

Q&A: THE ICRC'S APPROACH TO SEXUAL VIOLENCE IN ARMED CONFLICT



In conversation with Peter Maurer

President of the ICRC

In 2014, the International Committee of the Red Cross (ICRC) undertook a four-year commitment to consolidating and expanding its efforts to address sexual violence in armed conflicts and other situations of violence. In this Q&A, ICRC President Peter Maurer reflects on the complex nature of sexual violence and on some of the specific challenges involved, including identifying victims and assessing and adequately responding to their needs. He emphasizes the need for a proactive, multidisciplinary approach comprised of assistance, protection and prevention efforts, and explains how the ICRC intends to step up its efforts to better respond to and prevent sexual violence in the coming years.

Keywords: sexual violence, armed conflict, other situations of violence, ICRC, multidimensional approach, assistance, protection, prevention.

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What do we currently know about sexual violence in armed conflict and other situations of violence?

While sexual violence remains a highly complex issue, consensus has broadened that it is not merely an inevitable side effect of armed conflict and violence. The ICRC uses the term “sexual violence” to describe acts of a sexual nature imposed on men, women, boys or girls, by force, threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power. Taking advantage of a coercive environment or of the victim’s incapacity to give genuine consent is also a form of coercion. Sexual violence encompasses rape, sexual slavery, forced prostitution, forced pregnancy, forced sterilization or any other form of sexual violence of a comparable gravity.

Sexual violence in armed conflict is frequently linked to other forms of violence, such as killing, child soldier recruitment, destruction of property and looting. It may be committed by belligerents (state or non-state actors) or non-belligerents. There are multiple causes for sexual violence, including its use as a strategy to create fear, terrorize populations, commit reprisals, undermine or punish an opposition and, in some cases, change the ethnic makeup of a society. It might also be the result of opportunistic behaviour, such as perpetrators taking advantage of a generally violent and chaotic environment in which policing and judicial mechanisms may not be functioning properly.

Contrary to some public representations, sexual violence is not a regionally or culturally isolated practice in some armed conflicts. It has occurred throughout history, on all continents. It can be perpetrated against a variety of persons: women and men, boys and girls, people deprived of their liberty, people displaced from their homes, etc.

The consequences of sexual violence can affect all dimensions of an individual's life as well as their family and community. Physical harm can include injury and pain, sexually transmitted diseases and infections, and the risk of infertility or unwanted pregnancy. Psychological trauma resulting from sexual violence can include distress, shame, isolation and guilt, sleeping and eating disorders, depression, and a number of other behavioural disorders which can lead to self-harm or even suicide. Victims' spouses, partners or children also experience the trauma of guilt, indignity or shame, particularly if they witnessed the attack. When families or communities ostracize victims, physical and emotional consequences are compounded by the loss of socio-economic stability and opportunity.

Why did the ICRC choose to prioritize the issue of sexual violence?

The ICRC's mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. While the idea that sexual violence is an integral part of violence occurring in conflict has been accepted and highlighted by humanitarian practitioners and researchers, the trivialization of the phenomenon and the stigmatization of victims in many contexts and communities continues. This creates obstacles for victims to receive adequate care, heal, and build resilience, as well as preventing them from reporting their attackers to the authorities.

The main challenge for humanitarian responders is that sexual violence remains an invisible phenomenon due to its taboo nature and to the fact that victims of sexual violence in need of medical and psychosocial care do not usually come forward. This invisibility has consequences not only for victims, who ideally require care within seventy-two hours of the violence, but also for medical staff and humanitarians, who often have difficulty in locating areas where sexual violence occurs and therefore face obstacles in designing and developing programmes.

The ICRC has decided to make sexual violence an institutional priority in order to consolidate and expand its focus on preventing and responding to sexual violence. In line with our mission to protect the lives and dignity of victims of armed conflict, the ICRC aims to gain a better understanding of the phenomenon, develop comprehensive, multidisciplinary responses, and share good practices and lessons learnt.

You shared the concern that sexual violence leaves largely invisible scars. How does the ICRC ensure that it can respond to the needs of victims of sexual violence?

We consider sexual violence to be a “silent crime” that too frequently goes unnoticed. Even when victims are willing to speak out and seek support, there are often considerable material obstacles preventing them from accessing medical care. Unavailability of health services or health staff (which are frequently the object of violent attacks), geographical distance, and transportation problems (costs, shortage, etc.), to list only a few obstacles, can create considerable hurdles to accessing treatment and care. The increasing number of protracted crises and armed conflicts in the world has led to the disintegration of public services, including health services. Where such services are already limited or hardly functioning, emergency care for conflict-related violence is even more difficult to provide.

The many obstacles that victims of sexual violence face in obtaining care or reporting attacks partially explain the lack of reliable quantitative and qualitative data on sexual violence. Yet, in order to respond adequately, one first needs to identify, measure and analyze the nature and scale of the issue. More substantive documentation is crucial in responding to victims' needs and avoiding the risks of underestimation.

The ICRC operates in close proximity to populations in areas of conflict and violence. This, combined with our experience in providing emergency medical care, allows us to help victims of sexual violence, when we are able to identify them. This is why the ICRC now works on the assumption that sexual violence occurs in armed conflict, unless it can be proved otherwise by an in-depth assessment. Through this assumption, we analyze contexts differently and can then develop contextualized, holistic and multidisciplinary responses to address sexual violence in an effective way.

This approach is different from the way the ICRC responds to other forms of suffering and violence. Because victims of sexual violence may find it difficult to articulate their experience and needs, we proactively offer support. In return, we are able to identify or approach more victims and respond to their needs more rapidly. We believe that the overall response to sexual violence can be substantially improved this way.

How does the ICRC ensure that the assessment will lead to adequately and effectively responding to victims' needs?

We analyze and document patterns of abuse that occur during armed conflicts and other situations of violence, paying attention not only to the number of victims and the profile of the perpetrators, but also to the types of acts committed, the circumstances in which abuse takes place, the specific risks, the vulnerabilities and needs of victims, their families and communities, and the attitude of the authorities, as well as the presence and effectiveness of existing structures that are already addressing the issue. We take into account testimonies from those affected, but also from their relatives and other local actors. Interviews with victims take place in a safe environment and are fully confidential, respecting legal and ethical standards and cultural sensitivities.

In the coming years, we will continue to strive to systematically identify incidents of sexual violence and continue to pursue efforts to gain a clearer understanding of the barriers that prevent violations from being reported. This implies closely working with local actors to enhance their awareness of the risks of sexual violence and their receptiveness to possible allegations.

What is the ICRC's approach to protecting and assisting victims of sexual violence in armed conflicts and other situations of violence?

The consequences for victims of sexual violence are often similar to those suffered by victims of other forms of physical violence such as torture and other forms of ill treatment. However, sexual violence requires specific and contextualized responses which take into account victim's individual experiences.

The ICRC is committed to offering a vast range of responses. In the first instance, we provide medical and psychosocial support. The ICRC can either directly provide vital care or refer victims to appropriate services. In cases of rape, it is crucial to provide medical assistance within seventy-two hours to prevent sexually transmitted diseases, including through post-exposure prophylaxis for HIV. We also strive to ensure continuing long-term medical care. In contexts where pregnancies may be terminated legally, the ICRC helps ensure that victims choosing not to carry a pregnancy to term can access safe abortions.

Adequate and immediate mental health and psychosocial support is also essential in helping victims and their relatives to overcome the trauma they have experienced. In the Democratic Republic of the Congo (DRC) and the Central African Republic (CAR), the ICRC supports a number of "*maisons d'écoute*" ("listening houses") run by local associations. These counselling centres offer psychological help to victims of all types of violence, including sexual violence, and can also refer them to medical facilities for further treatment.

The ICRC also strives to provide economic assistance, when needed, particularly for victims considered the most economically vulnerable. If victims

wish to report an attack, we may direct them to relevant authorities, provided that the victim gives informed consent and their protection can be ensured.

In parallel, we carry out awareness-raising sessions with local communities, authorities and other relevant stakeholders to explain what sexual violence is and where victims can find available services, as well as to reduce stigmatization and enhance communities' ability to adequately support victims.

By providing basic mental health and psychosocial training to midwives, psychologists and other medical staff, we ensure greater availability of skilled caregivers to victims. Material support such as medical supplies and equipment is also provided to reinforce the capacity of local structures. We also work on improving infrastructure, including transport and water treatment systems, and sanitation and energy supply in hospitals. In areas which have no local health structures, the ICRC can deploy mobile clinics to facilitate access to care.

Finally, we carry out several activities in the field of protection of civilian populations. We work with individuals and groups to develop locally appropriate mechanisms aimed at reducing their exposure to risk. We also hold regular confidential dialogues with authorities, armed forces and armed groups, during which we may raise observed or alleged abuses and patterns of violence with the aim of decreasing the risk of future violations.

Groups who are particularly vulnerable to sexual violence, such as children, people deprived of their liberty, women heads of households, the disabled or displaced persons, also require protection approaches which fully take into account their specific vulnerabilities.

How will these efforts be pursued and strengthened in the coming years?

Since 2002, the ICRC has put in place multidisciplinary projects in Burundi, the DRC, Colombia and the CAR. In 2015, we will work to develop projects in Mali, South Sudan, Lebanon and Mexico. As just mentioned, there will also be particular effort dedicated to better addressing sexual violence affecting particularly vulnerable groups.

In places of detention, we will continue our efforts to address ill-treatment and structural concerns, such as prison management, overcrowding, detainees' lack of privacy or safety – notably by reminding authorities of the necessity of separating women and minors from adult male detainees, and of ensuring the presence of female staff to supervise female detainees.

Protection and coping mechanisms can be improved through efforts to better involve communities and encourage them to take ownership. By enhancing awareness of communities about the consequences of sexual violence and about the ICRC's and Red Cross and Red Crescent National Societies' responses to victims' needs, we aim to limit and prevent stigmatization of victims.

Through our multidisciplinary approach, the ICRC expects both to adequately respond to the immediate and long-term effects of sexual violence and to help build an environment in which people are better protected from sexual

violence. The ICRC remains committed to this two-tier approach, of assisting and protecting present victims and preventing future ones, while continuously improving identification, response and prevention.

In recent times, attention has increasingly focused on the need to better understand the root causes of sexual violence. How does the ICRC contribute to prevention efforts?

Sexual violence is absolutely prohibited under international humanitarian law (IHL), as well as under international human rights law. In many cases, it is also prohibited in domestic, religious or traditional law. IHL specifically prohibits rape, enforced prostitution or any forms of indecent assault, and more generally prohibits torture and cruel, inhuman or degrading treatment. This prohibition binds State and non-State actors alike. Rape and other forms of sexual violence, when committed during and in connection with an armed conflict, constitute a war crime and must be prosecuted. The issue is therefore not so much the law itself, but its proper application and implementation.

In terms of implementation of the law, States must address major gaps that allow the persistence of sexual violence – including by dedicating more effort to building the capacity of security and judicial services to adequately handle sexual violence allegations. Effective mechanisms to investigate crimes, prosecute suspects and sanction those found guilty must therefore be fully developed to ensure that perpetrators are held accountable for their crimes. Victims seeking justice must be informed about any support available to them and must be able to report their allegations safely, without fear of reprisal, stigma or unnecessarily lengthy procedures.

By working with State and non-State armed actors, national and detention authorities, communities, and religious and traditional leaders, the ICRC promotes awareness of and adherence to the prohibition of sexual violence in IHL and other applicable norms. We also provide support to national authorities to help integrate IHL into domestic legislation and adopt the necessary measures to protect people against sexual violence and assist victims adequately.

In Colombia, for instance, the ICRC's consultations with Congress members led to the inclusion of measures relating to access to health-care services and protection, in addition to judicial investigation. The ICRC also trains legal staff and other authorities at national or local level to better and further disseminate and implement the law. We regularly remind all parties to a conflict of their responsibility to comply with the laws that already exist. We further conduct context-based sensitization sessions, support the integration of IHL standards into military doctrine, regulations and sanctions systems, and maintain confidential dialogue with all parties.

In detention facilities, we work with authorities on the structural causes and risk factors that lead to sexual violence. In the coming years, our aim is to pursue and further strengthen our response in the prevention of sexual violence.

How is the ICRC preparing its staff to better respond to cases of sexual violence in the future? How do you plan to work with others on the ground to ensure a coherent response?

The ICRC has been striving to provide its staff with the necessary knowledge, skills, tools and support mechanisms to be able to adequately respond to the needs of victims of sexual violence and their relatives and communities. We have thus reinforced our internal training with specialized courses to ensure that our staff are sensitized on the issue and have the competence to provide support to the victims. We have also developed new tools and internal documents to guide our staff in the field and at headquarters. Our work is based on an internal frame of reference developed in 2007 and internal guidelines detailing the principles and operational standards to be observed when gathering and analyzing data, and planning and carrying out activities to address the needs of victims.¹ We will pursue these efforts in the years to come, including in partnership with National Red Cross and Red Crescent Societies, to ensure long-term capacity-building and skills transfer, together with efforts to bolster emergency preparedness and response capacities.

National Red Cross and Red Crescent Societies play an instrumental role in raising awareness and promoting norms related to sexual violence in armed conflict and other situations of violence. The ICRC will therefore continue to operate in close partnership with them to ensure adequate and effective responses to the needs of affected people.

By deploying more staff to regions with a high prevalence of sexual violence, including ICRC mental health delegates, we seek to enhance the effectiveness of our activities and to increase the number of responders by training local staff. Beyond that, we will continue to encourage the mobilization of other actors, and to further develop and fine-tune responses.

1 Editor's note: Guiding principles and operational standards are included *inter alia* in the ICRC "Frame of Reference on Sexual Violence in Armed Conflict and Other Situations of Violence", as well as in a guidance note on "Assessing and Responding to Sexual Violence 'Extra Muros' in Armed Conflict and Other Situations of Violence" (internal documents). Internal guidelines to address sexual violence in the specific context of detention are also currently being produced. More general guidelines are also relevant to guide our work with victims of sexual violence – these include internal guiding principles on humanitarian assessments, and the "Professional Standards for Protection Work Carried Out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence", available at: www.icrc.org/eng/resources/documents/publication/p0999.htm.