

Practical Paper

Reducing sexual violence through safe sanitation?

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ABSTRACT

Reliable access to safe sanitation is a cornerstone of human health and gender equality. Over the last 10 years, the risks of sexual violence and sexual harassment (SVSH) associated with inadequate access to household latrines have received considerable attention. This is especially true of studies on seeking sanitation under cover of darkness. Here I examine the evidentiary basis of claims that incidences of SVSH can be reduced with better access to latrines. I focus on SVSH towards women and girls, though all genders can face sexual violence. I argue that promoting household (or on premises) latrines as a protection against sexual violence cements entrenched biases about 'good' girls, 'true' rape, and the place of women in public spaces. Thus, arguments claiming that latrine construction is an important tool against SVSH, while gender-sensitive in intent, can be misogynistic in impact.

Key words: gender-based violence, latrines, rape, sexual violence, toilets

HIGHLIGHTS

- Researchers have argued that sexual violence and harassment can be reduced by constructing more household toilets.
- This argument inadvertently supports rationales for keeping women away from public spaces.
- Promoting latrine construction as a way to prevent rapes also perpetuates gender-biased myths related to 'true' victims and 'good' versus 'bad' girls.
- This form of sanitation advocacy can become misogynistic.

INTRODUCTION

Reliable access to safe sanitation is a cornerstone of gender equality and a global public health priority. Safe and accessible latrines are the first step towards safely managed sanitation systems. However, reliable access to, and consistent uptake of, latrines remain low in many low-income countries (WHO/UNICEF 2020). The physical and psychosocial harms to women and girls from distant and/or insecure sanitation specifically have been extensively documented. These include risks and discomforts from deliberate dehydration in order not to 'go', lost time, falling in the dark, threats from animals, stress while seeking a secluded space, the shame of being seen, and fear of verbal and physical assault (Sahoo *et al.* 2015).

Over the last 10 years, the risks and occurrence of sexual violence, verbal harassment, and rape when there is no on-premises sanitation have received considerable attention (Sorensen *et al.* 2011; Caruso *et al.* 2015; Gibbs & Reddy 2020); this is especially true of studies on seeking sanitation under cover of darkness. Sexual violence and sexual harassment (SVSH), including rape, is a heinous violation of human rights; it is also a severe public health burden with lasting physical, social, and psychological consequences (<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>). Acknowledging such risks has led several researchers as well as journalists to claim that inadequate and off-premises sanitation is a cause of sexual violence and harassment, though it is 'not the main cause' (Sommer *et al.* 2015).

An outgrowth of this reasoning is the argument that safer and more private access to sanitation facilities can measurably reduce the incidence of SVSH. In this Practical Paper, I examine the evidentiary basis for such claims and discuss the implications of advocacy that emphasizes the risks of SVSH to promote better access to water and sanitation. I draw on research and media accounts primarily from India and South Africa, two countries with high numbers of reported rapes, many

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households with limited latrine access, and a substantial literature on SVSH and on sanitation access. Following the literature, I focus on SVSH towards women and girls, though all genders can face sexual violence.

Toilets to prevent SVSH: the evidence

Safer access to toilets is often discussed as an important and overlooked protection against rape (Pommells *et al.* 2018), and lesser (though repugnant) manifestations of SVSH such as lewd remarks and inappropriate touching. By design, reports of SVSH on account of inaccessible latrines focus on incidents outside the home. The story that emerges from existing studies is not a clear one, however. A 2014 case of two girls being raped and murdered while going out to defecate at night near Badaun, India, was reported nationally and internationally with the clear implication that, had these girls had in-home latrines, these rapes could have been prevented (Biswas 2014; Caruso *et al.* 2015). Further investigations into the Badaun murders in fact questioned the out-for-defecation narrative; reports from the families as well as the investigating officers were inconsistent from the start. One explanation for the girls' outing concluded that the older girl was meeting a young man; this account suggested that the murder was an honor killing, because it was 'over ... the moment she was found with a boy' (Faleiro 2021).

Drawing on India's National Family Health Survey, Kayser *et al.* (2021) found that the risks of non-partner sexual violence (NPSV) in rural (but not urban) areas were halved when private latrines were available (Jadhav *et al.* 2016; Kayser *et al.* 2021). The relevant sub-sample was small because just over 0.45% of female respondents reported any NPSV at all. Of course, SVSH and rape are notoriously under-reported crimes (Sommer *et al.* 2015); partner or acquaintance rape is even more under-reported (Swart *et al.* 2000). A multi-state econometric study from India concluded that a 10-percentage point increase in household toilets would reduce reported sexual assaults (though not rape) by 2-percentage points, but no distinction was made between acquaintance assault and stranger assault (Mahajan & Sekhri 2020). More to the point, there was no information on whether these assaults took place en route to, or in, toilets.

A South Africa-based survey found that 5% of female respondents reported NPSV in the previous year; 7.2% using shared toilets reported NPSV while 4.8% with indoor toilets did so (Gibbs & Reddy 2020). It is not clear that these sexual violence incidents occurred while the victims were in, or seeking to use, the facilities; nonetheless, the authors conclude that sanitation facilities are 'central' to the prevention of such violence. A model-based study using data from a South African township suggested that doubling the number of available latrines could reduce sexual assault by 30%. The authors admit that shorter walks to latrines were a way to reduce women's 'exposure opportunities' and that *any* outside exposure could be unsafe (Gonsalves *et al.* 2015), but the authors conclude that inadequate sanitation access is a 'key driver' of sexual assault. The risks of SVSH on account of inadequate sanitation are frequently conflated in these studies with SVSH risks from any outside exposure; this makes studies showing an association between SVSH and inadequate facilities on-premises difficult to interpret.

Weak evidence notwithstanding, the 'sanitation access to avert SVSH' argument has persuasive power. Promoting latrine construction to reduce rape and protect women has been effective in sanitation campaigns such as India's *Swachh Bharat Mission* (SBM). National-level messages for SBM focused on the virtues of cleanliness and health overall. Local promotional efforts, however, regularly emphasized the modesty and safety of women who did not have to leave home to relieve themselves. A Gates Foundation-funded survey in rural India found that ~80% of respondents who had constructed a household latrine reported doing so mainly to protect their women from undesirable male attention; risks from animals were separately accounted for (Sambodhi 2006). The authors concluded that 'sanitation discourse must ... leverage the energy' behind these concerns to promote toilet construction more effectively (Sambodhi 2006: 18).

Safe and accessible latrines are indeed critical for the safety, health, and dignity of women and girls, so what is wrong with promoting the right policies (better latrine access) using shaky reasons (better access will reduce SVSH)? The problem arises when shaky reasons assume a life of their own, distracting attention from the dominant causes of SVSH, and perpetuating damaging stereotypes related both to rape and to women and girls.

Toilets to prevent SVSH: the flaws in the argument

First, promoting safer sanitation access in order to prevent rape or assault can be a distraction from the primary causes of SVSH. As SVSH researchers and activists know, most rape incidences worldwide are perpetrated by acquaintances of the victim (García-Moreno *et al.* 2015), mainly intimate partners or relatives, though the proportions vary by country. Stranger rapes undoubtedly occur, but in India, for instance, ~90% of rapes are estimated to be by known perpetrators (Bhalla 2015).

Studies from South Africa argue that SVSH, often seen as an ‘opportunity’, is caused by violent behaviors exacerbated by the experience of apartheid; here, too, most rapists are known to their victims (Armstrong 1994; Gqola 2007). The COVID-19 pandemic has intensified all types of domestic and intimate partner violence against women and girls (UN n.d.). By contrast, the rape-while-seeking-sanitation story relies on the image of a lurking stranger, responsible in fact for a minority of rape incidences, but a durable villain in the public mind. This discourse cements the enduring myth that most rape is stranger rape.

Rape is a frequently misunderstood crime about which myths are common. Why does the lurking rapist myth endure despite evidence to the contrary? First, intimate partner violence brings SVSH into the home, and locating the SVSH problem outside the household is easier for most people than looking within one’s own circle. There is a class component to this particular myth (Dutta 2016): A stranger on the prowl is readily imagined as an ill-educated member of the working or unemployed poor, whereas people of higher educational and social status are not expected to entrap girls on the way to relieve themselves. The news media also report on stranger rape more frequently than they report acquaintance or partner rape, though the latter is far more common (Arya 2020). Promoting household sanitation as an anti-SVSH measure perpetuates this myth, drawing critical attention away from the realities of sexual violence.

Second, arguments that constructing at-home toilets is an SVSH prevention strategy (e.g. Biswas 2014; Gonsalves *et al.* 2015; Gibbs & Reddy 2020) are, in effect, arguments against exposing women to public spaces. Media reports regularly express sympathy for sanitation-related assault victims by pointing out that they had no option – after all, everyone needs to relieve themselves: ‘they left their homes because they had no alternative’ (McFarlane 2014). These observations suggest that, if toilets were more convenient, women would have less need to be out in public and could stay at home more. Keeping women indoors is not the intent of those arguing the case for accessible latrines, but it is how the message is heard where women are already taught, in word and in practice: ‘don’t go out at night’ (Davis 2015).

Third, the *stranger rape* narrative combines with the *don’t-go-out* narrative to cement victim-blaming tropes. Sexual violence by a stranger prowling by the roadside or the rape of a minor is treated in the media as uncontroversial ‘real’ rapes (Arya 2020); the victim could not have done anything to provoke the attack. If the perpetrator is a boyfriend or a relative, then it can be, and often is, argued that the victim was not completely innocent. SVSH when the girl or woman is behaving as she should, or acting out of bodily needs, means that she is a ‘true’ victim; that is why, when an assault takes place to and from the toilet or the temple, there is no discussion of the victim’s clothing or character. ‘Good girls’ go to the toilet because they must; ‘bad girls’ might step outside for frivolous reasons. Promoting latrine access as a strategy to prevent SVSH because sanitation is a ‘necessity’ undercuts the claims to sympathy, care, and justice for those who may be assaulted when simply socializing or out and about in public.

Fourth, advocating safe latrine access to prevent SVSH encourages the naïve belief that we can construct our way out of social disorders (Dutta 2016). It is challenging to counter inequitable social norms and taboos or to fight cultures of impunity; it is easier to propose more taps and toilets. For instance, Kircher (2007) has been cited as saying that ‘most’ female rape victims in Eastern Congo reported being assaulted when fetching food, water, and wood, or washing clothes outside the home (Sorensen *et al.* 2011; House *et al.* 2014). The original paper actually says that women were raped during many outdoor chores, including when working in the fields (Kircher 2007); its main point is not about water or sanitation, but that sexual violence is a weapon of war. This seems to call less for on-premises facilities and more for (enforceable) policies to counter the impunity with which armed militia can act (see Kircher 2007; Peterman *et al.* 2011). Studies of SVSH (as opposed to studies of sanitation) attribute violence and rape to cultures of impunity, normalization of sexual violence, blaming victims, slow justice systems, and lack of female police officers (Khazan & Lakshmi 2012; ActionAid 2013; UN Women 2020). SVSH researchers do support safe public spaces overall – better lighting, safer transport hubs, clean facilities at school and work, and other steps necessary to make public spaces welcoming to all genders (ActionAid 2013; UN Women 2020). Better sanitary facilities are but one aspect of a safe public space.

CONCLUSION

There are numerous excellent, well-documented reasons for promoting safe and accessible sanitation, such as health, human rights, dignity, and gender equality. The risk of SVSH is always present, including when seeking water and sanitation, and should on no account be belittled. But the focus on averting SVSH by providing on-premises latrines inadvertently encourages paternalistic attitudes, cementing good girl, bad girl, true rape, and true victim tropes. These discourses confirm entrenched biases in many parts of the world. In short, arguments emphasizing rape prevention via latrine construction, while

gender-sensitive in intent, can be misogynistic in impact. Safer sanitation for all should not be promoted by undermining support for the very gender equality that such advocacy aims to achieve.

ACKNOWLEDGEMENTS

Thanks to Dr Yoshika Crider, Dr Veronica Jacome, and Water Group + (Energy and Resources Group, UC Berkeley) for insightful comments and suggestions.

DATA AVAILABILITY STATEMENT

All relevant data are included in the paper or its Supplementary Information.

CONFLICT OF INTEREST

The authors declare there is no conflict.

REFERENCES

- ActionAid 2013 *Women and the City II – Combating Violence Against Women and Girls*. ActionAid International, The Hague, The Netherlands. Available from: <https://reliefweb.int/report/world/women-and-city-ii-combating-violence-against-women-and-girls-urban-public-spaces-role> (accessed 9 December 2021).
- Armstrong, S. 1994 Rape in South Africa: an invisible part of apartheid's legacy. *Gender & Development* **2**, 35–39.
- Arya, D. 2020 Reporting sexual violence in India: what has changed since the Delhi gang rape? *Economic & Political Weekly* **50**, 57–66.
- Bhalla, N. 2015 *Almost 90 Percent of India's Rapes Committed by People Known to Victim*. Thomson Reuters Foundation. Available from: <https://www.reuters.com/article/india-women-crime-rape/almost-90-percent-of-indias-rapes-committed-by-people-known-to-victim-idINKCN0QQ0QS20150821> (accessed 10 December 2021).
- Biswas, S. 2014 Why India's sanitation kills women. *BBC News*, 30 May 2014. Available from: <https://www.bbc.com/news/world-asia-india-27635363> (accessed 9 December 2021).
- Caruso, B. A., Sevilmedu, V., Fung, I. C.-H., Patkar, A. & Baker, K. 2015 Gender disparities in water, sanitation and global health. *Lancet* **386**, 650.
- Davis, R. 2015 How rape became South Africa's enduring nightmare. *The Guardian Africa Network*, 29 September 2015. Available from: <https://www.theguardian.com/world/2015/sep/29/south-africa-rape-nightmare-crime-stats> (accessed 10 December 2021).
- Dutta, A. 2016 Another rape? The persistence of public/private divides in sexual violence debates in India. *Dialogues in Human Geography* **6**, 173–177.
- Faleiro, S. 2021 *The Good Girls: An Ordinary Killing*. Grove Press, New York.
- García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., Montoya, O., Bhate-Deosthali, P., Kilonzo, N. & Watts, C. 2015 Addressing violence against women: a call to action. *Lancet* **385**, 1685–1695.
- Gibbs, A. & Reddy, T. 2020 Why access to decent toilets could help reduce sexual violence in South Africa. *The Conversation*, September 17 2020. Available from: <https://theconversation.com/why-access-to-decent-toilets-could-help-reduce-sexual-violence-in-south-africa-146150> (accessed 9 December 2021).
- Gonsalves, G. S., Kaplan, E. H. & Paltiel, A. D. 2015 Reducing sexual violence by increasing the number of toilets in Khayelitsha, South Africa: a mathematical model. *PLoS ONE* **10** (4), e0122244.
- Gqola, P. M. 2007 How the cult of femininity and violent masculinities support endemic gender-based violence in contemporary South Africa. *African Identities* **5**, 111–124.
- House, S., Ferron, S., Sommer, M. & Cavill, S. 2014 *Violence, Gender and WASH: A Practitioner's Toolkit*. Wateraid/ SHARE, London, UK. Available from: <https://genderandenvironment.org/violence-gender-wash-a-practitioners-toolkit-making-water-sanitation-and-hygiene-safer-through-improved-programming-and-services/> (accessed 9 December 2021).
- Jadhav, A., Weitzman, A. & Smith-Greenaway, E. 2016 Household sanitation facilities and women's risk of non-partner sexual violence in India. *BMC Public Health* **16**, 1139.
- Kayser, G. L., Chokhandre, P., Rao, N., Singh, A., McDougal, L. & Raj, A. 2021 Household sanitation access and risk for non-marital sexual violence among a nationally representative sample of women in India, 2015–2016. *Social Science & Medicine – Population Health* **13**, 100738.
- Khazan, O. & Lakshmi, R. 2012 10 reasons why India has a sexual violence problem. *The Washington Post*, 29 December 2012. Available from: <https://www.washingtonpost.com/news/worldviews/wp/2012/12/29/india-rape-victim-dies-sexual-violence-proble/> (accessed 10 December 2021).
- Kircher, S. 2007 Hell on earth: systematic rape in Eastern Congo. *The Journal of Humanitarian Assistance*. Available from: <http://jha.ac/2007/08/06/hell-on-earth-systematic-rape-in-eastern-congo/>.
- Mahajan, K. & Sekhri, S. 2020 Access to toilets and violence against women. *Ashoka University Discussion Paper 44*. November 2020. Available from: <https://dp.ashoka.edu.in/ash/wpaper/paper44.pdf> (accessed 9 December 2021).

- Mcfarlane, C. 2014 The everywhere of sanitation: violence, oppression and the body. *OpenIndia*, 11 June 2014. Available from: <https://www.opendemocracy.net/en/openindia/everywhere-of-sanitation-violence-oppression-and-body/> (accessed 9 December 2021).
- Peterman, A., Palermo, T. & Breckenkamp, C. 2011 Estimates and determinants of sexual violence against women in the Democratic Republic of Congo. *American Journal of Public Health* **101**, 1060–1067.
- Pommells, M., Schuster-Wallace, C., Watt, S. & Mulawa, Z. 2018 Gender violence as a water, sanitation and hygiene risk: uncovering violence against women and girls as it pertains to poor WASH access. *Violence Against Women* **24**, 1851–1862.
- Sahoo, K. C., Hulland, K. R. S., Caruso, B. A., Swain, R., Freeman, M. C., Panigrahi, P. & Dreibeilbis, R. 2015 Sanitation-related psychosocial stress: a grounded theory study of women across the life-course in Odisha, India. *Social Science & Medicine* **139**, 80–89.
- Sambodhi Research and Communications 2006 *Access to Toilets and the Safety, Convenience and Self-Respect of Women in Rural India*. Sambodhi/BMGF. Available from: <https://swachhbharatmission.gov.in/sbmcms/writereaddata/Portal/Images/pdf/Safety-security-and-dignity-of-women.pdf> (accessed 9 December 2021).
- Sommer, M., Ferron, S., Cavill, S. & Violence, H. S. 2015 Gender and WASH: spurring action on a complex, under-documented and sensitive topic. *Environment & Urbanization* **27**, 105–116.
- Sorensen, S. B., Morssink, C. & Campos, P. A. 2011 Safe access to safe water in low-income countries: water fetching in current times. *Social Science & Medicine* **72**, 1522–1526.
- Swart, L.-A., Gilchrist, A., Butchart, A., Seedat, M. & Martin, L. 2000 Rape surveillance through district surgeon offices in Johannesburg, 1996–1998: findings, evaluation and prevention implications. *South African Journal of Psychology* **30**, 1–10.
- UN Women 2020 *Safe Cities and Safe Public Spaces*. UN Women. Available from: <https://authoring.prod.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/How%20We%20Work/flagship%20programmes/UN-Women-Flagship-programme-Safe-cities-public-spaces-en.pdf> (accessed 9 December 2021).
- UN Women n.d. Available from: <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19> (accessed 13 December 2021).
- WHO & UNICEF 2020 *Joint Monitoring Programme for Water Supply, Sanitation and Hygiene*. World Health Organization and UNICEF, Geneva and New York.

First received 24 January 2022; accepted in revised form 7 October 2022. Available online 18 October 2022