

Sexual Violence during War and Forced Migration

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Introduction

Rape as a Weapon of War

Rape in the context of war has been described since earliest historical times (Brownmiller, 1975). The vast literature on this topic has dealt with issues of military command and discipline, male violence, evolution of legal norms, and documentation of egregious instances of mass rape. In the conventional nation-state wars of the 20th century, such documentation often lagged long after the events, depending on delayed testimony of survivors, release of government archives, or shifts in political regime.

During World War II, civilians of all involved parties are believed to have suffered from sexual violence, although the gravest sexual atrocities were documented against Chinese and German women. An estimated 20,000 Chinese women were raped during the first month of the Japanese assault on Nanking in 1938 (Chang, 1997). In the Soviet advance towards Berlin and in the attack that captured the city (February–May 1945), it is estimated that hundreds of thousands of German women were raped by the attacking Soviet forces (Beevor, 2003). Widespread sexual violence was also documented in the 1971 war between Pakistan and secessionist Bangladesh, where approximately 200,000–400,000 Bangladeshi women were raped by Pakistan government troops (Brownmiller, 1975, 81–84).

These numbers are vast and still contested. As with the ongoing dispute between Japan and South Korea over what befell the Korean “comfort women” in World War II and at what level of authority this program was authorized by the Japanese government, there is strong resistance among national governments, military institutions, and societies as a whole to come to terms with this prevalent aspect of behavior in war. This resistance is shored up by the silence of survivors and their communities and by the usual absence of contemporaneous documentation.

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The last 15 years have seen marked advances in policy to address issues of norms and training, humanitarian impact and social recovery, and legal accountability and justice. Prevailing military norms have long prohibited rape on civilian populations. Formal military commands in virtually all organized states in the world enjoin against rape in all its forms. Training of officers and troops in the Geneva Conventions is mandatory and operational oversight is built into the chain of command. Increasingly sweeping legal sanctions have been developed since the judgments of the ad hoc International Criminal Tribunals for the former Yugoslavia (ICTY) and for Rwanda (ICTR) in the 1990s. The International Criminal Court at the Hague now provides a standing capacity for adjudicating war crimes, including allegations of mass rape in conflict settings. There is widespread public and governmental support for international legal pursuit of war criminals, with the aim of reducing a sense of impunity by bringing current perpetrators to judicial account. The world's political leaders have directly and indirectly engaged this issue of mass rape, by clarifying and reaffirming the obligations of states and military authorities to protect civilians in war and displacement, with particular attention to the vulnerabilities of women and children (Report of the Secretary General, 2005; International Commission, 2001).

In the last 25 years, as the preponderance of wars has shifted from nation-state conflicts to intra-state civil or communal wars, campaigns of mass rape by armed state and non-state actors have become widespread, appearing to take place as a structured aspect of organized hostile action against civilian populations. These campaigns, described by journalists, human rights investigators, and international humanitarian actors, have occurred in the Balkans, Sierra Leone, Rwanda, Liberia, Sudan, Uganda, and Democratic Republic of Congo (DRC).

Mass rape in these more recent internal wars can be seen to serve strategic aims. Its effects in these contexts are two-fold: to terrorize the civilian population, and thus force people to flee their homes and fields; and to inflict shame and humiliation, thus degrading possibilities for later social reconstitution and return (Reseau des Femmes, 2005; Gingerich and Leaning, 2004; Swiss and Giller, 1993). These effects assume strategic importance for armed non-state actors who lack heavy weaponry and advanced communications and transportation supports. To hold land it is necessary to clear it of people. These effects are also peculiarly suited to campaigns of ethnic cleansing and genocide, where the objectives of the conflict are to remove or destroy a stigmatized population and demolish the potential for regeneration. The stigmatization, betrayal and abandonment associated with having been raped greatly affect the capacity of women to raise children and participate in community life. It also affects the morale of the men who perceive their inability to protect their women as one final humiliation of the war (Rumble and Mehta, 2007; Thomas, 2007; Holleufer et al., 2001).

Widespread and often very brutal rapes also accompany the disruption of society and extensive forced migration that are close concomitants of these recent wars. Complex groupings of combatants and brigands assail civilians as these forces move through territory, set up encampments, and pillage and extract resources from surrounding communities either to support their war efforts or for personal gain. Peacetime administrative, police, and legal systems (often inadequate in the best of

times) fall apart under the stresses of chronic fighting, increased criminality, and pervasive insecurity. Social norms restraining gender-based violence appear to fray and the problem of rape escalates as it moves from a tactic of war to a pervasive form of abuse of women and the vulnerable. Understanding and addressing this aspect of rape in the context and wake of war requires redoubled efforts on the part of the international community.

Legal Framework

Although rape in times of war has long been discouraged by prevailing military norms, only in the last 150 years has this practice been proscribed in formal legal codes. The 1863 Lieber Code addressed the rules of engagement for combatants and commanders in the U.S. Civil War and is noteworthy for having provided one of the first official prohibitions of rape in war (Office of the Chief of Staff, 1863). This prohibition was carried forward to the Hague Conventions of 1907 (Askin, 2003).

When the term “crimes against humanity” was coined in 1907, the crimes themselves were largely unspecified. The 1945 charters of the International Military Tribunals for Germany and Japan defined such crimes as “murder, extermination, enslavement, deportation or other inhumane acts committed against any civilian population”. Shortly after the Nuremberg Charter was signed in 1945, the Allied Control Council established Law No. 10, which extended the definition of “crimes against humanity” to include rape”.

Despite the extension of “crimes against humanity” to include rape, the Nuremberg Tribunal did not actually bring any charges or produce any convictions for gender-based crimes. The Tokyo trials resulted in the conviction of only three individuals for sex offenses. It was not until the adoption of the Fourth Geneva Convention in 1949 that the prohibition of rape in war was firmly established in international humanitarian law. The Fourth Geneva Convention called for the special protection of women “against any attack on their honor, in particular against rape, enforced prostitution, or any form of indecent assault,” (Geneva Convention, 1949). The First and Second Additional Protocols to the Geneva Conventions included the same provisions for international and non-international armed conflicts, respectively (International Committee of the Red Cross, 1977a, b).

Acts of genocide and sexual violence in the former Yugoslavia and in Rwanda were responsible for the expansion of protection against wartime rape. Partly because of the reported extent of sexual violence in those two conflicts, the United Nations established the ICTY and ICTR. Since their inception in the mid 1990s, the tribunals have been responsible for landmark convictions for genocide and for crimes against humanity, based on rape and other acts of sexual violence. The tribunals have produced precedent-setting definitions of rape and sexual violence, have declared that systematic rape with an intent to destroy a particular group of people constitutes genocide (International Criminal Tribunal for Rwanda, 1998), and have brought indictment for charges of genocide based on command to engage in sexual violence (International Criminal Tribunal for the Former Yugoslavia, 2002, 2000).

The ICTY also broke new ground in broadening the crime of sexual slavery when it issued the first conviction for rape in that context as a crime against humanity.

Sexual and gender-based violence were further codified as crimes under international law when they were listed in the Rome Statute of the International Criminal Court as constituting crimes against humanity and war crimes (International Criminal Court, 1998). As instances of systematic rape in current wars are reported and investigated, it is highly likely that the definition and prosecution of sexual violence will continue to evolve.

National law on gender-based violence applies to the increasing incidence of rape occurring in the periphery of low-intensity conflict, as sexual assaults propagate into domestic and criminal zones of these disrupted societies. International efforts are now focused on strengthening local legal frameworks and judicial systems to improve their capacity to investigate and prosecute this rising tide of violence against women.

Policy Analysis

The ongoing incidence of mass rape in current wars challenges the international community to explore further options, in terms of policy, program, and research. The following discussion first presents an analysis of current patterns of mass rape in internal wars, identifying key factors of opportunity, vulnerability, and impunity that support the ongoing practice of mass rape. In the light of these three factors, the second section offers an assessment of current approaches taken by the international community, highlighting possible avenues for further efforts that could help reduce the future incidence of this war atrocity and relieve the suffering of current survivors, their families, and their communities.

Current understanding

An empirically grounded picture of what actually constitutes mass rape in current wars involves looking first at the key population parameters (vulnerabilities, locations, and social settings) that describe the context in which these mass rapes take place (see Appendix 1 and 2).

Population parameters in organized attacks:

- (1) Mass rapes have occurred in the course of attacks by outside armed groups on relatively sparsely populated areas, such as in villages or farming communities (in DRC or Darfur) or in suburbs and hamlet communities (in Rwanda and Bosnia).
- (2) These attacks occur without direct or precise warning, although as the conflict has extended across the region the populations who have not yet been attacked live with a pervasive sense of general jeopardy and are often making preparations for flight.
- (3) There are usually no members of opposing armed groups in these communities, or if they are present, they are grossly outnumbered and do not present an armed defense. In some contexts the civilian men stay and fight or they

flee at once, knowing, as in Darfur and in Bosnia, that if captured they will be killed.

- (4) The women and girls are seen as the main targets of mass rape in these attacks on populated areas. In an unknown percentage of instances boys or men are also raped, but so far it has proven difficult to obtain testimony about assault on males and thus even a sense of relative incidence is not possible to estimate (Carpenter, 2006). (More accessible reports of male rape are those that occur to captured and incarcerated males, as in Bosnian internment camps.)
- (5) Abundant descriptions of mass rapes of women and girls, offered by survivors and witnesses, can be found for Darfur and Congo. Women who were raped in the attacks on homes and villages in the Rwandan genocide were more often grievously mutilated and then killed (Human Rights Watch, 1996) so survivor testimony among Rwandan women reflects a smaller percentage of the incidence of rape that is believed to have taken place.
- (6) The descriptions of the actual rapes given by survivors in these varied circumstances convey a stereotyped picture of settings, sequence, and time. Some elements of these fact pictures are common across all recent internal wars where mass rape has been prevalent, and some are particular to a given conflict. Common elements include the public nature of these rapes, high frequency of gang rape, and substantial risk of incurring severe harm or death in the course of or immediately after the sexual assault itself. It appears that this risk of severe injury or death increases if the victim is subjected to gang rape or penetration by non-penile implements, but the data are not sufficient to confirm this observation. Elements of sexual abduction and slavery are more common in some conflicts than others.
- (7) The period of flight itself carries substantial hazard, including ongoing threat of rape from assailants in hot pursuit (as in Darfur) or from encounters with soldiers, militia, or bandits along the way. Victims are more often in small family groups and easily trapped in unfamiliar terrain. Little information has been gathered to permit further characterization of these attacks, in terms of their relative lethality for the target victim, her children, or members of her group at time of attack.
- (8) Description and testimony can be obtained from local witnesses (other villagers or family members who saw what was happening as they managed to run or hide) or from survivors. These two kinds of observation furnish different kinds of information: the first more stark and contextual, the second more narrative and descriptive of intimate detail. Local health personnel and humanitarian NGOs working in the area (both local and international) are also in a position to provide substantial information relating to the general context and to individual instances of these war-time rapes.

This empirical inquiry into the local circumstances of mass rape in internal war also addresses the military context (legal status of the war, training and organization of the military forces, technological and material capabilities, and military objectives).

Military parameters in organized attacks:

- (1) The conflicts are non-declared communal wars waged by non-state actors, arising in collapsing states or regions (eastern DRC) or as insurgency-counter-insurgency operations in oppressive states (Sudan).
- (2) The non-state actors are armed groups comprised of fighters who are poorly trained and disciplined or malignantly led and incited.
- (3) The armed groups have access to small arms but limited supplies of heavy weapons and often lack armored ground or air transport assets.
- (4) The conflicts are one-sided, in that the armed groups operate relatively unchallenged throughout the region of hostilities. Opposing forces are weak, scattered, or do not exist. Despite what might be advanced as the putative target of these armed groups, the effective targets of these military operations are communally alien and/or communally stigmatized civilian populations.
- (5) Within civilian populations, women are relatively easy targets. They are less likely to be armed than the men in their communities. Issues of relative physical strength may be relevant. But the major reason that women are easy targets is that they are encumbered by their reproductive roles. A high proportion of the younger women will either be pregnant or nursing an infant. Many of these women and those slightly older will also be holding on to toddlers or small children. Distracted and slowed down by these responsibilities for others in their care, women are more likely than men to be overtaken as they flee.
- (6) For a given expenditure of force, the rape of women inflicts a wide symbolic injury on families and communities, well beyond the direct physical and psychological effects on the individual target. Rape can be seen as the weapon of choice for armed non-state actors intent on maximizing social disruption.

What follows from these observations is that there are strong symmetries and incentives that tightly link mass rape to the conduct of these internal wars.

- (1) *Mass rape requires opportunity.* Armed groups will not take the time or assume the risk of deploying many soldiers for mass rape activities if there is any fear of being attacked by opponents. Only if the conflict is overwhelmingly one-sided can mass rape occur on a systematic scale.
- (2) *Mass rape requires vulnerability.* Armed groups with meager resources and low-tech weaponry have a limited menu of tactical choices when trying to take territory, rout or destroy a civilian population. Of these choices, mass rape, primarily of women, has proved to be one of the more primitive, accessible, and efficient.
- (3) *Mass rape thrives in a climate of impunity.* Internal wars fought within collapsing states create their own geographic and social isolation even when they are not located in a territory distant from world travel or political interaction. Witnesses and survivors are fearful; access to outside help is minimal; humanitarian actors are constrained. The key consequence is that few useful records are made or kept of these atrocities.

Widespread rape in conflict zones:

The features of population vulnerability and assailant opportunity and impunity apply as well to the growing phenomenon of widespread rape in zones affected by chronic conflict and instability. Women are often attacked on their way to fields or as they leave the village to forage for water and fuel. The patterns are more diverse, however, than what has been reported for organized attacks by large groups of military forces. In Eastern Congo, brutal rapes of women occur in the course of armed robberies in the home, with family members, including husbands, often present. Rape is now occurring as well in the workplace or in schools. Authority figures, such as teachers and police, or military forces deployed as protectors (the Congolese army, UN peacekeepers) are increasingly implicated in charges of sexual assault (Human Rights Watch, 2008; Kirchner, 2007).

This issue of escalation and diffusion of terrible violence against women in the wake of fierce conflict and campaigns of mass rape by combatants is observed in several settings, including Darfur, Chad, Central African Republic, DRC, Uganda, and Liberia. Analysts point to a number of additional factors: pervasive chronic insecurity and war often going back generations, waves of large-scale population dislocation from land and livelihoods, economic chaos and collapse in which only criminality thrives, inadequate disarmament and demobilization initiatives which spill great numbers of uneducated, unemployed, brutalized and armed youth back into villages and towns, and disarray in networks of trust and stability that promote local governance and social coherence, and complete breakdown in systems of law and judicial redress (Radcliffe Institute of Advanced Study, 2008).

The policy implications of this alarming phenomenon are relatively straightforward, with the burden placed on prevention: intervene early to stop these very brutal wars and organized campaigns of mass rape from sowing such social chaos in the first place. It is less clear what precisely should be done to address the plight of populations who are now enduring these crises of assault and grave violence. Certainly the international community must work with local actors to design and implement a vigorous combination of broad-based social, economic, and legal measures. But what is also needed is further research, engaging with people from the community, to explore what might be the underlying precipitants and accelerants of such observed catastrophic collapse of norms regarding the status of women, the role of men, and what presumably, in the past, were sustainable gender relations.

Current Practice

With regard to organized military engagements or large group attacks, the current list of measures now in use for prevention and intervention is very short and does not comprehensively address the issues of opportunity, vulnerability, and impunity noted in the preceding section. Even fewer measures have been designed or used to confront the society-wide diffusion of sexual violence now taking place during and after these atrocity-laden conflicts (see Appendix 3).

Constraints on opportunity:

Imbalances in military power will always exist and thus prevention strategies at this stage of world development are not in view – with one significant exception. The framework of International Humanitarian Law (IHL) is constructed with the intent of limiting the use of force in conflict, regardless of the relative strengths of the opposing sides. The Fourth Geneva Convention focuses on the distinction between combatants and civilians and prohibits a wide range of attacks, including rape and sexual assault, against civilians. These distinctions hold regardless of which of the warring parties holds a military advantage. Ensuring that all armed groups in the world are fully trained in their obligations under IHL is in theory one important prevention measure against the use of mass rape in war. Despite the enormous practical difficulties in accomplishing this goal, it would be a mistake to overlook the ongoing potential influence of this approach.

Faced with atrocities committed in these overwhelmingly one-sided conflicts, the international community can turn to a range of intervention strategies that do in fact exist and have, when undertaken decisively, proven effective.

One set of intervention strategies invokes diplomatic techniques of political and economic pressure, either unilateral or collective. Application of official demarches, diplomatic isolation or restriction, targeted trade, travel, and financial sanctions, embargoes, boycotts – all of these, depending upon the exposure and vulnerability profiles of the offending armed groups or their leadership, might prove influential in restraining their campaigns of sexual assault. State actors arguably are more susceptible to such diplomatic pressure, although as can be seen in the case of Sudan, partial application of the wide range of options can be deflected. Non-state actors could be weakened by a cut-off in trade in small arms, criminally extracted minerals, and illicit drugs, all of which are known to fuel these intra-state wars (United Nations General Assembly, 2001). The record of successful diplomatic intervention is lamentably thin.

Armed military intervention by a force intent on defeating the offending armed group changes the terms of the conflict by eliminating the opportunity enjoyed by the initial belligerents. No longer unopposed, these belligerents must divert their attention from pillaging villages and raping women to confronting an interposed real military threat. Such a force may be national, regional, or international, and in the recent past (Bosnia, Kosovo, Rwanda) has been variously sanctioned in advance by the international community. The insertion in adequate numbers of international or regional peace-keeping troops, provided their mandate is sufficient to effect real civilian protection, may also prove useful. Initial reports from DRC regarding the possible positive impact of UN peacekeepers in reducing the frequency of rape are now overtaken by charges that the Congolese Army has been responsible for many of these instances. Regardless, individual cases of attack seem to be still very high and are rising dramatically as the situation in North Kivu has deteriorated (fall 2008). The United Nations-African Union Mission in Darfur (UNAMID) forces are insufficient in number and means and lack an adequate mandate. Despite their presence in this conflict for many months, rape against civilians continues relatively unchecked.

Much international political will is needed to bring about powerful diplomatic pressure or capable armed intervention. Creating this political will takes time, which means that populations suffer grave abuse before external action is taken. In the record of the last 30 years, one can point to very few wars involving mass rape where diplomatic intervention proved effective (perhaps in Sierra Leone). Armed intervention (permissive or not), despite its proven effectiveness in some instances, requires such a high threshold for activation that it cannot be relied upon as an instrument of policy, although it remains a means of last resort.

Other measures to reduce opportunity – to redress the balance of power – have not been designed, developed, or tried.

Reductions in vulnerability:

Vulnerabilities, whether biological or socially constructed, will always characterize the human condition. The entire panoply of civilian protection policies that the humanitarian community has developed for the war context is based on recognizing these vulnerabilities and compensating for them. Specifically, reducing vulnerability to rape in war, at the level of prevention, requires identifying at-risk situations and protecting civilian populations, in the first instance, before they are attacked and forced into flight. Prevention prior to attack and flight has not been attempted, in part because early warning signs are not heeded and in part because the NGO community does not usually mobilize in large numbers at these early stages of conflict, in the period before the target populations have become IDPs or refugees.

Much more effort has been directed at prevention in the second phase of conflict, as populations have begun to flee sites of attack and congregate in a place of temporary refuge. The high vulnerability to rape in this phase can be reduced by the presence of international humanitarian workers, whose limited activity even in very insecure environments may serve to moderate the more gross attacks on civilians in the immediate geographic proximity of NGO operations. To attempt a wider scope of surveillance and potential witnessing, in the face of an armed and unopposed belligerent force, exposes aid personnel to serious risk. No less an authority than the International Committee of the Red Cross, in its important contribution to the problem of protecting women from mass violence in conflict settings, acknowledges that women are most vulnerable during their episode of flight, and that during this period the range of options is regrettably very small (International Committee of the Red Cross, 2004).

In practice, measures to reduce vulnerability to hostile attack have focused on developing options after populations have begun to amass in IDP and refugee camps. At this stage, relief workers have identified a number of ways to protect women from assault, either in the camps or as they leave the relative safety of the camp perimeters to forage for water or firewood (Shanks and Schull, 2000). These measures have included building fuel-efficient stoves, organizing firewood patrols, developing alternate fuels and introducing female police officials. However, these tactics may prove flimsy defense against an organized force that may surround the camps and often enter at will, as is the case in Darfur and increasingly in Chad.

A third stage of conflict, wherein marauding combatants or brigands attack without provocation throughout the countryside and sexual assault becomes increasingly

prevalent in all sectors of society, preventive measures are ever more urgently needed. A number of agencies (UN, NGO, local civil society) are at work developing intervention programs that range from raising community awareness to increasing job training and economic opportunities. All of these initiatives are in very early stages and little headway can yet be seen.

Reducing vulnerability also takes the form of intervention, rather than prevention strategies. In this category are the robust short-term measures the international community attempts to deploy to assist survivors after they have been raped, in terms of provision of medical, psychosocial and legal services (Lindsey, 2001). Despite some success in some areas, the reality is that these measures are woefully under-funded and under-staffed to stand as substantial contributions to an intervention strategy.

Also in this category of interventions to reduce vulnerability are the mid-term efforts to help survivors regain their dignity and sense of social standing (including engagement in economic activities), and to participate in community outreach campaigns aimed at reducing stigma and promoting recovery for the community as a whole. Longer-term efforts are those that focus on removing those social inequalities and gender imbalances that maintain women in subordinate roles of power and esteem. For the few programs that do exist in these categories, very little is known in terms of outcome or duration of impact.

Curbs on impunity:

The main preventive action against impunity is to create a world-wide culture of denunciation and stigma for all armed groups who engage in the practice of atrocity. As a climate of opprobrium has deterred the use of biological and chemical weapons, a similar climate against mass rape and sexual violence in war could be developed. The basis for this renunciation exists already in law and treaty documents; judicial decisions arising from Yugoslavia and Rwanda are contributing to public awareness.

Intervention measures designed to curb impunity rely on the main tactic of documentation and reporting, with the dual purposes (not always in tandem or coordination) of compelling some form of response from the international community or supplying evidence for possible indictment and trial. An important early alert is often sounded by intrepid journalists and photographers who gain access to the war zone and manage to capture testimony from survivors and witnesses. Visitations from international officials may serve to convey concern and raise international awareness.

More formal and systematic documentation of rapes is usually based on efforts of local human rights groups or international human rights investigators, who, if they cannot gain access, may manage to conduct more long-distance assessments. Much relevant information may be held as well by humanitarian organizations who are engaged in clinical care of people affected by rape. The extent to which this information is shared with the human rights and legal community varies, depending largely upon concern that disclosure of this information may draw attacks on NGOs in the field and jeopardize their access to the populations they serve.

Regardless of the source of information, if it is sufficiently credible and abundant it may contribute to the judicial process of indictment and trial in national or

international courts, as has been the case in the former Yugoslavia and Rwanda and is now under way in Sierra Leone, Liberia, DRC, Sudan and Northern Uganda.

Explicitly linked to these efforts, a further intervention option is to strengthen international communications with the offending party to abide by its obligations under IHL to protect civilian populations. Raising awareness among armed groups and militias who may never have heard of the Fourth Geneva Convention, and in particular making it clear that grave breaches of this law can lead to prosecution for war crimes, may well have a restraining effect. Much has been done in this regard by many agencies but in particular the International Committee for the Red Cross (ICRC). A cumulative record of such communications, including evaluations of outcome, has not been compiled.

All of these measures apply as well to the high incidence of gender based violence (GBV) in war-torn societies, where perpetrators are some mix of criminals, local inhabitants, and military authorities. The legal framework is different but the same principles of documentation, reporting, and strengthening networks of protection and avenues for legal redress are critical.

These efforts at curbing impunity all occur well after the fact. They are based on information acquired through laborious field investigation, unsupported by routine systems of ascertainment or report. Despite the significant expenditure of human and material resource required, they at best identify only a small proportion of the perpetrators. The extent to which the documentation and judicial processes provide an element of deterrence or assuage the suffering of survivors and their communities is not known. Anecdotal information suggests that both these intended outcomes do occur, in some instances.

Recommendations for Policy, Program, and Research

This assessment of potential and current options for prevention and intervention arrives at the following suggestions for future work. These suggestions are directed at levels of policy, program, and research.

Policy

The following proposed policy measures are based on sufficient information or experience to warrant their further development or broad dissemination. The United Nations Population Fund (UNFPA) will need to act in concert with other major national and international entities to advocate for these policies, since none can be accomplished at the level of a single agency.

In the category of constraints on opportunity:

- (1) Provide funding and other necessary resources to ensure that all armed state and non-state actors are familiar with the basic tenets of the Fourth Geneva Convention and that their officers or leadership are well versed in key details as well as general principles.

- (2) Develop a coherent and comprehensive package of diplomatic measures that can be taken to persuade or compel a wide range of state and non-state actors from engaging in the practice of atrocity in war.
- (3) Accelerate the dispatch of international peacekeeping troops, supported by sufficient numbers and effective mandate, to regions afflicted by chronic low intensity conflict.

In the category of reduction in vulnerability:

- (1) Embed in all relief and development programs an explicit theme and set of components that address the complexities of gender relationships, with a view of empowering women and enlisting men in efforts to establish mutual autonomy and respect.
- (2) Mandate that attention to the health and rehabilitation needs of survivors of rape and sexual assault be included in all programs set up to provide relief to civilians in conflict settings.

In the category of curbs on impunity:

- (1) Construct a concerted and long-term campaign to create an international climate of stigma against armed groups who used rape as a weapon of war.
- (2) Encourage diplomatic and NGO efforts to engage with non-state actors directly, including outreach early and throughout the conflict, in order to reinforce messages of stigma and accountability for the practice of mass rape and sexual assault in war.
- (3) Participate in initiatives that will promote more systematic and routine reporting of instances of rape and sexual assault in conflict settings, including the development of common indicators and protocols for transmission of information.
- (4) Support development of stronger prosecutorial systems and increased community engagement in local campaigns against gender based violence in all sectors of society.
- (5) Take the lead in developing protocols whereby NGO workers are shielded from reprisal but encouraged to transmit information related to rape and sexual assault through secure channels to appropriate human rights groups and legal authorities.
- (6) Support further allocation of resources for national and international judicial systems of investigation, adjudication and accountability that pertain to oversight of atrocity in war.

Program

Many of these program recommendations are affirmations of current initiatives; some suggest refinements of current approaches. All are within the mandate of UNFPA, although necessitating consultation and coordination with other actors at many levels.

In the category of constraints on opportunity:

- (1) Consider introducing educational programs for local NGO leaders in the basic principles of IHL and civilian protection. Disseminating norms at this level could enhance their capacity to intervene with armed groups in specific situations.
- (2) In the context of widespread and more diffused sexual violence in war-torn societies, enlist men from the affected communities to help develop social and economic programs that will improve the well being of men, promote attitudinal shifts regarding the status of women, and shore up norms of respect for the dignity of all persons.

In the category of reduction in vulnerability:

- (1) Ensure that in the emergency situation, all feasible measures are taken to protect those at risk of sexual violence. Such protective mechanisms include programs to build fuel-efficient stoves, the organization of firewood patrols, the development of alternate fuels and the introduction of female police officials. Water must be provided either in or very close to all refugee and IDP camps.
- (2) Mandate that health care services are provided to survivors of rape and sexual assault. Such services must be readily accessible, completely confidential and free of charge. Essential services must include the capacity to diagnose, provide prophylaxis for and treat sexually transmitted infections and HIV/AIDS. Services available on referral must also include the ability to perform surgical repair of genital tears, fistulas, and other forms of genital trauma. Pregnancy prophylaxis must also be offered to all women victimized by vaginal penile penetration and traditional birth attendants must be present to ensure safer labor and delivery for all pregnant women. All bodily injuries arising from the attack must also be properly addressed.
- (3) Mandate that psychological trauma resulting from sexual violence be addressed in a culturally sensitive and appropriate manner. All psychological interventions must be based on feedback and suggestions provided by women who have been affected and who are familiar with local culture, tradition and religion. Such interventions must include enlisting local women, outreach to the entire community and the creation of women's support groups in safe environments.
- (4) Develop the processes and procedures to ensure that all measures taken in support of civilian protection, as listed above, are appropriately documented and evaluated in terms of short and longer-term outcomes.

In the category of curbs on impunity:

- (1) Support and develop outreach to local communities to encourage men and women to come forward and report instances of rape and sexual assault. Private and confidential settings for the interview and tight controls over the custody of the information would need to be ensured.

- (2) Ensure that adequate legal assistance and personal protection is provided for sexual violence survivors, with the dual aim of supporting claims for restitution and redress and of documenting assaults that might be used in judicial proceedings. Reporting mechanisms must be in place and obstacles that prevent women from bringing justice to their assailants must be overcome. Evidence of rape or sexual assault must be collected and preserved for future legal proceedings by people specifically trained in this process.

Research

These recommendations for further research or evaluation of current or proposed interventions may require coordination with other agencies but all lie within the mandate of UNFPA to initiate or support.

In the category of constraints on opportunity:

- (1) Commission research into the extent, patterns and impact of wartime sexual violence. Such information is essential to support effective advocacy campaigns and to plan effective interventions. The absence of such data limits the capacity of stakeholders to grasp the real magnitude of the problem and hinders mobilization of diplomatic will.
- (2) Support research projects that inquire of state and non-state actors what efforts by outside players (the international community or more regional or local agents) have served to modify or restrain tendencies towards the practice of atrocity in war. Both contemporary and historical approaches could be fruitful.

In the category of reduction in vulnerability:

- (1) Participate in efforts to develop measures of early warning that would allow the international community to recognize the potential for a conflict to begin as or turn into one in which the practice of rape and sexual assault becomes generalized.
- (2) Undertake research in patterns of individual and group vulnerability, based on particular conflicts and circumstances.
- (3) Document the ways in which a particular pattern or method of inflicting sexual violence affects the survivors or results in death. Short and longer-term physical, psychosocial, and community impacts should be addressed in this inquiry.
- (4) Create a system for understanding and documenting the fate of children born of rape, across a range of cultures and war contexts.
- (5) Conduct an overall analysis of all known evaluations of current protection mechanisms and interventions to determine what actually stands up as effective. This analysis would require defining, according to local norms and customs, the meaning of “effective” outcome.

- (6) Organize or commission an historical exploration of how other communities and societies have in the past dealt with the experience of mass rape. This exploration would look at how recovery was defined, what processes have supported it, and what negative effects linger over what time frame.

In the category of curbs on impunity:

- (1) Support all efforts to improve documentation of sexual violence in war. In this regard, it is helpful that the Interagency Standing Committee in 2005 committed to work towards the development of a systematic process for collection and standardization of data relating to rape and sexual assault in conflict settings. Also helpful is its detailed assessment of the issues and challenges that need to be addressed in this undertaking (Social Science Research Council, 2005).
- (2) Explore the feasibility of improving the capacity of local people to document attacks and instances of rape and sexual assault. Possible supports would include application of widespread consumer-based technologies, such as cell phones, with or without built-in cameras, to permit alerts and self-reporting. Any effort in this direction would require careful attention of such issues as battery life and many issues relating to security and coordination. Pilot tests of this suggestion would be necessary.

Appendix 1: Sexual Violence in Recent Conflicts – Case Examples

Democratic Republic of Congo (DRC)

From 1998 to 2003, the DRC was engulfed in a conflict that involved so many nations and took so many lives that it was dubbed “Africa’s First World War”. The total death toll is estimated to be approximately 5.4 million (International Rescue Committee) and thousands were displaced from their homes. The war was marked with extreme violence including widespread rape and torture. Although the true extent of sexual violence is not known, it is estimated that it runs into thousands (Medecins Sans Frontieres [MSF], 2004b). Statistics from local health centers suggest that 13% of all sexual victims were under fourteen years of age (Rodriguez, 2007). Allegedly, all armed parties were guilty of committing sexual atrocities (MSF, 2004b). Anneke Van Woudenberg, the Human Rights Watch specialist for Congo, believes that rape was so widespread that “it [rape] has become a defining characteristic” of the DRC war (Goodwin, 2004).

Gender-based violence in the DRC has been clearly documented. A recent retrospective study of 492 female rape survivors indicated that 79% of all informants had been gang raped (Reseau des Femmes, 2005). Forced rape between victims was not uncommon and usually involved incestuous sexual relations between mothers and sons, between fathers and daughters, and between brothers and sisters. About 72% of victims were tortured while they were being raped (Reseau des Femmes, 2005).

Human Rights Watch described the extraordinary brutality of the DRC rapes – girls as young as five and women as old as eighty were reportedly shot in the vagina or mutilated with knives and razor blades (Human Rights Watch, 2002). Many women were attacked while their families were forced to watch (MSF, 2004b).

Among rape survivors in eastern DRC, 85% reported vaginal discharge, 79% reported lower abdominal pain and 10% reported that they were impregnated during the rape (Reseau des Femmes, 2005). Fistulas were common with 41% of assaulted women reporting urinary or fecal discharge from the vagina (Reseau des Femmes, 2005). Fear and shame were reported by 91% of victims and 77% of all women reported insomnia and nightmares (Reseau des Femmes, 2005).

The medical records of 658 rape victims were reviewed at Saint Paul Health Center in Uvira. Of those who received HIV testing, 9% were positive. Thirteen percent of victims were reported to have syphilis and 31% were reported to have gonorrhea (Reseau des Femmes, 2005). However, it is important to note that few women or girls seek medical treatment after rape. Health care is expensive, services are scarce and most health care providers are men. Seeking care makes it likely that knowledge of the rape will become widespread and that the victim will be stigmatized (Human Rights Watch, 2002).

Medécins Sans Frontières (MSF) reported that over half of all victims indicated that they had been raped while working in the fields (MSF, 2004b). Such attacks were usually conducted by a group of armed men, and the women were usually beaten up, raped and then left lying in the fields. Many other women indicated that they were raped when their villages were raided and pillaged, in what appeared to be planned attacks (MSF, 2004b). A substantial number of women reported being raped in the bush where they had sought refuge when insecurity had caused them to flee their homes.

Congolese women were asked for their opinions on the motives behind this sexual violence. In response, 83% indicated that lack of organization, training and discipline among the armed parties was a contributing factor (Reseau des Femmes, 2005). Fifty-seven percent felt that rape was used as a deliberate method of exterminating the Congolese people. In support of that statement, MSF concluded that, “Sexual violence has been so clearly linked to the military strategy of warring parties and has occurred in such a systematic way that it is wrong to think of it as a side effect of war” (2004b).

Darfur

United Nations (UN) has declared the conflict in Darfur to be the worst humanitarian crisis in the world (UN News Center, 2003). The fighting escalated in 2003 when the government-sponsored Janjaweed militia began a vicious campaign of ethnic cleansing against the black, non-Arab Sudanese (Amnesty International, 2004b; Depoortere et al., 2004; Gingerich and Leaning, 2004; Hampton, 2005; Physicians for Human Rights, 2006; US State Department, 2004). Recent estimates suggest that over 400,000 people have been killed and approximately 2.5 million

have been displaced from their homes (UN News Center, 2006). Systematic attacks and sexual atrocities have been documented against the Fur, Masalit and Zaghawa ethnic groups (Amnesty International, 2004b; Depoortere et al., 2004; US State Department, 2004).

The full extent of sexual violence in Darfur has not been accurately documented and systematic studies are lacking. In 2004, Amnesty International collected information on 500 rapes, but speculated that this represented only a fraction of the sexual violence that had occurred (Amnesty International, 2004b). Working in West Darfur, MSF reported that 14% of victims of violence admitted to being victimized sexually (MSF, 2004). Although it did not address the issue of sexual atrocities directly, the U.S. State Department documented that 16% of those surveyed had either been raped or had heard about a rape during the conflict (US State Department, 2004). MSF Holland described the treatment of almost 500 rape victims in South and West Darfur but this represents only passive surveillance data and most certainly underestimates the number of women who have been affected (MSF, 2005).

In Darfur, rape typically occurs in the context of Janjaweed attacks on non-Arab women and girls. MSF reported that almost 90% of rapes occurred outside a populated village and 82% of women were pursuing ordinary daily activities at the time they were attacked (fetching water, traveling to market, searching for firewood) (2005). Only 4% of women reported that they were raped during active conflict or while they were fleeing their village. Twenty-eight percent of victims described being raped more than once and at least half of the women were beaten or physically injured during the attack (MSF, 2005).

There are also reports of rape and sexual violence after women and girls have reached the supposed safety of refugee camps or internally displaced persons' (IDP) camps. In a five week period during July–August of 2006, the International Rescue Committee (IRC) reported that more than 200 women were sexually assaulted around Kalma, the largest IDP camp in Darfur (Integrated Regional Information Networks [IRIN]).

The strategic rationale for rape as a weapon of war has been described and Darfur provides an excellent illustration of such strategies. Rape and sexual violence are used to instill fear with the aim of restricting movement and limiting economic activity (Gingerich and Leaning, 2004). Rape is also used to humiliate and demoralize the population, thus reducing the will to resist. As a means to this end, the Janjaweed do not typically kill their rape victims.

The sexual violence being committed in Darfur has grave consequences for the individuals, their families and also their communities. MSF reported that 4% of rape victims had suffered serious physical injuries such as broken bones or burns (MSF, 2005). At the time they sought medical attention, 7% already knew that they were pregnant as a result of the rape. These women and their children were considered to be at high risk of HIV/AIDS. The psychological effects of the rapes are expected to last for years and will be prolonged by the social stigma surrounding rape (MSF, 2005). Married women are sometimes abandoned by their husbands and unmarried women may not be able to marry since they are viewed as “spoiled” as a result of the rape.

Sierra Leone

In 1991, the Revolutionary United Front (RUF) invaded Sierra Leone, triggering a civil war that would last 10 years. The conflict took tens of thousands of lives and forced over 1 million from their homes (Amowitz et al., 2002). Throughout the conflict, thousands of women and girls were subjected to widespread and systematic sexual violence (Human Rights Watch, 2003). Members of the RUF and the Armed Forces Revolutionary Council (AFRC) were the most common perpetrators of sexual violence although civil defense forces were also implicated (Human Rights Watch, 2001).

While there are no official statistics on the number of girls and women raped in Sierra Leone, multiple estimates have been provided. According to a 1999 study, 1,862 female victims of sexual abuse were medically treated and counseled following the January 1999 offensive on Freetown (de Jong et al., 2000). In a cross-sectional randomized survey conducted in 2001, 9% of respondents admitted that they had been sexually assaulted during the conflict. A population-based assessment performed by Physicians for Human Rights (PHR) found that 13% of interviewees had been subjected to conflict-related sexual violence (Physicians for Human Rights, 2002). From this data, PHR estimated that 50,000–64,000 female IDPs had been subjected to sexual abuse during the war. By adding extrapolated data for other types of victims, PHR calculated that as many as 215,000–257,000 Sierra Leonean women and girls may have been subjected to sexual violence during the 10 year conflict (Physicians for Human Rights, 2002).

The sexual violence in Sierra Leone was marked with extraordinary brutality. Although the rebels raped indiscriminately irrespective of age, there was a tendency to target young women and girls who were thought to be virgins (Human Rights Watch, 2003). Adult women were also raped; they were raped so violently that they sometimes bled to death. According to MSF, 55% of victims were gang raped (Human Rights Watch, 2001) and the assaults commonly involved the insertion of objects, such as knives and small pieces of burning firewood, into the vagina (Amnesty International, 2000). Pregnant women reportedly had their babies torn out of the womb as rebels placed bets on the sex of the unborn child (Human Rights Watch, 2003).

The consequences of war-related sexual violence will be felt for decades in Sierra Leone. Thirty-four percent of women self-reported sexually transmitted infections following wartime rape and 20% self-reported reproductive complications or miscarriages (Amowitz et al., 2002). Another 15% of rape survivors reported that they has been rejected or stigmatized by their family or community and 6% self-reported pregnancy as a result of the rape. Women who were abducted and forced to spend months or years in the bush have reportedly suffered from tuberculosis, malnutrition, malaria, skin and intestinal infections, and respiratory diseases (Amnesty International, 2004).

While sexual assault is a criminal offense in Sierra Leone, most acts of sexual violence remain either untried or are handled by the traditional community leaders (Kellah, 2007). In the latter case, sanctions imposed by community leaders are often

more harmful than helpful to the victim. For instance, the rape survivor is sometimes forced to marry her assailant. In many cases, the victim cannot even report sexual assault to police without first gaining the consent of the local chief, a decision which remains entirely at the discretion of the chief (Kellah, 2007).

Rwanda

From April to July 1994, up to one million Rwandans were killed by the Interhamawe in a genocide launched against the Tutsi minority (Human Rights Watch, 1996). Moderate Hutus suspected of working with Tutsis were also massacred. The Rwandan genocide is remembered not only for the sheer number of people killed in a short period of time but also for the lack of response by the international community.

Although the exact figures are unknown, it has been confirmed that rape was extremely widespread during the 100 day genocide. Some experts believe that almost all surviving women were victims of sexual violence (Human Rights Watch, 1996). Others estimate that at least 250,000 women were raped (Human Rights Watch, 2004).

Sexual violence during the Rwandan genocide included systematic rape and gang rape, inflicted even on pregnant women or women who had just given birth (Amnesty International, 2004). Women were tortured and killed by having arrows, spears or other objects pushed into their vaginas or by being shot in the genitals. Degradation was integral to the physical violence. Some women were forced to parade naked or to perform various humiliating acts while the soldiers and militia looked on (Amnesty International, 2004). The genitalia of Tutsi women were sometimes cut off and displayed, and members of the militia reportedly raped corpses. Assailants sometimes mutilated or chopped off body parts deemed characteristic of Tutsi women, such as thin fingers or long noses (Brownmiller, 1975). Unlike Sudan, Rwandan victims of sexual assault were typically killed, in keeping with the Interhamawe goal to exterminate the Tutsi race.

It is widely believed that many rape survivors contracted HIV/AIDS during the Rwandan genocide. Based on a study of 1125 women conducted in 2000, two thirds of women surviving the genocide were HIV positive (Brownmiller, 1975). The vast majority of these women do not have access to anti-retroviral treatment. As in other countries, stigma and marginalization can be severe for Rwandan rape survivors. The situation is worsened, however, for those women who have contracted HIV/AIDS. Rwandan doctors note other medical problems commonly diagnosed in genocide survivors, including sexually transmitted infections (particularly syphilis and gonorrhoea), fistulas, mutilation, complications from botched abortions and psychological problems (Human Rights Watch, 1996). The conflict destroyed many pre-existing medical facilities and left widespread shortages of medical personnel (Human Rights Watch, 2004). Access to care is particularly difficult in the rural areas, where an estimated 90% of the population live.

The Rwandan post-genocide era presents many complex and often overwhelming problems for female survivors. Most women have lost their husbands and have become the head of their households (Human Rights Watch, 1996). They are faced with rebuilding their lives and with providing food, shelter and other basic necessities for themselves and their families. Such challenges are faced while attempting to cope with the social isolation and marginalization that accompanies rape. Many of these survivors deal with severe health complications and some are raising children that were born as a result of the rape. To complicate the situation further, many widows have not been able to return to their property because of discrimination under customary law, which does not give them the right to inherit (Human Rights Watch, 1996). The lack of judicial accountability for the perpetrators of the genocide is further intensifying the victims' physical and psychological trauma.

Appendix 2: Physical and Psycho-Social Consequences of Mass Rape

Physical Consequences

Women who have been raped are always at risk of becoming pregnant, with the studies showing that the risk varies from 4% for US adult women to 15–18% in studies from Ethiopia and Mexico (Drug et al., 2002). Reliable estimates are not available for pregnancy rates among women raped in war settings, although a few reports (such as one from Bosnia) would suggest that the rate could be higher than non-conflict related rape (Loncar et al., 2006). The role of gang rape, in which multiple partners increase pregnancy exposure rates, has not been sufficiently studied from this perspective. Pregnancy among women who have been raped in war imposes serious added health risks, as well as adding further psychological and social distress. Abortions are difficult to obtain and often dangerous. Carrying a pregnancy to term and bearing a child may socially isolate the woman survivor. Children born of rape suffer ostracism, abandonment, and may in fact be allowed to die or actively killed. Instances of all these possible tragic sequelae are reported frequently from observers and health workers in refugee and IDP settings.

Victims are often injured physically as a result of the brutality with which the rape is committed. Genital injuries are typically exacerbated in women who have previously undergone female circumcision. Fistulas are one of the commonly reported physical consequences of wartime rape. Fistulas are abnormal openings between the reproductive tract and one or more body cavities such as the bladder or the bowel. Women with fistulas are unable to control the constant flow of urine and / or feces that leak from the tear and this serves only to heighten their stigmatization and social isolation. Other physical complications of mass rape include uterine prolapse, infertility and miscarriage. It is also common for women to suffer genital mutilation either during or after rape.

Women also suffer from intentionally inflicted torture and from injuries sustained while attempting to resist or escape. Victims are often beaten, resulting in head

injuries or broken bones. Lacerations are sometimes used to “mark” women as being sexual victims of the enemy.

The risk of contracting HIV/AIDS and/or sexually transmitted infections is quite high in the setting of wartime sexual violence. The risk of transmission is increased because gang rape is common, because vaginal tears and lacerations often result from the violent nature of the attack and because there is a higher likelihood of anal penetration (Klot and DeLargy, 2007). Furthermore, during migration it is not uncommon for women to be forced into “survival sex” as they struggle to provide food, water and shelter for their families. The risk of contracting HIV/AIDS is further heightened during conflict because insecurity and lack of health care infrastructure limit the availability of HIV testing and antiretroviral drugs.

Psychosocial Consequences

In addition to the physical consequences of rape, women suffer both psychologically and socially. The rape itself undoubtedly constitutes a gross violation of human rights. However, rape survivors face further prolonged suffering as a result of the associated shame and stigma. In some cultures, married women are disowned by their husbands and unmarried victims may never be able to marry since they are considered “spoiled” (Amnesty International, 2004). Without the economic support and protection traditionally provided by men, these women become exceptionally vulnerable. Many women suffer from depression, withdrawal and poor self-esteem. There is reluctance to speak openly about sexual violence and many women suffer the physical and psychological consequences in silence.

Consequences for the Community

Mass rape has a truly devastating effect, not only on the individual but also on the family and community. Sexual violence is used to destroy the bonds of family and society (Swiss, 1993), thereby weakening the community’s coping mechanisms and survival strategies. The stigmatization and abandonment resulting from rape often prevents women from actively participating in community life and undermines their ability to raise children (Thomas, 2007). By raping women, the enemy is able to instill suffering on the community as a whole and the community’s culture can be annihilated.

Appendix 3: Program Interventions for Sexual Assault in War

Among the many existing or past interventions undertaken by the international community in an effort to mitigate the individual, family, and community consequences of sexual assault and rape in war, the following have been selected as examples of programs with wide scope, duration in the field, and/or creative mix of methodology and approach.

International Rescue Committee in Sierra Leone

IRC has partnered with the government of Sierra Leone to establish three Sexual Assault Referral Centers (SARC), known locally as “Rainbo” centers (Kellah, 2007). Each center offers comprehensive care consisting of free medical, psychosocial and legal support. The SARC project has been singled out by UNHCR as a best-practice gender-based violence program and several particular strengths have been noted. By involving the government, non-governmental organizations and police, SARC takes a truly multidisciplinary approach, openly acknowledging that no single agency or organization has the capacity to independently address gender-based violence (Kellah, 2007). Each Rainbo Center offers confidential counseling, forensic medical examination with treatment, food, clothes and legal advocacy. Eight female doctors were trained to conduct the medical consultations such that all women would have the option of being seen by a female physician. The SARC project also includes community educational campaigns and regular training sessions for partner agencies that are also working on sexual violence (Kellah, 2007). All services will eventually be transferred to the Sierra Leone government.

Médecins Sans Frontières in South Africa and Burundi

MSF Belgium is currently running two particularly successful sexual and gender-based violence programs – one in Khayelitsha, South Africa and one in Bujumbura, Burundi (Lebrun and Derderian, 2007). From these successes and in comparison with other programs in Liberia, Sierra Leone, Ivory Coast, Sudan, Rwanda and Columbia, MSF has been able to draw from their experience to reflect on what makes such programs successful (Lebrun and Derderian, 2007). For instance, program officials believe it is essential that all services (medical, psychosocial and legal) are available at the same facility. They also note that sexual violence programs appear to work best in post-conflict or non-conflict settings. Because many women are reluctant to seek care, MSF believes it is important to provide an information/education/communication (IEC) message to the community, emphasizing the urgency for and availability of post-exposure prophylaxis (PEP) against HIV (Lebrun and Derderian, 2007). Where rape survivors seek care from traditional health care providers, MSF has found it useful to liaison with those provides in an attempt to have women referred for PEP.

International Rescue Committee in Darfur

In Darfur, IRC is operating ten Women’s Centers, which appear to have been successful in meeting the needs of rape survivors. IRC officials note that when rape occurs as a weapon of war, the actual experience of sexual violence is one that is shared collectively since women are often attacked in groups. For this reason, IRC’s Darfur programs have taken a somewhat different approach (Lowry, 2007). The Women’s Centers aims to create a safe environment where women share

their individual stories with each other as a method of breaking the silence and reducing shame and stigma. The Women's Centers also provide skill-building activities, literacy classes and social support activities such as drumming and dancing (Lowry, 2007).

Panzi Hospital in Democratic Republic of Congo

Eastern DRC has two referral centers dedicated to repairing fistulas that result from wartime rape. One of these centers, Panzi Hospital in South Kivu, offers comprehensive assistance to sexual violence survivors (Rodriguez, 2007). However, due to lack of funding and poor coordination, the referral system does not work effectively. Organizations providing medical services are working independently and various groups are focusing on different aspects of care – development, medical aid, psychosocial assistance and reintegration. There is duplication of some services and lack of other services. Victims are not routinely being referred within the recommended 72-hour period such that HIV PEP can be provided. Health centers are also not providing the medical certificates necessary for judicial follow-up and there is no standardized training regarding how to investigate, collect data and assist women in reporting their cases to the proper authorities (Rodriguez, 2007). In recent years, several organizations, including Women for Women, have been active in the region and providing a wide range of services to support rape survivors, improve documentation and legal redress, and promote community integration (Women for Women International).

Various Initiatives in Darfur

In Darfur, initiatives have been introduced to protect women from sexual violence while they collect firewood. In late 2005, the Women's Commission for Refugee Women and Children assessed the status and impact of these initiatives (Patrick, 2007). Fuel-efficient stoves were found to reduce firewood consumption by 20–80%. It was believed that since less firewood would be needed to cook for the family, firewood could be collected less often, thereby reducing the risk of attack. However, the investigators concluded that fuel-efficient stoves should only be considered as an addition to other, longer-term fuel strategies since fuel-efficient stoves can never entirely eliminate the need for women to collect firewood. The Commission also commented on the use of firewood patrols. In Darfur, firewood patrols, involving both civilian police and troops from the African Union Mission in Sudan (AMIS), follow by truck when the women go out to collect firewood (Patrick, 2007). The patrols were viewed as being fairly successful in deterring would-be attackers. However, poor organization, lack of trust and ineffective communication were thought to have limited the overall success. The Commission recommended that patrols be organized by a committee comprised of vulnerable women, members of the civilian police force, members of the AMIS and NGO facilitators who would solicit feedback from all involved. With regards to provision of fuels other than

firewood, the Commission noted the large potential for impact but reported that there had been inadequate testing, interaction and cooperation among the involved stakeholders (Patrick, 2007).

International Rescue Committee on the Thai Burma Border

It is widely believed that men must be actively engaged if efforts to prevent gender-based violence are to be successful. However, as evidenced by one program on the Thai-Burma border, it can be quite challenging to engage men in such programs. In 2004, the IRC began a gender-based violence program, which included a “Men Involved in Peace – building” (MIP) initiative. Program leaders reported that focus group discussions, with both married and unmarried men, seemed to catch the men off guard (Alvarado and Paul, 2007). Although sexual violence had been well documented in refugee camps along the Thai-Burma border, the men in the program did not accept this as a problem for the community. They questioned why the program was focused only on the women’s rights and women’s issues when they too, had suffered a loss of self-esteem and power. The men believed that a wife’s complaints were a form of violence against her husband (Alvarado and Paul, 2007).

Much has been learned from the IRC program. First, the emotions and frustrations of men must be addressed, but only when men have been given enough time and space to reflect on and internalize new concepts related to gender roles and sexual violence. Second, gender-based violence must be presented as a community-wide issue rather than as a women’s issue. And finally, male program staff must be screened and chosen very carefully since the Thai-Burma program initially had hired men who were themselves abusing their wives (Alvarado and Paul, 2007).

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