

Conflict–Related Sexual Violence and the prevention of it.

The effectiveness of current conflict–related
sexual violence prevention programs.

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Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
ChF	Change Framework
CRSV	Conflict-Related Sexual Violence
CSW	Commission on the Status of Women
DEDAW	Declaration on the Elimination of Discrimination against Women
DEVAW	Declaration on the Elimination of Violence against Women
DRC	Democratic Republic of Congo
EC	Exterior Collective
EI	Exterior Individual
FARDC	Armed Forces of the Democratic Republic of the Congo
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IC	Interior Collective
ICC	International Criminal Court
ICTR	International Criminal Tribunal for Rwanda
ICTY	International Criminal Tribunal for the former Yugoslavia
IDP	Internal Displaced People
II	Interior Individual
IISS	International Institute for Strategic Studies
IPV	Intimate Partner Violence
KIT	Royal Tropical Institute
LTTE	Liberation Tigers of Tamil Eelam
MONUSCO	The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
MSF	Médecins sans Frontières
NAP	National Action Plan
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
PTSD	Post-traumatic stress disorder
SGBV	Sexual and Gender-Based Violence
VAW	Violence Against Women
SVAW	Sexual Violence Against Women
SRH	Sexual and Reproductive Health
SRVAW	Special Rapporteur on Violence Against Women
STD	Sexual Transmitted Disease
STI	Sexual Transmitted Infections
SV	Sexual Violence
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly

UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
UNPK	United Nations Peacekeepers
UNSCR	United Nations Security Council Resolution
WHD	Women's Health and Development
WHO	World Health Organization
WW2	Second World War

Abstract

Background: Conflict-related sexual violence (CRSV) happens to an estimated 4-22% of women. In 2014 there were 42 armed conflicts all over the world. The consequences of CRSV can be fatal. Many international frameworks, treaties and campaigns fight against CRSV. Non-government organizations (NGOs) work on prevention programs to stop rape from happening.

Objective of study: To understand the factors influencing prevalence of CRSV and to analyze existing prevention programs. To identify the gaps and to be able to make recommendations towards future programs.

Methodology: Review of peer-reviewed literature, grey literature and field reports on CRSV and the prevention of it. Using different databases like Pubmed, google scholar, VU Library and gate search. Conducted key informant interviews with field experts from different NGOs including MSF, UNFPA, Promundo and KIT. Analyzing the identified prevention programs using the adapted "Change framework" from "Gender at work".

Results: 67 prevention programs have been analyzed and 27 were included in the thesis. Out of the 27 programs, 6 used the 4 components of the framework. Thirteen used 3 components, 7 used 2 components and only one focused just on one component. The most effective programs, such as Promundo and SASA, focused on behavior change in conflict affected communities related to general violence reduction and resulted in 50% general violence reduction in the following 12 months. These methods showed success in conflict settings and have great potential for targeted reduction of CRSV as they are used in DRC. In active conflict, avoiding the opportunity to rape has been seen as most effective. CRSV depends on the context of conflict and is not present in all conflicts.

Conclusions: Prevention programs need to adapt to the context, to understand the factors influencing CRSV. Gender roles influence the prevalence and gender considerations must be included in prevention strategies. The lack of knowledge about legal frameworks, human rights treaties and prosecution of perpetrators creates more chance for CRSV to happen.

Recommendations: Every conflict needs to be individually analyzed to understand the factors influencing CRSV. Prevention programs need to work on gender equality. Governments need to put more pressure on law enforcement and policies against CRSV. More research is needed to understand the magnitude of CRSV and effective prevention strategies.

Keywords: Conflict-related sexual violence, rape, conflict, prevention programs

Word Count: 12'725

Introduction

Conflict-related sexual violence (CRSV) happens in the places Médecins sans Frontières (MSF) has sent me to work. Working with survivors of CRSV has touched me and personally inspired me to choose the prevention of it as my thesis topic.

Women all over the world are affected by violence. Sexual violence (SV) touches survivors deep in their personal space, their humanity and dignity. The consequences of SV will follow them throughout their lives. The idea to prevent this from happening, remained in my humanitarian consciousness after my experiences with survivors in Afghanistan, Syria and the Democratic Republic of Congo. Women and girls of all ages passed the SGBV service during this time. The effect of this kind of violence done to them is unacceptable. The burden of emotional disease and the costs of years of treatment required should make this topic a priority on the world's health agenda. Suffering from SV can be prevented. Rape can be prevented.

We live in a time, where there are over 60 million people in forced displacement and where conflicts are being reported in the newspapers every day. The strategic use of SV in a violent environment like a conflict, makes this topic even more urgent to tackle. SV doesn't make a difference in gender but I chose to concentrate on CRSV towards women in this Thesis as this has occurred the most during my work.

I hope to show with this thesis how the humanitarian world can improve their work to prevent CRSV. To get a better understanding of the determinants that influence an effective prevention program and how we can make it better. I hope to improve my personal understanding of the topic and learn a different approach for my personal work within the humanitarian field. The main goal is to be able to give recommendations, that will actually help program developers to complete the prevention strategies and to include all aspects that need to be respected to create effective programs.

In the following chapters, I will talk about the determinants of the definition Gender-Based Violence (GBV) and what it means today. The magnitude of CRSV will be made clear and at the end I will discuss the findings of the evaluated prevention programs. The final chapter provides recommendations for prevention program developers.

1, Problem statement

All over the world, women experience violence. The World Health Organization (WHO) estimates in 2016 that one in three women experience some kind of sexual and or physical violence at a certain point in their life.(1)

A household survey, done in Afghanistan in 2008 shows 87.2% of women experience at least one form of violence and 62% report several forms of violence during their lifetime. Research done with Liberian refugee women in a camp in Sierra Leone showed that 74% have experienced sexual violence (SV) before they were displaced and 55% experienced SV during displacement.(2) Men are the under-reported victims of SV in conflict but this this thesis will focus on women given the enormity of the problem for women.

Specifically, CRSV is estimated by current research, to happen to 4-22% of women in conflict.(3,4) A long-term study from 1989-2009 shows a higher prevalence of CRSV in eastern European civil wars than in African wars during the same period. Global patterns show that CRSV occurs in many conflicts over diverse regions of the world during at least one specific period.(5)

Violence against Women (VAW) – specifically SV is not only a crime against women's human rights but also a major global public health problem as emphasized by WHO. It occurs in all socio-economical classes and cultures.(1,3,4) Consequences from sexual violence against women (SVAW) varies from physical injuries to infertility. Other impacts such as psychological stress, anxiety, depression, Post-traumatic stress disorder (PTSD), and sexual and reproductive health problems of women often require long term medical care. It increases the risk of HIV and STI transmission and can result in death by injuries or suicide. Krause states that around 50% of all victims of CRSV develop PTSD after rape.(6)

But the consequences go beyond personal health problems. Depending on the culture and social-structure of the survivors, they may be abandoned, discriminated against and stigmatized. They may be no longer accepted as part of their society. If their fertility is damaged, they may have higher risk of ending up unmarried and in poverty. Children born out of rape may be rejected and may become "outcasts". Femicide after rape is perpetrated in several cultures, because of "dishonor" of the family and is the hardest consequence for the survivors.(7)

Once these violations of women's human rights have occurred, these women most likely flow into the country's health system. Long term treatment and psychological therapies can be costly for the public health system. In many countries, they are not even accessible. Psychosocial

support can't be guaranteed everywhere and women are many times left alone with their traumas. When conflict occurs, and the population is destabilized or forced to flee their homes, the focus is first on shelter, food, water and medical needs. Prevention and response to CRSV in most situations is not the first action to be taken by the health system or incoming NGO's.

Many NGO's have taken up the curative work to help CRSV "survivors", because the national system fails or can't take the responsibility due to instability. The limited timeframe to effectively respond in case of rape, makes it more difficult:

- To prevent HIV, treatment must start within 72 hours.
- To prevent pregnancy a window of 120 hours needs to be respected
- Dependent on the severity of physical injuries less time is given to provide medical treatment.(4)

The economic consequences of VAW range from a lower productivity and income due to injuries and trauma, to the direct cost of health care services, juridical and social services. Colombia estimated in 2003 to have spent 73.7 million dollars on prevention and services to respond to family violence.(8)

In 2014, there were 42 active armed conflicts according to the International Institute for Strategic Studies (IISS). Active is defined by conflicts as varied as occasional armed clashes between governments, their forces and insurgents or non-state armed groups, to frequent armed clashes. Regardless the loss of deaths.(9)

What do we know about prevention of rape in different contexts? Who are the stakeholders on prevention and how can we engage them? How can we influence the collaboration across sectors? This thesis will examine the causes for the high prevalence of CRSV and the elements of effective prevention programs in different unstable contexts from a public health perspective by using a social change framework.

2, Background

In the background, I will show the evolution how it came to the term GBV.

For clarity of the reader, short definitions of terms are explained here. More details to the definitions are in the Annex.

- Gender-based violence (GBV) is used to define any violence against a person specifically on the basis of gender.
- Violence Against Women is any act of GBV that results in physical, sexual and psychological harm to women and girls.

- Sexual violence against women is any attempt or threat of a sexual nature, including exploitation and abuse, that results in physical, psychological and emotional harm.
- Sexual and gender-based violence recognizes that also men and boys can be affected – rape as other forms of gender-related violence.(10)

Conflict-related sexual violence is referred to as: “rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is linked, directly or indirectly to a conflict.” (11)

CRSV is here seen as all forms of SV occurring in armed conflict, including during flight from armed conflict and within internal displaced population (IDP) or refugee settlement. According to the International Criminal Tribunal for Yugoslavia (ICTY) armed conflict occurs between or within states, whether or not formal state armies are involved. “An armed conflict exists whenever there is a resort to armed force between States” and “whenever there is protracted armed violence between governmental authorities and organized armed groups or between such groups within a State.” And “several factions confront each other without involvement of the government’s armed forces.”(12)

To fully understand these terms and where they come from, this paper will look back in history to explore how they changed over time. Starting point for this thesis is the creation of the Universal Declaration of Human Rights (UDHR) in 1948, right after World War two (WW2). With the creation of UDHR, the modern women’s movement began.(13) Even though the beginning of the women's movement started earlier, looking at the complete history of “feminism” would be beyond the scope of this paper. Therefore, this paper will focus on the evolution of women’s rights with a specific focus towards CRSV and its prevention.

Therefore, it is important to understand the different risks of CRSV in the various stages people find themselves in during conflict. Coming to this global interest on ending CRSV, the movement and magnitude of the problem needs to be understood.

[2.1 1945, post WW2](#)

WW2 created a shift in traditional gender roles and women began doing “men’s work”. Also the traumas as rape and violence against women of WW2 showed the world that a change in how women were treated during war was needed and general “rules” had to be made. The UDHR put, for the first time, men and women on equal rights. But VAW didn’t stop.(1,14)

After WW2 in late 1945, the leaders of the world, the founders of the United Nations signed the United Nations Charter and with it the first international instrument to: "reaffirm faith in the fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small." (15)

In 1948 the Universal Declaration of Human Rights was ratified in Paris. For the first time, the rights of humans, regardless of religion, sex or color, had been written down and stated along with the international will to respect humans and regard them equally.(13)

"Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom," - Universal Declaration of Human Rights

"[R]ecognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world."

In 1946, the Commission on the Status of Women (CSW) was established. This came as a response of the Commission on Human Rights towards the pressure coming from women's rights activists. They wanted a body that focuses on the urge to enforce the principle of equal rights for men and women. At this time, the first idea of a women's conference was discussed, but it took another 30 years for the first conference to be held. (16,17)

In 1949, the Geneva Convention set up rules on how to protect people not taking part in armed conflicts. There are four Conventions: on Wounded and Sick, on Wounded, Sick and Shipwrecked, Prisoners of War and on Civilians. In the fourth Convention, Art. 27 states: "Women shall be especially protected against any attack on their honor, in particular against rape, enforced prostitution, or any form of indecent assault."(18)

[2.2 Second wave of feminism](#)

The "second wave of feminism" gave western women a louder voice. The liberation movement of the 1960's raised questions about sexuality, reproductive health, rape and violence against women. The contraceptive pill gave women more freedom to choose the composition of families and numbers of children, and it influenced the new view on working women.(19) However, it became more and more clear that women were not globally equally affected by poverty and violence. The CSW started to focus on the rights of women in developing countries. Women's rights activists during the 1960s consistently put pressure on the UN system to prepare a declaration, an instrument of international standards, to articulate equal rights for men and women. In November 1967 the General Assembly (UNGA) adopted the Declaration on the Elimination of

Discrimination against Women (DEDAW). However the weaknesses of the DEDAW were the lack of a binding force of a treaty linked to it and that the word "Discrimination" was not defined.(20,21)

Increasing international awareness during the 1970's, gave the focus of equality, development and peace to the First World Conference on Women in 1975 in Mexico City.(22) The World Conference on Women responded to a shift in the old view of women's rights in purely development terms to a reconnection with the intent articulated in the CSW in 1945 - to empower and promote women's full human rights.(22)

The CSW requested the UN Secretary-General for a binding treaty for the DEDAW and started in 1977 to develop an international binding instrument to protect women against discrimination - The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The "World Plan of Action" focused on access for women to education, employment, political participation, health services, housing, nutrition and family planning. These focus points were the result of the First World Conference on Women, held in Copenhagen.

The CEDAW was signed during the Conference in Copenhagen in 1980 and became one of the most powerful instruments for women's equality. "The Bill of Rights of women" as the CEDAW was also called, was binding for 165 States, that had committed to implement the Convention. But did not define VAW as such.(16,20,23)

[2.3 The birth of global feminism](#)

The third World Conference on Women was held at the end of the United Nations Decade for Women in 1985 in Nairobi. The Conference became known as "the Birth of Global Feminism" for the international women's movement, operating under the values of equality, development and peace.(23)

In 1993, at the World Conference on Human Rights in Vienna, VAW was recognized as being a human right's violation. The Plan of Action called out for a Special Rapporteur on VAW (SRVAW).(16) After this Conference, in December 1993, the Declaration on the Elimination of Violence Against Women (DEVAW) was adopted by the UNGA and may be seen as strengthening of the CEDAW and the Vienna Plan of Action. VAW was defined and officially and internationally acknowledged as violation of human rights. The Term Gender-based violence (GBV) was used for the first time.(24-26)

[2.4 Major change in conflict-related sexual violence](#)

The major international change towards the importance of CRSV came out of the crimes against humanity, perpetrated in the war in former

Yugoslavia (1991-2001) and the genocide in Rwanda (1994) and where ethnic cleansing has been reported in the form of mass rape.(27) Out of these two wars the International Tribunal for the former Yugoslavia (ICTY) and the International Tribunal for Rwanda (ICTR) were created and mean milestones in acknowledging CRSV as being a war crime. For the first time in History, CRSV was defined as torture, crime against humanity and a form of genocide.(28-31)

ICTY – “The first international criminal tribunal to enter convictions for rape as a form of torture and for sexual enslavement as crime against humanity.”(29)

ICTR – “For the first time in history, an international tribunal - the ICTR - delivered verdicts against persons responsible for committing genocide. The ICTR was also the first institution to recognize rape as a means of perpetrating genocide.”(30)

The International Conference on Population and Development (ICPD) in Cairo in 1994, linked VAW to reproductive health and rights and called all Governments to commit to end VAW. In the same year, the United Nations Commission on Human Rights established the Special Rapporteur on violence against women, including the causes and consequences (SVRAW) as answer to the Vienna Plan of Action. Its mandate is to understand and examine the determinants of GBV, create legal codes for its elimination and support Governments, UN bodies, NGOs and several other institutions to fulfill the recommendations. Through this, the UN aimed to eliminate VAW at all levels.(26,32)

2.5 Societal/Community shifts in perception

In Beijing 1995, the fourth World Conference on Women was held. Participants realized the need to change from the concept of ‘women’ to the concept of ‘gender’. Reconstruction of society's and communities thinking about roles of men and women would be needed to fundamentally change and empower women to step into their place as equal partners. The idea of “gender mainstreaming” as a whole and the reconstruction of a society in its entirety came out of the conference. The Beijing Declaration and Platform for Action gained full international attention and was another milestone in the women’s movement. In the Platform for Action, 12 aspects for focus were identified, where one was VAW. This aspect includes domestic violence, rape, trafficking in women and girls, forced prostitution and violence in armed conflict, systematic rape, sexual slavery and forced pregnancy and others.(23)

At the 49th World Health Assembly in 1996, violence was recognized as a public health issue and the prevention of it declared as a public health priority. The WHO acknowledged the importance of health consequences of VAW.(33)

In 1998 the International Criminal Court Rome Statute was adopted. In

Art. 7, crimes against humanity, rape and sexual slavery were specifically mentioned. The Rome Statute entered into force in 2002. Since then, there is an international law under which rape and other sexual war crimes can be prosecuted in the countries signatory to the Rome Statute.(34)

UN Security council resolution (UNSCR) 1325 (2000) and 1820 (2008) and several other resolutions, call upon their member states and all parties of armed conflict to protect women and girls from CRSV. They call to ensure laws and policies are in place, to “prosecute the people responsible for such acts” and to end impunity for CRSV and give women access to justice.(35,36) UNSCR 1325 and 1820 play an important role in the international fight against CRSV and is used as foundation for many prevention programs.

The “Stop Rape Now” UN action campaign against CRSV started in 2007 and represents the intent of the 13 UN entities to work together to end CRSV by advocacy and supporting countries within their efforts to prevent CRSV.(37)

The global Summit to End Sexual Violence in Conflict was held in 2014 in London and brought together over 120 international government representatives, NGOs, representatives of civil society and youth organizations to commit to end CRSV. Several States signed a new Statement of Action and the International Protocol on the Documentation and Investigation on Sexual Violence in Conflict was launched. In the protocol, CRSV is more clearly defined coming out of the ICTY, ICTR and the Rome Statute – “rape and other forms of sexual violence are being investigated and prosecuted: as war crimes when committed in the context of and associated with an armed conflict; as crimes against humanity when committed in the context of a widespread or systematic attack on a civilian population; and/or as an act of genocide when committed with the intent to destroy an ethnic, religious, national or racial group in whole or in part.”(38,39)

2.6 Timeline

The timeline gives the most important conventions and declarations in the evolution of feminism and CRSV since the Universal Human Rights Declaration. To give a clear visual, these have been put in this timeline.

1945	Founding of the United Nations
1946	Commission on the status of women was founded
1948	Universal declaration of human rights signed in Paris
1949	Geneva conventions of international laws for humanitarian treatment in war
1966	International Bill of Human Rights – consists the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights - The ICESCR and the ICCPR, translate the ideas of the UDHR into a binding form.

1967	Declaration on the Elimination of discrimination against women
1975	First world conference on Women in Mexico City
1976-1985	UN Decade for Women - The 3 key objectives were: Full gender equality and elimination of gender discrimination, the integrated and full participation of women in development and an increased contribution by women in the strengthening of world peace
1979	Convention on the Elimination of all Forms of Discrimination against Women
1980	Second World Conference on Women in Copenhagen – signing of the CEDAW
1985	Third World Conference on Women in Nairobi – The birth of global feminism
1993	World Conference on Human Rights Implementation of the Declaration on the Elimination of violence against women – VAW defined and recognized as violation of human rights. Birth of term GBV Establishment of United Nations International Criminal Tribunal for the former Yugoslavia – “first international criminal tribunal that admitted rape as form of torture and sexual enslavement as crime against humanity.”
1994	International Conference on Population and Development in Cairo – links VAW and SRH Establishment of the Special Rapporteur on Violence against Women Establishment of the United Nations International Criminal Tribunal for Rwanda – first institution that acknowledged rape as a means of committing genocide.
1995	Fourth World Conference on Women in Beijing – first look at gender mainstreaming
1996	49 th World Health Assembly – Violence was recognized as public health issue.
1997	Women's health and Development Unit puts VAW as a priority issue on the WHO agenda
1998	ICC Rome Statue adopted
2000	Beijing+5 in New York – the role of boys and men in ending GBV UN Security Council Resolution 1325 – calls on to all parties of armed conflict to protect women from CRSV. Importance of women to be included in peacebuilding.
2002	First World Report on violence and health by WHO ICC Rome Statue entered into force – made rape a crime against humanity on an international level.
2005	Beijing+10 - Review of the implementation of the Beijing Platform for Action and Current challenges and forward-looking strategies for the advancement and empowerment for women and girls
2007	Start UN action against Sexual Violence in Conflict – Stop Rape Now
2008	UN Security Council Resolution 1820 – calls for the “immediate and complete cessation by all parties to armed conflict of all acts of sexual violence against civilians”
2010	Beijing+15 – Linkage between Beijing Declaration and achievement of MDG.
2014	Global Summit to End Sexual Violence in Conflict, London
2015	Beijing+20 - “Step it up for gender equality by 2030 – Planet 50-50” campaign. UN Women are asking the governments to make national commitments and close the gap by 2030

Table 1 – Timeline of women’s movement and evolution of the word GBV

3, Justification

Sexual violence in conflict happens, next to all the violence that a conflict brings with it. To prevent this conflict-related sexual violence is the interest of many actors working in these areas: UN agencies, international NGOs, women's groups and communities and there is international support to end CRSV.(1,40)

CRSV doesn't stop when people are leaving the scene of conflict. It continues during the flight to and in refugee settlements. UNHCR reports 20 million global refugees, defined by the 1949 Geneva Convention, in July 2015. By the end of 2015, 65.3 million people were forcibly displaced worldwide, due to persecution, conflict, generalized violence or human rights violations. To give this an understandable relevance, 1 person out of 122 has been forced to leave his/her home. These numbers far surpass the number of refugees and displaced people from WW2.(41) (42)

WHO has acknowledged, that VAW is a serious public health and social issue in conflict areas as shown in consequences for women's health and wellbeing.(43) UNHCR lists the consequences for SVAW – Physical consequences like injuries, shock, infections, disabilities, chronic pain, gastrointestinal problems, eating disorders, sleeping disorders, alcohol or drug abuse, STIs and HIV/AIDS. It can lead to unwanted pregnancies and unsafe abortions, pregnancy complications and miscarriages and gynecological and sexual disorders.

Psychological consequences like PTSD, depression, fear and anxiety, anger, shame, self-hate, self-blame, mental illness like borderline and suicidal thoughts and behavior. Social consequences include being rejected by the family, social stigma, isolation and poverty and gender inequalities. The consequences of rape can lead to death due to injuries or suicide.(44)

Public health approaches to this complex societal and cultural problem include social change methodologies.

4, Study questions

How does a successful conflict-related sexual violence prevention program look like and can it be used in different contexts?

[4.1 Objectives and specific objectives](#)

[4.1.1 General objective](#)

- To gain an understanding of the nature of CRSV situations and successful prevention programs/responses in order to identify the

gaps and make recommendations for prevention program designers.

4.1.2 Specific objectives

- To describe the problem of CRSV from a historical legal framework perspective.
- To understand the factors that influence CRSV.
- To describe elements related to the systems and stakeholders influencing successful prevention programs in conflict settings.
- To provide the rationale to use a public health/social change lens to view the problem.
- To make recommendations for program designers.

5, Methodology

The study questions will be analyzed by a literature review. Relevant documents have been identified. Peer-reviewed literature, grey literature and field reports were used for this paper. The data search has been done in several stages to answer the different specific objectives. Databases and topic related websites were explored on each specific objective and have been referred to in citations. References have been used to find more topic related evidence and programs.

A more systematic method was used to find peer-reviewed literature using PubMed, google scholar, the VUA library, Search Gate and Science Direct as described in the Research Table below. Found literature has been screened on title and abstract for inclusion. Four different analysis have been done, were as the main analysis was about the strategy of prevention programs. Full text reading was done during in depth analysis.

Keyword and databases used in literature searches are described in the table below according the four sub-topics.

Research Table	<u>Keywords used</u>	<u>Databases used</u>
Abstract understanding of rape	the natural history of rape, why rape, GBV AND men, SGBV AND men, determinants AND sexual violence, sexual violence AND evolution	PubMed, Google Scholar, VU Library, Search Gate, Science Direct
Determinants of CRSV	GBV AND men, SGBV in conflict area, rape AND war, rape as weapon of war, rape AND conflict, conflict-related sexual violence, sexual violence AND war, sexual violence AND prevention, rape AND soldiers, sexual violence AND soldiers	PubMed, Google Scholar, VU Library, Search Gate, Science Direct
Prevention programs	SGBV AND Prevention, GBV AND prevention, rape AND prevention, GBV prevention programs, SGBV AND	PubMed, Google Scholar, VU Library, Search Gate, Science Direct

	prevention AND men, rape AND prevention, prevention of rape in war, war AND rape AND prevention, war AND sexual violence AND prevention,	
Gaps of prevention programs	Evaluation AND prevention programs, evidence based programming, reduced risk AND rape, evidence AND prevention programs,	PubMed, Google Scholar, VU Library, Search Gate, Science Direct

Table 2. Research Table

Google search was used for grey literature and field reports and specific NGOS like: MSF, International Committee of the Red Cross (ICRC), UNHCR, UNFPA, Oxfam, CARE have been contacted as well as several informants from the field of interest, as listed in the footnote.¹

Literature was searched on the 4 sub-topics, and several programs and articles that met the study question were identified. 109 articles and programs were included based on their abstracts and, after in depth reading of the article, 42 were excluded for various reasons, including: not addressing the topic, poor quality, not fitting the setting of conflict or because they didn't address the question.

- Abstract understanding of rape – 12 articles were reviewed, where 7 articles were included in the study as they answered the abstract understanding of rape.
- Determinants for CRSV – 23 articles were selected and 20 articles were included, showing the determinants of CRSV.
- Analysis of Prevention programs - 61 programs were analyzed, 27 programs described in this paper. These include programs of international and national organizations working in conflict areas, programs in IDP and refugee camps, programs working in humanitarian and emergency response, programs working on GBV and behavior change. Programs were assessed for inclusion against the chosen conceptual framework. Prevention programs that were not focused on conflict situations were excluded.
- Gaps of prevention programs - 13 research articles on GBV programs were reviewed, and all found to be relevant. In addition, 4 articles relevant to the above mentioned sub-topics were found and included in this section. During the complete analysis, 17 articles have been identified and included to analyze gaps in prevention programs.

6, Conceptual Framework

¹ Informants include the following people: Leslie Snider – Peace in Practice. Abdella Dinu, Chloe Vaast, Lincie Kusters and Prisca Zwanikken – KIT. Sarah de Block, Debbie Price and Meggy Verputten – MSF. Willma Doedens – UNFPA and Henny Slegh – Promundo Global.

To discuss the framework, it is important to describe "Gender at work". "Gender at Work" is an international organization, established by UN women. They use the "what are we trying to change" framework to bring more gender equality into processes in organizations.(45) That framework has been changed and adapted from the original framework coming from Ken Wilber, A Theory of Everything, 2000.(46) The framework used here, is adapted from the "Gender at Work" framework to meet the study-questions and has been renamed to "Change Framework" (ChF). The findings are structured according the specific objectives.

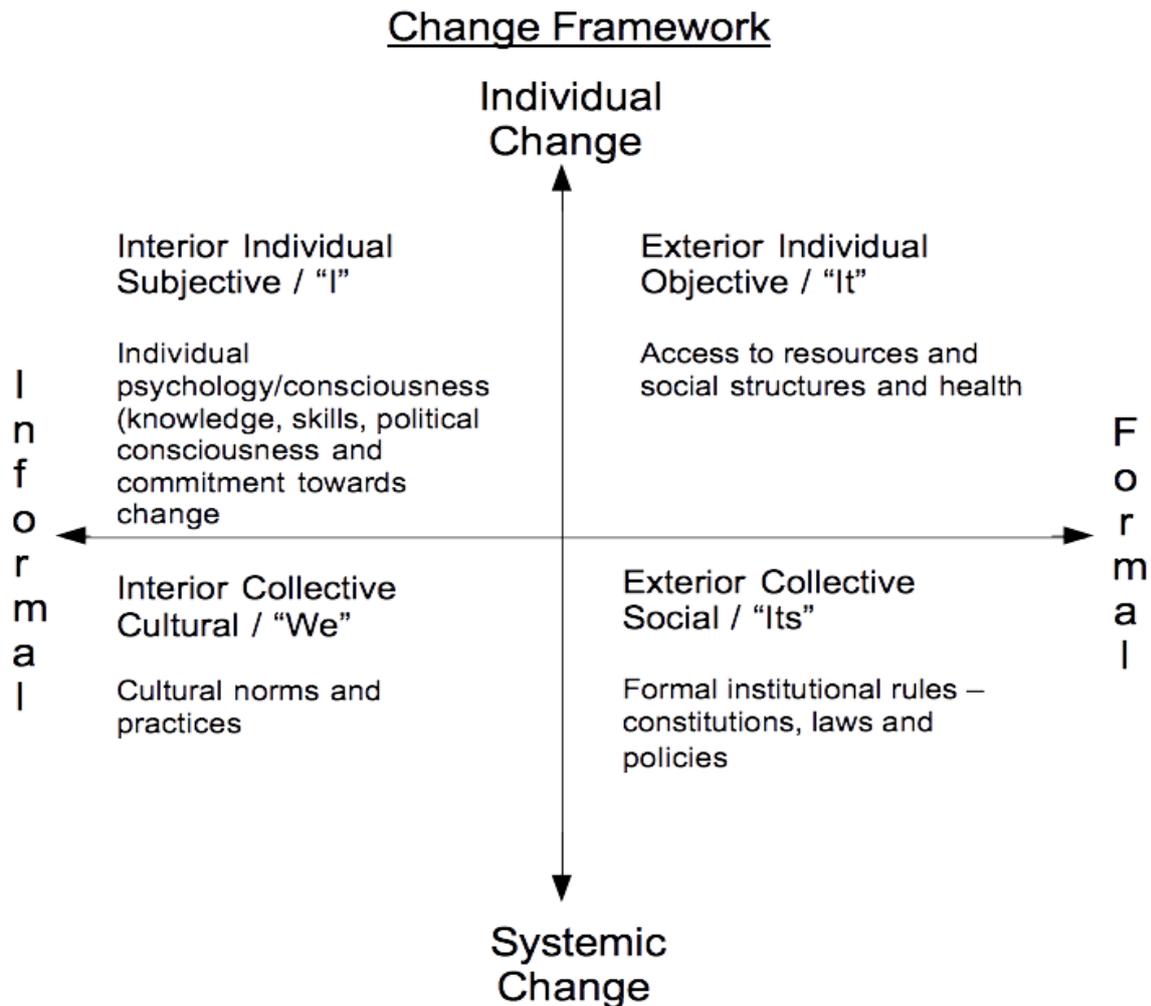


Figure 1. the adapted version of the Gender at Work framework – called new, Change framework.

The framework has been chosen because it gives the possibility to look at CRSV from several individual angles. There are four components that all influence each other but each can also stand alone. On the informal side there is the Interior Individual (II) level that stands for the individual change by access to knowledge, skills and consciousness. The II-level shows if prevention programs work on the understanding of each person and on their commitment towards change. The Interior Collective (IC) level works on the cultural norms and practices. It works on the group or community and what is understood under cultural norms and values.

On the formal side, the Exterior Individual (EI) focuses on access to resources like money or work, social structures and access to health. The Exterior Collective (EC) component represents the law, the constitutions, policies and rules of a country, society or community.

The individual change stands in direct relationship with the systemic change and vice versa as do the informal and formal sides. By working on all the components, change will come forth in balance.

The Change framework guides this analysis of the prevention programs and will show in which component the programs work. This will help to identify the strong points of each program and to see where there is need for improvement. The use of the four clear identified components in analysing programs is seen as a strength of the framework.

During the analysis, the terms Interior Individual (II), Interior Collective (IC), Exterior Individual (EI) and Exterior Collective (EC) will be used to identify the components.

7, Results

[7.1 The abstract understanding of sexual violence](#)

Rape has always existed. But what makes men do it today? "The natural history of rape" examines rape from a "natural adaptation" point of view – that is, as an "alternative mating strategy" coming out of evolution. Women have the power to choose their mating partners, which pushes men to use force to overcome this.(47)

Out of the feminist movement, rape had been disconnected from a purely sexual attack to a more power-related dominance over women. This is because of the violence used during rape in order to force women into an act that is against her will.(48) SVAW is not restricted to a certain part of the world. It happens globally, independent of sociocultural background, economic status or educational level.(49)

A study from 2015 in the US, asking how perpetrators justify their actions, has shown that a "no" is understood as a "yes". There is still the idea that women provoked it by their behavior or it is because the way they dressed. Furthermore, they said, a man has the right to it and they thought she would enjoy it in the end. The moment a woman stops defending herself was interpreted as an "ok" sign. Out of the questioned college students, 41% agreed that women have a shared responsibility in the fact that she has been raped when drunk. In many cases, women are blamed for what has happened to them by men, women and society.(50)

A study from 2011 done in South Africa, with the same interest on finding out how perpetrators justify the crime, revealed different determinants and made clear that the reasons that rape has to do with culture and

gender roles. A variety of answers were given, ranging from early childhood-trauma that reduces the ability of attachment towards women, to peer pressure from gang members. Desires to control women and anger over women not respecting their assigned gender roles in society are given as justification for rape. Of all men who participated in the study, 27.9% had raped a woman at the given point in time, 8.9% had been involved in gang rape and 4.7% had raped a child younger than 15 years of age. Forty-five percent of the men who had raped a woman admitted that they felt entitled to do so and had no feelings of guilt after. Absence of parents has been identified as a significant risk factor for abusing children by the group of perpetrators.(51)

A systematic review done in 2012 looked at factors influencing men to become perpetrators. The most dominant factors include:

- parental intimate partner violence
- sexual abuse during childhood
- attachment disorders during early childhood
- psychopathic traits
- personality disorders in sex offenders against children
- delinquent behavior
- gender inequitable attitudes
- physical intimate partner violence
- sexual entitlement
- early sexual initiation
- multiple sexual partners
- transactional sex as drug
- alcohol abuse (52)

Gender norms and roles in a society will influence the prevalence of rape. The status of women and how men look at them are important determinants to why rape happens.(53) In addition, root determinants of violence in general (including SGBV) are important for understanding prevalence of CRSV – and how to prevent it.

[7.2 Conflict-related sexual violence](#)

As explained in the Background, there are many international legal frameworks to protect women and girls from CRSV. But these treaties are only binding in the countries that signed these conventions and even there, in moments of war, there is no guarantee that Human Rights will be respected. In reality, many of these rules are not obeyed in situations of conflict. CRSV is not new and has many reasons and faces. It can happen during conflict at any time, any place and by any person contributing to the situation.(54) UNFPA states in their report from 2015 that CRSV is perpetrated by “partners, relatives, state and non-state armed forces, camp officials, teachers, and even peacekeepers and aid workers.”(55)

The Sexual Violence in Armed Conflict Research Initiative collected a dataset where they surveyed 625 armed conflict groups in 129 conflicts from 1989-2009. They describe out of 177 armed groups, 42% used CRSV as part of their violence repertoire. One of the results shows 59% of perpetrators were government actors. Their dataset may help to explain the changing patterns of CRSV, which groups are using it, where and when it is used and what forms of violence are included. However, we must take into account that many cases are not reported and the analysis might not be complete.(56)

7.2.1 Armed groups

From analysis, it is clear that determinants of CRSV are diverse. C. Koos proposes reasons for combatants to use CRSV in 4 elements: "purpose and strategic motive, contextual conditions, individual motives of fighters and group dynamics within armed groups".(7)

7.2.1.1 Purpose and Strategy

CRSV as purpose and strategic motivator is seen as a strategy for torture, to extract information, to gain control and power, to degrade and intimidate women, to destabilize and destroy communities. It is used to humiliate opponents and wound their "masculine pride", when men are unable to protect the women in their communities. It is perceived as a deeper defeat than those lost on the battlefield. Effects from this type of war strategy stay long after the fight is over. Some rape acts are done in public or even family members forced to rape one another. It is the humiliation that makes this type of war strategy so effective.(7,55,57,58)

Out of reward for a victory or to show dominance of the winning side towards the community, but as well to drive communities and groups off their land and make them flee. It is used to willfully spread HIV and other diseases and has been seen as genocide.(57,59)

Rape is used to punish or destroy a population based upon certain characteristics – ethnicity, religion or other characteristics – and is a tool for "ethnic cleansing". This was seen in the war in Bosnia where impregnating women was a strategy to destroy the non-Serb Bosnians, and in the Rwandan genocide to destroy Tutsis. As there was no punishment towards the perpetrators in the institution itself, it can be seen as a strategy. Forced marriage and abduction for rape and sexual slavery as seen in Uganda, Liberia and Guatemala. (7,60,61)

CRSV is currently used by the Islamic State (IS) in Syria and Iraq against the Yezidis population. The OHCHR report from June 2016 shows the cruel testimonies on systematic and strategic use of CRSV against the Yezidis women and has been identified as genocide, as defined by the ICTY and ICTR, bringing the IS under hard attack by the international legal

community.(61)

7.2.1.2 Context and Impunity

The absence of the security system, no reinforcement of laws, regulations and policies, and the lack of punishment, raises the chance to rape. But it is in these cases that the status of women was already unequal before beginning of the conflict. Different contexts show that not all conflicts have an increase in incidence of rape when the system is weakened. This is a sign of the importance of pre-war rape prevalence. But again, the absence of punishment will make rape more likely to happen.(6,7,55,62)

Taking *Context* as influence: T. Bensele and L. Sample show in their comparative study from Bosnia and Sierra Leone, that the influence of recruitment and leadership during armed conflicts, influences the behavior of fighters in a significant way. In the war in Bosnia, where there was a lot of lobbying against Muslims, CRSV was present from the beginning. But in the conflict in Sierra Leone, CRSV came after the strong leadership to protect civilians (and especially women) had fallen away and the training of new soldiers had stopped. Once individual power grew, more CRSV was seen in Liberia, which demonstrates that leadership can control behavior of soldiers and influence CRSV.(28)

Gender roles continue to have an important influence on CRSV. The status of women before the conflict, the social structure of the conflict and the groups within it will determine the magnitude of CRSV. Every conflict needs to be analyzed separately to understand the risk of CRSV. CRSV is an act of political violence that is informed by "discriminatory societal norms around gender". It is a combination of inequalities, institutions and identities, responsible for presence or absence of CRSV and cannot be analyzed without taking gender into account when it comes to political instability. CRSV occurs because of strategic overtake of power, war gain and plunder. Contexts differ and so does CRSV.(58)

This is shown by four war-rape patterns:

Field centered/opportunistic – DRC and Liberia, where the fight was/is about gaining control over land and resources, where "rebels" fight against state, CRSV was highly prevalent and done by both sides. Which can be seen as opportunistic and strategic.

Field centered/woman targeted – CRSV is used by state and opposition groups where women were targeted as seen in Afghanistan and Iraq. The aim is to gain control over women, their movement and autonomy as their political activism, way to dress and presence in public.

State-led/ethnic conflict – Myanmar, where the state tried to suppress a minority group and victims were chosen by their ethnicity. But here gender roles within the society need to be taken into account as well.

State-led/enemy-targeted rape – This has been seen when powerful rebel groups commit little CRSV but state and security forces target victims based on their sympathy towards these rebel groups and publicly criticize

the state. Sri Lanka and Colombia are clear examples for this.(58)

CRSV due to *impunity*: When there is no law or rule that says something is forbidden, it can be done without fear for punishment. When rape becomes an unpunished and tolerated practice, it is no longer seen as a crime by perpetrators. As seen in the case of Sierra Leone, where rape started to happen when strong leadership fell. The opposite has been seen in the groups of the Liberation Tigers of Tamil Eelam (LTTE), where rape was punished with torture and death. From the LTTE there are very little reports of CRSV. Their social norms forbid unmarried sex, cross caste relationships or non-spousal rape. But also, strong leadership influenced their behavior. Rape is more likely to happen under conditions of impunity from organization and state.(28,31,63)

7.2.1.3 Individual level

Not every soldier will become a perpetrator. The literature shows that notions of masculinity, violence and conquest are associated with the likelihood of soldiers to commit rape. Out of reports from the Democratic Republic of Congo (DRC), there are different interpretations of rape by soldiers, which will be described in section 7.2.3.(7,59)

D.K. Cohen (2007) furthermore shows that lack of knowledge on legal frameworks can influence perpetrators in their behavior. Rape is seen as a lesser crime than murder.(62)

When it comes to female perpetrators, cases have been reported where women from armed groups rape to establish their position in armed groups.(64)

7.2.1.4 Group Dynamics

When it comes to *group dynamics*, the behavior of the commandant serves as role models and their attitude towards rape – as well as group pressure – influences soldiers to use CRSV. It is used to create “group loyalty”, “get to know each other”, create a bond and to improve group morale in combat situations – almost like teambuilding. Groups that consider rape as a sign of masculinity have a high motivation to commit rape in order to gain respect of peers. It is used as form of reward for victory, as documented in reports from the conflict in Sierra Leone.(7,59,60,62) Additional information coming out of the conflict from Sierra Leone shows that gang rape by forced recruited soldiers is encouraged to create cohesion among them and the groups. In the Revolutionary United Front (Sierra Leone), where there was no institutional structure, but more lead by senior members and small groups, CRSV was more likely to be used after forced recruitment.(59,60)

7.2.2 Non combatants

CRSV is not only perpetrated by soldiers - many perpetrators are known to the survivors and are family, neighbors or friends. Civilians and refugees, fleeing the same conflict, can become perpetrators. One would think that this shared misery would give a feeling of unity and CRSV would not occur frequently, however incidents of rape do increase along with an increase in reports of domestic and intimate partner violence (IPV) in conflict and escape. Around a conflict area, IDP and refugee camps arise. CRSV will be taken into these camps:

Loss of role for men in IDP or refugee settings, gives more surface for conflict and acts of violence. Men may lose their role of protector and provider for the family and may feel frustrated and powerless. Rape in refugee settlements may happen due to boredom, lack of work, use of alcohol, punishment of women or for pleasure as reported by refugees in camp situations.(55,65)

Poverty and food insecurity are identified risk factors and sexual services may be exchanged for goods. Stress and trauma where there is no system to take care of emotional wounds of war and trauma can turn over into aggression and violent behavior. (55,65)

The deterioration of family and community capacity to provide safety and security for women and the absence of punishment, elevate the risks to women in camp settings. Various camp conditions can increase the risk of violence against women, including missing door locks on latrines and sleeping facilities, inadequate lighting, poor camp management, lack of privacy and overcrowding and inadequate facilities such as separate bathrooms. (55,65)

Many sexual attacks against women occur while they are gathering water or searching for firewood.(55,65)

This is influenced by a lack of policy enforcement. The absence of legal regulation, law enforcement and systems of accountability and punishment in conflict situations opens the doors to unpunished criminal behavior.(6)

[7.2.3 Democratic Republic of Congo](#)

A special case in CRSV is the conflict in DRC. Repeatedly called "the rape capital of the world", a lot of research has been done why CRSV happens so much in this African country.

UNHCR estimated in 2012 that 40% of all women in DRC experience sexual violence throughout their lifetime. They estimate 1100 women per day are raped - or 48 women per hour, to give a clearer feeling of that number.(66-69)

S. Banwell (2012) gives a clear overview of the influences in the complex and long-term conflict that gives DRC the name "rape capital of the

world". She describes CRSV over 3 levels: At the *macro level*² – the war for the minerals with international capitalism behind it, SVAW is used as terrorist force to control, suppress and chase away the population from the minerals. At the *meso level* – in military settings, sexual violence is used to prove masculinity. Influenced by the gender inequality in DRC and the cultural understanding that sexual desire is a natural instinct of men, for which women can be used to satisfy. On the *micro level* – Masculinity is understood as having a high sex drive and multiple sexual partners. A "strong" man can "satisfy" several women. For military forces this means a strong sexual potent fighter uses CRSV.(69) Then of course the missing enforcement of legal frameworks and punishment enhance this behavior. Additionally, the low status of women in DRC and the inequalities of gender in Congolese law give the impression to men that they have "the right to rape".

Congolese men are supposed to protect their women. Women are supposed to be caretakers and constitute the core of the community. CRSV as a weapon of war in DRC strikes men in their masculine identity.(69) In the eyes of soldiers, there is a difference between "lust" and "evil" rape. The first form has to do with sexual needs of men and the second form is deriving out of anger and the motivation to hurt women. Out of a research done in DRC, 44% of soldiers interviewed admitted to gaining satisfaction out of harming others. There are men who get pleasure out of rape. Others blame the missing of a wife to be intimate with, that drives them to rape, and another one third of soldiers reported raping due to peer pressure – as proof of manhood. Forty percent committed rape out of revenge. Brutality of rape was dependent on the use of substances, frustration, lust for power and belief in witchcraft.(7,59,60)

The soldiers themselves explain their actions also from an economical perspective. "If you don't have the money to pay for a woman, but you have the needs, then you will take her by force." Ideas like these are all around the armed groups and even by female soldiers accepted. Again, the role of women in DRC is seen as satisfying men.(59)

The figure below summarizes the determinants found in the above-described literature influencing CRSV by combatants and non-combatants.

² Macro level: analysis over a larger group/population. Meso level: inbetween macro and micro – a community or an organization. Micro level: small group or and individual.

Determinants influencing Conflict-Related Sexual Violence

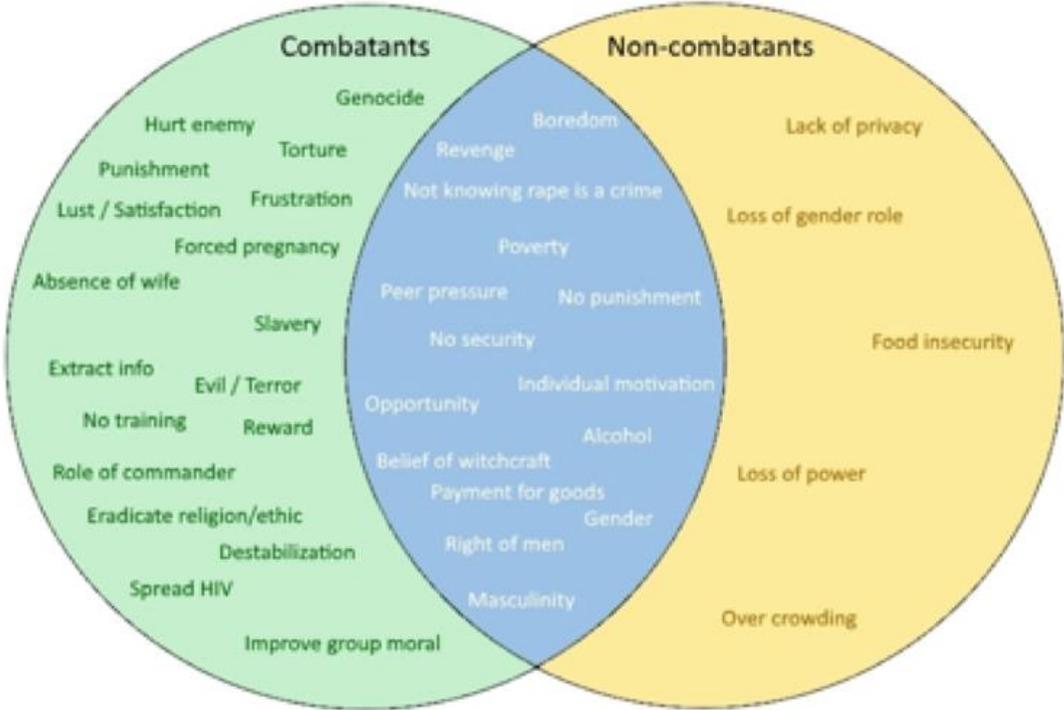


Figure 2, Determinants of CRSV described in the text.

7.3 Prevention of CRSV – analysis of existing prevention programs

As explained earlier, the prevention programs will be analyzed by the four components or the Change Framework (ChF): Interior Individual (II), Exterior Individual (EI), Interior Collective (IC) and Exterior Collective (EC). One challenge is to take into account all the different types of perpetrators: soldiers, civilians, peacekeeping organizations, aid workers, family members etc.

7.3.1 Overview Prevention programs

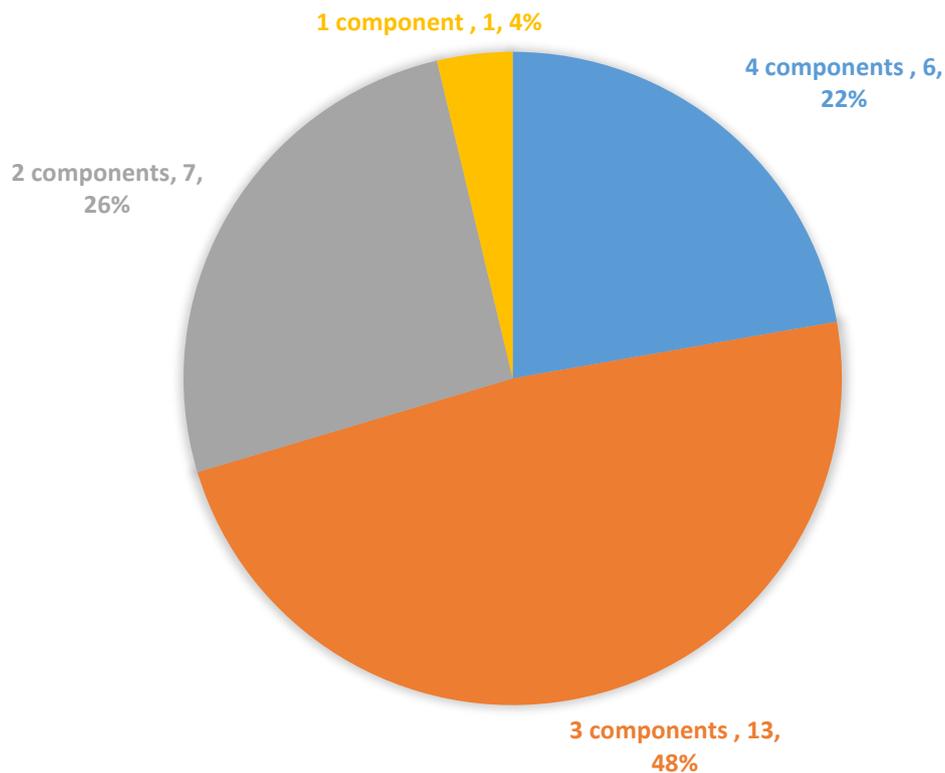
Using the ChF gave a clearer overview upon which components the prevention programs work. This is a visual summary:

II	EI	R. Asgary, E. Emery and M. Wong, 2013 UNCHR Guideline, 2003 A.Morrison, M. Ellsberg and S. Bott, 2007 Promundo Global, Founded 1997 Uganda National Action Plan, 2008 M. Blay-Tofey and B. Lee, 2015
IC	EC	

II IC EC	<p>„Stop Rape Now“ campaign, 2007</p> <p>Stop raping our Resource campaign, 2007</p> <p>V-Day, 2007</p> <p>16 days of Activism, started in 1991</p> <p>UNCHR guideline Liberia, 2001</p> <p>CARE’s Great Lakes Advocacy Initiative, 2009-2013</p> <p>Oxfam „We can“ campaign, 2005</p>
EI IC EC	<p>MONUSCO Strategy, 2008</p> <p>V. Culbert, Oxfam Protection Cluster Support Project, 2011</p> <p>Ivory Coast, National Action Plan, 2009-2014</p> <p>IASC Guideline, 2015</p> <p>International Campaign to Stop Rape & Gender Violence in Conflict, 2012</p>
EI EC	<p>US Strategy, 2012</p> <p>US National Action Plan on Women, Peace and Security, 2011</p> <p>UNFPA Strategy, 2008-2011</p> <p>F. Gerry and J. Yogaratnam, 2014</p> <p>OCHA Framework, 2016</p>
II IC	<p>SASA, Raising Voices, founded 1999</p>
II EC	<p>National Action Plan DRC – Declaration with FARDC, 2015</p>
Main Focus on EC	<p>Global Summit to End Sexual Violence in Conflict, 2014</p>

Table 3, the overview showing on which component the programs work.

COMPONENTS USED PER PREVENTION PROGRAM



Graph 1, the percentages of the analysed programs by number of ChF components used.

The graph is a visual representation of table 3. Six programs use 4 of the components, and 13 programs (48%) use 3 components. Seven programs work on 2 components and only 1 program used just 1 component.

7.3.2 Prevention in active conflict areas

7.3.2.1 Peacekeeping organizations

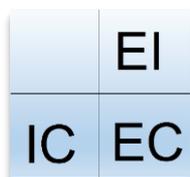
How can CRSV be effectively prevented in an active conflict? As described earlier, the status of women influences the prevalence of CRSV. Prevention by Protection, which is the mandate of the UN peacekeepers (UNPK). But recent news reports have shown that even the protection forces sometimes become perpetrators. (70)

7.3.2.1.1 The MONUSCO

The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) has made a comprehensive strategy to fight CRSV in Congo as response to the UN Action Against Sexual Violence in Conflict. The strategy is built on 4 pillars: *Combating Impunity, Protection and Prevention, Security Sector Reform, Multi-sectoral Assistance for Survivors*. The Components focus on the EI and EC as the IC of the framework. By strengthening the legal system, they want to

reduce CRSV. In the prevention and protection component, they include the involvement of the community and limitation of exposure to risk for CRSV. There is no step mentioned to work on the II level – working on individual consciousness and the inclusion of men in the program.

Similarly, the Protection Cluster program from Oxfam states a closer collaboration of UN agencies, NGOs, Human Rights and Civil Affairs Sections is needed to prevent CRSV.(53,71,72)

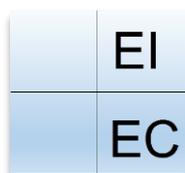


7.3.2.1.2 The OCHA SGBV framework

The OCHA SGBV Framework describes a clear stepped program of action to prevent CRSV:

- UNPK are there to protect the civilians and are deployed as first response to a conflict situation.
- States must be held responsible to answer to this problem of CRSV. They need to acknowledge this problem and respond with enforcement of laws and punishment of perpetrators.
- Strengthening of prevention programs – knowing where CRSV occurs the most and eliminating the opportunity to commit CRSV.
- A multi-sectoral approach. The Inter-Agency Standing Committee (IASC) guidelines³ give a solid pathway to use to work together – health care providers, police, NGOs, security personnel, legal actors, communities and men. Here it is important to work with joint forces on the problem.
- To reinforce protection and put perpetrators to justice, information directly from survivors and data are needed. On this level, work towards ending stigma and discrimination is also needed.
- Response to the survivors – medical and psychological treatment is needed.

The OCHA framework concentrates on the EC by putting pressure on the governments for law enforcement and on the EI component to make services more available. There is no direct work on the informal side. The II and IC are left out in the description.(24,73)



7.3.2.2 National Action Plans

³ IASC – primary mechanism for inter-agency coordination of humanitarian assistance, involving UN and non-UN partners. (112)

7.3.2.2.1 United States

The United States Strategy to Prevent and Respond to GBV globally (2016) works together with the US National Action Plan (NAP) on Women, Peace and Security (2011). Their main response to CRSV is advocacy towards enforcement of national laws and punishment of perpetrators. They focus on UNPK – to protect the population from violence. They show their financial investment in grassroots organisations and believe in supporting the local NGOs Empowerment of women, access to health and education are strategies to reduce CRSV. By doing this, there is an immense focus on the formal side of the ChF – more access to resources and better laws and policies. Indirectly they work on the informal side by supporting NGO's that work on education and empowerment.(74,75)

	EI
	EC

7.3.2.2.2 UNFPA

The UNFPA strategy 2008-2011 uses more or less the same approach. It tackles the problem as GBV on a wider scale. The strategy concentrates on supporting the countries by enforcing laws and advocating that UNPK and governments prevent and respond to GBV in conflict contexts. The strategy focuses on the informal side on enforcement and improvement of local NGO work – national and international. Their support is indirect. The support on the formal side is more active by advocacy and pressure, like the US Strategy.(76)

	EI
	EC

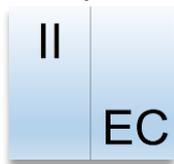
7.3.2.2.3 Democratic Republic of Congo

As answer to the CRSV report (2015) of the UN Secretary-General, the government of DRC and the military (FARDC) signed a declaration (2015) on the NAP Against Sexual Violence in Conflict. The declaration states that every commander serving the FARDC is responsible for:

- respecting human rights and international humanitarian law in relation to sexual violence in conflict
- taking action against sexual violence committed by soldiers under their command
- ensuring prosecution of alleged perpetrators of sexual violence under their command
- facilitating access to areas under their command to military prosecutors and handing over perpetrators within their command that are under investigation, have been indicted or convicted
- undertaking disciplinary measures against soldiers suspected of involvement in sexual violence in line with the FARDC military code

- reporting to the FARDC leadership any incidents or allegations committed within their area of responsibility
- sensitizing soldiers under their command about the zero tolerance policy on sexual violence in conflict
- taking specific measures to ensure protection of victims, witnesses, judicial actors and other stakeholders involved in addressing sexual violence

By this declaration, the program works on the II and the EC component of the ChF. Soldiers who know that they are breaking the law and will be punished for their crimes, can take more responsibility for their actions. Further does the UN report give recommendations to all identified countries. The recommendations put pressure on the governments to take responsibility on their level to end CRSV. Lack of implementation of the NAP is pointed out and pressure placed upon governments to fully commit to improve this. (11,77,78)



7.3.2.2.4 Uganda

Other Nations as well have created a NAP to address CRSV – like Uganda has, after 20 years of conflict. The Ministry of Gender, Labour and Social Development has created a strategy to protect their girls and women as response to the commitment they made on the Goma Declaration 2008. The main lines of the strategy are:

- Legal and Policy Framework for GBV
- Improved Access to Health Facilities, Medical Treatment and Psychosocial Services for GBV victims
- Women in Leadership and Decision-Making
- Prevention of GBV in Society
- Budgetary Allocations for Implementation of UNSCR 1325 & 1820 and Goma Declaration

The detailed Matrix of the NAP includes awareness work on gender in communities and access to CRSV services as policies and laws. They have included in the NAP, to recruit gender advisors for the armed forces such as police, prisons and military stations. There is a plan to strengthen national and international groups and networks on advocacy. The prevention of CRSV shall be included in the curricula of schools and learning institutes to raise awareness at an early stage and to create more conscious generations. Uganda commits to combatting GBV for high ranking military and police officials of the Great Lake Region. The NAP respects all components of the ChF and tries to attack CRSV on a complete level.(79,80)



7.3.2.2.5 Ivory Coast

The NAP 2009-2014 to combat GBV from Ivory Coast acknowledges the importance of the community and has written down a 5-step plan to end GBV.

- Prevention of gender-based violence
- Justice and fight against impunity
- Security Sector Reform, DDR and Sexual Violence
- Multi-Sectoral assistance
- Coordination and data-collection

The first step about prevention, the focus on engaging men and boys. SVAW will be prevented by using an Early-Warning Indicator of Conflict-Related Sexual Violence. They want to train the communities on the UNSCR 1325 and 1820, also in schools, clubs, children and youth associations. Zero tolerance policy in schools will be enforced. In the second step, impunity will be fought against and access to justice will be enforced. Step 3 is security sector reform – a specialized protection call will be created in police and gendarmerie brigades, where simple explanations are provided for them to understand the problem. Prevention of GBV will be included in the ethical code of the police and gendarmerie and special trainings will be done. The fourth step will build on Multi-sectoral assistance and step 5 is coordination and data collection. The focus on the individual is missing in this strategy.(81) For deeper comparison, read the table in Annex 1.

	EI
IC	EC

7.3.2.3 Advocacy

On a global scale, there is a lot of ongoing advocacy work. Many international campaigns, conferences and meetings are held to work jointly on a solution for CRSV. The Global Summit to End Sexual Violence in Conflict, held in London in June 2014, brought up four key areas of work to end CRSV:

- First – To improve accountability at national and international level – better documentation, investigation and prosecution at national and international level to improve the legislation system.
- Second – to establish a better support system towards survivors.
- Third – to ensure that responses to GBV and the promotion of gender equality are integrated in peace and security efforts – including security and justice sector reform and military and police training.
- Fourth – to improve international strategic co-operation.

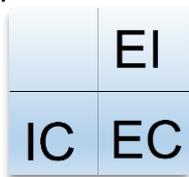
Out of the conference came the insight that governments need to work together with the international bodies. A strong focus is laid on the EC component – the enforcement of laws and the prosecution of perpetrators

on national and international level. CRSV survivors should be included in ministerial discussions. International experts on Sexual Violence in Conflict will be made available to specific countries to help the implementation of NAPs to end CRSV.(38,82) One of the expected results is the hope that a punishment system will end CRSV. But to achieve that, it needs to be made sure, that soldiers know about the international conventions and rules. By strengthening the EC, it is expected that the II will be enforced as well, according to P. Kirby 2015.(83)

The International Campaign to Stop Rape and Gender Violence in Conflict work by:

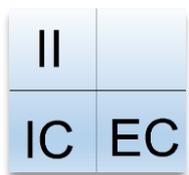
- taking pledge
- spreading the word
- writing letters to governments – to mobilise political will and demand a NAP
- volunteering
- hosting or organizing events
- striking and dancing
- demanding justice
- listening

A lot of their work is awareness work on individual and community level. The approach hopes that the informal shift of change will work on a pressure to make a change on the formal side.(84)



Many other international campaigns use this approach. The UN “Stop Rape Now” campaign uses many other NGOs to raise awareness around the topic CRSV and is strong on advocacy towards governments to take responsibility in ending CRSV. They base their work on 3 pillars:

- Supporting the design of strategies and programs to end CRSV;
- Advocacy to raise awareness and mobilise political will and development of better tools and guidance;
- Data collection to tackle stigma and discrimination.(37,40)



The action, “stop raping our greatest resource”, is part of the Stop Rape Now action but specifically focused on the DRC conflict, launched by the first lady Olive Kabila and holds the 16 Days of Activism supported by the GBV Prevention Network from Uganda. It calls for an end of violence against the Congolese women and impunity of perpetrators. Together with V-day (also part of the international campaign to stop rape and gender violence in conflict) and UNICEF, they empower Congolese women

and men to put pressure on communities, provincial and national level to take action against SVAW in the conflict.(85–87) Next to international awareness and pressure, the DRC campaigns work on community awareness and call them up to protect their women. CRSV in DRC is still overshadowed by stigma and discrimination, making the consequences even harder for survivors. These international campaigns want to raise awareness worldwide to create a global movement to end CRSV. Creating international pressure to move to a united will and a commitment to do something about the crimes against women and humanity that happens in conflicts. (40,87) They work on the individual – II, the communities – IC, and law enforcement – EC, by advocating for individual and systemic change.

II	
IC	EC



Picture 1,2 and 3 show scenes from a theatre, MSF organized to sensitize the community on SV. Taken during my mission in North Kivu, DRC in 2014.

A more practical solution was presented by F. Gerry and J. Yogaratnam, by using social media to fight and prevent CRSV. In a time, where Wi-Fi connection work in conflict areas and the way of communication through social media is broadly used, this could become a new strategy to prevent CRSV. Social media would also be used to raise awareness on individual

and community level. It could be used to alarm someone in a dangerous situation, for referral of victims and for collection of data. The idea works on the informal side of the ChF. On the formal side, it works on the EI level as the use of social media can be seen as a resource and if access to it can be guaranteed everywhere, it could be a solution.(88)

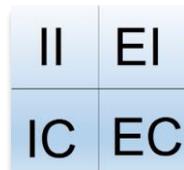


7.3.3 Prevention in camps – IDP / Refugees

A review of intervention programs on Refugees by Asgary et al. has shown that primary prevention strategies against GBV in camp settings are:

- understanding the causes and contributing factors
- changing sociocultural norms
- rebuilding family and community structures
- providing effective services and facilities
- working with formal and informal legal system
- disseminating information, education and communication
- assessing and documenting of cases.

Looking at the model, all components are covered but the review doesn't show in detail which program uses what component.(89)



7.3.3.1 UNHCR

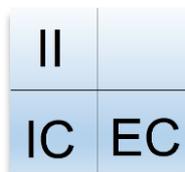
In 2001 the UNHCR released a guideline for implementation of the SGBV prevention and response program in Liberia. The program they suggest takes into account 3 of the 4 quadrants of the framework. The II is addressed by working on awareness of GVB on the individual and by building critical consciousness. By understanding what rape is, how to detect rape, to understand what the mental and physical consequences are. On the IC level they want to:

- strengthen the community by using the given structure in the camp.
- use trusted community members from all ages and sexes to represent the blocks.

By using this multilevel approach, each age group will be addressed and the community as a whole will want to end GBV in the camp.

They use the experience from Sierra Leone, how the situation was during the conflict and flight to understand the present situation. The focus is on strengthening the existing structure and understanding the traditional cultural norms and power dynamics of society. They build on community awareness. For the EC component, the strategy focuses on advocacy and

law enforcement. The community will be introduced into national and international law on Human Rights, conventions and agreements.(90)



UNHCR published in 2003 a more detailed broader guideline on prevention and response to SGBV in refugee settings. This guideline touches all 4 components of the ChF. The guideline focuses on 5 key objectives for prevention:

- Transforming socio-cultural norms
- rebuilding family and community structures and support systems
- designing effective services and facilities
- working with formal and traditional legal systems to ensure their practices conform to international Human Right standards
- monitoring and documenting of incidents.

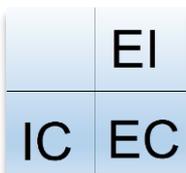
On the informal side of the ChF: they work on knowledge, attitude and behaviour – knowledge about human rights, reproductive responsibilities and domestic work. It is hoped that awareness raising about gender equality will influence men’s and women’s attitudes toward and knowledge of non-violent behaviour. Included here women, as well as men and youth, are to take responsibilities to work together. The focus lies on teaching about gender equalities at all ages, in schools and in community based programs. So that children start early with gender awareness. All this is done by using the existing cultural norms and values and including the community in creating programs. Rebuilding family and community structures is part of the IC component. By empowering men and women, they will take responsibilities in the new setting. When men are given purpose, like – assisting protection efforts or sports programs - there is less surface for violence. Equal access to education for girls and boys and protecting vulnerable people by using spiritual activities, may reduce CRSV. Raising awareness in the community by doing workshops, plays, open discussion rounds etc. may also reduce CRSV.(10)

On the formal side of the ChF: the guideline works on designing effective services and facilities and influencing formal and informal legal frameworks. By including the community on designing the camp or living situation, it will influence the opportunity to CRSV. Food distribution to women done by women will avoid a misuse of power. Separate latrines with light and locks will protect women and girls at night. Separating the women’s-only-households from the households where men are in and give them an area to themselves, reduces risks as will the registration of all refugees. By influencing the legal system, using the traditional legal system and knowing the laws of the national justice system, information and policies can be enforced. To share this information and making sure there are sanctions for perpetrators will take away another risk at the level of the EC component. The guideline gives a clear picture, that every setting is different and before starting to work on programs, it is

important to understand the magnitude of the problem and to identify the factors influencing SVAW in each specific setting.(3)



The IASC guidelines helps programs in humanitarian crisis, with its components going from camp management over nutrition to support services, it gives guidance towards eliminating the risk situations of CRSV. What is missing is the II component, where it doesn't concentrate to work actively on individual gender inequality changes. It gives prevention to acute situations for a set up and focuses on the risk situations towards CRSV but there is not a big focus on change towards behaviour. The target seems to eliminate opportunity for CRSV.(24)



7.3.4 Use of Lessons outside of conflict areas

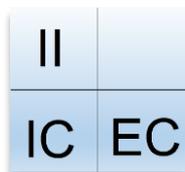
SVAW happens also outside of conflict and various programs and strategies have been developed in more stable settings. This section explores how these programs are different and what elements might be adapted for use in conflict settings.

Using the marketing strategy to change violent behaviour towards women is expected to be effective in stable settings in Latin America. Also using radio and television programs to promote behaviour change – raising awareness and modifying attitudes supposed to have promising outcomes according to Morisson et al. They show that an improving access to justice – improving laws and policies, mobilizing communities to defend and spread information on women's rights and increasing criminal sanctions have shown promising success towards reducing VAW. According to A. Morrisson et al. if all 4 components of the ChF are used, SVAW might be reduced.(8)



In Rwanda, Uganda, Burundi and DRC the CARE Great Lakes Advocacy Initiative 2009-2013 has worked towards behaviour change. The program worked with advocacy on individual awareness, community social change and advocacy for equal laws for men and women. The guideline states

“GBV happens because one person chooses to exercise power and control over another person. In our society, men and women are not yet equal. More value is given to men than to women. As long as there is an imbalance of power between men and women, GBV will continue.” The acknowledgment of this gender inequality is the foundation of this program. Throughout awareness work with communities and towards policy makers, this program puts all its efforts in bringing social change. They use very detailed strategies and a form of behaviour change communication to make the audience aware of their influence and responsibility towards ending GBV. As DRC is part of the “catchment area”, this programme can be used in a conflict setting as Congo. The program works on awareness of the Informal sector and puts pressure on the EC. But by their awareness work, they want to create pressure as well on the EI component but this indirect. (91)



7.3.4.1 Behaviour change by programs

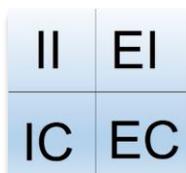
The organisation Promundo has set up a program to influence gender inequality, by working mostly with men. They have a multilevel approach. First they start with research on the perception of gender inequality in a certain society. Together with the International centre for research on Women, they conduct household surveys for the program called IMAGES where the results are used to work on men and gender equality policy projects (MGEPP). Including men in policy making will influence their commitment to work towards change by addressing gender equality in policies.

Promundo has furthermore several campaigns to end GBV by focusing on changing violent behaviour such as in the DRC conflict. They create psychological support for war-traumatized men by creating focus groups and peer support groups. By using educational activities and group therapy sessions, they change coping strategies to non-violent behaviour – “the living peace program”. In DRC they work also on this level with the military and have received positive feedback on the approach. The programs work mostly on the individual level. This is supposed to influence the whole community, as the men who followed the program, will function as peer supporters towards other men of the community. The policy-changing program works on the level of the EC but with a large focus on including society.

Another focus is including youth and the younger generation in these programs, to promote behaviour change for the next generation. “The living peace program” has been used in schools and uses young people to

function as agents. By interfering with their perception of violence and learning new coping mechanisms, violent behaviour will be prevented.

Program H, initially developed in Brazil, to promote gender equitable attitudes for men, focuses on change in behaviour on the individual and community level. The Program runs around four to six months and uses different activities to let young men think about manhood and the roles related to it. By working in small groups, the word will be spread in communities and men, attending the program, can function as role models towards others. The program has been used in over 22 countries so far. It showed that reports of GBV have reduced in participating communities and effectiveness has been acknowledged by WHO, World Bank and several UN agencies. Their focus goes strongly towards the informal side of the ChF. (92–99)



SASA is another program that works closely with communities to prevent SGBV. The Centre of Domestic Violence Prevention has started the program in 2003 in Uganda. It is focused on ending violence against women and stopping HIV transmission. By using people from the community, using media and advocacy, using dramas and public events to raise awareness, community conversations and community action groups, they open conversation among community members on the topic of power relations and gender role. By letting the community think about how the values between men and women are different and how this influences power, the individuals start personal awareness and consciousness about their behaviour. This hopefully influences the community. They use the informal way to change individual and systemic changes. The results show the efficiency of the program. The results of a randomized control trial show a significant reduction in use of violence against women – 52% lower experience of physical IPV in the past year. SASA is introduced to over 15 countries and achieves long lasting behaviour change in communities. It is mostly used to reduce IPV but has been seen to have a change in perception of gender roles in general which also relates towards the II and IC components of the ChF.(100–102)



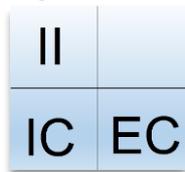
7.3.4.2 Behaviour change by media campaigns

Targeting individual and community change by using media, civil society groups, communities, education systems and popular celebrities, to

create awareness on VAW and gender equality, is the aim of the 5-year project by Oxfam “we can” campaign. As the UN “stop rape” campaign, they use famous people to function as role models and agents to pass a message. The campaign goals are a fundamental shift in social attitudes and beliefs to end VAW:

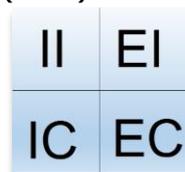
- The whole community to stand against VAW
- A popular movement to end all VAW and make it a publically acceptable to talk about it.
- A range of local, national and regional alliances to address VAW

The campaign works on the informal level, by using all this attention, it wants to put pressure on law and decision makers to enforce rules and regulations to end VAW, which is the EC component.(40,96)



7.3.5 Prevention of CRSV post-conflict

CRSV often continues to occur after the conflict ends. M. Blay-Tofey and B. Lee show that effective prevention requires working on different levels. At the individual level, access to education for girls and boys and empowerment for men and women to work is seen as being protective against GBV. For intimate partner violence, the length of the relationship and the economic relationship influences the magnitude of GBV – longer and economical equal relationships show less IPV. Solidarity must be worked on in the communities. Laws and regulations at the institutional level give a basis to work on and economic opportunities prevent poverty and frustration and can be seen as preventive for post conflict settings. Respecting all 4 components of the change framework might end GBV. (103)



7.3.6 Gap in prevention programs

This section describes the gaps in used prevention programs, mentioned in the literature reviewed.

D. Shopper points out the lack of evidence about effectiveness of prevention and response programs towards CRSV. Every program uses its own indicators for M&E. This challenges the ability to measure quality outcomes and form conclusive findings to create evidence based

programs. One simultaneous set of indicators to measure CRSV prevention programs could solve this problem. There might be further a challenge in measuring "prevention". How can we measure an event from occurring? The lack of "cure rate" statistics - as can be demonstrated for diseases like Malaria - makes the effectiveness of CRSV services difficult to measure.

A united, organizational utilisation of the GBVIMS (Gender Based Violence Information Management System) could help to bring data from all actors together.(89,104)

There is an enormous gap in knowledge about the real situation worldwide on SVAW, CRSV and GBV. This is one of the findings is coming out of the Sexual Violence in Armed Conflict Project by Cohen. The lack of data gives an elevated challenge to respond accordingly as to work on evidence based prevention programs.(56,62,105-107)

The importance of the health sector in prevention of CRSV is neglected. E.K. Wendt et al. have done studies on systematically asking questions during cervical screening about sexuality and sexual abuse. While knowing that many survivors don't seek help, this approach can help to understand the magnitude of SVAW in any context.(108,109)

For future work, towards preventing CRSV, it is important, to understand, that CRSV is in many cases not only a strategy of war, but a generally tolerated practice. As is seen, that in several conflicts, a high percentage of perpetrators are civilians. Therefore, survivors may experience different forms of SGBV, may have different needs and require different types of responses. Prevention efforts will depend on conflict specific findings to answer accordingly.(5,31,60)

CRSV is influenced by impunity within military organizations. What happens if commanders are not able to punish CRSV even if it is against the norms of the organization? More conflict specific research is needed to understand the influencing factors to CRSV, as it has been seen that not all armed conflicts use CRSV, like during the Israel-Palestinian conflict and the conflict in Sri Lanka. Out of twenty African countries, between 2000 and 2009, 59% of 177 armed actors in civil wars have not committed CRSV.(5,31,60) Policy makers could benefit from learning more about those organizations that do not use CRSV in order to understand the factors that promote women's protection and better prevent CRSV. An organization specific policy might help to limit CRSV in their setting and their conflict.(60)

Due to the immense prevalence of CRSV in DRC, many NGOs have started to respond to this problem. Rape has become a "business" as survivors get goods like salt or soap to support them, when they report rape to the several SGBV services on site. The missing understanding of the underlying causes of rape and the socio-cultural influences around it, give a biased image of CRSV in DRC.(110)

It is shown out of research, to end CRSV, women need to have a place in government and legal systems to give a voice to their gender-specific interests. Policies need to be made gender neutral to address both. Stereotyping women and men continues to the marginalisation of women and keeping them from political participation. The different definitions of peace and gender related, make it difficult to work on prevention. Women from Afghanistan, Pakistan, Nepal, Liberia and Sierra Leone defined peace as absence of domestic violence and freedom for movement, food security, access to health, education and justice. As second important step against GBV is a strong women's movement in a conflict situation. As seen after WW2 and in Uganda after the conflict, the strong women's movement advocated for "gender sensitive peace agreements". The women of Uganda used the international frameworks (CEDAW and UNSCR 1325) to push women's right during the Constitutional Review in 2003. This movement of "feminism" is one of the most important aspects to include international agreements to end GBV. Empowering women and working on women's organisations strengths in conflict should be part of long term prevention.(111)

8, Discussion and Conclusion

In conflict situations responses need to be quick. Priorities are food, water, shelter and emergency medical needs. Prevention of CRSV is less of a priority then providing care for survivors. In an acute fighting conflict like Syria, one of the most effective strategies is to reduce the opportunity for CRSV and punishment of perpetrators. There is little time or space to target prevention on gender awareness or to change attitudes about gender roles. The groundwork of awareness raising and attitude/behavior change and work on gender equality is most effective when done before the conflict starts. This could influence the social boundaries and norms around SV before men become soldiers and when there is a breakdown of legal systems for external punishment of SGBV crimes. Once a conflict is relatively stable (even if ongoing) – like DRC or South Sudan, more intense work on gender equality programs can be used to reduce or prevent CRSV. Programs like Promundo have shown that this is possible. In acute situations, training of health workers about rape seems to be most effective.

To fully work on change, an understanding of the nature of rape is needed. Every context is individual and several determinants will influence the prevalence of CRSV. Cultural norms will influence the way of war as the status of women in the specific area will influence CRSV. CRSV is used out of several different reasons. To influence it from happening, we need to understand the reasons behind it.

In fact, having strong laws is a deterrent and potentially preventive. A better prosecution system can influence criminal behavior, but might not stop people from committing crimes. Information on Human Rights and the international frameworks should be made available to the population and fighting parties. They should be included in school curricula and trainings of police and military. Knowledge and awareness on the individual level may empower women and may stop men from committing a crime. If women do not understand that their rights are violated and cultural norms about gender roles are part of the problem, they can't stand up for themselves. Governments need to be held responsible to enforce punishment systems and to pursue perpetrators as good leadership has been seen to be preventive.

There are many calls from the international community towards armed forces to respect human rights and the rights of women and to protect women and girls from CRSV. But these calls often don't reach the fighting parties and there is often no real enforcement for these parties to follow these international rules. Without fear for punishment, there is no pressure to obey the "law".

As seen in this paper, there are many national and international organizations working on prevention and response of CRVS. To keep an overview on who is doing what is challenging. Many international bodies work on different campaigns. There seems to be an immense public interest to end CRSV. It is necessary to target different stakeholders: perpetrators, survivors, families and communities at various levels. It is important to remember that CRSV happens at all levels and is committed by combatants, civilians, aid workers, police and boarder-control guards, for example. Designing prevention programs that attack the problem at all these levels is challenging but necessary. This by using a multi-sectoral approach, strengthening advocacy on ending VAW and working on change of attitudes against women and SGBV. The perception of men towards women needs to change.

9, Recommendations

This section will give recommendations on points to focus on for future prevention programs.

Effective prevention of CRSV needs to be multi-sectoral and multifactorial. No single solution has been found in this analysis. To understand the influencing factors specific to CRSV, is of great importance to respond accordingly. The prevention of CRSV should be made a priority on the public health agenda as the magnitude of the problem seems to be underestimated.

1. Every conflict needs to be analysed separately to understand the

determinants that influence the use of sexual violence and to create a suitable prevention program.

2. Prevention programs need to work on a gender equality empowerment in society and on individual perpetrators level.
3. In camp settlement: Empower men and women to take responsibility in the new setting. Support access to men to regain their role in society. Make sure there is equal access to education for girls and boys and engage traditional and spiritual leaders to influence perceptions of CRSV Raise awareness in the community by doing workshops, plays, open discussion rounds etc.
4. A gender-neutral definition of rape should be used, like the one given from the International Criminal Court.
5. Governments need to be put more under pressure to enforce laws and policies against CRSV as to prosecute perpetrators.
6. More research needs to be done to understand the magnitude of CRSV, data needs to be collected consistently, different groups should use the same indicators for comparison across settings to measure the elements of successful prevention programs.

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11, Appendix

11.1 Comparison National Strategies

This is just a short overview of the 3 used NAPs from DRC, Uganda and Ivory Coast.

National Plan	DRC	Uganda	Ivory Coast
Strategies Employed	<p>1. Le renforcement de l'application de la Loi et la lutte contre l'impunité ;</p> <p>1.1. La formation aux droits de la personne et aux droits spécifiques de la femme et la reconnaissance de ces droits fondamentaux :</p> <p>2. La prévention et la protection ;</p> <p>2.1. La nécessité et le besoin de bâtir une conscience de genre par la création des espaces de dialogue entre les hommes et les femmes</p> <p>2.2. Le développement du leadership des hommes dans le contexte de</p>	<p>1. Legal and Policy Framework</p> <p>1.1. Specific Objective: improved legal and policy environment in relation to enacting laws and policy making on GBV</p> <p>1.1.1. Create laws conform UNSCR 1325 & 1820 and Goma Declaration</p> <p>1.1.2. Provide support to transitional justice mechanism so that they are equitable and inclusive of women</p> <p>1.1.3. Increased use of the Grade 1 Magistrate Courts at district level</p> <p>1.1.4. Develop a policy on legal aid provision for the poor and vulnerable.</p> <p>1.1.5. Legislative and policy to respond to vulnerabilities of children born out of rape establish</p> <p>1.2. Specific Objective for improved performance of the different actors involved in combating GBS</p> <p>1.2.1. Law enforcement</p> <p>1.2.2. Special training for police, prosecutorial and judicial staff</p> <p>1.2.3. Combat corruption</p> <p>1.2.4. Equip juvenile rehabilitation centers</p> <p>1.2.5. Systematize data collection</p> <p>1.2.6. Community</p>	<p>1. Prevention of gender-based violence</p> <p>1.1.1. Engagement of men</p> <p>1.1.2. Early-Warning Indicators of CRSV – early warning in communities</p> <p>1.1.3. Training of relevant UN Security Council Resolutions</p> <p>1.1.4. Education Campaigns</p> <p>1.1.5. Television and Radio programs</p> <p>1.1.6. Reinforcement of school clubs as for children and youth</p> <p>1.1.7. Application of zero tolerance policy in relation to violence and sexual harassment in schools</p> <p>1.1.8. Implementation of prevention actions by security and peacekeeping forces</p> <p>2. Justice and fight against impunity</p> <p>2.1.1. Reinforcement of legislative framework</p> <p>2.1.2. Enhancement of capacity and judicial and police personnel</p> <p>2.1.3. Recruitment of more women in the administration of justice</p> <p>2.1.4. Legal assistance services will be put in place</p>

	<p>la lutte contre les violences sexuelles.</p> <p>3. L'appui aux reformes de l'armée, de la police, de la justice et des forces de sécurité</p> <p>4. Les réponses aux besoins des victimes et des survivantes ;</p> <p>5. La gestion des données et des informations en rapport avec la VSBG.</p>	<p>participation with police and judiciary to combat GBV</p> <p>1.2.7.Implement programs for behavioral change</p> <p>1.2.8.Advocacy activities for girls and women to address issues related GBV</p> <p>2. Improved Access to Health Facilities, Medical Treatment and Psycho Social Services for GBV Victims</p> <p>2.1. Strategic Objective: Increase access to appropriate health services and psychosocial services to victims of SGBV and increased collaboration, linkages and joint initiatives among the various actors responding to SGBV health related issues</p> <p>2.1.1.Decentralize medical services</p> <p>2.1.2.Support recruitment of health workers to handle SGBV survivors</p> <p>2.1.3.Train police and army, prisons, medical personnel and social workers in trauma management</p> <p>2.1.4.Integrate awareness training on SGBV for military, police and civilian personnel</p> <p>2.1.5.Support for local leaders</p> <p>2.1.6.Empower traditional healer to handle SGBV</p> <p>2.1.7.Psychosocial support for survivors and children born of rape</p> <p>2.1.8.Psychosocial support to perpetrators</p> <p>2.1.9.Increased access to psychosocial support for migrants and refugees</p> <p>3. Women in Leadership and</p>	<p>2.1.5.Protection measures, logistical support and psychosocial accompaniment for survivors during criminal justice process</p> <p>2.1.6.Training of communities on rights and customary chiefs to direct survivors towards jurisdiction</p> <p>2.1.7.Protection of victims, witnesses and other actors at risk will be reinforced</p> <p>2.1.8.For children, a system will be put in place to have access to the appropriate tribunals.</p> <p>3. Security Sector Reform, DDR and Sexual Violence</p> <p>3.1.1.Creation of specialized protection units in the Police Commissariats and Gendarmerie Brigades</p> <p>3.1.2.Nomination of Focal Points in the Police Commissariats and Gendarmerie Brigades</p> <p>3.1.3.Integration of GBV prevention in the Code of Conduct and Ethics of the Police and in the Rules of Service for the Gendarmerie</p> <p>3.1.4.Protection of women and children will be included in the basic training curricula in police and gendarmerie academies</p> <p>3.1.5.Training of Armed Forces on GBV</p>
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		<p>Decision-Making</p> <p>3.1. Strategic Objective: Increase Women's Visibility, Representation and Participation in Leadership and Decision-Making in national, regional and international institutions and mechanisms for the prevention, management and resolution of conflict.</p> <p>3.1.1. Increase representation of women in decision-making levels</p> <p>3.1.2. Training leadership of women in armed forces</p> <p>3.1.3. Training of GBV for armed forces in conflict situations</p> <p>3.1.4. Training for all peacekeeping organizations and humanitarian personnel</p> <p>3.1.5. Increase female presence democratic processes in post conflict situations</p> <p>3.1.6. Female experience of women leaders in peace building</p> <p>3.1.7. Motivate women to participate in leadership trainings for democratic processes</p> <p>4. Prevention of GBV in Society</p> <p>4.1. Strategic Objective: Build community and institutional capacity to ensure the prevention of GBV in society.</p> <p>4.1.1. Implementation of gender equality training for men and women</p> <p>4.1.2. Raise awareness amongst key stakeholders for issues in gender activity</p>	<p>3.1.6. Nomination of a high-level interlocutor to ensure that the Military Code of Conduct is applied and that alleged incidents are duly investigated.</p> <p>3.1.7. Inclusion of Sexual Violence prevention in the Code of Conduct for the Armed Forces</p> <p>4. Multi-Sectoral assistance</p> <p>4.1.1. Services including medical care, psychosocial support, legal support and reintegration will be made available, including in reception/transit centers</p> <p>4.1.2. Medical certificates for cases of sexual violence will be free of charge</p> <p>4.1.3. Prevent stigmatization of survivors</p> <p>4.1.4. Reintegration of medical, psychosocial, legal and socio-economic reintegration and care</p> <p>4.1.5. Referral of survivors through the "GBV Platforms", info campaigns and GBV help-line</p> <p>5. Coordination and data-collection</p> <p>5.1.1. The database will be structured of the GBVIMS</p> <p>5.1.2. The database will detect specific incidents of sexual violence linked to a context of insecurity or conflict</p>
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		<p>4.1.3. Recruit gender advisers and gender focal points</p> <p>4.1.4. Strengthen capacities of communities to work against GBV</p> <p>4.1.5. Reunite survivors with their families</p> <p>4.1.6. Special focus on women and girls in post conflict reconstruction</p> <p>4.1.7. Strengthen the network with groups and organizations working on GBV</p> <p>4.1.8. Work on sustained public awareness</p> <p>4.1.9. Include prevention of SGBV in school curricula</p> <p>4.1.10. Create institutions to fight GBV for high ranking military and police officials of the Great Lakes Region</p> <p>5. Budgetary Allocations for Implementation of UNSCR 1325 & 1820 and Goma Declaration</p> <p>5.1. Strategic Objective: Increased financing to all sectors for implementation</p> <p>5.1.1. Provide financial support</p> <p>5.1.2. Integrate gender perspectives into project planning and budgetary processes</p>	
Comparing	Not very detailed in action plans. The components are respected, but not much work in detail to make sure this will be followed.	Very concrete, complete actions with measures. Very detailed Matrix. All components of the ChF are respected. The strategy seems very well done with a good focus on sustainability.	The actions are described, but no responsibility nor measurements. Not that much detail, good point is the conflict measurement system they want to use. The individual is missing out of focus.

11.2 Definitions

Gender-based violence (GBV): GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. (IASC Guidelines 2015)

This definition, agreed upon from the Declaration on the Elimination of Violence Against Women (1993), includes acts that "inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life". It might also be used to describe violence against males and LGBTI. (IASC Guidelines 2015)

In early 2000s, the Reproductive Health Response in Conflict (RHRC) Consortium started to advocate for humanitarian partners to replace SGBV with GBV. This, because SV is part of GBV. Not the other way around. The IASC Guideline, released in 2005 was the first document, that institutionalized the term in the today known way and put here in start. Not this term is used in most humanitarian settings to refer to all violent acts used against gender specific. (UN Women 2012)

Sexual and Gender-Based Violence: According to the UN Women, the earliest use of SGBV came out of violence against women affected by conflict and this by humanitarian programming in refugee settings. The International Rescue Committee (IRC) worked out a program in 1996, called "Sexual and Gender-Based Violence Program" in refugee camps in Tanzania, together with UNHCR. As said above, coming out of the DEVAW from 1993, GBV was known internationally and the project wanted to include this term to show the intention to also focus on other forms of violence like domestic violence and harmful traditional practices. (UN Women 2012)

Violence Against Women: The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (WHO 2015)

Sexual violence: "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object." (WHO 2015)

Conflict-Related Sexual Violence: Conflict-related sexual violence refers to incidents or patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women,

men, girls or boys. It was mainly used by the UN to relate the use of sexual violence with the conflict. (UN Women 2012)

Conflict: Armed conflict has been looked at from the International Criminal Tribunal for Yugoslavia ICTY definition of international armed conflict and state interne armed conflict, no matter if involvement of state-forces or not. "an armed conflict exists whenever there is a resort to armed force between States" and "whenever there is protracted armed violence between governmental authorities and organized armed groups or between such groups within a State." And "several factions confront each other without involvement of the government's armed forces." (ICRC 2008)