K4D | Knowledge, evidence and learning for development

Supporting survivors of conflict related sexual violence

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Question

What evidence exists in the literature for what works (and what doesn't work) to support survivors of conflict related sexual violence? The rapid review should consider:

- *support for male, female and other non-binary groups;*
- *survivors across all age ranges;*
- *from contexts where violence principally has been inflicted by armed militias*
- *across Africa, Asia and Latin America*

Contents

1. Summary

Sexual violence in war does not discriminate - **people of every gender, age and ethnicity can be involved** - this has catastrophic consequences for children and adults (Lund, 2019). Although women are disproportionately affected, men and boys are also targeted. There is growing international **attention to sexual violence directed against men and boys** in conflict and post conflict settings, including those in detention. **Responses should be survivor-centred** regardless of gender. This review found evidence for a hierarchy of interventions that could be effective and include:

- **Prevention measures** through application of robust legal frameworks that prevent the crime and pursue those responsible
- **Early systematic screening** for experiences of violence (sexual, physical and psychological) where counselling support is in place, together with basic referral options for complex conditions arising from violence
- **Integrated services** including comprehensive health services, including sexual and reproductive health services, psychosocial, legal and livelihood support and other multi-sectoral services. Ideally these should be delivered from a single point ensuring full access across a range of needs.
- **Economic support programmes** that have been shown to improve social inclusion and economic well-being for both survivors and others (Amisi et al, 2018).
- Measures to address the consequences of CRSV such as **National Action Plans** (NAP). These aim to comprehensively address the needs of victims/survivors to receive healthcare and psychosocial support, economic opportunities and security of housing, access to justice, and measures to combat stigma.
- **Access to justice** while noting that survivors require psycho-social support, legal support, psychological and psychiatric services, professional counselling, and support services in order to access the criminal justice system. They are unable to seek justice for violations committed against them without guarantee of physical protection due to fear of retaliation from perpetrators.
- **Reparations** as in the recognition of, and compensation for, the harm caused by gross human rights violations, according to international law.

This report is based on a rapid review of published academic literature. This highlights a dominant focus on conflict related sexual violence in Africa with less readily accessible information from conflicts in Asia and Latin America. Although sexual violence is directed at civilians of all ages, genders, and people with disabilities there is a lack of evidence from projects or responses specifically tailored to these categories. Although CRSV against women and girls is the subject of increasing research much less is known about the health of men, boys and lesbian, gay, bisexual, transgender (LGBT) and other gender non-binary persons who survive CRSV (Kiss et al, 2020). Women and girls with disabilities face increased levels of sexual and gender-based violence in and out of the home, during conflict and crisis. This especially affects those with intellectual and mental disabilities. Women and girls with disabilities are also largely excluded from gender-based violence prevention programmes, aiming to break the cycle of vulnerability to violence (Rohwerder, 2017).

Assumptions are made that responses are generally helpful to all – this is at odds with some specific work that emphasises that approaches should be specific and related to the survivors

own understanding and interpretations of the connections between the violence that they have experienced and the sexual nature of this (Dolan, 2017). There is an acute lack of data that can be used to critically and systematically assess the focus and impact of the programmes designed to assist survivors of sexual violence. As systematic research on programme effectiveness is scarce, this represents a significant knowledge gap.

2. Recognising conflict related sexual violence

The term “conflict-related sexual violence” refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. That link may be evident in

i) **the profile of the perpetrator**, who is often affiliated with a State or non-State armed group, which includes terrorist entities,
ii) **the profile of the victim**, who is frequently an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity,
iii) the **climate of impunity**, which is generally associated with State collapse,
iv) **cross-border consequences** such as displacement or trafficking,
v) and/or **violations of a ceasefire agreement**.

The term also encompasses trafficking in persons for the purpose of sexual violence or exploitation, when committed in situations of conflict (UN, 2019). For this review attention was more focused towards sexual violence enacted by armed militias.

Sexual violence in war does not discriminate - **people of every gender, age and ethnicity can be involved** - this has catastrophic consequences for children and adults (Lund, 2019). Although women are disproportionately affected, men and boys are also targeted. The use of rape as a weapon of war against men and boys has been documented in Bosnia, Sri Lanka, the Central African Republic (CAR) and the Democratic Republic of Congo (DRC). Gender-based violence (that is, harmful acts directed at an individual based on their gender) is directed against men and takes the form of forced conscription, and sex-selective massacre in addition to sexual violence (Carpenter, 2006).

Civilians in Africa’s conflict zones—particularly women and children, but also men—are often vulnerable to sexual violence, including rape, mutilation, and sexual slavery. This **violence is carried out by government security forces and non-state actors**, including, rebel groups, militias, and criminal organizations. Some abuses appear to be opportunistic, or the product of a larger breakdown in the rule of law and social order that may occur amid conflict. Other incidents of sexual violence appear to be **carried out systematically by combatants** as a strategic tool to intimidate and humiliate civilian populations seen as sympathetic to opposing factions. While such abuses are by no means limited to Africa, weak institutions in many African states can mean that victims have little redress. In addition to health and psychological consequences, survivors are also often shunned by their families and communities (Arieff, 2010).

UN Resolution 2467 passed in April 2019 says that UN member countries should have policies that provide an appropriate response to male survivors and that challenge cultural assumptions about male invulnerability to sexual violence (HRW, 2019). This specific mention of men and

boys reflects growing international **attention to sexual violence directed against men and boys** in conflict and post conflict settings, including those in detention. Sexual violence against males has mostly been framed and reported as torture; incidents of genital beating and electrocution, forced nudity, rape with objects, and forced witnessing of rape of other detainees for example. Such cases are not limited to armed militias and have been documented among peacekeepers and forces of authority, as in revelations of sexual abuse of prisoners by personnel at Abu Ghraib prison in Iraq. Sexual violence against men or women can amount to torture but approaching wartime sexual violence against men and boys only through this lens may obscure the nature of the violence. This resolution is an important step in challenging taboos that keep men from reporting their experiences and that deny all survivors the assistance they need. **Responses should be survivor-centred** regardless of gender.

Understanding nuances of context

The literature on conflict related sexual violence (CRSV) describes the need for a more sophisticated and nuanced analysis of why sexual violence arises, how it is used, and in consequence how best to design initiatives to prevent or provide redress. To understand the full impact of conflict-related sexual violence it is important to understand the **social and cultural context of this crime**. The same attitudes and cultural beliefs driving sexual violence against women in conflict are often pre-existing in domestic life. Thus, in Colombia, for indigenous and afro-Colombian women crimes of sexual violence are contextualised by patriarchal systems based on domination and gender discrimination. Additional factors such as social and economic marginalisation combine with **historical attitudes** linked to slavery and racial discrimination (ABColombia, 2013). Women reporting sexual violence encounter major obstacles to accessing the justice system and high levels of impunity; this reinforces the pre-existing norms and patterns of discrimination against women, both inside and outside of the conflict. In Sri Lanka for example when accessing the criminal justice system, Tamil-speaking CRSV survivors (including Tamil and Muslim women) face a **language barrier** throughout the criminal justice process in the courts, when accessing health services and when they approach law enforcement officers (UN Women, 2017).

One size of response does not fit all. From a comparison of Médecins Sans Frontières sexual violence programmes in the Democratic Republic of Congo (DRC) in a zone of conflict (Masisi, North Kivu) and post-conflict (Niangara, Haut-Uélé) Loko Roka et al (2014) conclude that outcomes of sexual violence care programmes vary according to the profile of survivors, type of violence suffered, and local context. In the post conflict zone sexual violence was largely perpetrated by civilians who were known to the victim (48%) and directed against children and adolescents (aged 13 -17 years). Whereas sexual violence in the conflict zone Masisi was more directed towards adults (aged 20 – 35 years) and was characterised by marked brutality, with higher levels of gang rape, weapon use, and associated violence; perpetrated by the military (51%). Therefore, the design of interventions should take account of these varied circumstances if they are to be effective for all.

Analysis must be sufficiently nuanced - a reductionist understanding of sexual violence only as a weapon of war is problematic (Baaz & Stern, 2010). Research from accounts of male and female survivors of CRSV at the at the Refugee Law Project (RLP) in Kampala, Uganda suggest that CRSV is not just about exerting power over opposition groups or individuals of other ethnicities but is also about sex and taking pleasure. Using opportunity to test out same-sex

sexual acts under the guise of war might be even more tantalizing to some perpetrators than testing out heterosexual acts across ordinarily proscribed ethnic boundaries.

Too **little is understood about what is sexual about sexual violence**, according to whom, as well as why and how this is important to efforts to prevent and redress its harms (Dolan, Baaz & Stern 2020). Taken together, survivor testimonies urge a rethink of established views regarding CRSV - particularly the surmise that such violence is not about 'sex' (Dolan, Baaz & Stern 2020:1154). Specific questions included how survivors understood what was sexual, and the role of desire and pleasure (on the perpetrators' part), in the violence they had experienced. Gendered power relations and heteronormative reinterpretations were articulated as a way of explaining events (such as the case of a male captive forced to have sex with a female commander of the DRC armed forces). Yet interpretations are also crafted out of popular framings of war and violence that have rape used as a tool to humiliate and control. Dolan, Baaz & Stern urge the importance of taking seriously how survivors theorise connections between, for instance, violence, erotic desire and pleasure in relation to their experiences and subsequent narration of specific violence. This helps reflection upon how certain conceptualisations of sexual violence (mis-)shape laws, policy and services, compounding the gendered and racialised subjectification of both survivors and perpetrators (Dolan, Baaz & Stern 2020:1152). They conclude that if we are to design prevention and redress initiatives that can learn from those who have experienced sexual violence, it is **important to understand better these interconnections** between the sexual and violence and critically revisit survivors own interpretations of their experiences.

3. What works – Prevention and Protection

Evidently prevention of CRSV, in part through application of robust legal frameworks that prevent and pursue those responsible, is one way of moderating the scale of subsequent measures needed to repair and redress this crime. To this end, the All Survivors Project (ASP) has developed a checklist on preventing and addressing sexual violence to assist governments and those involved in supporting them to strengthen national efforts to prevent and respond to conflict-related sexual violence against males. Although specifically focused on CRSV against men and boys it complements ongoing vital and urgently needed efforts to better protect women and girls against CRSV.

The checklist is based on primary research on conflict-related sexual violence against men and boys,[1] reviews of national laws in selected conflict-affected countries and publicly available national action plans and policy documents; as well as secondary research on CRSV and responses to this from UN bodies, international criminal tribunals, I/NGOs, initiatives such as the UK Government's Preventing Sexual Violence Initiative (PSVI) and academic sources. Experts on human rights and armed conflict, the rights of sexual and gender minority (SGM) persons, and international criminal justice have contributed. The final version incorporates review and comments from relevant bodies including the UN Team of Experts on the Rule of Law and

[1] including field research in Afghanistan, Central African Republic (CAR), Bosnia and Herzegovina (BiH), Syria, Sri Lanka and Turkey,

Sexual Violence in Conflict[2]. As such it provides a clear framework structured around 10 key questions which focus on state obligations to take legal, administrative and other measures to prevent and end conflict-related sexual violence: and the due diligence obligations of states to investigate, punish and ensure redress for conflict-related sexual violence and to fulfil the right to health of victims/survivors by providing health care and other assistance to respond to physical, mental and other harms resulting from sexual violence (All Survivors Project Foundation, 2019). This checklist can be accessed here: https://allsurvivorsproject.org/report/checklist-on-preventing-and-addressing-conflict-related-sexual-violence-against-men-and-boys/

Early, systematic screening for experiences of violence

In a project to explore whether a systematic approach to screening for experiences of violence (sexual, physical and psychological) is possible in a range of humanitarian settings (among refugees just arrived and longer-term, rural and urban) Dolan (2017) finds that **systematic screening is possible and is welcomed by survivors**. Fieldwork, conducted in five different sites in Uganda hosting south Sudanese refugees, demonstrates that routine screening[3] is seen as a positive departure from existing practice (that is that no stakeholders ask refugees what happened to them before they ever reached Uganda). Common humanitarian practice is to wait for survivors of conflict-related sexual violence to come forward for assistance. Most do not, resulting in prolonged suffering and unwarranted obstacles to individual and household recovery and self-reliance in the medium term. This project finds that questions are particularly welcome when linked to adequate referral mechanisms for complex conditions arising from violence.

Levels of physical and sexual violence disclosed in this project are high (e.g. 22% of women and just under 4% of men disclosed experience of rape) although they still do not reflect full disclosure (Dolan, 2017). Under reporting is almost a certainty with disclosure still influenced and qualified by several factors, including the time and timing of screening, the skill level of the interviewer and the language used, the ethnic composition of the settlement, the plausibility of referral options, the time-gap between incidence and disclosure. Reporting levels would almost certainly increase once the connection between disclosure during screening and subsequent medical support became clear.

Access in humanitarian settings require careful negotiation, and the screening process itself is labour and time intensive and reliant on skilled and trained personnel. Given the sensitivity of the experiences touched on, screening cannot be rushed, should explore the full range of experiences of violence rather than only sexual violence, and should include questions on physical functionality, pain and scarring, as well as psychological and social functionality. **Screening should not be conducted unless counselling support is in place**, together with

[2] And also representatives of the International Committee of the Red Cross (ICRC); the Office of the UN High Commissioner for Human Rights (OHCHR); the Office of the Special Representative of the UN Secretary-General for Children and Armed Conflict; the Office of the Special Representative of the UN Secretary-General on Sexual Violence in Conflict; the UN Department of Peacekeeping Operations (DPKO); United Nations High Commissioner for Refugees (UNHCR).

[3] This involves sensitive open-ended questioning using trained interviewers and interpreters to understand what pushed the individual to leave their home situation; their current psychological and physical status; specific experiences of violence including exploration of specific forms of sexual violence; and what experience they have chosen to disclose, to which authority structure

basic referral options. Cross referencing between physical and psychological symptoms is likely to enhance disclosure of sexual violence, and appropriate referral (Dolan, 2017).

Early interventions are crucial: In discussion with the medical service providers to whom we refer clients in need of major medical intervention, the plea has repeatedly been 'please can you try and find them [survivors of severe violence] earlier… before the infections become so entrenched and the scarring so irreversible' (Dolan, 2017: 3). This screening approach has its origins in routine screening for experiences of sexual violence of all refugees (male and female) seeking assistance from Refugee Law Project Kampala office. Results have critically reshaped programming,[4] and experiences of sexual violence are one of the key factors driving the decision to flee. There is a strong case for establishing rigorously documented, systematic screening in emergency settings, without which humanitarians will continue to under-prioritise sexual violence response and prevention interventions, particularly for men and boys (Dolan, 2017).

Holistic Health and Psychosocial interventions

High levels of sexual violence have been a constant feature of the long running conflict in eastern DRC.[5] In an early study among women seeking healthcare services 75.7% had experienced rape and this results in physical and psychological trauma and can destroy family and community structures (Kelly et al, 2011). 29% of raped women were rejected by their families and 6% by their communities; 13% of women had a child from rape. Gang rape, rape in public, rape with instruments such as guns, abduction of the victim, forced incest (an assailant forcing a family member such as a father or brother to have sex with the victim) are extensive forms of CRSV. Subsequently women are rejected by their husbands; whose fear of disease and "contamination" from his wife is one of the most cited reasons for this. Gang-raped women were roughly three times more likely to experience rejection from their family compared to women who were not gang-raped. Having a child from rape is a significant risk factor for social rejection. Women who suffer from traumatic fistulas resulting from violent rape and obstetric fistulas resulting from lack of prenatal care become incontinent and are abandoned by husbands.

And yet women face significant obstacles in seeking services after rape. Almost half of women polled (44.6%) waited a year or more before seeking sexual and gender-based violence (SGBV) services. In addition to the social stigma of seeking treatment these are frequently distant.[6] Only 4.2% of the women surveyed received SGBV services within 72 hours of the attack – thus missing the important window of opportunity in which victims can be given prophylaxis for sexually transmitted infections (STIs) and HIV.

Over and above the need for better access to healthcare and SGBV services from this study group women's suggestions for improved programming around this problem include:

- **educational programmes** to help communities understand how to accept survivors of rape

[4] Among more than 3,000 refugees from DRC, Rwanda, Burundi and Somalia approximately 2 out of 3 women and 1 out of 3 men report experiences of sexual violence
[5] Ongoing since 1996
[6] 55% of women stated it took them more than a day to travel to SGBV service locations

- a form of **marriage counselling** to help husbands and wives move past the trauma of the attack
- **proving women were not infected** with HIV or STIs, thus preventing husbands from rejecting them at all.

Receiving support from their husbands after rape was protective against survivors' feelings of shame and social isolation but this must work counter to local mores that create an environment conducive to the stigmatisation of survivors. Customs previously directed towards female adulterers were now applied to victims of rape, since women who have sex outside of marriage, whether voluntarily or by force, were perceived to bring misfortune to the household. More work is needed to understand the risk factors that make a husband likely to abandon his wife after rape; to identify possible intervention points; and to elaborate the effects of rape on a woman's livelihood and future. Focus group results illustrate that women who are not rejected outright may still face significant problems after the rape, and that counselling for both husband and wife is needed. More work also needs to be done to understand how economic interventions, for both women and men, can facilitate social reintegration for vulnerable populations and facilitate community-level post-conflict recovery (Kelly et al, 2011:7).

The concept of integrated service delivery in a one-stop-centre is recognised by the UN and the WHO as a model of good practice. The need for comprehensive holistic care is supported by the UN Security Council resolution 2106 : "recognising the importance of providing timely assistance to survivors of sexual violence, urges UN entities and donors to provide non-discriminatory and **comprehensive health services, including sexual and reproductive health, psychosocial, legal and livelihood support** and other multi-sectoral services for survivors of sexual violence, taking into account the specific needs of persons with disabilities." (UN Resolution 2106: article 19 (2013).

This concept is demonstrated by the Panzi General Referral Hospital in DRC. Founded originally to offer maternal and reproductive healthcare, this became the epicentre for treatment of victims of sexual violence because of high levels of CRSV in eastern DRC. To heal, victims need care that deals with all of the interconnected consequences of sexual violence - medical, psychological, legal and socio-economic outcomes. A model of holistic care integrated in a one-stop-centre within the general hospital, with coherent referrals and co-ordination between services has been developed. This provides a pathway of relevant interrelated interventions tailored to the needs of the individual.[7]

Although CRSV against women and girls is the subject of increasing research much less is known about the health of men, boys and lesbian, gay, bisexual, transgender (LGBT) and other gender non-binary persons who survive CRSV. From a recent, systematic search of the literature[8] to identify medical, mental health and psychosocial support (MHPSS) interventions that included men, boys and LGBT survivors, Kiss et al (2020) conclude that even interventions that included male survivors did not describe specific components (such as gender specific activities) for this population. There are insufficient disaggregated data to show whether the MHPSS interventions that are successful amongst women are effective for males: evaluations that included men and boys reported effectiveness in reducing symptoms of depression, anxiety,

[7] https://www.mukwegefoundation.org/holistic-care/ Accessed December 2020
[8] The first systematic review on (MHPSS) interventions that focusses on male and LGBT survivors of CRSV

PTSD, dysfunction or post-traumatic grief but no data on effect-size by gender were published in these evaluations. No intervention evaluation focussed on LGBT survivors of CRSV (Kiss et al, 2020:8).

Although some mental health and psychosocial consequences of sexual violence against men and boys may be similar among male and female survivors, the way each process trauma, display symptoms, seek help, adhere to treatment and improve their mental health differ by gender. There is currently limited evidence on which intervention components are most effective to improve mental health. Studies with female CRSV survivors suggest that interventions that promote social connectedness, safety, and security can improve mental health; and for female-specific interventions, group therapy or counselling sessions were associated with greater social connectedness and support networks. No male-inclusive studies measured the effects of interventions on social connectedness, safety, and security (Kiss et al, 2020). Overall evaluations presented limited information on service outreach, which restricts the conclusions about the overall effect of treatments on survivors.

The aim of this literature search was to contribute to the design and delivery of gender-sensitive and gender-specific approaches of interventions that respond to specific needs of different groups of all survivors. The findings illustrate a clear gap in practice and knowledge. Initiatives targeting male and LGBT survivors of CRSV need to be designed to actively address specific gender differences in access, adherence and response to MHPSS interventions. Models of care that are gender-sensitive and integrated to local resources are promising avenues to promote the health of male and LGBT survivors of CRSV (Kiss et al, 2020).

Economic support programmes

There is some evidence of the value of economic support programmes. Although impacts are rarely systematically addressed, support programmes seem to have a general positive significant effect, both regarding perceived social inclusion and perceived improved economic well-being. Amisi et al, (2018) looked specifically at the impact from economic support upon the social exclusion and economic well-being among female SGBV survivors and non-survivors in eastern DRC[9]. Key findings are that survivors feel significantly less socially included than other women but their initial economic well-being was no different than that of other women. The support programmes improved social inclusion and economic well-being for both survivors and others, and the **improvements in economic well-being were significantly higher for survivors** than the other women.

It seems important that programmes include both survivors and non-survivors (whose economic wellbeing is equally precarious). Although support programmes are designed to help survivors, a singular focus on this group could potentially have the unintended effect of leading to increased levels of stigma among survivors, and a stronger visibility of those who has been raped (who would therefore potentially be excluded or perceived negatively by the community). Broad targeting also circumvents the challenge of over-reporting that becomes a possibility if there is significant support given to individuals who self-report as victims of these types of abuses (Amisi

[9] The economic support programmes investigated in this study were run as an adjunct to other services provided by the Panzi hospital

et al, 2018). The authors of this study emphasise a significant knowledge gap in terms of evidence on how programmes improve social exclusion and economic well-being of women because there are relatively few population-based studies available that systematically compare the situation for survivors and non-survivors. Key implications from their findings are that efforts to assist survivors of sexual violence also need to include a stronger focus on the attitudes among the survivors' families and communities. And there is an acute need for continuous support and improvements of the programmes to identify and implement new efficient ways to overcome social exclusion of survivors across various social settings (Amisi et al, 2018:223).

4. Consequences and Redress

High level responses through National Action Plans

In many situations where a substantial proportion of the population has been exposed to CRSV substantial time, resources and effort has been invested in developing National Action Plans (NAP). These aim to comprehensively address the needs of victims/survivors to receive healthcare and psychosocial support, economic opportunities and security of housing, access to justice, and measures to combat stigma. Focusing on Nepal, Myanmar, Indonesia, the Philippines, Sri Lanka and Timor-Leste, Swaine et al (2017) evaluate some of the obstacles to addressing these needs in conflict and post-conflict settings. While their analysis does not address how successful the implementation of the NAP was, only the plans themselves, there are already substantial flaws that appear to undermine adequacy of response. An overview of findings shows (Swaine et al, 2017: 34) that the NAPs only go some way to addressing the needs and rights of victims/survivors of CRSV:

- All of the plans include some aspects of service provision addressing the rights and needs of victims/survivors of CRSV.
- The NAPs generally lack substantive information and data on CRSV, and on the needs of victims/survivors of CRSV and their children. There is little data available on these issues and the affected populations in these contexts. The need to address gaps in data within are not fully addressed through action points in all the NAPs.
- The children of victims/survivors of CRSV do not appear in any of the plans.
- The experience of forced pregnancy and maternity, and the responsibilities of the state in this regard, are not included in the NAPs.
- There is a lack of an ample coordinated approach to multi-sectoral service provision for victims/survivors within the NAPs.
- Disaggregated approaches to the needs of victims/survivors of CRSV on the basis of identity factors (age, ethnicity, disability etc.), are largely absent from the NAPs.
- None of the NAPs-WPS address inheritance and land rights specifically, which are key economic issues for many victims/survivors.
- The provision of access to specific reproductive health needs, such as abortion, fertility issues and fistula repair services, are not mentioned in any of the NAPs.
- There are no budgets attached to any of the NAPs to attribute specific spending for much needed services to these populations.

Access to justice

Survivors require psycho-social support, legal support, psychological and psychiatric services, professional counselling, and support services in order to access the criminal justice system to seek justice for violations committed against them, and the guarantee of physical protection due to fear of retaliation from perpetrators. In situations where, as part of peace agreements perpetrators of violence are integrated into official security forces survivors of CRSV are confronted by apparent amnesty for their aggressors and no resolution or reparation for the violence suffered. This is found for example in Darfur, Sudan where members of Janjaweed militia have increasingly been integrated into "official" government security forces, such as Border Intelligence, Popular Defence Forces and Central Reserve Police leaving women and girls living in displaced persons camps, towns, and rural areas still extremely vulnerable to sexual violence, as Sudanese authorities continue to allow armed men to carry out rapes and other acts of sexual violence with impunity (Human Rights Watch, 2008).

Reparations

Due judicial process resulting in the conviction and punishment of those responsible for CRSV (both its immediate action and its sanction by higher levels of authority) is important to rebuilding a future for survivors of CRSV. In addition to this, transformative reparations go beyond the immediacy of sexual violence, encompassing the equality, justice, and longitudinal needs of those who have experienced sexual harm. "Reparations" is a collective term encompassing the recognition of, and compensation for, the harm caused by gross human rights violations. According to international law, when someone is a victim of a serious crime such as rape, they are entitled to receive reparations to compensate for the harms suffered. Reparations play a key role: by aiming to help repair the harm caused by gross human rights violations, reparations are at the core of survivors' demands to regain a life of dignity, respect, and equality.

However, State responsibility has historically not addressed gendered human rights violations and the specific challenge of CRSV reparations has been the subject of fledgling normative development in recent years (N´ı Aol´ain, O'Rourke, & Swaine, 2015:99). National governments in fragile states may often not prioritise these mechanisms, instead directing limited resources towards the rebuilding of the nation and services post conflict. To address this gap international funds and commitments are established although evidence as to their efficacy is limited.

Global Survivors Fund is a Geneva based, survivor-centric mechanism whose mission is to ensure survivors of conflict-related sexual violence have access to reparations and other forms of redress, globally, including where the states or other parties responsible for the violence are unwilling or unable to provide reparations. In many countries, survivors of wartime cannot rebuild their lives and contribute fully to society because of the lack of justice and recognition of the crimes they suffered, and the stigma they face[10].

[10] Website accessed December 2020 https://www.geneve-int.ch/whoswho/global-fund-survivors-conflict-related-sexual-violence-global-survivors-fund

The Trust Fund for Victims is mandated by the Rome Statute, the International Criminal Court's founding treaty, to support and implement programmes that address harms resulting from ICC crimes and does so in two ways:

- implementing Court-ordered reparations against a convicted person and
- providing physical, psychological, and material support to victims and their families, through voluntary contributions from donors.

To date, the Trust Fund has aided over 120,000 victims in countries where the Court has active investigations, like Uganda and the DRC.

Other mechanisms are remarkably less effective in acknowledging the rights under international law of survivors of CRSV to reparations or in enacting these. Following the successful conviction of the Chadian dictator Hissène Habré for war crimes including sexual violence and rape (confirmed in 2017) the African Union backed Senegalese court mandated the African Union Trust Fund for victims of crimes. Despite $5 million allocated to the Trust Fund, the fund has yet to become operational (Human Rights Watch, 2020).

Similarly, in all the International Criminal Tribunal for Rwanda's 21-year existence, not a single order for restitution was made by its judges (Ngari, 2020). Meanwhile Rwandan genocide survivors who should be at the centre of the design and implementation of a reparations trust have died and children born out of multiple rapes, survived into a precarious adulthood.

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About this report

This report is based on six days of desk-based research. The K4D research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact helpdesk@k4d.info.

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