



Sexual Violence Against Women and Girls in War and Its Aftermath: Realities, Responses, and Required Resources

A Briefing Paper

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*Material from this briefing paper has been excerpted from several of the major publications detailing issues and programming models on gender-based violence. Any future citation of this briefing paper should reference the original sources.

Part I: The Nature and Scope of Violence Against Women and Children in Armed Conflict and Its Aftermath¹

A Brief Glimpse of the Data

By 1993, the Zenica Centre for the Registration of War and Genocide Crime in Bosnia-Herzegovina had documented 40,000 cases of war-related rape.¹

Of a sample of Rwandan women surveyed in 1999, 39 percent reported being raped during the 1994 genocide, and 72 percent said they knew someone who had been raped.²

An estimated 23,200 to 45,600 Kosovar Albanian women are believed to have been raped between August 1998 and August 1999, the height of the conflict with Serbia.³

In 2003, 74 percent of a random sample of 388 Liberian refugee women living in camps in Sierra Leone reported being sexually abused prior to being displaced from their homes in Liberia. Fifty-five percent of them experienced sexual violence during displacement.⁴

During and following a rebel offensive launched in 1998 on the capital city of Brazzaville, in the Republic of Congo, approximately 2,000 women sought out medical treatment for sexual violence, 10 percent of whom reported rape-related pregnancies.⁵ United Nations officials estimate that the real number of women who were raped in Brazzaville during this single wave of violence was closer to 5,000.⁶

Based on the outcomes of a study undertaken in 2000, researchers concluded that approximately 50,000 to 64,000 internally displaced women may have been sexually victimised during Sierra Leone's protracted armed conflict.⁷

19 percent of 1,575 Burundian women surveyed by the United Nations Population Fund in 2004 had been raped; 40 percent had heard about or had witnessed the rape of a minor.⁸

Of a sample of 410 internally displaced Colombian women in Cartagena who were surveyed in 2003, 8 percent reported some form of sexual violence prior to being displaced, and 11 percent reported being abused since their displacement.⁹

Between October 2004 and February 2005, Medecins Sans Frontieres (MSF) treated almost 500 rape victims in Darfur, Sudan. Since that time, incidents of rape have continued, and MSF 'strongly believes' the number of women who have been raped is much greater than the number of those who have received medical care.¹⁰

¹ This section has been excerpted and formatted for this briefing document from *Broken Bodies, Broken Dreams: Violence Against Women Exposed*, IRIN/OCHA, November 2005, pp 187-199.

The Changing Face of War

The growing body of data from the wars of the last decade is finally bringing to light "one of history's great silences": the sexual violation and torture of civilian women and girls during periods of armed conflict.¹¹ Until recently, the evidence -- along with the issue -- had been generally ignored by historians, politicians and the world at large, yet it is hardly new, dating back to Ancient Greek, Roman, and Hebrew wars.

What is especially disturbing, however, about the statistics from the past ten years is how rife the phenomenon appears to have become. It might be argued that the current data simply reflect greater international attention to the issue -- provoked in part by the media coverage of the sexual atrocities committed during the conflicts in the former Yugoslavia and Rwanda, and even more importantly by the decades of intensive awareness-raising by women's activists around the world -- rather than a significant rise in absolute numbers of victims. A more likely explanation, however, is that the nature of warfare is changing, in ways that increasingly endanger women and girls.

Since the latter half of the last century, combat primarily limited to military engagements between national armies has been largely supplanted by civil wars and regional conflicts that pit communities along racial, religious and/or ethnic lines. The result is that civilian populations are victimized on a massive scale. Between 1989 and 1997, an estimated 103 armed conflicts were launched in 69 countries across the world.¹² Civilian casualties during these more recent conflicts are estimated to be as high as 75 percent, a stunning contrast to the 5 percent estimates from the start of the last century.¹³ Although overall more men than women continue to die as a result of conflict, women and girls suffer myriad debilitating consequences of war.¹⁴ So much so, according to a 2002 report of the Secretary-General of the United Nations, that "women and children are disproportionately targets" and "constitute the majority of all victims" of contemporary armed conflicts.¹⁵

The "Murderous Madness" of Sexual Violence in Conflict

The motivation for rape committed during armed conflict varies. The violence can be more or less random -- a by-product of the collapse in social and moral order that accompanies war. In DRC, rape has become so indiscriminate as to be referred to as "murderous madness."¹⁶ In one example, a Congolese mother walked into her house to find a paramilitary raping her 10-month-old baby.¹⁷ Such incidents are not only limited to combatants. Men from the local community may exploit the chaos of conflict to commit sexual violence against women without fear of punishment. Under the volatile and disorganized rule of the Mujahideen, for instance, rape and sexual assault in Afghanistan's capital city of Kabul were reportedly so commonplace that the oppressive police state established after the

Taliban takeover in 1996 was initially perceived by some women as a welcome reprieve.¹⁸

Sexual violence may also be systematic, carried out by fighting forces for the explicit purpose of destabilizing populations and destroying bonds within communities and families. In these instances, rape is often a public act, aimed to maximize humiliation and shame. In Timor Leste, Indonesian military reportedly raped women in front of their families, and forced Timorese men to rape Timorese women. Researchers on a 2004 fact-finding mission to Northern Uganda, where an 18-year insurgency by the Lord's Resistance Army is ongoing, spoke with one man who was commanded by rebels to have sex with his daughter: "I refused. ... They ordered my son ... for the fear of a cocked gun he complied. ... I was then forced to have sex with a hole they had dug in the floor using a knife. ... They forced my private part in the hole several times -- the skin was totally destroyed. ... It was impossible to fight someone who is armed. ... This was all done in front of my wife, son, and the daughter. ... My wife went mad."¹⁹ A Sudanese man recounted his family's similar degradation in Darfur: "In February 2004, I abandoned my house because of the conflict. I met six Arabs in the bush. I wanted to take my spear and defend my family, but they threatened me with a weapon and I had to stop. The six men raped my daughter, who is 25 years old, in front of me, my wife and young children."²⁰

Sexual violence also can serve to quell resistance by instilling fear in local communities or in opposing armed groups. In such cases, women's bodies are "used as an envelope to send messages to the perceived enemy."²¹ In the Shan Province of Burma, where the government has been trying to violently suppress a local rebellion since the mid-1990's, hundreds of women have been systematically raped.²² In one example, a Burmese army major approached a young girl and "asked her about her parent's [whereabouts] and ordered his soldiers to wait at the edge of the farm and arrest anyone who came to the farm. He then raped [the girl] in a hut several times during the day and at about 4 a.m. burned [her alive] in the hut, and left the place with his troops."²³ Comparable violations by Russian soldiers in Chechnya have been reported during "mop up" operations that ensue after rebel Chechen fighters have decamped a town. Of four Chechen women vaginally and orally assaulted by Russian military in February 2000, one purportedly suffocated to death while a soldier sat on her head.²⁴ In Colombia, paramilitary control of some regions often includes sexual violence and torture of women and girls. Intimidation campaigns are carried out on their bodies, as in one of many cases reported in 2001 to the United Nations Special Rapporteur on Violence Against Women, where a Colombian girl was raped and killed, her eyes and nails then removed, and her breasts cut off.²⁵

Particularly in conflicts defined by racial, tribal, religious and other divisions, violence may be used to advance the goal of ethnic cleansing. Public rapes in Bosnia, for example, were used to instigate the flight or expulsion of entire Muslim communities. Forced impregnation, mutilation of genitals and intentional HIV transmission are other techniques of ethnic cleansing. Women in Rwanda

were taunted by their genocidal rapists, who promised to infect them with HIV. In Bosnia, Muslim women impregnated by Serbs reportedly were held captive until late term to prevent them from aborting.²⁶ In Kosovo, an estimated 100 babies conceived in rape were born in January 2000 alone -- the International Red Cross speculated at the time that the real number of rape-related pregnancies was likely to be much higher.²⁷ Sometimes attacks on women's bodies -- particularly their reproductive capacity -- specifically target perceived rival progeny. One woman from Darfur reported in 2004, "I was with another woman, Aziza, aged 18, who had her stomach slit on the night we were abducted. She was pregnant and was killed and they said, "It is the child of an enemy." ²⁸

Sexual slaves to armed combatants

Many other instances have been identified where women and girls are abducted for the purposes of supplying combatants with sexual services. According to one soldier from DRC, "Our combatants don't get paid. Therefore they can't use prostitutes. If we politely ask women to come with us, they are not going to accept. So, we have to make them obey us so we can get what we want."²⁹ An elderly victim from Liberia, thought to be around 80 years old at the time she related her story to investigators, acknowledged being held by rebels in the town of Voinjama, where "at night, the men would come, usually more than one. They would rape me. They said they would help me. If I was lucky, they gave me 10 Liberian dollars (US 20 cents)."³⁰

More often the victims of sexual slavery are younger, and in many cases their victimization comes under the terms of military duty. An estimated 40 percent of child soldiers around the world are girls, the majority of whom are forcibly or coercively conscripted.³¹ Their responsibilities may range from portering to active combat, with the additional expectation that they will provide sexual services to their superiors or fellow combatants. Much of the violence reportedly committed against women and girls by guerrilla groups in Colombia, for example, is in the context of forced recruitment.³²

Even those women and girls who "voluntarily" join fighting forces are unlikely to anticipate the extent to which they will suffer sexual exploitation. Data collected in 2004 from women participating in Liberia's disarmament and demobilization program indicate that 73 percent of the women and girls experienced some form of sexual violence.³³ In one case from Uganda, a former child soldier of the National Resistance Army remembers, "We collected firewood; we carried weapons. For girls it was worse because ... we were girlfriends to many different officers. ... At the end it became, like, I don't own my own body, it's their body. It was so hard to stay the 24 hours a day thinking, Which officer am I going to sleep with today?"³⁴ In a similar account from a 19-year-old woman voluntarily

associated with the Maoists in Nepal, "Sometimes we are forced to satisfy about a dozen [militia] per night. When I had gone to another region for party work, I had to have sex with seven militia and this was the worst day of my life."³⁵

Some girls who are forced or coerced into sexual slavery may succeed in escaping their captors only to be seized again. Such was the experience of 16-year-old "Hawa", from Sierra Leone. In her first abduction, she said, "There were about 20 men. We ran to the bush, but I got separated from my family. I was with other people from the village, and we were captured by the rebels and taken to Liberia. ... at first I refused to be a "wife", but I had to agree because there was nobody to speak up for me, and nobody gave me food except the rebels. I was a wife for about eight months. I was not feeling well because I had not even started my periods." Hawa eventually escaped and walked for three days in the bush until she got to a town where she found her parents. When they returned together to their remote village, Hawa recalled, "It was very sad when I ... met my sisters because I felt I was somehow discriminated against because I had been raped." Two years later, Hawa was captured again: "It was a different group: This time I was always with them at night as their wife."³⁶

Hawa escaped a second time and was reunited with her family. For too many other women and girls who attempt to escape the perils of war, the threat of sexual violence follows them -- from flight, to displacement in camps or other settings, through to their return and resettlement in their home communities.

Flight

The United Nations High Commissioner for Refugees (UNHCR) estimated the total number of people displaced by armed conflict in 2004 at 34 million: 9.3 million were refugees in neighboring states, and another 25 million were internally displaced in their home countries.³⁷ According to the United Nations Secretary-General, "The differential impact of armed conflict and the specific vulnerabilities of women can be seen in all phases of displacement."³⁸

During flight, women and girls remain at high risk for sexual violence -- committed by bandits, insurgency groups, military and border guards. Many women must flee without the added safeguard of male relatives or community members, further increasing their vulnerability. In the case of 17-year-old Tatiana from the DRC, the results were devastating:

Tatiana was eight-and-a-half-months pregnant when her husband and her two-year-old son were hacked to death by irregular militia in May 2003. When she, her mother and two younger sisters heard that the same militia intended to raid the district of Bunia, where they lived, they fled. Six days later, they reached a militia checkpoint, but her mother could not pay the US \$100 demanded. The militia cut her throat, killing her. When Tatiana's 14-year-old sister began to cry, she was shot in the head. Her other sister, age 12, was taken to a nearby clearing and gang-raped. Tatiana was told to leave at once or suffer the same fate. After

*six days walking, she went into labor and gave birth to a girl. Although she had lost a lot of blood, she had to take to the road again the following day. The baby later died.*³⁹

Without money or other resources, displaced women and girls may be compelled to submit to sex in return for safe passage, food, shelter or other resources.⁴⁰ Some may head towards urban settings, possibly in search of the relative security of a densely populated area or in the hope of obtaining employment. Whatever the motivation, both internally displaced and refugee women and girls in urban settings are at risk of ongoing exploitation by local residents, especially because they are less likely than encamped populations to be targeted for assistance and protection by governments or by humanitarian agencies.

Afghan refugee women living in the city of Peshawar, Pakistan, for example, described being forced to exchange sex for rent-free housing.⁴¹ In Colombia, the Ministry for Social Protection reported in 2003 that 36 percent of internally displaced women in the country had been forced by men into sexual relations -- a statement confirmed in a study undertaken in the same year which found that displaced women living in *barrios* in or near Cartagena had suffered higher levels of physical and sexual violence since displacement than prior to flight.⁴² Unaccompanied girls are likely among the most vulnerable to sexual exploitation. A 1999 national government survey of over 2,000 prostitutes in Sierra Leone found that 37 percent were younger than age 15 and of those, the majority had been displaced by conflict and were unaccompanied by family.⁴³

Still others attempting to escape from war may be the target of traffickers. The absence of border controls and normal policing make conflict-affected countries prime routes for traffickers. In Colombia, the ongoing internal conflict has given rise to one of the western hemisphere's most active trafficking networks. Colombia's Department of Security estimated that 35,000 to 50,000 women and girls were trafficked in 2000, the majority to countries in Asia and Western Europe, as well as to the United States.⁴⁴ Burma, also wracked by long-standing civil conflict, is thought to supply some 40,000 trafficked women and girls annually for work in brothels, factories and as domestic laborers in Thailand.⁴⁵

Displacement to camp settings

Camps for internally displaced or refugee persons may offer limited protection from sexual violence. Humanitarian aid workers have consistently identified the danger to women who must venture far outside the confines of camps to search for firewood or other staples unavailable in the camp. Research among refugees living in camps in Dadaab, Kenya, undertaken almost 10 years ago, found that more than 90 percent of reported rapes occurred under these circumstances.⁴⁶ Despite the long-standing evidence, not enough has been done to anticipate and avert this predictable risk in more recently established camps.

One 27-year-old Liberian woman who had been raped twice before seeking safety in a camp for internally displaced persons (IDPs) described the circumstances of her third rape, in 2003, when she left the camp to look for firewood:

There were three government soldiers with guns. One of them saw me and asked, "Where are you going?" I said I was looking for wood. Then he told me, "You are assigned to me for the day." I was very afraid. He forced me to go far into the bush, and he undressed me. Then he raped me. When I got dressed afterwards, he took 50 Liberian dollars from me. ... My stomach is very painful, but I don't have any money to go for treatment."⁴⁷

The trend continues for encamped women displaced by the conflict in Darfur, Sudan, but in this instance, repeated reports of attacks by a number of international human rights organizations resulted in recent efforts to improve policing and security related to firewood collection.⁴⁸ For many women, however, these security measures have come too late.

Women are also at risk of rape in or near camps, particularly when the camps are poorly planned and/or administered. In a 1996 survey of Burundian refugee women displaced to a camp in Tanzania, more than one in four reported being raped during the prior three years of conflict, with two-thirds of the rapes occurring since displacement, either inside or close to the camp. The majority of perpetrators were other refugees (59 percent), followed by local Burundian residents (24 percent), and then local Tanzanians, soldiers and police.⁴⁹ As with firewood collection, advocates and humanitarians have for several years spoken out about the relationship between ill-considered camp design and violence against women, and have put forth recommendations for reducing women's vulnerability.

Nevertheless, the problem persists in many settings. A risk assessment carried out in 2004 in seven IDP camps in Montserrado County in Liberia concluded that overcrowded conditions, insufficient lighting at night, the close proximity of male and female latrines and bathhouses, and poor or unequal access to resources all conspired to increase the likelihood of sexual violence against women and girls.⁵⁰ In a study undertaken in Northern Uganda, also in 2004, a woman living in one of many IDP camps in the region told investigators, "Rape is rampant here ... a woman was recently harassed by two men who held her legs wide open and used a flashlight to observe her private parts and allowed another man to rape her while they observed."⁵¹

Reconstruction or exploitation?

Evidence suggests that sexual violence does not necessarily end with the cessation of armed conflict. Incidents of rape are reported to have increased sharply in the context of ongoing insecurity in post-war Iraq, for example. One of the victims, "Dalal", was abducted, held overnight and allegedly raped in 2003 by four Iraqi men who she believes "wanted to kidnap anyone ... to take what they wanted."⁵² In other post-conflict settings, incidents of rape may decrease, but risk of exposure to forced or coerced prostitution, as well as trafficking, may increase. Events in the Balkans -- where prostitution and trafficking burgeoned in the aftermath of wars in the former Yugoslavia -- illustrate how criminal elements may replace fighting factions in the ongoing sexual victimization of women and girls. The added presence of peacekeeping forces, who have been implicated as users of commercial sex workers in places such as Bosnia-Herzegovina, Sierra Leone, Kosovo, Timor Leste and the DRC, may supply a notable portion of local demand.

In many instances, the risk to women and girls of falling prey to sexual exploiters is exacerbated by reconstruction programs that fail to specifically target their needs, or to address long-standing patriarchal traditions that discriminate against women. After the genocide in Rwanda, for example, inheritance laws barred surviving women and girls from accessing the property of their dead male family members unless they had been explicitly named as beneficiaries. As a result, thousands were left with no legal claim to their homes and land. Such impoverished women, returning to their communities without family or resources, are more likely to be caught up in the sex trade.⁵³

Ironically, and sadly, women and girls who experienced sexual violence during conflict are probably the most vulnerable of all to further exploitation in post-conflict settings. Some rape victims may be rejected by their families and communities for having "lost their value."⁵⁴ In Burundi, women who had been raped told researchers in 2003 that "they had been mocked, humiliated and rejected by women relatives, classmates, friends and neighbors because of the abuse they had suffered."⁵⁵ Raped women may be abandoned by husbands who fear contracting HIV, or who simply cannot tolerate the shadow of "dishonor" they believe their raped wives have cast across them. Without prospects for the future, prostitution may seem the only viable option to these women.

For other women and girls, their histories of victimization may dull them to the dangers of entering the sex trade. One young girl in Sierra Leone who previously had been abducted by rebels voluntarily became a prostitute after she was released by her captors. She reportedly "considered herself fortunate that she was now being paid."⁵⁶ In Rwanda, an HIV-positive woman in Kigali tells of a sister's resignation: "After the war, we saw our family decimated ... my little sister for whom I care is a pseudo-prostitute because she has no money. She says that

she will continue this lifestyle even if she becomes HIV-positive. She says she looks at my health degrading and insists that she wants to taste life before she dies."⁵⁷ Disregard for one's own wellbeing is only one of the many potential devastating effects of sexual violence on its survivors.

The impact on the survivor

Sexual violence against women in war and its aftermath can have almost inestimable short and long-term negative health consequences. As a result of the systematic and exceptionally violent gang rape of thousands of Congolese women and girls, doctors in the DRC are now classifying vaginal destruction as a crime of combat. Many of the victims suffer from traumatic fistula -- tissue tears in the vagina, bladder and rectum.⁵⁸ Additional long-term medical complications for survivors may include uterine prolapse (the descent of the uterus into the vagina or beyond) and other serious injuries to the reproductive system, such as infertility, or complications associated with miscarriages and self-induced abortions.⁵⁹ Rape victims are also at high risk for sexually transmitted infections (STIs). Health clinics in Monrovia, Liberia, reported in 2003 that all female patients -- most of whom said they had been raped by former government soldiers or armed opposition -- tested positive for at least one sexually transmitted infection.⁶⁰ Untreated STIs can cause infertility—a dire consequence for women and girls in cultures where their value is linked to reproduction. STIs also increase the risk of HIV transmission.

HIV/AIDS is among the most devastating physical health consequences -- as evidenced by the continued suffering of women in Rwanda. In a study of over 1,000 genocide widows undertaken in the year 2000, 67 percent of rape survivors were HIV-positive. In the same year, the United Nations Secretary-General concluded, "Armed conflicts ... increasingly serve as vectors for the HIV/AIDS pandemic, which follows closely on the heels of armed troops and in the corridors of conflict."⁶¹ Despite the level of recognition of the urgency of the problem of HIV in war, insufficient resources have been dedicated to addressing the issue.

In Rwanda, as elsewhere, treatment for rape victims infected with HIV has been characterized as "too little, too late."⁶² The story of one HIV-positive victim of the genocide illustrates the tragic consequences:

Since I learned I was infected [in 1999], my husband said he couldn't live with me. He divorced me and left me with three children, so now I don't know how to pay for food, rent, school and so on. I have no family left. My six-year-old has many health problems, and she must have HIV. She should be on antiretrovirals, but there isn't the money. Since I was married after the war, it is difficult for me to access help from the Genocide Survivor's Fund. My greatest worry is what will happen to my children if I die. I want to get sponsors for them, so at least I can die in peace.⁶³

The challenges of meeting the myriad health needs of survivors of war-related sexual assault are complicated by the absence of adequate facilities and trained staff in many war-torn settings. In research conducted in post-conflict East Timor and Kosovo, and among internally displaced women in Colombia, over two-thirds of women interviewed reported that reproductive-health services were difficult to access.⁶⁴ Even where services do exist, they may not be free -- as is the case in many countries in Africa, where state-run health centers operate on a cost-recovery basis. Moreover, many health clinics are constructed with open waiting areas where women are girls may be expected to disclose their reasons for seeking care; in the absence of confidentiality, they are likely to conceal their victimization. Health workers' beliefs that it is their responsibility to "prove or disprove" rape is also a limiting factor in quality of care. In some settings, a woman seeking medical treatment may be required first to report her case to the police in order to get a medical referral. This prerequisite, in turn, may expose women to further violence.

Rape victims in Darfur, for example, have been arrested for "illegal" pregnancies (occurring outside the context of marriage). One 16-year-old Sudanese girl, who had already suffered the rejection of her family and fiancé, endured additional abuse at the hands of police:

When I was eight months pregnant from the rape, the police came to my hut and forced me with their guns to go to the police station. They asked me questions, so I told them that I had been raped. They told me that as I was not married, I will deliver this baby illegally. They beat me with a whip on the chest and back and put me in jail. There were other women in jail who had the same story. During the day, we had to walk to the well four times a day to get the policemen water, clean and cook for them. At night, I was in a small cell with 23 other women. I had no other food than what I could find during my work during the day. And the only water was what I drank at the well. I stayed 10 days in jail and now I have to pay the fine -- 20,000 Sudanese dinar [\$65] they asked me. My child is now two months old.⁶⁵

For those who are subject to discrimination by family and community, and who also don't receive basic psychological support, the emotional effects of their violation may be as debilitating as any physical injuries. Many rape survivors in Rwanda reportedly "still live under a constant shadow of pain or discomfort which reduces their capacity to work, look after and provide for their families."⁶⁶

One such survivor, who was gang raped and beaten unconscious during the genocide, woke up only to witness the killing of people all around her. Ten years later, she says:

I regret that I didn't die that day. Those men and women who died are now at peace whereas I am still here to suffer even more. I'm handicapped in the true sense of the word. I don't know how to explain it. I regret that I'm alive because I've lost my lust for life. We survivors are broken-hearted. We live in a situation which overwhelms us. Our wounds become deeper every day. We are constantly in mourning.⁶⁷

The implications of such testimony make clear that programming to assist survivors is imperative to any lasting efforts at reconstructing the lives and livelihoods of individuals, families and communities in the wake of armed conflict. In most conflict-affected settings, however, human rights and humanitarian activists are still fighting to ensure that the most basic services are accessible. The ultimate goal -- putting an end to the epidemic of sexual violence against women and girls during war -- seems an even more distant aspiration than developing adequate response services.

Part II: Rising to the Challenge: Combating Violence Against Women and Girls During War and Its Aftermath

A Brief History of Program Development²

Humanitarian attention to the issue of war-related violence against women and girls is in its relative infancy. In fact, the United Nations High Commissioner for Refugees (UNHCR) has formally recognized the distinct needs of women and children affected by armed conflict only in the last fifteen or so years. Following the *Third World Conference on Women* in Nairobi in 1985, the first working group on refugee women was convened to advocate for the needs of women affected by conflict. The working group's lobbying activities resulted in the 1989 appointment of a Senior Coordinator for Refugee Women to UNHCR. In 1990, UNHCR adopted a policy on refugee women's protection, from which evolved the 1991 *Guidelines on the Protection of Refugee Women*. By highlighting the general protection needs of women affected by conflict (as distinct from men), the guidelines set the stage for standardizing programming that specifically targets women. The guidelines explicitly acknowledged exposure to sexual violence as a vulnerability of refugee women and called upon the humanitarian community to address it within its protection mandate.

Reproductive health activists were at the forefront of responding to this call. In 1994, the Women's Commission for Refugee Women and Children released a ground-breaking study, *Refugee Women and Reproductive Health: Reassessing Priorities*. This study revealed that even the most basic reproductive health services — including those to address violence against women -- were not available to women displaced by war. At the 1994 International Conference on Population and Development in Cairo, responding to violence against women was identified as one of four basic pillars of reproductive health programming.³

At this same conference, minimum health standards for refugees were expanded to include reproductive health services and, by extension, treatment for victims of sexual violence. The need for these services was reinforced by media coverage in Bosnia and Rwanda, illustrating for the world the extent to which women and girls were targets of sexual violence during war and stimulating donor attention to the issue. Reproductive health in general -- and sexual violence in particular -- was

² This section has been primarily excerpted and formatted for this briefing paper from Ward J, "Gender-based Violence among Conflict-affected Populations: Humanitarian Program Responses," *Listening to the Silences: Women and War*, (Koninklijke Brill, Netherlands, 2005), pp. 67-75.

³ The three other pillars are safe motherhood, including emergency obstetric care, family planning and treatment for sexually transmitted infections (STIs), including HIV/AIDS.

officially on the agenda of donors and humanitarian agencies charged with responding to the needs of the conflict-affected.

In 1995, UNHCR published *Sexual Violence Against Refugees: Guidelines on Protection and Response*, which highlighted some of the major legal, medical and psychosocial components of prevention and response to sexual violence. Also in 1995, UNHCR and the United Nations Population Fund (UNFPA) collaborated to form an Inter-Agency Working Group (IAWG) of expert international reproductive health organizations. A year later, IAWG produced an inter-agency field manual, *Reproductive Health in Refugee Situations*, which includes information about the prevention and management of violence against women and girls from emergency to stable phases of displacement.

The lessons learned through early programming efforts were reviewed at an international conference sponsored in 2001 by UNHCR and attended by international and field-based UNHCR personnel, as well field staff working in (or on behalf of) anti-violence programs. Conference activities culminated in the publication of *Prevention and Response to Sexual and Gender-Based Violence in Refugee Situations, Inter-Agency Lessons Learned Conference Proceedings*.

Both the language and the programming models presented during the conference and described within the conference report reflected important developments in international understanding about addressing violence against women and girls in conflict-affected settings. In terms of the language, the focus on sexual violence was expanded to include gender-based violence (GBV), reflecting an appreciation that women and girls are exposed to multiple forms of violence; efforts to protect them must therefore acknowledge and confront this reality. The use of the term gender-based violence also emphasizes the fact that violence against women and girls is very often a result of their inequitable treatment. In terms of programming models, the “multi-sectoral” approach was determined to be fundamental to combating GBV. To date, this multi-sectoral model forms the “best practice” for prevention of and response to GBV in refugee, IDP and post-conflict settings. Both the language and the multi-sectoral model are outlined below.

Defining Gender-based Violence⁴

Early humanitarian programming addressing violence against conflict-affected women focused on exposure to sexual violence and was primarily based in refugee camps. In 1996, the International Rescue Committee (IRC) introduced a project entitled the “Sexual and Gender-Based Violence Program” -- the project’s

⁴ This section has been adapted from Ward J, “Gender-based Violence among Conflict-affected Populations: Humanitarian Program Responses,” *Listening to the Silences: Women and War*, (Eds) Durham, H. and Gurd, T. (Koninklijke Brill, Netherlands, 2005) pp. 67-75, Leiden, The Netherlands: Martinus Nijhoff, 2005, and J. Ward, “*Because Now Men are Really Sitting on Our Heads and Pressing Us Down*”: Report of a Preliminary Assessment of GBV in Rumbek, Aweils, and Rashad County, Nuba Mountains, Sudan, Washington DC: USAID and USDA, April 2005 .

title as well as its activities advanced the concept of gender as elemental to the violence experienced by women and girls. The term also reflected the fact that programs focusing on sexual violence were expanding their mandates to address other forms of violence to which women and girls are exposed during and after conflict— such as domestic violence, sexual exploitation, and harmful traditional practices. The reality was, and continues to be, that many of the conditions that exacerbate sexual violence against women and girls during conflicts also contribute to other forms of violence against them.

Although some organizations in the humanitarian world continue to use the term 'sexual and gender-based violence' (SGBV), the Interagency Standing Committee's *Guidelines for Gender-based Violence Interventions* have articulated sexual violence as a form of gender-based violence, and as such simply use the term 'gender-based violence'. They define gender-based violence as an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females."⁶⁸

While the term "gender-based violence is often used synonymously with the term "violence against women", in its fullest sense GBV also encompasses violence against men and boys that results from gender roles or gender-role expectations (for example, forced conscription based on the expectation that males fight in wars). While recognizing that boys and men may be exposed to gendered violence, the inequality of power that is the foundation of GBV, coupled with women's inferior status in virtually all societies, means that women and girls are the primary targets of GBV around the globe. As such, the term GBV continues to be used principally in reference to violence against women and girls.

Although "GBV" is the most commonly used idiom in humanitarian and development fields to describe violence against women and girls, there remains controversy about the utility of the term. Some argue that it is not only too abstract to be meaningful, but also difficult to translate in most languages, resulting in many field staff using the acronym GBV without fully grasping its meaning. To address this need, GBV programs have avoided using the terminology in project components that are visible to the community. For example, a GBV project in Kosovo operates a "Women's Wellness Centre" and a GBV project in Sierra Leone runs a sexual assault referral centre that is known to the community as the "Rainbo Centre".

Regardless of its limitations, insofar as it implies that issues of gender underlie virtually all forms of violence against women and girls, the term continues to be widely favored because it has important theoretical and practical implications: the language speaks to the necessity of examining the societal and relational contexts in which violence against women and girls occurs. As such, the term extends beyond the descriptive to the operational level, implicating all members of society--men, women, boys and girls--in any efforts to reduce GBV. Eliminating GBV is a "profoundly political challenge because it necessitates challenging the unequal social, political and economic power of men and women,

and the ways in which this inequality is perpetuated through institutions at all levels of society.”⁶⁹

Understanding the Multi-sectoral Model ⁵

A basic premise of the multi-sectoral approach is that GBV cannot be satisfactorily addressed through the provision of services within a single sector. The multi-sectoral model calls for holistic inter-organizational and inter-agency efforts, across the health, social services, legal and security sectors. These efforts must promote participation of the constituent community, interdisciplinary and inter-organizational cooperation, and collaboration and coordination among sectors.

Relevant actors from each of the sectors may include:

- **Health sector:** health facility administrators, doctors, nurses, midwives, traditional birth attendants, community health workers, traditional healers, and health ministry officials.
- **Psychosocial sector:** Social workers, counselors, teachers and representatives of the ministry responsible for social welfare.
- **Legal/justice sector:** Judges, legislators, lawyers, NGO and legal aid/advocacy groups, as well as representatives of the Ministry of Justice.
- **Security sector:** Police, international and national military, and representatives of the Ministry of Interior.

The multi-sectoral model explicitly highlights responsibilities unique to each sector. Ideally, the various sectors should be able to engage in the activities detailed below in order to fully address the needs of women and girls affected by gender-based violence.

- The **health sector** should actively screen clients for gender-based violence; ensure same sex interviewers for individuals who have been exposed to gender-based violence; respond to the immediate health and psychological needs of the woman or girl who has been exposed; institute protocols for treatment, referral and documentation that guarantee confidentiality; provide gender-based violence -related services free of cost; and be prepared to provide forensic evidence and testimony in court when authorized by the individual.

⁵ This section has primarily been summarized from key resources including Vann B, *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations*, JSI Research and Training Institute and the Reproductive Health Response in Conflict (RHRC) Consortium, Washington, DC, September 2000, and *Sexual and Gender-based Violence Against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response*, UNHCR, Geneva, 2003 and also includes excerpts from Marsh M & Ward J, *“When the sun goes down, girls don’t go out”: A GBV Assessment Report from Angola*, Prepared for UNICEF, UNFPA, UNIFEM, and USAID, January 2006

- The **psychosocial sector** should be able to provide ongoing psychological assistance, which requires the training and on-going supervision of social workers and community services workers; confidentially gather and document client data; and facilitate referrals for other services. Education and income-generation projects are also considered under the umbrella of psychosocial programming within this multi-sectoral model. Education systems should ensure curricula on “safe touch,” healthy relationships, and basic human rights; institute codes of conduct for all teachers as well as training on identifying risk signs among children; and provide school-based services for children who have been exposed to gender-based violence. Income-generating projects should not only promote women’s economic self-sufficiency, but also monitor for domestic violence risks and integrate human rights education into project activities.
- The **legal/justice sector** should be able to provide free or low-cost legal counseling, representation and other court support to women and girls who have been exposed to gender-based violence; review and revise laws that reinforce gender-based violence, and monitor court cases and judicial processes.
- Within the **security sector** police, military and peacekeeping personnel should be educated about gender-based violence; held to zero-tolerance codes of conduct; and be trained on how to appropriately intervene in cases of gender-based violence. Police should have private rooms for meetings with individuals who have been exposed to gender-based violence; ensure same sex interviewers; institute protocols for referrals to other sectors; collect standardized and disaggregated data on incidents; and create specialized units to address gender-based violence.

Some of the crosscutting functions of the health, psychosocial, legal/justice and security sectors include engagement and education of the community, data collection, and monitoring and evaluation. Another critical component is inter- and intra-sectoral coordination, including the creation and monitoring of reporting and referral networks, information sharing, and participation in regular meetings with representatives from the various sectors:

A key principle underlying the multi-sectoral approach is that the rights and needs of a woman or girl who has survived gender-based violence are pre-eminent, in terms of access to respectful and supportive services, guarantees of confidentiality and safety, and the ability to determine the course of action for addressing the gender-based violence incident. Efforts should be made to reduce potential stigma to women and girls through broad-based community education as well as through the provision of confidential services. The women and girls who have been exposed to gender-based violence should be informed of their options at every step of case management. They should be able to exercise a right to choose the course of medical and psychosocial treatment, police intervention, and legal assistance. This orientation to the rights of the women and

girls who experience gender-based violence cuts across all sectors and is the foundation of ethical service.

Another essential element of the multi-sectoral approach is close cooperation with local women's groups and, if relevant, representatives from the ministry responsible for women's and girls' affairs. Women and girls must be included from the beginning of gender-based violence program design and maintain an active role throughout program monitoring, evaluation and on-going program development. It is critical that their involvement in these activities not be perfunctory, but rather that they play major roles in decision-making and leadership.

The Development of Resources for the Field⁶

In the last several years, an increased commitment to GBV by international and locally-based institutions and agencies has resulted in the development of several key tools to facilitate the implementation of programming. In 2002, a publication on *Emerging Issues in GBV Programming* was published, and addresses some of the critical issues and challenges to implementing GBV programming in conflict-affected settings (*see Box I that follows*). A year later, a *Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring and Evaluation* was produced to assist program planners and implementers in designing research and program initiatives.

Box I: *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations* includes an overview of emerging standards, programming examples, shared challenges and practical solutions. It also details the following initial activities to build a firm foundation for integrated, interagency, multisectoral, community-based GBV prevention and response:

- Basic training to raise awareness and understanding among humanitarian staff and leaders about concepts and issues of gender, power, and GBV.
- Training in the roles and responsibilities of the four key sectors and all relevant NGOs, UNHCR, refugees, and government ministries for prevention of and response to GBV. This includes understanding and agreeing to guiding principles for all actors, including how to ensure confidentiality and empower survivors. It also includes clarifying GBV-related duties and accountability standards for all staff.
- Training in specific sectoral skills and tasks for preventing and responding to GBV (e.g., skills for counselors, participatory methods for community educators and animators, post rape management for health care workers, and police procedures and proper application of relevant laws by police and courts).
- Facilitating interagency and intersectoral planning for site wide action in both prevention and response.
- Facilitating the development of interagency systems for incident reporting, documentation, referrals, information sharing, monitoring and evaluation, and coordination.
- Providing technical support for designing, monitoring, and evaluating GBV programs.
- Training and technical assistance for promoting community participation and fostering sustainability.

Excerpted from Vann B, Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations, JSI Research and Training Institute and the Reproductive Health in Conflict (RHRC) Consortium, Washington, DC, September 2000

Notably, a significant shift in recognition of GBV issues by the humanitarian community was hastened by a report released in 2002 by Save the Children-UK and UNHCR detailing abuses committed in West African refugee camps by employees of humanitarian organizations. The report, implicating specific international organizations and institutions, received global media coverage. UNHCR, as well as many international organizations, responded to the allegations with unprecedented (in terms of GBV issues) rapidity. An inter-agency task force was designated by the UN with responsibility for creating staff codes of conduct and protocols for reporting abuses. Several international organizations have independently developed their own internal codes of conduct and reporting mechanisms and are currently instituting them in programs throughout the world. The efficiency of action by the humanitarian community reflects the capacity of organizations to address GBV when and if there is sufficient motivation. Because of the revelations of sexual exploitation and the subsequent response, GBV is gaining increased attention in conflict-settings throughout the world, systems of reporting are being strengthened and more efforts are being directed at prosecution and prevention of violence.

In 2003, UNHCR published an update to its 1995 *Sexual Violence Against Refugees: Guidelines for Prevention and Response*, entitled the *Sexual and Gender-based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. The revised title as well as the expanded content reflected some of the field-based lessons learned since the publication of the 1995 Guidelines. As noted above, the initial focus on sexual violence was expanded to incorporate multiple forms of GBV, and the initial focus on refugee populations was expanded to include returnees and internally displaced.

Box 2: The 2003 United Nations High Commissioner for Refugees (UNHCR) *Guidelines for Prevention and Response: Sexual and Gender-based Violence Against Refugees, Returnees and Internally Displaced Persons* are intended to be used by the staff of UNHCR, UN agencies, inter-governmental and non-governmental organizations and host government agencies who provide protection and assistance to refugees and persons of concern to UNHCR. They are also intended to guide activities initiated by refugee communities themselves to prevent and address the problem. They examine the root causes of and factors contributing to sexual and GBV and suggest practical actions to be taken to help prevent and respond to this kind of violence. In recognizing that sexual and GBV is perpetuated by unequal power relationships between women and men, the *Guidelines* provide a fresh approach to the problem, calling for strategic partnerships - including between men and women, national and international human rights NGOs, UNHCR, other UN agencies and States - to promote change. They also emphasize the importance of involving the refugee community, especially women and girls, in planning, implementing and evaluating activities designed to prevent and respond to sexual and GBV.

Adaptable to different contexts and settings, the *Guidelines* provide a framework for developing effective prevention and response strategies. Since preventing and responding to the complex problem of sexual and gender-based violence requires inter-agency, inter-disciplinary, and multi-sectoral collaboration, the *Guidelines* also encourage reflection and discussion among organizations and colleagues. They are intended to complement, rather than replace, other training materials.

Excerpted from UNHCR, Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response, May 2003.

In January 2003, a working group on “Women and Children in an Insecure World” was established within the Geneva Centre for the Democratic Control of Armed Forces (DCAF) in order to examine the issues of systematic violence within the context of security sector reform. Primarily, DCAF’s activities aim at raising awareness of the vulnerability of women and children within the security community, and subsequently the public at large. In 2005, DCAF produced a publication entitled *Women in an Insecure World: Violence against Women Facts, Figures and Analysis*, with the goal of showing the scope and multifaceted nature of GBV, as well as the gravity of its consequences for families, communities and societies. (See Box III for select recommendations presented in the DCAF book).

Box III: Recommendations from *Women in an Insecure World: Violence against Women Facts, Figures and Analysis* include the following:

1. Prevention

1.2 Prevention through awareness-raising and training

- a. *Increased awareness-raising on the rights of women and gender-based crimes*
- b. *Effective training for all actors in society*

1.1 Prevention through research

- a. *Effective collection of gender-disaggregated data*
- b. *Furthering research on causes, consequences and solutions*
- c. *Effective monitoring and assessment*

2. Protection

2.1 Protection through law

- a. *Universal ratification of international instruments on international human rights and humanitarian issues*
- b. *Effective implementation of legal reforms and improvement of access to justice*
- c. *End impunity by ensuring adequate punishment of perpetrators*

2.2 Protection through institutions

- a. *Strengthening of institutional mechanisms for protection: coordinated approach*
- b. *Allocation of proper budget*
- c. *Establishment of shelters and support mechanisms*
- d. *Protection of women in armed conflict*

3. Empowerment

3.1 Empowerment through education and labor

3.2 Empowerment of women through their participation in decision-making

Excerpted from M. Valchova and L. BIASON, eds. Women in an Insecure World: Violence against Women Facts, Figures and Analysis, Centre for the Democratic Control of Armed Forces (DCAF) (Geneva, 2005).

Also in 2005, the Joint Consortium of Irish Human Rights Humanitarian and Development Agencies and Development Cooperation Ireland decided that Ireland – and the international community – needs to move beyond ad hoc programming to address GBV at the institutional level.

The consortium commissioned research and developed a framework that can be incorporated by all organizations with regard to policy, operations, priorities and resources. (See Box IV for excerpts from the executive summary from this report.)⁷⁰

Box IV: The Executive Summary of the Joint Consortium of Irish Human Rights Humanitarian and Development Agencies and Development Cooperation Ireland's report "Gender Based Violence a failure to protect a challenge to action outlines the following recommendations:

- 1 GBV has been an integral element of armed conflict throughout history; it is **prolific and extremely widespread**. It is systematically used as a weapon of war, and is on the increase especially in Africa. The atrocities, perpetrated primarily against women and girls, though men and boys are also victims²⁶, are well known. Human rights organizations, such as Amnesty International and the international media have made GBV more visible.
- 2 Sexual exploitation is widespread in humanitarian situations where sex is traded for food rations, for safe passage, and for access to basic goods. **This reflects the failure by the international community to protect the fundamental rights of populations affected by conflict**. The perpetrators are 'the trusted' including military and police, peacekeepers, host communities, international and national humanitarian agency staff. GBV is perpetrated in schools, medical clinics, distribution and registration sites.
- 3 GBV is also **endemic in post-conflict situations**, yet there is a tendency by donors and humanitarian institutions to focus almost exclusively on sexual crimes during conflict with little attention to the longer-term needs of victims. Few organizations have reflected on the extensive nature of GBV, its underlying causes and its prevalence in post-conflict situations; there are even fewer measures to reduce domestic violence.
- 4 A further issue for agencies is *what is the cost of not engaging with GBV?* The costs are significant: people's human rights are abused, atrocities and individual trauma and suffering continue and humanitarian and development interventions are undermined.
- 5 There is more than adequate documentation of GBV in conflict situations, and numerous codes of conduct, check lists for action, resource materials and training manuals have been developed. **The time has now come for action.**

Excerpted from Joint Consortium of Irish Human Rights Humanitarian and Development Agencies and Development Cooperation Ireland, Gender Based Violence a failure to protect a challenge to action, October 2005.

In addition, new guidelines issued in 2005 by a task force of the United Nations Inter-Agency Standing Committee (IASC) provide detailed recommendations for the minimum response required to address sexual violence in emergencies and hold all humanitarian actors responsible for tackling the issue in their respective areas of operation. The IASC released a statement in January 2005 reconfirming their commitment to "urgent and concerted action aimed at preventing gender-based violence, including in particular sexual violence, ensuring appropriate care and follow-up for victims/survivors, and working towards holding perpetrators accountable."⁷¹

The Guidelines are an important tool in educating all humanitarian actors in their responsibility to combat GBV. (See Box V for a description of the IASC GBV Guidelines.)

Box V: The purpose of the IASC guidelines for *Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* is to enable humanitarian actors and communities to plan, establish, and coordinate a set of minimum multisectoral interventions to prevent and respond to sexual violence during the early phase of an emergency by offering concrete strategies for including GBV interventions and considerations from emergency preparedness planning to more stabilized phases of emergencies and post-emergency.

According to the Guidelines, although intervention in the early stages of an emergency should focus on sexual violence, each situation is unique and other forms of GBV should not necessarily be ignored. For example, the severity and incidence of domestic violence often increases in the aftermath of natural disasters and therefore may require immediate intervention from humanitarian actors. A coordinated situational analysis can give information about other types of GBV that may be occurring, including frequency, risk, and lethality. These other forms of GBV are not explicitly dealt with in these guidelines but are included in resource materials and the summary recommendations for the preparedness and comprehensive prevention and response phases.

The guidelines include a matrix and accompanying action sheets that are organized by sectors and cross-cutting functions. There are five cross-cutting functions that require action from multiple organizations and sectors. The cross-cutting functions are:

- Coordination
- Assessment and Monitoring
- Protection
- Human Resources
- Information Education Communication

In addition to the cross-cutting functions, there are specific interventions organized by sector, including:

- Protection
- Water and Sanitation
- Food Security and Nutrition
- Shelter and Site Planning and Non-Food Items
- Health and Community Services
- Education

Summarized from *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, IASC, Geneva, 2005 (field test version).

As a result of these and other key resources, methodologies are being refined by many humanitarian organizations to try and extend and improve services for survivors, and well as to build the capacity of local organizations to take on the issue. Standardized procedures for medical management of rape established by the World Health Organization are being adopted in an increasing number of settings. Training modules have been developed to build local capacity to meet the psychosocial needs of survivors. Efforts are being made, most evidently in

post-conflict settings but also in some refugee settings, to support legal reforms that would provide greater protection against multiple types of gender-based violence against women and girls. Widespread community-based education aimed at changing attitudes and behaviors that promote sexual and other forms of violence against women has been carried out in a number of settings. Research on the nature and scope of the problem has also multiplied in recent years, and is bringing pressure to bear on international actors as well as on states to take more aggressive measures to address violence against women in conflict and its aftermath. The following examples from the field illustrate some of successes in program design and implementation.

Programming Examples from the Field

Promoting the Futures of Liberian Girls and Women

Though the fourteen-year civil war that devastated Liberia from December 1989 to August 2003 is over, women and girls continue to suffer myriad mental and physical problems associated with wartime sexual abuse, and they remain vulnerable to on-going violence and exploitation. For example, economic devastation and lack of educational opportunities lead young girls and women to openly engage in transactional sex with older, financially secure men. To address this situation, the Christian Children's Fund (CCF) is working with women and girls to help them break free from the cycle of exploitation and violence. Using a comprehensive psychosocial approach, this CCF project promotes the healthy development and community reintegration of war-affected girls and women in Liberia through case management and psychosocial care, as well as through skills training and educational and livelihood grants. For those beneficiaries who choose to join or develop small businesses, tools and materials are given as grants. For girls who opt to return to school, CCF provides year-long fellowships to cover school fees, books, uniforms, and food. Girls' primary caregivers can also be linked to skills training opportunities, helping them to generate the income necessary to sustain the girls' education beyond the first year.

A Collaborative Fight against Domestic Violence in Bosnia-Herzegovina

In post-war Bosnia-Herzegovina, large-scale, collaborative work to address overall gender equality and women's rights is underway. Gender centers tasked with working on equality have been established at the state and municipal levels. A Coordination Board has been established as an agency on the State level to facilitate cooperation between NGOs. In November 2005 the Coordination Body created a protocol against domestic violence that was signed between various government ministries, canton governments, and NGOs. The protocol has led to the creation of a database to track domestic violence cases and a draft five-year Action Plan against domestic violence in Canton Sarajevo.

Multi-sectoral Response Efforts: the Example of the Organization of Angolan Women

The long-standing Angolan civil conflict led to massive internal displacement, crippling poverty, food insecurity and widespread human rights violations, including GBV. Since its inception the Organization of Angolan Women has been working to address the needs of women and girls across Angola through its nine legal counseling centers, which each provide psychosocial counseling services, conflict management assistance, and legal aid. When clients need medical assistance, Organization of Angolan Women staff facilitates access to treatment. They also provide support in dealing with the police, and the courts. The organization has a well-established relationship with the Angolan Bar Association, which provides regular staff training on issues such as the causes and effects of violence, and the principal rules and standards related to human rights. Notably, key stakeholders from the community, such as police officers, are encouraged to attend these trainings. In the main center in Luanda, there are a number of senior lawyers, lawyers-in-training, and student interns, as well as a psychologist and several psychosocial assistants.

The Organization of Angolan Women conducts advocacy and training activities with various institutions. The group has worked with the National Department of Criminal Investigation on increasing the speed of interventions, and they are currently helping the Ministry of Health to develop a standardized form for forensic exams, for use in court. The organization also runs one safe house for women and their children who have been exposed to domestic violence in the capital city of Luanda. Since shelter services are not yet available in provinces outside of Luanda, the organization is currently working with other institutions to construct another shelter in the Benguela area, north of Luanda.

Comprehensive Care in the Occupied Palestinian Territories

In the Occupied Palestinian Territories, the Culture and Free Thought Association is providing comprehensive quality reproductive health care as well as legal and psychosocial support for women in the Bureij refugee camp and surrounding areas through a project titled Bureij Women's Health Center. The project uses a "woman-to-woman" rights-based approach to reproductive health care. Services related to GBV are integrated in all of the Association's services. Each staff member has received training on assessing clients for GBV as well as addressing the range of physical and psychological needs that a survivor might have, including referrals for specialized care.

The Rainbo Centers in Sierra Leone

Growing out of an initial assessment conducted by the International Rescue Committee (IRC) in 1999, which revealed the need for reproductive health care for war-related sexual violence and for a need to build community capacity,

government and local institutions are working together to respond to GBV. Today, this institution-building is reflected in IRC's Sexual Assault and Referral Centre (SARC) Project. The IRC now runs "Rainbo Centers" in Freetown, Kailahun, Kenema, and Kono districts. Staff at the centers provides a range of services that include reproductive health care, psychosocial counseling, referral and advocacy services to survivors of GBV. Center staff also provides medical certificates for police in cases where survivors want to pursue legal justice. In collaboration with government medical institutions, IRC has trained local medical professions to provide comprehensive post-sexual assault treatment in accordance with the World Health Organization's protocols for clinical management of rape survivors. Collaborating staff also have the capacity to record information that is admissible to court.

Part III: Where Are We Now?: Assessing Progress

A Failure to Protect

Very few assessments on the nature and efficacy of GBV interventions exist. However, two major assessments on the nature and scope of GBV issues and programs undertaken in 2001 and 2002 decisively concluded that programming gaps are significant in virtually all conflict-affected countries that were investigated. According to the 2001 assessment carried out by the Reproductive Health Response in Conflict (RHRC) Consortium, foremost among the limitations to establishing broad-based GBV programming was the failure -- at both the international and national levels -- to priorities violence against women as a major health and human rights concern. The result was a lack of financial, technical and logistical resources necessary to tackle the issue. Many survivors were not receiving the assistance they needed and deserved, nor was sufficient attention being given to the prevention of violence.⁷² The outcomes of an independent experts' investigation spearheaded by the United Nations Development Fund for Women (UNIFEM) the following year echoed these findings in their conclusion "that the standards of protection for women affected by conflict are glaring in their inadequacy, as is the international response."⁷³

These inadequacies persist even today, as reflected so clearly in the humanitarian community's failure to protect women in Darfur, Sudan. According to a recent Consolidated Appeal Process (CAP) analysis, very little money is dedicated to addressing GBV—the end result is significant limitations in protection and response programming. From 2000 to 2006 only \$8,413,560 out of a total \$105,754,768 allocated to UN institutions and NGOs for increased protection of vulnerable populations and working more effectively with governments was dedicated to specific GBV programming. Even less was dedicated to gender and women's empowerment (\$6,307,559) and reproductive health (\$70,856,143). (*See Table and description that follows*).

Table: CAP Analysis Related to GBV⁷⁴

	Gender and Women's Empowerment	Reproductive Health	Gender-Based Violence / Violence Against Women	General Protection and Support of Women and their Children	Year's TOTAL
2000	180,057	2,264,068	1,058,488	2,741,455	6,240,068
2001	209,420	6,128,579	61,679	4,476,741	10,876,419
2002	2,896,157	16,735,652	1,009,166	3,500,000	24,140,975
2003	0	15,347,156	1,005,375	2,395,287	18,747,818
2004	486,884	11,606,133	899,200	473,003	13,465,220
2005	2,535,041	24,284,575	4,379,652	1,085,000	32,284,268
Category's TOTAL	6,307,559	70,856,143	8,413,560	14,671,486	105,754,768 (Overall Total)

*All values represent paid contributions in US dollars.

Note: These numbers are only rough estimates, because many project descriptions were extremely general, such as "health", and left no way of telling how much money went to any of these specific categories, and thus were excluded from the analysis. Others were descriptions that contained a long list of projects under one sum of money, perhaps one or two of which fit in one of these categories. In that case, a rough fraction was taken from the total. For example, if two of the seven projects listed fit a category, two-sevenths of the total amount was added to that category. In many cases, it is likely that the money was not distributed this evenly in the field. It is also of interest to note that 2005 was the year that appeals were made regarding the Indian Ocean Tsunami, which elicited a great response from the international community, hence the spike in donations for that year.

CATEGORY DESCRIPTIONS

1) Gender and Women's Empowerment

Includes funds allocated to projects such as:

- education targeting women and girls
- promoting gender justice and equality
- ensuring women's human rights
- women's leadership and livelihood programs

2) Reproductive Health

Includes funds allocated to projects such as:

- safe motherhood
- emergency obstetric care
- treatment and prevention of STIs, including HIV/AIDS
- distribution of hygiene packs to women and girl disaster victims

3) Gender-Based Violence / Violence Against Women

Includes funds allocated to projects such as:

- action to eradicate FGM
- eradicating the abduction of women and children
- awareness raising and prevention
- support and services to victims/survivors

4) General Protection and Support of Women and their Children

Includes funds allocated to less specific projects, such as:

- psycho-social care and counseling for war-affected women and children
- assistance for women affected by exposure
- relief support for IDP women and children
- assistance and reintegration of woman and child victims of violence

Ending Impunity⁷

“Unless a country’s constitutional, legal, judicial and electoral frameworks deal with gender equality, no matter what happens after the conflict, no matter how peaceful a transition, the entire country will never have a fair chance at development, and violence against women will continue to inhibit its progress.”⁷⁵

Along with an increase in field-based programming, the last decade has produced significant advances in international standards and mechanisms of accountability for those who commit sexual violence. International criminal tribunals for Rwanda and the former Yugoslavia have prosecuted sexual violence as crimes of genocide, torture, crimes against humanity and as war crimes. The Rome Statute of the recently established International Criminal Court (ICC) has enumerated rape, sexual slavery and trafficking, enforced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence and persecution as crimes against humanity and as war crimes. The ICC is initiating investigation into cases from several conflict-affected countries.

Another groundbreaking advance was the United Nations Security Council’s adoption of Resolution 1325 in 2000, which specifically “calls upon all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict.” Since that time, the United Nations Secretary-General has submitted two reports to the United Nations Security Council on the implementation of Resolution 1325. While these reports concede that much remains to be done, especially in terms of holding states accountable for the actions of fighting forces and in increasing the level of participation of women in all stages of peace-building, they also note that major advances have been made in introducing codes of conduct that establish “zero tolerance” for all United Nations personnel, including peacekeepers, who might sexually exploit those they are meant to serve. Since these codes of conduct were implemented, action has been taken against offenders in a number of countries, such as the DRC, where an inquiry into allegations of sexual exploitation committed by over a hundred peacekeepers is underway.

However, grave problems with impunity persist in virtually every conflict-affected setting around the globe. International tribunals can only prosecute a fraction of cases, and many national governments do not have the resources or the commitment to pursue sexual crimes against women. In some cases national jurisdiction does not extend to foreign fighting forces who commit abuses within their territory. In others, governments do little to support victims in coming forward. Evidentiary requirements often mean that the burden of proof lies with the victim. Some must pay for legal assistance. Where forensic evidence is required, healthcare providers must be able to collect it in a timely manner and be

⁷ This section has been excerpted and formatted for this briefing document from *Broken Bodies, Broken Dreams: Violence Against Women Exposed*, IRIN/OCHA, November 2005, pp 187-199.

prepared to present that evidence at a trial. Police or relevant security forces must be trained to investigate and appropriately document their findings. The frustrating reality for many survivors of sexual crimes in conflict-affected settings around the world is that there are no systems to ensure basic protection to survivors, let alone access to justice.

Such impunity both reflects and reinforces the widespread cultural norms that acquiesce to the inevitability of violence against women and girls whether in times of peace or of war. And it is these norms that must be targeted aggressively in order to ensure reductions in levels of abuse: "In a world where sex crimes are too often regarded as misdemeanors during times of law and order, surely rape will not be perceived as a high crime during war, when all the rules of human interaction are turned on their heads, and heinous acts regularly earn their perpetrators commendation. ... What matters most is that we combine the new acknowledgement of rape's role in war with a further recognition: humankind's level of tolerance for sexual violence is not established by international tribunals after war. That baseline is established by societies, in times of peace. The rules of war can never really change as long as violent aggression against women is tolerated in everyday life."⁷⁶

In a world where thousands of women suffer sexual violence committed with impunity in the context of conflict, the message needs to be made clear: A single rape constitutes a war crime.

ENDNOTE: A Donor Appeal

Despite its widespread nature, and despite the well-documented fact that GBV has serious consequences for the physical, sexual, and mental health of women and young girls, their families and communities, in too many conflict-affected settings across the world programming efforts are grossly inadequate when compared to the scope of the problem. Moreover, recent trend data on conflict-afflicted zones have shown that GBV does not abate in the transition away from war, and in some instances certain types of GBV may even increase. To continue to ignore GBV is to limit the promise of a society's reconstruction. As stated in USAID's Fragile States Strategy, "data show a strong correlation between state fragility and inequitable treatment of women."⁷⁷ This should serve as a call to action for donors, international and national policy makers, and service delivery organizations to prioritize the GBV challenge.

Initiatives to address GBV are crucial to any development efforts. The physical and psychological outcomes of GBV may inhibit a woman's capacity, not only personally, but also in her relationships with her family and community. This in turn may undermine social cohesion. Violence may also affect child survival and development, raising infant mortality rates, lowering birth weights and school participation. GBV (and patriarchal environments where it breeds) can limit women's access to reproductive health services including family planning, leading to more unwanted pregnancies and unsafe abortions, and increasing women's risk for HIV infection. At the same time that GBV increases costs to public health and social welfare systems, it decreases women and children's abilities to participate in social and economic development.

Most importantly, acts of GBV violate many of our basic human rights, including the rights to life, equality, security of the person, equal protection under the law, and freedom from torture and other cruel, inhumane, or degrading treatment. Some international actors argue that a human rights approach unfairly imposes "Western" standards of social organization on local communities. But this perspective is paternalistic in its failure to acknowledge local communities' desire to improve the rights of its own members; it reinforces behaviors that hurt and kill women and girls, destroying families and societies.

Addressing GBV requires coordinated, inter-agency, and multi-sectoral strategies that 1) aim for prevention through policy reform and implementation of protective mechanisms; 2) build the capacity of health, social welfare, legal and security systems to recognize, monitor, and respond to GBV; and 3) ensure rapid and respectful services to survivors. Combating GBV also involves the encouragement of fundamental social change that supports women's human rights as well their equal participation in economic and social development, both in conflict-affected situations and in peacetime. While interventions should be

designed with sensitivity and respect for culture and tradition, promoting and protecting women's rights will invariably involve challenging the normative social values that promote GBV.

International prevention and response efforts have been expanding notably in the last several years, but much more must be done. Careful program approaches can introduce systemic reforms to advance women's rights and participation in economic and social development. If the structural causes of violence are to be addressed in a lasting way, women and young girls--who in the past may have had little share of the public sphere--must be given the support to be active agents in all efforts to protect and advance their rights.

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