EXECUTIVE SUMMARY

Sexual violence in armed conflicts and other situations of violence has long been widespread. It is carried out for many reasons – including as an act of reprisal and to create fear. Women, men, girls and boys may all be victims of sexual violence; however, certain groups of people, such as people deprived of their freedom or displaced persons, may face heightened risks, owing to their specific circumstances.

The abuse occurs despite specific prohibitions against sexual violence in treaty and customary international humanitarian law applicable to international and non-international armed conflicts, international human rights law and, in many cases, domestic law.

Appalled by the frequency of the abuse and the grave and long-lasting consequences that victims and their families and communities continue to suffer, the ICRC decided in 2013 to undertake a four-year commitment (2013–16) to expand its focus on specifically preventing and responding to the problem of sexual violence. It foresees a progressive improvement in the delivery of impartial, holistic and effective responses to the needs of victims and in the activities aimed at preventing the occurrence of such abuse. It operates independently or with partners – particularly other components of the International Red Cross and Red Crescent Movement (the Movement) – and mobilizes other actors who may be able to contribute to the prevention of sexual violence and to the betterment of assistance available to victims. The ICRC aims at reinforcing its action in four main areas: holistic operational response, prevention, Movement mobilization, and staff sensitization.

The current Special Report follows up on the objectives presented in the Special Appeal 2014 and covers: (i) the background of the project and its goals for 2013–16; (ii) discussions of the developments, activities and progress that occurred in 2014 and directly relate to this initiative; (iii) the ICRC’s activities in five selected countries, to serve as concrete examples of the organization’s field activities which seek to create an atmosphere conducive to the prevention of sexual violence and supportive of victims. The last section presents the expenses for activities related to this initiative. These sections are based on the ICRC Annual Report 2014, published in May 2015.

In 2014, the ICRC devoted considerable resources to building its understanding of sexual violence, providing delegations with the necessary support to carry out assessments and multidisciplinary responses to the needs identified in the field. In particular, teams were urged to act on the assumption that sexual violence takes place in armed conflicts and other situations of violence; guided by this premise and a clearer picture of the situation at hand, teams improved their planning process and the conduct of their activities. While many teams laid the groundwork for future efforts, a number of delegations already began initiating responses or scaling up existing activities in 2014.

Delegations’ responses to sexual violence took place largely within the framework of health and medical activities to address the most urgent consequences of the violence, including the mental and psychological trauma experienced by victims. Whenever possible, these activities were conducted in cooperation with local actors, particularly the National Red Cross or Red Crescent Societies and, in some cases, community-based organizations.

The ICRC also highlighted this topic during its protection and prevention activities. Delegations received broad and context-specific advice that helped them refine their dialogue with the authorities, armed forces and other weapon bearers on this issue; whenever possible, allegations of sexual abuse were brought to the attention of the figures concerned and they were urged to take measures to prevent the recurrence of abuse, to punish the perpetrators, and to ensure that victims had adequate support. ICRC teams also fine-tuned their dialogue with weapon bearers using newly developed material on why the latter should be invested in addressing sexual violence and the corresponding action they could take. It also worked with other influential figures in the community, such as traditional leaders and women’s groups, to raise awareness of the problem, to generate support for preventing it and to reduce the stigma experienced by victims and their families.

In a bid to maximize and sustain the impact of these efforts, the ICRC developed a training strategy in 2014 to ensure that staff from all disciplines were well-equipped to address the issue of sexual violence. This strategy was built on ascertaining that the topic figured in training courses for staff from specific units/divisions, cross-cutting and transversal sessions for staff working in different fields, and capacity-building initiatives open to external actors. In particular, staff responsible for health/medical and protection activities benefited from adapted courses, guidance in the field, and other resources to help them in their work.
The ICRC continued its humanitarian diplomacy efforts during high-level international and national events and other contact with a range of influential actors, where it highlighted the importance of addressing sexual violence. Through its organization of or participation in various initiatives, it shored up greater support among actors with worldwide influence and helped shape relevant resolutions and policies.

The sections summarizing the ICRC’s activities in 2014 in the Central African Republic, the Democratic Republic of the Congo, Mali, Somalia and South Sudan demonstrate how the ICRC took a nuanced approach to its activities, adapting its plans and activities to developments in each context. These examples also denote that while the ICRC is systematically seeking to expand the scale and type of activities it employs to meet the goals of this initiative, its action must also be measured and carried out in a way that takes account of the cultural sensitivities and taboos surrounding this problem.
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### ABBREVIATIONS AND DEFINITIONS AT THE ICRC

<table>
<thead>
<tr>
<th>activity</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>“Activity”</td>
<td>“Activity” refers to means and measures, which usually concern particular professional skills and areas of expertise.</td>
</tr>
<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>armed conflict(s)</td>
<td>international and/or non-international armed conflict(s), as governed <em>inter alia</em> by the Geneva Conventions of 12 August 1949 and their two Additional Protocols of 1977 and by customary international law</td>
</tr>
<tr>
<td>31st International Conference</td>
<td>31st International Conference of the Red Cross and Red Crescent, which took place in Geneva (Switzerland) from 28 November to 1 December 2011</td>
</tr>
<tr>
<td>evaluation</td>
<td>An evaluation is an independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy using recognized criteria. It is intended to articulate findings, draw conclusions and make recommendations so that the ICRC may draw lessons, improve over-all policy and practice, and enhance accountability. Evaluations may be commissioned by the ICRC (internal evaluations) or by stakeholders outside the institution (external evaluations). Given the magnitude of the undertaking, only a few evaluations are carried out each year. The ICRC’s Institutional Performance Management Unit in the Office of the Director-General has overall responsibility for managing internal and joint evaluations.</td>
</tr>
<tr>
<td>gender/sex</td>
<td>“Gender” refers to the culturally constructed and prescribed behaviour of men and women, specifically the roles, attitudes and values ascribed to them on the basis of their sex; whereas the term “sex” refers to biological and physical characteristics. Gender roles vary widely within and among cultures, social, economic and political contexts.</td>
</tr>
<tr>
<td>Health Care in Danger project</td>
<td>“Health Care in Danger (Respecting and Protecting Health Care in Armed Conflict and Other Emergencies)” is an ICRC project that aims to ensure that the wounded and sick in armed conflict and other emergencies are protected and have better access to health care through the concerted efforts of the ICRC, National Societies, governments, weapon bearers and health care personnel across the world. The project is supported by a global communication campaign, “Life and Death”.</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>IASC</td>
<td>United Nations Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>ICC</td>
<td>International Criminal Court</td>
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<tr>
<td>ICTR</td>
<td>Ad hoc International Criminal Tribunals for Rwanda</td>
</tr>
<tr>
<td>ICTY</td>
<td>Ad hoc International Criminal Tribunals for the former Yugoslavia</td>
</tr>
<tr>
<td>IHL</td>
<td>international humanitarian law</td>
</tr>
<tr>
<td>Movement</td>
<td>The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.</td>
</tr>
<tr>
<td>National Society</td>
<td>The National Red Cross or Red Crescent Societies embody the Movement’s work and Fundamental Principles in about 180 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies assist the affected civilian population and, where appropriate, support the army medical services.</td>
</tr>
<tr>
<td>NGO</td>
<td>non-governmental organization</td>
</tr>
<tr>
<td>other situations of violence</td>
<td>Situations of collective violence below the threshold of an armed conflict but generating significant humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. In such situations of collective violence, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th><strong>POWs</strong></th>
<th>prisoners of war</th>
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</thead>
<tbody>
<tr>
<td><strong>programme</strong></td>
<td>“Programme” refers to a group of activities that are within the specific competence of the ICRC and often concern particular professional skills and areas of expertise. ICRC operations are structured into four main programmes: assistance, cooperation, prevention and protection.</td>
</tr>
<tr>
<td><strong>review</strong></td>
<td>Reviews are periodic or ad hoc internal examinations of performance that take place at various levels: from the context as a whole, which happens at least once a year, down to the sub-target population (e.g. physically disabled people, under Wounded and sick) and sub-programme (e.g. economic security, under Assistance), and even in a limited geographical area within the context. Information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant deviations from the plan. In this way, the ICRC is able to identify problems and take corrective action. Either it will modify the way in which it seeks to achieve its objective, or it will modify the objective itself if it finds that the baseline situation or the needs have changed.</td>
</tr>
<tr>
<td><strong>sexual violence</strong></td>
<td>The term “sexual violence” is used to describe acts of a sexual nature by force, threat of force or coercion, such as the threat of violence, duress, detention, psychological oppression or abuse of power, directed against any victim – woman, man, girl or boy. Sexual violence encompasses: rape, enforced prostitution, sexual slavery, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity.</td>
</tr>
<tr>
<td><strong>target population</strong></td>
<td>“Target population” refers to a specific group of people. The implementation of the ICRC’s mission, which combines different approaches and activities, comes into its own when the organization is confronted with various groups of people either suffering the direct and/or indirect effects of armed conflict or other situations of violence and who are not or no longer taking a direct part in the hostilities or other forms of violence, or are able to influence the structures or systems associated with identified humanitarian problems. This is why, in setting its objectives, the ICRC has drawn up a standard list of target groups or populations divided into two broad categories: the “affected persons/populations” (civilians, people deprived of their freedom and the wounded and sick) and the “influential persons/institutions” (authorities, armed forces and other bearers of weapons, civil society and Red Cross Red Crescent Movement).</td>
</tr>
<tr>
<td><strong>victim/survivor</strong></td>
<td>For the purpose of this document, the terms “victim” and “survivor” are used interchangeably to refer to a person who has experienced sexual violence.</td>
</tr>
<tr>
<td><strong>UN</strong></td>
<td>United Nations</td>
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<tr>
<td><strong>WHO</strong></td>
<td>United Nations World Health Organization</td>
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SPECIAL REPORT: STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2014

MAKING THE CASE

Consequences of Sexual Violence

The consequences of sexual violence are experienced by victims, as well as by their entire families and communities. The consequences include physical, psychological, social and spiritual harm. Sexual violence is prohibited by treaty and customary international humanitarian law (IHL) applicable to international and non-international armed conflicts and by international human rights law. Rape and other forms of sexual violence can also constitute war crimes, crimes against humanity or acts of genocide and, as such, entail corresponding individual criminal responsibility. Most States have enacted domestic laws prohibiting and criminalizing rape and other forms of sexual violence.

Despite these legal prohibitions, the stigma associated with sexual violence, guilt, shame or fear of retaliation may prevent victims from coming forward, such that the full extent of the problem is often concealed. Recourse to justice may be impossible, owing to stigma and other factors.

Sexual violence in armed conflicts and other situations of violence has long been widespread, with grave and devastating consequences for victims, their families and their communities. It may be used, inter alia, as an act of reprisal, to create fear, or to gain control over additional territories; the violence targets the individual, their families and the entire community.

Among other groups of vulnerable people, those deprived of their freedom in relation to armed conflicts and other situations of violence are particularly susceptible to ill-treatment, including sexual violence. Poor detention conditions, such as overcrowded facilities, often increase the likelihood of violence. Women, men, girls and boys are all at risk of being targeted by perpetrators, who could include the investigating authorities, prison staff or other inmates.

In many cases, rape and other forms of sexual violence have been used systematically, with extreme brutality, frequently resulting in severe consequences that affect all dimensions of the individual’s well-being and health – physical, psychological, social and spiritual. These are violations of a person’s dignity and integrity; many individuals consider them damaging to the most intimate components of their personhood.

For more details on the use of the term ‘sexual violence’, see the section Gender-based violence versus sexual violence on page 8. For more details, see the section The consequences of sexual violence on page 7. For more details, see the section Legal framework on page 7.
to obstacles such as the absence of witnesses or medical evidence (medical services may be lacking or prohibitively costly) and significant cultural barriers against speaking about the incident. Those who fail to prove they have been assaulted may face penalties for adultery or perjury. Male victims of sexual violence contend with particular difficulties in broaching the subject and in gaining access to support or justice, given cultural taboos and constructs. Misconceptions about sexual violence continue to be pervasive, including among professionals responsible for treating victims. Such myths contribute to denying victims the medical care, support and protection that they need to restore their dignity, protect their lives and survive. In effect, victims face a significant risk of double victimization: not only do they sustain potentially dangerous and lasting injuries, but they can also be stigmatized by their families and communities. Hence, sexual violence often remains a wholly or partially hidden problem, with the gravity of the crimes and the consequences on individuals, families and communities overlooked or underestimated.

However, the situation has been changing in recent years with the development of societies, the dissemination and advancement of IHL and international human rights law, the prosecution of perpetrators, increased understanding of sexual violence and its consequences, and improvements in the care available for victims, including through the development of a public health approach to addressing their concerns. Sexual violence in armed conflict is now recognized, to a large extent, as a preventable tragedy. More recently, sexual violence in armed conflicts and other situations of violence has gained intensified scrutiny from the wider international community. For instance, at the Global Summit to End Sexual Violence in Conflict in June 2014, which was organized by the United Kingdom of Great Britain and Northern Ireland (hereafter UK), the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict was launched. This builds on previous efforts such as the UK’s Preventing Sexual Violence Initiative and the ensuing Declaration of Commitment to End Sexual Violence in Conflict, endorsed by over 120 countries. The UN Security Council also adopted a resolution calling on countries that contribute troops to peacekeeping missions to ensure that their training system addresses sexual violence, as well as noting that the full range of sexual and reproductive health services must be made available to those in need without discrimination.

**THE CONSEQUENCES OF SEXUAL VIOLENCE**

Sexual violence has a far-reaching impact; many victims report struggling with physical, psychological, social and spiritual harms. Physical consequences include sexually transmitted diseases, such as HIV/AIDS, physical injuries, including burns, abrasions, abdominal or chest trauma, general or specific pain resulting from physical violence (vaginal or anal pain, pain in the abdomen or in other parts of the body), infertility, vesicovaginal fistulae (notably in young girls, following genital mutilation, or following injury or penetration with an object), higher incidence of disease and subsequent health problems. Pregnancy resulting from rape may compound victims’ trauma, suffering, helplessness, guilt and despair, as well as the effects felt by their families. When victims feel that they cannot go through with pregnancy, they must also contend with the risk of a potentially unsafe abortion.

Victims frequently suffer through psychological trauma long after the violence, often describing the abuse as dehumanizing and akin to torture. Many

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12 This summit brought together representatives from over 100 countries and experts on the subject. For more details, see: https://www.gov.uk/government/topical-events/sexual-violence-in-conflict (accessed April 2015).


19 Ibid.

20 Mari Mikkola defines dehumanization as “an act or a treatment (…) which is an indefensible setback on our legitimate human interests, and constitutes a moral injury”. She takes rape as a paradigm of dehumanization. Mikkola, Mari. “Dehumanization”. Chapter 7 in
are left feeling soiled and having their deeper aspirations and spiritual beliefs threatened; they report feeling alienated from themselves, their bodies and communities. Male victims often find their sexuality called into question or threatened. Further emotional and psychological consequences include distress, self-blame, confusion, indignity, anger, feelings of isolation, poor self-esteem, powerlessness, guilt and shame over the impact of the abuse on themselves and their families, sleeping or eating disorders, substance abuse, high-risk sexual behaviour, depression, post-traumatic stress disorder (PTSD), loss of speech or hearing, suicidal ideation, other forms of self-harm and other behavioural, mental or anxiety-related disorders. Social consequences include stigmatization, discrimination, rejection or abandonment by family or community members, heightened risks of further sexual violence, rejection or desertion of children born of rape, forced marriage, or loss of the means of subsistence. Fear can stem from awareness of the risks associated with returning to the location where the violence took place.

Ultimately, all of these consequences brought about by sexual violence may lead to death – through murder, AIDS, abandonment, suicide and other self-harming behaviour, among them – even if a significant amount of time has elapsed since the abuse. Sexual violence also deeply affects the family and close relatives of the victim, particularly the victim’s spouse/partner, children and/or others who witnessed the aggression. Studies confirm that spouses experience great trauma, distress, indignity and guilt at having been unable to protect their partners, as well as fear and shame resulting from the belief that they, too, have been soiled by these dehumanizing acts. In many instances, rape causes repudiation or conjugal separation, during or following the conflict, affecting both female and male victims. Similar feelings of shock and terror can affect their children, especially if they witnessed the aggression.

**SEXUAL VIOLENCE, LEGAL ISSUES AND VARIOUS CONCEPTS**

### LEGAL FRAMEWORK

Sexual violence – against women, men, girls and boys – is prohibited under IHL applicable in both international and non-international armed conflicts.

For example, Article 27 of the Fourth Geneva Convention specifies that women should be protected against “any attacks on their honour, in particular against rape, enforced prostitution, or any form of indecent assault”. Article 76(1) of Additional Protocol I – applicable in international armed conflicts – provides that “women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault”. Children are also specifically protected against “any form of indecent assault” in Article 77(1) of Additional Protocol I.

Article 75(2)(b) of Additional Protocol I – providing fundamental guarantees – prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, enforced prostitution and any form of indecent assault”. It should be noted that this provision equally protects women and men against such acts. Article 4(2)(e) of Additional Protocol II applicable in non-international armed conflicts prohibits similar acts and specifically adds rape to the list of acts explicitly prohibited. Moreover, there are a number of provisions throughout IHL treaties prohibiting cruel treatment, torture and outrages upon personal dignity, in particular humiliating and degrading treatment (for example, see Article 3 common to the Geneva Conventions), that implicitly cover the prohibition of rape and other forms of sexual violence. Rape and other forms of sexual violence are also prohibited under customary law – as highlighted in Rule 93 of the ICRC study on customary IHL.

Rape and other forms of sexual violence may also constitute war crimes or other international crimes. The Rome Statute of the ICC explicitly includes such

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23 Ibid.

24 The ICRC study on customary international humanitarian law published in 2005 identified 161 key rules of customary IHL and presented the State practice on which they are based, as well as related international practice. Rule 93 refers to “Rape and Other Forms of Sexual Violence” – available at: http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule93. Since this publication, the collection of State and international practice underlying the study (Volume II) has been regularly updated and is freely accessible in an online database (see Practice at: http://www.icrc.org/customary-ihl/eng/docs/Home); for the practice collected about Rule 93, see http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93.
violence in the list of war crimes and of crimes against humanity when committed as part of a widespread or systematic attack directed against any civilian population. Sexual violence can also fall within the scope of other crimes; the ICTY held in the Delalić case, for instance, that rape could constitute torture when the specific conditions of that crime are fulfilled. In some cases, sexual violence may qualify as genocide.

Hence, rape and other forms of sexual violence that amount to violations of IHL or other international crimes entail individual criminal responsibility and must be prosecuted. All States are obliged to criminalize these violations under domestic law and to effectively investigate and prosecute any instance of sexual violence.

Furthermore, sexual violence is, at all times, a violation of international human rights law and of many bodies of religious or traditional law. National criminal law in many countries recognizes rape and other forms of sexual violence as crimes.

SEXUAL VIOLENCE IN ARMED CONFLICT: A “WEAPON OF WAR” OR A “METHOD OF WARFARE”

Sexual violence in armed conflict, particularly rape, is sometimes qualified as a “weapon of war” and/or as a “method of warfare”. In the ICRC’s view, the characterization of rape or other forms of sexual violence as a weapon of war is inaccurate. Sexual violence is a type of unlawful behavior; whereas a weapon is normally understood as an object, material, instrument, mechanism, device or substance used to kill, injure, damage, threaten or destroy.

In contrast, a “method of warfare” is generally understood as the way in which a weapon is used or as any specific, tactical or strategic way of conducting hostilities, with the intention of overwhelming and weakening the adversary. Rape and other forms of sexual violence occur in armed conflicts under various circumstances, including, for example, to alter the ethnic composition of a community. Sometimes, sexual violence is resorted to as a tactical or strategic way of directly or indirectly overwhelming and weakening the adversary by hurting the civilian population. This is particularly the case when it is carried out in a systematic manner and is covered by the chain of command. It is in that sense that rape and other sexual violence in armed conflict has sometimes been described as a “method of warfare”, although it may be more accurate to address it as an – unlawful and criminal – policy, tactic or strategy during war.

Most importantly, rape and other forms of sexual violence, when carried out in the circumstances described above, are always prohibited in armed conflicts. This prohibition exists independently of the assessment of whether sexual violence is an unlawful weapon or a method of warfare. It can also amount to international crimes, such as a war crime, a crime against humanity or even genocide, provided that the specific elements of those international crimes are fulfilled.

GENDER-BASED VIOLENCE VERSUS SEXUAL VIOLENCE

Gender-based violence is a general term for any harmful act prompted by the victim’s gender and the corresponding, socially ascribed differences between males and females and carried out without the victim’s consent. In particular, the ICC defines gender-based crimes as: “those committed against persons, whether male or female, because of their sex and/or socially constructed gender roles.” Gender-based crimes are not always manifested as a form of sexual violence. They may include non-sexual attacks on women and girls, men and boys, because of their gender. These types of violence go against a number of universal human rights protected by international instruments and conventions.

The nature and extent of specific forms of gender-based violence vary across cultures, countries and regions; in addition to sexual violence, other examples include domestic violence, trafficking, forced/early marriage, and harmful traditional practices, such as

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25 Article 8 (2) (b) (xxii) and 8 (2) (c) (vi), ICC Statute regarding rape and other serious forms of sexual violence as war crimes in international and non-international armed conflicts; available at: http://www.icc-cpi.int/NR/rdonlyres/ADD16852-AEE9-4752-ABE7-9CDC7CF02886/283503/RomeStatutEngl.pdf (accessed April 2015).

26 Article 7 (1) (g) of the Rome Statute of the ICC, regarding rape and other serious forms of sexual violence as crimes against humanity. Ibid.


29 For more information, please see Legal framework on page 10.


32 For more details, see the section Legal framework on page 10.
female genital mutilation, honour killings and widow inheritance. Around the world, the impact of gender-based violence is more visible on women and girls than on men and boys; however, it is important to note that men and boys may also be victims, including of sexual violence.

The ICRC considers sexual violence as acts of a sexual nature imposed by force or coercion or carried out on women, men, girls or boys who lack the capacity to give consent, owing to threats of force, fear of violence, detention and/or other conditions of duress, abuse of power and psychological oppression. These acts encompass rape, sexual slavery, forced prostitution, pregnancy and sterilization, and any other form of sexual abuse of comparable gravity.

The ICRC uses “gender” as an analytical tool when addressing the various needs, vulnerabilities and strengths of women, men, girls and boys. Through an analysis of gender-related issues, it seeks to improve its humanitarian response and ensure that these are adapted to the different situations and concerns of males and females. As reforming gender roles and advocating social or cultural change lie beyond the ICRC’s mandate, it focuses on forms of gender-based violence that intersect with its mission of protecting people and assisting victims of armed conflicts and other situations of violence.

THE ICRC’S APPROACH

In light of the frequency at which sexual violence occurs during armed conflicts and other situations of violence, the ICRC’s approach and activities that aim to protect and assist affected persons include measures addressing the needs of victims – women, men, girls and boys – of such violence and seeking to help prevent its occurrence. While violations rarely occur in isolation and often form part of a pattern of violence which includes, among others, physical harm, killing, child recruitment, destruction of property and looting, the specificity and sensitivity of such acts and their ensuing consequences entail that each violation be met with a specific and appropriate response.

In line with the pledge it made at the 27th International Conference in 1999, the ICRC developed a comprehensive approach to ensure that its activities emphasized the respect women and girls must be accorded at all times and that further efforts must be taken to counter the grave threat sexual violence poses to all people during armed conflicts or other situations of violence. In the years since, the ICRC has significantly improved its capacities to holistically assess the needs of violence-affected people, take account of their gender-related concerns, and define and implement its humanitarian responses accordingly, having recognized that women, men, girls and boys experience violence differently.

A guidance document, *Addressing the needs of women affected by armed conflict* [35], and the internal ICRC frame of reference on sexual violence in armed conflicts and other situations of violence serve as guides for field staff that, in addition to providing the applicable legal framework, detail the main principles to be observed and methods to be used when gathering and analysing information, defining objectives and plans of action, and carrying out activities to address the needs of victims.

Thus, the ICRC strives to ensure that it implements a multidisciplinary approach to address the causes and consequences of sexual violence, paying attention to the needs and views of victims and that appropriate responses are integrated into its programmes. To this end, the ICRC’s assessments, reviews and responses include feedback provided by the affected people themselves and/or by the organizations involved in safeguarding their welfare. Whenever necessary, activities directly targeting people who could be particularly vulnerable – such as women, children, displaced persons, migrants and people deprived of their freedom – complement general protection or assistance initiatives.

CURRENT ICRC MULTIDISCIPLINARY RESPONSE

As a humanitarian organization, the ICRC strives to respond humanely, with care and professionalism, to the suffering and needs of the women, men, girls and boys affected by sexual violence and to address both the causes and effects of such acts. These activities encompass providing victims with assistance, such as medical, psychosocial care and other forms of appropriate support, protecting all those vulnerable to violations, and raising awareness so as to prevent further violence. The ICRC aims to always act with respect and sympathy and in the best interests of the victims, acknowledging their suffering, the risks to their lives and survival, and the consequences to their physical, mental and social health and well-being.

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34 This definition is based on the Rome Statute, as well as on its Elements of Crimes.
MEDICAL CARE

The ICRC endeavours to either directly provide access or refer victims of sexual violence to appropriate medical services to protect them from illness, treat injuries and diseases, and prevent unwanted pregnancies, in accordance with the national health system and, as applicable, internationally recognized standards for care. Whenever possible, these services should be coupled with support for the victim’s mental and psychosocial well-being.

However, accessing medical care, whether amidst armed conflicts or other situations of violence and/or detention, is often a significant challenge. Medical infrastructure is frequently limited, trained staff and medicines are commonly unavailable or minimal, and victims may have to travel long distances to obtain treatment. In addition to these challenges, the ICRC must take into account the desires and preferences of the victims, as well as their and the staff’s security concerns. Detainees face particular challenges where, in many cases, they can only sufficiently access health care after their release.

Nevertheless, bearing in mind that victims are entitled to the best possible care, without discrimination, the ICRC – in contexts where it engages in such activities – seeks to provide impartial, comprehensive and effective care. It strives to ensure the quality and continuity of vital medical services over the long term, notably to persons affected by HIV/AIDS and other chronic conditions. To do these, it supports national medical structures, transport systems and personnel in armed conflicts and other situations of violence, while encouraging the authorities concerned to ensure the sustainability and safety of such services. Moreover, it attempts to provide these services as part of broader health care available to the general population, so as to avoid labelling victims and stigmatizing them.

PROTECTION AND RISK REDUCTION

On the basis of information collected directly from victims, particularly vulnerable communities and those in close proximity to them, such as partner services and associations that provide them with care and support, as well as all other credible sources of information, the ICRC carries out activities meant to enhance the protection of at-risk individuals and groups. These measures to increase the safety of individuals within their own environment include confidential dialogue with the authorities or weapon bearers about observed or alleged violations and patterns of violence, their consequences for the victims and communities, their legal implications, and possible measures that may be taken to decrease the risk of future aggression, including by identifying and sanctioning the perpetrators. In parallel, the ICRC partners with communities to raise awareness and develop joint protection strategies – for instance, by working with them to drill boreholes closer to home so as to reduce women’s risk exposure while they collect water.

Especially vulnerable groups such as unaccompanied minors and separated children, detainees, displaced persons and migrants require protection approaches that take into account the specific factors that exacerbate their vulnerability. For example, reuniting children with their families, when it is found to be in their best interests, can reduce their risk of sexual violence. Food assistance and livelihood support given to communities of displaced people can also help women and girls reduce their risk of abuse or their likelihood of victimization.

PSYCHOLOGICAL SUPPORT

It is important that those affected by sexual violence are offered support to help them overcome the trauma and other psychological consequences of sexual violence. The ICRC has several programmes that assist victims, some of whom are former detainees, and address their psychological and psychosocial needs. Teams approach their activities with the idea that their work should not expose victims to additional harm and stigmatization; thus, many psychosocial initiatives are community-based and promote the identification of victims and provision of care for them by helping build local capacities in this regard. In particular, figures within the community are trained and supervised by ICRC mental health and psychosocial support experts to provide basic assistance; community leaders and health staff train on identifying victims of sexual violence in a sensitive manner and addressing signs of distress and other consequences of the abuse. In some cases, members of the community receive more in-depth training, which helps expand the scope of support available to victims.

Awareness-raising sessions, outreach activities and other sensitization initiatives are also a cornerstone of the community-based approach to the ICRC mental health and psychosocial support programme. Especially where sexual violence victims are heavily stigmatized, community members learn about the types of support that are available, as well as the private and confidential nature of these activities. Finally, the entire communities are engaged in sessions, aimed at raising awareness of the importance of victims seeking medical assistance and of encouraging community members to provide an effective support system. Such discussions contribute to increasing the visibility of the problem and to challenging the cultural taboos that surround sexual violence.
of turning to negative coping mechanisms to meet their basic needs. Detainees’ concerns are addressed as part of ICRC interventions on deliberate ill-treatment and structural concerns, such as prison management, overcrowding, detainees’ lack of privacy or safety, lack of essential goods or services or the need to properly categorize and monitor especially vulnerable groups.

**PREVENTION**

The ICRC works to prevent sexual violence in armed conflicts or other situations of violence by promoting understanding of and support for applicable rules of IHL, including the prohibition of sexual violence, and other internationally recognized standards. Reminding all parties to an armed conflict that all forms of sexual violence are prohibited by IHL, the ICRC privately and publicly urges all actors concerned to meet their obligations to protect women, men, girls and boys from such violence and to ensure their unimpeded access to health care.

Hence, the ICRC encourages authorities and weapon bearers to integrate provisions of IHL and other internationally recognized standards relating to the prohibition of sexual violence, as appropriate, into doctrine, training and guidance for weapon bearers, and policies for law enforcement operations. It carries out briefings and training sessions adapted to local circumstances. It provides governments and weapon bearers with assistance – ranging from helping them improve draft laws to encouraging their participation in IHL courses – to enact and implement these laws and adapt their training and operations, respectively.

Supplementing these, the ICRC works with violence-affected communities to raise awareness of the plight and rights of victims so as to counter the risk of victims being rejected or stigmatized by their communities.

**THE NEED FOR IMPROVEMENT**

Based on its four-year commitment (2013–16), the ICRC continues to improve its responses to sexual violence and to ensure that these are well-adapted to local needs and circumstances. In particular, the ICRC keeps up efforts to:

- systematically seek to determine the prevalence of sexual violence, including where there are barriers that prevent violations from being reported directly to its staff
- bolster its emergency preparedness and response capacities and further the involvement of communities – women, men, girls and boys, the National Society/ies concerned and other civil society actors – in its humanitarian responses
- scale up its efforts to address sexual violence affecting especially vulnerable groups, such as children, displaced persons, migrants, and people deprived of their freedom
- develop/reinforce emergency responses in the field of protection to help people protect themselves against sexual violence
- strengthen its response in the domain of prevention, particularly by working with weapon bearers, national authorities and community, religious and traditional leaders to promote awareness of and adherence to the prohibition of sexual violence, as well as to integrate measures into their national law and policies that support the prohibition of sexual violence and the sanctioning of perpetrators

To do these, the ICRC has launched a four-year initiative covering 2013–16.

**THE CURRENT SPECIAL REPORT**

The text below begins by detailing ICRC’s goals for 2013–16, following which, it presents the content unique to the Special Report 2014, including:

- ICRC activities, primarily those led by headquarters, for 2014 that are directly related to the response to sexual violence
- five operational cases serving as concrete examples of the ICRC’s work in the field
- financial reporting about expenses and contributions to the Special Appeal 2014

These three sections are based on the ICRC Annual Report 2014 published in May 2015.
STRENGTHENING THE ICRC’S RESPONSE TO SEXUAL VIOLENCE 2013–2016

Colombia. Victims of sexual violence often struggle with shame, fear, guilt and other forms of psychological trauma, in addition to the physical consequences of the abuse.

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ICRC GOAL

In light of the gravity of the consequences of sexual violence on victims and their communities – and the many gaps in systems aiming to prevent this gross violation of rights and to protect and assist victims – the ICRC endeavours to systematize and strengthen its humanitarian responses to sexual violence.

With a four-year commitment beginning with preparatory work in 2013, the ICRC endeavours to improve the delivery of quality, impartial and holistic humanitarian responses to victims of sexual violence, while developing its action aimed at preventing such violations. It will, therefore, operate directly and together with partners – particularly with other components of the Movement – including by mobilizing actors of influence with regard to the issue of sexual violence and the appropriate responses.

The ICRC’s multifaceted approach is determined by key objectives and expected results in the following domains:

1. holistic operational responses to the needs of victims/survivors of sexual violence
2. prevention of sexual violence
3. Movement mobilization on sexual violence
4. staff sensitization and training

A Special Appeal: Strengthening the response to sexual violence 201X will provide, on a yearly basis, detailed objectives and plans of action, accompanied by result indicators. Each appeal will be followed by a Special Report: Strengthening the response to sexual violence 201X providing the results against the objectives and plans of action announced in the Special Appeal.
MAIN OBJECTIVES AND EXPECTED RESULTS

HOLISTIC OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS/SURVIVORS OF SEXUAL VIOLENCE

Objective
In armed conflicts and other situations of violence, people are protected against sexual violence; the needs of those affected are holistically and effectively met.

Expected results
- all ICRC delegations:
  - by 2014, work with the assumption that sexual violence takes place and is a grave and life-threatening protection concern in armed conflicts and other situations of violence, regardless of the extent of tangible evidence in their contexts
  - by 2014, consider/include sexual violence in their wider problem analysis of the humanitarian situation, particularly for the target populations Civilians (including migrants and displaced persons), People deprived of their freedom (including men) and Wounded and sick (be they women, men, girls or boys)
  - by the end of 2016, as part of their multidisciplinary approach, deliberately consider problems related to sexual violence in armed conflicts and other situation of violence, and integrate responses accordingly, while taking into account local circumstances, opportunities, constraints and the ICRC’s added value

- in 2014, in addition to Colombia and the Democratic Republic of the Congo (hereafter DRC)36, three other contexts where sexual violence is a grave concern initiate holistic responses (see Response to sexual violence in day-to-day operations in 2014 on page 23), as should be the case by 2015 for any delegations facing such concerns/problems during emergencies

- people affected by sexual violence – those who are vulnerable to abuse and those who have already experienced it – contribute to the analysis, development and implementation of the approaches/measures meant to help them protect themselves against sexual violence and to overcome its consequences; this approach aims to expand the range of people’s choices (empowerment) and to encourage ownership of solutions, both key success factors for sustainable results

- approaches and measures implemented throughout the various ICRC operations to prevent or respond to the needs of those directly or indirectly affected by sexual violence, as well as lessons learnt and best practices, are collected and shared within and across delegations to support further institutional learning; regular ICRC monitoring and review processes promote the replication, adaptation and innovation of these processes

PREVENTION OF SEXUAL VIOLENCE

Objective
Governments, armed and security forces and other weapon bearers respect, include and implement IHL and other internationally recognized standards related to sexual violence in armed conflict and other situations of violence in and through their domestic law, doctrine, regulations and operations. They facilitate access to all types of assistance (e.g. legal, medical, social and economic) that victims of sexual violence need. Intergovernmental organizations and actors from civil society encourage and support them in these tasks.

Expected results
- by the end of 2014, all delegations have updated tools at their disposal to address sexual violence during their operational prevention activities with authorities, weapon bearers and key members of civil society
- systematic support provided by the ICRC Advisory Service on IHL helps governments integrate into their domestic legislation the norms protecting people against sexual violence, and helping victims receive the necessary assistance.
- the ICRC’s legal interpretation of existing law and monitoring of the evolution of the interpretation of the law contribute to the knowledge and understanding of the prohibition and criminalization of sexual violence; notably, the ICRC commentaries on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/rxdonors/content.nsf/htmlall/72L2DXV/$FILE/icrc_ar_06_colombia.pdf?OpenElement. In other countries, responses to sexual violence are integrated into the general protection and assistance programmes in line with the population’s identified needs.

36 The ICRC has already developed multidisciplinary projects specifically addressing sexual violence in Burundi (2002–05), the DRC (since 2005, see ICRC Annual Report 2005; available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/rxdonors/content.nsf/htmlall/6PTJ6C/SFILE/icrc_ar_05_drc.pdf?OpenElement), and Colombia (since 2006, see ICRC Annual Report 2006; available
project and the ICRC study on customary IHL contribute to this objective

- the ICRC’s field and public communication activities and its contribution to debates and documents organized and put together by intergovernmental organizations and other actors help rally support for preventing sexual violence and assisting victims

**MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE**

**Objective**

While they work according to a wider approach against gender-based violence, particularly during peacetime, National Societies advocate for the incorporation of the norms of IHL and international human rights law related to sexual violence in armed conflict and other situations of violence into domestic law, promote these norms, and help ensure adequate responses to the needs of affected people.

**Expected results**

- National Societies’ global reach helps raise awareness of sexual violence in armed conflict and other situations of violence; National Societies take specific action, including by launching humanitarian responses or communication initiatives, in support of people affected by sexual violence in contexts struggling with such situations – either independently or in partnership with the ICRC (see above)
- after the 2013 Council of Delegates – at the latest – the components of the Movement, including National Societies, pro-actively follow up on objective 2.2 To enhance the protection of women in armed conflict of the action plan for the implementation of international humanitarian law annexed to Resolution 2 of the 31st International Conference
- with the ICRC and other Movement partners, National Societies in countries at risk of emergencies build up their capacities to address sexual violence at the onset of a crisis

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37 The “ICRC commentaries project” seeks to update the commentaries on the four Geneva Conventions of 1949 and their two Additional Protocols of 1977. The purpose of this nine-year project (2011–19) is to contribute to the improved dissemination and clarification of the content of the treaties concerned, and ultimately to the better respect and protection for victims of armed conflict.

38 The ICRC study on customary international humanitarian law published in 2005 identified 161 key rules of customary IHL and presented the State practice on which they are based, as well as related international practice. Rule 93 refers to “Rape and Other Forms of Sexual Violence” – available at: http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule93. Since this publication, the collection of State and international practice underlying the study (Volume II of the study) is regularly updated and made freely accessible on an online database (see Practice at: http://www.icrc.org/customary-ihl/eng/docs/Home), for the practice collected about the Rule 93 see at: http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93


HEADQUARTERS: OBJECTIVES, PLANS OF ACTION AND INDICATORS FOR 2014

In 2014, the ICRC worked towards improving – at both field and headquarters level – the planning and conduct of its activities in response to the threat or consequences of sexual violence. To aid in this process, the Directorate of Operations appointed a full-time adviser to guide the institutional response and to support delegations in the field. Four staff members who had specific expertise in sexual violence and gender analysis carried out support missions to the field throughout the year.

Many delegations, in particular, received assistance for initiating new activities or reinforcing existing responses, while a number of others laid the groundwork for future action (see *Response to sexual violence in day-to-day operations in 2014* on page 23).

**ICRC advocates reversal of the burden of proof placed on sexual violence victims**

Delegations were urged to work with the assumption that, unless proven otherwise, sexual violence occurs during armed conflict and other situations of violence; this premise reverses the burden of proof often placed on victims and at-risk communities and helped teams identify future activities.

Throughout the year, field teams carried out assessments, ranging from preliminary studies to in-depth and multidisciplinary ones, to gain a clearer picture of the problems at hand and come to a decision on the activities they could put in place; often, they did this with the direct support of the women and war team. Thus, there was an increase in the number of delegations with activities or plans in response to the threat or occurrence of sexual violence; among other delegations, teams in the Central African Republic (hereafter CAR), Lebanon, Mexico and South Sudan – countries in which this is a priority issue – have planned/implemented such activities (see *Response to sexual violence in day-to-day operations in 2014* on page 23). In all, 26 delegations included activities related to sexual violence in their budget, activities and over-all strategies for 2015. In the run-up to the planning process, delegations were reminded that addressing sexual violence is an institutional priority and many of them received specific support and documents tailored to their contexts, helping them in their
planning process. Several delegations also appointed focal points for plans/activities in this regard. The women and war team provided specific guidance, including briefings and debriefings, to help teams work through their concerns.

**Increased coordination among different divisions and units promotes multidisciplinary responses**

The ICRC took measures to increase internal coordination on this issue. Under the leadership of the Directorate of Operations, regular meetings were held with the Assistance and Protection divisions, as well as with the different units and regional hierarchies, ensuring the efficient flow and alignment of information at field and headquarters level.

This resulted in the issue being factored into the planning processes and conduct of the full range of ICRC activities. In parallel, improved coordination helped in the identification of teams in need of additional assistance.

**Staff receive specific guidance for different ICRC activities**

Field teams were better poised to carry out their tasks, following the formulation and dissemination of policy and guidance documents; with the contribution of the divisions or units concerned, specific and transversal material in the fields of protection, implementation and promotion of the law, detention (including health-related issues), and various assistance-based activities were produced. These efforts complemented the increased inclusion of the topic within the ICRC’s different training courses (see **Staff sensitization and training** on page 21).

ICRC clinical psychologists were deployed for short- or long-term assignments to help delegations reinforce the design of their mental health and psychosocial support initiatives to better address the consequences of sexual violence. Among other forms of support, the psychologists helped teams carry out in-depth assessments on the availability of care for victims and on the obstacles to accessing these services, including those related to cultural sensitivities. With a view to countering the biases and prejudices still held by health workers against sexual violence victims, the psychologists helped sensitize ICRC and National Society staff, as well as other health personnel. Teams were also guided in ensuring that victims’ consent and privacy were held paramount at all stages of any initiative.

Several delegations received direct support for determining how to best formulate their activities in line with the requirements outlined above, identifying victims in a sensitive manner, and documenting and following up on activities and their results. Moreover, a methodology on interviewing IDPs and refugees – without singling out sexual violence victims – was developed on the basis of assessments carried out during the year.

**PREVENTION OF SEXUAL VIOLENCE**

The ICRC took a multi-tiered approach to streamlining its prevention activities with regard to sexual violence. It helped increase the attention given by the wider humanitarian, development and political community to this issue by highlighting the topic at various international events it organized, helped put together or participated in. It emphasized these sentiments during its other contacts with actors well-placed to address the problem. These efforts were geared towards helping shape the substance of resolutions, policies and other decisions regarding sexual violence. The ICRC specifically focused on ensuring that these products reflected the prohibition of sexual violence under IHL and the responsibilities of States to address victims’ concerns.

**ICRC helps shape discussions on sexual violence during high-level events**

Notably, the organization put together a public conference on sexual violence in conflict settings and emergencies at the ICRC’s Geneva-based conference centre (the **Humanitarium**), in partnership with the Centre of Education and Research in Humanitarian Action (CERAH). The ICRC also worked with the European Union Institute for Security Studies in Brussels (Belgium) to organize a colloquium on women and war and sexual violence. It participated in an international workshop in Uganda, convened by the ICTR for national and international legal and health professionals, victim and witness advocates and humanitarian/development workers; the workshop aimed at creating a model training programme based on the best practices for prosecuting sexual violence in post-conflict regions.

High-level ICRC figures, such as the president, the director-general, the director of operations, represented the ICRC at many of these events. For example, at the Global Summit to End Sexual Violence in Conflict in London, the ICRC president reiterated the organization’s commitment to strengthening its work

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in this domain and described the efforts it had undertaken to that end.

These events came in addition to many other activities carried out by delegations across the world, with particular support from headquarters (see Response to sexual violence in day-to-day operations in 2014 on page 23).

Field teams use legal resources and context-specific advice in their interaction with key actors

Delegations refined their activities, with the help of the expanded set of resources and guidance material made available during the year. These included, among other tools, a series of background notes accompanied by slides with extensive definitions of the terminology and other explanations of issues related to sexual violence and the corresponding activities, and a compilation of commonly-asked questions and answers on the ICRC’s activities in this field. A three-dimensional, virtual reality training tool was developed, for use during dissemination sessions to weapon bearers, along with a document that made the case for why they should be invested in fighting sexual violence and outlined specific instructions for handling the cultural sensitivities surrounding the problem.

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Material for a half-day workshop on rape and other forms of sexual violence for national authorities was tested and subsequently put online for the use of universities. These events came in addition to many other activities carried out by delegations across the world, with particular support from headquarters (see Response to sexual violence in day-to-day operations in 2014 on page 23).

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Teams received legal advice specific to their context and/or the issue they were dealing with; this helped them in their written and verbal communication with actors of influence and in structuring IHL training sessions and bilateral discussion with weapon bearers to include the issue of sexual violence.

Mapping of ICRC activities and best practices serve as guides for future activities

In a bid to improve the planning of future activities, the ICRC completed the mapping of its prevention-based initiatives related to sexual violence in 37 countries; these were shared during the annual meeting of prevention staff. These practices were also discussed in more detail at later events, including at a workshop for brainstorming other potential activities.

Plans to support States in carrying out compatibility studies between international norms and domestic legal and regulatory frameworks were pushed back to 2015, pending the completion of the ICRC’s analysis of existing national laws and regulations relating to the prohibition of sexual violence. Nonetheless, the databases on national IHL implementation and on customary IHL were updated with examples of relevant law and national and international practice/judgments related to the prohibition and criminalization of sexual violence. Likewise, there continued to be work done to update the Commentaries to the Geneva Conventions and their 1977 Additional Protocols, including their provisions relating to sexual violence.

A number of experts have contributed material to the edition of the International Review of the Red Cross dedicated to the topic of sexual violence, which is slated for publication in 2015.

MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE

The ICRC sought to capitalize on the global reach/network of the Movement by fostering coordinated or joint action with regard to sexual violence. In particular, it worked with National Societies and the International Federation in the Movement Coordination Group on Sexual and Gender-Based Violence. This group was set up following the workshop on sexual and gender-based violence in armed conflict and disasters at the 2013 Council of Delegates. The Movement Coordination Group ensured the implementation of the workshop’s recommendations.

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44 For more details, please see https://www.icrc.org/eng/resources/documents/feature/2014/08-25-sexual-violence-workshop-tool.htm
45 Available at: https://www.icrc.org/ihl-nat
46 Available at: https://www.icrc.org/customary-ihl/eng/docs/home
47 For a comprehensive list of recommendations, see: https://www.icrc.org/ihl-nat
The ICRC and the International Federation jointly led a discussion on sexual and gender-based violence in armed conflict and disasters during the annual meeting of National Societies’ legal advisors in May 2014. The session highlighted the legal framework applicable to the prohibition of sexual violence in such situations and provided an opportunity for National Societies to share their experiences with current activities and their plans for future ones in this area. It also discussed how to integrate the theme of sexual violence into the agenda of the 32nd International Conference.

The ICRC took part in a two-day event — that included sessions on sexual and gender-based violence in armed conflict and disasters and policy research on such violence during disasters — held by the network of Nordic National Societies and the International Federation. The organization worked with the Swedish Red Cross to pursue partnerships with other National Societies so as to compile best practices regarding assistance for detainees who suffered ill-treatment, including sexual violence, as well as provided support for a Swedish Red Cross study on taking a gendered perspective to violence against health during armed conflicts and other emergencies.

The Netherlands Red Cross received support and technical guidance from the ICRC for a radio-based fundraising campaign.

Many National Societies in the countries the ICRC operated in were involved in the development of new activities to prevent and respond to sexual violence (see *Response to sexual violence in day-to-day operations in 2014* on page 23).

### STAFF SENSITIZATION AND TRAINING

In the face of the sensitivity of the problem of sexual violence and the struggles that its victims and their communities contend with, the ICRC devoted considerable training resources to ensure that its staff, as well as other humanitarian actors, had an in-depth understanding of the issue and were well-equipped to carry out effective and meaningful responses.

The training strategy developed at headquarters in 2014 revolved around three types of capacity-building initiatives to maximize the audiences reached by these efforts; in particular:

- **The training programme specifically for particular divisions or units** was adapted to include consideration of how the staff’s discipline/area of specialization could address the problem of sexual violence. The courses affected included those on: communicating the law; law and protection; protection of the civilian population; the work/responsibilities of protection coordinators; health/medical initiatives; implementation and promotion of the law (an annual seminar for all ICRC staff working on prevention); and detention-related activities. The sessions on health/medical activities highlighted the prominence of the mental health and psychosocial support dimensions of the ICRC’s responses. Those on detention-related activities included modules and guidelines on addressing torture and ill-treatment and conducting interviews without witnesses; notably, the material on health in detention included references to identifying problems of sexual violence and designing appropriate responses.

  Approximately 400 ICRC staff of all disciplines and levels learnt more about sexual violence — and how gender factored into such abuse and the ensuing consequences — through these sessions. Moreover, 250 field staff took part in dissemination sessions conducted in the countries in which they were posted.

- **Transversal and cross-cutting courses** — including those conducted by the Learning and Development unit — for *staff from different disciplines* emphasized the importance of taking a holistic approach to the problem of sexual violence; notably, the introductory courses for newly hired staff included these themes, while the Humanitarian Leadership and Management School for line and programme managers piloted the inclusion of a hypothetical scenario that covered issues related to sexual violence in its module on leading high-level multidisciplinary teams. Trainers tasked with instructing those conducting field analysis also received a brief on integrating gender-related issues into their assessments/evaluations; an e-learning tools was made accessible to all staff. Teams in French-speaking countries in Africa also benefited from increased training support through the presence of the woman and war project manager in Dakar.

- The ICRC also reached out to *other humanitarian actors*, with a view to sharing ideas and best practices and increasing the likelihood of objectively critiquing its own institutional practice through external training. In partnership with the CERAH, Handicap International, MSF and UNHCR, the ICRC financed and helped develop a one-week seminar specifically on sexual violence during emergencies; the first session was held at
the end of 2014⁴⁸ and brought together 23 participants in mid- and senior-level management positions from different organizations, including 13 from the ICRC from six different countries. In the future, the module will be delivered several times per year in French and English.

**Guidance material and tools made more accessible to staff at all levels**

A number of tools and guidelines have also been developed as reference and learning material for the use of staff at headquarters and in the field. In addition to those described in the previous sections, these resources include: web-based learning material on the protection of the civilian population; and papers on the ICRC’s progress in this domain and on how gender is used as an analytical tool during the different stages of its project cycle.

The creation of an intranet page and a database for all these resources helped increase their accessibility to ICRC staff at all levels.

Nonetheless, there continues to be much space for the ICRC to continue its efforts to help delegations improve their capacities to effectively respond to sexual violence, even in complex and sensitive situations.

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RESPONSE TO SEXUAL VIOLENCE IN DAY-TO-DAY OPERATIONS IN 2014

Democratic Republic of the Congo. Sexual violence victims are able to receive medical assistance at an ICRC-supported hospital. © Didier Revol/ICRC

A FOUR-YEAR INITIATIVE CONSOLIDATING THE ICRC’S OPERATIONAL RESPONSE TO SEXUAL VIOLENCE

In 2014, the ICRC systematically encouraged its delegations – providing it with the necessary professional and technical support from units and services (see previous sections of the present Special Report) – to initiate activities in response to the problem of sexual violence, to step up ongoing efforts and, in many cases, to lay the groundwork for future action.

The following section describes the different types and phases of activities that the ICRC undertook worldwide. They reflect the varying degrees to which delegations have formed their understanding of the problem and the type and scope of action they have carried out; it must also be noted that the delegations and teams mentioned are at different stages of the project cycle for each activity.

Many ICRC teams, those in Afghanistan, Côte d’Ivoire, Jordan, Lebanon, Mexico, Niger and Papua New Guinea, for instance, worked to form a clearer understanding of the prevalence of sexual violence in their contexts and the circumstances in which the abuse takes place. These studies and assessments helped the teams come to decisions on whether the need and space existed for its neutral, impartial and independent humanitarian action and, if so, on the scale and type of response.

Delegations – several of whom had received the support for the aforementioned studies either in 2013 or 2014 – initiated activities to target the problem of sexual violence or scaled up existing efforts. Teams sought to help build an atmosphere conducive to the prevention of sexual violence and supportive of those already reeling from the abuse and its consequences.

Much of this work took place within the framework of making health and medical care, including mental health and psychosocial support, available to victims. Some delegations stepped up their delivery of services specifically for victims; for instance, in Medellín (Colombia), western Côte d’Ivoire and Papua
New Guinea, people eased their trauma through specialized medical and/or psychological care, often delivered by National Society volunteers or other local actors who had received support from the ICRC. Notably, the delegation in Colombia has been working with the support of an ICRC clinical psychologist for several years now; likewise, the presence of an ICRC psychologist in Kenya has enabled teams in several countries in Africa to receive such support.

However, in many cases – particularly where sexual violence is beset by cultural taboos that prevent victims from coming forward – delegations could not deliver services specifically for victims or identify the patients as having experienced abuse. Nonetheless, wherever the ICRC conducted health activities – as in Afghanistan, Iraq, Lebanon, Niger and Yemen – teams anticipated that, by increasing the delivery of health care for the wider population, there would be a significant trickle-down effect on victims’ access to services.

Whenever possible, the ICRC worked with local actors and combined the activities above with awareness-raising sessions, many of which were conducted at community level, so as to help participants learn about the risk of sexual violence, the preventive/coping mechanisms that could be taken, and the assistance/support they could receive. These initiatives also served to counter the stigma faced by victims and their families and to expand the social support given victims. Activities like these took place in parts of Colombia, Côte d’Ivoire, Jordan, Kenya and Senegal.

The ICRC’s regular presence in the field and its ensuing proximity to victims enabled teams to monitor the situations of the most vulnerable and to bring allegations of abuse to the attention of the parties concerned, notably the various authorities and weapon bearers. Delegates urged these figures to take the requisite action to prevent the recurrence of the abuse, to punish the perpetrators and to put in place measures that would guarantee support to victims. These themes were also regularly integrated into the organization’s wider IHL promotion and training activities for both the authorities and weapon bearers, which presented the opportunity for the ICRC to highlight the legal prohibition of sexual violence under IHL and international human rights law. Notably, the Bosnian and Colombian authorities took steps to improve their legal frameworks on victims’ rights, while, in Nepal, senior government officials from across South Asia shared their perspectives on sexual violence in armed conflict during a regional seminar.

Teams took pains to design all ICRC activities in a way that would help mitigate beneficiaries’ vulnerability to sexual violence. For instance, ICRC teams in Chad, Ethiopia, Rwanda and Uganda took account of the heightened risks minors faced when they were separated from their families; thus, there was a particular focus on registering and following up on the cases of unaccompanied minors and, whenever this was found to be in the best interests of the child and his/her relatives, arranging family reunifications. The ICRC also conducted follow-up visits to check on the children’s continued welfare. In cases where family reunifications were not possible or were found inappropriate, the ICRC worked with other actors, such as UNHCR or child-protection agencies, to seek out alternative solutions for these minors.

Likewise, some delegations more deliberately included sexual violence victims or those found to be especially at risk of abuse, within economic security and water and habitat activities. Notably, vulnerable people in Casamance (Senegal), north-western Guinea-Bissau and Liberia pursued livelihood support activities that helped them attain less volatile sources of income, giving them some social protection.

Wherever the ICRC visited detainees, it monitored their treatment and living conditions, paying attention to the incidence/risk of sexual violence. The organization’s ensuing dialogue with the authorities also addressed these issues accordingly. The prison authorities were reminded of the continued importance of keeping separate living quarters for males and females and for minors and adults, of ensuring that female staff attended to female detainees, and of addressing overcrowding; they received support in doing so, as in El Salvador, Ethiopia, Honduras, Iraq, Niger and Rwanda.

The ICRC endeavoured to maximize the impact of these efforts by seeking the support of other actors with broad international influence and the ability to address the problem of sexual violence worldwide. In particular, its teams in Addis Ababa, Brussels, Canberra, London, New York, Paris, Tokyo and Washington, among others, worked to highlight this issue during international events and other bilateral/multilateral contact with State authorities, representatives of international or regional intergovernmental and non-governmental bodies/groups and other actors with bearing on humanitarian situations/action worldwide. In this way, the ICRC helped shape policies and resolutions with an impact on the problem of sexual violence.

The following section reports on the ICRC’s activities that aim at directly or indirectly addressing the problem of sexual violence and responding to its harms in five countries: the CAR, the DRC, Mali, Somalia and South Sudan. These examples concretize the
earlier sections of the report on the ICRC’s cross-cutting approach by showing how the ICRC puts the approach into practice at field level.

These five delegations worked to carry out multidisciplinary responses, strongly emphasizing health, mental health and psychosocial support dimensions and outreach activities to communities. With a view to covering as many needs as possible, these responses combined psychosocial support, medical referrals and medical assistance, as necessary. To ensure high-quality and professional levels of care and supervision over the programmes, operations in the CAR and Mali were reinforced through the presence of an ICRC clinical psychologist in each country; the team in the DRC also continued to receive such assistance.

They also pursued partnerships with local associations to raise support within communities, reduce the stigma experienced by victims, highlight the importance of victims seeking assistance immediately, and build local ownership of the programmes. These efforts were partnered with protection and prevention activities, such as dialogue with the authorities and weapon bearers and awareness and sensitization campaigns.

The section also broadly describes the situations and day-to-day conditions of people to shed light of the circumstances in which these activities take place and why, on occasion, some plans had to be adapted, put on hold or cancelled. For example, activities slowed down in Mali because of the kidnapping of several ICRC staff, while the increase in fighting in South Sudan led to the redesign of the planned activities to address sexual violence.

EXAMPLE 1: CENTRAL AFRICAN REPUBLIC

In the CAR, the widespread violence that characterized the beginning of 2014 subsided by year-end, but the situation remained volatile and violence continued to affect the lives of civilians; confrontations fuelled by tensions between anti-balaka (armed militia) elements and former Seleka forces led to continued violence against civilians and to mass displacement. Multinational forces, including soldiers under the United Nations Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA), French troops under Operation Sangaris and those deployed by the European Union, were tasked with helping curtail violence and restore stability in the country.

As people lost their livelihoods and struggled with scant access to public services, including health care, they were increasingly dependent on the limited humanitarian aid that could reach them. These conditions exacerbated their vulnerabilities. Based on documented allegations of abuse – including sexual violence – reported by victims and on incidents directly observed by the ICRC, parties to the conflict and other weapon bearers were reminded of their obligations under IHL and other applicable law to protect civilians and their property, the wounded and sick, and medical and humanitarian personnel/infrastructure.

Sexual violence victims receive psychosocial support from ICRC-trained counsellors

In Nana-Grébizi, victims of sexual violence were helped to cope with their trauma by means of psychosocial, and when pertinent, medical support from ICRC-trained counsellors in three villages. Many patients had several follow-up sessions. Some 5,000 community members learnt more about the consequences of violence, particularly against women; this helped to set up referral systems and diminish stigmatization.

Sexual violence victims also benefited from the health-care services made available to the general population within reach of the centres provided by the ICRC material/staff reinforcement; in this way, they could access services to address the consequences of the violence discreetly. Notably, in Kaga Bandoro, around 600 victims of violence received professional care; many of them had been sexually assaulted and benefitted from treatment within 72 hours of having experienced the abuse.

Additionally, spaces – known as “listening rooms” – were created near maternity wards for the women who wished to share their experiences.

Vulnerable minors reduce their risk exposure by reuniting with their families

The design of other ICRC activities also accounted for the risk of sexual violence and the way these activities could mitigate the dangers people faced. For instance, 44 separated minors, including 25 previously associated with armed groups, were reunited with their relatives in the CAR and abroad; the reunifications – conducted through Movement efforts coordinated with other actors – took place after it was established that it would be in the child’s best interests. After discussions with the ICRC, the authorities agreed to provide minors with passes to facilitate cross-border reunifications.

Moreover, at the peak of the crisis, separate latrines and showers were created for displaced males, females and children.
Weapon bearers learn more about the protection due to civilians

The ICRC sought to emphasize the importance of protecting people from abuse, including through efforts to prevent sexual violence. At information sessions and in dialogue, including during high-level meetings, political authorities, weapon bearers, religious/traditional leaders and community members discussed the humanitarian consequences of the conflict, the importance of protecting the civilian population and the Movement’s role and activities. In Bambari, Kaga Bandoro, Ndélé and western CAR, some 400 religious/community leaders learnt more about IHL, basic humanitarian principles and Movement activities.

Weapon bearers were reminded of the importance of respecting civilians, particularly women and children, and of facilitating safe access for violence-affected people to medical/humanitarian aid. Briefings for over 800 members of security forces and armed groups furthered their understanding of the basic rules of IHL and human rights law, and of the ICRC’s activities.

Representatives of multinational forces and leaders of armed groups were regularly briefed on humanitarian concerns and the ICRC’s activities through bilateral contact and dialogue.

EXAMPLE 2: CONGO, DEMOCRATIC REPUBLIC OF THE

Despite the end of active conflict between the DRC armed forces and the M23 armed group in December 2013, fighting and inter-ethnic tensions continued, leading to casualties, destruction of livelihood and property, and other abuses against civilians; tens of thousands of people were uprooted and often prevented from returning to their homes, notably in Katanga, North and South Kivu and Province Orientale.

Armed forces commits to investigating allegations of abuse

Conflict-affected civilians reported abuses – which often included sexual violence – committed by weapon bearers. Based on these allegations, and to prevent further abuses, the ICRC made over 250 written and oral representations to weapon bearers and other parties to the conflict, reminding them of the protection afforded by IHL to civilians, including those seeking or providing medical care. Notably, after receiving allegations of abuse, the armed forces committed to investigating the matter and to reminding its units of their obligations.

Sexual violence victims receive counselling and referrals to higher-level care

In North and South Kivu, around 3,000 victims of sexual violence benefited from psychosocial support offered at 29 ICRC-supported counselling centres; at year’s end, six centres were built/renovated. Over 1,220 of those counselled were referred to nearby health facilities for medical treatment. Through regular awareness-raising sessions and six sensitization campaigns partly aimed at reducing stigmatization linked to sexual abuse, 80,000 community members learnt about the centres and the necessity of post-exposure prophylactic treatment within 72 hours of being raped.

In Province Orientale, 662 people suffering from post-conflict trauma received psychosocial support from ICRC-trained, community-based counsellors; a number of these people were victims of sexual violence. At information sessions, over 16,000 people learnt about the difficulties faced by those suffering from conflict-related mental-health disorders and ways to help them cope. As planned, ICRC psychosocial support to community members in the province concluded at year’s end.

Victims receive care health/hospital services without identifying themselves

Throughout the country, victims of sexual violence could also obtain health/medical care without identifying themselves as having experienced sexual violence, thanks to ICRC support for health/medical facilities. Specifically, 11 health centres received regular ICRC support consisting of drugs/medical supplies, staff training, monitoring and infrastructural upgrades, while 16 other health centres received similar assistance on an ad hoc basis. The ICRC also supported 41 facilities offering hospital-level treatment. Of these hospitals, 7 received regular support and 31 others benefited from ad hoc support; two of the regularly supported facilities – one each in Bukavu and Goma – hosted an ICRC surgical team.

Nine health facilities improved their services following renovation/construction work on their water supply, sanitation and electrical systems.

Unaccompanied minors receive special monitoring to protect them from risk of sexual violence

People also saw a diminished exposure to the risk of sexual violence, within the framework of other ICRC activities. Over 785 separated children, including 285 previously associated with weapon bearers, reunited with their families within the country or abroad; this also served to decrease the children’s vulnerability to abuse, including sexual violence. To ease the initial
process of reintegrating into their families, 638 children in the DRC returned home with ICRC-supplied food and 497 received hygiene kits; 409 children undertook occupational activities, which helped them contribute to their families and gave them some measure of self-sufficiency. Follow-up visits were made to 841 families to monitor the children’s welfare; the visited families included those who had been reunited in previous years. Children registered by the ICRC and awaiting reunification with their families stayed with foster families or at transit centres; the foster families or centres were briefed on the children’s backgrounds and encouraged to report any issues that might arise; other forms of support were provided as well. Regular visits helped increase the likelihood that the children were treated well. At awareness-raising sessions organized by the Red Cross Society of the Democratic Republic of the Congo/ICRC in transit centres, children and community members learnt about issues related to their reintegration that might arise when they returned home.

In the Kivu provinces, community-based initiatives promoted the reintegration into family life of particularly vulnerable children, and strove to prevent further recruitment of child soldiers. Over 230 children gained employable skills through vocational training sessions organized by ICRC-supported associations.

**Sessions on IHL highlight the prohibition of sexual violence**

As part of ICRC activities aimed at raising awareness of IHL, weapon bearers learnt more about the prohibition of sexual violence and the importance of preventing it. The ICRC conducted briefings on IHL and the Movement for officers deployed countrywide as military advisers, troops from the United Nations Stabilization Mission in the Democratic Republic of the Congo’s (MONUSCO) intervention brigade, and armed forces officers, security personnel and other weapon bearers in Katanga, Kinshasa, North and South Kivu and Province Orientale.

In a bid to garner support for IHL among future decision-makers early on, presentations at various provinces and universities were held; university students and academics also built their knowledge of the law and of humanitarian principles through ICRC-supported talks and competitions, as well as donations of research material.

**EXAMPLE 3: MALI**

The situation in Mali, particularly in the north, remained tense through 2014 – hostilities broke out anew between Malian forces and armed groups in May; the Mouvement National de Libération de l’Azawad (MNLA) and the Haut Conseil pour l’Unité de l’Azawad (HCUA) retook Kidal town and parts of the region. Although the parties involved agreed to a ceasefire, peace negotiations in Algeria could not be concluded by year-end. Many people relied on humanitarian aid for their basic needs. Humanitarian actors, however, struggled with limited funding and, on occasion, security incidents/threats; in particular, the ICRC slowed down some of its activities, following the kidnapping of several of its staff.

**Parties to the conflict receive reminders to prevent the recurrence of abuse**

With a view to preventing the recurrence of IHL and human rights violations, including sexual violence, allegations of abuse were documented and shared with the parties concerned. During the resumption of hostilities in Kidal, weapon bearers were reminded of their responsibilities to people not/no longer fighting, particularly to facilitate their access to health/medical care and humanitarian aid. This dialogue was complemented by training/dissemination sessions where weapon bearers learnt more about IHL and their obligations under the applicable law. Notably, some 850 soldiers from the UN Multidimensional Integrated Support Mission in Mali (MINUSMA) and 3,350 Malian military/security personnel deployed in the north, including those training under a European Union programme or in the Bamako Peacekeeping School, furthered their understanding of their responsibilities under IHL. Around 430 members of various armed groups were also reminded, through similar sessions, of their obligation to heed humanitarian principles.

Whenever possible, victims of sexual abuse were referred to medical services and/or enrolled in the ICRC’s family-links or assistance programmes.

**Sexual violence victims receive hospital-level care and psychosocial support**

Six facilities in Gao and Tombouctou received ICRC support consisting of medical supplies, salary incentives for staff, technical advice, and in the case of three of the facilities, infrastructural rehabilitation; these enabled the centres to offer health services – services particularly crucial for sexual violence victims – to the people within their reach. By November, other aid agencies had taken over the provision of support to three centres; ICRC support was reduced gradually to ease the transition.

Uninterrupted, good-quality services at the Gao regional hospital was made possible by the ICRC’s maintenance work and its donations of essential supplies and generator fuel; hospital staff worked and trained with 12 ICRC medical specialists. Victims of sexual violence were able to avail of hospital-level care and, beginning in October, psychosocial support...
from ICRC-trained midwives. Medical teams also received training and support to help them identify victims of sexual violence and to provide basic psychological care to these victims.

Returning to their families diminishes the risk of sexual violence for unaccompanied minors

Sixteen children previously associated with armed groups were reunited with relatives after their communities were assessed for the risk of re-recruitment/other dangers, and their families briefed on their vulnerabilities; this helped reduce the children’s exposure to the risk of sexual violence.

Nearly 4,160 detainees held by the Malian authorities and armed groups had their treatment and living conditions monitored by the ICRC during visits conducted according to its standard procedures. Some persons arrested were monitored while being transferred from international forces to Malian authorities, or, in the case of minors, to a special transit centre. Over 430 detainees held in connection with the conflict, and other vulnerable inmates, were registered and followed up individually. Within days of being captured – during the fighting in Kidal in May – 13 people held by the MNLA and 33 by the HCUA were visited.

Civil society actors help the ICRC adapt its security measures and continue its work

In view of the security difficulties in the country, influential actors were urged to facilitate humanitarian action or to persuade others to do so, through briefings/discussions on IHL, the humanitarian needs arising from the conflict, and the Movement’s neutral, impartial and independent approach.

Community/religious leaders, and heads of youth groups in Kidal, learnt more about the use of the emblem – making it easier for the ICRC to carry out its work, including the activities mentioned above. At a conference organized by the Mali Red Cross with support from the Qatar Red Crescent Society, religious scholars and Koranic teachers furthered their understanding of the common ground between Islam and IHL. Interaction with these actors helped the ICRC understand how it was perceived by communities, and adapt its activities and security measures accordingly. The media were kept abreast of Movement activities through press releases, interviews, workshops and public events.

EXAMPLE 4: SOMALIA

Fighting intensified between military forces supporting the Somali authorities and the Harakat al-Shabaab al-Mujahideen, better known as al-Shabaab. While the African Union (AU) Mission in Somalia (AMISOM) seized control of several strategic towns, al-Shabaab continued to control parts of central and southern Somalia. Intercommunal violence, mainly over land/political control, also persisted in these areas. In the north, lingering tensions in the disputed areas between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland frequently led to clashes between forces.

The escalation of hostilities caused displacement, disrupted livelihoods already affected by climate shocks and below-average harvests, and exacerbated chronic food insecurity. The general population continued to suffer from the scarcity of primary health care.

Given the difficult environment, humanitarian actors struggled with assisting increasingly vulnerable communities; the ICRC, for instance, found itself with a very limited ability to monitor the situations of civilians firsthand. Nonetheless, whenever possible, it made representations to the parties to the conflict, including foreign troops deployed in Somalia, reminding them of their obligations under IHL to protect people not or no longer taking part in the hostilities and to facilitate their access to medical and other humanitarian aid.

Dialogue with the authorities and all weapon bearers enabled the Somali Red Crescent Society/ICRC to assist communities accessible to few or no other organizations. With the agreement of the local authorities, and having increased its staff presence in Mogadishu, the ICRC extended its reach in southern and central Somalia, although restrictions on assistance activities, including health care, persisted in many areas.

ICRC-trained midwives provide emergency care for victims of sexual violence

Owing to the prevailing situation, some of the fixed and mobile clinics run by the National Society were closed; others scaled down their operations. With ICRC support, the National Society opened new clinics in Middle Shabelle and Mogadishu, and upgraded the facilities of existing clinics in Lower and Middle Shabelle.

During the year, the ICRC supported a total of 46 clinics providing free health care to an average of 557,900 residents and IDPs – among them sexual violence victims – within their reach. The training of National Society midwives working in clinics enhanced the availability of emergency and longer-term treatment for women in general, including pregnant women and, whenever possible, victims of sexual violence.

Similarly, the ICRC supported facilities offering higher-level care, enabling over 15,500 people to re-
due to civilians during armed conflict. The country.

Regional/international media reported on Movement activities. Communication materials produced in Arabic and Somali raised public awareness of IHL and other relevant norms, as well as the protection these afforded civilians. Several of them qualified as future instructors.

During training sessions, troops supporting the Somali military learnt more about IHL and other relevant norms, as well as the protection these afforded civilians. Several of them qualified as future instructors.

On the basis of ICRC media releases, local/regional/international media reported on Movement activities. Communication materials produced in Arabic, English and Somali raised public awareness of humanitarian concerns. Nine radio stations in Mogadishu and Mudug aired programmes on the respect due to civilians during armed conflict.

**Contact with parties to the conflict builds support for the ICRC’s work**

Meetings with and dissemination sessions for the authorities and weapon bearers emphasized their obligations under IHL. Regular dialogue with all parties to the conflict also helped generate further support for the ICRC’s neutral, impartial and independent humanitarian action.

During training sessions, troops supporting the Somali military learnt more about IHL and other relevant norms, as well as the protection these afforded civilians. Several of them qualified as future instructors.

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**EXAMPLE 5: SOUTH SUDAN**

The situation in South Sudan remained volatile and hostilities continued. Despite repeated reaffirmations of the parties involved of their commitment to the ceasefire agreement signed on 23 January 2014, clashes between government and opposition forces continued in Jonglei, Unity and Upper Nile states. Intercommunal violence also continued in other parts of the country.

**Widespread insecurity sets back efforts to support victims of sexual violence**

Amidst this instability, displaced people and residents reported to the ICRC the abuses – which included targeted killings and sexual violence – committed by weapon bearers. Based on these and the observations of its delegates, the ICRC made confidential representations to the parties concerned and provided them with recommendations on promoting respect for IHL among their troops. The authorities, military forces and armed groups received reminders – through phone calls, meetings and written communication – of their obligation to respect and protect people not/no longer participating in hostilities and to facilitate their access to medical assistance, including that made necessary by injuries suffered during the fighting, and other humanitarian aid. Sexual violence was specifically discussed within the frame of IHL dissemination activities with all weapon bearers, including local militias who were involved in the conflict and intercommunal fighting.

A multidisciplinary assessment conducted in April confirmed the need to address the medical, psychological and economic consequences of sexual violence for its victims. Women’s groups and local committees helped the ICRC identify victims of sexual violence and other abuses and refer them to the appropriate facilities/organizations for medical/psychological care and/or other assistance. The widespread insecurity, however, made this difficult – throughout the year, patients and medical personnel and infrastructure reportedly suffered deliberate attacks; plans to support some facilities in their activities specifically for sexual violence victims were thus delayed.

**Detainees and unaccompanied minors experience diminished risks, thanks to ICRC monitoring**

People reduced their exposure to the risk of sexual violence through some ICRC initiatives – the distribution of essential supplies and the installation of water points, for instance, reduced the need for them to travel long distances, in search of food and water. Likewise, the ability to stay in touch or to reconnect with their relatives through family-links services mitigated their risks, particularly for unaccompanied minors. To this end, 42 people, including 34 minors, rejoined their families within South Sudan or elsewhere; 89 others for whom reunification could not be arranged were registered and monitored by the ICRC in coordination with UNICEF and other organizations.

Whenever possible, the ICRC conducted visits to detainees, including people held in three military facili-
ties, those temporarily in the custody of the UN Mission in South Sudan (UNMISS), those transferred by the UNMISS to the South Sudanese authorities, and people held by the armed opposition. As per the organization’s standard procedures, the treatment and living conditions of detainees were monitored; these included their risk/exposure to sexual violence. Delegates then shared with the authorities their feedback for improving the detainees’ conditions. The authorities were also reminded – through meetings and workshops – of their responsibilities under IHL and other internationally recognized standards.
## FINANCIAL OVERVIEW

### BREAKDOWN OF THE SPECIAL APPEAL: STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2014

<table>
<thead>
<tr>
<th></th>
<th>BUDGET IN KCHF</th>
<th>EXPENDITURE</th>
<th>CONTRIBUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headquarters</td>
<td>1,091</td>
<td>935</td>
<td>0</td>
</tr>
<tr>
<td>Funded out of contributions to the Headquarters Appeals 2014</td>
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<td>935</td>
<td></td>
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### STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE: BUDGET IN SOME OPERATIONS

<table>
<thead>
<tr>
<th></th>
<th>BUDGET IN KCHF</th>
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<tbody>
<tr>
<td>Central African Republic</td>
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<td>134</td>
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<td>Congo, Democratic Republic of the</td>
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<td>6,686</td>
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<td>Mali</td>
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<td>South Sudan</td>
<td>4,859</td>
<td>4,635</td>
<td>2,524</td>
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<tr>
<td>Funded out of contributions to the Emergency Appeals 2014</td>
<td></td>
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**TOTAL** 28,065 25,772 25,772

These activities are also included in the funding requirements outlined in the **ICRC Headquarters Appeal 2014** and ICRC **Emergency Appeals 2014**, both issued in December 2013.

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounded-off results.

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49 The budget exclusively covers activities to be funded and implemented through the ICRC. Activities funded directly by partners or others are not included.


51 The figures for each operation include the funding requirements related to directly or indirectly addressing sexual violence.


# LIST OF CONTRIBUTIONS PLEDGED AND RECEIVED

<table>
<thead>
<tr>
<th>Governments</th>
<th>Amount (in CHF)</th>
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<tr>
<td>Belgium</td>
<td>1,203,000</td>
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<tr>
<td>Canada</td>
<td>3,992,500</td>
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<td>Germany</td>
<td>1,218,000</td>
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<tr>
<td>Iceland</td>
<td>97,000</td>
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<tr>
<td>Japan</td>
<td>200,000</td>
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<tr>
<td>Norway</td>
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<td>United States of America</td>
<td>1,900,000</td>
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**Sub-total: governments**: 13,413,543

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<th>National Societies</th>
<th>Amount (in CHF)</th>
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<tr>
<td>Iceland</td>
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**Sub-total: national societies**: 37,300

<table>
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<th>Sub-total: contributions to the Special Appeal: Strengthening the response to sexual violence 2014</th>
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<tr>
<td>Funded out of contributions to the Headquarters Appeal 2014</td>
<td>935,040</td>
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<tr>
<td>Funded out of contributions to the Emergency Appeals 2014</td>
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**Total receipts for 2014 as at 31.12.2014**: 13,450,843

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<tr>
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<th>Amount (in CHF)</th>
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**Grand total**: 25,771,500

Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in differences in rounded-off addition results.
COMMENTS

This Special Report: Strengthening the Response to Sexual Violence 2014 covers the ICRC’s activities related to this project at headquarters and, in some case, field level. The activities discussed here were also mentioned in the ICRC Annual Report, published in May 2015.

These cover:

► activities to be exclusively funded and implemented through the ICRC
► for the operational examples, activities that address sexual violence and are deployed under various ICRC programmes benefiting the target population “civilians”, “people deprived of their freedom” and “wounded and sick”, and other initiatives directed at “actors of influence” under prevention and protection programmes, and the means needed to operate with/in coordination with Movement partners

Contributions for 2015 can be made towards the 2015 Special Appeal, without further earmarking.

Funds are subject to standard ICRC operational reporting, auditing and financial control procedures.

There is a yearly “Special Report ICRC: Strengthening the response to sexual violence” and a separate auditor’s report directly related to the year’s Special Appeal, as well as narrative and financial reports related to the topic included in other standard reports.

In summary:

► narrative reporting is accessible through:
  - regular information published on the ICRC website
  - ICRC Midterm Reports: the states/progress of ICRC operations by context as of mid-year (published on the ICRC Extranet for Donors in July–August each year)
  - ICRC Annual Reports: yearly achievements in ICRC operations (by context) as well as work at headquarters
  - ICRC Special Report on the Special Appeal (once a year)

► financial reporting is available in the:
  - ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent Auditor’s report and financial and statistical tables
  - Special Auditor’s Report on the Special Appeal (once a year)

For further information, please contact:

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