



UNDP

United Nations Development Programme



Committee: United Nations Development Programme (UNDP)

Topic: Prevention and Response to Sexual Assault

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Dear Delegates,

Welcome to SPISMUN del Paseo 2025! We are pleased to announce the talented committee chairs for this year's event. As esteemed delegates of the UNDP committee, we highly encourage active participation and sharing your valuable ideas. We sincerely hope you will derive tremendous satisfaction from the Model United Nations experience we have diligently prepared for you. Our collective objective is to engage in a cooperative learning process and strive towards attaining peaceful and enduring solutions. Your active involvement is fundamental to the realization of these goals.

We hope you have a great experience at SPISMUN. Your Chairs are Julian Ponce León as your Moderator, Alexis Issasi as your Secretary and I, Eduardo Barrera your Director.

If you have any questions, don't hesitate to contact us at: spismunpaseo@sanpatricio.edu.mx

Best regards,

Eduardo Alejandro Barrera Leal

I. COMMITTEE BACKGROUND

The United Nations Development Programme is the global development network of the United Nations, dedicated to creating a meaningful impact on people's lives. The 2009/2010 report, *UNDP in Action: Fulfilling Commitments*, states that it strives to support sustainable human development to enhance opportunities for the most vulnerable populations worldwide. UNDP focuses on “expanding people's choices and capabilities in the least developed countries around the world.” In 2009, 42% of UNDP's budget was allocated to these LDCs, demonstrating its dedication to addressing the needs of the most marginalized communities.

In 2007, the UNDP's Executive Board adopted a Strategic Plan to ensure that programming was effective and accountable, with a clear focus and emphasis on measurable and transformative results. This plan established an organization committed to eradicating poverty and working as a neutral partner alongside governments. Further, complete alignment with the national plans of partner countries ensures that all of UNDP's work meets local needs and takes place at the request of the involved governments. UNDP invests in the capacities of those governments so that they achieve their poverty eradication and development goals. However, this path ahead has not been devoid of its challenges. A 2008 global financial meltdown, initiated in the developed world, reached the developing nations and caused devastation to the many development gains realized while achieving sustainable development. The economic crisis, food shortages, and commodity price shocks forced many countries to revert to fragile development gains. In return, UNDP had to indicate how it optimized available financial, human, knowledge-based, and experiential resources to continue human development progress, even amidst shrinking aid budgets.



In this regard, UNDP believes that collaboration is indispensable for achieving the ambitious targets set under the SDGs by 2030. This is a time when governments, the private sector, civil society, and citizens must pull in one direction to ensure that the future is better than today. Indeed, UNDP's comparative advantage relies on a track record of working across many development goals, which, together with policy expertise, makes it a partner trusted in this global effort.

As an organization, UNDP's mandate is anchored in the UN Charter signed in 1945. The ideals of maintaining international peace and security, encouraging among nations considerably more significant activity in the achievement of the purposes stated, promoting respect for human rights and fundamental freedoms, and achieving international cooperation in solving global problems of an economic, social, and cultural character are at the heart of UNDP's work. The agency itself was established in 1965 due to the merger between two earlier programs designed for technical assistance and funding for development. These days, UNDP continues to link countries to knowledge, experience, and resources for improving people's lives and building a fairer, more equal world. Its six prime development areas-poverty, inequality, governance, resilience, environment, energy, and gender equality are at the forefront of global efforts to foster inclusive and sustainable development.

II. HISTORY OF THE TOPIC

Violence against women (VAW), particularly intimate partner violence (IPV) and sexual violence, is a global pandemic of public health and a severe violation of women's fundamental human rights. According to the World Health Organization estimates, globally, about 1 in 3 women have experienced physical or sexual violence by an intimate partner or non-partner in their lifetime. Most of these also involve intimate partner violence, which roughly 27% of women between the ages of 15 and 49 years reported in one form or another at the hands of their partners. Such violence, aside from its immediate physical consequences, has implications for women's mental, sexual, and reproductive health and increases the risk



of diseases like HIV, particularly in specific contexts. However, violence against women can be prevented; it is here that the health sector plays a significant role in the complete treatment of those subjected to such violence and referring them to other services. WHO estimates, based on a careful analysis of the data from 2000-2018 for 161 countries, that

about 30% of women report having experienced physical or sexual violence. Most such violence is by men, and the intimate partner is the leading cause of it against women. Intimate partner violence accounts for up to 38% of all murders of women globally, it is noted in this report. Non-partner sexual violence, though hardly reported, affects 6% of women globally.

Several conditions influencing violence against women are influenced by many risk factors, occurring at the level of the individual, family, community, and society. A few individual-level risk factors include low education, exposure to childhood abuse, witnessing family violence, antisocial personality disorder, and harmful use of alcohol. Some of the social factors influencing this include, but are not limited to, norms that at the community level privilege men over women, low employment rates among females, and, by extension, the general condition of gender inequality with laws and practices that reinforce such discriminatory behaviors; it was noted to come from, among other factors, beliefs in family honor, ideologies of male sexual entitlement, and lack of legal sanctions.

Violence against women has profound and far-reaching health consequences, from short-term to long-term. The most critical outcome associated with intimate partner violence is death, by either homicide or suicide. About 42% of the women who reported experiencing IPV appeared to report injury as a result. Physical violence also contributes to unwanted pregnancies, induced abortions, sexually transmitted infections, including HIV, and other reproductive health issues in a long list. The studies conducted by WHO; therefore, also provide evidence that “the women who reported IPV are more likely to acquire STIs; they were twice as likely to undergo an abortion.

Pregnancy-related complications of IPV include miscarriage, preterm delivery, and low birth weight. The following are some mental health-related problems that victims of IPV are vulnerable to, major depression, post-traumatic stress disorder, and anxiety, among others. Other physical manifestations of IPV include chronic pain, gastrointestinal disorders, and limitation in mobility. Most significantly, childhood sexual violence has an increased risk for substance use and unsafe sexual practices, and for males, perpetrating violence later in life.



Children who grow up in families where violence is occurring commonly have behavioral and emotional issues, which are carried into later life and can continue this cycle of violence. Violence against women, especially IPV, is an essential factor in infant and child mortality and in child health concerns, such as stunting and low immunization rates. The social and economic consequences of violence against women are also grave. The other

implications women who face violence may experience include social isolation, inability to work, and financial dependence. The impact doesn't stop at individual lives but goes on to families and communities as well. Increased, more comprehensive economic costs because of gender-based violence take the lead as a result.

There is a growing body of evidence about what works in preventing violence against women. In 2019, WHO and UN Women launched the RESPECT conceptual framework for preventing violence against women by using seven strategies that equally apply to men and women, and the Nation Nations Development Programme along with the UNFPA promotes:

- Strengthened Relationship Skills,
- Empowerment of Women,
- Ensured Services,
- Reduced Poverty,
- Enabling Environments Created,
- Prevention of Child and Adolescent Abuse,
- and Transformed Attitudes, Beliefs, and Norms.



These strategies apply in both low-and high-resource settings; promising interventions include psychological support of survivors, combined economic and social empowerment programs, and community mobilization to challenge harmful gender norms.

Successful programs emphasize women's safety, challenge the inequality of gender power relations, and address multiple risk factors simultaneously. School-based programs that promote a safe school environment, communication with partners, and the principles of gender equality have reported behavior changes in attempts at reducing violence against women (VAW). The health sector also has an active role to play in the response to VAW, in particular, demands from society for change in this area while at the same time offering comprehensive care for survivors. Healthcare providers are most often the first contact when such cases of violence occur. As such, the sector has to be prepared to provide sensitive and comprehensive care to prevent the recurrence of violence and ensure appropriate referral to further services. The health sector can also contribute to promoting gender equality through life skills education and providing evidence regarding the magnitude of the problem, which can be used for future intervention.

The world's response to VAW has been within the domain of concerted efforts, including organizations such as the WHO and UN Women through partnerships on actions like the Action Coalition on Gender-based Violence, which have fashioned bold actions catalyzing resources toward the eradication of VAW. It needs further commitment on the part of governments, civil society, and international agencies through declared actions to put an end to violence against women by addressing root causes related to gender inequality through an all-inclusive approach.

This is an epidemic health difficulty of global proportions that is preventable. This action includes intensifying the role of the health sector in promoting policies supportive of gender equity and implementing evidence-based prevention strategies that will enable society to move closer to the elimination of this profound violation of human rights to ensure a safer, healthier future for women across the globe.

III. CURRENT ISSUES

INDIA. The issues of sexual violence and sexual crimes in India are severe, evident especially in the groups of Dalits, Adivasis, and Muslims. In seeking action against an abuser, survivors have to contend against psychological and structural obstacles such as acceptance and stigmas, discrimination, and other forms of negativities from legal systems, and in many cases, even fewer services to facilitate this. In some ways, the legal framework of the country is forward-looking though, still there is more needed to be done, especially on matters like spousal rape and protection of the abuse victims. *Equal Now* is attempting to address one of the challenges by calling for changes in legislation, educating, and assisting the victims.

Apart from these challenges, the survivors of sexual violence in India, experience more intimidation by the community to withdraw the case, such intimidation would come from relatives, companions, or even members of religious institutions. Stereotypical views or discrimination from the police and members of Courts: Disparaging treatment such as disbelief and abuse or even blame for the act of violence may be heaved on the survivors of violence. Little help with representation in court: Absence or lack of finances for hiring a lawyer remains a barrier for many victims – they simply cannot pay for one, which may hamper a very complicated legal approach. Frightening statistics about the rates of conviction: There have been very low rates of sentencing of the culprits in cases where violence was committed against a woman.

USA. American African American women face intimate partner violence at rates 35% higher than those for white women, while more than 84% of American Indian and Alaska Native women have experienced some form of violence. Higher rates of assault also continue among LGBTQ individuals, immigrants, and people with disabilities. For example, LGBTQ women are targets of sexual violence at alarmingly higher rates compared to heterosexual women, while immigrant and undocumented women's vulnerabilities are increased by social isolation, and deportation fears.

The *#MeToo* movement has brought greater awareness, yet most sexual violence is not reported to the police. Only 37% of cases get reported to the police, out of which only 50 out of every 1,000 incidents result in an arrest or conviction. Gender-based violence cuts across all communities, races, and economic backgrounds; thus, it's a pervasive issue that's in need of attention. Sexual violence in the workplace remains part of the issues, with 8% of assaults occurring while at work; immigrant women, especially undocumented ones, remain most vulnerable. This, in turn, largely goes unreported due to fears over loss of jobs or even deportation. In U.S. prisons, estimates put the number of those assaulted at 200,000 annually, mostly by the same staff entrusted in their custody. Youths in juvenile detention similarly have a high rate, with 1 in 8 reporting sexual victimization.



Male survivors of sexual violence are often forgotten, but nearly 1 in 66 men will be a victim of sexual assault or attempted sexual assault in their lifetime. Of those male victims, 93% reported their perpetrator was male. The LGBTQ community is very vulnerable to sexual violence; men who identify as LGBTQ are more apt to be victims of sexual violence than heterosexual men. Only 15% report the crime to the police. Children and teens are at the forefront of this vulnerability, and the number of cases of child sexual abuse recorded in 2016 was over 57,300. Most of these victims would go on to continue living through the hell of sexual violence into adulthood, which signifies that early trauma is likely to be long-lasting.

SWEDEN. This country also recorded a surge in incidents of sexual crimes lately, sexual assault among women. And according to studies and data from 2000-2015, the major portion of convicted offenders were men, and a large part of them immigrants. About half the offenders were born outside of Sweden, especially from the Middle East, North Africa, and Africa. LCA identified two interpretable classes of offenders, including the low-offending class with limited

or no past criminality and/or psychiatric diagnoses and the high offending class characterized by previous criminality, substance abuse, and psychiatric problems. According to, the number of sexual crimes has been rising steadily; rape cases reported during the period between 2008 and 2018 increased by 45%. On the other hand, it follows that the rates at which crimes have been solved went down drastically, with only 11% of the rape cases solved in 2016, a factor that reflects the challenge the Swedish authorities face in addressing this growing issue.

IV. UN ACTION AND RESOLUTION

Violence against women and girls is a serious violation of human rights and a pervasive public health issue. Globally, about one-third of all women report physical or sexual violence, mostly by an intimate partner. It brings immense suffering into the lives of women and girls; it damages their health and well-being, limits their full participation in society, and also incurs financial costs for families and society as a whole. While many countries have enacted laws related to domestic violence and sexual harassment, lack of enforcement remains a serious issue in most parts of the world, which means too many women still have inadequate access to justice and protection. Organizations like UN Women work day and night to provide multi-sectoral services, facilitate prevention efforts, and gather data as a way of understanding and addressing the violence. Thus, *Safe Cities* and *Safe Public Spaces*, along with the *Spotlight Initiative*, have been critical in amplifying comprehensive evidence-based responses to end violence at scale, particularly in conflict-affected settings. This work is further complemented by UN Action, which coordinates UN-wide strategies for addressing CRSV through prevention, survivor-centered assistance, and capacity building at national and international levels.

V. ESSENTIAL QUESTIONS

1. What is the legal definition of sexual violence?
2. How does sexual violence differ from other forms of violence?
3. What are the different types of sexual violence (e.g., rape, sexual assault, harassment)?
4. How prevalent is sexual violence?
5. Who are the most vulnerable populations to sexual violence (e.g., women, children,

LGBTQ+ individuals)?

6. What are the short-term and long-term consequences of sexual violence for victims?
7. What are the root causes of sexual violence?
8. How do societal attitudes, cultural norms, and power dynamics contribute to sexual violence?
9. What role does alcohol and drug use play in sexual violence?
10. What strategies can be implemented to prevent sexual violence?
11. How can we improve the legal system's response to sexual violence?
12. What support services are available for victims of sexual violence in your country?

VI. CONCLUSION

Sexual violence, particularly against women, is an acute and widespread global violation of human rights. The deep roots underpin this epidemic, from society, culture, and economic factors regarding the periphery of gender inequality and norms of male dominance, to systemic failure in securing appropriate legal and institutional responses. The UNDP, along with other international agencies such as WHO and UN Women, emphasizes that sexual violence has to be approached multifold-prevention, survivor care, and the transformation of harmful gender norms.

Successful approaches have shown that a combination of legal reform, comprehensive services, and public awareness campaigns can reduce sexual violence prevalence. Other initiatives are programs to enhance partnerships among governments, the private sector, civil society, and communities through addressing the root causes and improving effectiveness, including the RESPECT framework and Safe Cities. Achieving sustainable long-lasting solutions therefore calls for collective effort in legal reform, education, awareness, and support for survivors. Such initiatives should be adapted to suit specific needs related to vulnerable populations and be bound by a commitment from the global community toward the eradication of gender-based violence. As members of the UNDP committee, this is where your role becomes important in shaping policies and strategies that can go a long way in ensuring that sexual violence is curbed globally.

This sexual violence epidemic touches all corners of society-regardless of one's

gender, race, or socioeconomic status. It is a pervasive issue that requires collective action to confront and end.

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