

117TH CONGRESS
1ST SESSION

H. RES. 714

Encouraging all nations to end sexual violence against girls through in-country data-driven reforms.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 8, 2021

Ms. WILD (for herself, Mrs. WATSON COLEMAN, Mr. PAPPAS, Mr. KEATING, Ms. NORTON, Ms. LOIS FRANKEL of Florida, Ms. ESCOBAR, and Mr. COSTA) submitted the following resolution; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Encouraging all nations to end sexual violence against girls through in-country data-driven reforms.

Whereas the COVID–19 pandemic has had a well-documented adverse impact on already-alarming rates of violence against women and girls around the world;

Whereas the 2006 United Nations World Report on Violence Against Children galvanized many nations in their commitment to face the challenge of ending all violence, including sexual violence, against children in stating, “No violence is justifiable, and all violence is preventable.”;

Whereas sexual violence against girls is a plague that spares no culture, country, race, religion, or ethnicity across the globe;

Whereas data from United Nations Children’s Fund indicate up to 50 percent of sexual assaults worldwide are committed against girls under 16 years of age;

Whereas sexual violence against girls and the lifelong consequences impede their potential contributions to society and present a major obstacle for nations in the journey to self-reliance with political and economic stability;

Whereas sexual violence during childhood is associated with serious immediate and long-term health impacts including but not limited to higher rates of pregnancy, maternal mortality, suicide, depression, substance abuse, heart disease, obesity, and HIV/AIDS;

Whereas girls and young women have the highest risk of experiencing sexual violence and currently account for around 74 percent of new HIV infections in sub-Saharan Africa, totaling 1,000 newly infected young women each day;

Whereas complications of pregnancy and childbirth are the leading cause of death among girls 15 to 19 years of age in sub-Saharan Africa where 90 percent of adolescent pregnancies are associated with child marriage;

Whereas female genital mutilation/cutting (referred to in this resolution as “FGM/C”), an invasive procedure with no medical necessity, represents a form of gender-based discrimination, is recognized internationally as a violation of the human rights of girls and women and can be recognized as sexual violence;

Whereas, according to the United Nations Children’s Fund (referred to in this resolution as “UNICEF”), over 200,000,000 women and girls living today endured the irreversible procedure FGM/C and according to the World Health Organization, over 3,000,000 additional girls around the globe are at risk of suffering FGM/C each year;

Whereas FGM/C causes irreparable deformation, pain, bleeding, and increased risk of HIV infection, and can result in complications such as shock, fistulas, complications of childbirth, and death;

Whereas sexual violence against children, as defined by the Centers for Disease Control and Prevention (referred to in this resolution as the “CDC”), includes all forms of sexual abuse and sexual exploitation of children;

Whereas sexual violence against children encompasses a range of acts, including completed nonconsensual sex acts (such as rape), attempted nonconsensual sex acts, abusive sexual contact (such as unwanted touching), and noncontact sexual abuse (such as threatened sexual violence, exhibitionism, verbal sexual harassment, and use of explicit images);

Whereas recognizing the need for data and evidence to guide actions to end violence against children, the CDC partnered with UNICEF Swaziland (now Eswatini) and the Government of Eswatini to develop and implement the scientifically sound surveillance tool, Violence Against Children and Youth Surveys (referred to in this resolution as “VACS”);

Whereas VACS are nationally representative household surveys designed to define the magnitude, nature, and con-

sequences of sexual, physical, and emotional violence among children and adolescents;

Whereas the governments of 23 nations (Botswana, Cambodia, Colombia, Côte d'Ivoire, El Salvador, Eswatini, Ethiopia, Guatemala, Haiti, Honduras, Kenya, Lao People's Democratic Republic, Lesotho, Malawi, Moldova, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe) demonstrated leadership in addressing the pandemic of sexual violence against girls through the implementation of VACS as part of the Together for Girls partnership, with technical support from the CDC and coordination from multiple stakeholders, including UNICEF and others;

Whereas published VACS data from 21 countries in Latin America, Eastern Europe, Southeast Asia, and sub-Saharan Africa revealed that—

(1) as many as 38 percent of girls (in Zimbabwe and Eswatini) and 35 percent of boys (in Uganda) experienced sexual violence before the age of 18;

(2) in sub-Saharan Africa—

(A) for 1 in 4 girls, their first sexual intercourse experience was forced or coerced;

(B) 1 of 3 girls who experienced unwanted sex became pregnant before the age of 18;

(C) two-thirds of boys who experience sexual violence report mental distress later in life; and

(D) sexual violence against children and adolescents was associated with a 370-percent increase in the incidence of HIV infection, a 350-percent increase in the incidence of unwanted pregnancies, and a 200-percent increase in attempted suicides;

(3) the most common perpetrators of sexual violence are people known to the victims;

(4) only about half of the victims of childhood sexual violence tell anyone;

(5) in Colombia, 42 percent of boys experienced sexual, physical, or emotional violence in childhood and of those boys, none received help;

(6) in the Lao People's Democratic Republic, 54 percent of boys reported experiencing physical violence before the age of 18;

(7) children, adolescents, and youth experience different vulnerabilities at different ages;

(8) in Moldova, among girls who experienced sexual violence, 8 percent experienced sexual violence for the first time at the age of 8 or younger, 22 percent experienced sexual violence for the first time from age 14 to 15, and 70 percent experienced sexual violence for the first time from age 16 to 17;

(9) experiences of sexual violence often lead to increased risk of suicidal ideation; and

(10) in Honduras, 41 percent of girls who experienced sexual violence reported thoughts of suicide, compared to 10 percent of girls who did not experience sexual violence;

Whereas the formation of data-driven action plans utilizes INSPIRE, a World Health Organization technical package of proven strategies to reduce violence;

Whereas INSPIRE guided action plans result in significant progress in strengthening protection for youth, including—

(1) in response to a 38-percent prevalence of childhood sexual violence among girls, the Government of

Eswatini drafted the first law in their country making sexual abuse of minors illegal;

(2) across multiple countries around the world, governments, civil society organizations, and health, justice, and education practitioners have increased efforts to improve services for survivors and launched cross-sectoral efforts to end sexual violence against children;

(3) countries such as Tanzania and Nigeria, where violence in schools was noted to be high, developed policies, codes, and protective guidelines for teachers and schools;

(4) reforms in Uganda, such as expansion of the No Means No! program to 20,000 adolescent girls and implementation of the Coaching Boys into Men program, contributing to a significant decrease in the incidence of rape; and

(5) Cambodia launching its National Action Plan to Prevent and Respond to Violence Against Children in 2017, which led to social protection interventions reaching an additional 10,000 children and child protection services reaching an additional 20,000 children;

Whereas the follow-up household surveillance, VACS, thus far completed in Kenya and Zimbabwe, revealed a significant decrease in sexual violence among children and adolescents after data-driven reforms were instituted;

Whereas sexual violence, common in the United States and around the globe at times of peace, occurs with increased incidence in settings of conflict, migration, internal displacement, and institutionalization, where it is known to be used to intimidate, subjugate, and instill fear;

Whereas survivors in these adverse settings commonly experience collective abandonment and an entrenched impunity of their perpetrators; and

Whereas the strong association between experiencing violence in childhood and later perpetrating violence highlights the importance of comprehensive interventions for both survivors and perpetrators: Now, therefore, be it

1 *Resolved*, That it is the sense of the House of Rep-
2 resentatives that the United States—

3 (1) recognizes that sexual violence against girls
4 remains a devastating global health, human rights,
5 and economic problem that is both unjustifiable and
6 preventable and impedes peace and security;

7 (2) recognizes the leadership of nations that
8 have used data-driven, in-country, government-led,
9 multisector reform to end sexual violence against
10 girls;

11 (3) encourages the commitment of all nations to
12 address the United Nations Sustainable Develop-
13 ment Goals, including goal 16.2, “End abuse, exploi-
14 tation, trafficking and all forms of violence against
15 and torture of children”, goal 5, “Achieve gender
16 equality and empower all women and girls”, and
17 goal 5.3, “Eliminate all harmful practices, such as
18 child, early and forced marriage and female genital
19 mutilations”;

1 (4) encourages all nations to put into place
2 proven methods and tools such as VACS, a proven
3 household surveillance tool, and INSPIRE, an evi-
4 dence-based technical package of strategies, to gen-
5 erate and implement government-led, data-driven,
6 comprehensive, multisector response plans to end
7 sexual violence against girls;

8 (5) encourages the establishment of multidisci-
9 plinary and integrated systems in every country to
10 ensure that laws are put into place to protect girls
11 and that these laws are enforced by a trained and
12 supported criminal justice system;

13 (6) encourages increased global and domestic
14 efforts to eliminate FGM/C;

15 (7) encourages funding for further research on
16 the global magnitude, scope, consequences including
17 physical and mental health, social and economic bur-
18 dens, and prevention of sexual violence among all
19 children including more vulnerable populations such
20 as children who are disabled, institutionalized, or
21 homeless, children living as refugees, or internally
22 displaced persons, and children living in areas of
23 conflict;

24 (8) encourages the establishment of safe, sur-
25 vivor-centered spaces, and advocacy centers for co-

1 ordination of health, psychologic, and other services
2 for survivors and their families;

3 (9) encourages the adaptation and application
4 of the VACS technique in humanitarian contexts to
5 acquire relevant data for analysis to drive planning;
6 and

7 (10) encourages domestic use of the proven sur-
8 vey and technical tools VACS and INSPIRE to ad-
9 dress sexual violence against girls in the United
10 States.

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