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Review Article

Can we Reduce Sex Crimes in Malaysia?

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ABSTRACT

The sex crimes are alarmingly increasing in Malaysia. The sex crime is a spectrum. Sexual violence is associated with many acute and chronic sequelae such as psychological effects along with physical and psychiatric disorders. Effective prevention strategies are comprehensive addressing the multiple levels of influence for sexual violence victimization. These levels include characteristics of individuals, their relationships, social and cultural environments. The government of Malaysia is committed to prevent this, but the problem is too urgent to wait until the field has perfect solutions. This paper aims to review the problem and preventive measures of sex crimes in Malaysia.

Keywords: Sex crimes; Sex traffic; Rape, Malaysia

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INTRODUCTION

Malaysia is committed to United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Rights of the Child (UNCRC),[1] but the sex crimes are continued to escalate in the peninsula.. In Malaysia, the incidence of rape in the year 2000 was 1,217. In the year 2005 it had increased to 1,931 and in 2010 it increased to 3,595.[2] Five women are raped daily.[3] The goal of sexual violence prevention is to stop it from happening in the first place. The sex offenders are indeed a heterogeneous group with pervasive familial, behaviour, academic and social problems which are possible risk that can be identified early in the lives of offenders.

METHODOLOGY

This is a systematic review of research articles. In this systematic review, articles were selected in line with the scope of study through keyword (Sex crimes, Sex traffic, Rape, Malaysia) screening. The materials were accessed from online databases that cover topics such as vulnerable population, characteristics of the offenders and the legal issues of sex crimes.

RESULTS AND DISCUSSION

Sexual Violence:

Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/ drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; non physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party. Sexual violence involves a lack of freely given consent as well as situations in which the victim is unable to consent or refuse.

Prevalence:

The sexual offences are very much under reported and only less than 10% of cases of sexual assault are registered in police stations.[4]

In a study conducted at the student nurses and trainee medical assistants at the Ipoh School of Nursing and Hospital Bahagia Medical Assistant Training School, 616 students had participated. Out of these 6.8% of the students admitted to having been sexually abused in their childhood, 2.1% of males and 8.3% of females. Of those abused, 69% reported sexual abuse involving physical contact, 9.5% of whom experienced sexual intercourse. The age at first abuse was <10years in 38.1% of the cases; 59.5% were repeatedly abused and 33.3% had more than one abuser. Of the abusers, 71.4% were known to the respondent, 14.2% of who were brothers, 24.5% relatives, and 24.5% a family friend. Further, 28.9% of all students knew of an individual who had been sexually abused as a child.[5]

1 in 5 women and nearly 1 in 59 men have experienced an attempted or completed rape in their lifetime, defined as penetrating a victim by use of force or through alcohol/drug facilitation. Approximately 1 in 15 men (6.7%) reported that they were made to penetrate someone else during their lifetime. An estimated 12.5% of women and 5.8% of men reported sexual coercion in their lifetime (i.e. unwanted sexual penetration after being pressured in a nonphysical way). More than one-quarter of women (27.3%) and approximately 1 in 9 men (10.8%) have experienced some form of unwanted sexual contact in their life time. Nearly one-third of women (32.1%) experienced some type of noncontact unwanted sexual experience in their lifetime.[6] Between 1% and 12% of women, over 15 years of age have been sexually assaulted by unknown perpetrators.[7] In the United States, the prevalence is 18% in adult women with an annual incidence from 0.3% to 1.1%.[8]

Sexual violence affects millions of people each year in the United States. Researchers know that the numbers underestimate this significant problem as many cases go unreported. Victims may be ashamed, embarrassed, or afraid to tell the police, friends, or family about the violence. Victims may also keep quiet because they have been threatened with further harm if they tell anyone or do not think that anyone will help them. 1 in 3 women and 1 in 4

men experienced sexual violence involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape and 1 in 14 men was made to penetrate someone (completed or attempted) during his lifetime. 2 1 in 3 female rape victims experienced it for the first time between 11-17years old and 1 in 8 reported that it occurred before age 10. Nearly 1 in 4 male rape victims experienced it for the first time between 11-17years old and about 1 in 4 reported that it occurred before age of 10.[9]

The common sex offenses fall into the following categories:

Crimes against adults: rape, sexual assault and marital rape

Crimes against relatives: incest

Crimes against children: pornography, exploitation, molestation, abduction

Crimes against nature: indecent exposure, sodomy, bestiality

Crimes against sex for sale: prostitution

Sex offenses involving computers: Certain behaviours in conjunction with the internet or the electronic transfer of data. It is a crime to distribute images of a child engaged in sexual conduct via a computer.

Characteristics of sexual offenders:

The offenders who committed their first sexual offense in adolescence had histories of being disruptive with high levels of antisocial behaviour in their schooling years. The anti-social behaviours were noted to be pervasive in the group studied and noted to have caused impairment from a very young age i.e. from the adolescent years to their adult life.[10]

There is growing evidence of strong association of anti-social orientation and sexual offences.[11] Antisocial behaviour with onset early in childhood is likely to lead to a cascade of secondary problems, including academic failure, involvement with deviant peers, substance abuse, health risking sexual behaviour, and work failure.[12] Personality characteristics have been frequently reported amongst juvenile sexual offenders and it include lack of social interactional skills, a history of conduct disorder, serious learning problems, lack of impulse control and depressive symptomatology.[11] There has been an increasing need to address the problems of sexual abuse and assault in this country. The need to understand the causes of sexual offending remains as an urgent and compelling matter. As seen in the study, are multiple pathways to offending, and the likely of various combinations of factors increase the likelihood for committing a sexual offense.

Child Sexual Abuse (CSA):

The World Health Organization defines child abuse as all forms of abuse whether physical, emotional, sexual, neglect, abuse, maltreatment or exploitation which may cause injury or damage to the health, life, development or dignity of the child done by those who have the responsibility, trust or authority over the child. Sexual abuse is defined as involvement of children in sexual activities where they do not fully understand what is being done or the

impact of the consent given, or the act is something contrary to role of the family. The example of sexual abuse included the act of having sex with a child, rape, incest, exposing genitals, sexual sadism, child prostitution and child pornography. Acts of molestation like holding, kissing, rubbing private parts of children and unnatural sexual behaviour are also sexual abuses.

The government of Malaysia has passed legislation to protect the child from being abused and also to ensure the perpetrator is punished. The Domestic Violence Act 1994 and the Child Act 2001 are the main laws which govern cases of child abuse. The other laws which dealt with the case of child abuse are the Penal Code and the Evidence of Child Witness Act 2007.

CSA is widespread and is associated with various psychopathologies, including maladaptive and impulsive behaviours, depression, post-traumatic stress disorder, conduct disorders, eating disorders, alcohol and drug abuse, panic disorders, and borderline personality disorder and suicidal behaviour in adolescence and adults. The pathophysiology of this association is not well understood; however, it is clear that suicidal behaviour in individuals with a history of CSA is a significant social and medical problem.[13]

CSA has been associated with many adverse medical, psychological, behavioural and socioeconomic outcomes in adulthood. CSA is a traumatic childhood life event in which the negative consequences increase with increasing severity of abuse. CSA adversely influences a number of adult developmental outcomes like mental disorders, psychological wellbeing, sexual risk-taking, physical health and socioeconomic wellbeing.[14]

Child abuse and violence are of global concern and have long been unresolved issues. Even though many steps have been taken by the government to prevent them, statistics show that child abuse cases keep increasing. Children experience violence in spaces most familiar to them: in homes, schools and in the communities they live in. They also suffer abuse and exploitation in orphanages, in places of detention and on streets.[15]

Consequences:

The consequences of sexual violence are physical, like bruising and genital injuries, and psychological, such as depression, anxiety and suicidal thoughts. The consequences may also be chronic. Victims may suffer from post-traumatic stress disorder, experience re-occurring gynaecological, gastrointestinal, cardiovascular and sexual health problems. The consequences may also be chronic. Victims may suffer from post-traumatic stress disorder, experience re-occurring gynaecological, gastrointestinal, cardiovascular and sexual health problems.[16] Sexual violence is also linked to negative health behaviours. For example, victims are more likely to smoke, abuse alcohol, use drugs, and engage in risky sexual activity.2 The trauma resulting from sexual violence can have an impact on a survivor's employment in terms of time off from work, diminished performance, job loss, or being unable to work. These disrupt earning power and have a long-term effect on the economic well-being of survivors and their families.

Readjustment after victimization can be challenging: victims may have difficulty in their personal relationships, in returning to work or school, and in regaining a sense of normalcy.[9] It is estimated that at least 15-38% of adults have been sexually abused as children. 20-70% of the sexual abuse occurring within the family. A history of childhood abuse may contribute to sexual problems or multiple chronic complaints in the adult woman. Moreover, some of these women may experience depression, anxiety, and low self-esteem.[17]

In addition, sexual violence is connected to other forms of violence. For example, girls who have been sexually abused are more likely to experience other forms of violence and additional sexual violence and be a victim of intimate partner violence in adulthood. Perpetrating bullying in early middle school is associated with sexual harassment perpetration in adolescence.[18]

There is an association between a history of sexual abuse and a lifetime diagnosis of anxiety, depression, eating disorders, Post Traumatic Stress Disorder (PTSD), sleep disorders, and suicide attempts, but not with schizophrenia or somatoform disorders. Suicidal ideation is more common among survivors of sexual assault than the general population. Younger survivors are at particular risk of attempting suicide following rape. Rape is a significant trauma that leads to short term and long term stress reaction and victims are at significantly increased risk of developing PTSD. Nearly one-third to 50% of all rape victims develops Rape-related PTSD (RR PTSD) sometime during their lifetimes. The four major symptoms of RR PTSD are re-experiencing the trauma or intrusive thoughts, social withdrawal, avoidance behaviours and actions and increased physiological arousal characteristics.[19]

Sexual offences in colleges and universities:

One in five women experience attempted or completed sexual assault during her college years. In recent college studies by Krebs and colleagues, sexual assault is defined to include “unwanted sexual contact that could include touching of a sexual nature, oral sex, sexual intercourse, anal sex, or sexual penetration with a finger or object”.[20]

Evidence-based Strategies to Prevent Sexual Violence on College and University Campuses:

Promote Social Norms that Protect Against Violence Teach Skills to Prevent Sexual Violence. Provide Opportunities to Empower and Support Girls and Women Create Protective Environments. Support Victims/Survivors to Lessen Harms.[21]

Prevention:

How can we stop sexual violence before it starts? (a) Promote Social Norms that Protect Against Violence (b) Teach Skills to Prevent Sexual Violence (c) Provide Opportunities to Empower and Support Girls and Women (d) Create Protective Environments (e) Support Victims/Survivors to Lessen Harms. Just as SV is not limited to physically forced penetration, its perpetrators are not limited to strangers. Indeed, perpetrators of SV are more likely to be someone known to the victim.1 Sexual violence is a problem embedded in our society and includes unwanted acts

perpetrated by persons very well known (e.g., family members, intimate partners, and friends), generally known (e.g., acquaintances), not known well or just known by sight (e.g., someone in your neighbourhood, person just met) and unknown to the victim (e.g., strangers).

Prevention strategies should be based on the best available evidence, with emphasis on rigorous evaluation that measures changes in behaviour. Prevention strategies that are consistent with best practices—such as being theory-based and including multiple skill-based sessions—have the greatest potential in reducing rates of sexual violence.[22]

Tactics Methods used by the perpetrator someone to engage in or be exposed to a sexual act. Health education through mass media is important to educate the vulnerable population.

The following are tactics used to perpetrate SV (this is not an exhaustive list). (a) Use or threat of physical force toward a victim in order to gain the victim's compliance with a sexual act (e.g., pinning the victim down, assaulting the victim). (b) Administering alcohol or drugs to a victim in order to gain the victim's compliance with a sexual act (e.g., drink spiking). (c) Taking advantage of a victim who is unable to provide consent due to intoxication or incapacitation from voluntary consumption of alcohol, recreational drugs, or medication (d) Exploitation of vulnerability (e.g., immigration status, disability, undisclosed sexual orientation, age) (e) Intimidation (f) Misuse of authority (e.g., using one's position of power to coerce or force a person to engage in sexual activity) (g) Economic coercion, such as bartering of sex for basic goods, like housing, employment/wages, immigration papers, or childcare (h) Degradation, such as insulting or humiliating a victim (i) Fraud, such as lies or misrepresentation of the perpetrator's identity (j) Continual verbal pressure, such as when the victim is being worn down by someone who repeatedly asks for sex or, for example, by someone who complains that the victim doesn't love them enough (k) False promises by the perpetrator (e.g., promising marriage, promising to stay in the relationship, etc.) (l) Nonphysical threats such as threats to end a relationship or spread rumours (m) Grooming and other tactics to gain a child's trust (n) Control of a person's sexual behaviour/sexuality through threats, reprisals, threat to transmit STDs, threat to force pregnancy, etc. (o) Person in Position of Power, Authority or Trust Someone such as a teacher, nanny, caregiver, foster care worker, religious leader, counsellor, coach, supervisor, boss or employer (not an exhaustive list). This person can perpetrate against a child (e.g., nanny) or an adult (e.g., boss toward an employee).

CONCLUSION

The goal of sexual violence prevention is to stop it from happening in the first place. The solutions are just as complex as the problem. Preventing sexual violence requires addressing factors at all levels of the social ecology. The offenders should be managed with cognitive behavioural, psycho educational and pharmacological treatment. This cannot be solved by having laws and procedures alone. Mass media Community based projects, community

based mass media education with involvement of religious leaders and strict enforcement of law can reduce sex crimes in Malaysia.

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