) The use of children in commercial sexual exploitation; (c) The use of children in audio or visual images of child sexual abuse; and (d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking for purposes of sexual exploitation (within and between countries), sale of children for sexual purposes and forced marriage. Sexual activities are also considered as abuse when committed against a child by another child if the offender is significantly older than the victim or uses power, threat or other means of pressure. Consensual sexual activities between children are not considered as sexual abuse if the children are older than the age limit defined by the State Party" (1).</p> <p><i>Calculation:</i> Number of young women and men aged 18-29 years who report having experienced any sexual violence by age 18 divided by the total number of young women and men aged 18-29 years, respectively, in the population multiplied by 100.</p> |
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| <b>GLOBAL TRENDS</b>   |   |
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| <p>What are the global patterns for this indicator? Trends, geographic patterns etc.</p> | <p>Data on this indicator is severely limited making it difficult to identify trends. Only 45 countries are listed in the WHO Global Health Observatory. Of these 45 countries, only 10 had data on males, and of those ten, four countries had listed "0" as the percentage. The majority of data available was derived from African countries. Sweden was the only developed country to have data on this indicator within the Global Health Observatory. Additionally, there was no consistency in the year of data collection.</p> <p>Based on the data available, child sexual violence appears to be a pervasive issue in various African countries, namely Cameroon (16% of females, 4% of males), DRC (13% of females), Ghana (10% of females), and Rwanda (10% of females, 0% of males).</p> <p>Switzerland reported high rates as well, with %13 of females and 4% of males.</p> <p>Other peer reviewed studies show that India has the highest rate of child sexual violence, with 19% of children reporting an assault (2).</p> |

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| <p><b>RELEVANCE TO UNDERSTANDING RELATIONSHIPS AMONG GENDER, HEALTH, FRAGILITY/PEACE</b></p> |
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| <p>How could this indicator contribute to our understanding of how gender, health and fragility and peace influence one another?</p> | <p>This indicator can be used to help our understanding of: gendered risks and vulnerabilities related to both experiencing and reporting an assault; the long term and short-term health impacts of sexual violence; and the role that conflict may play in exacerbating rates of child sexual violence or in underreporting.</p> <p>Understanding the probability that an adult today has at one point experienced sexual violence as a child is important as child sexual violence may require specific types of interventions and may need to be more accessible in certain geographical regions. This indicator may also be helpful in determining levels of mental health intervention for adult childhood sexual abuse survivors.</p> <p>The lack of data surrounding male childhood sexual violence demonstrates that masculine norms surrounding sexual abuse (i.e., shame, embarrassment, disempowerment, and emasculation) may impede data collection methods. Research of child sexual assault has made clear that shame and stigma serve as a deterrent in deriving child sexual abuse data (2).</p> <p>Its prevalence within conflict settings demonstrates that rates of child sexual abuse may share a relationship with some conflict related conditions (such as lawlessness, introduction of armed actors, exacerbation of perverse gender norms, etc.) acting as motivational factors. This is further demonstrated by other country level studies found in grey literature [for example, data compiled by the Special Prosecutor for Crimes in Darfur indicated that the rape of minors, especially girls, is on the rise, with the highest rates of child rape recorded in South Darfur (58 per cent)] (3).</p> <p>Similarly, rates of child sexual violence in conflict settings may share a relationship with the presence of humanitarian actors, as sexual violence carried out by aid workers is a known problem.</p> <p>Its prevalence in underdeveloped countries suggests that there may be an association between socio-economic status, gender equity and child sexual violence. For example, the female gender and low socioeconomic status have been found to contribute to the potential of sexual abuse (4). This may be most seen in contexts where sexual exploitation of a child for profit is a known problem.</p> |
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| <b>UTILITY</b>                          |   |
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| <p>What does the indicator measure?</p> | <p>Proportion of men and women aged 18-29 who reported experiencing sexual violence as a child.</p> |

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| <p>What does it <i>not</i> measure - what does it miss?</p> | <ol style="list-style-type: none"> <li>1. As it relies on self-reported data, this indicator does not measure/would not capture data related to those who have experienced sexual violence but have not reported their attack to health or police authorities.</li> <li>2. Due to the definition of this indicator, this indicator does not measure/would not capture sexual violence that may have been experienced by a child in a country where sexual violence is not illegal or outlawed.</li> <li>3. This indicator does not measure specific ages of sexual violence victims and thus cannot identify any specific age cohort as high risk. This is particularly important as other peer reviewed studies show that the younger the age of the child, the higher the risk (4).</li> <li>4. This indicator does not measure the specific act of sexual violence experienced.</li> <li>5. This indicator does not code the relationship of the offender.</li> </ol> |
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| <b>AVAILABILITY</b>                            |   |
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| <p>Sources for indicator (CRVS, DHS etc.);</p> | <p>Countries gather data on childhood experiences of sexual violence through household surveys such as the Demographic and Health Surveys. In some countries, such data are also collected through other national household surveys, including dedicated surveys on violence. This indicator captures all experiences of sexual violence that occurred during childhood (i.e., prior to the age of 18 years) regardless of the legal age of consent stipulated in relevant national legislation.</p> <p>Indicator data are available from the following sources:</p> <ol style="list-style-type: none"> <li>1. Global SDG database (country and regional 2005-2019):<br/><a href="https://unstats.un.org/sdgs/indicators/database/">https://unstats.un.org/sdgs/indicators/database/</a></li> <li>2. WHO's Global Health Observatory (country level from 2007-2017):<br/><a href="https://www.who.int/data/gho/data/indicators/indicator-details/GHO/proportion-of-young-women-and-men-aged-18-29-years-who-experienced-sexual-violence-by-age-18-(-)">https://www.who.int/data/gho/data/indicators/indicator-details/GHO/proportion-of-young-women-and-men-aged-18-29-years-who-experienced-sexual-violence-by-age-18-(-)</a></li> </ol> |
| <p>Most recent date available;</p>             | <p>Data are scattered from 2005-2019 amongst various countries.</p>   |

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| Availability across geographic areas;       | Data is available in limited number of countries and is concentrated in Africa.  |
| Availability in conflict affected settings; | Data availability in conflict affected settings is highly limited and varies by country and year: Yemen (No Data); South Sudan (No Data); Libya (No Data); Somalia (No Data), DRC (2014), Afghanistan (2015) and Syria (No Data) |

| <b>GRANULARITY</b>                                      |     |
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| <i>Disaggregation at national level</i>                 |     |
| Data disaggregated by sex;                              | Yes |
| Data disaggregated by identity group (race, ethnicity); | No  |
| Data disaggregated by income                            | No  |
| <i>Disaggregation at sub-national level</i>             |     |
| Data disaggregated by geographic region;                | No  |
| Data disaggregated by identity group (race, ethnicity); | No  |
| Data disaggregated by income.                           | No  |

| <b>SOURCES OF BIAS</b>               |  |
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| What bias can exist with these data? | <i>Selection bias:</i> Respondents might not be representative of the entire population as health and home surveys were the only source of data collection. Respondents accessing hospitals and disclosing violence to their doctor may not be representative of the group of respondents who decide not to seek help or who may not be able to access health services. This bias may be strongest in conflict affected states where survey efforts are limited and health systems are more fragile (5). |

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|  | <p><i>Recall bias:</i> Trauma can impact memory and may lead to underreporting or misreporting (6).</p> <p><i>Social Desirability Bias:</i> With the level of stigma attached to sexual violence in most contexts, respondents may be inclined to lie to gain the approval of the person/institution conducting the survey or to ensure both their desirability and their own safety. Amongst male victims of assault, stigma would also be an important consideration when identifying potential bias due to construction of the male identity (7).</p> <p><i>Interviewer Bias:</i> Respondents may refrain from reporting in hospital or household surveys for a variety of reasons; improper/insensitive screening techniques, power dynamics, and harmful attitudes held by medical professionals have been documented as influential in rates of violence reporting (8).</p> <p><i>Other:</i> In general, sexual violence research has significant limitations and the potential to be impacted by many different types of biases. Likewise, as the data collection methods focused on questions that defined sexual violence as something “illegal”, some victims may not know or believe their experience is considered sexual violence, specifically in contexts where laws around child sexual abuse don’t exist or are poorly enforced.</p> |
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| <b>VALIDITY</b>   |   |
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| Clear and accepted international standards for indicator; | <p>This indicator does not measure the population prevalence of child sexual abuse. Rather, this indicator measures the proportion of adults who disclosed experiencing an indiscriminate act of sexual violence as a child. While this nuance may be slight, relying on self-reporting, violence related biases, and the use of legal definitions of sexual violence may impact the ability for collection efforts to measure the true pervasiveness of child sexual violence globally.</p> <p>This indicator has been classified as a Tier 2 SDG indicator because it relies on an internationally established methodology (9).</p> |
| Validity of measurement of indicator generally accepted;  | <p>It could be argued that differences in the age limit defined by the state party affect the validity of the measurement.</p>  |

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| <b>RELIABILITY</b> |
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| Reliability of indicator generally accepted; | The classification of this indicator as a Tier 2 SDG indicator suggests its reliability is generally accepted (9). |
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| <b>COMPLEXITY</b>                          |   |
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| Enables analysis across time and location. | Yes, this indicator does enable for analysis across time and location as there is no geographic or time related limitation explicitly identified within its definition. |

| <b>OTHER REFLECTIONS</b>               |   |
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| Are indicator values imputed/modelled? | No.   |
| Other reflections                      | <ul style="list-style-type: none"> <li>• Extrapolating country estimates to the regional level in an effort to derive regional results may provide little understanding into drivers, risks, and realities pertinent to local contexts.</li> <li>• The way abuse is defined plays an important role for both respondents and interviewers, and should not be exclusively linked to the legality of sexual violence</li> <li>• Cases reported by the official authorities may underreport the number of victims as many cases are never reported to them. Using a third body as a reporting source is limiting as some child sexual violence studies show that acts of violence go unreported due to people’s fear of police authorities (10).</li> <li>• Peer reviewed literature finds that with studies on child sexual violence: “different studies report the prevalence for different time periods, for e.g., few give data on number of children abused in one year, others give numbers based on children ever abused in their lifetime, and few others involve adults who recall and report their childhood abuses” (2).</li> <li>• Relying only on open disclosure as the singular form of data collection may grossly underestimate how pervasive child sexual violence is.</li> </ul> <p><i>Final Thoughts:</i> The indicator should not rely on the local legal context of child sexual violence; this indicator should include reports received outside of health and police authorities; this indicator should account for high rates of non-disclosure due to stigma and gender norms; researchers using this indicator should code the nature of relationship with the offender; researchers using this indicator should code the types of sexual violence experienced; this indicator should be further disaggregated by child age; this indicator should be used in conflict and post conflict settings in an effort to understand conflict risk factors.</p> |

## References

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