



PRINCIPLES FOR GLOBAL ACTION

**PREVENTING AND ADDRESSING STIGMA ASSOCIATED
WITH CONFLICT-RELATED SEXUAL VIOLENCE**

ACKNOWLEDGEMENTS

Kate Adams, Special Advisor and Lead Author

Global Network of Victims/Survivors, founding members

Moninga *Aime*, Men of Hope Refugee Association, DRC/Uganda

Angela *Atim Lakor*, Watye Ki Gen, Uganda

Zihnijja *Bašić*, Bosnia and Herzegovina

Jineth *Bedoya Lima*, El Tiempo Newspaper, Colombia

Esperande *Bigirimana*, Tearfund, Burundi/South Africa

Chris *Dolan*, Refugee Law Project, United Kingdom/ Uganda

Ángela *Escobar*, Red de Mujeres Víctimas y profesionales, Colombia

Kolbassia *Haoussou*, Survivors Speak OUT, UK

Miriam (Wangu) *Kanja*, Wangu Kanja Foundation, Kenya

Pilar *Rueda*, Red de Mujeres Víctimas y profesionales, Colombia

UK Advisory Group

Sarah *Cotton*, International Committee of the Red Cross

Erica *Hall*, World Vision

Kolbassia *Haoussou*, Survivors Speak OUT

Carron *Mann*, Women for Women International

Henri *Myrntinen*, International Alert

Maggie *Sandilands*, Tearfund

Aneeta *Williams*, War Child

James *Hamilton Harding*, Stabilisation Unit

Simon *Ferrand*, Foreign and Commonwealth Office

Sharifa **Abdulaziz**, Islamic Relief Worldwide

Dr Yahya **Alrahal**, LDHR, Syria

Letitia **Anderson**, UN Office of the Special Representative of the Secretary General on Sexual Violence in Conflict

Hilde Sjobo **Asbjomsen**, UN OCHA

Dr Nour Abu **Assab**, Centre for Transnational Development and Collaboration

The Government of **Australia**

Tatiana Viviane **Bangue**, Femmes Hommes Action Plus, Central African Republic

The Rt Hon Baroness Joyce **Anelay** of St Johns DBE

Stephanie **Barbour**, Commission for International Justice and Accountability

Mona **Bennani**, UN Peacebuilding Support Office

Veronica **Birga**, OHCHR

Nina **Brantley**, UNODC

Brian **Brivati**, Stabilisation and Recovery Network, London

Maria Paula **Calvo**, Colombia

Selvi Izeti **Çarkaxhiu**, Kosova Rehabilitation Centre for Torture

The Government of **Canada**

Lucie **Canal**, Trial International, Geneva

Tonderai **Chikuhwa**, UN Office of the Special Representative of the Secretary General on Sexual Violence in Conflict

Professor Christine **Chinkin**, Centre for Women, Peace and Security at London School of Economics and Political Science (LSE)

Antonio **Cisneros**, OHCHR

James **Collins**, NATO

Alison **Davidian**, UN Women

Prabu **Deepan**, Tearfund, Sri Lanka

Selvi Izeti **Çarkaxhiu**, The Kosovo Rehabilitation Centre for Torture Victims

Pablo **Castillo-Diaz**, UN Women

Sarah **Douglas**, UN Women/Peacebuilding Support Office

Dr Ingrid **Elliott**

Bhavani **Fonseka**, Centre for Policy Alternatives, Sri Lanka

The Government of **France**

Sera **Geta**, NATO

Shyamala **Gomez**, FOKUS Women, Sri Lanka

Christo **Greyling**, World Vision South Africa

Adrijana **Hanušić Bećirović**, Trial International

Jennifer **Hawkins**, USAID

Dr Claire **Henderson**, Kings College London

Dr Clare **Hollowell**

Agnes **Hurwitz**, UNHCR

Sabiha **Husić**, Association Medica Zenica, Bosnia and Herzegovina

Charlotte **Isaksson**, European External Action Service

Sister Sheila **Kinsey**, Justice, Peace and Integrity of Creation, Holy See

Solveig **Knudsens**, UN DPA

Charlotte **Lindsey-Curtet**, ICRC

Dr Jonathan Kasereka Muhindo **Lusi**, Heal Africa, DRC

Hillary **Margolis**, Human Rights Watch

Ambassador Mara **Marinaki**, European External Action Service

Dr Emilie **Medeiros**

Siva **Methil**, UN DPKO

Ms Edwina **Morgan-Bodo**, ICRC

Bangue **Morouba Tatiana**

Naw Kyu Ju Ni (Kyujuni), Myanmar

Dr Nof **Nasser-Eddin**, Centre for Transnational Development and Collaboration

Joanne **Neenan**, Centre for Women, Peace and Security at London School of Economics and Political Science (LSE)

Sebahate **Pacolli Krasniqi**, The Kosovo Rehabilitation Centre for Torture Victims

Blake **Peterson**, US Department of State

Lauren **Pett**, Stabilisation and Recovery Network, London

Ms May Sabe **Phyu** (Phyu Phyu), Myanmar

Julia **Purcell**, Wilton Park

Ms Bandana Rana, **Saathi**, Nepal

Awatef **Rasheed**, Oxfam, Iraq

Mirlinda **Sada**, Medika Gjakova, Kosovo

Marijana **Senjak**, Croatia

Irma **Šiljak**, Association Medica Zenica, Bosnia and Herzegovina

Elsa **Taque**, Trial International, Geneva

Nupur **Takwale**, Foreign and Commonwealth Office

Graham **Thornicroft**, Kings College London

Gry Tina **Tinde**, International Federation of Red Cross and Red Crescent Societies (IFRC), Geneva

Angela **Trenton-Mbonde**, UN AIDS

Diana **Trimino Mora**, International Rescue Committee (IRC)

Maria **Trovato**, UN DPKO

Tom **Woodroffe**, Foreign and Commonwealth Office

Wida **Yalaqi**, ACDEO, Afghanistan

Grateful thanks also extended to members of UNDP, UNICEF, UNFPA, the WHO, the Foreign and Commonwealth Office, UK Department for International Development and UK Ministry of Defence for contributing to this document.

ACRONYMS

ASEAN - Association of Southeast Asian Nations

CEDAW - The Convention on the Elimination of all Forms of Discrimination Against Women

CEMAC - Economic and Monetary Community of Central Africa

CRSV – Conflict-Related Sexual Violence

CSO - Civil Society Organisation

DDR - Disarmament, Demobilisation and Reintegration

DRC - Democratic Republic of Congo

ECOWAS - Economic Community of West African States

EU - European Union

GBV(iE) - Gender-Based Violence (in Emergencies)

GBVIMS - Gender-Based Violence Information Management System

HRDs – Human Rights Defenders

IASC - The Inter-Agency Standing Committee

ICCPR - International Covenant on Civil and Political Rights

ICRC - International Committee of the Red Cross

ICESCR - International Covenant on Economic, Social and Cultural Rights

ICPAPED - The International Convention for the Protection of All Persons from Enforced Disappearance

IDP – Internally Displaced Person

LGBTQIA - Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Asexual individuals

IHL - International Humanitarian Law

IHRL – International Human Rights Law

ILO - International Labour Organization

(I)NGOs – (International) Non-governmental Organisations

MISP - Minimum Initial Services Package

NAP – National Action Plan

OHCHR - Office of the High Commissioner on Human Rights

PSVI – Preventing Sexual Violence in Conflict Initiative

SGBV - Sexual and Gender-Based Violence

STIs and STDs - Sexually Transmitted Infections/ Diseases

ToT – Training of Trainers

UNCAT - The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (commonly known as the United Nations Convention against Torture)

UNCRC - The United Nations Convention on the Rights of the Child

UNCT - United Nations Country Team

UNDP - United Nations Development Programme

UNFPA - United Nations Population Fund

UNHCR - United Nations High Commissioner for Refugees

UNICEF - United Nations Children’s Fund

UNODC - United Nations Office on Drugs and Crime

WHO - World Health Organisation

CONTENTS

DEFINITIONS AND TERMS	6
.....	
FOREWORD	8
.....	
EXECUTIVE SUMMARY	10
.....	
INTRODUCTION	14
.....	
ABOUT STIGMA	16
.....	
FOUNDATIONS FOR GLOBAL ACTION	24
.....	
PRINCIPLES FOR GLOBAL ACTION	24
.....	
CORE RECOMMENDATIONS	29
.....	
THEMATIC ACTIONS	30
.....	
ANNEXES	44
.....	
ANNEX 1 – IMPLEMENTING THE CORE RECOMMENDATIONS	44
.....	
ANNEX 2 – SUPPORTING RESOURCES	59

1 | DEFINITIONS & TERMS

CONFLICT-RELATED SEXUAL VIOLENCE (CRSV)

CRSV refers to any act of a sexual nature committed without consent, or any act that specifically targets a person's sexual function or organs, that is linked, directly or indirectly (temporally, geographically or causally) to a conflict. This link may be evident in the profile of the perpetrator; the profile of the victim/survivor; in a climate of impunity or State collapse; in the cross-border dimensions; and/or in violations of the terms of a ceasefire agreement.¹

CRSV against adults and children, whatever their gender identity, must not be narrowed to penetrative sexual acts. It includes:

- Rape, including: vaginal, anal, by a body part or an object (including weapons), where the victim is forced or coerced; oral penetration by a sexual organ and multi-perpetrator rape ('gang rape');
- Serious sexual assault, including attempts or threats of rape, genital mutilation or electrocution, including forcible circumcision, penile amputation or female genital mutilation, mutilation of breasts and/or nipples and other types of violence directed at sexual organs;
- Sexual slavery, and coercive circumstances including being forced into 'temporary' marriages,² (sexual) torture, enforced prostitution, enforced pregnancy, enforced sterilisation;
- Forced nudity and other acts of a sexual nature aimed at/causing humiliation or degradation.

VICTIM/SURVIVOR

An adult or child, whatever their gender identities, who has suffered CRSV. This includes children born of rape, child/adult witnesses of CRSV, victims of forced perpetration and its ensuing stigma (such as young boys forced to rape family members). 'Victim/survivor' acknowledges that some people do not survive CRSV or the harmful consequences of stigma, and that each individual has the right to choose the most appropriate language to express their individual experience. Each case of CRSV should be understood in relation to the individual's age, gender, sexuality, educational and economic status, race, caste, ethnicity, culture, faith/religion, location and other factors.

Use of this terminology throughout the document has been determined by consultations with victims/survivors themselves, who identify differently depending on their context and experiences.

¹ UN Security Council Report S/2015/203.

² Forced marriage is defined as the union of two persons at least one of whom has not given their full and free consent to the marriage. Early marriage of children under the age of 18 is considered forced marriage. For more information on forced marriage, please visit: <http://www.endvawnow.org/en/articles/614-definition-of-forced-and-child-marriage.html>.

STIGMA (ASSOCIATED TO CRSV)

Stigmatisation is a social process that leads to the marginalisation of individuals or groups.

CRSV-associated stigma is socially and culturally constructed around dominance and inequality, especially gender inequality, and is associated with emphasising and embedding social 'difference' and subordination. Stigma and stigmatisation occur within the context of violence and social inequality – leading to the creation, condoning or compounding of social exclusion for those that are (or are perceived to be) victims/survivors of CRSV.

Stigma involves penalising or placing blame on individuals, groups or communities for bringing shame or 'transgressing' from the standards of their community or society. CRSV-associated stigma is not only the expression of individual values, beliefs or attitudes; it is the forceful expression of social norms that are cultivated within a given society through the behaviours and actions of groups of people and institutions. It is an extension of the stigma that is present pre-conflict.

GENDER

Gender refers to the socially constructed characteristics and entitlements of women/girls, men/boys and other gender identities. From birth, people are taught norms, behaviours, roles and responsibilities, including how they should interact with those of other genders and gender identities. These vary from society to society and can be changed.³

OTHER GENDER IDENTITIES

Other gender identities refers to persons who do not experience their gender in terms of the biological sex they were assigned at birth, or who may not fit into/identify themselves within binary male or female sex categories.

GENDER NORMS

Gender norms are the accepted attributes and characteristics of gendered identity at a particular point in time for a specific community. They are coded into socio-cultural discourses and embedded in policy and legislation.

GENDER INEQUALITY

Assigning unequal value, opportunities and entitlements based on perceived differences between socially constructed identities of females, males and other gender identities.

INTERSECTIONALITY

Intersectionality is the interconnected nature of social categorisations such as race, class, age, ethnic group, poverty level, sex and gender identity as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. An intersectional perspective recognises the unique experiences of different people within their environments and explains how multiple forces interact to reinforce conditions of inequality and social exclusion – the roots of violence and stigma.⁴

³ Adapted from UN Women, 'Concepts and Definitions'; WHO Gender definitions.

⁴ Adapted from Oxford English Dictionary definition and Violence Against Women Learning Network. Available at: <http://www.vawlearningnetwork.ca/focus-areas/intersectionality>. [Accessed 13th February 2017].

2 | FOREWORD

Sexual violence as a weapon of war continues to demoralise, destabilise and destroy individuals, communities and societies across the world.

If sexual violence is the physical wound, stigma is the social scar. Stigma is a global problem and acts as both a profound cause and consequence of conflict-related sexual violence, entrenching divides across decades and generations. Ending the cycle of sexual violence in conflict and its associated stigma is, therefore, not only a moral imperative, it is a vital component of upholding international peace and security.

“I am determined to fight stigmatisation and end discrimination...”

As the UK Prime Minister’s Special Representative on Preventing Sexual Violence in Conflict, I am determined to fight stigmatisation and end

discrimination experienced by the victims/survivors of conflict-related sexual violence. It is a priority issue that must be tackled. In order to break the cycle of sexual violence, we must see stigma for what it is – a weapon intended to undermine and prevent social, political and economic recovery for individuals, communities and societies.

The Principles for Global Action is a key tool for policymakers and practitioners and aims to provide a survivor-centered approach to working to end stigma associated with conflict-related sexual violence. Developed through extensive consultation with survivor groups, experts and activists across the world, this document – the first of its kind – develops a shared understanding of stigma, why it needs to be addressed and how to make progress in different contexts.



Lord Ahmad of Wimbledon,
Prime Minister's Special Representative
on Preventing Sexual Violence in Conflict
and Minister of State for the Foreign &
Commonwealth Office

“The Principles for Global Action is a key tool for policymakers and practitioners...”

I am proud of the leadership the UK has shown through the Preventing Sexual Violence in Conflict Initiative. I

look forward to continuing to work with international partners across the globe, donors, affected states, international organisations and civil society, and to strengthen our resolve and commitment to address this issue together. Now is the time to act. Now is the time to end stigma.

EXECUTIVE SUMMARY

The stigma associated with conflict-related sexual violence (CRSV) is an overlooked global problem, with significant implications for international peace and security. Stigma and CRSV are part of a mutually reinforcing cycle; ignoring stigma therefore prevents the international community from successfully identifying, understanding, treating and – ultimately – eliminating CRSV. Stigma exacerbates the impacts of CRSV on individuals, reinforces gender inequality and prevents community and societal conflict recovery by creating impacts that can last through generations. It is a socially constructed problem, consciously or unconsciously imposed by, for example, stigmatising laws or discriminatory practices. CRSV-associated stigma can, therefore, be challenged and addressed through a concerted global effort.

As such, the **Principles for Global Action** document aims to encourage increased will, resources and action from policymakers in ending CRSV-associated stigma. Achieving such an end will require a cross-sectoral approach, based on gender, power and political analyses and the collaboration of the humanitarian and international development sectors. Action must span security and public sector reform, transitional justice, protection and child protection, health, livelihoods, education and awareness-raising, media, legal, justice and human rights, military and peacekeeping and family and community cohesion.

Tackling stigma can be life-saving for victims/survivors. It can help strengthen communities and lead to long-term societal transformation and social norms change. This helps address the root causes of CRSV itself: gender (and other forms of) inequality



and disadvantage and societal violence and instability.

The Principles for Global Action document is centred around addressing the problem of stigma by providing a universal set of principles to international efforts surrounding conflict and CRSV. It should serve as a tool for actors and institutions engaged in conflict or post-conflict contexts to ensure essential factors are not

overlooked in policies, communications and actions relating to CRSV – thereby avoiding the creation or reinforcement of stigma.

The Foundations for Global Action section is broken down into three parts: The Global Principles (page 24), The Core Recommendations (page 29) and Thematic Actions (page 30).

Stigma prevention and reduction can be achieved through awareness and application of the Global Principles as follows:



**PRINCIPLE 1:
ADDRESS STIGMA'S ROOT CAUSES**

- Entrench a gender analysis to ending the cycle of CRSV and stigma
- End impunity by adopting zero tolerance of CRSV and its associated stigma
- Apply a stigma lens to embedding human rights



**PRINCIPLE 2:
AVOID ENACTED STIGMA**

- Apply non-stigmatising communication
- Avoid stigma by applying broad definitions of CRSV



**PRINCIPLE 3:
REDUCE STIGMA-RELATED RISK**

- Focus on victim/survivor protection from stigma
- Ensure the 'Do No Harm' approach addresses stigma



**PRINCIPLE 4:
PUT VICTIMS/SURVIVORS AT THE CENTRE**

- Treat all victims/survivors as equals and as individuals
- Mitigate stigma by adopting a victim/survivor centred approach



**PRINCIPLE 5:
PURSUE EFFECTIVE STIGMA PREVENTION AND
RESPONSE**

- Ensure a comprehensive approach to ending stigma
- Ensure anti-stigma efforts are culturally relevant

To engender the required changes for stigma prevention and response, consultations with victims/survivors, experts, academics, practitioners, governments and other stakeholders have resulted in ten Core Recommendations aimed at policymakers within the international community - including donor governments, international organisations and governments of conflict-affected countries:

1. **Resourcing and sustainability:** Enable sustained long-term support and resourcing to organisations that work to tackle stigma associated with CRSV that provides a continuum of holistic care for victims/survivors across humanitarian and development responses, pursuing locally-led, sustainable solutions.
2. **Needs and rights:** Ensure the whole spectrum of needs and rights are met by listening to victims/survivors and the community about what they need and want; ensure emotional, psychological, socio-economic and justice needs and rights receive appropriate levels of attention in humanitarian and development responses to conflict.
3. **Victim/survivor networks:** Support local, national, regional and global victim/survivor networks that provide a safe space to have a voice and be empowered, including establishing and sustaining an international platform for survivors/victims and peer support through local/national networks.
4. **Prevention:** Ensure that all efforts to address CRSV-associated stigma (and the gender inequality that underpins it) are complemented by broader efforts to prevent sexual and gender based violence (SGBV) and vice versa, and are grounded in gender and conflict analysis.
5. **Education and training of responsible stakeholders:** Build/strengthen the understanding, capacity, resources (financial, human, technical) and accountability of responsible organisations, institutions and stakeholders ¹ to respond to stigma in a way that is fit-for-purpose and long-term, including through sensitisation, awareness-raising and campaigns
6. **Protection and security:** Ensure that all relevant support for victims/survivors can be accessed safely and in a timely way and that such individuals are protected from the impacts of stigma throughout the journey of recovery, reintegration, rehabilitation and follow-up.
7. **Apply international policies, laws and standards:** Ensure domestic and local law and policies comply with international human rights, humanitarian and criminal law, including by reviewing, amending and reforming legal and judicial frameworks and policies that create, condone or perpetuate stigma.
8. **Urgency of action:** Ensure efforts to prevent and tackle CRSV-associated stigma are formally recognised as life-saving and life-enabling across all sectors.
9. **Engage and enlist influencers:** Engage, enlist support of and sensitise community, cultural, religious and political leaders in the fight against stigma.
10. **Transparency and Accountability:** Ensure openness of policy, practice and learning and create mechanisms for accountability relating to stigma, including by strengthening mechanisms for redress, establishing and sustaining an international practitioners' forum and creating a shared accountability framework.

The Thematic Actions provide detailed sectoral recommendations covering the levels at which stigma occurs:

- Structural Level: Judicial, Legal and Human Rights; Policies, Procedures and Practices; Security Sector Accountability; Institutional Reform
- Community Level: Communications and Media; Education and Awareness-Raising; Faith/Religion
- Interpersonal and Internal Level: Strategic Responsibility; Access to Services and Support; Health

Further practitioner-oriented advice is provided within the Annexes to inform the practical application of the Global Principles, Core Recommendations and Thematic Actions.

Stigma should not be considered an inevitable or unavoidable consequence of CRSV and must be recognised as a major contributor that compounds the phenomenon of CRSV itself. This document provides a framework for responsible actors to prevent and address CRSV-associated stigma, to identify challenges in their own context and turn these into tangible actions towards stigma prevention and reduction.

¹ This refers to all organisations, institutions and personnel within national and local government authorities, international organisations and the donor community who have roles within conflict affected societies. Including police, armed forces, security sector actors, legal, judicial and medical staff, service-providers and so forth.

4

INTRODUCTION

“Stigma kills: it is possible to survive sexual violence, but not survive the ensuing ostracism, abandonment, poverty, ‘honour crimes’, trauma that can lead to suicide or self-harm, unsafe pregnancies, and untreated medical conditions, including STIs and HIV, that may result. There needs to be a heightened sense of urgency about fighting stigma because rape survivors are literally dying of shame.”

Letitia Anderson, Office of the UN SRSG on Sexual Violence, Wilton Park 2016

Stigma and stigmatisation occur within the context of violence - leading to the creation, condoning or compounding of social exclusion for those that are (or are perceived to be) victims/survivors of CRSV.

Stigmatisation is a social process (rather than the attribute of an individual) that leads to the marginalisation of individuals or groups by defining what is and is not considered acceptable within the social norms and structures of a group. It serves to penalise those who are presumed to have transgressed normative social boundaries by marking them out as deserving of social punishment or exclusion, whilst protecting and validating those who have abused them. As a socially constructed problem, the stigmatisation of CRSV victims/survivors is preventable.

The Principles for Global Action document, aimed at policymakers and practitioners, therefore aims to:

- Increase understanding and awareness of the function and nature of stigma associated with sexual violence in conflict
- Mobilise support to address CRSV, including associated stigma
- Provide accessible, expert guidance on how to tackle victim/survivor stigma

CRSV-associated stigma occurs within a continuum of violence, and is an extension of the stigma that is present before conflict. Stigmatisation is facilitated by a past or current pattern of ethnic, religious, racial, social or gender inequality and/or sexuality-based persecution. It functions as a form of violence to produce and reproduce those inequalities. The document focuses on conflict in response to the fact that sexual and gender-based violence (SGBV) proliferates in contexts of armed violence and, therefore, the correspondingly high levels of those suffering its associated stigma in these circumstances. Evidence of increased SGBV during post conflict has been reported, for example, by conflict-affected respondents in



Rwanda, Sierra Leone, former Yugoslavia, Liberia, DRC and East Timor.¹

The document acknowledges, however, that SGBV occurs before, during and post-conflict; and therefore, stigma associated with SGBV is also not isolated to that experienced as a result of CRSV.

The social dynamics that underpin sexual violence as a mechanism of conflict have their roots in pre-conflict inequalities (particularly gender inequality), discrimination and social norms. Impunity for perpetrators of sexual violence is common prior to and post-conflict and there are few, if any, states where sexual violence is fully recognised or fully addressed. This is a consequence of the inherent

discrimination in legislation and wider society. CRSV and its associated stigma should therefore be recognised within the wider context of SGBV and its associated stigma that is prevalent in all societies.

There is a lack of data and research on the causes and impacts of CRSV-associated. This document and its use of terminology is based on extensive consultation with experts, governments, civil society, (I)NGOs and victims/survivors themselves.

¹ See UN, 'Background Information on Sexual Violence used as a Tool of War', available at: <http://www.un.org/en/preventgenocide/rwanda/about/bgsexualviolence.shtml>; and M. Murphy, D.Arango, A. Hill, M. Contreras, M.MacRae, M. Ellsberg (2016), What works to prevent and respond to violence against women and girls in conflict and humanitarian settings?'. Available at: <https://www.whatworks.co.za/documents/publications/66-maureen-murphy-diana-arango-amber-hill-manuel-contreras-mairi-macrae-mary-ellsberg/file>.

5 | ABOUT STIGMA

“It is vitally important to recognize that stigma arises and stigmatization takes shape in specific contexts of culture and power.”¹

¹ R. Parker, P. Aggleton (2003), HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action', *Social Science & Medicine* 57, 13–24. P. 17. Available at: <http://www.canadianharmreduction.com/sites/default/files/2003%20Parker-HIV%20and%20AIDS-related%20stigma%20and%20discrimination%20a%20conceptual%20framework%20and%20implications%20for%20action.pdf>.

CRSV-ASSOCIATED STIGMA AND WHY IT OCCURS

Stigma is a powerful cause and consequence of CRSV. By its very nature, stigma emphasises and embeds social ‘difference’ and subordination and acts as a function of social power. The link between stigmatisation and the exertion of power makes it particularly pertinent to situations of armed violence.

Widespread public recognition of the role of sexual violence as a mechanism of shame and stigma means it can be used by perpetrators as an effective strategy of social destruction during conflict. By weaponising sexual violence against their opponents, perpetrators demonstrate their dominance by ostracising victims/survivors. This has the potential to unravel communities at scale, breaking family and community bonds. It generates an ongoing cycle: widening the sphere of impact on victims/survivors who have been ‘shamed’ and perpetuating the social process by which they become marginalised.

During and post conflict, communities can often seek to return to idealised social norms to regain a sense of order. Stigma can function as a mechanism to ‘bring things back to normal’ by excluding those whose bodies carry the scars of conflict and as a mechanism to rebuild pre-existing inequalities/gender dynamics as part of what a community understands as recovery. CRSV-associated stigma, for example, has been

utilised as an instrument of war by terrorist groups such as Daesh to ‘brand’ children born of rape, who in turn come under attack from their communities as they are perceived to be ‘the enemy’ (their mothers are likewise shamed and isolated, as embodied reminders of the ‘contamination’ and ‘infiltration’ of a community).

CRSV-associated stigma exacerbates, entrenches and is compounded by the social instability and division that destabilises communities and underpins conflict. It can prolong the effects of conflict across generations. CRSV-associated stigma exacerbates, entrenches and is compounded by the social instability and division that destabilises communities and underpins conflict. It can prolong the effects of conflict across generations.

GENDER AND OTHER SOCIETAL INEQUALITIES AS A ROOT CAUSE

Inequalities and discrimination (social, political, economic, cultural and legal) are root causes of CRSV,¹ whatever the gender identity of the victim/survivor.

The social and personal consequences of CRSV can vary considerably depending on gender and other identities and the way that violations of a person's body is understood will also influence the way that stigma manifests. Many societies have entrenched patriarchal systems of gendered identity and power, creating specific stigmas around bodily and sexual integrity that are exacerbated in conflict.

If the bodies of women and girls are socially constructed as the carriers of purity, of honour and as the possessions of their fathers, brothers and husbands, violations of those bodies carry specific implications. The deliberate impregnation of women or girls, for example, is simultaneously an assault on that woman, an assault on her social identity and a message to the men in her community that she has been 'contaminated' and claimed by the opposing force. Women and girls may be forced to marry perpetrators to 'legitimate' both their children and their so-called sexual contamination.

Likewise, if men and boys are understood as sexually impenetrable and as those who penetrate the bodies of women and girls, being sexually violated carries implications of 'emasculatation' and disempowerment, for example. Men and boys may also face the stigma and 'shame' of assumed homosexuality, thereby experiencing double stigmatisation – the stigma from being a victim of CRSV and additional stigma which exists in many societies around homosexuality.²

For those not identifying with the gender binary, their mere existence or identity may be denied or mark them as targets of violence. Conflicts across the world, including Syria, Iraq, Colombia, Nepal, Uganda and Bosnia and Herzegovina, have seen reports of armed actors carrying out

public acts of sexual violence against sexual and gender minorities violently to assert a particular political vision of certain norms of masculinity and femininity.³

Stigma therefore manifests in different ways with different social, economic and personal consequences - depending on the context and identities of the victim/survivor and perpetrator. For example, stigmatisation of sexual violence against men and boys might stem from an assumption of homosexuality in Uganda – where homosexuality is illegal – or from cultural expectations of 'masculinity' in a militarised society such as (parts of) Colombia. The manifestations of CRSV-associated stigma are inherently gendered but are also filtered through other intersectional identities and inequalities around age, race, ethnicity, caste, class, culture, faith/religion, sexuality, location, disability, HIV/AIDS, being an ex-combatant, being displaced and so on, as well as social, economic and political power. CRSV-associated stigma serves to reinforce such social and gender inequalities, with their associated stigmas. Perpetuating the cycle, it informs the ways in which CRSV and stigma can be used to further target individuals and protect perpetrators.

Individuals and groups who are stigmatised *before* armed conflict takes place may be particularly vulnerable. Communities and authorities may deny, for example, that women who have been exploited through prostitution prior to a conflict can have been raped by an armed actor, as their sexual integrity is understood to have been so 'compromised' that their experience of CRSV is not accepted.

All attempts to tackle CRSV must seek to understand and address the dynamics that drive this kind of violence and work to provide tailored, context-specific responses that restore the dignity and social identity of those affected without replicating and reinforcing the gender inequality and stigma that makes them possible at all.

1 See, UN Prevention and Response to Conflict-Related Sexual Violence Lesson Plan I: Introduction to CRSV. Available at: <http://dag.un.org/bitstream/handle/11176/400575/CRSV.Operational%20Module.pdf?sequence=2&isAllowed=y>

2 It is also important to remember that one of the core stigmas around men's homosexuality is the assumption that sexual penetration should be done by men to women. Thus, the stigma of sexual violence against men and boys, and the sexual stigma of men's homosexuality can be seen to be closely linked to gender hierarchies, manifested through assumptions about 'appropriate' sexual conduct and sexual relationships, where being in the category of 'woman', either literally or figuratively, is to be subordinated. In each of these cases, the embodied gender hierarchy is central to the use of sexual violence as a mechanism of conflict.

3 See, International Alert (February 2017), *When merely existing is a risk: Sexual and gender minorities in conflict, displacement and peacebuilding*, p. 15. Available at: http://www.international-alert.org/sites/default/files/Gender_SexualGenderMinorities_2017.pdf.

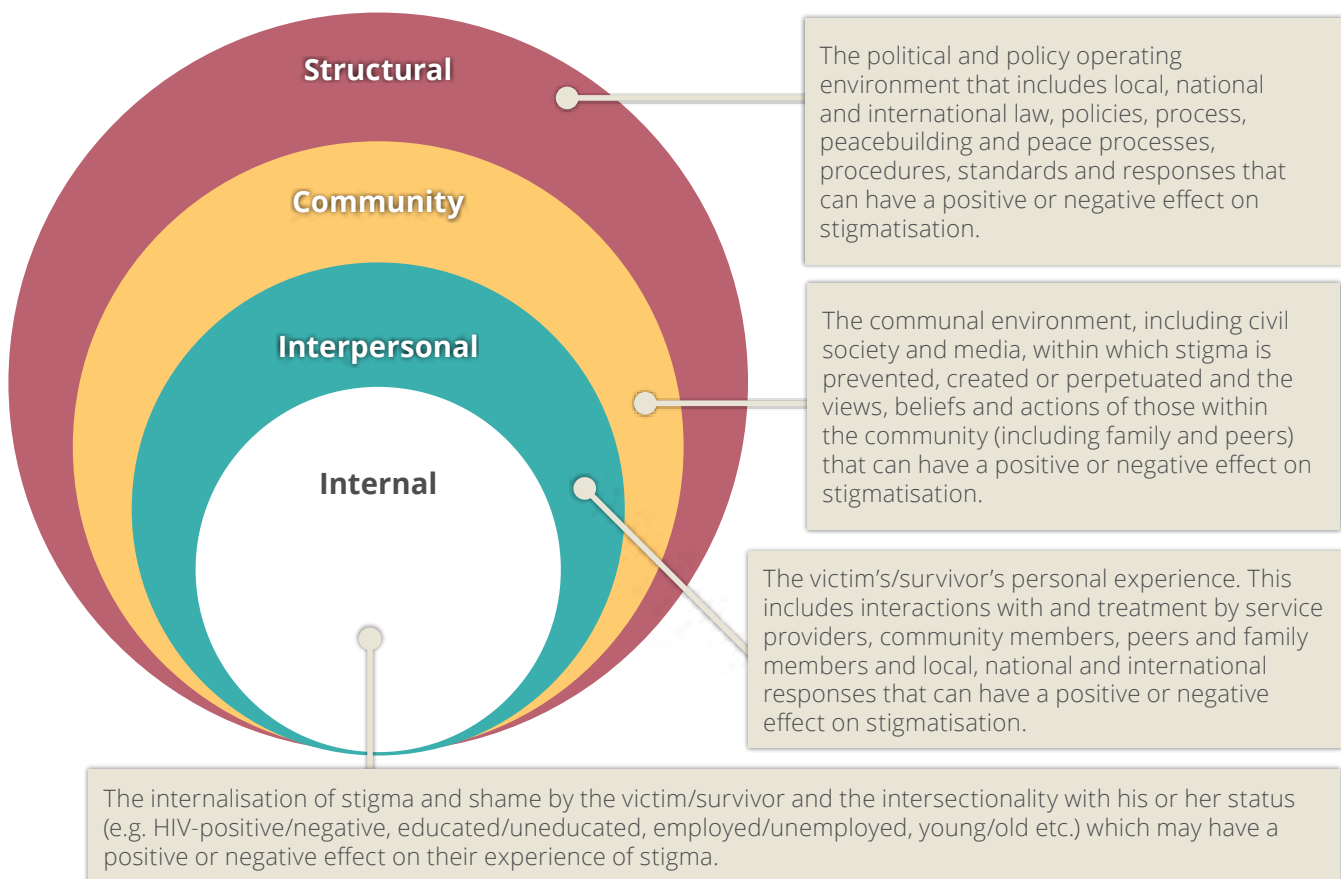
A MODEL FOR UNDERSTANDING STIGMA

Stigma is highly context specific, both at the macro (national) and micro (local) level and is influenced by the relevant conflict, gender, political and power dynamics within each locality. However, CRSV-associated stigma can be broadly understood as having two core, interrelated dimensions:

- 1) **external** – the stigmatisation imposed upon a victim/survivor by people, policies and actions. This can be categorised into three operational levels: *structural level, community level and interpersonal level*.
- 2) **internal** – stigma which is grounded in the internalisation of social norms, narratives and expectations. Consequently, a victim/survivor understanding themselves – following their experience – to be considered outside ‘normal’. Internal stigma will likely include self-blame, shame, trauma and social withdrawal.

The model below¹ demonstrates the dynamic interrelation between personal and environmental factors affecting CRSV-associated stigma).

¹ This model of stigma draws on the Social Ecological Model of exploring and understanding the dynamic interrelation between personal and environmental factors (Bronfenbrenner, U., & Evans, G. W. (2000). Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, 9(1), 115-125.)



These levels are interlinked and serve to reinforce stigma. Combined with a lack of or selective acceptance of information and a culture of silence around sex, sexuality and/or violence, they help to consolidate the stigmatisation of victims/survivors. For example, a pregnant CRSV victim/survivor's shame (internal) might be informed by growing up with a particular social narrative. It might be exacerbated by criticism from a health worker (interpersonal) who reinforces that narrative, perpetuating the defined parameters within which it is socially acceptable for a woman to become pregnant. This might, for example, be shaped by a national law prohibiting sex outside of marriage, which simultaneously blames women for extra-marital sex, even in situations of force (structural).

CASE STUDIES AND EXAMPLES

“ [Sexual violence] is a great evil which affects your life like a sickness that can never be cured. I feel as if part of my life has been removed from me... I am bleeding inside...”

Victim/survivor, CAR¹

1 This quotation was collected by Tearfund in the Central African Republic.

INTERNAL LEVEL STIGMA

In Nepal in August 2003, Meera was beaten and raped by security forces who came to her house to interrogate her about the whereabouts of Maoist armed combatants. The next day she went to a hospital with a neighbour to get treatment for the welts and cuts: “The doctors asked how I was beaten. I did not mention the rape. I was too ashamed. I was given tablets and ointment.”¹

A victim/survivor from the Central African Republic who was raped and tortured by anti-Balaka (a militia group), stated that, “When I left [the anti-Balaka’s] hands I wanted to kill myself and also kill my children”.²

A mother of five who was gang raped in the post-election violence in Kenya said, “I am not at peace, my body is not the same.... I have so much shame. I feel hopeless. I just sit and wait to die....”³.

1 Human Rights Watch interview with Meera (pseudonym), location withheld, April 25, 2013

2 Human Rights Watch interview with Sandrine (pseudonym), Bangui, April 30, 2016. All testimonies from Central African Republic are to be published in a forthcoming Human Rights Watch report (full citation forthcoming).

3 Human Rights Watch interview with Apiyo P., Siaya, November 18, 2014. For all Kenya testimonies, see Human Rights Watch, “I Just Sit and Wait to Die”: Reparations for Survivors of Kenya’s 2007-2008 Post-Election Sexual Violence, 2016: https://www.hrw.org/sites/default/files/report_pdf/kenya0216_web.pdf.

INTERPERSONAL LEVEL STIGMA

As set out in a UK Home Office report, “the reaction of the first person to whom a rape is disclosed is critical in terms of giving the victim confidence in how they will be treated, and whether they are believed, or thought to be responsible. It has often been said that a raised eyebrow can be the difference between a rape victim deciding to continue with a case or to withdraw from the process.”⁴

A Yazidi female survivor was referred for professional psychological care and support to a local hospital. She reported being made fun of by the female psychiatrist to whom she had been referred. She left the hospital and refused to attend again.⁵

Male rape victims/survivors in Uganda have reported their experiences to doctors or policemen to be told that ‘male rape does not exist’.⁶

Mariam, a young woman from South Kivu in DRC, went to the mountains to buy potatoes with three other women. On the way back, six soldiers stopped them. They tried to run away but two

4 Sarah Paine MBE (2009), Rape: The Victim Experience Review, p.11. Available at: <http://www.uknswp.org/wp-content/uploads/rape-victim-experience.pdf>.

5 This example was provided to a UK PSVI Expert by an NGO working in Northern Iraq in November 2016.

6 Al Jazeera, Male rape survivors fight stigma in Uganda: Men raped in Africa’s conflicts are coming forward to seek help in changing society’s reactions, April 2013. Available at: <http://www.aljazeera.com/indepth/features/2013/04/201341111517944475.html>. [Accessed 28/02/17].

INTERPERSONAL LEVEL STIGMA, continued

soldiers took each woman, beat and raped them. When Mariam returned home crying, she told her husband what had happened and he chased her from the house, saying she would make him ill. Mariam was rejected by her husband and brothers and left to support herself and her two children alone. The wider community stigmatised Mariam as a threat, saying “don’t talk to her...the soldiers may come back for her.”⁷ – an example of how interpersonal stigma can be shaped and reinforced by community level stigma. Mariam’s rejection may have intergenerational impacts on her children.

Patience, from DRC but who fled to Uganda, suffered similar rejection by his wife and brother after revealing he had been raped: “They suspected me of being homosexual. They did not want to talk to me.”⁸

7 Case study collected by World Vision UK, December 2015. This and other case studies can be found in the report ‘No Shame in Justice: Addressing stigma against survivors to end sexual violence in conflict zones’ (February 2016). Available at: http://cdn.worldvision.org.uk/files/7214/5806/4579/Stigma_Summary_Report.pdf.

8 See: IRIN News, Male Sexual Abuse Survivors Living on the Margins, Kampala 2011. Available at: <http://www.irinnews.org/report/93399/drc-uganda-male-sexual-abuse-survivors-living-margins>. [Accessed 28/02/17].

COMMUNITY LEVEL STIGMA

In the case of 15-year-old Albert, his mother was abducted by the Lord’s Resistance Army and he was born in captivity. His mother was killed in front of him and he does not know who his father is. Someone who knew his mother helped him and his younger brother escape when he was seven and brought them to Albert’s maternal grandmother. When he first came to the community, Albert did not know how to fit in – he had to learn to read and write and to play. His life was improving, but when he was 14, a man in the community said Albert did not belong there and shot him in the head. Albert’s isolation continues. He is often singled out by teachers as someone ‘bad’ and misses school frequently because of ongoing headaches from the injury.⁹

A medical practitioner described what happened when a Minister of Health went to visit a hospital in Guinea: “Instead of supporting the work we were doing, [the Minister] started insulting people. At one point he came over to a group of women victims of rape and other injuries and screamed at them, “Why did you come out of your house? Is it there that they raped you? It is you who brought this upon yourselves! No one told you to come.”¹⁰

9 Albert is a pseudonym. This case study was collected by World Vision for research on the impacts of armed conflict on children in 2013.

10 Human Rights Watch interview with medical professional, Conakry, October 16, 2009.

STRUCTURAL LEVEL STIGMA

Victims/survivors can also be intimidated by authorities or threatened with criminalisation through discriminatory legal codes and practices, being imprisoned for ‘adultery’ or ‘homosexuality’, for example.

Socorro was a victim of sexual violence in 2009 in Bogotá, Colombia. She said that when she went to a hospital, the guard at the front door asked why she was there and then yelled down the hall: “This is a raped woman!”¹¹ She chose not to file a formal complaint. Socorro was a human rights defender who ultimately committed suicide in 2013.

11 Human Rights Watch interview with Socorro (pseudonym), Bogotá, Colombia February 24th, 2012.

IMPACT OF CRSV-ASSOCIATED STIGMA

“Sexual violence is an internal wound that will never heal.”— Victim/survivor, DRC¹

The impacts of stigma can continue for decades, with cross-generational social, economic, and civic implications. Stigmatisation can profoundly impact life-chances and can also cause and lead to dangerous and even life-threatening consequences for those affected by CRSV (as well as their relatives, friends and those supporting/or perceived to be supporting them).

Stigma is a major barrier to the reporting of CRSV, preventing victims/survivors from seeking justice and accessing support. Stigmatisation creates a destructive domino effect following the CRSV incident: from being targeted in community attacks and abandoned by family members, to losing employment and being forced to join the perpetrating armed force. Those that experience stigma from service-providers may also be re-traumatised and unable to re-engage.

Accounting for its multifarious short and long-term impacts, it has been reported by victims/survivors that the experience of stigma can be as damaging as the incident of sexual violence itself; confronting stigma is consistently quoted by victims/survivors as a priority for national and international action.

Stigma can also be experienced by those directly or indirectly supporting or protecting victims/survivors. They may be subject to security threats or attacks, ostracism, denial of funding or support and, in the case of service-providers, forced closure of programmes/projects. This may contribute to their own ostracism or their rejection of the victim/survivor. For example, an NGO, which had set up a legal help desk for victims of SGBV inside an Iraqi court building, found that the associated stigma then extended to them. People within the court building spoke negatively about them, damaging their reputation.²

The wide-ranging effects of stigma on broader national and international peace and security can include impeding or preventing conflict resolution, development, human rights and peacebuilding.

LIFE-THREATENING CONSEQUENCES OF CRSV-ASSOCIATED STIGMA INCLUDE:

- Mental health impacts, including risk of depression, PTSD and suicide.
- Physical health impacts, including STIs/STDs, fistula, unwanted pregnancy leading to unsafe abortions, other damage to sexual organs.
- Risk of domestic violence, abuse or neglect, including child abuse and intimate partner violence.
- Risk of spousal, family and community abandonment or rejection (including possible separation from one's own children), including publicly.
- Risk of children born of rape being 'branded' as belonging to a certain 'side' or group of the conflict and becoming targets for violence, (further) sexual violence and abuse, with the additional risk of their mothers being marginalised and attacked as 'enemy collaborators'.
- Risk of retaliation, intimidation and threats, or 'honour killings' and attacks.
- Risk of forced/early marriage (e.g. coercive pressure to force victims/survivors to reconcile with perpetrators).
- Risk of being imprisoned or otherwise penalised under customary or national laws (e.g. accusations of adultery and homosexuality), and denied citizenship or documentation.
- Risk of victims/survivors not accessing critical services due to stigma (e.g. emergency contraception, HIV post-exposure prophylaxis, HIV detection and treatment, psychosocial support etc.).
- Risk of losing social, political and physical protections, including access to justice.
- Risk of resorting to unsafe and exploitative forms of labour (e.g. sex trade) and forced displacement.
- Loss of resources, livelihoods, freedom of movement, access to employment/education and resulting poverty.
- Risk of punishment (including beatings, imprisonment) and persecution.

1 This quotation was collected by Tearfund in the DRC.

2 Reported to a PSVI Expert, November 2015.

BARRIERS TO TACKLING CRSV-ASSOCIATED STIGMA

LAWS, POLICIES AND PRACTICE

Discriminatory legal frameworks tolerate certain forms of sexual violence or criminalise victims/survivors³. Laws may be contradictory, be applied subjectively or not at all. For example, birth registration is crucial to prevent statelessness and for child protection (e.g. to prevent child marriages), yet laws may dictate that valid marriage certificates are required for birth registration, which can be impossible for children born of rape. This serves to stigmatise and put the child at risk from the moment they are born.

Impunity, the lack of criminalisation and/or protection of perpetrators and visible/invisible barriers to justice (e.g. corrupt police/legal systems) can lead to victim-blaming and criminalisation of the victim/survivor. For example, if consent does not explicitly form part of 'normal' sexual relations, then there is no legal protection against child marriage or rape within marriage, and victims/survivors of CRSV can be accused of adultery. Likewise, laws that do not distinguish consensual sexual relations between men (and do not define rape to recognise male victims) can result in male victims/survivors being criminalised as participants of equal 'blame'.

Requirements associated with service provision can be discriminatory and prevent or discourage access, with fear of stigmatisation being a critical barrier to victim/survivor support. Examples include: being required to report a CRSV incident to the police before seeking support, being required to provide a medical certificate in order to access services and women and girls requiring permission of or accompaniment by their father/husband to access services. Authorities may also refer victims/survivors to stigmatising customary or religious practices. As noted above, for example, women and girls (especially if pregnant) may be forced to marry their rapist in order that their 'honour' can be socially restored. Many countries also have Penal Codes requiring or

encouraging victims/survivors to marry their perpetrator as a defence against CRSV.

Discriminatory or non-inclusive peace processes can also serve to embed or further entrench the gender inequality that motivates acts of CRSV in the first place.

PUBLIC AND FORMAL COMMUNICATIONS

Communications can enable open acceptance of the discrimination experienced by victims/survivors. Language used around sex and gender can impose narratives on victims/survivors and their experiences that act to reinforce gender norms and inequalities. Media portrayals related to sex/violence can reinforce gender hierarchies and victim-blaming, through vilifying victims/survivors or glorying perpetrators from one or other 'side' of the conflict. Conflict-related propaganda from perpetrating governments or non-state armed groups can create denial of victimhood or enable violence. For example, in Congo a myth spread that raping made an invincibility 'potion' work to protect a soldier in battle.⁴ Genocidal sexual violence in Rwanda was in part fuelled by propaganda.⁵

Definitions of CRSV contained within formal documents (e.g. military protocols, humanitarian guidance) may in themselves be stigmatising; for example, by omitting to recognise male rape. Lack of public information on CRSV and associated issues can pave the way for stigmatising attitudes through lack of empathy or understanding.

INFLUENCERS AND RESPONSIBLE INSTITUTIONS/STAKEHOLDERS:

As stigmatisation is a social process, institutions or individuals with social power/responsibility can have particular influence over the form and consequences of stigma.

This might include faith/religious leaders, the judiciary, military, armed groups, police, security and peacekeeping forces. For example, a faith leader in South Sudan stated that "girls wearing school uniforms do not get raped",⁶ implying blame to girls that do not wear uniform and are raped. In contrast, a Yazidi religious leader registered children born of Daesh sexual slavery as his own, so that stigma against them might

3 There are many examples of victims who are prosecuted and criminalised upon reporting being raped. For example, Somalia (<https://www.theguardian.com/commentisfree/2013/feb/05/jailing-somali-women-rape-affront-justice> (2013); <https://www.amnesty.org.uk/press-releases/somalia-girl-stoned-was-child-13> (2008)), Qatar (Dutch woman who reported rape, convicted of "illicit sex" <http://edition.cnn.com/2016/06/13/middleeast/qatar-dutch-woman-rape-report-jail/index.html>), Saudi Arabia (Norwegian woman who reported rape, detained for 16 months <http://www.bbc.co.uk/news/world-middle-east-23381448>)

4 See: *The Greatest Silence: Rape in the Congo* (2007), [documentary], United States: Women Make Movies.

5 For discussion and citations about propaganda and sexual violence in Rwanda, see: <http://www.womenundersiegeproject.org/conflicts/profile/rwanda>.

6 Case study collected by World Vision UK, December 2015.

be reduced and they could be recorded as any other child.⁷

Masculinised military cultures may reinforce unequal gender hierarchies and recreate sexually aggressive behaviours. Peacekeepers not adhering to or responding in accordance with IHL is also a significant barrier to addressing stigma.

SERVICES AND SUPPORT:

Stigma and re-traumatisation can arise from a lack of or inconsistent adherence to good practice standards, limited internal accountability (e.g internal complaints mechanisms) and a lack of knowledge and expertise⁸ in responsible organisations, institutions and stakeholders. This can result in principles of Do No Harm, confidentiality and bias-avoidance being ignored or compromised. Coupled with victims/survivors not being meaningfully consulted, such principles may not be tailored appropriately in operational environments. A lack of essential services can enable dangerous actions driven by stigma to occur, for example, through an absence of physical protection for victim/survivors or by implying a deprioritisation of CRSV-related issues, perpetuating the associated stigma.

BREAKING THE CYCLE: TAKING ACTION

As stigma and sexual violence are mutually reinforcing, interrupting stigma is crucial to breaking the cycle and alleviating stigma's negative social, political and economic impacts.

Failure to do so will continue to damage individuals, communities and society, contributing to the ongoing use of sexual violence as a weapon of war and a mechanism that helps sustain social and gender inequality. It will continue to undermine efforts towards stabilisation and peacebuilding.

Tackling stigma is also critical component of conflict prevention, since societies with the greatest gender equality are the least likely to experience conflict; and opportunities are built for marginalised and vulnerable groups to participate fully in conflict resolution and peacebuilding efforts.

FURTHER BARRIERS TO TACKLING STIGMA THAT REQUIRE ATTENTION FROM THE INTERNATIONAL COMMUNITY INCLUDE:

- **Lack of political will and civil/state coordination:** A disconnect between international, national and grassroots levels and a lack of coordination between civil society and government. The international community needs to drive accountability for state denial or inaction; the burden is being placed on NGOs to plug the gap.
- **Resources:** An absence of sustained funding, limited capacity in service-providers, institutional bottlenecks and lack of equitable, needs-based distribution between international NGOs and grassroots organisations.
- **Fractured and inconsistent approaches:** Insufficient focus on prevention, siloed short-term approaches that do not provide a continuum of care (including to refugee victims/survivors) and inconsistent approaches across countries' governmental departments.
- **Data collection/mapping:** Full empirical data about the prevalence, patterns, and nature of CRSV and associated stigma is not currently available owing to under-reporting, limited focus and funding. Reliable data relating to men, boys and other gender identities poses a particular challenge because of the level of associated stigma.
- **Victim/survivor and perpetrator myths:** Myths which suggest that only women and civilians can be victims/survivors and that women, international forces, peacekeepers and other 'protectors' cannot be perpetrators.

A concerted global campaign of action, through governments of conflict-affected countries, donors and the wider international community, is needed to raise the profile of the issue and to ensure the political will, technical capacity and resourcing to respond to CRSV-associated stigma.

⁷ Reported to a PSVI Expert in Northern Iraq, November 2016.

⁸ There is a particular unmet need for global expertise in the areas of child protection, gender analysis and sexual violence against women, girls, men and boys and other gender identities.

6 | FOUNDATIONS FOR GLOBAL ACTION

| PRINCIPLES FOR GLOBAL ACTION

WHY DO WE NEED PRINCIPLES?

The Principles for Global Action fill an acute and urgent policy gap in recognising and tackling CRSV-associated stigma. There are no existing guidance or tools specifically related to this topic and essential considerations have been consistently overlooked in policies, communications and actions relating to CRSV. This has resulted in the reproduction and reinforcement of stigma. Sector responses to sexual violence in general suggest a strong need for an effective set of Global Principles adapted to stigma.

WHAT ARE THE PRINCIPLES?

The set of five Global Principles are designed to address the stigma that could evolve through lack of knowledge or information on who is affected by CRSV, where and how. They equip the international community with the foundations for applying non-stigmatising standards to global conflict and sexual violence reduction efforts.

The Principles reflect the need to ground all interventions in a nuanced, rights-based understanding of SGBV and to recognise that stigma is both a form and a consequence of violence that reinforces and reproduces inequalities.

The Principles build on existing documents such as the International Protocol on Documenting and Investigating Sexual Violence in Conflict and the UN Gender Based Violence Area of Responsibility Guidelines and set universal foundations for action to tackle stigma consistently and comprehensively, as part of CRSV prevention and response.

The following principles set universal foundations for action to tackle stigma consistently and comprehensively, as part of CRSV prevention and response.



PRINCIPLE 1: RECOGNISE AND ADDRESS STIGMA'S ROOT CAUSES

CRSV-associated stigma has its roots in, and is sustained by, gender inequality and discrimination, the normalisation and tolerance of sexual violence itself and the failure to consistently adhere to and implement human rights. Ending impunity, recognising and responding to stigma as a rights violation and instilling thorough gender analyses are vital to ending the cycle of CRSV and its associated stigma.

1.1 ENTRENCH A GENDER ANALYSIS TO ENDING THE CYCLE OF CRSV AND STIGMA

- Recognise that ending sexual violence necessitates ending the gender inequality and discrimination which underpins both the abuse and accompanying social stigma.
- Recognise CRSV and its associated stigma is an act of power that is shaped by, contributes to and reinforces gender inequality.
- Ensure that gendered expectations, entitlements and autonomy around sex, sexuality and gender identity are fully recognised and understood (including age distinctions).

1.2. END IMPUNITY BY ADOPTING ZERO TOLERANCE OF CRSV AND ITS ASSOCIATED

- Ensure no victim/survivor is blamed/criminalised for CRSV perpetrated against them or children born of rape.
- Address and raise awareness of the denial of CRSV that contributes towards stigma.
- Consistently adopt an approach that 'one incident is one too many' to avoid the normalisation of all sexual violence and to undermine the idea that sexual violence is an effective mechanism of conflict.
- Avoid (further) stigmatisation by recognising and responding to CRSV and its associated stigma as a violent crime at the international, national and local level that is prosecuted in accordance to best available standards and in-line with international law.

1.3. APPLY A STIGMA LENS TO EMBEDDING HUMAN RIGHTS

- Acknowledge that stigma can result in human rights violations and can be a violation in itself.
- Adopt an effective rights-based, anti-stigma approach to all CRSV prevention and response efforts.
- Pursue the full integration of gender equality and non-discrimination in all peace and security efforts (that supports economic, social and political integration and empowerment).
- Use existing international human rights laws and standards to underpin all policy and programming efforts (including: IHL, ICCPR, ICESCR, UNCAT, CEDAW, UNCRC, ILO C182, ICPAPED and their additional/optional protocols).



PRINCIPLE 2: AVOID REPRODUCING STIGMA

Communications used about CRSV, and those affected by it, creates and entrenches stigma in a way that also leads to specific individuals/groups being overlooked in prevention and response efforts. The application of sensitive verbal, non-verbal and written communication, including inclusive definitions of sexual violence, can help to mitigate imposed stigmatisation and its effects.

2.1 APPLY NON-STIGMATISING COMMUNICATION

- Adopt appropriate, sensitive and non-sensational language in all verbal and written communications about CRSV to avoid creating and compounding stigma, including any labelling in service provision or external communication to or about victims/survivors.
- Ensure all relevant definitions (including within local, national and international policy, protocols, guidance and Standard Operating Procedures) and all relevant formal and public documentation (policies, procedures, guidelines, strategies, mass communications etc.) recognise gender inequality and are inclusive, non-discriminatory and non-stigmatising. Ensure they reinforce dignity, privacy and respect towards victims/survivors.

- Ensure victims/survivors are routinely consulted about the terms used to describe them/their experience (including whether they wish to be referred to as a victim or survivor).
- Recognise that CRSV does not define a person; that victims/survivors should not be marked or exclusively identified by their experiences.

2.2 AVOID STIGMA BY APPLYING BROAD DEFINITIONS OF CRSV

- Enact definitions of CRSV within national judicial frameworks that conform with the highest standards of international law and are non-discriminatory.
- Take all forms of conflict-related sexual violence into account (i.e. not only penetrative sexual acts) and acknowledge that perpetrators and victims/survivors could be anyone.
- Avoid victim/survivor blaming in relation to legal definitions, by discounting the relevance of consent in the coercive circumstances of CRSV.



PRINCIPLE 3: REDUCE STIGMA-RELATED RISK

Actions driven by stigma put lives at risk and harm is caused through a lack of understanding and integration of stigma-reduction efforts. A focus on victim/survivor protection and the non-stigmatising application of 'Do No Harm' can ensure stigma-related violence is avoided and reduced.

3.1 FOCUS ON VICTIM/SURVIVOR PROTECTION FROM STIGMA

- Ensure full implementation of existing non-stigmatising standards and protections, and that these are meaningfully applied in relation to stigma.
- Ensure confidentiality, Data Protection, victim/survivor anonymity and informed consent at all times. Child Protection policies and protocols should be specifically consulted and applied.
- Ensure assumptions are not made about perpetrators or who is protecting the victim/survivor, as this could put the victim/survivor in danger (e.g. if a family member or member of the authorities is the perpetrator).
- Ensure organisations and people, including HRDs and advocates, that support victims/survivors are afforded highest levels of protection from the state and other authorities.
- Recognise that stigma intersects with other forms of discrimination, further marginalising survivors/victims and making them difficult to reach.

3.2. ENSURE THE 'DO NO HARM' APPROACH ADDRESSES STIGMA

- Ensure that when the general humanitarian principle of Do No Harm is being applied, it includes identifying and avoiding stigma. Understand that Do No Harm does not mean 'do nothing'.
- Take personal responsibility, and consider at all times your role in preventing or exacerbating stigma.
- Where stigma has been imposed by those in authority, ensure due accountability and change processes accordingly to avoid (further) harm.
- Recognise that there is no one-size fits all; that stigma-related risks will be different for each individual.
- Avoid singling out CRSV or its survivors/victims in policies, funding, programming and service provision as these risk (further) stigmatisation.



PRINCIPLE 4: PUT VICTIMS/SURVIVORS AT THE CENTRE

The stigmatisation of victims/survivors is created and compounded by a lack of focus on, and appropriately tailored responses to, their *individual* needs and rights. Victim/survivor led approaches that recognise and respect principles of equality, non-discrimination and inclusion can ensure stigma is addressed in both the short and long term.

4.1. TREAT ALL VICTIMS/SURVIVORS AS EQUALS AND AS INDIVIDUALS

- Recognise that victims/survivors are not a homogenous group, will experience stigma differently and avoid presuming that the implications of CRSV are 'worse' for some groups than others. Avoid creating a hierarchy of victims/survivors that can be stigmatising.
- Recognise patterns but aim for a tailored response to CRSV and ensuing stigma.
- Ensure the inclusion of minority, marginalised, underrepresented or vulnerable groups.
- Ensure inclusivity and intersectionality awareness at all levels and stages to avoid creating stigma, including by not assigning victims/survivors into a category.
- Respect that not all victims/survivors/children born of rape wish to be identified and identification should not be a pre-condition for accessing services.
- Commit to identifying, recognising and responding to the different needs and vulnerabilities created by inequitable social dynamics.

4.2. MITIGATE STIGMA BY ADOPTING A VICTIM/SURVIVOR CENTRED APPROACH

- Ensure all victims/survivors are enabled non-discriminatory access to cost-free services (including resources, where necessary) that meet their immediate and/or longer-term needs and prioritise safety, respect for autonomy and confidentiality.
- Avoid imposing views, beliefs or aims and objectives upon victims/survivors that can act to stigmatise.
- Ensure that victim/survivors are supported to participate in efforts to reduce shame and stigma in ways that resonate for them, are safe and are voluntary. Be led by victims/survivors' experiences and consider 'nothing about us without us' in the development of responses.
- Empower victims/survivors with knowledge and information, and facilitate access to support in a language the individual is comfortable with.
- Ensure support to address stigma is available long-term and in an ongoing capacity, accepting that there is no time limit on stigma and it may take years or decades for someone to come forward owing to issues such as trauma and fear.
- Afford a safe space for victims/survivors/children born of rape to speak out - and adapt based on what feeling and being safe means to the individual.
- Reinforce directly and indirectly that all human beings have worth, and being a victim/survivor/child born of rape does not change someone's inherent value.
- Always begin from a standpoint of impartiality; trust and believe in everything a victim/survivor might choose to disclose and do not request information unless it is necessary.
- Ensure the definition of justice is not narrowed to legal processes and takes account of what the individual victim/survivor considers justice to be (such as reparations, re-gaining employment, community reintegration etc.).
- Ensure legal justice is only pursued with informed consent, in the victim/survivor's best interests and with the necessary support structures in place.



PRINCIPLE 5: PURSUE EFFECTIVE STIGMA PREVENTION AND RESPONSE

In efforts to address both conflict and sexual violence, stigma is systematically overlooked. Where relevant policy, programming and practices do exist, these can be ineffectual without taking the local context into full account. Preventing and reducing stigma necessitates a multidimensional and multidisciplinary approach that tackles the full spectrum of issues in a culturally sensitive manner.

5.1. ENSURE A COMPREHENSIVE APPROACH TO ENDING STIGMA

- Pursue the eradication of stigma through efforts to recognise and address its manifestations and long-term root causes – including social/cultural norms and gender inequality – and not only its consequences.
- Recognise that a long-term, multi-dimensional and multidisciplinary approach to CRSV prevention and response is necessary to combat stigma.
- Resource/enable continuity and reliability of services that provide a continuum of care, not one-off interventions.
- Adopt a holistic, long-term approach to funding stigma mitigation efforts, that sustains beyond artificial distinctions of humanitarian/development and into recovery, reintegration and rehabilitation.
- Ensure a community-based approach is taken by including the wider community in programmes and projects, not only victims/survivors.
- Prioritise interventions that support the safety, inclusion and potential of victims/survivors; ensuring the provision of emotional, psychological support and economic and civic participation, not limiting responses to sectors that only respond to physical needs.
- Characterise quality services as those where a victim/survivor is treated with dignity and respect, and where their needs and rights are being addressed.
- Prioritise and put collaboration/cooperation into practice at all levels (cross-sector and between local, national and international levels/actors), including through openly and proactively sharing good practice and lessons learnt.

5.2. ENSURE ANTI-STIGMA EFFORTS ARE CULTURALLY RELEVANT

- Build a contextual understanding of which groups are particularly marginalised and excluded and therefore at heightened risk of both CRSV and stigma.
- Consult with survivors/victims/children born of rape to develop relevant approaches to stigma prevention and response.
- Ensure culturally and locally relevant prevention and response to stigma that addresses the specific nature of the conflict and recognises how stigma is driven/manifests in that particular setting.
- Build a detailed understanding of stigma in relation to gender-based inequalities, political and power dynamics and the ways in which this has informed and shaped CRSV and associated stigma, taking appropriate action that is based on knowledge of local/national value systems

CORE RECOMMENDATIONS

These recommendations should be adopted and implemented as part of a comprehensive approach to preventing and addressing violence more broadly, and CRSV in particular. They should be implemented in consultation with existing toolkits, outcomes from relevant international fora (such as the World Humanitarian Summit) and guidelines - with particular attention to the IASC GBV Guidelines.

- 1. Resourcing and sustainability:** Enable sustained long-term support and resourcing to organisations that work to tackle stigma associated with CRSV that provides a continuum of holistic care for victims/survivors across humanitarian and development responses, pursuing locally-led, sustainable solutions.
- 2. Needs and rights:** Ensure the whole spectrum of needs and rights are met by listening to victims/survivors and the community about what they need and want; ensure emotional, psychological, socio-economic and justice needs and rights receive appropriate levels of attention in humanitarian and development responses to conflict.
- 3. Victim/survivor networks:** Support local, national, regional and global victim/survivor networks that provide a safe space to have a voice and be empowered; including establishing and sustaining an international platform for survivors/victims and peer support through local/national networks.
- 4. Prevention:** Ensure that all efforts to address CRSV-associated stigma (and the gender inequality that underpins it) are complemented by broader efforts to prevent sexual violence and vice versa, and are grounded in gender and conflict analysis.
- 5. Education and training:** Build/strengthen the understanding, capacity, resources (financial, human, technical) and accountability of responsible organisations, institutions and stakeholders to respond to stigma in a way that is fit-for-purpose and long-term, including through sensitisation, awareness-raising and campaigns.
- 6. Protection and security:** Ensure that all relevant support for victims/survivors can be accessed safely and in a timely way, and that victims/survivors are protected from the impacts of stigma throughout the journey of recovery, reintegration, rehabilitation and follow-up.
- 7. Apply international policies, laws and standards:** Ensure domestic and local law and policies comply with international human rights, humanitarian and criminal law; including by reviewing, amending and reforming legal and judicial frameworks and policies that create, condone or perpetuate stigma.
- 8. Urgency of action:** Ensure efforts to prevent and tackle CRSV-associated stigma are formally recognised as life-saving and life-enabling across all sectors.
- 9. Engage and enlist influencers:** Engage, enlist support of and sensitise community, cultural, religious and political leaders in the fight against stigma.
- 10. Transparency and Accountability:** Ensure openness of policy, practice and learning and create mechanisms for accountability relating to stigma, including by strengthening mechanisms for redress, establishing and sustaining an international practitioners' forum and creating a shared accountability framework.

THEMATIC ACTIONS

STRUCTURAL LEVEL

In order to address the structural level factors that can positively or negatively impact on the creation or sustainment of stigma related to CRSV, experts suggest the following actions are implemented:

JUDICIAL, LEGAL AND HUMAN RIGHTS

Framework of responsibility: Governments of conflict-affected countries should create a framework of responsibility around crimes of CRSV and its related stigma, including through streamlining and strengthening international and domestic accountability frameworks. As part of this, donor governments and international organisations should work together with conflict-affected states to promote and implement the ICC 'rules of evidence and procedure' in relation to sexual violence, as good practice to help avoid stigma. Additionally, the rules of evidence and procedure should allow for children to participate in a safe way, and ensure a focus on child as well as adult victims/survivors. Such rules prohibit questions about consent, prior and subsequent sexual history, the requirement for corroboration and protective measures for victims/survivors and witnesses.

Access to justice for all: Governments of conflict-affected countries, civil society and foreign embassies should work in collaboration to develop specific locally-driven, overarching action plans on addressing access to justice for all victims/survivors (in accordance with the CEDAW Committee General Recommendation No.33). This should include concrete recommendations on how to tackle corruption, weak judicial systems and conscious or unconscious bias among all personnel, including police, prosecutors and law enforcement agencies, that can contribute towards stigmatisation of victims/survivors. Initiatives should be victim/survivor-centred and drawn from what they regard as the barriers to justice.

Legal definitions: All governments, relevant institutions and global organisations should adopt and enact definitions of CRSV in accordance with the ICC Statute. They should

act to review and immediately reform national and local level laws on rape and other forms of CRSV which: a) define crimes in a manner which excludes men and boys and other gender identities as potential victims and/or women and girls as potential perpetrators; and b) criminalise sodomy, homosexuality, lesbianism and adultery, to ensure all victims/survivors can come forward and are not stigmatised or wrongfully treated as criminals in doing so.

International accountability: Donor governments should act to hold governments of conflict-affected countries accountable for delivery, implementation and enforcement of non-stigmatising international laws, policies, practices and standards by integrating these aims explicitly into international and diplomatic missions, where relevant. These should be aligned with, supportive of and referenced to domestic laws and policies concerning sex and gender equality and pre-existing SGBV policy and legislation. Domestic laws on gender equality should also be in accordance with international standards, notably CEDAW (with special reference to Article 5).

Human Rights: Governments of conflict-affected countries and relevant international organisations should effectively implement international human rights standards and, in-line with state obligations, protect and promote equality and non-discrimination for victims/survivors. This could require special protections through laws or policies that address the denial of rights resulting from stigma. Any special protections should be developed in consultation with affected groups and adequately resourced.

Review and reform: Existing laws, codes and procedures (including those of the military)

should be reviewed regularly to ensure they are non-stigmatising and meet improvements in international legal practice and standards. Measures to address CRSV-associated stigma – factoring in specific or exclusionary references to gender/gender identity – should be built into such systems, including those relating to anti-discrimination, military justice, crime and punishment. International advocacy should be conducted to help facilitate this and ensure reform, supported by a broader legal framework that recognises discrimination. Litigation and enforcement action around human rights violations/discrimination associated with stigma should also be enacted through the international community challenging laws and state actors¹ whose stigma impacts victims/survivors. This should include relevant stakeholders within the international community pursuing compensation for discriminatory laws, policies, practices and their impacts.

Commissions and reports: Governments of conflict-affected countries should be held accountable by the international community for the inclusion of CRSV in truth and justice commissions (and for the full implementation of related truth, justice and reconciliation reports), addressing the need to shift blame from victims/survivors to perpetrators. Commitment to implementation should be sustained, regardless of changes to government (whether resulting from elections or violence), to address the root causes and long-term consequences of CRSV-associated stigma.

Legal recognition of children born of rape: States should avoid the stigmatisation and exclusion of children born of rape, including by:

- Acting to legally recognise them for the purposes of official documentation and registration (e.g. birth certificates and other civil documentation) without the requirement that both or either parent(s) be named).
- Removing the gender discrimination embodied in national laws that prohibit children born of rape from acquiring citizenship through their mothers, which can result in a child's statelessness.
- Reforming education laws, which require the names of both parents before a child can enrol at school, in order to facilitate equal and non-stigmatising access for children born of rape.

- Ensuring there is adequate recognition of and support for the mothers of children born of rape, including specialised pre-natal and post-natal services that provide practical and emotional support for women in navigating feelings in relation to children they bear.

Prevent impunity for perpetrators: Legal frameworks, policy and practice should be developed/reviewed and enacted in a manner that ensures impunity is not enabled for perpetrators of CRSV and its associated stigma. This should include: sentences for perpetrators that are commensurate with the severity of the crime; prioritisation from prosecutorial/judicial authorities to punish those crimes; qualification of relevant cases as crimes under international law (not downgrading to 'ordinary crimes') and appropriate application of statutes of limitation and amnesty so as not to protect the perpetrator from appropriate legal action. Specifically, statutes of limitation for CRSV crimes should be abolished in recognition of barriers brought about by conflict, and the long-term impacts of stigma and trauma that may prevent victims/survivors coming forward until years later. This should include, within criminal proceedings, processes that facilitate the claiming of compensation and access to social benefits and other support services.

Jurisdiction over CRSV crimes: Courts (particularly military courts) should be regulated for their gender sensitivity, victim sensitivity and transparency to ensure they do not create, condone or compound stigma. Military regulation, including military penal/criminal codes, also need to address intra-military sexual crimes and associated stigma.

Judicial corruption and discrimination: Relevant international organisations should act to investigate and officially condemn corrupt or prejudicial justice/law enforcement systems that perpetuate myths about CRSV, particularly those that negatively affect victim/survivors (such as those that enable or entrench stigma).

Gendered non-stigmatising approach: Proactive steps should be taken to ensure gender sensitivity and integration considerations are incorporated into judicial and law enforcement processes involving staff at all levels. Capacity-building for gender sensitive, non-stigmatising approaches should be pursued through ongoing tailored training, mentoring, gender advisors and consultation with affected

¹ This would include the judiciary, law enforcement, prosecutors and doctors and medical staff, in cases of a nationalised health service.

groups or representative organisations. There should be negative consequences for judicial or legal representatives who demonstrate gender discrimination or stigmatising behaviours, including judges being removed where applicable.

Objective adjudication: Judges, at both the national and international level, should receive training to ensure they are able to adjudicate objectively and in a non-stigmatising manner on crimes of CRSV. This training should also aim to dispel myths, including those that are long ingrained and stem from common law and other legal traditions.²

Burden of proof: In local, national and international prosecutions for CRSV (consistent with recognition of the coercive and violent circumstances of CRSV), the burden of proof should not be placed on the victim/survivor, thereby transferring the legal burden and stigma from the victim/survivor to the perpetrator.

Transformative reparations and compensation: Mandatory reparations should be transformative in nature, rather than restorative of harmful gender and other norms, which enable CRSV and stigma in the

first place. Where appropriate, perpetrators should contribute towards reparations to help shift stigma away from the victim/survivor. Compensation should not be treated as a benefit and should flow automatically from recognition of victim/survivor status.

Human rights monitoring: Responsible organisations, institutions and stakeholders should use existing international human rights mechanisms to record and recognise violations relating to stigma and to lobby for progress on stigma (e.g. through the submission of CEDAW shadow reports to the CEDAW UN Human Rights Monitoring Body or through the UPR process). The Office of the High Commissioner for Human Rights should produce a study on the impact of stigma on the enjoyment of human rights.

Practical toolkit: Governments of conflict-affected countries, donor governments and the wider international community should work in collaboration to develop a practical toolkit on the most effective legal frameworks to prevent and avoid (further) stigma for CRSV victims/survivors. This toolkit should be context specific (with international, regional and local sections) and based on good practice/lessons learnt from different countries.

POLICIES, PROCEDURES AND PRACTICES

Global stigma study: The High Commission for Human Rights should work with the wider international community to produce a global study on CRSV-associated stigma that facilitates the mainstreaming of the issue into policy and practice at the local, national, regional and international levels.

Facilitative processes: States (including conflict-affected countries and those hosting refugees) should review and simplify burdensome procedural and administrative rules that may contribute to stigma and preclude victims/survivors from gaining access to justice (including prohibitive filing deadlines and expensive court processes which victims/survivors who have reduced economic means may not be able to fund). Administrative processes to execute the reparation award should also be simplified and free of charge for the victims/survivors.

Disciplinary protocols: State bodies, institutions, and international organisations, including armed and security forces, should seek to establish CRSV monitoring and reporting protocols and disciplinary procedures related

to discriminatory attitudes and behaviours of officials (such as when crimes of CRSV are reported). This should include ensuring that a breach of gender-based policies and procedures is treated as gross misconduct and that there is zero tolerance of SGBV, including within communication and stigmatising behaviours.

Practice standards: The donor community and international organisations should ensure the inclusion of trauma-informed, non-stigmatising and gender-sensitive practice in all relevant 'minimum standards' to ensure that services operate to support recovery and dignity of victims/survivors and do not (re)traumatise or contribute to stigma.

Policy guidance: Governments of conflict-affected countries, donor governments and international organisations should create explicit policy guidance for all national and international staff, officials and authorities on: a) integrating victim/survivor champions and representatives in trainings and at the policymaking level in order to shape action plans and best practices; b) avoiding harmful and stigmatising euphemisms such as referring to CRSV as a 'trauma against

² This recommendation was previously agreed to by the international community at the Global Summit to End Sexual Violence in Conflict hosted by the UK Government in 2014.

her honour' or using 'torture'³ to describe CRSV against men and boys.

Monitoring systems: International organisations should work with governments of conflict-affected countries along with the private sector to design and implement data collection and monitoring systems that include recognition of stigma-related incidents and trauma (through the GBVIMS, for example), to prepare sound responses to victims'/survivors' needs and track progress on stigma-reduction efforts. Data collection should consistently apply the principle of Do No Harm and capture distinctions based on age, sex or other factors to ensure responses are specific to victims'/survivors' needs.

Implementation of relevant UN resolutions:

States and international donors should support and develop national plans for Security Council Resolutions relating to CRSV and stigma (including those specific to the children and armed conflict agenda) and their associated Emergency Management Plans. This should include the creation of monitoring and evaluation mechanisms/units for the implementation of UN Resolution 1325 and reliable resourcing of women's and children's empowerment through participation in civil and political life to help reduce the effects of stigma.

Peace processes: Peace processes should routinely recognise CRSV as international

crimes whenever applicable and provide holistic support, critical health, psychosocial and other services, compensation/reparations and protection for victims/survivors that recognise and respond to the multidimensional impacts of stigma.

Funding standards and protocols: Donor governments and international organisations should collaborate to review and reform programming and funding standards and protocols that prevent CRSV-associated stigma from being effectively tackled (such as short-term funding cycles or not mandating stigma and gender analysis as underlying early design and ongoing review requirements), and take immediate steps to address these barriers.

Men, boys and other gender identities:

Governments of conflict-affected countries and donor governments should create and sign-up to a high-level policy statement on men, boys and other gender identities as CRSV victims/survivors that aims to reduce their stigmatisation and commits them to integrating the issue into existing policies and practices. This should include commitment to capacity-building expertise and training on men and boys as victims/survivors to prevent stigma and should be provided to humanitarian and peacekeeping actors, as well as all other relevant responders.⁴

SECURITY SECTOR ACCOUNTABILITY

Security sector: Effective national legislation, policies, training and rules of engagement should be put in place which ensure adherence to international standards (as set out in IHRL and IHL) that preclude sexual violence or other illegal acts and which provide appropriate accountability for CRSV and stigmatisation by punishing those found responsible for them.

Pre-deployment training: To ensure informed and non-stigmatising responses, troop and police-contributing countries (TCCs) should carry out mandatory, comprehensive training. This should incorporate IHL, IHRL and criminal law. Training topics should include: avoiding the creation of stigma in relation to gender inequality and identity, protection of civilians, human rights, child protection and prevention of CRSV. This should be integrated and implemented at all

levels of personnel within security, protection and peacekeeping forces and should include reframing terminology used in training of personnel to address implied discrimination. Training needs to be relevant and practical, scenario-based and operationally focused. TCCs should submit their pre-deployment training material for approval by the UN to ensure that it meets the required standard. Troops should be made aware of correct reporting procedures and response techniques when encountering CRSV cases to ensure victims/survivors receive swift assistance, without stigmatisation. UN training materials developed to help support TCCs in this process should also be fully accessible.⁵

Security and protection accountability: The international community should act to ensure that peacekeepers and security providers are

3 Except in cases where this is the only legal avenue available for victims of CRSV to have their rights recognised, or where both have taken place. However, this should be challenged in order that CRSV victims/survivors can identify their experience in the way they choose.

4 This recommendation was previously agreed to by the international community at the Global Summit to End Sexual Violence in Conflict hosted by the UK Government in 2014.

5 This recommendation has been adapted to incorporate stigma more explicitly from that which was originally agreed to by the international community at the Global Summit to End Sexual Violence in Conflict, hosted by the UK Government in 2014.

committed and held accountable to standards regarding gender-sensitivity, and that there is zero tolerance of sexual and gendered harassment, abuse and exploitation. This should include transparent, international condemnation of TCCs which do not train their peacekeepers in gender equality, child protection, CRSV and the consequences of CRSV-associated stigma. Strict accountability mechanisms for breaches of appropriate conduct in relation/response to CRSV cases should be established.

Detention protocol: Governments of conflict-affected countries should adopt policies and protocols that prevent and respond to abuse and stigma within detention systems and their oversight, in-line with international standards and in recognition of the high risk of sexual violence during detention. This should include rigorous prevention, independent monitoring and accountability mechanisms including legislative and judicial protections, adherence to - and independent monitoring of - standards and conditions of detention (in line with international standards such as the Bangkok Rules) and effective accountability and enforcement provisions in law and practice. Basic protections

include separating detainees by age and sex (except in certain cases, such as not separating mothers from their children), providing for gender-sensitive protection, care and needs, access to independent medical care and evaluations (again gender sensitive), access to lawyers and the ability to challenge detention (including its conditions) before effective, independent and impartial courts (habeas corpus).

Non-State Armed Groups (NSAGs): States and international actors should take active steps to engage with NSAGs on their responsibilities under IHL to prevent CRSV and its associated stigma, ensuring appropriate prosecution and public accountability. This engagement should include work on gender inequality and the role of sexual violence in reinforcing and replicating these inequalities.

Regional reporting: Regional bodies such as African Union, CEMAC and ECOWAS should transparently report on steps they are taking towards protection of civilians and CRSV incidents and its associated stigma (including prevention efforts), as they arise. This should include reporting on actions being taken by their task forces.

INSTITUTIONAL REFORM

Institutional accountability: Governmental and international institutions should establish professional incentives/punishment for tacit or actual acceptance of working cultures that fuel CRSV and its associated stigma. This should include cross-institutional and community wide sharing of good practices which help reduce discriminatory behaviour.

Committees of Recognition: Where relevant, governments of conflict-affected countries should establish 'Committees for the Recognition of the Status of Victims/Survivors of Sexual Violence in Conflict' that reduce stigma and empower victims/survivors through recognition of all victim/survivor groups and their intersectionality. This should be accompanied by legalisation and long-term resourcing (expertise, staffing and funding) for effective delivery and support that does not add to and actively addresses victims/survivor stigma. Governments should collaborate with civil society, including to train and coordinate with the committees and ensure that accountability and socio-cultural aspects of stigma are addressed.

Gender-sensitivity: Since gender inequality is a root cause of sexual violence and its associated

stigma in fragile states, conflict and post-conflict settings, a gender-transformative approach⁶ should be integrated throughout the work of all institutional and government bodies. In relation to UN Missions, Women Protection Advisors and Gender Advisors should be in influential positions in these structures and have access to senior mission personnel.⁷

⁶ A gender-transformative approach seeks to transform gender relations to promote equity.

⁷ This recommendation has been adapted to incorporate stigma more explicitly from that which was originally agreed to by the international community at the Global Summit to End Sexual Violence in Conflict, hosted by the UK Government in 2014.

THEMATIC ACTIONS

COMMUNITY LEVEL

In order to address the community factors that can impact on the creation or sustainment of CRSV-associated stigma, experts suggest the following actions are implemented:

COMMUNICATIONS AND MEDIA

Cross-sector training: A global, cross-sector media training programme in gender equality, CRSV and its associated stigma should be developed and resourced by the international community. Journalists should also be supported and trained at the national and local level to ensure quality and ethical reporting of sexual violence in accordance with the principle of Do No Harm, including through engagement and exchanges with victim/survivors to build empathy and ensure their voices are heard (where safe, possible and appropriate).

Set standards: Set international standards should be applied (and created where necessary) to the training and reporting of local, national, regional and international media professionals to avoid the reproduction of stigma. Such standards should include goals for gender balance and adequate representation of women on press boards.

Guidelines and protocol: Relevant government ministries of conflict-affected countries and international organisations should establish comprehensive protocols and editorial guidelines on how to report sexual violence sensitively and ethically. Ownership of these guidelines should be ensured at the highest levels (e.g. directors and editors) as well as with staff (e.g. journalists). Guidelines should cover how to avoid stigmatising language and communications and to ensure blame and stigma are not attached to the victim/survivor but to the perpetrator. All guidelines and protocols should be accompanied by practical glossaries of sensitive words/communications approaches to use in talking about CRSV to the public and should be formally adopted by press councils.

Monitoring and responsibility: Media monitoring on CRSV should be established as standard by relevant authorities to provide indicators of where action and improvement is needed on responsible, sensitive and non-stigmatising reporting. National media outlets should also appoint specific journalists per medium (TV, radio, press etc.) to ensure the public is responsibly informed about CRSV cases, justice processes and fighting stigma.

Proactive communication: Journalists should be supported by states and the wider international community to illuminate and document the issue of CRSV and its associated stigma, helping to break the silence and taboos that underpin stigmatisation.

Informed consent: All relevant local, national and international actors and institutions should ensure victims/survivors and those at risk of CRSV (and those who have been exposed to further sexual exploitation as a consequence of their experience of violence) are not identified in any public communications without fully-informed consent and in accordance with relevant ethical standards, protection and child protection policies.

Media campaigns: National and international media outlets should develop awareness-raising campaigns on stigma and CRSV to promote victim/survivor acceptance and social norms change. National and local media in conflict-affected countries, such as radio and TV stations, should be supported by global media (such as BBC and MTV) to run anti-stigma campaigns to reach communities regularly with messaging to tackle the root causes of stigma. Such campaigns should be endorsed by governments of conflict-affected countries. Victim/survivor driven social media campaigns to reduce stigma may also assist- but only if appropriate in the local contexts.

EDUCATION AND AWARENESS-RAISING

Educational programmes: States should design, plan and implement specific, cost-free formal and informal educational programmes (covering state and non-state institutions and all ages and genders); promoting open discussion of gender inequality and other root causes of CRSV-associated stigma and preventing the further entrenchment of harmful societal norms in new generations. This should entail practical education that is explicitly gender-transformational in content,¹ include an understanding of stigma as a mechanism and consequence of violence, and ensure that educational institutions promote social support and recognition of victims/survivors as integral to conflict-resolution and peacebuilding at all levels. These programmes should be accompanied by targeted efforts to sensitise teachers and other educational staff on how to sensitively reintegrate students recovering from CRSV, how to avoid stigmatising them and to deal with and respond to potential peer to peer stigmatisation and discrimination.

Educational campaigns: Ministries of Education should lead on age appropriate, culturally-sensitive, comprehensive sexuality education campaigns within schools and non-formal education settings (including in IDP and refugee settings) that go beyond biological issues. As such, they should and cover the physiological and psychological elements of sex as well as consent, sexuality and autonomy over bodies. This could start in early years education with simple aspects such as distinguishing between 'good touch' and 'bad touch' to empower children and young people against CRSV and the internalisation of stigma.

Public awareness: Responsible government bodies and institutions (such as Departments for Education/Culture/Information) should undertake public information and awareness-raising campaigns on sexual violence and CRSV to help prevent and tackle stigma (through hosting public debates, for instance). Ensure that genuine dialogue is promoted on the underlying inequitable gender norms and gender hierarchy to stigma. Community engagement should also go beyond sensitisation and awareness-raising, targeting efforts towards specific outcomes in relation to changing gender norms and reducing inequality. The presence of a committed, well-resourced political body to oversee these initiatives should be ensured for effective progress to be secured.

Victim/survivor outreach: Government-run campaign communications in conflict-affected countries should be created to empower and reach victim/survivors (including those hardest to reach, most marginalised and left behind) on how to access their rights, justice, services, support and reintegration, rehabilitation and reparations that help address internalised stigma.

Challenging stigma: States should ensure systematic response and follow-up on community actions, such as petitions in relation to CRSV, stigma and its roots causes and political leaders should speak out publicly against the stigma suffered by victims/survivors. This should include publicly challenging bias, discrimination, victim-blaming, abuse and persecution of all victims/survivors (regardless of their context or identities).

Legal literacy: Governments of conflict-affected countries and donor governments should support awareness-raising of the judicial system and judicial processes among communities, to improve understanding of the burden of proof in criminal cases (so that it is not assumed that a verdict of 'not guilty' means that the victim/survivor is lying, creating stigma) and of how victims/survivors may recount information in an inconsistent manner.

¹ This must include gender, gender inequalities, human rights, sex and sexuality and vulnerability to sexual violence.

FAITH/RELIGION

Collaboration and consultation: International organisations and the donor community should promote appropriate, culturally-specific methods to reduce stigma without endorsing practices which perpetuate harmful norms; by engaging in genuine dialogue, consultation and collaboration with community, faith/religious and cultural leaders. This should include working with governments of conflict-affected countries to collaborate actively with and involve faith/religious leaders from the outset of reintegration processes to help facilitate community awareness, inclusion, acceptance and effective reintegration of CRSV victims/survivors.

Public declaration: Governments of conflict-affected countries and international stakeholders should work together to coordinate different faith/religious groups and leaders to collaborate actively on addressing CRSV; specifically advocating for and assisting them to issue a Joint Public Declaration in support of all victims/survivors (no matter their status, race, gender etc.) that explicitly discourages stigmatisation. Such public expressions of support can help reduce impacts such as victim/survivor suicide.²

Religious mandate: The donor community and governments of conflict-affected countries should work together with the faith/religious community to explore the positive elements of faith/culture that can promote support for victims/survivors. Specifically, they should identify a mandate to tackle CRSV-associated stigma from faith/religious texts, to mobilise male and female leaders who have significant local influence to support victim/survivor integration.³

Dispute resolution: Donor governments and international organisations should work with governments of conflict-affected countries to engage community elders in alternative dispute resolution processes that are victim/survivor-led. Such processes should focus on ensuring the protection of victims/survivors is upheld.

2 For example, the Supreme Leader of the Yazidis welcomed all Yazidi girls back into their Iraqi community; this led to a decrease in suicide rates within this group.

3 For example, faith/religious leaders in Egypt established an Islamic counter narrative to Daesh.

THEMATIC ACTIONS

INTERPERSONAL AND INTERNAL LEVEL

In order to address the interpersonal and internal factors that can impact on the creation or sustainment of CRSV-associated stigma, experts suggest the following actions are implemented:

STRATEGIC RESPONSIBILITY

National stigma strategies: Governments of conflict-affected countries should take primary responsibility for service provision, support and justice for victims/survivors, by developing strategies and implementation plans for preventing, reducing and tackling CRSV and its associated stigma through comprehensive services and support. Appropriate laws, implementation and monitoring systems should be put in place to ensure such efforts are non-stigmatising and victim/survivor-centred. Government services should specifically include:

- Group therapy and creative arts therapy, as well as one to one support, that helps address the impacts of stigmatisation on victims/survivors.
- Specific programmes for children born in captivity/children born of rape and their mothers, to support their quality education, civil participation and economic empowerment.

Accountability of personnel: Governments of conflict-affected countries, donor governments and relevant international organisations should enforce regulation that all personnel involved in planning, prevention and response to conflict/CRSV should sign, understand and be accountable to a contextually relevant Code of Conduct and Code of Ethics (or similar), to establish and maintain standards that will prevent (re-)traumatising and (re-)stigmatising victims/survivors. This should involve training on gender issues and the gender inequalities underpinning sexual violence as part of standard practice in training service-providers. To help avoid victims/survivors internalising stigma, they should be actively informed about, and made aware of their rights in relation to, existing accountability mechanisms and of the channels to report behaviour which contravenes such standards. Reporting procedures should also be made clear to transient communities such as those in refugee and IDP camps.

Donor and international organisation responsibility: Donors and international organisations should use diplomatic processes, advocacy, capacity-building and accountability

mechanisms to drive state responsibility for non-stigmatising service provision and programming measures to prevent stigma. They should take responsibility for official handover of emergency support services set up during conflict to governments of conflict-affected countries and local authorities. Handover should ensure services are continued and provide uninterrupted support for victims/survivors to help address the long-term impacts and root causes of stigma. Appropriate handover should also be conducted, for example, from UN missions to UNCT during transition phases. International actors should also fulfil their responsibility to conduct monitoring of local contexts, actors and needs (through situational analyses - including gender, power and political - and stakeholder mapping) before funding, planning, designing or delivering interventions to address CRSV and its related stigma - ensuring efforts are effective, appropriate and build on rather than duplicate existing local capacities and structures.

Donor coordination: Donor governments and international organisations should commit to a cross-sectoral approach to stigma reduction that ensures an integrated focus on CRSV prevention and suppression. This should include the hosting of a global conference and regular joint consultations on CRSV-associated stigma to establish improved focus, resourcing, planning and coordination of multilateral donor aid, in a way that most effectively addresses the root causes and consequences of stigma.

Regional cooperation: Governments of conflict-affected countries should actively engage in regional dialogue and cooperation on good practices in how to prevent and respond to CRSV-associated stigma.

Humanitarian response: Donor governments and international organisations should apply a stigma reduction/prevention lens to emergency response. They should ensure that interventions around SGBV are a core component of first response and in addition, build appropriate non-stigmatising sexual violence prevention and

response services into health, protection, livelihoods, education and other sectoral responses (in line with the IASC GBV Guidelines, 2015).

Integrated global approach: The international community should work together to integrate measures to address social attitudes and responses to CRSV into aims and outcomes of broader work on conflict, peacebuilding, child protection, GBV and VAWG. This should include using existing campaigns as entry points, such as the Call to Action on Violence Against Women and Girls in Emergencies, the Global Partnership to End Violence Against Children, and Preventing Sexual Violence in Conflict Initiative (PSVI), to facilitate greater attention and resources towards addressing stigma.

ACCESS TO SERVICES AND SUPPORT

Domestic coordination: Ministries and local government bodies within conflict-affected countries should work together to ensure services are available, can be delivered safely and accessed quickly by formally establishing clear mandates and responsibilities between different government authorities. This should include each responsible body having the necessary authority and ownership to implement and develop referral pathways for stigma to be tackled by relevant actors.

Comprehensive approach: Governments of conflict-affected countries, the donor community and international organisations should coordinate and work together (alongside other relevant actors, including NGOs and local civil society) to develop comprehensive support services, including the 'one-stop centre' approach, where appropriate. A comprehensive approach should ensure victims/survivors can safely access all necessary services. Where possible, this should be in the same location (a legal clinic based inside a hospital, for example), to avoid (re)traumatisation, (re)stigmatisation and (re)victimisation, such as that which could occur by a victim/survivor repeating their story.

Facilitated access: Governments of conflict-affected countries should ensure victims/survivors (and their children) have facilitated access to services based on their victim/survivor status (through the adoption of relevant policy documents, legislative amendments and bylaws). This might include being exempt from paying registration fees which can act as a barrier to support, or being prioritised in the provision of health services, for example. Such treatment should be enacted without exposing the victim/survivor to further stigmatisation.¹

Systems-building: Governments of conflict-affected countries and international actors should focus on (re)building systems (including health, justice, education and so on) to include reduction of and support for CRSV and its

associated stigma. Where possible, such actors should engage through pre-existing services which are trusted by communities (such as midwifery, or other health services). In addition, and where appropriate, CRSV response systems should include resourcing mobile assistance services in order to reduce the stigma experienced in accessing CRSV support, and to increase safe access in areas affected by conflict. For instance, psychologists and other service-providers should make field visits to villages and rural areas that help address the internalised impacts of stigma.

Free helplines: Governments of conflict-affected countries should establish free national helplines, especially for children, serving to mitigate stigma-related risks through anonymity, safety of reporting and fast response times to CRSV cases.

Safe spaces: Governments of conflict-affected countries and the donor community should establish and protect safe spaces for victims/survivors, including single-sex spaces, spaces for those of other gender identities and for sexual minorities such as LGBTQIA+ victims/survivors. Victims/survivors should be supported to speak about their experiences without fear of stigmatisation, as a means to help them reclaim their bodies and sexual selves. Support should also include plans to mitigate the fear/risk of future SGBV or stigma-associated violence and abuse.

Reintegration of ex-combatants: Relevant UN bodies should ensure stigma, as a barrier to reintegration, is addressed - by resourcing reintegration and reparations as a core element of Disarmament Demobilisation Reintegration (DDR) programmes. This should include reintegration workshops on CRSV for ex-combatants (on the systematic use of sexual violence as a weapon of war and gender-sensitivity issues) and psychological support for ex-combatants who are themselves victims of

¹ In Bosnia Herzegovina, for instance, some victims/survivors refrain from using services because they must reveal their status as a victim/survivor of CRSV specifically. Some victims/survivors expressed that they would feel better protected by showing a certificate which recognises them as a 'civilian victim of war', therefore not having to disclose the CRSV incident.

CRSV. Particular attention should be paid to children born in captivity. This should include girls who may have served as 'wives' and be pregnant, and boys who were forced to commit CRSV. Acknowledgment of the stigma experienced by perpetrators who are simultaneously victims/survivors of CRSV, or who have been forced to commit sexual violence crimes (against family members, for instance) should also be taken into account during the planning/conducting of DDR programmes.

HEALTH

Health strategies: Governments of conflict-affected countries should ensure national health strategies specifically include services for the clinical management of CRSV, and involve victims/survivors to identify appropriate and non-stigmatising approaches to delivering such services. Policies and legislation which oblige mandatory reporting of sexual violence to authorities should be rigorously tested - or removed to ensure this does not act as a barrier to care.

Coordination and integration: Governments of conflict-affected countries and international actors should ensure healthcare services are available, accessible and are effectively coordinated and integrated with other sectors that support victims/survivors, including justice and education. (i.e. not creating parallel CRSV systems and responses).

Mental health responses: To reduce the risk of internal stigma and mental health problems (including PTSD) resulting from CRSV, the availability of consistent, sustained and non-stigmatising support for emotional, psychological and mental health needs should be made a priority by governments of conflict-affected countries and the donor community.

Consistent training: Ministries of Health should include non-stigmatising clinical management of sexual violence in undergraduate and in-service training, in-line with international standards for health professionals. Active measures should be taken to ensure consistent training, mentoring and follow-up for health providers on CRSV and its associated stigma.

7 | ANNEXES

ANNEX 1: IMPLEMENTING THE CORE RECOMMENDATIONS

ACCOUNTING FOR ALL

Efforts to address conflict in general, and CRSV in particular, must take all individuals into account - understanding intersectionality and that CRSV victims/survivors are not a homogenous group. The list provided below serves as a reminder for all stakeholders to help avoid stigmatisation, through inclusive policy and programming approaches.

Consider all individuals/groups; including (but not limited to) the following:

- Women
- Men
- Children under 12, including infants
- Adolescents (10-19)
- Young people (18-25)
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual individuals (LGBTQIA+)
- Those with physical and/or cognitive disabilities
- The elderly
- Persons living with disease (including HIV/AIDS)
- Minority groups (including ethnic and religious minorities)
- Children born of rape (including children born in captivity)
- Children associated with armed forces and armed groups (CAAFAG)
- Ex-combatants
- Children living and working on the street
- Victims/survivors who are also perpetrators (e.g. children associated with armed forces or armed groups, or those with childhood experience of SGBV)
- Victims/survivors who are vulnerable to re-abuse
- Those subject to modern slavery, including sexual slavery, trafficking and slave labour
- Migrants
- Refugees
- Internally Displaced Persons (IDPs)
- Detainees
- Torture victims/survivors
- Sex trade workers
- People in support shelters
- Human rights defenders and legal representatives
- Activists and advocates
- Community groups and responders to CRSV
- Women/girls who have had abortions
- Orphans
- Separated and unaccompanied children
- Child mothers, child-headed and single-parent households
- Those divorced, separated or widowed

RECOMMENDATIONS IN PRACTICE

The immediate and long-term impacts of implementing each of the Core Recommendations are set out below, along with detailed sub-recommendations that provide technical advice and next steps for achieving the recommendations in practice.

1. RESOURCING AND SUSTAINABILITY:

Enable sustained long-term support and resourcing to organisations that work to tackle stigma related to CRSV, that provide a continuum of holistic care for victims/survivors across humanitarian and development responses, pursuing locally-led sustainable solutions.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Reduction in threats and secondary harm associated with stigma.
- International and national accountability on challenging gender inequality and the consequences of gender oppression including sexual violence and associated stigma.
- Needs and rights of all victims/survivors addressed.
- Social and economic security and empowerment of victims/survivors.
- Effective and more accountable first responders and service-providers that do not create or reinforce stigma.

- Stronger local civil society to respond to CRSV and to be better equipped to address social violence manifested because of stigma.
- Deeper awareness of the role of stigma as social violence, reinforcing structural and social oppression and inequality.
- Greater resources towards advocacy and education on changes in gender norms and inequalities, such that CRSV is understood as the shame of the perpetrator and not the victims/survivors.

Immediate-term impacts

- Improved access to essential services by victims/survivors.
- Ongoing and uninterrupted support for victims/survivors.

How can the recommendation be implemented?

- **Responsible resourcing:** follow principles of responsible resourcing and service-delivery advocated by the Grand Bargain agreement.
- **Increase resources:** increase resources to programmes addressing violence associated with gender inequalities, including CRSV, to ensure that work around social and community attitudes can be systematic, targeted and outcome-driven, reducing the impact and isolation of stigma.
- **Cross-sectoral approach:** all actors to adopt a broader, comprehensive approach to CRSV that takes existing gender inequalities and hierarchies, and the role of stigma in reinforcing these, into account.
- **Capacity-building:** international organisations, such as the UN, to meaningfully build the capacity of grassroots organisations to provide services and secure funding sustainably. This should include organisational support and development such as financial management, reporting and infrastructure.
- **Standardise funding cycles:** donors to provide funding cycles of at least 3-5 years and to coordinate provision of services to ensure

root causes and long-term impacts of stigma can be addressed.

- **Government responsibility:** use diplomatic processes, advocacy, capacity-building and accountability mechanisms to drive state responsibility for non-stigmatising service provision and programming measures to prevent stigma.
- **Social support:** fund activities and efforts that enable peer-to-peer support and social change.
- **Prevention:** funding of upstream efforts that prevent CRSV in the first place, including significant and serious efforts to address gender inequality and the underlying drivers of sexual violence and abuse.
- **Humanitarian response:** apply a stigma reduction/prevention lens to emergency response. Ensure that interventions around SGBV are a core component of first response. Build appropriate gendered services into health, livelihoods and security and other responses.

- **Specialist local funding:** donors to remove competition between local CSOs and more recognised (I)NGOs by releasing funding calls open only to local CSOs.
- **Core funding:** ensure local CSOs can access core funding (e.g. for staff costs, development, operations and logistics costs) for their organisations, not just funding for specific, individual projects.
- **Monitoring, evaluation and accountability:** ensure measurable implementation of standards and protocols. Including by developing targeted indicators

based on stigma mapping and gender analysis so that programming is targeted and has tangible outcomes.

- **Private sector:** ensure gender and stigma analysis is built into organisational practices, actively promote policies and practices that build gender equality in the workplace and recognise the role of stigma in helping to maintain gender inequality and inequitable attitudes. Ensure that sexual harassment in the workplace is not tolerated, and is challenged at all levels.

2. NEEDS AND RIGHTS:

Ensure the whole spectrum of needs and rights are met by listening to victims/survivors and the community about what they need and want; ensure emotional, psychological, socio-economic and justice needs and rights receive appropriate levels of attention in humanitarian and development responses to conflict.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Empowerment and healing of victims/survivors.
- Reduction in the reinforcement and perpetuation of stigma through improved understanding and empathy of victims/survivors by listening to their needs and rights.
- Reduction in internal stigma, mental health risks, suicide and suicide attempts.
- Reduced risk of continued abuse and exploitation of victims/survivors within families and communities.
- Community strengthening and improved stability. Community narratives evolve to understand participation in stigmatisation as a continuing act of violence.
- Community protection mechanisms are strengthened through gender-transformative actions and narratives as core to all peacebuilding and reconstruction efforts.

- Improved reintegration of victims/survivors into communities.
- A multi-disciplinary approach which addresses all actors with influence on stigma.
- Stigma prevention and support is integrated into existing support and services.

Immediate-term impacts

- Immediate comprehensive and appropriate relief and support for victims/survivors, recognising the potential for internalised stigma and not reinforcing existing norms of gender (and other) inequality.
- Increased access to mental health and psychosocial services that tackle internalised stigma.
- Better attuned and designed programming, leading to more effective results and positive impact around stigma and CRSV-prevention efforts.
- Lives saved.

How can the recommendation be implemented?

- **Long-term support:** build recovery, reintegration and rehabilitation services into a comprehensive approach to CRSV responses and budget for these at the emergency response stage. Groups with existing expertise in working with SGBV should lead efforts and act as quality control mechanisms to ensure that all response services promote gender-transformational approaches and enable positive reconstructions of internalised trauma into self-supporting narratives. Services should work to reshape community narratives around victims/survivors, providing constructive challenges to the reinforcement of gender inequality and gender hierarchies.
- **Integration:** mainstream responses to medical and psychosocial needs into existing support structures and services. Ensure these are gender-specific and meet minimum standards, and that all service provision is trauma-informed and prioritises safety, privacy, confidentiality and autonomy.
- **Holistic healthcare:** pursue healthcare, inclusive of mental health support, which is timely, sensitive, non-discriminating, non-stigmatising and adheres to medical ethics. Provide and support services that help victims/survivors to explore the narratives informing and underpinning internalised stigma and to generate new narratives that restore self-esteem and an integrated sense of self.
- **Community collaboration:** work with the community to ensure a supported practical approach, which also seeks to reshape gender inequitable discourses and norms away from stigmatising victims/survivors and reinforcing community mechanisms of protection and support. Frame community engagement in terms of either contributing to conflict by stigmatising victims/survivors, or building peace by supporting them. Ensure that underlying gender inequalities are not reproduced or reinforced (e.g. challenge the idea that women need to be under the 'protection' of men in order to be 'safe', and support efforts to build victim/survivor solidarity).
- **Counselling:** provision of expert, professionalised and specialised counselling services that understand gender norms and inequalities. This should include peer-to-peer support where appropriate.
- **Public awareness:** develop public communications about the existence of services and the importance of accessing them immediately following abuse.

3. VICTIM/SURVIVOR NETWORKS:

Support local, national, regional and global victim/survivor networks that provide a safe space to have a voice and be empowered; including establishing and sustaining an international platform for victims/survivors and peer support through local/national networks.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Mobilising networks that help reduce internalised stigma through empowerment.
- Victim/survivor-informed and led solutions that effectively recognise, prevent and address stigma.

Immediate-term impacts

- A safe space/environment for victims/survivors to tell their stories and discuss their recovery without fear of discrimination or stigma, thereby helping to address and reduce the psychosocial impacts of CRSV.
- Improved access to support for victims/survivors through acting as a central source of information for all victims/survivors i.e.

availability and access to comprehensive care and support services, access to justice and other available resources, financial or in kind.

- Provision of a platform for influencing relevant policy and programming decisions, multiplying the positive impact on victims/survivors.
- Meaningful participation of victims/survivors in national, regional and international policy processes affecting them and their communities, ensuring that this does not reinforce or replicate social narratives that support gender inequality and gender hierarchies.

How can the recommendation be implemented?

- **Seed funding:** provide start-up funding for victim/survivor networks to establish and organise themselves, and build the right capacities and systems to sustain such networks.
- **Sustainable resourcing:** support practical models that ensure reliability of funding for victim/survivor groups long-term.
- **Meaningful engagement:** facilitate meaningful engagement, as defined by the victim/survivor group themselves.
- **Meaningful participation:** engage victim/survivor networks on their own terms, and not only in 'exchange' for testimonials. Support and enable victims/survivors' groups and/

or organisations to take the lead in setting priorities and developing advocacy.

- **Proactive outreach:** where appropriate, seek inputs, feedback and dialogue with victim/survivor networks in decision-making processes.
- **Protective support:** ensure practical measures are in place to protect victim/survivor gatherings. Ensure that safe spaces are resourced and protected. For example, enable creative ways for women and girls to meet safely in contexts where they are not allowed into public spaces unaccompanied by men.

4. PREVENTION:

Ensure that all efforts to address CRSV-associated stigma (and the gender inequality that underpins it) are complemented by broader efforts to prevent SGBV and vice versa, and are grounded in gender and conflict analysis.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Changes in inequitable gender norms, and violence associated with these, in non-conflict communities, leading to a reduction of CRSV.
- Overall reduction in the sexual violence before, during and post-conflict.
- Reduction in the social violence of stigma and the associated impact.
- Greater gender equality.
- Reduced demand on emergency services in conflict.
- Government and donor costs reduced long-term through prevention rather than response.
- Improved social well-being.

Immediate-term impacts

- Recognition of and provision for strategic needs to address CRSV-associated stigma, including increased gender equality, transformation of norms and discourses around gender, structural and systemic change to assumptions about bodily and sexual integrity and autonomy.
- Lives saved.

How can the recommendation be implemented?

- **Early warning:** establish and implement early warning mechanisms on CRSV-associated stigma that help prevent and address risk (including mapping and developing indicators).
- **Effective programming:** support practical programmes which are well-thought through, complementary to other efforts undertaken and seek to both add value and Do No Harm to any group impacted by CRSV/stigma. In so doing, utilise existing toolkits and the IASC GBV Guidelines. Ensure that programming builds on existing best practice, is led by organisations with the appropriate expertise and that gender transformation is integrated across all peacebuilding, reconstruction and community cohesion programming.
- **Prevention training:** implement specialised training for security providers, (including peacekeepers and first responders) to respond to threats and risks that help lead to CRSV. Work to improve opportunities of empowerment for victims/survivors of all ages and identities. For example, recognise that economic security, autonomy and gender equality are protective and preventative factors for many victims/survivors.
- **Planning:** anticipate and plan for CRSV and stigma before it is a problem, incorporating prevention into existing efforts as standard. All programme design to include mitigation against potential risks, including by conducting gendered risk assessments. Ensure that all programming includes recognition that stigma is a social violence and includes work to change community responses to victims/survivors in relation to this.
- **Coordination:** conduct thorough mapping of relevant actors in all sudden onset emergencies and ensure cross-sectoral responsibility for CRSV/stigma. Ensure that victim/survivor groups and organisations, including responders to SGBV, are central in this process and can take leadership roles alongside other relevant actors.

- **Camp management and guidelines:** adhere to international standards that ensure effective physical security for adults and children e.g. lighting by latrines, separate toilets for men/women, doors and locks on toilets and showers, fuel-efficient stoves, quick-cooking grains and pulses etc. Ensure, for example, that ration cards are given to all adults and not only to men as 'heads of household' and ensure women have their own access and entitlement to resources

to reduce their exposure to domestic violence, sexual exploitation and dependence.

- **Systemic action:** tackle the root causes of CRSV to eliminate structural and institutional power and gender inequality and discrimination by recognising/identifying, articulating, engaging with and addressing the inequalities that enable SGBV. Ensure that cultural and social norms, discourses and practices are understood and implemented in relation to gender and understood at all levels of hierarchy.

5. EDUCATION AND TRAINING OF RESPONSIBLE STAKEHOLDERS:

Build/strengthen the understanding, capacity, resources (financial, human, technical) and accountability of responsible organisations, institutions and stakeholders¹ to respond to stigma in a way that is fit-for-purpose and long-term, including through sensitisation, awareness-raising and campaigns.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Awareness-raising, education, training, sensitisation and campaigns result in reduced tolerance towards CRSV that allows for and sustains stigma, by changing attitudes and debunking myths that perpetuate stigmatisation. Such efforts lead to social norms change.
- Training and education facilitate positive behavioural change, lead to improved, non-discriminatory practices and avoid (re)stigmatisation by all responsible stakeholders and first responders.
- Sustained, quality training and education ensure the roots of both conscious and unconscious bias that underpin stigma are actively and routinely addressed.
- Strengthened and responsible institutions resulting from targeted training for their staff and systematic application of service-delivery standards.
- Increased empowerment and rehabilitation of victims/survivors through their engagement in training/education.

Immediate-term impacts

- Physical and psychological harm to victims/survivors is reduced through improved understanding of stigma and stigma-reduction efforts.
- Increased awareness of actors in recognising/reporting instances of CRSV and stigma, leading to more cases being identified and addressed.
- Victims/survivors are sensitively treated and supported by responsible stakeholders on a case-by-case basis (tailored responses).
- Increased training results in more data collection and documentation on stigma.
- Training and mentoring to organisations helps ensure accountable goals are both set and attained for standards of service-delivery.

¹ This refers to all organisations, institutions and personnel within national and local government authorities, international organisations and the donor community who have roles within conflict-affected societies, including police, armed forces, security sector actors, legal, judicial and medical staff, service-providers and so on.

How can the recommendation be implemented?

- **Policy integration:** all relevant structural stakeholders to incorporate good practice and guidance on CRSV/stigma into their policies and procedures.
- **Accountability:** include accountability for stigma in reporting e.g. CEDAW, universal periodic review, 1325 and SGBV prevention NAP's, shadow reports and national police reporting.
- **Inclusion:** include measures to address SGBV, including the attitudes that drive stigma, in all national action plans and government policies.
- **Communications:** use non-stigmatising language and discourse in all communications (including media, education and advocacy) and actively apply positive messaging that conveys victims/survivors are not responsible and should not be stigmatised); ensure that accountability and responsibility is directed at perpetrators and that victims/survivors are presented as deserving of dignity, support and care.
- **Informed practice:** include trauma-informed and gender-sensitive practice in minimum practice standards to ensure that services operate to support recovery and dignity and do not (re)traumatise or contribute to stigma.
- **Integration:** integrate social justice and gender into educational settings and curricula from primary school age and integrate anti-stigma into existing mechanisms. Ensure that all educational approaches reflect on the interrelationship of violence and stigma.
- **Expertise:** generate greater understanding and technical expertise on stigma through training and training of trainers (ToT), including specialist training made available for service-providers on SGBV and stigma.
- **Quality:** ensure all training and education are adaptive and achieve quality, through adherence to good practice and Do No Harm.
- **Training of trainers:** achieve sustainable ToT through scenario-based learning and life stories, to include mentoring, on-the-job development and ongoing evaluation and learning.
- **Victim/survivor inclusion:** integrate victim/survivor representatives (as experts and trainers) into training and education efforts, while ensuring self-care and protection against (re)traumatisation and managing harmful exposure to the topic.
- **Gender:** include training on gender issues and the gender inequalities underpinning both SGBV and CRSV as part of standard practice training for key service-providers.
- **Addressing norms:** incorporate knowledge on collective norms (culturally established rules prescribing appropriate behaviour) into education and training. Explore and challenge the roots of norms coding and reinforcing inequality (with a focus on gender).
- **Peer approach:** implement peer-to-peer education and training and a participant-led approach.
- **Follow-up:** undergo retraining, monitoring and mentoring to ensure long-term impact. Ensure that training outcomes are embedded into practice and that monitoring and evaluation focus on implementation of training into standard practice.
- **Openness:** ensure openness within training, education, awareness-raising and mass media campaigns that confronts basic SGBV assumptions and cultural narratives that lead to stigma.
- **Campaigns:** run local, national and international awareness-raising campaigns on CRSV and the role of gendered social and cultural narratives in reinforcing SGBV through continued blaming, stigmatising and isolating of victims/survivors (ensuring victims/survivors and those supporting them are not stigmatised in the process). These should be grounded in the wider context and include human and legal rights, roles and responsibilities, access to justice/legal support, literacy, help centres, different types of sexual violence and the impact of stigma. E.g. departments for education/culture/information to support and resource awareness- building programmes to prevent stigma.
- **Public awareness:** host public debates to increase awareness and tackle taboos; ensure presence of a committed, well-resourced political body to oversee awareness-raising initiatives. Ensure that human rights groups have a platform and voice in these debates and that the underlying inequitable gender norms and gender hierarchy are central in the discussion. Ensure that these platforms: a) provide a safe space for children and young people; b) are framed to question ideas of 'emasculatation' for men; and c) ideas about sexual purity and sexual ownership of women by men.

6. PROTECTION AND SECURITY:

Ensure that all relevant support for victims/survivors can be accessed safely and in a timely way, and that victims/survivors are protected from the impacts of stigma throughout the journey of recovery, reintegration, rehabilitation and follow-up.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Victims/survivors have a more participative role in society owing to stigma-prevention and an increased sense of security.
- Reduction in retaliation and attacks on CRSV victims/survivors and a reduction in the use of violence and stigma to maintain and reproduce inequitable gender norms.
- Reduction in exposure to sexual exploitation.
- Reduction in crime and community violence related to CRSV.
- Reduction in number of children and adults being exploited as a result of abandonment/rejection/last resort.

Immediate-term impacts

- Increased access to support, services and justice for all victims/survivors.
- Victims/survivors feel safe, are not living in fear and are protected from the impacts of stigma.
- Appropriate policies exist that ensure relevant stakeholders (such as police, armed forces and security sector actors) are responsible and accountable for their conduct.
- Victims/survivors have the economic safety to meet their basic needs (and for their children, where relevant).

How can the recommendation be implemented?

- **Risk mitigation:** ensure that victims/survivors are fully aware of all possible consequences (positive and negative) of engaging with specific services and processes before proceeding. Ensure risk mitigation and safety procedures are established.
- **Discrete services:** do not label, isolate or segregate CRSV services (e.g. by integrating them into other services) to ensure victims/survivors can access services discreetly and reduce the risk of stigma. Refer to the IASC GBV Guidelines.
- **Confidentiality and data protection:** ensure explicit procedures and monitoring is in place for the protection and ownership of sensitive information, including protection of victim/survivor identity and that of their family.
- **Ongoing consent:** ensure informed consent is obtained and the opportunity to withdraw (e.g. from judicial processes) is available at any time.
- **Emotional support:** work to build the self-confidence and resilience of victims/survivors, including by assuring them they are not alone (and put this into practice by offering reliable support).
- **Shoulder-to-shoulder support:** support the provision of moral and peer-to-peer support, including through counselling.
- **Reporting:** generate awareness of and provide guidance on the reporting mechanisms for CRSV/stigma for those encountering victims/survivors (such as the armed forces). Ensure such actors know how to signpost victims/survivors to the right support.
- **Safe space:** create safe environments conducive to the sensitivity of the issues, including for instance separate counselling rooms and family spaces within police stations.
- **Social security:** put in place/support effective measures for the social security victims/survivors. Ensure that there is the option of protection provided by women.
- **Acceptance:** support/ensure the building of acceptance and inclusion of the victim/survivor into the family and community after CRSV to reduce risk. Identify with survivors the people and places where they are likely to be safe and supported, in line with best practice in responding to SGBV.
- **Service reconstruction:** reduce risk and ensure accessibility by reconstructing services as appropriate, including providing non-stigmatising mobile support services that go to the victims/survivors.

- **Safe evacuation:** plan and establish safe evacuation measures for all SGBV/CRSV-related services.
- **Duty of care:** provide referrals and follow-up for a continuum of care and ensure comprehensive safety planning is core to all services. Duty of care should continue beyond 'transactional' support (i.e. after the particular service has been provided by the particular staff/ stakeholder).
- **Safeguarding:** ensure safeguarding policies and codes of conduct to prevent and respond to inappropriate behaviour by any actor/staff/ delivery partner. Do No Harm and codes of conduct to apply to all staff – down to drivers, guards etc. - not just delivery and first-responder staff, with requisite training provided. Ensure that swift and effective action is taken in relation to misconduct, including prosecution where appropriate.
- **Vetting and recruitment:** ensure thorough, safe selection and recruitment processes (including gender-sensitivity and training in non-discrimination) and due diligence of staff to reduce incidents of CRSV and stigma. Ensure vulnerable and marginalised groups are safe and encouraged to engage with services.
- **Diplomatic efforts:** diplomats and foreign embassies should to on the security aspects of the country in which they reside to help actively prevent CRSV and restore peace.
- **Participatory approach:** consult affected communities and individuals in the design, implementation and evaluation of programmes and ensure that these approaches consider gender inequalities and gender norms.
- **Representative staffing:** ensure victims'/ survivors' right to choose and change interlocutor depending on his/her personal preference and history. To achieve this, greater gender balance should be pursued through active recruitment policies to attract and retain minority or underrepresented groups in response and support roles (e.g. police), decision-making and policymaking roles.
- **Family, witness and judiciary protection:** with the informed consent of the victim/ survivor, their family members should be offered protection and security support (though this should also be balanced with an assurance on a case-by-case basis that a family member is not the perpetrator). Every effort should be made to ensure that women in particular are not separated from their children, especially in contexts where children are understood to 'belong' to their father's family. Protection and security should also be extended to witnesses, lawyers, prosecutors and judges to facilitate prosecution and sentencing of CRSV perpetrators. Remote forms of protected testimonies (such as video conferencing) should be offered/enabled where requested, to help protect victims/survivors from the potential dangerous impacts of stigmatisation.
- **Access to justice:** ensure access to meaningful justice for victims/survivors and for organisations working to protect them. Provide adequate support mechanisms around a victim/survivor who will be acting as a witness in a prosecution process to mitigate against potential (further) stigmatisation. Witness protection programming may also be necessary to mitigate against threats from the perpetrator, his family and/or friends, or retaliatory violence. For women, ensure that 'justice' includes economic opportunities or protections to ensure they are not left landless and destitute, exposing them to sexual exploitation.

7. APPLY INTERNATIONAL POLICIES, LAWS AND STANDARDS:

Ensure domestic and local law and policies comply with international human rights, humanitarian and criminal law, including by reviewing, amending and reforming legal and judicial frameworks and policies that create, condone or perpetuate stigma.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Non-stigmatising local and national laws and policies in relation to CRSV.
- Improved recognition of CRSV stigma as a rights violation and discrimination in its own right, leading to stigma reduction.
- Reduced imposed stigmatisation on particular groups or minorities through tackling stigmatising definitions, laws, frameworks, policies and practices.
- Victims/survivors are not penalised or criminalised for the harm perpetrated against them.
- An effective rights-based approach is integrated into stigma-reduction efforts.
- CRSV is treated as a serious (violent) crime and impunity is reduced/addressed.
- Legal and policy recognition of stigma facilitates community attitude change.

- Stigma is appropriately recognised as a mechanism of social violence in helping to maintain gender inequality.
- Recognition of CRSV (regardless of the identity of the victim) as an international crime, where appropriate, sends a powerful message to society that victims/survivors are not to blame, thereby reducing their stigmatisation.
- Positive behaviour change and improved performance of justice actors in relation to CRSV/stigma and changed profiles of justice sector actors (with more women in these roles).

Immediate-term impacts

- Availability of recourse for discrimination and stigmatisation of victims/survivors.
- Reform of relevant laws and policies is implemented in a way that addresses CRSV-associated stigma.

How can the recommendation be implemented?

- **Formal recognition:** victims'/survivors' needs and rights to be incorporated explicitly into laws and procedures at the national and local level in conflict-affected countries.
- **Toolkits:** build on existing practical toolkits with lessons learnt, examples and good practices of how to effectively ensure non-stigmatising standards are met. This should include the creation of new specialised toolkits, and subsequent training, for local authorities and judicial actors with guidance on how to practically implement international standards within national judicial systems.
- **Locally driven:** contextually apply international laws and standards. Adapt these to the local context and strive for locally driven implementation (not international), wherever possible. Make reference to international and national SGBV legislation, policy and practice and, in all efforts to address CRSV, include recognition of pre-existing and 'domestic' issues of SGBV.
- **Regional change:** look to incorporate good practice regionally and across similar contexts.
- **Define, publicise and embed standards:** establish a set of contextually-relevant and sensitive standards for the treatment of victims/survivors. Make sure international standards are incorporated nationally and locally to empower victims/survivors and send a strong message against stigma. Ensure standards and rules are also applied for each type of body, such as courts.
- **Literacy and language:** support/provide training for communities on legal literacy, the law and legal drafting in terminology that is understandable to everyone (including children).
- **Resourcing:** resource local NGOs and CSOs to lead advocacy and awareness-raising on legal rights for victims/survivors.
- **Discourse:** formally establish and consistently apply non-stigmatising terminology and apply the widest and most inclusive definitions of CRSV to avoid stigma. Ensure that the language used recognises and reflects a gender-transformative approach and challenges the underlying gender inequality that helps fuels both the violence and the associated stigma.
- **Reparations:** ensure victims/survivors systematically have access to reparations and that relevant processes are easily accessible, understood, transparent, streamlined and protected from stigmatisation. This should include reparations for stigma as a violation in its own right. National reparations funds should be designed as a collective body that results in transformative change for the victim/survivor in question (such as land ownership for women).
- **Sustainable and specialist approaches:** strengthen systems and build capacity within systems. This could include governments creating special units in the police and other authorities, including special units trained to interact with child victims/survivors. These units should actively recruit, train and mentor women into positions of leadership, as well as ensuring that there are always women available to deliver services.

8. URGENCY OF ACTION:

Ensure efforts to prevent and tackle CRSV-associated stigma are formally recognised as life-saving and life-enabling across all sectors.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Stigma is reduced and prevented through early intervention, that is based on early warning.
- The life-threatening impacts of stigmatisation, such as attempted and completed suicide and 'honour' killings, are reduced and mitigated.

Immediate-term impacts

- Recognition of and provision for immediate needs including safety, recovery, dignity, connectedness with others, economic opportunity and mitigation against future SGBV.
- Lives are saved through timely responses to CRSV.

How can the recommendation be implemented?

- **Formal recognition:** ensure stigma is recognised as a life-threatening consequence of CRSV and that this is reflected in humanitarian and emergency response.
- **Guidelines:** implement the IASC GBV Guidelines and review, amend and adapt humanitarian guidelines to ensure anti-stigma measures are incorporated as part of emergency response to CRSV.
- **Briefings:** conduct pre-deployment briefings for peacekeepers, security providers and humanitarian workers around the risks of stigma to recognise, potentially document and refer individuals/groups to support services.
- **Local government coordination:** ensure that referral pathways are developed so that stigma is tackled by relevant authorities in a timely manner.
- **Private sector engagement:** ensure that stigma is recognised in gender equality policies and codes of ethics that are applied in business.

9. ENGAGE AND ENLIST INFLUENCERS:

Engage, enlist support of and sensitise community, cultural, religious and political leaders in the fight against stigma.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Acceptance of victims/survivors in community settings.
- Improved social reintegration for victims/survivors.
- Improved support for vulnerable groups, including strong community protection mechanisms against continued sexual exploitation.
- Contextually relevant and more effective international responses to CRSV.
- Promotion of gender-transformative cultural narratives, reducing the social violence of stigma as a mechanism of SGBV.

- Empowerment of faith/religious actors to proactively improve societal tolerance - leading to greater commitment of religious institutions in contributing to gender-transformative attitudes and values.

Immediate-term impacts

- Increase in victims/survivors coming forward and reporting.
- Reduced harm and stigma-related acts of violence.
- Contribution to tackling stigmatisation of other groups.

How can the recommendation be implemented?

- **Partnerships:** work with religious organisations, leaders and community members to sensitise communities to the needs of victims/survivors and role of faith/religious community to provide support.
- **Advocacy:** conduct advocacy to demystify religious scriptures and traditions, identifying and emphasising positive messages in relation to victims/survivors e.g. through media campaigns in public discourse such as speeches, sermons etc.
- **Awareness-raising:** implement targeted awareness-raising programmes amongst

children, young people and their guardians around CRSV/stigma. Ensure that community engagement also goes beyond sensitisation and awareness-raising and is targeted towards specific outcomes in relation to changing gender norms and reducing inequality.

- **Gender equality:** ensure that specific gendered needs are recognised and fully addressed, without reinforcing the unhelpful gender order underpinning sexual violence as a mechanism of conflict.

10. TRANSPARENCY AND ACCOUNTABILITY:

Ensure openness of policy, practice and learning and create mechanisms for accountability relating to stigma, including by strengthening mechanisms for redress, establishing and sustaining an international practitioner's forum and shared accountability framework.

What impact will it have on preventing and tackling stigma?

Long-term impacts

- Development of new international norms and standards on CRSV-associated stigma prevention and reduction.
- Continuous progress on preventing and addressing stigma, leading to an overall reduction in both stigma's impact and CRSV overall.
- Sustained momentum for achieving change related to CRSV/stigma.
- Improved services and support for victims/survivors based on evidence of what works.

- Effective delivery of remedies for social and economic justice.
- Effective delivery and implementation of commitments made on this issue.

Immediate-term impacts

- Proactive awareness and promotion of good practice.
- Commitment to tackling CRSV-associated stigma and understanding of how this can be achieved.

How can the recommendation be implemented?

- **Accountability for progress:** ensure that progress on commitments to address stigma are reported openly and transparently through a formalised framework, that is explicitly attached to clear targets on tackling the root causes of CRSV and its associated stigma.
- **Formal reporting:** ensure progress reports are consistent with existing standards around protection, Do No Harm and explicit goals of gender equality, as well as made accessible to those affected by CRSV-associated stigma and the general public. Where possible, reports should be submitted to monitoring bodies (e.g. parliaments) and incorporated into existing reporting such as CEDAW, UN annual reports, national action plans etc.
- **Learning:** establish a well-resourced online forum for all relevant stakeholders to share, discuss and disseminate good practice, lessons learnt and identify common areas for improvement on CSRV-associated stigma (e.g. research requirements). Ensure that this forum is situated within work and research on SGBV.
- **Monitoring and Reporting Mechanism (MRM):** utilise the MRM on Children Affected by Armed Conflict to report CRSV crimes and document incidents of resulting stigmatisation. Data collection should also be sex-disaggregated.

ANNEX 2: SUPPORTING RESOURCES

The PGA and its accompanying guidance is designed to contribute to the existing body of tools, guidance, policy, research, standards, protocols, procedures and recommendations related to the subject. It should be utilised in conjunction with relevant resources. Some key materials are listed below:

PRACTICAL TOOLS AND GUIDANCE

IASC Guidelines for Integrating Gender-based Violence (GBV) Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery

<https://interagencystandingcommittee.org/working-group/documents-public/guidelines-integrating-gender-based-violence-interventions>

The Guidelines aim to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, implement, monitor and evaluate essential action for the prevention and mitigation of GBV across all sectors of humanitarian action.

Second Edition of the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict, Part II

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/598335/International_Protocol_2017_2nd_Edition.pdf

Part II sets out what documentation looks like in practice: how to research, prepare and set up an investigation and documentation process, how to conduct safe and effective interviews and the minimum requirements when dealing with audio-visual, physical and documentary evidence of sexual violence.

DPKO Specialised Training Materials on Conflict Related Sexual Violence

<http://dag.un.org/handle/11176/400575>

This is an extensive repository of training materials related to CRSV prevention and response at both strategic and operational levels.

WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies

<http://www.who.int/reproductivehealth/publications/violence/9789241595681/en/>

This document is designed to inform those professionals planning, conducting, funding, reviewing protocols for, approving or supporting information collection on sexual violence in humanitarian settings.

WHO Guidelines for Medico-Legal Care for Victims of Sexual Violence

http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/

The Guidelines aim to improve professional health services for all victims of sexual violence by providing necessary knowledge, skills, standards and guidance for the management of victims of sexual violence.

Guidance Note of the UN Secretary-General on Reparations for Conflict Related Sexual Violence

<http://www.ohchr.org/Documents/Press/GuidanceNoteReparationsJune-2014.pdf>

This note provides policy and operational guidance for UN engagement in the area of reparations for victims/survivors of CRSV.

WHO and UNODC Toolkit on Strengthening the Medico-Legal Response to Sexual Violence

<http://www.who.int/reproductivehealth/publications/violence/medico-legal-response/en/>

This toolkit is practitioner focused and addresses key knowledge gaps within and between the legal/justice and medical sectors, to help support better service provision for survivors and coordination in low-resource settings.

ICRC Professional Standards for Protection Work Carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence

<https://www.icrc.org/eng/assets/files/other/icrc-002-0999.pdf>

The document reflects shared thinking and common agreement among humanitarian and human rights agencies. The standards were adopted through an ICRC-led consultation process and constitute a set of minimum standards for humanitarian and human rights agencies.

DCAF Guidance Note for Security Sector Institutions on Preventing and Responding to Sexual and Domestic Violence (SDV) Against Men

<http://www.dcaf.ch/Publications/Preventing-and-Responding-to-Sexual-and-Domestic-Violence-against-Men-A-Guidance-Note-for-Security-Sector-Institutions>

This publication provides an overview of the characteristics and incidence of SDV committed against

men, as well as an outline of who the perpetrators and victims are and what impact these forms of violence tend to have on the victim.

Medical Physical Examination of Alleged Torture Victims: A Practical Guide to The Istanbul Protocol – For Medical Doctors (International Rehabilitation Council for Torture Victims)
<http://www.irct.org/publications/thematic-reports/57>

A source of practical reference and as an auxiliary instrument to the Istanbul Protocol for medical doctors engaged in the investigation and documentation of cases of alleged torture.

The People Living with HIV Stigma Index
<http://www.stigmaindex.org/>

The index provides a tool that measures and detects changing trends in relation to stigma and discrimination experienced by people living with HIV. HIV is an area of more advanced stigma research and response from which the CRSV sector can learn.

The Discrimination and Stigma Scale (DISC-12)
<https://www.kcl.ac.uk/ioppn/depts/hspr/research/ciemh/cmh/research-projects/sapphire/measurements/disc.aspx>

The DISC is an interview-based scale which measures experiences of mental health-related discrimination and stigma ('being treated unfairly') in key areas of everyday life and social participation. It offers an interesting foundation for the potential development of CRSV-associated stigma measurement tools.

UNHCR Guidelines on International Protection No. 9: Claims to Refugee Status Based on Sexual Orientation And/or Gender Identity Within the Context of Article 1a(2) Of The 1951 Convention And/or Its 1967 Protocol Relating to The Status of Refugees
<http://www.unhcr.org/509136ca9.pdf>

These Guidelines provide guidance and advice on substantive, procedural, evidentiary and credibility issues relating to refugee claims based on sexual orientation and/or gender identity claims for governments, legal practitioners, decision-makers etc. adjudicating these claims.

Minimum Initial Services Package (MISP) on Reproductive Health
<http://www.unfpa.org/resources/what-minimum-initial-service-package>

The MISP is a series of actions required to respond to reproductive health needs at the onset of a humanitarian crisis. The MISP is also a set of activities that must be implemented in a coordinated manner by appropriately trained staff.

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

These guidelines aim to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency.

UNODC Strengthening Crime Prevention & Criminal Justice Responses to Violence Against Women
https://www.unodc.org/documents/justice-and-prison-reform/Strengthening_Crime_Prevention_and_Criminal_Justice_Responses_to_Violence_against_Women.pdf

This publication aims to support efforts to address challenges and provides countries with comprehensive guidance on how to improve the response of their criminal justice system to violence against women.

UN Handbook for Legislation on Violence against Women
<http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf>

A Handbook prepared by the Department of Economic and Social Affairs/Division for the Advancement of Women (DESA/DAW), intended to assist States and other stakeholders to enhance existing, or develop new laws to protect women.

WHO Clinical and Policy Guidelines: Responding to Intimate Partner Violence and Sexual Violence Against Women:
<http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>

These guidelines aim to raise awareness of violence against women among health-care providers and policy-makers, so that they better understand the need for an appropriate health-sector response. They provide standards that can form the basis for national guidelines, and for integrating these issues into health-care provider education

CEDAW General Recommendation 30 on Women and Conflict
<http://www.ohchr.org/Documents/HRBodies/CEDAW/GComments/CEDAW.C.CG.30.pdf>

The primary aim and purpose of the recommendation is to provide authoritative guidance to states parties on legislative, policy and other appropriate measures to ensure full compliance with their obligations under the Convention on the Elimination of All Forms of Discrimination against Women, to protect, respect and fulfil women's human rights.

POLICY PAPERS AND RESEARCH

UNFPA, 'Stigma Against Survivors of Conflict-Related Sexual Violence in Bosnia and Herzegovina: Research Summary', (2015)
http://ba.unfpa.org/sites/default/files/pubpdf/UNFPA%20Stigma%20Short%20ENG%20FIN1_0.pdf

ICC Prosecutor's 'Policy Paper on Sexual and Gender-based Crimes' (2014)
<https://www.icc-cpi.int/iccdocs/otp/otp-Policy-Paper-on-Sexual-and-Gender-Based-Crimes--June-2014.pdf>

This policy aims to help ensure the effective investigation and prosecution of Sexual and Gender-based crimes and to enhance access to justice for victims via the ICC.

Stanford University Human Rights in Trauma Mental Health Laboratory 'Expert Brief on Trauma and Consequences Caused on Victims of Mass Rape' (presented in the ICC case Prosecutor v. Bemba)
https://www.icc-cpi.int/RelatedRecords/CR2016_06768.PDF

This brief is aimed at advancing and applying research on the physical and psychiatric impact of trauma on survivors of human rights abuses alongside informing transitional justice and judicial processes.

Dr Chris Dolan, 'Into the Mainstream: Addressing Sexual Violence against Men and Boys in Conflict', (2014)
http://reliefweb.int/sites/reliefweb.int/files/resources/Into_The_Mainstream-Addressing_Sexual_Violence_against_Men_and_Boys_in_Conflict.pdf

Ingvill C. Mochmann, 'Children Born of War: A Decade of International and Interdisciplinary Research', *Historical Social Research* 42 (1): 320-346 (2017)
https://www.jstor.org/stable/44176035?seq=1#page_scan_tab_contents

J T Kelly, T S Betancourt, D Mukwege, R Lipton and M J VanRooyen 'Experiences of Female Survivors of Sexual Violence in Eastern Democratic Republic of The Congo: A Mixed-Methods Study', *Conflict and Health*, (2011)

Jocelyn Kelly, 'Sexual Violence and Stigma: Time to let Men Talk Too?'
<http://www.justiceinfo.net/en/component/k2/27852-sexual-violence-and-stigma-time-to-let-men-talk-too.html>

OUTCOME REPORTS

Stigmatization in the Realization of the Rights to Water and Sanitation, Report of the UN High Commissioner for Human Rights, A/HRC/21/42, (2012)
<http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/Stigmatization.aspx>

This report examines different manifestations of stigma and situates it in the human rights framework, with a focus on WASH. It explores recommendations for policymaking and solutions to prevent and respond to human rights violations resulting from stigma.

Resolution of the 32nd International Conference of The Red Cross and Red Crescent, 'Sexual and Gender-Based Violence: Joint Action on Prevention and Response'
http://rcrcconference.org/wp-content/uploads/sites/3/2015/04/32IC-AR-on-Sexual-and-gender-based-violence_EN.pdf

This conference brought together representatives from 169 Governments, 185 National Red Cross and Red Crescent Societies, the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and more than 100 observers to find a common vision for the future of humanitarian action.

Serge Brammertz and Michelle Jarvis (eds), 'Prosecuting Conflict Related Sexual Violence at the ICTY', (2016)
This book captures lessons learned, experience and expertise before the tribunal closes. It will be used as a basis for training national prosecutors who are or may be in the future prosecuting sexual violence cases.

Discriminatory Laws and Practices and Acts of Violence Against Individuals Based on Their Sexual Orientation And Gender Identity, Annual Report of the United Nations High Commissioner for Human Rights and Reports of the Office of the High Commissioner and the Secretary-General
http://www.ohchr.org/Documents/Issues/Discrimination/A.HRC.19.41_English.pdf

This report highlights critical human rights concerns that States have an obligation to address, and highlights emerging responses. It draws on United Nations sources, and includes data and findings from regional organisations, some national authorities and non-governmental organisations.

UN RESOLUTIONS

UN SECURITY COUNCIL RESOLUTIONS ON CRSV¹

- [Security Council resolution 1325 \(2000\)](#) called on Member States to increase the participation of women in the “prevention and resolution of conflicts” and in the “maintenance and promotion of peace and security.” It called upon parties involved in armed conflict to abide by international laws that protect the rights of civilian women and girls and to incorporate policies and procedures that protect women from gender-based crimes such as rape and sexual assault.
- [Security Council resolution 1820 \(2008\)](#) called for an end to the use of acts of sexual violence against women and girls as a tactic of war and an end to impunity of the perpetrators. It requested the Secretary-General and the United Nations to provide protection to women and girls in UN-led security endeavours, including refugee camps, and to invite the participation of women in all aspects of the peace process.
- [Security Council resolution 1888 \(2009\)](#) detailed measures to further protect women and children from sexual violence in conflict situations, such as asking the Secretary-General to appoint a special representative to lead and coordinate the UN's work on the issue, to send a team of experts to situations of particular concern, and to mandate peacekeepers to protect women and children.
- [Security Council resolution 1889 \(2009\)](#) reaffirmed resolution 1325, condemned continuing sexual violence against women in conflict situations, and urged UN Member States and civil society to consider the need for protection and empowerment of women and girls, including those associated with armed groups, in post-conflict programming.
- [Security Council resolution 1960 \(2010\)](#) asked the Secretary-General to list those parties credibly suspected of committing or being responsible for patterns of sexual violence in situations on the Council's agenda. It also called for the establishment of monitoring, analysis, and reporting arrangements specific to conflict-related sexual violence.
- [Security Council resolution 2106 \(2013\)](#) aimed to strengthen the monitoring and prevention of sexual violence in conflict.
- [Security Council resolution 2122 \(2013\)](#) reiterated the importance of women's involvement in conflict prevention, resolution and peace-building.

UN RESOLUTIONS ON WOMEN, PEACE AND SECURITY (1325, 1820 ETC.)

<http://www.un.org/en/peacekeeping/issues/women/wps.shtml>

Collectively, the resolutions provide UN Peacekeeping with a framework for implementing and monitoring the Women Peace and Security agenda - the impact of war on women and the pivotal role women should and do play in conflict management, conflict resolution, and sustainable peace.

UN General Assembly Resolution on Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, UNGA 60/147, (2005)

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/RemedyAndReparation.aspx>

Adoption of basic principles and guidelines on a victims' right to remedy and reparation, identifying mechanisms, modalities, procedures and methods for the implementation of existing legal obligations under IHL and international law.

¹ List available online at: <http://www.un.org/en/preventgenocide/rwanda/about/bgsexualviolence.shtml>. [Accessed 13th February 2017].

ACADEMIC LITERATURE

ARTICLES (ONLINE):

Bruce G. Link and Jo C. Phelan, 'Conceptualising Stigma', *Annual Review of Sociology* 27:363–85, (2001)

https://campus.fsu.edu/bbcswebdav/institution/academic/social_sciences/sociology/Reading%20Lists/Mental%20Health%20Readings/Link-AnnualReview-2001.pdf

Arthur Kleinman and Rachel Hall-Clifford, 'Stigma: A Social, Cultural, and Moral Process', *Journal of Epidemiology and Community Health* 63(6), (2009)

https://dash.harvard.edu/bitstream/handle/1/2757548/klienman_stigmasocialcultural.pdf?sequence=2

Catherine Campbell and Andrew Gibbs, 'Stigma, Gender and HIV: Case Studies of Intersectionality' (2009) in Boesten, Jelke and Poku, Nana K., (eds.), *Gender and HIV/AIDS: Critical Perspectives from the Developing World*, pp. 29-46.

https://www.researchgate.net/publication/40825610_Stigma_gender_and_HIV_Case_studies_of_intersectionality

Elisabeth Jean Wood, 'Sexual Violence During War: Variation and Accountability', (2010)

<http://file.prio.no/files/projects/wood-sexualviolence-proofs.oct2010.pdf>

Elisabeth Jean Wood, 'Rape During War Is Not Inevitable: Variation in Wartime Sexual Violence', *Understanding and Proving International Sex Crimes*, pp. 389-420, (2012)

<https://www.usip.org/sites/default/files/missing-peace/wood-rape-is-not-inevitable-in-war-2012.pdf>

Kimberley Thiedon, 'Hidden in Plain Sight: Children Born of Wartime Sexual Violence', *Open Security, Conflict and Peacebuilding*, (2015)

<https://www.opendemocracy.net/opensecurity/kimberly-theidon/hidden-in-plain-sight-children-born-of-wartime-sexual-violence>

R. Parker, P. Aggleton, 'HIV and AIDS-related Stigma and Discrimination: a Conceptual Framework and Implications for Action', *Social Science & Medicine* 57, 13–24, (2003)

<http://www.canadianharmreduction.com/sites/default/files/2003%20Parker-HIV%20and%20AIDS-related%20stigma%20and%20discrimination%20a%20conceptual%20framework%20and%20implications%20for%20action.pdf>

BOOKS/JOURNALS:

Erving Goffman, 'Stigma; Notes on the Management of Spoiled Identity', Englewood Cliffs, N.J. :Prentice-Hall, (1963)

Kelly D. Askin, 'Comfort women – Shifting Shame and Stigma from Victims to Victimiziers', *International Criminal Law Review* 1: 5-32, (2001)

R. Charli Carpenter, 'Born of War, Protecting Children of Sexual Violence Survivors in Conflict Zones', (2007)

R. Charli Carpenter, 'Forgetting Children Born of War: Setting the Human Rights Agenda in Bosnia and Beyond', (2010)

Heleen Touquet, Ellen Gorris, 'Out of the shadows? The Inclusion of Men and Boys In Conceptualisations of Wartime Sexual Violence', (2016)

Myriam Denova, Atim Angela Lakor, 'When War is Better than Peace: The Post-Conflict Realities of Children Born of Wartime Rape in Northern Uganda', *Child Abuse & Neglect* 65 pp255–265, (2017)

Myriam Denova, 'Children Born of Wartime Rape: The Intergenerational Realities of Sexual Violence and Abuse', *Ethics, Medicine and Public Health* 1, pp61-68, (2015)

Odeth Kantengwa, 'Special Thematic Section on 20 Years after Genocide: Psychology's Role in Reconciliation and Reconstruction in Rwanda: How Motherhood Triumphs Over Trauma Among Mothers with Children from Genocidal Rape in Rwanda', *Journal of Social and Political Psychology*, Vol. 2(1), 417–434, (2014)

