STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2015
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HEADQUARTERS: OBJECTIVES, PLANS OF ACTION AND INDICATORS FOR 2015

HOLISTIC OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS OF SEXUAL VIOLENCE

PREVENTION OF SEXUAL VIOLENCE

MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE

STAFF SENSITIZATION AND TRAINING

RESPONSE TO SEXUAL VIOLENCE IN DAY-TO-DAY OPERATIONS IN 2015

A four-year initiative consolidating the ICRC’s operational response to sexual violence
Example 1: Central African Republic
Example 2: Colombia
Example 3: Congo, Democratic Republic of the
Example 4: Lebanon
Example 5: Mali
Example 6: South Sudan
Example 7: Mexico City (regional)

FINANCIAL OVERVIEW

Breakdown of the Special Appeal: Strengthening the response to sexual violence 2015
List of contributions pledged and received
Comments
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 displaced people or those deprived of their freedom, 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 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 the improvement of assistance for victims. The ICRC aims to reinforce 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 2015 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 2015 in relation to the four-year initiative; (iii) the ICRC’s activities in seven selected contexts that serve as concrete examples of field activities aimed at creating an atmosphere conducive to the prevention of sexual violence and supportive of victims. The last section presents the expenses for activities related to the initiative. These sections are based on the ICRC Annual Report 2015, published in May 2016.

In 2015, the ICRC continued to work on improving its understanding of the problem of sexual violence during armed conflict and on strengthening its multidisciplinary responses to needs identified in the field. Delegations were urged to act on the assumption that sexual violence occurs during 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. More delegations initiated responses or scaled up existing activities; others carried out assessments or other preliminary steps that laid the groundwork for future action.

Delegations’ responses to sexual violence took place largely within the framework of health- and medical-related activities to address the most urgent consequences of the abuse, including the psychological trauma experienced by victims. Some delegations also started assistance activities, such as livelihood support, or adapted existing ones, in order to mitigate people’s
vulnerability to sexual violence. Whenever possible, these activities were carried out in cooperation with local actors, particularly the National Red Cross or Red Crescent Societies and, in some cases, community-based organizations.

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

Under a 2014–16 training framework on gender analysis and sexual violence, the ICRC continued to devote considerable resources to ensure that staff members from all disciplines were well-equipped to address the issue of sexual violence. This strategy was built on ascertaining that the topic was covered in training courses for ICRC staff members from specific units/divisions, in sessions for staff members working in different fields, and in other capacity-building initiatives that are also open to external actors. In 2015, staff responsible for health/medical activities, those involved in protection activities, and delegates working with the authorities and armed forces benefited from adapted courses and received specific guidance and other help in their work.

The ICRC continued its humanitarian diplomacy efforts at high-level international, regional and national events and during other means of contact with influential actors, at which 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 activities carried out in 2015 by the ICRC delegations in the Central African Republic, Colombia, the Democratic Republic of the Congo, Lebanon, Mali, South Sudan and Mexico City (regional) demonstrate how the ICRC took a nuanced approach to its activities, adapting its plans and undertakings to the developments in each context. These examples also show that while the ICRC is systematically seeking to expand the scale and range of activities it employs toward meeting the goals of this initiative, its action must also be measured and carried out in a manner that takes into account the cultural sensitivities and taboos around the problem.
## Abbreviations and Definitions at the ICRC

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<th>Term</th>
<th>Definition</th>
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<tr>
<td>activity</td>
<td>Any action or process through which inputs are combined to generate goods and services (outputs)</td>
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<td>Additional Protocol I</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977</td>
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<tr>
<td>Additional Protocol II</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977</td>
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<tr>
<td>Additional Protocol III</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005</td>
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<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<tr>
<td>armed conflict(s)</td>
<td>International and/or non-international armed conflict(s): International armed conflicts exist whenever there is a resort to armed force between two or more States. Non-international armed conflicts are protracted armed confrontations occurring between governmental armed forces and the forces of one or more organized armed groups, or between such groups. The armed confrontation must reach a minimum level of intensity. International armed conflicts are governed, <em>inter alia</em>, by the Geneva Conventions of 12 August 1949 and Additional Protocol I, as applicable, while non-international armed conflicts are governed, <em>inter alia</em>, by Article 3 common to the 1949 Geneva Conventions and Additional Protocol II, as applicable. Customary international humanitarian law also applies to both international and non-international armed conflicts.</td>
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<tr>
<td>Council of Delegates</td>
<td>Council of Delegates of the International Red Cross and Red Crescent Movement, which is held once every two years</td>
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<td>evaluation</td>
<td>An independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy against recognized criteria; it is intended to articulate findings, draw conclusions and make recommendations so that the ICRC may draw lessons, improve overall policy and practice, and enhance accountability</td>
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<tr>
<td>Fundamental Principles</td>
<td>Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, universality</td>
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<td>1949 Geneva Conventions</td>
<td>Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949</td>
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<td>Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949</td>
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<td>Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949</td>
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<tr>
<td></td>
<td>Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949</td>
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<tr>
<td>gender and sex</td>
<td>&quot;Gender&quot; 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 &quot;sex&quot; refers to biological and physical characteristics. Gender roles vary widely within and among cultures and social, economic and political contexts.</td>
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<td>Health Care in Danger project</td>
<td>Health Care in Danger is a project of the International Red Cross and Red Crescent Movement (Movement) that aims to improve the security of the delivery of effective and impartial health care in armed conflict and other emergencies. It involves working with experts to develop practical measures and promoting the implementation of these measures by States, components of the Movement, humanitarian organizations, health-care professionals and other relevant actors. Launched in 2011, it is scheduled to run until 2017.</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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1 Definition used in the ICRC’s management framework; see Annex 1: The ICRC’s operational approach to result-based management – improving humanitarian action, in Management Framework and Standard Reporting 2014–2015; available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/exndonors/con-tent.nsf/htmlall/9QYCEC/$FILE/2015_MGMTFWDescProg_Annexes_Extranet_Final.pdf?OpenElement (all extranet and internet references were accessed in April 2016).

2 Ibid.

<table>
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<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>IASC</td>
<td>United Nations Inter-Agency Standing Committee</td>
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<td>ICC</td>
<td>International Criminal Court</td>
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<td>ICTR</td>
<td>Ad hoc International Criminal Tribunal for Rwanda</td>
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<tr>
<td>ICTY</td>
<td>Ad hoc International Criminal Tribunal for the former Yugoslavia</td>
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<td>IDP</td>
<td>Internally displaced person</td>
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<td>IHL</td>
<td>International humanitarian law</td>
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<td>ICRC</td>
<td>The International Committee of the Red Cross</td>
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<td>ICRC/RC</td>
<td>The International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies</td>
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**WHO**

**UN**

**UNHCR**

**movement**

**national society**

**NGO**

**other situations of violence**

**programme**

**review**

**sexual violence**

**target population**

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5. Ibid.

Democratic Republic of the Congo, South Kivu, Minova. The ICRC supports campaigns to prevent the rejection and stigmatization of sexual violence victims. Community members are trained to provide psychosocial support in order to help relatives and the whole society to accept the victims.

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Sexual violence7 in armed conflicts and other situations of violence has long been widespread, with grave and devastating consequences for victims and their communities8. It may be used as an act of reprisal and to create fear, targeting both the individual and the entire community.

Persons deprived of their freedom in relation to armed conflicts and other situations of violence are particularly vulnerable 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 may include the investigating authorities, prison staff or other detainees.

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 acts are violations of human dignity and integrity; many people consider them damaging to the most intimate components of their personhood.

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7. For more details on the use of the term ‘sexual violence’, see the section Gender-based violence versus sexual violence on page 14.
8. For more details, see the section The consequences of sexual violence on page 12.
Sexual violence is prohibited – both explicitly and implicitly – by treaty and customary IHL applicable to international and non-international armed conflicts and by international human rights law. Rape and other forms of sexual violence can also qualify as war crimes, crimes against humanity or acts of genocide and, as such, entail corresponding individual criminal liability on the parts of perpetrators. Most States have enacted domestic laws prohibiting and criminalizing rape and other forms of sexual violence.

Despite these legal prohibitions, the full extent of the problem is often concealed because of various factors that prevent victims from coming forward; these include the stigma associated with sexual violence, guilt, shame and fear of retaliation. Recourse to justice may be impossible, owing to obstacles such as the absence of witnesses or medical evidence (medical services may be lacking or prohibitively costly) and significant cultural barriers on speaking about the incident. Those who fail to prove that 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 and social taboos and other constructs. Misconceptions about sexual violence continue to be pervasive, even among professionals (including health-care workers and other service providers) who deal with the victims. These contribute to denying victims the medical care, psychological and psychosocial support, protection and other assistance that they need to restore their dignity, protect their lives and survive. In effect, people who have suffered sexual violence face a significant risk of double victimization: not only do they sustain potentially dangerous and lasting injuries, but they could also be stigmatized or rejected 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 to victims, including the development of a public health approach to addressing their concerns. Sexual violence during armed conflict is now recognized, to a large extent, as a preventable tragedy. Notably, 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 United Kingdom), 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, which was endorsed by over 120 countries. The UN Security Council adopted a resolution calling on countries that contribute troops to peacekeeping missions to ensure that their training systems address sexual violence, and noting that the full range of sexual and reproductive health services must be made available to those in need without

9. For more details, see the section Legal framework on page 13.
10. 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.
discrimination. Another UN Security Council resolution adopted in October 2015 re-emphasized these matters.

The UN General Assembly, meanwhile, has designated 19 June as the International Day for the Elimination of Sexual Violence in Conflict, to be observed annually, in order to highlight the need to end conflict-related sexual violence and assist victims around the world.

THE CONSEQUENCES OF SEXUAL VIOLENCE

Sexual violence has a far-reaching impact; many victims report struggling with physical, psychological, social and spiritual harm. Physical consequences include: sexually transmitted infections, 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); and higher incidence of disease and subsequent health problems. Pregnancy resulting from rape may compound victims’ trauma, 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 psychological trauma long after the act of violence, which they often describe as dehumanizing and akin to torture. Many 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, 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, increased risk 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 may lead to death – through such means as murder, AIDS, abandonment and suicide and other self-harming behaviour – 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 stemming 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.22

LEGAL ISSUES AND OTHER RELATED CONCEPTS

LEGAL FRAMEWORK

Acts of sexual violence – against women, men, girls and boys – are prohibited, both explicitly and implicitly, under IHL applicable in both international and non-international armed conflicts.

In international armed conflicts, for example, Article 27 of the Fourth Geneva Convention specifies that, in international armed conflicts, 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 explicitly 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. Furthermore, 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”. This particular provision equally protects women and men.

In non-international armed conflicts, Article 4(2)(e) of Additional Protocol II explicitly prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault” against any person not or no longer participating in hostilities – women and men alike.

Moreover, for both international and non-international armed conflicts, there are a number of provisions throughout IHL treaties that implicitly prohibit rape and other forms of sexual violence. These include provisions prohibiting cruel treatment, torture and outrages upon personal dignity, in particular humiliating and degrading treatment (for example, see Article 3 common to the 1949 Geneva Conventions for non-international armed conflict).

Furthermore, rape and other forms of sexual violence are also prohibited under customary law, in both international and non-international armed conflict, as highlighted in Rule 93 of the ICRC study on customary IHL.23

Rape and other forms of sexual violence in armed conflict that amount to serious violations of IHL constitute war crimes. States must criminalize such acts under domestic law and must investigate and prosecute those subject to their jurisdiction that are responsible for such crimes.24

The Rome Statute of the ICC explicitly includes sexual violence in the list of war crimes25 and of

22. Ibid.
23. The ICRC study on customary IHL 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 its 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.
25. Article 8 (2) (b) (xiii) and 8 (2) (e) (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/ADD16B52-AEE9-4757-AB7E-9CD7CF02886283503/ RomeStatuteEng1.pdf.
crimes against humanity when committed as part of a widespread or systematic attack directed against any civilian population. Acts of sexual violence may also qualify as constitutive acts of genocide. 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.

Furthermore, acts of sexual violence can, at all times, fall under provisions of international human rights law, as applicable, 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 “MEANS” OR “WEAPON OF WARFARE”, A “METHOD OF WARFARE”, OR A “TACTIC, STRATEGY OR POLICY DURING ARMED CONFLICT”?

Sexual violence in armed conflict, particularly rape, is sometimes described as a “means” or “weapon of warfare” and/or as a “method of warfare”.

In the ICRC’s view, the characterization of rape or other forms of sexual violence as a means or weapon of warfare is inaccurate. Sexual violence is an unlawful behaviour, whereas a means of warfare – including weapons, projectiles and material – is understood as an object, instrument, mechanism, device or substance that is used to kill, injure, damage, threaten, destroy or neutralize.

In contrast, a method of warfare is generally understood as the way in which a weapon, or other means of warfare, is used, or as any specific, tactical or strategic way of conducting hostilities that is intended to overwhelm and weaken the adversary. Rape and other forms of sexual violence occur in armed conflicts in various contexts and for various purposes, including, for example, to alter the ethnic composition of a community. Sometimes, sexual violence is indeed resorted to as a tactical or strategic way of overwhelming and weakening the adversary, directly, or indirectly by hurting the civilian population. This is particularly the case when sexual violence is carried out in a systematic manner and covered by the chain of command. It is in this sense that rape and other forms of sexual violence in armed conflict have sometimes been described as a “method of warfare”, even though it may be more appropriate to refer to it as an unlawful and criminal tactic, strategy or policy during armed conflict.

Most importantly, rape and other forms of sexual violence in armed conflicts – whether international or non-international – are as such prohibited under IHL. These prohibitions exist independently of whether rape or other forms of sexual violence are qualified as an (unlawful) means, weapon or method of warfare. These acts can also as such amount to international crimes – in particular war crimes, but also crimes against humanity or even genocide – provided that the specific elements of those international crimes are given (see Legal framework on page 13 for more details).

**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”.

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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.
Gender-based crimes are not always manifested as a form of sexual violence. They may include non-sexual attacks on women, 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 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 committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person’s incapacity to give genuine consent. It furthermore includes acts of a sexual nature that a person is caused to engage in against another person through the factors/circumstances outlined above. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or any other form of sexual violence 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. However, reforming gender roles and advocating social or cultural change lie beyond the ICRC’s mandate. Instead, the ICRC 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 aimed at protecting and assisting people affected include measures addressing the needs of victims – women, men, girls and boys – and seeking to help prevent its occurrence. While violations rarely occur in isolation and often form part of a pattern of violence that includes, inter alia, 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 the need for further efforts to counter the grave threat sexual violence poses to all people, including men and boys, during armed conflicts and other situations of violence. In the years since, the ICRC has significantly improved its capacities to assess the needs of violence-

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33. This definition is based on the Rome Statute, as well as on its Elements of Crimes.
34. The topic of addressing sexual violence during armed conflict is also referenced in the resolutions and outcome documents adopted at other International Conferences, including: Resolutions 1 and 2 of the 26th International Conference in 1995; Resolution 1 (“Adoption of the Declaration and the Plan of Action”) of the 27th International Conference in 1999; Resolution 3 of the 30th International Conference in 2007; Resolutions 2 and 6 of the 31st International Conference in 2011; and Resolution 3 of the 32nd International Conference.
affected people in a holistic manner, 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 conflict and other situations of violence, serve as guides for field staff; these documents provide the applicable legal framework and outline 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 addressing the causes and consequences of sexual violence, paying attention to the needs and views of all victims – women, men, girls and boys – and ensuring that appropriate responses are integrated into its programmes. To this end, the ICRC’s assessments, reviews and responses include feedback provided by the people affected themselves and/or by the organizations involved in safeguarding their welfare. Whenever necessary, activities targeting people who could be particularly vulnerable – such as women, children, persons with disabilities, displaced people, migrants and people deprived of their freedom – complement or are integrated into general protection or assistance initiatives.

### Current ICRC Multidisciplinary Response

As a humanitarian organization, the ICRC strives to respond, with care and professionalism, to the suffering and needs of 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, psychological and 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 endeavours 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.

### Medical Care

The ICRC works to provide victims of violence, within a safe and confidential space, with either direct access or referrals to appropriate primary health care and medical services, in order to protect them from sexually transmitted infections, treat any injuries and prevent unwanted pregnancies, in line with national health systems and, as applicable, internationally recognized care standards.[^36] Whenever possible, these services are coupled with support for the victim’s mental and psychosocial well-being (see below).

However, accessing medical care, whether amid armed conflicts or other situations of violence and/or in detention settings, is often a significant challenge. Medical infrastructure is frequently insufficient, trained staff and medicines are usually unavailable or minimal, and victims may have to overcome various barriers (for instance, long distances, high costs of care, discrimination and lack of confidentiality) 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 ICRC staff members’ security concerns. Detainees face particular challenges, as, in many cases, privacy in detention settings is not guaranteed.

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, compre-
hensive and quality health services, within a continuum-of-care approach. To this end, the ICRC supports national medical personnel, facilities and transportation systems during armed conflict and other situations of violence, while also encouraging the authorities concerned to ensure the sustainability and safety of such services. Notably, the ICRC attempts to provide these services as part of a broader emergency health care approach benefiting the general population and all victims of violence, so as to avoid labelling and stigmatizing victims.

**Psychological and Psychosocial Support**

It is also important that people (women, men, girls and boys) affected by sexual violence receive support – in a private, safe and confidential space, in line with the “do no harm” principle – to help them overcome the trauma and other psychological and psychosocial consequences of the abuse they suffered. The ICRC has several programmes that assist victims and address their psychological and psychosocial needs, while ensuring their right to privacy and confidentiality. For example, in addition to learning mechanisms to cope with stress and anxiety, victims may participate in private sessions with counsellors – trained and regularly supervised by the ICRC – who can listen to their stories and provide them with appropriate psychological and psychosocial assistance. Several initiatives also involve entire communities, notably by building their capacities through training and supervision of carefully selected community actors in psychological and psychosocial care; referrals of victims to appropriate care; and awareness-raising sessions about the medical, psychological and psychosocial consequences of sexual violence, and about available services and the importance of seeking care in a timely manner. These activities are carried out with a view to improving victims’ support systems and preventing them from being stigmatized and discriminated against.

**Protection and Risk Reduction**

The ICRC carries out activities to enhance the protection of individuals and groups at risk of sexual violence. It develops and implements these initiatives based on information collected from all available sources, including institutions and service providers helping victims of sexual violence or their communities, and the people affected themselves. These measures, which seek to increase the safety of individuals within their own environments, cover confidential dialogue with the authorities or weapon bearers about observed or alleged violations and patterns of violence, the consequences on the victims and their communities, the legal implications, and possible measures that may be taken to decrease the risk of future aggression – for example, by identifying and sanctioning the perpetrators.

Especially vulnerable groups – such as separated children and unaccompanied minors, detainees, displaced persons and migrants, including asylum seekers and refugees – require protection-focused approaches that take into account the specific factors that exacerbate their vulnerability to sexual violence.

The ICRC may work directly with communities and groups at risk, in order to reduce their exposure to sexual violence or to negative coping strategies, such as sexual exploitation or early marriage. It does so within the community-based protection approach, wherein it partners with communities to develop and/or reinforce joint protection mechanisms, raise awareness or provide assistance aimed at reducing people’s exposure to risks, and/or offer options for mitigating harmful coping strategies while ensuring that any intervention is culturally sensitive and does not exacerbate violence. Examples of projects carried out in this framework are: the installation/repair of water points closer to communities, in order to reduce women’s exposure to the risk of sexual violence when fetching water; food assistance and livelihood support given to conflict-affected communities; and health-care awareness sessions. The ICRC also helps mitigate risks faced by displaced people in camps by ensuring private and safe access to latrines and other sanitation facilities.
Reuniting minors with their families, when it is found to be in their best interests, also reduces their exposure to the risk of sexual violence. Detainees’ concerns are addressed as part of ICRC representations about deliberate ill-treatment or structural issues, for example: prison management; overcrowding; detainees’ lack of privacy or safety; search procedures that do not take into account people’s dignity and safety; and 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 international norms and internationally recognized standards. Reminding all parties to an armed conflict – be they State armed forces or non-State armed groups – 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.

In particular, the ICRC encourages authorities and weapon bearers to integrate provisions of IHL and other international norms and internationally recognized standards relating to the prohibition of sexual violence, as appropriate, into doctrine/training/guidance for weapon bearers, and policies for law enforcement operations. The organization carries out briefings and training sessions adapted to local circumstances and within a holistic approach, notably, one that consolidates protection activities and prevention-focused efforts. The ICRC develops virtual tools and other products aimed at improving the pertinent parties’ capacities to tackle sensitive issues in relation to sexual violence. It provides governments and weapon bearers with support – ranging from helping them improve draft laws to encouraging/sponsoring their participation in IHL courses – for enacting and implementing these laws and adapting their training and operations, respectively. The ICRC also reviews military doctrine, manuals and operating procedures, to ensure that the prevention of sexual violence is covered in these documents.

Supplementing the above-mentioned efforts, 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 by their communities.

THE NEED FOR IMPROVEMENT

The ICRC has room to improve its response to sexual violence and to ensure that its activities are adapted to local needs and circumstances. In particular, the ICRC will continue to:

- systematically seek to identify and address incidences of sexual violence, including in contexts where there are barriers that prevent victims from reporting their experiences or seeking assistance, while being careful not to add to victims’ distress or stigmatization
- bolster its emergency preparedness and response capacities and further the involvement of communities – women, men, girls and boys, the National Society/ies concerned and members of civil society – in its humanitarian responses
- scale up its efforts to address sexual violence affecting especially vulnerable groups, such as children, displaced people, persons with disabilities, people deprived of their freedom, and migrants, including asylum seekers and refugees
- 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, and to integrate measures into their national law and policies that support the prohibition of sexual violence and the sanctioning of perpetrators.

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

**THE CURRENT SPECIAL REPORT**

The text below begins by detailing the ICRC’s goals for 2013–16, then presents the content specific to the Special Report 2015, including:

► the activities, primarily those led by headquarters, for 2015 that are directly related to the response to sexual violence

► seven operational cases serving as concrete examples of how the ICRC works in the field to address sexual violence in armed conflict

► financial reporting about contributions to the Special Appeal 2015 and the expenses related to 2015

These three sections are based on the ICRC Annual Report 2015, published in May 2016.
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 to it.

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 Congo37, three other contexts where sexual violence is a grave concern initiate holistic responses, 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

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37. 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/rexdonors/content.nsf/htmlall/6PTJ6C/$FILE/icrc_ar_05_drc.pdf?OpenElement), and Colombia (since 2006, see ICRC Annual Report 2006, available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/rexdonors/content.nsf/htmlall/72LDXV/$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.
PREVENTION OF SEXUAL VIOLENCE

Objective
Governments, armed and security forces and other weapon bearers respect, include and implement IHL and 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 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)

38. 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.
39. 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.
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 241 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

STAFF SENSITIZATION AND TRAINING

Objective

ICRC staff have the requisite knowledge, skills, tools and support mechanisms to systematically analyse sexual violence in their contexts, incorporate the issues into their problem analysis, and design and implement humanitarian responses, while working with those concerned (i.e. people vulnerable to or already victimized by sexual violence).

Expected results

in 2014, additional regional specialists support field delegations in addressing sexual violence and other broader concerns related to women and war and to child protection, and contribute to staff sensitization and training through courses offered by the ICRC regional training hubs

National Societies with specific competencies and experience in gender-based analysis and in addressing sexual violence share their knowledge and assist the ICRC in training and supporting field staff

by 2016, specific training sessions are provided for staff involved in responding to sexual violence, while operational tools are regularly updated so as to ensure long-term capacity building and skills transfer among field staff

by 2016, operational managers of delegations and at headquarters have the necessary tools to coach programme managers responsible for the analysis, definition and implementation of multi-disciplinary responses, having received the requisite support to build such skills

by 2016, all ICRC training courses include updated tools that have been adapted to the course content and target population, so as to enable those responsible to better undertake or manage gender-based analysis and action


HEADQUARTERS: OBJECTIVES, PLANS OF ACTION AND INDICATORS FOR 2015

HOLISTIC OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS OF SEXUAL VIOLENCE

In 2015, the ICRC continued to work towards improving – at headquarters and field levels – the planning and conduct of its activities in response to the threat or consequences of sexual violence. It did so by sustaining and expanding its existing projects and initiating new ones. A team dedicated to the issue – comprised of a full-time adviser, trainee and other staff members with specific expertise in sexual violence and gender analysis across departments – directly supported units/services at headquarters and the delegations in the field.

Delegations continued to be encouraged to work on the basis of the assumption that sexual violence occurs during armed conflicts and other situations of violence, and to be reminded that addressing the issue is an institutional priority. The above-mentioned adviser, under the Department of Operations, and other specialists in health care, protection and other fields carried out several field missions during the year, to give delegations additional resources and lend expertise on related issues. Several delegations carried out assessments ranging from preliminary studies to those of a more in-depth, multidisciplinary nature. The findings helped the delegations, and the ICRC as a whole, to better understand the patterns and trends of the problem in a given context, and determine the most appropriate activities to put in place. As a result, more delegations – for instance, those in Egypt, Jordan, Mali, Nepal, Papua New Guinea and the Syrian Arab Republic (hereafter Syria) – planned and/or began new activities specifically addressing sexual violence in armed conflict, either in terms of prevention or in response to its consequences.

Work carried out in 2015 also enabled delegations to plan future action, with 30 delegations including activities addressing sexual violence in their budget, operations and overall strategies for 2016.

STAFF RECEIVE SPECIFIC GUIDANCE FOR DIFFERENT INITIATIVES TO PROTECT AND ASSIST VICTIMS OF SEXUAL VIOLENCE

With the assistance of units and specialists from headquarters, ICRC delegations continued to address the issue of sexual violence through specific activities and/or, whenever possible, in their wider efforts to contribute to protecting civilians during armed conflict and assisting them in coping with the consequences (see Response to sexual violence in day-to-day operations in 2015 on page 31). Field teams documented allegations of sexual violence, among other IHL violations, reported to the ICRC and, whenever possible, submitted written representations to the parties concerned.

Delegations, with the help of ICRC psychologists deployed for long-term field assignments, reinforced the design and implementation of their health-related activities, notably taking into consideration mental health and psychosocial support. The psychologists helped delegations to comprehensively assess the availability and quality of care for victims and identify 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 and humanitarian workers, the psychologists helped organize awareness-raising sessions for ICRC and National Society staff members, and for other health personnel.
and local organizations. ICRC teams were also guided in ensuring that victims’ consent and privacy/ confidentiality were upheld at all stages of activities.

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

Delegations also received specific support for conducting community-based projects aimed at enabling people to share their concerns and to identify and practice self-protection and risk-reduction/awareness measures. These projects also sought to help address the stigmatization linked to sexual violence.

Delegates involved in detention-related activities were encouraged and supported to consider the issue of sexual violence in their assessment of detainees’ situations and to address it in their dialogue with the authorities. A guidance document outlining the ICRC’s analysis of sexual violence in detention and its approach to responding to the issue was developed on the basis of the institutional strategy, and was shared with all delegations.

**REINFORCED COORDINATION AMONG DIVISIONS AND UNITS PROMOTES MULTIDISCIPLINARY RESPONSES**

The ICRC continued to ensure internal coordination on the issue, notably through meetings held on a regular basis, under the leadership of the Department of Operations, with the Assistance and Protection divisions and different units and regional hierarchies.

This facilitated an efficient flow and alignment of information at field and headquarters level and led to the issue being considered in the planning and implementation of various ICRC activities. Improved coordination also helped identify teams that needed additional assistance, determine the appropriate support for them and address difficulties related to the development of new activities in the field.
PREVENTION OF SEXUAL VIOLENCE

The ICRC reinforced its efforts to contribute to the prevention of sexual violence in armed conflicts. It worked to sustain the attention given by the humanitarian, development and political communities to the issue by highlighting the topic at regional/international events it organized, attended or supported with expert input. At the same time, the ICRC drew attention to the issue during its other contacts with actors well-placed to address it. These efforts were geared toward shaping the substance of resolutions, policies and other decisions regarding sexual violence. The ICRC focused on ensuring that these products reflected well the prohibition of sexual violence under IHL and the responsibilities of States to address victims’ concerns.

THE ICRC HELPS SHAPE DISCUSSIONS ON SEXUAL VIOLENCE

In November, the ICRC, in partnership with the Geneva Centre for Education and Research in Humanitarian Action (CERAH)42, organized a conference that brought together experts from the humanitarian and academic communities to discuss the prevention of sexual violence by weapon bearers during armed conflict. The event was held at the ICRC’s conference centre (the Humanitarium) in Geneva, Switzerland, and was streamed online; it built on conversations started at a 2014 panel discussion on the topic. Plans to hold similar conferences annually were laid out. A volume of the International Review of the Red Cross dedicated to sexual violence in armed conflict was launched at the conference; experts from academic, humanitarian and civil society communities contributed43 to this publication.

Throughout the year, the ICRC organized, supported and participated in high-level events worldwide, both those specifically about sexual violence and others tackling compliance with IHL and other norms in general. The topic was discussed, for example, at a regional meeting of national IHL committees in Colombia, and at the Fourth Commonwealth Red Cross and Red Crescent Conference on International Humanitarian Law – both of which were co-hosted by the ICRC. The latter led to the development of a model Commonwealth joint pledge on sexual violence, which was launched at the 32nd International Conference (see Movement mobilization on sexual violence below). In a statement44 delivered in October at the UN General Debate on the Advancement of Women, the ICRC drew attention to the problem and emphasized the legal prohibition of sexual violence under IHL. It also highlighted the importance of sanctioning perpetrators and assisting victims, while preserving confidentiality.

Senior ICRC officials – the president, vice president, director-general, director of operations and director of law and policy, for instance – represented the organization at regional/international events, where they described the ICRC’s activities addressing sexual violence and talked about the challenges in preventing or addressing the problem. For example, the ICRC attended the annual conference of the International Corrections and Prisons Associations, held in Australia, and participated in a plenary discussion on mitigating the risk of sexual violence in detention settings – the first time the ICRC addressed this specific aspect of the issue to such an audience.

With support from headquarters, ICRC delegations organized or attended similar events focused specifically on sexual violence in armed conflict or those that addressed the topic in the framework of observing/implementing IHL, international norms and internationally recognized standards.

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42. For more information on this conference, please see https://www.icrc.org/en/event/sexual-violence-armed-conflict; and, for information on CERAH events, see http://cerahgeneve.ch/conferences/.
43. For more information, see http://intranet.gva.icrc.priv/structure/law/forum/international_review/dc_prospect-research-2.htm.
ANALYSIS OF NATIONAL LEGISLATION AND MILITARY DOCTRINES GUIDES THE ICRC’S ACTION

A project to identify best practices and gaps in existing domestic legislation, policies and procedures related to the prohibition of and response to sexual violence progressed. This internal analytical framework was developed and applied in ten contexts, including the Central African Republic, Colombia, Democratic Republic of the Congo, Kenya, Peru and Tunisia. The findings were shared with ICRC legal advisors and other staff members in these places, providing them with additional resources and support for their efforts to assist States in taking steps to prevent and respond to sexual violence in conflict settings. The analysis also helped shape the resolution submitted by the International Federation and the ICRC to the 32nd International Conference (see Movement mobilization on sexual violence below).

A review of military doctrine and manuals was launched, with funding from the Norwegian Red Cross. Led and coordinated by the ICRC’s Unit for Relations with Arms Carriers, the review looks at the degree to which military doctrine and manuals prohibit sexual violence, with a view to identifying best practices and developing guidelines/tools for enhancing the ICRC’s work with armed forces on the prevention of sexual violence. As at December 2015, analysis of the military doctrine and practices in six contexts was either completed or ongoing; five contexts were selected for study in 2016.

ICRC UPDATES MAJOR LEGAL TOOLS TO TAKE INTO ACCOUNT NEW DEVELOPMENTS WITH REGARD TO SEXUAL VIOLENCE

The database on national IHL implementation continued to be updated with domestic legislation and case law, and the database on customary IHL with national and international practice related to, inter alia, the prohibition and criminalization of sexual violence. Work also continued on the updates to the commentaries to the 1949 Geneva Conventions and their 1977 Additional Protocols, including their provisions relating to sexual violence; an excerpt of the updated Commentary on the First Geneva Convention was published online in December 2015.

MORE RESOURCES FOR PREVENTION-FOCUSED INITIATIVES ARE MADE AVAILABLE TO ICRC STAFF MEMBERS

The ICRC continued to increase the resources and guidance materials available to its staff members at headquarters and in the field. Among the tools developed in 2015 was an online resource centre (e-briefing) with reference materials in various formats (documents, photos and videos), which ICRC staff members can use when tackling the issue with external audiences. The material available in the tool, which is publically accessible, was based on discussions at the conference held in November and on articles included in the International Review of the Red Cross volume dedicated to the issue of sexual violence. The ICRC also produced – led by the Brussels delegation, and with the support of the European Commission and the Belgian Red Cross – an animated film on the subject, to be shown in cinemas in Belgium in 2016. The internal Frame of Reference on Sexual Violence was being revised (see Staff sensitization and training on page 23).

Delegations worked on further refining their prevention-focused activities with the help of the studies and tools mentioned above, various other resources/guidance materials, and tailored support from headquarters. In particular, legal advisers and staff members working with armed forces received specific support from the Sexual Violence team, helping them address the issue of sexual violence.

45. Available at: https://www.icrc.org/ihl-nat.
46. Available at: https://www.icrc.org/customary-ihl/eng/docs/home.
47. The full document was published online in March 2016, see https://www.icrc.org/ihl/full/GC-commentary.
in their written/verbal communication with actors of influence and ensure its inclusion in the IHL training sessions and bilateral discussions they carried out with weapon bearers, government authorities, academics and other audiences.

**MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE**

The ICRC continued to foster coordinated or joint action within the Movement, with a view to maximizing the global reach of Movement components in addressing sexual violence during armed conflict, disasters and other emergencies. Notably, it pursued operational partnerships in this regard with ten National Societies, both those working in their own countries and those engaged in international activities. These partnerships include the Norwegian Red Cross-funded review of military doctrine and manuals mentioned above and the counselling centres run with the Red Cross Society of the Democratic Republic of the Congo.

The ICRC also worked, at headquarters level, with National Societies and the International Federation in the Movement-wide Coordination Group on Sexual and Gender-Based Violence, a working group established in 2014 to ensure the implementation of the recommendations of a 2013 Council of Delegates workshop on this topic. The ICRC financed a consultant who carried out a mapping of the current responses within the Movement. The findings of this survey formed the basis of a report and recommendations presented at the 2015 Council of Delegates.

Sexual and gender-based violence in armed conflicts, disasters and other emergencies figured prominently in the discussions at the 32nd International Conference, during which a related resolution jointly submitted by the International Federation and the ICRC was adopted by consensus. The resolution “Sexual and gender-based violence: Joint action on prevention and response” drew on Movement-wide consultations, the mapping of Movement activities and the internal analytical framework mentioned above. Recalling relevant international law, as applicable, such as all existing provisions of IHL that prohibit acts of sexual violence in armed conflict, the resolution emphasizes the need to ensure the implementation of existing obligations, and proposes concrete measures to this end. It also highlights the importance of protecting and assisting victims/survivors in a holistic and multidisciplinary manner, and offers guidance for strengthening the Movement’s response to sexual and gender-based violence.  

States and National Societies lodged pledges in support of this action – for example, the Commonwealth Joint (State and National Society) Pledge on Sexual Violence in Armed Conflict, and a pledge by the International Organization of La Francophonie. The pledges covered a wide range of issues, such as: enhancing training in addressing sexual and gender-based violence; applying best practices for investigation and prosecution; and implementing measures to include the issue of sexual and gender-based violence in the planning, delivery and monitoring of humanitarian assistance. A commission on sexual and gender-based violence was also organized at the International Conference.

During the year, and ahead of the 32nd International Conference, the ICRC also followed up on pledges made at the 31st International Conference in 2011 and on the four-year action plan on implementing IHL, which was adopted at the same event. Progress was noted with regard to an objective of the action plan, which was linked to enhancing the protection of women in armed conflict through, among other means, measures to address or prevent sexual violence. For example, some States adopted legislation on the rights of the victims of sexual violence during armed conflict,
and several National Societies and States conducted or participated in IHL training sessions for armed forces.

Movement partners undertook joint initiatives in the field, with the ICRC leading or co-hosting several projects. The Norwegian Red Cross organized a forum on sexual and gender-based violence, together with the Kenya Red Cross Society, the International Federation and the ICRC. Held in Nairobi, Kenya, in October 2015, the forum brought together the National Societies of Australia, Burundi, Canada, Denmark, Finland, Kenya, Lesotho, Rwanda, Somalia, South Sudan, Sudan, Sweden, the United Kingdom and Zimbabwe. The ICRC supra-regional advisor for mental health and psychosocial support and its regional legal advisor, both based in Kenya, talked about the organization’s activities addressing sexual violence in armed conflict.

The ICRC worked with the Egyptian Red Crescent Society to include a short module on sexual violence in the training sessions for the National Society’s emergency action teams.

**STAFF SENSITIZATION AND TRAINING**

Considerable training resources continued to be devoted to ensuring that ICRC staff members, as well as other humanitarian actors, understand the issue of sexual violence during armed conflict and that they are well-equipped to develop and implement effective and meaningful responses. Under the 2014–16 training framework on gender analysis and sexual violence, the ICRC continued to focus its training-related efforts around three types of capacity-building initiatives that seek to reach the widest audience possible.

The training programme designed for specific divisions or units continued to include sessions dedicated to sexual violence, with the main messages adapted to the discipline or area of specialisation of participants, and to the main problems to be addressed. In 2015, sessions were carried out in this framework during courses on, *inter alia*: communicating the law; protection of the civilian population; the responsibilities of protection coordinators; provision of mental health/psychosocial support; detention; and health care in detention. Over 600 ICRC staff members from different disciplines and levels benefited from these courses.

Transversal 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. Newly hired staff members, for example, were introduced to this matter during their introductory course. The Humanitarian Leadership and Management School for line and programme managers included a hypothetical scenario that covered issues related to sexual violence in its module on leading high-level multidisciplinary teams, following the pilot phase in 2014. Field staff in several delegations familiarized themselves better with the topic and with the ICRC’s approach during dissemination sessions provided by Geneva-based advisers on sexual violence, gender, age, specific vulnerabilities and community-based protection and by the adviser on gender and sexual violence based in Dakar, Senegal.

Through external training, the ICRC continued to reach out to other humanitarian actors, with a view to sharing ideas and best practices with them and to increasing the likelihood of objectively critiquing its own institutional practice. A one-week seminar on sexual violence during emergencies – developed by the CERAH with ICRC financial support, co-designed with Handicap International, Médecins Sans Frontières, UNHCR, and launched in 2014 – continued to be offered in Geneva. Four sessions of the seminar had been conducted as at December 2015, enabling 42 mid/senior-level ICRC managers and several other staff from different organizations to deepen their knowledge of the issue and to exchange ideas and best practices. Seven National Society personnel – two each from the Burundi Red Cross and Norwegian Red Cross, and one each from the Australian Red Cross, the Kenya Red Cross and the Somali Red Crescent Society – participated in one of the courses.
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 mentioned in previous sections, these resources included a diagram outlining definitions used by the ICRC and illustrating its response to sexual violence. Revision of the internal Frame of Reference – a multidisciplinary resource of all internal ICRC materials on sexual violence – progressed. As a result of this revision, development of a new set of Guidelines and Tools on Sexual Violence got underway, for internal dissemination in 2016. Nonetheless, there continues to be much space for the ICRC to reinforce its efforts to help delegations in improving their capacities to effectively respond to sexual violence, even in complex and sensitive situations.
RESPONSE TO SEXUAL VIOLENCE IN DAY-TO-DAY OPERATIONS IN 2015

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

In 2015, the ICRC continued to systematically encourage its delegations to strengthen their response to the problem of sexual violence during armed conflict, and provided them with the necessary professional and technical support from units and services (see previous sections). As more concrete information on the extent of the problem became available and/or developments in the different contexts permitted, the ICRC focused on helping its delegations expand the scope of ongoing efforts, initiate new activities and/or lay the groundwork for future action.

The following section describes the range of activities that the ICRC undertook worldwide. The examples below, which were taken from different contexts, reflect the varying degrees to which delegations have formed an understanding of the problem and the types and phases of action they have been able to carry out. It must be noted that, for each activity, the delegations mentioned were at different stages of the project cycle.

Several delegations/missions – for example, the ones in Afghanistan, Kenya, Nepal, and Papua New Guinea – assessed the occurrence of sexual violence and/or the unaddressed needs of victims. The findings helped them determine the need for short- to long-term action and, thus, shaped the nature and scale of future activities. Owing to security concerns and other constraints, however, some planned assessments – such as in Yemen – were put on hold.

Having acquired a better understanding of the scope of the problem and the action required in their contexts, some delegations started activities specifically addressing a certain aspect of the problem or expanded existing initiatives. These efforts focused mainly on making medical and health assistance available to victims of sexual violence. Delegations sustained or increased their support to facilities/actors providing health and other services – as in Mali, Niger, Somalia and South Sudan – and/or facilitated referrals to other providers. In Guinea and Egypt, National Society emergency responders received training in providing basic care to victims of sexual violence and/or making appropriate referrals. Staff members of health facilities in western Côte d’Ivoire were trained in mental-health and psychosocial care, helping ensure that patients suffering from emotional distress in relation to sexual violence or other conflict-related trauma were accurately diagnosed and treated; community-based health workers raised awareness of the availability of these services through door-to-door information sessions. Staff at one family-support centre in the Southern Highlands province in Papua New Guinea increased their capacity to address sexual violence and implement outreach programmes in rural areas with the help of an ICRC specialist.

In certain contexts with difficult access to the field, however, and particularly where cultural/social taboos and the stigma associated with sexual violence discouraged victims from coming forward, delegations could not deliver services specifically for victims nor identify people who had experienced abuse. Nonetheless, where the ICRC conducted health activities – as in Afghanistan, and Iraq – teams anticipated that improving access to health care for the wider population would also increase the likelihood of victims of sexual violence being able to avail themselves of these services discretely.
The ICRC’s regular presence in the field and its ensuing proximity to vulnerable people enabled teams to monitor the situation of people affected by or at risk of sexual violence. It documented allegations of such violence and other IHL violations reported to it and, whenever possible, brought these to the attention of the parties concerned. Oral/written representations – those specifically about sexual violence and those addressing IHL violations more generally – urged these figures to take the requisite action to prevent the recurrence of abuse, punish the perpetrators and put in place measures that would guarantee support to victims.

Themes related to the prevention of sexual violence were also regularly incorporated in the ICRC’s activities to promote IHL implementation and compliance, and in the IHL training it provided to authorities, weapon bearers and other influential parties. In particular, the ICRC highlighted the legal prohibition of sexual violence under IHL and international human rights law. Key messages on the prevention of sexual violence were included, for example, in briefings for military personnel, including peacekeepers, from Indonesia, Pakistan, Rwanda, South Africa and Timor-Leste.

Government officials, weapon bearers and members of civil society learnt more about the problem of sexual violence at local conferences and/or regional events organized by the ICRC.

The ICRC also lent expertise and support to authorities for enacting domestic legislation and policies aimed at protecting people from abuses, including sexual violence, and/or addressing the consequences. Notably, Croatia adopted a law on the rights of people who suffered sexual violence during armed conflict. In Cameroon, the armed forces integrated sanctions for war crimes in their justice code; and the authorities in Turkmenistan incorporated sanctions for IHL violations in the country’s criminal code.

Another way in which the ICRC sought to address the problem was by helping mitigate people’s vulnerability to sexual violence, through wider protection and assistance initiatives. Taking into account the risks they face following separation from their families, unaccompanied minors were registered and followed up; they were reunited with their families, when possible, and after careful assessment. This was the case, for example, in Chad. As needed, the ICRC explored alternative
arrangements for them, in coordination with UNHCR or child-protection agencies. In Bangladesh, Greece and Italy, the ICRC provided the National Societies concerned with technical and/or financial support for boosting their family-links services, particularly for unaccompanied minors.

A number of 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 that aim to help people cope with or recover from the consequences of conflict/violence. With ICRC support, vulnerable people in Casamance (Senegal) and north-western Guinea-Bissau pursued livelihood activities closer to their homes, which helped reduce their exposure to sexual violence. In Liberia and Jordan, the ICRC supported National Society efforts to provide vulnerable women with vocational training; beneficiaries in Jordan included refugees from Syria.

When visiting detainees to monitor their treatment and living conditions, delegates were encouraged to pay attention to the incidence or risk of sexual violence and to address the issue in their confidential dialogue with the authorities. The ICRC reminded detaining authorities of the importance of: addressing overcrowding; ensuring that female staff attended to female detainees; and providing separate living quarters for male and female inmates and for minors and adults. It also supported the authorities in carrying out or maintaining improvements, as in Bolivia and Tunisia. Notably, in Madagascar, separate accommodations for minors were constructed in one prison; in Haiti, a new cell block for minors near completion.

The ICRC endeavoured to maximize the impact of the efforts mentioned above by mobilizing actors with broad international influence and the ability to address the problem of sexual violence. ICRC teams in Addis Ababa (Ethiopia), Brussels (Belgium), Canberra (Australia), London (the United Kingdom), Paris (France), Tokyo (Japan) and New York and Washington DC (the United States of America) continued to highlight this issue during international events and other bilateral/multilateral contact with State authorities, representatives of international or regional intergovernmental and non-governmental organizations and other actors with bearing on humanitarian situations/action worldwide. In this way, the ICRC helped shape the policies and the practices/activities carried out by other actors in connection with the problem of sexual violence.

The following section reports on the activities undertaken by the ICRC to address sexual violence in seven contexts: the Central African Republic (hereafter CAR), Colombia, the Democratic Republic of the Congo (hereafter DRC), Lebanon, Mali, South Sudan and Mexico City regional (covering Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama). These examples concretize the earlier sections – on the ICRC’s holistic operation response – of this report by showing how the ICRC puts this approach into practice at field level.

The seven delegations carried out multidisciplinary responses, with a strong focus on health, mental-health and psychosocial-support dimensions, and outreach activities to communities. They often combined direct support, referrals and other channels of assistance, to cover as many needs as possible.

The delegations also pursued partnerships with local associations to raise awareness and support within communities, reduce the stigma experienced by victims, highlight the importance of victims seeking/receiving immediate assistance, and build local ownership of the activities. These efforts were coupled with protection and prevention activities, such as dialogue with the authorities and weapon bearers, and awareness campaigns.

The following section also broadly describes the situations of people in the contexts covered, to give an overview of the circumstances in which the ICRC’s activities took place and explain why, on occasion, some plans had to be adapted or put on hold. For example, implementation of planned activities in Mali was delayed after an ICRC truck was attacked and the driver killed in March 2015.
EXEMPLARY 1: CENTRAL AFRICAN REPUBLIC

The general situation in the CAR remained volatile. The prevalence of violence over the past two years decreased, but pockets of insecurity and socio-political tensions remained. A rise in criminal activity targeting civilians and humanitarian organizations alike, coupled with security concerns, hampered the delivery of aid to communities. Public services, especially health care, continued to be weak and many medical facilities remained closed. Hundreds of thousands of families displaced in and beyond the country had yet to return to their places of origin because of persistent insecurity. Those who did so found their homes and means of livelihood damaged or destroyed; some became victims of thefts or attacks.

Amid this situation, the ICRC continued to document allegations of abuse, including sexual violence and forced recruitment, that were reported to it by victims. Some allegations were discussed confidentially with the parties concerned, with a view to preventing their recurrence. Through bilateral dialogue and briefings, authorities and weapon bearers – including military/security forces and members of armed groups – were reminded of their obligations under IHL and other applicable law to protect civilians and their property, wounded/sick people, and medical/humanitarian personnel and infrastructure.

Victims of sexual violence receive psychosocial support at ICRC-backed facilities

At two ICRC-supported clinics in Nana-Grébizi prefecture and at a counselling centre in its capital, Kaga Bandoro, 229 victims of sexual violence and hundreds of others suffering from conflict-related trauma, obtained psychosocial support from ICRC-trained counsellors. Some victims of abuse also received financial assistance to cover medical/transportation costs and/or benefited from referrals to other agencies for livelihood support. Through information sessions by the ICRC, communities in these areas became more aware of the consequences of the ongoing violence, particularly rape, and the importance of post-exposure prophylactic treatment for victims of sexual violence within 72 hours of an assault. The sessions aimed to address the possible stigmatization of victims and to encourage their referral for appropriate medical care.

Victims could also access health services discreetly – without having to identify themselves as having experienced sexual violence – at various ICRC-supported health facilities, including two other clinics in Nana-Grébizi prefecture, and hospitals in other parts of the country.

The design of other ICRC activities took into account the risk of abuse, including sexual violence, and aimed to mitigate people’s vulnerability. For instance, 40 minors, some of whom were formerly associated with armed groups, were reunited with their families only after risk assessments were carried out in their communities and community members were informed of the minors’ specific vulnerabilities. Assistance activities aimed at helping people meet their basic needs or improve their self-sufficiency also sought to include victims of abuse among beneficiaries of emergency relief and livelihood support.

Detained minors are held separately from adult inmates, following dialogue with the authorities

Discussions with the authorities on its working methods enabled the ICRC to visit, in accordance with its standard procedures, all detainees within its purview. Particular attention was given to vulnerable detainees, such as minors and persons held in relation to the conflict. Through oral and written representations addressed to the authorities concerned, the ICRC brought attention to issues related to the treatment of detainees. Notably, dialogue with the authorities on the vulnerability of minors resulted in the latter being held separately from adults.
Community leaders, students and others learn more about protecting conflict/violence-affected people

Through information sessions and discussions, nearly 3,000 people from major districts, youth organizations and women’s associations, as well as students and community and religious leaders, learnt more about their roles in contributing to the protection of conflict/violence-affected people and to the safety of humanitarian personnel; such initiatives aimed to facilitate the provision of health-care services and the Movement’s access to violence-stricken communities. Media reports, which drew on ICRC briefings/interviews, helped relay these messages and the humanitarian issues in the CAR to a wide audience. After their participation in ICRC-organized seminars and other sessions, 130 local journalists were better equipped to report on the concerns of conflict/violence-affected people.

EXAMPLE 2: COLOMBIA

Hostilities between the Colombian government and the Revolutionary Armed Forces of Colombia – People’s Army (FARC-EP) abated, owing to the FARC-EP’s unilateral ceasefire declaration in July. This led to the government suspending aerial bombings against the armed group, although ground operations continued. At the same time, negotiations to end the armed conflict also progressed. In certain parts of Colombia, other armed groups continued to fight with security forces or among themselves for control of land, natural resources and trade routes. Communities continued to suffer the effects of conflict/violence, especially with regard to sexual violence, weapon contamination and restricted access to livelihood opportunities.

Prevention of sexual violence addressed in dialogue with military/police officers

The ICRC pursued its dialogue on issues of humanitarian concern with the pertinent parties. Written/oral representations on documented allegations of IHL violations reminded weapon bearers of their obligations under IHL and other applicable laws, notably with regard to protection for civilians and health services. The armed forces later informed the ICRC of the actions they had taken after investigating these allegations. Moreover, in line with an agreement with the ICRC, the armed forces produced a practical guide to applying IHL and other applicable laws in their operations; this was distributed to field instructors. The military forces and national police also produced a protocol on preventing sexual violence among its personnel and to others during armed conflict.

Military personnel continued to assess the compliance of their operations with IHL, in accordance with a defence ministry directive. Workshops for prosecutors, military legal advisers and military/police officers also drew attention to the applicability of IHL, as well as to the proper conduct of law enforcement operations.

Dialogue with detaining authorities continued: confidential oral/written feedback based on ICRC visits to detainees helped the authorities ensure that detainees’ treatment and living conditions conformed to internationally recognized standards.

Victims of sexual violence benefit from psychological care and referrals to appropriate services

The ICRC directly supported the provision of psychological assistance to victims of sexual violence and helped ensure the availability of this service. Thus, about 170 victims of sexual violence coped with the help of psychological care, while some 350 health professionals – from various institutions serving around 1,000 people in 43 municipalities – strengthened, through ICRC-backed training, their ability to provide mental-health care and psychosocial support, particularly for victims of sexual violence.
More generally, ICRC support enabled youth and women’s networks in Medellín to promote measures to protect people from violence, and to direct victims of sexual violence to the services available. As planned, these and other activities to assist communities in Medellín wrapped up by the end of 2015.

Other ICRC activities take risk mitigation into account

Reducing people’s exposure to the risk of abuses, including sexual violence, was considered in the design and implementation of other ICRC protection and assistance initiatives, particularly those aimed at helping vulnerable communities meet their immediate needs and become more resilient to the consequences of conflict/violence.

With regard to people deprived of their freedom, the ICRC and penitentiary authorities launched a project to address issues related to judicial guarantees, health and infrastructure, faced by inmates in the country’s largest prison. As a result, some inmates benefited from improved medical examinations upon their arrival, and the staff received a monitoring system to help them maintain various facilities at the prison and ensure their long-term functioning.

EXAMPLE 3: CONGO, DEMOCRATIC REPUBLIC OF THE

In the DRC, the armed forces maintained its operations against several armed groups. The fragmentation and proliferation of these groups, fighting among them, and intercommunal violence also continued, notably in the eastern provinces of North and South Kivu, and the former provinces of Katanga and Province Orientale. This situation led to casualties, displacement, the destruction of livelihood/property and other abuses against civilians.

Conflict-affected civilians approached the ICRC with reports of abuses committed by weapon bearers, including sexual violence, child recruitment and attacks against medical staff/facilities, which impeded access to health care. These allegations formed the basis of 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/providing medical care, with a view to preventing further abuses.

Sexual violence victims receive counselling, referrals to medical care and, in some cases, livelihood assistance

In North and South Kivu, some 3,100 victims of sexual violence and 1,000 other people suffering from conflict-related trauma received psychosocial support offered at 26 ICRC-supported counselling centres; six of those centres had been newly constructed/repaired by the ICRC. More than half of these people were referred to ICRC-supported health facilities for medical treatment. In South Kivu, 85 victims of sexual violence received financial assistance in the form of vouchers from the British Red Cross/ICRC; they used these to generate income, notably by investing in small businesses – for example, the wholesale purchase and sale of goods or livestock – which also facilitated their reintegration into society.

Community members learnt about the counselling centres and the need to provide victims with post-exposure prophylactic treatment within 72 hours of being raped through awareness-raising sessions that also aimed to prevent stigmatization linked to sexual abuse.

ICRC support to health facilities in the Kivu provinces helped make preventive and curative care, including surgery, more readily available to conflict-affected people, including victims of sexual violence. In all, 16 primary health care centres received drugs/medical supplies and benefited from infrastructural upgrades and training for staff. Hospitals in both provinces received regular or ad hoc support, based on their needs.
Unaccompanied minors awaiting family reunification continue to be monitored by the ICRC

In total, 759 separated children, of whom 439 were formerly associated with weapon bearers, rejoined their families within the country or abroad, helping diminish their vulnerability to abuse, including sexual violence. The families concerned also received follow-up visits to monitor the children’s welfare.

ICRC-registered children waiting to rejoin their families were cared for by foster families or staff at transitional centres, who were briefed on the children's background/specific needs. Regular ICRC visits, along with repairs to facilities at four transitional centres, helped ensure the children’s well-being. Over 1,000 children participated in National Society/ICRC awareness-raising sessions, during which they and other community members discussed the possible risks they faced upon returning home. In 10 villages in the Kivu provinces, community-based initiatives fostered the children’s reintegration into their families/communities and helped prevent re-recruitment; these initiatives included recreational activities for thousands of children and local apprenticeship programmes, which helped some children acquire skills that would enable them to seek employment in the future.

IHL training/workshops for weapon bearers cover key messages on sexual violence

Weapon bearers from all ranks reinforced their understanding of IHL and the Movement through workshops and training sessions, which also covered key messages on sexual violence and the protection of health care in armed conflict or other situations of violence. In Kinshasa, North and South Kivu and the provinces formerly known as Katanga and Province Orientale, over 4,000 members of military and security forces, peacekeepers bound for deployment overseas, UN Stabilization Mission in the DRC (MONUSCO) troops and members of armed groups attended training sessions geared toward enhancing respect for IHL/humanitarian principles and securing the Movement’s access to people in need.

Particular efforts were made to reach military officers in charge of operational decision-making in conflict-affected provinces and at headquarters level. Dialogue with the armed forces on incorporating IHL in military planning and operations was reinforced with ICRC workshops on the subject, which also reviewed mechanisms for investigating and suppressing violations of IHL.

Through regular interaction with other influential groups – including religious/traditional leaders, members of academic circles and the media – the ICRC helped to increase understanding of neutral, impartial and independent humanitarian action and thus facilitate the National Society/ICRC’s activities for people in need.

Example 4: Lebanon

The conflict in Syria and its spillover continued to affect Lebanon. Although tighter border entry regulations resulted in fewer people entering Lebanon, the arrival of refugees and the presence of those who had been in the country for some time strained resources in host communities/informal settlements. Public health-care and water systems, in particular, were often dilapidated or inadequate. The authorities and humanitarian actors struggled to meet the mounting needs of refugees and vulnerable residents.

Refugees reported the abuses, including sexual violence, they had suffered in Syria and the arrest of their relatives there, though the reduced refugee influx diminished these reports. Allegations were shared with the ICRC delegation in Syria. Victims of sexual violence were referred to other organizations for appropriate assistance.

The Lebanese authorities, meanwhile, were reminded of the protection afforded to people from Syria
under the principle of non-refoulement and applicable international/domestic law. Discussions with the Lebanese Armed Forces and other weapon bearers tackled the need to ensure people’s access to medical treatment.

**Women's exposure to the risk of sexual violence is reduced**

Some 220 female-headed households (about 1,100 people in all) among Lebanese returnees and Palestinian refugees received productive grants and other livelihood support from the ICRC/local partners. This enabled them to boost their incomes, and helped reduce their exposure to sexual violence. The initial target, however, was not achieved because of administrative/logistical delays.

More broadly, the ICRC pursued activities aimed at ensuring access for vulnerable people – Palestinian and Syrian refugees, Lebanese returnees and residents in host communities – to essential goods and services. Thus, refugees and vulnerable residents had access to primary health care at facilities – including three on the Lebanese-Syrian border and one in a Palestinian camp – that the ICRC provided with staff training, equipment and supplies in cooperation with the authorities. At dissemination sessions, staff members in some of these facilities learnt more about addressing the needs of victims of sexual violence.

People who required higher-level care, mostly for weapon wounds, received treatment at hospitals and other facilities, also supported by the ICRC in the form of supplies/equipment. Water supply in communities hosting Syrian refugees improved following repairs to, and construction, of water systems; these projects also helped to reduce/avert tensions within communities, and mitigate the risk of abuses such as sexual violence.

**EXAMPLE 5: MALI**

People continued to feel the effects of widespread insecurity in northern Mali. Armed groups clashed with each other and with Malian/international forces; a peace accord signed in June by the parties to the conflict was not immediately implemented. Attacks also occurred in Bamako and in central Mali, where new armed groups had allegedly formed. Thousands of people remained displaced within the country and beyond. Many continued to be dependent on humanitarian aid, as communal violence and banditry hampered access to already limited basic services. Successive years of poor harvests added to difficulties in re-establishing livelihoods.

Humanitarian work was increasingly hindered by logistical/security constraints; in March, armed elements attacked an ICRC truck, killing the driver and wounding a Mali Red Cross volunteer. The ICRC subsequently suspended all staff movements outside towns in the north for three months, which led to some activities being delayed or scaled back. The extension of a psychosocial-support programme for victims of violence, including sexual violence, to health centres in the north, for example, was implemented only in the second half of 2015. Psychological and psychosocial-support services offered at Gao hospital, however, were unaffected, making it possible for people suffering from emotional distress, especially victims of sexual violence, to receive specialized treatment and counselling from hospital staff trained by the ICRC.

**In Gao and Tombouctou, sexual violence victims receive suitable care at more ICRC-supported health facilities**

Victims of sexual violence benefited from more accurate diagnosis and suitable treatment after some 40 staff members – doctors, nurses and midwives – of the Gao hospital, two health centres in Gao and
One in Tombouctou were trained to provide basic psychological and psychosocial care. Four auxiliary staff also assisted people suffering from other conflict-related trauma. At Tombouctou regional hospital, victims of violence, including sexual abuse, had access to psychosocial support after the ICRC, in cooperation with another organization, began offering these services. In all, 35 victims of sexual violence in Gao and Tombouctou, among a total of 180 people suffering from conflict-related trauma, were helped to recover from their ordeal.

Community information sessions were conducted in Gao and Tombouctou, to encourage referrals to the above-mentioned services and prevent stigmatization of victims; about 70 people were trained to conduct such sessions in their own communities. Articles and radio broadcasts on the launch of the Gao hospital's psychosocial-support programme also helped enhance the general public's understanding of the consequences of sexual violence and the importance of prompt treatment for victims.

The three health centres in Gao and Tombouctou received support from the ICRC year-round, in the form of infrastructure upgrades, medical supplies and, for staff, incentives and technical advice; five more centres in Gao and Tombouctou began receiving support in December. Such support enabled these facilities to make good-quality preventive/curative care accessible to a greater number of people, including victims of sexual violence who may be hesitant or afraid to identify themselves as such. People also had access to improved hospital-level care at the Kidal referral centre after the ICRC began regular full support to the centre in June.

**Some victims of sexual violence start small businesses, with ICRC livelihood support**

Activities to help conflict-affected people restore self-sufficiency, and thus strengthen their resilience to the effects of conflict/violence, continued. Around 20 victims of sexual violence received cash grants and training, enabling them to start small businesses or handicraft projects and supplement their households' income.

ICRC activities carried out under the protection programme sought to mitigate people's vulnerability to abuses, including sexual violence. For example, 12 minors formerly associated with armed groups were reunited with their families after their communities were assessed for the risk of re-recruitment and other dangers. During visits to detainees, the situation of women, minors and other particularly vulnerable inmates was paid close attention. Upon their release, some people registered by the ICRC reduced the risks of traveling in the north by expediting their return home with ICRC financial assistance.

**Prevention of sexual violence addressed in dialogue with influential actors**

In its interaction with a wide network of contacts among influential actors, particularly among armed groups, the ICRC emphasized the need to ensure access to humanitarian assistance, the safety of humanitarian personnel, and respect for other tenets of IHL. This not only helped facilitate and/or maintain the National Society/ICRC's access to conflict-affected communities, but also contributed to discussions aimed at preventing the recurrence of documented allegations of abuse, including sexual violence.

The ICRC also pursued efforts to help the authorities advance the implementation of IHL, with a view to preventing abuses, including sexual violence, and addressing the consequences. Discussions continued between the authorities and the ICRC on reforming the penal code to include abuses committed during non-international armed conflict in the definition of war crimes.
EXAMPLE 6: SOUTH SUDAN

Armed clashes and other situations of violence persisted throughout the year in South Sudan. Fighting continued even after the parties to the non-international armed conflict that began in December 2013 signed a peace agreement in August 2015. The political/administrative reforms in progress contributed to intercommunal tensions.

The government issues formal directives enjoining troops to comply with IHL

Civilians reported to the ICRC instances of unlawful conduct – including sexual violence, destruction of their property and indiscriminate attacks – by weapon bearers on all sides. Based on documented allegations and the observations of its staff, the ICRC reminded the parties to the conflict of their obligations under IHL and other relevant norms. Oral/written representations urged them to: respect and protect people not/no longer participating in the fighting; prevent sexual violence, the recruitment of children into fighting forces and other abuses; facilitate access to essential services and humanitarian aid; and protect civilian infrastructure from looting/ destruction. In response to concerns raised by the ICRC, the Ministry of Defence and Veterans Affairs and the Sudan People’s Liberation Army issued directives enjoining all troops to conduct their operations in compliance with IHL.

Weapon bearers on all sides learnt more about IHL and the ICRC through dissemination sessions that emphasized compliance with IHL, including its provisions on ensuring safe access to medical care and preventing/sanctioning sexual violence and the recruitment of children into fighting forces. Two senior military officers discussed these and other IHL-related matters at a course abroad.

Victims of sexual violence and other conflict-affected people receive health services

Five clinics in Jonglei and Upper Nile sustained their services with material/technical/financial support from the ICRC, provided per agreements with county health departments. On average, some 2,400 people benefited each week from medical consultations, immunization, obstetric care and other services provided by these clinics. Three other clinics received ad hoc support. Nearly 400 people who required further treatment were referred to suitable facilities.

Victims of sexual violence availed themselves of specialized services – including prophylactic treatment within 72 hours of the incident and psychosocial support – at ICRC-backed clinics. The victims were referred, as necessary and whenever security conditions permit, to other facilities/organizations providing medical care and counselling. At courses/dissemination sessions, midwives showed traditional birth attendants how to assist victims of sexual violence, and clinic staff learnt more about victims’ needs.

Other assistance activities implemented by the ICRC took into account the inclusion of people who may have suffered or were at risk of sexual violence.

Members of dispersed families restored/maintained contact through Movement family-links services. Fifty-two people – including 24 unaccompanied minors, some of whom were formerly associated with/held by armed groups – were reunited with their families. Children staying at a transit centre, while waiting to rejoin their families, had better living conditions after the ICRC repaired some of the facilities at the centre.
EXAMPLE 7: MEXICO CITY (REGIONAL)

Communities in Central America and Mexico continued to suffer the effects of persistently high levels of armed violence, which included high rates of homicide and other crimes. Clashes occurred: in Mexico, particularly in Guerrero and Tamaulipas states; and in El Salvador, between armed gangs and the government.

Migrants heading for or being deported from the United States of America risked abuse and other dangers along their route, particularly in violence-prone areas.

Thus, the activities carried out by the ICRC for migrants/deportees and communities affected by armed violence in the region had a particular focus on lessening these people’s exposure to dangers, which included sexual violence. It also sought to prevent abuses and raise support for humanitarian activities undertaken for the benefit of these people through, among other means, briefings for the authorities, some weapon bearers, health actors and other parties concerned.

Vulnerable migrants reduce their exposure to risks at facilities that help meet their immediate needs

Along migration routes in Guatemala, Honduras and Mexico, the ICRC and the National Societies concerned helped vulnerable migrants meet their most pressing needs, such as drinking water, basic health care and hygiene items.

Migrants were informed of the risks to their safety and the locations where they could avail of assistance mentioned above; leaflets and radio spots produced with National Societies and a Mexican university provided the same information. At Guatemalan centres receiving/processing returning deportees, minors could ease their distress with the help of staff trained in psychosocial care and identifying signs of sexual abuse.

Migrants/deportees’ exposure to abuses, including sexual violence, was also mitigated within the framework of other ICRC activities. ICRC-provided financial assistance, for example, enabled 973 deportees to return to Guatemala and Honduras, and 180 families to rejoin their unaccompanied children in Guatemalan transit shelters. In Mexico, migrants in seven retention centres run by the National Migration Institute, and minors in three centres run by the Family Development Department, received ICRC visits. Some personnel of these facilities trained to provide basic psychological care to vulnerable migrants in their care.

Violence-affected people receive health care from ICRC-supported services

Health services provided by the Honduran Red Cross and Guatemalan Red Cross, with the ICRC, helped thousands of people obtain basic care in areas where access to such services was limited, partly due to violent incidents. Notably, 60 victims of armed violence, including sexual violence, received counselling from the Guatemalan Red Cross/ICRC.

With ICRC support, National Societies in the region strengthened their volunteers’ ability to access, in a safer manner, migrants and other vulnerable people in violence-prone areas more safely; this support included training in the application of Safer Access Framework. A psychologist of the Mexican Red Cross helped prepare the National Society’s plan to strengthen their response to mental health and psychosocial support needs around the country; training for some volunteer psychologists took place in some cities.
**Armed forces further their understanding of IHL**

With a view to improving training in human rights norms, Mexican security forces drew on the ICRC’s technical expertise to revise the curricula for gendarmerie officers and hold advanced training on teaching and updating doctrine/manuals for instructors.

States, with the help of the ICRC, furthered understanding of IHL among military personnel in the region: in Guatemala’s UN-certified regional peacekeeping centre, troops deploying abroad were briefed on IHL applicable to peacekeeping operations; at a regional conference in Cuba, 22 Bolivian, Cuban, Ecuadorean, Nicaraguan and Venezuelan officers discussed the practical application of IHL; and, at a workshop in El Salvador, officers from nearby countries learnt more about the differences between IHL and international human rights law, helping them determine which legal framework applied to a given situation.
### Financial Overview

#### Breakdown of the Special Appeal: Strengthening the Response to Sexual Violence 2015 (in KCHF)

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Expenditure</th>
<th>Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthening the Response to Sexual Violence: ICRC Budget</strong>&lt;sup&gt;54&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters&lt;sup&gt;55&lt;/sup&gt;</td>
<td>639</td>
<td>667</td>
<td>0</td>
</tr>
<tr>
<td>Funded Out of Contributions to the Headquarters Appeal 2015</td>
<td></td>
<td></td>
<td>667</td>
</tr>
<tr>
<td><strong>Strengthening the Response to Sexual Violence: Budget in Some Operations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central African Republic&lt;sup&gt;57&lt;/sup&gt;</td>
<td>8,526</td>
<td>6,280</td>
<td>633</td>
</tr>
<tr>
<td>Colombia&lt;sup&gt;58&lt;/sup&gt;</td>
<td>5,814</td>
<td>4,737</td>
<td>2,857</td>
</tr>
<tr>
<td>Congo, Democratic Republic of the&lt;sup&gt;59&lt;/sup&gt;</td>
<td>12,174</td>
<td>11,838</td>
<td>8,492</td>
</tr>
<tr>
<td>Lebanon&lt;sup&gt;60&lt;/sup&gt;</td>
<td>7,268</td>
<td>6,905</td>
<td>0</td>
</tr>
<tr>
<td>Mali&lt;sup&gt;61&lt;/sup&gt;</td>
<td>9,760</td>
<td>7,485</td>
<td>3,067</td>
</tr>
<tr>
<td>South Sudan&lt;sup&gt;62&lt;/sup&gt;</td>
<td>23,671</td>
<td>20,278</td>
<td>3,779</td>
</tr>
<tr>
<td>Mexico City (Regional)&lt;sup&gt;63&lt;/sup&gt;</td>
<td>3,154</td>
<td>2,871</td>
<td>1,541</td>
</tr>
<tr>
<td>Funded Out of Contributions to the Emergency Appeals 2015</td>
<td></td>
<td></td>
<td>40,024</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>71,006</td>
<td>61,060</td>
<td>61,060</td>
</tr>
</tbody>
</table>

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.

---

54. The budget exclusively covers activities to be funded and implemented through the ICRC. Activities funded directly by partners or others actors are not included.
56. 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></th>
<th>Amount in CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governments</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>1,541,192</td>
</tr>
<tr>
<td>Belgium</td>
<td>3,666,938</td>
</tr>
<tr>
<td>Canada</td>
<td>2,314,200</td>
</tr>
<tr>
<td>Germany</td>
<td>1,073,600</td>
</tr>
<tr>
<td>Japan</td>
<td>200,000</td>
</tr>
<tr>
<td>Norway</td>
<td>1,148,499</td>
</tr>
<tr>
<td>Spain</td>
<td>538,550</td>
</tr>
<tr>
<td>United States of America</td>
<td>1,900,400</td>
</tr>
<tr>
<td><strong>Sub-total: Governments</strong></td>
<td><strong>12,383,378</strong></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>7,888,500</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>96,495</td>
</tr>
<tr>
<td><strong>Sub-total: National Societies</strong></td>
<td><strong>7,984,995</strong></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous Donations from Private Individuals</td>
<td>1,235</td>
</tr>
<tr>
<td><strong>Sub-total: Private Sources</strong></td>
<td><strong>1,235</strong></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub-total: Contributions to the Special Appeal: Strengthening the Response to Sexual Violence 2015</strong></td>
<td><strong>20,369,608</strong></td>
</tr>
<tr>
<td>Funded out of Contributions to the Headquarters Appeal 2015</td>
<td>666,745</td>
</tr>
<tr>
<td>Funded out of Contributions to the Emergency Appeals 2015</td>
<td>40,024,145</td>
</tr>
<tr>
<td><strong>Total receipts for 2015 as at 31.12.2015</strong></td>
<td><strong>61,060,498</strong></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>No Balance Brought Forward</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>61,060,498</strong></td>
</tr>
</tbody>
</table>

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 results.
COMMENTS

This Special Report: Strengthening the Response to Sexual Violence 2015 covers the ICRC’s activities related to this project at headquarters and, in some cases, field level. The activities discussed here were also mentioned in the ICRC Annual Report, published in May 2016.

These cover:

- activities exclusively funded and implemented through the ICRC
- for the operational examples, activities that aimed to address sexual violence and were deployed under various ICRC programmes benefiting the target populations “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 2016 can be made towards the 2016 Special Appeal, without further earmarking.

Funds are subject to standard ICRC operational reporting, auditing and financial control procedures. There is a yearly Special Report: 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)
MISSION
The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.