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Prevention of conflict-related sexual violence in Ukraine and globally



Russia's invasion of Ukraine on Feb 24, 2022 has already resulted in the forced displacement of over 5·8 million people outside of Ukrainian borders and an additional 7·1 million internally.^{1,2} Women and children, who account for more than 90% of the displaced, are at risk of sexual violence, rape, and trafficking during displacement.¹ Local and international organisations have documented reports of sexual violence perpetrated by Russian military forces.³ This mounting crisis suggests, not for the first time, that conflict-related sexual violence requires urgent action.

Sexual violence has long been a feature of war. World War 2 saw extensive sexual violence, some of which was explicitly or implicitly prosecuted by the Nuremberg and Tokyo tribunals in the late 1940s.⁴ Since then, from Cambodia, Rwanda, and the former Yugoslavia decades ago, to Colombia, Ethiopia, the Democratic Republic of the Congo (DRC), and Ukraine today, sexual violence has persisted in armed conflicts worldwide.⁵ Defined by the UN Secretary-General as “rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict”,⁶ conflict-related sexual violence has been identified by the UN Security Council as a threat to international peace and security.⁷

Scholarship on the impacts of conflict-related sexual violence provides lessons that can inform and guide prevention. First, conflict-related sexual violence has considerable detrimental individual and societal

effects. Sexual violence has physical and mental sequelae. Common health consequences include genital trauma, sexually transmitted infections and HIV/AIDS, undesired pregnancy, miscarriage, and maternal mortality.^{8,9} Psychologically, survivors of sexual violence are vulnerable to mood and anxiety disorders, including depression and post-traumatic stress, as well as increased suicidal ideation and substance use disorders.⁹ Beyond adverse health outcomes, there are economic and social ramifications associated with conflict-related sexual violence for individuals, families, and communities. Survivors, especially women and girls, are often subject to stigma, isolation, and spousal or communal rejection—dynamics that can be exacerbated by preconflict patriarchy.^{8–10} Similarly, sexual violence can involve the emasculation of male community leaders.⁹ It is also associated with an increased lifetime risk of other types of gender-based violence, particularly intimate partner violence.^{9,10} Conflict-related sexual violence can have transgenerational impacts. In the context of ethnic cleansing, rape may be committed to eradicate ethnic groups through insemination and reproduction, causing long-term social disruption. Children born from sexual violence face stigma and social exclusion; they are often at increased risk of abandonment and violence victimisation themselves.^{8,11} Additionally, communities where there has been extensive conflict-related sexual violence are at increased risk of conflict recurrence following peacetime.¹²

Second, rape in war is neither ubiquitous nor inevitable. Although it remains greatly under-reported, existing

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Sven Torfinn/Panos pictures

data indicate that not all armed organisations commit rape. For example, in an analysis of 48 national and international African conflicts from 1989 to 2009, only 36% of armed groups perpetrated conflict-related sexual violence.¹⁰ Elisabeth Wood has proposed a typology of sexual violence in conflict, shedding light on three reasons armed actors commit it: opportunity, strategy, and practice.¹² Opportunistic sexual violence in war arises due to a perpetrator's private and often spontaneous reasons, in the context of armed conflict. Strategic conflict-related sexual violence is driven by an armed group's organisational objectives; in extreme cases, it may be explicitly ordered by commanders. Conflict-related sexual violence as a practice describes sexual violence as a social norm, arising due to horizontal social pressures and tacit understandings among members of an armed unit. Although not ordered by commanders, sexual violence as a practice can be tolerated and left unpunished.¹²

Finally, sexual violence in conflict is preventable at multiple levels, although evidence for preventive interventions remains preliminary. As Wood has noted, the fact that conflict-related sexual violence is not ubiquitous and can be driven by different motivations suggests that it can be mitigated or prevented.¹² Yet, the complexity of such sexual violence demands a multisectoral response.

As a first-line response, medical teams' ability to establish a non-judgemental therapeutic relationship can be essential in promoting survivors' use of resources for addressing the impacts of gender-based violence.¹³

In acute humanitarian settings, access to quality emergency, survivor-centred medical care, and post-trauma psychological counselling has been linked with reduced distress and improved functioning in survivors up to 1–2 years post-exposure.⁸ Partnering with local practitioners, organising mobile clinics, and incorporating health-service provision in non-medical interventions to safeguard survivors' anonymity have also been identified as effective practices.¹⁴ Ideally, survivors need to access holistic care, such as the co-located medical, psychosocial, economic, and legal aid programming at Panzi Hospital in eastern DRC.¹⁴

From a public health standpoint, evidence points to the potential of multipronged initiatives, such as creating community crisis intervention units, combating attitudes that condone sexual violence both at the population level and within armed groups, and engaging community leadership in initiatives to oppose or prevent conflict-related sexual violence.^{8,15} Interventions that have successfully protected civilians from conflict-related sexual violence also address resource needs, such as increasing access to firewood and employment opportunities, and improved police visibility.^{8,15} Importantly, advancing gender equality, challenging restrictive gender norms, providing safe havens, and addressing survivors' economic empowerment support secondary and tertiary prevention.^{8,15} This approach supports improved mental health¹⁴ and a reduction in risk factors for conflict-related sexual violence, including household economic distress, women's financial dependence, and gender inequitable norms.⁸

With regard to justice efforts, although prosecution of those who perpetrate sexual violence in conflict settings is associated with decreased risk of conflict-related sexual violence, the evidence is inconclusive on the effectiveness of prosecution in disincentivising such violence.¹² Some studies show that survivors who testify in court are at increased risk of violence and social isolation resulting from stigma and reprisals.¹² Further, survivors are often dissuaded from testifying due to the high legal burden of proof.¹⁶ However, documentation of forensic evidence and safeguards, such as video testimony, can help protect survivors who testify.¹⁷ More research and evidence are needed to assess the immediate preventive effect of prosecuting conflict-related sexual violence, but it is clear that strong legal structures and the rule of law are essential to the creation of social norms that condemn

conflict-related sexual violence, protect individuals and communities from it, and prioritise accountability when it happens.

The world was rightly horrified by reports of Ukrainian women and girls held hostage in Bucha and gang-raped in a basement for 25 days by Russian soldiers.¹⁸ Unfortunately, Ukraine is only one crisis marked by such atrocities. Thousands of Ethiopian, Rohingya, Colombian, and Congolese survivors of sexual violence also need protection and support, and many others remain at risk. Establishing international best practices for a coordinated, multisectoral response that includes early medical and psychological care, ethical documentation practices, survivor-centred referral mechanisms and justice systems, and interventions that promote survivor resilience and recovery must be a global health and security priority.¹⁹ Medical documentation has a key role in future justice efforts, as well as informing evidence-based preventive measures. The need for collaboration between public health, legal, and medical experts is urgent, and underscores crucial intersections between health, gender inequality, and the potential for peace.²⁰ As noted by Kateryna Cherepakha, President of the human rights organisation La Strada Ukraine, the number of cases of conflict-related sexual violence currently reported in the war in Ukraine is likely to be “just the tip of the iceberg”.²¹ Ultimately, we must all act to support survivors and prevent such sexual violence in Ukraine and in conflict zones across the globe as part of our long-term strategy to build peaceful societies.²⁰

KTS is engaged to develop the UN Framework on the Prevention of Conflict-related Sexual Violence with UN Action/Special Representative of the Secretary-General on Sexual Violence in Conflict Pramila Patten and reports consulting fees for this work to be shared with the Center for Human Rights, Gender and Migration at Washington University in St Louis; and serves as Special Advisor on Sexual Violence in Conflict to the International Criminal Court Prosecutor, whose office is investigating conflict-related sexual violence and other atrocities arising in the context of Russia's invasion of Ukraine. DM is the President of the Board of the Global Survivors Fund and the Panzi Foundation, which serve survivors of sexual violence in Ukraine and other countries. The other authors declare no competing interests.

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