

Sexual violence in conflict: a global epidemic

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Sexual violence encompasses a wide range of offences including rape, sexual assault, genital mutilation and forced marriage. During times of conflict there is a recognised increase in rates of sexual violence against women and girls.¹ In this context, sexual violence includes opportunistic attacks by soldiers, civilians, and even peacekeepers, as well as the deliberate use of rape by organised militia.^{1,2} Devastating stories of sexual violence against tens of thousands of women in conflicts in Rwanda and Bosnia in the 1990s sparked global outcry,³ yet chilling accounts of conflict-related sexual violence (CRSV) continue to be reported today. A recent United Nations (UN) publication presents credible reports of CRSV across at least 19 countries (Table 1).² Most recently, this includes reports of brutal sexual violence and gang rape committed against thousands of women and girls in South Sudan, as well as sexual slavery under the so-called Islamic State in Syria and Iraq.^{4,5}

While exact numbers of women and girls affected by CRSV is unknown, a 2015 report commissioned by the UN Security Council indicated 19 countries where it is currently occurring to a 'significant' degree of concern.² While the methodology for data collection and analysis is not given, this is highly indicative that CRSV is an issue that requires international attention. Few studies seek to determine the cross-national prevalence of CRSV, with figures ranging from 21.4% to 83%.^{6,7} This variation may be due to problems with data collection, as well as stigma, shame and fear of reprisals that can lead to under-reporting of CRSV, and occasional over-reporting as part of 'atrocities propaganda'.^{1,2}

It is difficult to unpick the causal factors associated with CRSV and this is in part due to cultural, social and political variation that occurs across different wars.¹ Some scholars theorise that pre-existing gender inequality is heightened during conflict, and that violence against women is more readily facilitated when societal norms and safeguards break down.³ Often women are also more vulnerable to attacks when performing tasks genuinely considered as 'female', such as collecting firewood and

water.² However, sparser reports of male victims of CRSV suggest that gender inequality may not be the sole vehicle for these crimes.¹ Sexual violence may at times be used as a strategy for terror during conflict, and this is indicated as an evolving area of concern by the UN in countries such as Nigeria, Iraq and Syria, where extremist groups operate.² In this manner, CRSV can cause injury to whole communities, such as in the Democratic Republic of Congo (DRC), where families may be forced witnesses of rape.⁸ Hence, CRSV may on occasions be considered a 'weapon of war'. While CRSV may be widespread, it must not be considered inevitable, which may allow us to excuse these crimes without action. Some armed groups never commit sexual abuses against civilians.¹ Therefore, the question remains, why does sexual violence occur in some wars and not others? Answering this may give us vital insight into the appropriate response.

What is clear is the devastating impact that sexual violence has on women, at all times, but often amplified in warfare.⁹ Physical sequelae include traumatic gynaecological fistula, largely unseen in any other setting, and is associated with the high level of violence and brutality that can go hand-in-hand with CRSV.⁹ Other injuries, including mutilation and death are reported consequences.⁸ Victims of such attacks are at risk of sexually transmitted infections, as well as unwanted pregnancy. With poor access to health services during conflict, and often restrictive legislation surrounding women's reproductive rights, this in turn may lead to increased numbers of women forced into seeking unsafe abortions, and, as a result, a possible increase in avoidable maternal mortality. Stigma, shame, and ostracism often amplify the adverse psychological impact of CRSV, isolating women and girls,⁸ and preventing their ongoing personal, social and economic development, which further heightens gender inequality. Stigma may also hamper help-seeking behaviour when services are available, and perpetuates under-reporting. There are also reported cases of honour killings, prosecution of victims for adultery or morality crimes, and even cases where individuals are forced

Table 1. A summary of locations where sexual violence in conflict is reported to have occurred between January and December 2014. Data are displayed in a country-by-country format, with the number of reported incidents and additional information also displayed. Adapted from *Conflict-related sexual violence: report of the Secretary-General*.²

Country	Number of reported incidents	Reported perpetrators	Additional details
Afghanistan	44	4 offenses committed by state actors (Afghan National Police)	Described as chronically unreported due to stigma and poor access to Taliban-controlled areas. Female victims may be prosecuted for adultery or morality crimes. 8 incidences involved children.
Central African Republic	2527	Armed groups	Women and girls reported to be systematically targeted in their homes, in door-to-door searches, and when sheltering in fields and forests.
Colombia	Unknown	Armed and Guerrilla groups	Women working with displaced communities are repeatedly targeted with sexual violence.
Democratic Republic of Congo	11 769	31% government security forces, 69% by other armed groups	Widespread sexual violence used as a weapon of war. Several prominent colonels have been prosecuted for war crimes.
Iraq	1500–2500	Islamic State militants	Reports of sexual slavery by Islamic State operators. 3 reports of forced abortion due to 'recorded ethnicity'.
Libya	Unknown	Armed groups	Reports of sexual violence committed in the context of displacement.
Mali	90	Armed groups or unidentified	Humanitarian workers have been attacked and death threats made against local workers, hampering data collection and response.
Myanmar	14	Government forces	Displaced civilians at highest risk.
Nigeria	276	Boko Haram	276 girls abducted from a government secondary school in 2014, reports of sexual violence conducted against them.
Somalia	2891 incidents of gender-based violence, including sexual assault	Government forces, militia allied with government, and clan militia	Gross underreporting due to fear of reprisals. Survivors frequently forced to marry their rapists as 'restitution'. Highly stigmatising, and poor access to humanitarian organisations and aftercare.
South Sudan	167 incidents affecting 236 persons.	Armed groups, government forces	Pronounced gender inequality and impunity reported. Victims often forced to marry perpetrators. Incidents reported to be part of military tactics.
Sudan (Darfur)	117 involving 206 persons.	Armed groups, government forces	30% of survivors of rape sustain serious physical injuries. Reported killings following rape. Forced marriage to perpetrators also documented. Attacks often occur while women and girls carry out essential activities such as gathering firewood.
Syrian Arab Republic	Unknown	Government forces, terrorist groups, including members of Islamic State	Some attacks occur in the context of detention or checkpoints. Men and boys also affected. Reports that Islamic State abductees from Iraq have been sold as sex slaves in the Syrian Arab Republic.
Yemen	Unknown	Armed groups	Internal displacement of 148 108 individuals occurred during 2014.
Bosnia and Herzegovina	Unknown	Armed groups	Post-conflict zone. 20 years on, there is ongoing difficulty with establishing support for survivors and children born of wartime rape who face ongoing struggles with stigmatisation and economic marginalisation.
Cote D'Ivoire	325	Ex-combatants, 1 member of the police, 20 members of the armed forces	Post-conflict zone. 57 incidents reported as gang rapes.

Table 1. (Continued)

Country	Number of reported incidents	Reported perpetrators	Additional details
Liberia	1392	Unknown	Post-conflict zone. Rape of minors is the most frequent form of violence reported.
Nepal	Unknown	Unknown	Post-conflict zone. Victims not officially recognised as 'conflict affected persons' so access to support is difficult.
Sri Lanka	Unknown	Security forces	Post-conflict zone. Reports of Tamil women being subjected to rape and sexual torture during and after the conflict.

to marry their attackers following incidents of sexual violence.²

There are programmes in place to try to prevent and respond to CRSV, including the Minimal Initial Service Package - an immediate task force that responds to the gynaecological and obstetric needs of women in times of crisis. Unfortunately, studies have found the success of this programme to be mixed, with poor documentation of its activities,¹⁰ thus further ongoing service evaluation and improvements are required. Other programmes in place include those offered by non-government organisations, but again these are challenged by low numbers of women presenting to services, as well as loss to follow-up.¹¹ Local community initiatives have been shown to have a positive impact on the psychological wellbeing of survivors in certain settings, such as the DRC, suggesting that one size does not necessarily fit all in our response to these crimes.^{8,11} Of course, international action on CRSV is delicately intertwined with political sensitivities, as well as ease of access to the affected population. The recent Global Summit to End Sexual Violence in Conflict hosted by the UK brought together 127 international delegates, and was successful in promoting discussion on strategies to end CRSV.¹² This included an international declaration to end impunity for perpetrators, as well as the development of a protocol to aid uniform documentation and investigation of CRSV.¹² Despite this, however, there have been no time-bound and quantifiable pledges to reduce CRSV in a similar manner to the millennium development goals.

CRSV will become ever more relevant in light of the growing movement of refugees from conflict-affected areas to Europe. As medical professionals we can document and report cases we are witness to and this may help pave the way to reducing impunity for these crimes. Our role in validating cases and claims made may also help to reduce the stigma surrounding CRSV. Above all, our recognition that CRSV is a long-term threat to women's psychological and physical wellbeing is essential.

Disclosure of interests

There are no conflicts of interest

Author contributions

KJ instigated and edited the article; CCG researched and wrote the article; JM wrote and edited the article. All authors approved the final version.

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