

# DOCUMENTING SEXUAL VIOLENCE IN CONFLICT: DATA AND METHODS – AN ANNOTATED BIBLIOGRAPHY

Note: This bibliography was prepared in the course of background research for a discussion paper on challenges relating to the documentation of sexual violence in conflict. Consequently, the bulk of the documents listed here address that topic. Wherever possible, links have been provided for documents that are publicly available online. For academic papers, which are often subject to copyright restrictions, links to abstracts are more often provided.

All links were accessed on 3 August 2006.

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**Academic Papers** 

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#### **ACADEMIC PAPERS**

**ANDERSSON** Neil et al. "National cross sectional study of views on sexual violence and Risk of HIV infection and AIDS among South African school pupils". BMJ 2004; 329: 952-7.

#### http://bmj.bmjjournals.com/cgi/reprint/329/7472/952

Describes the results of a study involving a random sample of 269 705 students aged 10 to 19 years from 9 provinces in South Africa, focusing on attitudes, beliefs of students around sexual violence and HIV/AIDS risk. The authors note that violence, now endemic to South Africa, has become highly sexualized, and several studies show that there is a high prevalence of sexual abuse among youth. The results of their investigation show, among other things, that 8.6% of youth surveyed report having been forced to have sex in the last year, and that 65.5% of males and 71.2% of females admitted to forcing someone else to have sex and to having been forced themselves. The study provides insights into the factors contributing to risky sexual behaviour, and the need for initiatives to educate children. The authors conclude that, of all possible sources of sexual health information (e.g. parents, churches, national programmes, etc.), the classroom setting was the only source consistently associated with fewer misconceptions about sexual violence.

**AMOWITZ** Lynn L et al. "Prevalence of war-related sexual violence and other human rights abuses among internally displaced persons in Sierra Leone". JAMA, January 23/30, 2002—Vol 287, No. 4.

[Related report: "Prevalence of war-related sexual violence and other human rights abuses among IDPs." In War-related sexual violence in Sierra Leone. Physicians for Human Rights, 2002.]

(paper): http://www.phrusa.org/research/pdf/sl\_jama.pdf

(report): http://www.phrusa.org/research/sierra\_leone/report.html

Reports the results of a population-based study conducted among 991 women representing 1043 over 4 weeks in 2001, in camps for displaced persons in Western Sierra Leone. The authors point to the huge number of displaced persons, both internally as well as those in neighbouring countries, and the importance of documenting human rights abuses amongst these groups in order to inform policy, guide humanitarian relief, plan treatment and prevention campaigns, and to hold perpetrators accountable. The questionnaire used covered a range of topics, from demographics, to personal experiences of war-related sexual assault, experience of war-related human rights abuses, opinions about punishment and justice, and attitudes regarding women's rights and their roles in society. Lifetime prevalence of non-war-related sexual assault was also included and characteristics and beliefs of those reporting sexual violence also surveyed.

The authors conclude that an estimated 50 000 to 64 000 Sierra Leonean women suffered human rights abuses, which took place primarily between 1997 and 1999.

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**AMOWITZ** Lynn L, Glen Kim, Chen Reis, Jana L Asher and Vincent Iacopino. "Human right abuses and concerns about women's health and human rights in southern Iraq". JAMA, March 24/31, 2004. 291(12):147179.

http://www.phrusa.org/research/iraq/release\_032304c.pdf

Appears to be the first attempt to assess the prevalence of sexual violence in Iraq, either during or outside of conflict. The paper reports the results of a study to assess the nature and scope of human rights abuses in southern Iraq since the Shi'a uprising in 1991. More particularly, the study attempted to identify specific abuses committed and perpetrators who carried them out, as well as to understand Iraqis' views on women's rights and their roles in society. Respondents are, for instance, asked about their use and access to contraception and to prenatal care. The study used a questionnaire to survey 2586 heads of households from 3 major cities in the south of Iraq. Results show that men and women are supportive of women's rights to education and work opportunities, but considerably less so for civil and political rights. Both agree women have an obligation to have sex with their husbands, and that husbands have a right to beat disobedient wives. The authors conclude that the extent of abuses over the period studied suggests that human rights abuse was an integral part of Baath party rule, especially between 1991-93 and 2000-2003. The authors argue that sex and rights-based approaches are important considerations in promoting community health and development.

**BONNET** Catherine. "Le viol des femmes survivantes du genocide du Rwanda" in Rwanda : un génocide du XXe siècle. Raymond Verdier, Emmanuel Decaux, Jean-Pierre Chrétien eds., (Paris : Editions l'Harmattan, 1995).

**COKER** AL, Richter DL. "Violence against women in Sierra Leone: frequency and correlates of intimate partner violence and forced sexual intercourse". Afr J Reprod Health. 1998;2:61-72.

**GARCIA-MORENO** Claudia, Lori Heise, Henrica AFM Jansen, Mary Ellsberg and Charlotte Watts. "Violence against women". Science 310(5752), 25 November 2005:1282-3.

(abstract): http://www.sciencemag.org/cgi/content/short/310/5752/1282

**GARDAM** J. "Women and the law of armed conflict: why the silence?" International Law Quaterly. Vol.46, 1997.

**GILLER** JE, Bracken PJ, Kabaganda S. "Uganda: war, women, and rape". Lancet. 1991;337:604.

**HARGREAVES**, Sally. "Rape as a War Crime: Putting Policy into Practice". Lancet. 2001; 357: 737.

**HARGREAVES**, Sally. "Recognising Rape as Torture:Legal and Therapeutic Challenges". Lancet. 2004; 363: 1916.

**HOLLIFIELD** Michael et al. "Measuring trauma and health status in refugees: A critical review". JAMA, 7 Aug 2002. 288(5):611-21.

(abstract): http://jama.ama-assn.org/cgi/content/abstract/288/5/611

Under the auspices of the New Mexico Refugee Project, the authors conducted a systematic literature review to assess the characteristics of the refugee trauma and health literature, and to systematically evaluate instruments using five criteria: purpose, construct definition, design, developmental process, and reliability and validity. Refugees experience a range of psychological and physical problems as a result of the multiple traumas they endure. Existing data on refugee trauma and health status is conflicting and hard to interpret, because of the use of diverse methods and instruments. The authors conclude that there is a need in this area for improved theory and construct definition, as well as improvements in measurement principles (e.g. more qualitative input in to measures, and validation using statistical and field testing methods).

**HYNES** Michelle and Barbara Lopes Cardozo. "Observations from the CDC: Sexual violence against refugee women". Journal of Women's Health & Gender-Based Medicine. 2000; 9(8): 819-23.

Examines the prevalence of SV among Kosovar Albanian refugees (including IDPs). The authors point out the particular vulnerability of refugees and displaced persons, and that unlike non-conflict situations, in conflict SV is mainly perpetrated by strangers. Rape a taboo topic in Kosovar Albanian society; women may not disclose their abuse if they do not trust interviewers. The authors report a rape prevalence of 4.3% of rape, which suggests that between 23 000 and 45 6000 women over the age of 15 years were raped between August 1998 and August 1999, out of a total of about 800 000. A challenge in reporting is that SV often occurs in conjunction with other kinds of trauma, making it hard to map effects to causes. The paper emphasizes the need to get the involvement of the refugee community, though it was not elaborated here how this was achieved in the present study. The authors called for standardized research method, as well as studies to evaluate effectiveness of existing programs.

**HYNES** Michelle, M., Mani Sheik, Hoyt G Wilson and Paul Spiegel. "Reproductive health indicators and outcomes among refugee and internally displaced persons in post-emergency phase camps". JAMA, 7 August 2002. 288(5):595-603. (abstract): http://jama.ama-assn.org/cgi/content/abstract/288/5/595

Many health information systems do not include categories for recording reproductive health data. Consequently, the objectives of this study were to provide baseline information on reproductive health outcomes among refugees and IDPs in postemergency phase camps; compare these outcomes and those of populations in their respective country and country of origin; and identify important policies and programs associated with reproductive health outcomes. Fifty-two camps in Azerbaijan, Ethiopia, Myanmar, Nepal, Tanzania, Thailand and Uganda were visited by a project investigator between November 1998 and March 2000. Antenatal coverage, STIs and GBV were not among variables included because of the poor quality of available data. The authors recommend that health information systems systematically include reproductive health indicators, and improve recording, especially with respect to maternal mortality, STIs, spontaneous and induced abortions, antenatal coverage and GBV. Age-specific categories would be useful for analysis. Overall, it was noted that reproductive health outcomes in refugee and IDP populations in post-emergency camps studies were better than in host-countries and countries of origin.

**HYNES** Michelle, Jeanne Ward, Kathryn Robertson and Chadd Crouse. "A determination of the prevalence of gender-based violence among conflict-affected populations in East Timor". Disasters, 2004; 28(3): 294-321. (abstract):

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\_uids=1 5344943&dopt=

Reports the results of a field test, undertaken July-August 2002, to assess a standardized questionnaire designed by the RHR Consortium to measure GBV prevalence in conflict-affected areas. RHRC collaborated with CDC and University of Arizona staff, as well as IRC and locally recruited partners. The method used was a cross-sectional survey involving two-stage random selection of participants. Only women of reproductive age surveyed, in part because of the more complex issues around consenting in the context of children (i.e. girls <18). The timeframe examined was precrisis and post-crisis (one year before, and one year after, the "crisis" of 1999). To promote comparability, questions were taken from previous surveys, where possible (i.e. WHO multi-country survey, DHS, CDC, IRC, Physicians for Human Rights, Impact of Events Scale, General Health Questionnaire, Amowitz). Women asked about their

exposure to physical and sexual violence; the majority of data on intimate partner violence. The study bemoans the dearth of data on sexual violence and in particular the lack of standard measures to assess the levels and types of SV in conflict and post-conflict settings. The project aims to generate data that can be useful for program planning, capacity-building and multi-country reviews. The field test reported here led to further revisions of the questionnaire, which was again employed in Kosovo (2002), then in national surveys in East Timor (2003), Rwanda (2003), Colombia (2003) and among Liberian refugees in Sierra Leone (2003). Local researchers were consulted regarding terminology and language. Field-based partners from IRC formed key parts of all-female team, with the goals of building local capacity, as well as engendering trust in participants.

The paper includes quite extensive demographic information (e.g. literacy, main source of income, if woman is head of household, access to services, etc.) about participants. The authors argue that it is important to do follow-up to determine the community's perceptions and attitudes towards the initiative. The study did not address men's attitudes towards violence, or the issue of violence against men. The authors highlight the fact that the findings show relatively low reports of sexual violence (compared with anecdotal evidence), and speculated that this is due to high degree of stigma attached to SV.

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**IACOPINO** V, Frank MW, Bauer HM, et al. "A population-based assessment of human rights abuses against ethnic Albanian refugees from Kosovo". Am J Pub Health. 2001; 91:2013-1018.

(abstract): http://www.ajph.org/cgi/content/abstract/91/12/2013

**JENNINGS** P and S Swiss. "Health and Human Rights: Women and sexual violence: Supporting local efforts to document human-rights violations in armed conflict". Lancet 2001, 357(9252): 302-3.

**JEWKES** R, Abrahams N. "The epidemiology of rape and sexual coercion in South Africa: an overview". Soc Sci Med 2002, 55:123-44. (abstract):

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\_uids=1 2365533&dopt=

**KIM** J and Mmatshilo M. "'Women enjoy punishment': attitudes and experiences of gender-based violence among PHC nurses in rural South Africa". Soc Sci Med 2002; 54:1243-54.

(paper): http://www.wits.ac.za/radar/PDF%20files/Women\_enjoy\_punishment.PDF (abstract):

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\_uids=1 1989960&dopt=Abstract

**KOSS** MP. "Detecting the scope of rape: a review of prevalence research methods". J Interpers violence. 1993; 8:198-222

**McGINN** T. "Reproductive health in war-affected populations: What do we know?" Int Fam Plann Perspect. 2000: 26:174-80.

http://www.rhrc.org/pdf/WarPop.pdf

**MURRAY** CJL, G King, AD Lopez, N Tomijima and EG Krug. "Armed conflict as a public health problem". BMJ 2002; 324: 346-9.

http://bmj.bmjjournals.com/cgi/content/full/324/7333/346

**SHANKS** Leslie, Michael J. Schull. "Rape in war: the humanitarian response". CMA, 31 Oct 2000: 163(9) 1152-6.

http://www.artsenzondergrenzen.nl/usermedia/files/rape.pdf

**SWISS** S, Jennings P, Aryee G, et al. "Violence against women during the Liberian civil conflict". JAMA. 1998; 279:625-9.

(abstract): http://jama.ama-assn.org/cgi/content/abstract/279/8/625

**TABACK** Nathan and Robin Coupland. "Towards collation and modelling of the global cost of armed violence on civilians". *Medicine, Conflict and Survival*, 21(1):19-27 (2005).

**WATTS** C, Zimmerman C. "Violence against women: global scope and magnitude". Lancet, 2002, 359:1232-37.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\_uids=1 1955557&dopt=

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#### **REPORTS**

(abstract):

**Amnesty International.** Making Rights a Reality: Violence against Women in Armed Conflict. 2005.

http://web.amnesty.org/library/pdf/ACT770502005ENGLISH/\$File/ACT7705005.pdf

**Amnesty International.** Colombia - Scarred bodies, hidden crimes: sexual violence against women in the armed conflict. AI, 13 October 2004.

http://web.amnesty.org/library/index/engamr230402004

Detailed report giving an account of human rights violations, including rape and other forms of sexual violence, against civilians in Colombia. It includes broader contextual considerations, such as international law and gender-based violence, and describes some of the history of the four-decades-old conflict in Colombia, the role of civilians in the conflict, as well as the various forms of violence perpetrated against women and girls. Specific incidents are reported, occasionally including the name of the victim; however, the source of these reports is not specified. Some brief discussion of violence against gays and lesbians in Colombia is also included. The authors note that sexual violence is rarely recorded in autopsy reports, though manifestly evident in the victims' wounds, and that women subjected to sexual violence have difficulty obtaining medical assistance, emergency treatment, and support measures. It is reported that all armed groups (security forces, paramilitary, guerrilla) have committed sexual violence, and that all parties to the conflict have declared women "military targets" for having relationships or fraternizing with "enemies". Direct confrontation between groups is described as rare; instead they tend to settle their scores by attacking civilians. Victims include children, adolescents, pregnant and elderly women. The Appendix includes "definitions", though the what is provided is not really definitions but rather descriptions of the terms in a normative sense, that is their what makes them heinous and their status under international law, e.g. as crimes against humanity.

**Amnesty International.** Guatemala - No protection, no justice: killings of women in Guatemala. Amnesty International, 2006.

http://web.amnesty.org/library/index/ENGAMR340172005

**Amnesty International.** It's in our hands: Stop violence against women. Alden Press, Oxford: 2004.

http://web.amnesty.org/web/web.nsf/8bad1ff50703146980256e32003c42f0/316e14580e57b88680256ea90037305a/\$FILE/SVAW%20report%20ENGLISH.pdf

**Amnesty International.** Sexual violence against women and girls in Jamaica: "just a little sex". Al, 22 June 2006.

http://web.amnesty.org/library/Index/ENGAMR380022006

Reports the results of research conducted in Kingston, Jamaica (mainly between may and November 2005) on sexual violence, which included interviews with victims, women's groups, police officers, judges, social workers, lawyers, human rights activists and journalists. The authors argue that discrimination in Jamaica is entrenched, and may

be exacerbated by the attitude of police and within the criminal justice system, where women and girls are allegedly rarely believed, and where there testimony is given less weight in the courtroom than men's. Sexual violence, particularly sexual assault, is described as the second most common cause of injury among women. The report includes an analysis of background considerations, such as the widespread availability of guns in Jamaica, and the so-called gang culture. It notes that during the first 10 months of 2005, 16% of reported rapes at gun point. Marital rape is not a statutory crime. The officially reported rate of sexual assault in Jamaica is 0.18%, slightly lower than the rate reported by health facilities. However this, it is argued, under-reporting is a major problem.

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**Amnesty International.** Sierra Leone: rape and other forms of sexual violence against girls and women. London, Amnesty International, 2000.

http://web.amnesty.org/library/Index/ENGAFR510352000?open&of=ENG-SLE

**Amnesty International.** Lives blown apart: crimes against women in times of conflict. (AI, London, 2004).

http://web.amnesty.org/library/Index/ENGACT770752004

**Amnesty International**. Sudan, Darfur rape as a weapon of war: sexual violence and its consequences (AI, London, 2004).

http://web.amnesty.org/library/index/engafr540762004

724947fb422c1e3c5ea1298f8827b6a

**AMOWITZ** LL, Burkhalter H, Ely-Yamin A, Iacopino V. Women's health and human rights in Afghanistan: A population-based study. Boston, Mass: Physicians for Human Rights; 2001.

http://www.phrusa.org/campaigns/afghanistan/Afghan\_report\_toc.html

**APPLE** Betsy and Veronika Martin. No Safe Place: Burma's Army and the Rape of Burma's Ethnic Women (Washington, DC: Refugees International, 2003). http://www.refugeesinternational.org/files/3023\_file\_no\_safe\_place.pdf?PHPSESSID=e

**BENTON** A. Research report: prevalence of gender-based violence among Liberian women in three refugee camps. International Rescue Committee, Sierra Leone, Feb

2004 (unpublished data).

**CALLAMARD** Agnès. Documenting human rights violations by states agents: Sexual violence. Amnesty International and the International Centre for Human Rights and

Democratic Development: 1999.

# http://www.dd-rd.ca/site/\_PDF/publications/women/StatesAgents.pdf

Intended to be a guide for those thinking about carrying out research to document sexual violence. It considers definitions, existing jurisprudence, an overview of causes and consequences of violence, and ways to systematically monitor, over the long-term, information related to sexual violence committed by state agents. The document's principal function is to highlight important questions and issues for consideration in preparing for and designing such a project, from a very practical point of view, and to point to potentially useful resources. The author advocates monitoring the political, legal and social contexts, as well as the medical and social consequences, and finally available remedies for the victim, because all are elements that allow sexual violence to occur and to continue. It is noted that there is no international legal definition of what constitutes sexual violence; each national jurisdiction has developed its own definition of different forms of sexual violence within the criminal law system. The appendix includes a number of international declarations and principles relating to sexual violence committed by state agents

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Centers for Disease Control and Prevention (CDC). Sexual violence surveillance: uniform definitions and recommended data elements. CDC. Atlanta, 2002. http://www.cdc.gov/ncipc/pub-res/sv\_surveillance/sv.htm

The Coalition Against Gender Violence. Assessment of gender violence in Apac and Mbale districts of Uganda. UNFPA, Addis Ababa: 2004. http://cst.addisababa.unfpa.org/docs/AssGVUga.pdf

Aims to document different forms of sexual violence and their magnitude in Uganda; communities' knowledge and perceptions; associated factors; as well as agencies and institutions that handle the issue. The study involved respondents from the Apac and Mbale districts of Uganda, and was carried out by Coalition Against Gender Violence, comprising 5 professional women's organizations and the Ministry of Gender, Labour & Social Development. The study covers various types of GBV, including conflict-related violence. The study employed a combination of qualitative and quantitative approaches; the first involved in-depth interviews, focus groups, and case studies. Individuals from government, NGOs as well as students, teachers, (religious, political and clan) leaders and retired soldiers were interviewed. The sites were selected because they are UNFPA areas, and there have been a number of reports about gender based violence. The quantitative component was based on findings from the qualitative phase, and involved systematic sampling of households. Demographic details about respondents was also

reported, such as the fact that 26% of women (compared to 13% of men) had never been to school, and that 26.8% of men reported wife beating, which many of them understood to be a sign of love and commitment, and essential to proving to their spouses their interest. The results make it clear that there were differing views among respondents about what constitutes sexual violence.

**COOK** SL and MP Koss (2001). "Using action-research to inform interventions for male violence against women". In N Schneiderman, J Gentry, JM Da Silva, M Speers and H Tomes (eds.) Integrating behavioural and social sciences with public health. American Psychological Press, Washington.

**Geneva Centre for the Democratic Control of Armed Forces (DCAF).** Part II: Women in war and armed conflict, in "Women in an insecure world: Violence against women - Facts, figures and analysis". SRO Kundig: Geneva, 2005.

http://www.dcaf.ch/women/bk\_vlachova\_biason\_women.cfm?navsub1=11&navsub2=3 &nav1=3

Defines sexual violence as including rape, forced prostitution, sexual slavery, forced impregnation, forced maternity, forced termination of pregnancy, forced sterilisation, indecent assault, trafficking, strip searches, and inappropriate medical examination. Notes difficulty in distinguishing between opportunistic rape that is not discouraged and systematic widespread rape, as well as the notion of "comfort women". It describes the context of war rape and the trauma that co-exists with it, the perceptions associated with rape, both of the victim and the perpetrator, the consequences for family and society and, finally, rape's psychological consequences. The chapter emphasises the devastation associated with rape, both from a personal and a social point of view, and its deep impact on body, psyche, and identity. This is linked to the fact that it occurs in a context where insecurity is prevalent and where support structures are damaged or destroyed. Emphasis is made on the dearth of actual data, and the reasons it is difficult to track the prevalence of sexual violence.

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**ECK** Kristine. "A beginner's guide to conflict data: Finding and using the right Dataset". Department of Peace and Conflict Research, UCDP Paper No.1. Uppsala University, Sweden: December 2005.

http://www.pcr.uu.se/publications/UCDP\_pub/UCDP\_paper1.pdf

End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT). Protecting children from sexual exploitation and sexual violence in

disaster and emergency situations. ECPAT International, March 2006. http://www.ecpat.net/eng/pdf/Protecting\_Children\_from\_CSEC\_in\_Disaster.pdf

The document is a manual intended to be a practical guide for use in the field, geared towards enhancing protection of children from sexual violence and exploitation in disaster and emergency settings. In fact, it is concerned both with preventing violence before an emergency arises - called "mitigation" - as well as addressing the needs of children during and post-crisis - called "response". Though guidance documents existed at the time of writing for emergency response, none focused specifically on protecting children against sexual violence. The document describes the features of disasters and emergencies, their causes and implications for children's vulnerability to abuse and exploitation. Moreover, it describes various responses, namely rights-based, legal and humanitarian, and emphasises the importance of working with local organizations. Appendix 5 includes a sample form of recording and monitoring incidents of sexual violence against children.

**Gendercide Watch.** "Case study: genocide in Bangladesh, 1971". http://www.gendercide.org/case\_bangladesh.html

**GREENFELD** LA. Sex offenses and offenders: an analysis of data on rape and sexual assault. Washington, DC, United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (NCJ 163392).

http://www.ojp.usdoj.gov/bjs/pub/pdf/soo.pdf

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**Humanitarian Policy and Conflict Research (HPCR).** Transnationality, War and the Law: A report on a roundtable on the transformation of warfare, international law, and the role of transnational armed groups. Program on Humanitarian Policy and Conflict Research, Harvard University. April 2006.

http://www.hpcr.org/pdfs/HPCR\_-\_Transnationality\_Roundtable\_-\_April\_2006.pdf

**Human Rights Watch.** Climate of fear: sexual violence and abduction of women and girls in Baghdad. Vol.15, No.7, July 2003. Human Rights Watch, New York. http://hrw.org/reports/2003/iraq0703/

Describes the situation of women and girls in Iraq, particularly their vulnerability to sexual violence and abductions, and the "security vacuum" that is the result of a failure of the occupying power to provide adequate protection for them, according to the authors. It is based on more than 70 interviews with victims, with Iraqi police, US military police and

civil affairs officers, health practitioners, representatives from NGOs, IGOs and member of the provisional authority. Direct testimony was obtained from 4 of 25 "credible reports". Victims often to not report their attacks because of fear that reporting will provoke honour killings, or result in stigmatisation. In addition, women face practical obstacles, such as the difficulty of getting a forensic exam, required before a formal investigation can be launched. Within the broader community, victim-blaming attitudes can discourage reporting. Victims of sexual violence, in a country where resources are severely limited. are sometimes seen as a low priority for receipt of medical treatment, it is reported. The authors describe a prevailing "climate of fear", where concern about sexual violence and abduction drives women to stay indoors, with consequences for school attendance, interalia. The police are highlighted as an important concerns: their forces are described as smaller now that before invasion, and more poorly managed. Almost no record-keeping is done, and many complaints are lost. Barriers to prosecution include the absence of women police officers, and the tendency to downplay sexual violence, even to blame women for "inviting" trouble when they venture out of their homes. The report also considers broader issues relating to international norms, and challenges domestically, such as the practice of giving reduced sentences to perpetrators who marry their victims, and for honour killings.

**Human Rights Watch.** "Sexual violence and its consequences among displaced persons in Darfur and Chad". A HRW Briefing Paper. HWR, April 2005. http://hrw.org/backgrounder/africa/darfur0505

This report is based on accounts gathered by HRW in the Darfur region of Sudan, and Chad, from women in refugee or displaced person camps, over a period of 14 months. It includes a number of first-hand accounts, and refers to a range of useful sources, a number of which, however, are unpublished HRW data. It catalogues the vulnerability of women in these camps, its causes (e.g. necessity to leave the camps to fetch water / firewood), and consequences. It is not obvious, however, how the different acts of sexual violence are conceptually linked; i.e. it is clear that they all occurred in the context of the Darfur conflict, but it is not clear whether they were all part of a systematic campaign, or individuals acting opportunistically. For instance, a number of the rapes seem to have been committed by civilians. The emphasis appears to be on the vulnerability of women in situations of conflict, and the need to mitigate this, rather than on the characteristics or identity of the perpetrators.

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**Human Rights Watch.** "The war within the war: sexual violence against women and girls in Eastern Congo". HRW: New York, 2002.

http://www.hrw.org/reports/2002/drc/

Comprehensive report of some 120 pages, based on research conducted by a HRW team during a three-week mission in 2001, in tandem with Congolese human rights workers, during which time 30+ SV survivors interviewed, as well as those who had escaped attempted SV, relatives, witnesses, local authorities, religious and health personnel, representatives of local and international NGOs, and UN officials. The authors observe that current instruments for measuring sexual coercion / forced sex are less well developed, cross-culturally, than for violence against women more generally. The report provides a detailed account of the history of the conflict in eastern DRC, the various groups of combatants and the countries involved. It is based on interviews with survivors of SV, as well as a number of other groups. However, no figures are presented; rather, emphasis is on direct testimonials from those interviewed. The focus is on North and South Kivu provinces, controlled since 1998 by rebels, and on SV committed by combatants and soldiers (as indicated by language, weapons used, degree of organization, and pattern of abuse, as reported by victims). It provides background evidencing complexity of conflict, and the involvement of multiple governments (Rwanda, Uganda, Mozambique, Zimbabwe, Namibia, Burundi). SV is reportedly perpetrated by most of the forces involved in the conflict. Particularly during conflict, the burden of assuring family survival falls on women; this makes them more vulnerable to exploitation, including "survival sex" where sex is bartered for money and basic goods.

**Human Rights Watch**. "Behind the Kashmir conflict: Abuses by Indian security forces and militant groups continue". HRW: July 1999.

http://www.hrw.org/reports/1999/kashmir/back.htm

Reports the results of interviews with residents and government officials in the Indian-controlled region of Kashmir. While the report does describe certain accounts of rights violations, including rape, it does not appear that the tracking of incidents occurred systematically. The report summary includes useful background about the history of the conflict in this area, pointing to human rights abuses by both sides (namely, Indian security forces and Muslim militants). One chapter includes a section on rape and torture in Doda. The authors point to consistent report that some Indian troops have rape women in certain villages, and argue that rape is used as an instrument to punish villagers believed to have supported militants, or to terrorize them so that they will not. However, they concede that there is, in fact, little human rights documentation that exists to corroborate anecdotal reports, because of fear of threats, and even of death, among both human rights workers and civilians. The former often have difficulty accessing remote villages, and in some instances disappeared because of their work.

**Human Rights Watch.** We'll kill you if you cry: Sexual violence in the Sierra Leone conflict. HRW, vol.15 no.1, January 2003.

http://hrw.org/reports/2003/sierraleone/

Documents in some detail the history of the conflict in Sierra Leone, as well as the situation of women. The title comes from reports by women that combatants would commit atrocities before their eyes, such as the murder and torture of family members, and then threaten them with torture or death if they showed any emotion. In addition to reporting first-hand tales of sexual violence, it considers the effects of sexual violence, responses of the government and the international community, available legal instruments, and makes recommendations to all relevant actors. The focus is on SV committed towards the end of the war, because that is when HRW had a full-time presence in the country. The report emphasises testimonials; that is, the direct reports of survivors. Reference to figures relies on other reports, in particular those of Physicians for Human Rights (PHR). The accounts are, nevertheless, the result of interviews with more than 300 interviews with women and girls, as well as interviews with other stakeholders including government and law enforcement officials, members of rebel forces, lawyers, health personnel, religious leaders, UN officials and NGO staff. The involvement and particular brutality of child and youth combatants (e.g. The Small Boys Units) stands out in the report, as well as what appears to have been widespread drug and alcohol use by combatants, as noted by survivors. Finally, the authors emphasise the large-scale abductions and use of women as sexual slaves for long periods of time; at the time of writing, it was still unknown how many women were still "captive" to their rebel "husbands", and no systematic efforts has been undertaken to address their situation. None of these claims was raised in a systematic way, but were reported anecdotally. No original figures reported.

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**Human Rights Watch.** "D.R. Congo: Tens of thousands raped, few prosecuted". HRW: 7 March 2005,

http://www.hrw.org/english/docs/2005/03/07/congo10258.htm

**Human Rights Watch.** Getting away with murder, mutilation, rape: New testimony from Sierra Leone. HRW: New York, NY, 1999.

http://www.hrw.org/reports/1999/sierra

**Human Rights Watch.** Federal Republic of Yugoslavia-Kosovo: rape as a weapon of "ethnic cleansing". (New York: Human Rights Watch, 2000).

http://www.hrw.org/reports/2000/fry

**Human Rights Watch.** In War as in Peace: Sexual Violence and Women's Status. 2004. http://hrw.org/wr2k4/15.htm#\_Toc58744964

Human Rights Watch and Federation Internationale des Ligues des Droits de l'Homme. Shattered lives: sexual violence during the Rwandan genocide and its aftermath. HRW, September 1996.

http://www.hrw.org/reports/1996/Rwanda.htm

Analyses sexual violence in context in the Rwandan genocide, and bases its findings on interviews with thousands of women who were victims of various forms of sexual violence, as well as social workers, journalists, doctors, nurses, representatives from the Ministry of Family and Promotion of Women, the Ministry of Justice, the Ministry of Health, the Prosecutor's Office, UN groups, peace keepers, ICRC, and humanitarian agencies. The report considers the background to the conflict, and emphasizes propaganda circulated prior to the genocide about the sexuality of Tutsi women. It also notes that Rwanda has, since the war, become a "country of women", who constitute a reported 70% of the population and 50% of heads of households. The report also highlights the awkward dynamic between survivors and returnees; the former often live with guilt for having survivors, and questions about what they did in order to be spared. The overall plight of women who have survived the war and sexual violence - destitution, regaining property, rebuilding destroyed homes - is discussed.

**Human Security Centre**. "Part III: Assault on the vulnerable". War and peace in the 21st century: Human Security Report 2005. UBC, Canada: 2005.

http://www.humansecurityreport.info/HSR2005\_PDF/Part3.pdf

This chapter contains a section entitled "War and sexual violence", alongside sections on "The plight of the displaced" and "Child soldiers". Several conflicts are referred to, i.e. the Japanese assault on Nanking, China in December 1937; the Russian assault on German women towards the end of World War II; the West Pakistani attack on Bengali women in 1971; the 2003 report of Refugees International on violence against women in Burma, etc. Emphasized is the particular vulnerability of displaced persons to sexual violence. It is pointed out that it is impossible to know whether the incidence of sexual violence in war is increasing or decreasing, because of inadequate data. The authors also emphasize the need to apply the "gender" lens proportionately, acknowledging that men are overwhelmingly the victims of war, in terms of death, torture and injury, whereas women are the predominant victims of sexual violence. The chapter cites secondary sources, and does not report new data.

**International Rescue Committee.** Situation analysis of gender-based violence. IRC: Liberia, April 2004.

International Committee of the Red Cross (ICRC). Women facing War: ICRC Study on the Impact of Armed Conflict on Women. 2001.

Website:

http://www.icrc.org/Web/eng/siteeng0.nsf/iwpList139/8A9A66C7DB7E128DC1256C 5B0024AB36

**Executive Summary:** 

http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0798/\$File/ICRC\_002\_0798\_EXEC\_SUMM.PDF!Open

Isis-WICCE. Medical intervention study of war affected Teso region, Uganda. 2002.

Website:http://www.isis.or.ug/research.php

Report: http://www.isis.or.ug/docs/gulu-maintwo.pdf

Reports the results of a study, combined with an intervention, conducted by a local women's group (ISIS-WICCE), which has conducted a number of related studies in Uganda. Its focus is on medical (psychological, reproductive and surgical) sequelae of health conditions associated with the conflict in the Teso region of Uganda. The conflict in question is the result of ongoing raids by the Karamojong, government forces, and the Teso insurgency. Forced conscription, rape and raiding, it is reported, have led to the destruction of the traditional Itesot way of life. The objective of the project is to document the physical and mental health problems of women in the war-affected district of Teso, to address their health problems via intervention, and to document the result of the intervention. Existing health services and capacity of both medically-trained and untrained local persons was utilized. A multi-disciplinary medical team screened 826 respondents, all of whom reported having been subjected to at least one form of torture; 5.25% of those from the IDP camps in Katakwi reported having been raped.

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Joint Consortium of Irish Human Rights Humanitarian and Development Agencies and Development Cooperation Ireland. Gender-based violence: a failure to protect, a challenge to action. October 2005.

http://www.gbv.ie/gender\_based\_violence\_study.pdf

**Karen Women's Organization.** Shattering Silences: Karen women speak out about the Burmese military regime's use of rape as a strategy of war in Karen State. 2004. http://www.ibiblio.org/obl/docs/Shattering\_Silences.htm First report of its kind to document the experience of Karen women and their experience with sexual violence; produced by the Karen Women's Organization in collaboration with the Committee for Internally Displaced People, the Karen Information Centre, the Karen Human Rights Group, and the Mergui-Tavoy District Information Department. KWO was founded in 1949 to support and organize the women's contribution to the Karen people's freedom movement. The report focuses only on women, and only on rape (as opposed to other forms of sexual violence). Of the 125 cases reported, 35 of these are recounted in detail in the document. No method is explicitly described; the authors merely state that "a variety of methods were used", in compiling data between October 2002 and March 2004. A combination of witnesses and survivors were interviewed, 125 of which reported having been victims of rape.

**LANDESMAN** Peter. "A woman's work". The New York Times. 15 September 2002. http://www.jendajournal.com/vol2.1/landesman.pdf

**LINDSEY** Charlotte. "ICRC Study on the Impact of Armed Conflict on Women: Executive Summary". ICRC.

http://www.reliefweb.int/library/documents/2001/icrc-women-17oct.pdf

**LINDSEY-CURTET** Charlotte, Florence Tercier Holst-Roness and Letitia Anderson. Addressing the needs of women affected by armed conflict: An ICRC guidance document. ICRC, March 2004.

http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList139/888F718CF7575CB4C1256E4B00 4D0576

Médecins Sans Frontières. "I have no joy, no peace of mind": Medical, psychosocial, and socio-economic consequences of sexual violence in Eastern DRC. MSF, 2004. http://www.doctorswithoutborders.org/publications/reports/2004/sexualviolence\_2004.pdf

With medical aid work in eight of the country's ten provinces, DRC is one of MSF's largest missions worldwide. MSF began treating victims of sexual violence in an emergency hospital in Baraka in July 2003. This report calls attention to the medical, psychosocial and socio-economic consequences of sexual violence in Eastern DRC. The report provides evidence of sexual violence, based on MSF's experience with the Baraka clinic, and points to the vulnerability of women, who are relied upon to obtain food and wood in the fields, and the extent of the medical, psychological and social effects of sexual violence. It also notes DRC's extraordinarily high rate of death during childbirth. The problems of the impunity of attackers and the debilitating stigma of victims are highlighted. The report is based on medical data and testimonies collected in MSF's project in Baraka, between August 2003 and January 2004. Above 550 instances of rape

were recorded by staff at the clinic in the span of 6 months (August 2003-January 2004). MSF judges that numbers are diminishing, because of peace agreements and reduced violence, but incidents continue steadily.

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**Médecins Sans Frontières.** "Sexual violence as a weapon of war". MSF article, 5 March 2004.

http://www.msf.org/msfinternational/invoke.cfm?component=article&objectid=86665F1 9-F1EB-4214-9BDBB922537FCEB8&method=full html

Very short piece giving an overview of the situation in four African countries (DRC, Burundi, Congo-Brazzaville, Liberia) where MSF is providing support services for women who have experienced sexual violence. However, there is no description of method, nor of sources or definitions. The article notes that it is easier to track the number of cases of sexual violence in Africa, generally, because elsewhere, e.g. Chechnya, Pakistan, Afghanistan,, taboos and stigma surrounded the subject are such that women who disclose abuse risk being expelled or even killed, if families find out.

**Médecins Sans Frontières. MSF** International President raises the alarm over mass rape and violence against civilians in the Ituri region of DG Congo. MSF Article, 7 April 2005

http://www.msf.org/msfinternational/invoke.cfm?component=article&objectid=474C6F CF-E018-0C72-09B8AB457693EA27&method=full html

Short article based on a press conference, and reports some data about sexual violence in the region.

**Medica Mondiale**. Abducted, raped, enslaved: The situation of girl soldiers in the case of Uganda.

http://www.medicamondiale.org/download/doku\_report/Mischkowski\_GirlSoldiersUganda.pdf

**MIREMBE** R, Biryabarema C, Mutyaba T, et al (1999). "Gynaecological effects of the armed conflict". In Medical interventional study of war affected Gulu district, Uganda. An Isis-WICCI research report.

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**MIREMBE** F, Biryabarema C, Mutyaba T et al (1999). The gynaecological consequences of war on women in Luwero district: An interventional report. In the short term,

intervention of the psychological and gynaecological consequences of armed conflict in Luwero district. An Isis-WICCE research report.

**NDUNA** Sydia and Lorelei Goodyear. Pain too deep for tears: Assess the prevalence of sexual and gender violence among Burundian refugees in Tanzania. International Rescue Committee. 1997.

http://www.theirc.org/resources/sgbv\_1.pdf

At the time of writing, IRC had been helping Burundi refugees in Tanzania since 1993. This report describes a project initiated in 1996, "Countering sexual violence", to document the number of refugee women in the country's Kibondo district who have experienced sexual violence since leaving Burundi, address their condition and concerns, and develop self-sustaining community-based strategies for the prevention and care of sexual violence cases. Emphasis is put on the importance of a participatory process, which gains the trust of refugee women and attempts to set up a system for the long-term management of their issues. There is a resulting need to involve them from the earliest stages of designing and carrying out the exercise. Women's Representatives from the refugee camp were trained and sensitized and women in camp informed of project through Block Meetings, attended by Women's Representatives and project staff. This was followed by in-depth interviews and surveys conducted on a random sample of women in the camp aged 12 to 49, representing about 10% of the 3803 women in the camp. Between 22% and 27% of women reported having experienced SV since leaving Burundi, and according to the survey, 58.5% of perpetrators were fellow refugees. Almost no data about men was provided, and very little was reported on the situation on girls <12 and women >49 (who were not included in the survey). An additional objective of the project was the prosecution (but not the rehabilitation, etc.) of perpetrators. Results of the project were shared with camp management, police, UNHCR, and NGO staff.

**NDUWIMANA** Françoise. The right to survive: sexual violence, women and HIV/AIDS. Rights & Democracy, December 2004.

http://www.dd-rd.ca/english/commdoc/publications/women/hivAIDSvioIEn1.htm

Reviews a number of important issues around sexual violence and HIV/AIDS infection following violence in Rwanda, and does not report of original figures. The report considers the phenomenon of armed conflict and the spread of HIV/AIDS in the African Region more generally, and also in the specific case of the Rwandan genocide. Topics covered include hate propaganda and prevailing attitudes towards women generally, as well as the medical consequences of sexual violence - particular infection with HIV/AIDS. Additionally, the need for justice, as well as reparation, are discussed. The report concludes with recommendations for the Rwandan government and for humanitarian and international organizations.

**REILLY** N (ed.). Testimonies of the global tribunal on violations of women's human rights at the United Nations World Conference on Human Rights. Vienna, June 1993.

Reproductive Health Services for Refugees and Internally Displaced Persons.

Report of an inter-agency global evaluation 2004 (November 2004).

http://www.unhcr.org/cgi-bin/texis/vtx/publ/opendoc.htm?tbl=PUBL&id=41c9384d2a7

**RFDA**, **RFDP** and **International Alert**. Women's Bodies as a Battleground: Sexual violence against women and girls during the war in DRC - South Kivu (1996 -2003). 2005.

http://www.eldis.org/static/DOC18757.htm

Report by International Alert and two local women's groups (RFDA and RFDP) covering a range of topics, from the kind of sexual violence perpetrated against women, to the kinds of impact it can have on women and their communities, and the different factors that appear to lead perpetrators to commit acts of sexual violence. RFDA is based in Uvira, and RFDP is based in Bukavu; both straddle the border with Rwanda and Burundi, respectively, and are the sites where interviews took place. They are points of entry for troops from neighbouring countries. The report notes the changing nature of conflict in Congo, particularly the growing presence of private armies, community self-defence groups, paramilitary, and ethnically-based militias. It employed a participatory approach, in an attempt to identify the motives of combatants, and employed a combination of one-to-one interviews, focus groups, and literature reviews. Detailed interviews were undertaken with 492 rape victims and 50 members of armed forces, and 3000 files kept by local organizations were examined. The authors aim not only to catalogue violent acts committed against women, but to the examine socio-cultural roots of this violence and the different forms it takes.

The document is intended to provide the basis for local, national or international campaigns and strategies for the elimination of sexual violence. Chapters are devoted to describing the position of women in South Kivu, pre-conflict, and systematically detailing the demographic profile of the respondents. Women are the driving force behind the largely subsistence economy, but prevailing customs and laws, as well as early marriage, make it difficult to obtain property, education, technology and information. Sixty-seven percent of respondents had never been to school: 79.7% of women subjected to SV reported having been attacked by more than one man, and 12.4% reported having had objects inserted into their vagina. Thirty-eight percent of abuses occurred in a public place. A large number of victims were infected with an STI. Beyond health problems, SV was described as having devastating effects on families, leading to

dysfunction, divorce, and lost marriage products, not to mention the reduced productivity of women, a key economic group, and thus contributing to the impoverishment of communities.

**RHRC Consortium.** Gender-based violence tools manual for assessment and program design, monitoring and evaluation. 2003.

http://www.womenwarpeace.org/issues/violence/GBV\_nairobi/M&E\_toolsmanual.pdf

**RHRC Consortium.** Liga de Mujeres Desplazadas Red de Empoderamiento de Mujeres de Cartagena and Bolivar Sindicato de Madres Comunitrias. A determination of the prevalence of gender-based violence among women displaced by internal armed conflict. Preliminary report (Cartagena, Colombia, January 2005).

**RUBENSTEIN** LS, Ford D, Mach O et al. Endless Brutality: war crimes in Chechnya. Boston, Mass: Physicians for Human Rights; 2001:1-143.

http://www.phrusa.org/research/chechnya/chech\_rep.html

**SCHWARTZ** MD, Ed. (1997). Researching sexual violence against women: methodological and personal perspectives. Sage Publication. California and London. (abstract):

http://www.sagepub.co.uk/booksProdDesc.nav?prodId=Book6070&currTree=Subjects &level1=H00

The Shan Human Rights Foundation / The Shan Women's Action Network. License to rape: The Burmese military regime's use of sexual violence in the ongoing war in Shan State. 2002.

http://www.shanland.org/resources/bookspub/humanrights/LtoR/

This report details 173 incidents of rape and other forms of sexual violence committed by Burmese army troops in Shan State, between 1996-2001. Interviews with several women are reproduced in the appendix. The appendices contain a list of SPDC battalions whose members are alleged to have committed sexual violence, maps of locations where the incidents occurred. Information was compiled between January 2001 and March 2002, during which time 28 women on the Thai-Burma border were interviewed for the report by members of SHRF or SWAN networks or the Lahu Women's Organization. 145 additional cases were compiled from the monthly SHRF newsletters. 83% of the cases of rape documented in this report were committed by military officers, from the ranks of corporal to major.

**Subgroup Against the Sexual Exploitation of Children.** NGO Group for the Convention on the Rights of the Child. Semantics or Substance? Towards a shared

understangin of terminology referring to the sexual abuse and exploitation of children. January 2005.

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**TJADEN** P, Thoennes N. Full report of the prevalence, incidence and consequences of violence against women: findings from the National Violence Against Women Survey. Washington, DC, National Institute of Justice, Office of Justice Programs, United States Department of Justice and Centers for Disease Control and Prevention.

http://www.ncjrs.gov/pdffiles/172837.pdf

**US State Department.** Documenting Atrocities in Darfur. State Publication 11182. Bureau of Democracy, Human Rights and Labor, and the Bureau of Intelligence and Research, September 2004.

http://www.state.gov/g/drl/rls/36028.htm

Brief description of the conflict in Darfur, with emphasis on the humanitarian and human rights aspects of the crisis. The report based on a initiative of the US Department of State to document atrocities in Darfur inflicted upon refugees in Chad. 1 136 refugees (men and women) were randomly selected from 19 locations in Eastern Chad, and interviewed between July and August 2004. The questionnaire was designed by the State Department's Bureau of Democracy, Human Rights and Labor (DRL), USAID, the Coalition for International Justice, and other NGOs. The sample is largely representative of Sudanese refugees in Chad, but not necessarily of internally displaced persons, who were not included in the study. The study's findings indicate that 18% of respondents reported having been raped, or had been told directly about a rape from a victim.

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**VLACHOVÁ** Marie and Lea Biason. "Violence against women as a challenge for security sector governance", in Challenges of Security Sector Governance (Heiner Hänggi and Theodor H Winkler, eds.; LIT Verlag, Münster: October 2003).

http://www.dcaf.ch/women/violence\_vlachova.pdf

**WARD** Jeanne. "Gender-based violence among conflict-affected populations: humanitarian program responses" in: Listening to silences: women and war (Konnklikje Brill, Netherlands, 2005).

**WARD** Jeanne. If not now, when? Addressing GBV in refugee, internally displaced, and post-conflict settings. Reproductive Health Response in Conflict (RHRC) Consortium, 2002.

# (report) http://www.rhrc.org/resources/gbv/ifnotnow.html (introduction): http://www.rhrc.org/pdf/gbvintro.pdf

**WARD** Jeanne and Mendy Marsh. Sexual violence against women and girls in war and its aftermath: Realities, responses, and required resources - A briefing paper. Prepared for Symposium on Sexual Violence in Conflict and Beyond. 21-23 June 2006, Brussels, Belgium.

http://web.unfpa.org/emergencies/symposium06/docs/finalbrusselsbriefingpaper.pdf

Report prepared for the Brussels symposium on sexual violence in conflict (June 2006), based on existing materials. In about thirty pages, it provides a history of humanitarian programs on SGBV and the status of work today, as well as the major issues facing survivors and challenges facing institutions helping them. It provides an excellent snapshot of the situation today, and is a source of key figures and documents on the topic. The authors explain that the problem of GBV is rife, and is appears to be worse now than in the past perhaps due to the changing nature of warfare, which puts women and girls at greater risk. In particular, conflicts are increasingly along ethnic or racial lines, with civil wars pitting communities against each other, rather than traditional armies. Perpetrators, in conflict situations, inflict GBV for many reasons, including: to take advantage of climate of impunity; to systematically destabilize communities through public acts of humiliation and subjugation; to quell resistance and instil fear; to further the purpose of ethnic cleansing (through forced pregnancy, flight, HIV infection, genital mutilation). Women face risks at all stages: pre-conflict (e.g. domestic violence, inequitable laws), conflict, flight, camps, return. The report points to the relationship among sexual abuse, displacement and prostitution. It emphasizes the need for a multi-sector approach, with cross-cutting functions that include data collection, education, monitoring and evaluation, as well as the need for information sharing and for the creation of reporting networks.

**WOOD** Elizabeth. "Sexual violence during war: explaining variation". Paper presented at the Order, Conflict and Violence Conference, Yale University, New Haven, CT, 30 April-1 May 2004.

http://www.prio.no/cscw/pdf/micro/techniqes/wood\_sexual\_violence.pdf

Women's Commission for Refugee Women and Children. Breaking the Code: Building Capacity to Investigate Sexual Abuse and Exploitation by Humanitarian Workers. 2006.

http://www.womenscommission.org/pdf/BSO.pdf

**Women's League of Burma.** System of Impunity. Nationwide patterns of sexual violence by the military regime's army and authorities in Burma. 2004.

http://www.womenofburma.org/Report/SYSTEM\_OF\_IMPUNITY.pdf

#### **UNITED NATIONS DOCUMENTS**

ARDAYFIO-SCHANDORF Elizabeth. "Violence against women: The Ghanaian case". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005. http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Ardayfio.pdf

**BASU** Asmita. "Violence against women: Needs of users of data collection". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005. <a href="http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/basu.pdf">http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/basu.pdf</a>

**D'OLIVEIRA** Ana Flàvia Pires Lucas and Lilia Blima Schraiber. "Violence against women in Brazil: overview, gaps and challenges". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005.

http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/d\_Oliveira.pdf

**ELLSBERG** Mary and Lori Heise. Researching violence against women: A practical guide to researchers and activists. World Health Organization/PATH, Geneva: 2005. http://www.path.org/publications/pub.php?id=1175

Focuses on violence against women by their intimate partners and considers the relationship between violence and health in developing countries. It nevertheless contains material relevant to broader issues relating to violence. For instance, in the section addressing challenges for international research on GBV, it is noted that, while international data exist, they are frequently not comparable; consequently there is a need for "consensus research methods that will allow us to make meaningful comparisons between studies". Learning from mistakes and identifying best practices are identified as the greatest challenges facing researchers in this field today. An entire chapter is devoted to ethical aspects of research on GBV, including how to respect confidentiality, and to assure that the greatest benefit goes to the respondents. Pages 90-95 address the different ways of defining violence, and emphasize the importance of being clear in the definition used in one's research.

**FAROUK** Sharmeen A. [Focus on Bangladesh] Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005.

http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Farouk.pdf

**FOUGEYROLLAS-SCHWEBEL** Dominique. "Violence against women in France: The context, findings and impact of the Enveff survey". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005.

http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/fougeyrollas.pdf

**GORDON** Peter and Kate Crehan. "Dying of sadness: Gender, sexual violence and the HIV epidemic". UNDP, HIV and Development Programme.

http://www.undp.org/hiv/publications/gender/violencee.htm

A fairly short report, whose main purpose is to raise awareness. It does not report any new data. One short section addresses violence against women in conflict situations, and refers to incidents in Rwanda, Bangladesh, Kashmir, Haiti and Bosnia. Additionally, it includes an information box on CIET International and its IDRC-funded project to quantify the extent of sexual violence in South Africa.

Inter-Agency Standing Committee Task For on Gender and Humanitarian Assistance. Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies. September 2005.

(report):

http://www.humanitarianinfo.org/iasc/content/products/docs/tfgender\_GBVGuidelines 2005.pdf

Is a tool designed for field actors, for a coherent and participatory approach to prevent and respond to gender-based violence. The guidelines are intended to operate during the early phase of an emergency. The text refers to gender-based violence as both an international public health and a human rights issue. It includes a short section on the nature and extent of gender-based violence, with brief accounts of available figures for some conflicts. Chapter three provides a kind of glossary of terms, while the rest of the text is devoted to practical measures that should be taken by humanitarian units working on the ground with survivors of violence in emergency situations.

JOHNSON Holly. "Assessing the prevalence of violence against women in Canada". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005. http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/johnson.pdf

**KISHOR** Sunita. "Domestic violence measurement in the demographic and health surveys: The history and the challenges". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005.

http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Kishor.pdf

**NEVALA** Sami. "International violence against women survey (IVAWS)". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005. <a href="http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Nevala.pdf">http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Nevala.pdf</a>

**OCHIENG** Ruth Ojiambo. "The efforts of non-governmental organizations inassessing and documenting the violations of women's human rights in situations of armed conflict: The Isis-WICCE experience". For the Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches to overcoming them, Expert Group Meeting. UN Division for the Advancement of Women (in collaboration with ECE, WHO). Geneva, 2005.

http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Ochieng.pdf

Report for the UN Division for the Advancement of Women expert meeting, describing Isis-WICCE's work to document sexual violence in conflict situations, in Uganda. The organization was founded in 1974, and moved its headquarters to Uganda in 1993 where it encountered major challenges such as a general lack of support for research on women's issues, a dramatic absence of data, and high levels of illiteracy in communities often remote and marginalized. Isis-WICCE focuses on documenting women's experiences in conflict, and has collected data from 7 conflict-affected districts in

Uganda. The process is multi-staged, and begins with a literature review to assess the extent to which women's experiences were documented. The next step is conceptualization, followed by consultative meetings with stakeholders to build relationships with key groups, share the objectives of the study, and to obtain feedback. This is followed by reconnaissance visits to the sites, training of documenters and selection of field staff (accompanied by a psychologist). Field work takes about a month, and generally involves initial interviews with key informants, then focus groups, then indepth interviews. There are daily reviews, and medical teams follow up with cases requiring urgent intervention. Isis-WICCE believes in "action-oriented" documentation, geared toward improving the conditions of affected women. It employs a variety of forms of communication to share results, including conferences, radio talk shows, video productions, internet, songs and drama. Problems encountered include marginalization of NGO-collected data and its subsequent ineffectual utilization, the expense and time-intensiveness of collection, and the need for greater links between international and local researchers.

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**OKOT** Akumu Christine, Amony Isabella, and Otim Gerald. Suffering in silence: A study of sexual and gender based violence in Pabbo Camp, Gulu District, Northern Uganda. UNICEF, 2005.

http://www.unicef.org/media/files/SGBV.pdf

Looks at the nature, causes and effects of SGBV in an IDP camp in Pabbo, Northern Uganda, the most populated camp in the Gulu District (population 63 000), as well as current interventions in the camp to address SGBV. The study's aim was the identify needs for the Gulu District Sub-Committee on SGBV Group as a prelude to setting up interventions. It is not, however, clear what the follow up will be, or has been since the publication of the report in January 2005. In addition to describing information garnered from in-depth interviews and focus groups conducted by their researchers, the document reports statistics from police and the local health care centre. Its findings indicate that the most common forms of SV in the camp are rape and marital rape, followed by the sexual abuse of children, and incest. Some interesting analysis forms part of the report, particularly about the social, cultural and economic determinants of sexual violence; however, while these were framed as "causes", it is not clear whether they were derived from the data (which is not presented), were based on existing literature or amount to a series of hypotheses. It reports that women are primarily attacked when going in search of water or wood, or when leaving the village for the fields (or when returning), and that soldiers charged with protecting the camp are known to demand sex in exchange for protection, shelter, etc. Women at particular risk are those who live alone, are the head

of households, or are young (and therefore considered pure). The elderly and infirm, as well as unaccompanied or foster children are also vulnerable. The authors note that widespread sexual violence is pervasive to the point where it has become accepted as "normal" or at least inevitable in the community. There is also widespread great distrust of authorities who are viewed as highly corrupt. Investigations tend to proceed in a manner that is not sensitive to privacy of victims; there is no women's desk among the police, who are not trained in SGBV. In general, SGBV is treated as a "trivial family affair".

**Rehn**, Elisabeth and Ellen Johnson Sirleaf. Women, War and Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building. UNIFEM. 2002

**Social Science Research Council.** Methods and systems for the assessment and monitoring of sexual violence and exploitation in conflict situations. A Technical Consultation. UNFPA, WHO: NYC, December 15-16 2005.

http://www.ssrc.org/programs/HIV/publications/SVE\_Report.pdf

Report of a technical consultation hosted by UNFPA and WHO on better assessment and monitoring of SVE in conflict, inter alia, to build on UNFPA and WHO work to develop and promote a minimum package of services for prevention, treatment, care and support for women subjected to SVE. More specifically, the goals of the meeting were to (i) evaluate existing methods for monitoring SVE in conflict situations; (ii) assess the relevance and applicability of other surveillance systems (including demographic and health related, HIV/AIDS, human rights, injury, crime) for developing a SVE system; (iii) identify relevant decision makers / stakeholders and information needs as well as potential data sources and indicators; (iv) address organizational and design challenges to establishing an SVE monitoring, assessment, and reporting system in conflict situations, including implications for medium and longer term follow-up, information, measurement and data collection needs; (v) recommend next steps for designing and piloting a system. SVE was explored in different conflict settings, i.e. strategic SVE, SVE against a background of widespread violence engendered by conflict, and SVE that is the product of "norms" that pre-exist the conflict. The report identifies an inter-agency, multi-sectoral model as a "best practice", i.e. one that involves health, social services, legal and security sectors. With respect to data collection, participants were asked to consider the limitations and potential of existing methods, and the potential of new methods.

The report calls for consistent, uniform definitions, and emphasizes the need to have definitions that are meaningful to communities, which requires consulting local experts (e.g. where terms such as "rape" may not exist, or where sexual violence is perceived as

the norm). The consultation covered a range of methods (national and municipal surveillance, retrospective data from specialized health facilities, prospective epidemiological surveillance, testimonials and informant interviews with representative samples). Participants highlighted the importance of security and confidentiality considerations in the collection of data from agencies providing direct services to survivors. It was also noted that staff are required to remove unique identifiers and to gather information from records. RHR Consortium, WHO multi-country study and FAST International identified as "state of the art" approaches to data collection. Participants concluded that there is a need for a multi-sectoral, collaborative approach, where the roles of partners are clearly identified. Moreover, issues relating to ownership of data must be addressed at onset of data collection. Efforts to document sexual violence must link to longer term capacity strengthening, and the goals as far as use of the data must be clear and defined, not varying with the interests of partners.

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**TJADEN** Patricia. "Defining and measuring violence against women: Background, issues, and recommendations". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005.

http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Tjaden.pdf

**United Nations.** Declaration on the protection of women and children in emergency and armed conflict. General Assembly Resolution 3318 (XXIX), 14 December 1974. http://www.unhchr.ch/html/menu3/b/24.htm

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**United Nations.** "Investigation by the Office of Internal Oversight Services into Allegations of Sexual Exploitation and Abuse in the United Nations Organization Mission in the Democratic Republic of the Congo". 5 January 2005.

http://www.monuc.org/downloads/0520055E.pdf

**United Nations High Commissioner for Refugees, Office of.** How to Guide: sexual and gender-based violence programme in Guinea. January 2001, Health and Community Development Section, UNHCR.

http://www.unhcr.org/cgi-bin/texis/vtx/publ/opendoc.pdf?tbl=PUBL&id=3c4d6af24

**United Nations High Commissioner for Refugees, Office of.** "Note for implementing and operational partners by UNHCR and Save the Children-UK on sexual violence and exploitation: The experience of refugee children in Guinea, Liberia and Sierra Leone based on initial findings and recommendations from assessment mission 22 October - 30 November 2001". Geneva: Feb 2002.

http://www.savethechildren.org.uk/scuk\_cache/scuk/cache/cmsattach/1550\_unhcr-scuk\_wafrica\_report.pdf

**United Nations High Commissioner for Refugees, Office of.** Sexual and gender-based violence against refugees, returnees and internally displaced persons: guidelines for prevention and response. UNHCR, May 2003.

(RHRC website): http://www.rhrc.org/resources/gbv/gl\_sgbv03.html (report): http://www.rhrc.org/resources/gbv/gl\_sgbv03.html

UNHCR report focusing on humanitarian responses to SV. It includes a table enumerating different forms of SGBV, under the categories of SV, physical violence, emotion / psychological violence, harmful traditional practices, social-economic violence. It is argued that monitoring is the responsibility of all actors, i.e. health, protection, psycho-social and security personnel, as well as members of the refugee community. This requires a meeting with all actors to define terms and determine methodology(ies). Monthly reports of consolidated data should be used by a central agency, and should include, at minimum, information about the type of incident, its location / where it occurred, demographic details about the perpetrator(s) and victim(s), and potential risk factors. Several pages are devoted to defining core terms, such as GBV, perpetrator, evaluation, and abuse.

**United Nations High Commissioner for Human Rights, Office of.** Report of the Special Rapporteur on the situation of human rights in Kuwait under Iraqi Occupation. (E/CN.4/1992/26). 1992.

**United Nations High Commissioner for Human Rights, Office of.** Report of the Special Rapporteur on violence against women, its causes and consequences. (E/CN.4/1997/47). 12 February 1997.

http://www.unhchr.ch/Huridocda/Huridoca.nsf/TestFrame/043c76f98a706362802566b10 05e9219?Opendocument

**United Nations High Commissioner for Human Rights, Office of.** Systematic rape, sexual slavery and slavery-like practices during armed conflict. E/CN.4/Sub.2/2005/33, 11 July 2005.

Supplements a series of earlier reports on the topic, and refers to new developments in this area. It notes that the Rome Statute of the International Criminal Court (art.7,

para.1(g) and art.8, para.2(b)(xxii) and (e)(vi)) defines "rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization and any other form of sexual violence of comparable gravity" as a crime against humanity. It also refers to reports by the Special Rapporteur on the situation in El Salvador, Guatemala, the Occupied Palestinian Territories, and the Darfur region of Sudan. The document points to the Commission's recent adoption of the 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 (resolution 2005/35, annex). It makes reference to specific incidents, such as Darfur, investigated by a UN Commission, which has delivered its conclusions as well as a list of potential perpetrators, to the ICC Prosecutor.

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United Nations High Commissioner for Human Rights, Office of. Systematic sexual slavery and slavery-like practices during periods of armed conflict: Final report submitted by Ms Gay J McDougall, Special Rapporteur. (E/CN.4/Sub.2/1998/13). 22 June 1998. http://www.unhchr.ch/huridocda/huridoca.nsf/0811fcbd0b9f6bd58025667300306dea/3d 25270b5fa3ea998025665f0032f220?OpenDocument

**United Nations High Commissioner for Human Rights, Office of.** Systematic rape, sexual slavery and slavery-like practise during armed conflict: Update to the final report submitted by Ms Gay J McDougall, Special Rapporteur. (E/CN.4/Sub.2/2000/21). 6 June 2000.

http://www.unhchr.ch/Huridocda/Huridoca.nsf/0/5b7b329c0462676bc125694d0057a669 /\$FILE/G0013934.pdf

**United Nations High Commissioner for Human Rights, Office of.** Rape and abuse of women in the territory of the Former Yugoslavia. Report of the Secretary-General. (E/CN.4/1994/5). 30 June 1993.

http://www.unhchr.ch/Huridocda/Huridoca.nsf/70ef163b25b2333fc1256991004de370/a4d369a9f31882b580256723004dd751?OpenDocument

**United Nations High Commissioner for Human Rights, Office of.** Report of the Secretary-General on the rape and abuse of women in the areas of armed conflict in the former Yugoslavia. (A/51/557). 25 October 1996.

http://www.unhchr.ch/huridocda/huridoca.nsf/b617b62bcb39ea6ec1256610002eb7a6/461ec003cdfc2aff80256723003d1244?OpenDocument

**United Nations High Commissioner for Human Rights, Office of**. Working paper on the situation of systematic rape, sexual slavery and slavery-like practices during wartime,

including internal armed conflict. (E/CN.4/Sub.2/1995/38). 13 July 1995.

http://193.194.138.190/huridocda/huridoca.nsf/6d123295325517b2c12569910034dc4c/ea60062ee5946d6b802566c1003f3e4e?OpenDocument

**United Nations**. Report of the Secretary-General on children and armed conflict in the Democratic Republic of Congo. (S/2006/389). 13 June 2006.

**United Nations**. Report of the International Commission of Inquiry on Darfur to the UN Secretary-General. (Geneva: United Nations, 2005).

http://www.un.org/News/dh/sudan/com\_inq\_darfur.pdf

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**United Nations.** Report of the United Nations Development Fund for Women on the elimination of violence against women. E/CN.6/2006/10-E/CN.4/2006/60. ECOSOC, 20 December 2005.

http://www.unchina.org/unifem/Media&Resources/Publications/VAWTrustFundReport2 005\_eng.pdf

United Nations. Security Council Resolution 1612 (2005). (S/RES/1612(2005)). 26 July 2005.

http://www.un.org/special-rep/children-armed-conflict/Download/S-RES-1612e.pdf

**United Nations.** "Women 2000: Sexual violence and armed conflict - United Nations response". United Nations, Division for the Advancement of Women, Department of Economic and Social Affairs. April 1998.

http://www.un.org/womenwatch/daw/public/cover.htm

Prepared by the UN Division for the Advancement of Women, chronicles the international community's response to the issue of sexual violence and armed conflict. It indicates that while sexual violence it not a new issue, until post-WWII, little was done to address it. The text provides useful background, history, and is a source of major documents as well as key players in the evolution of the international response to this issue. Views of historic prominence of blamed, such as the belief that women are part of spoils of war, and that SV is an unfortunate but inevitable part of armed conflict. A turning point is identified, namely the conflict in Yugoslavia, where sexual violence perpetrated by armed forces was widely publicized. There is little record of SV in WWII, though today it is known that the Japanese army, for instance, captured thousands of "comfort women" - each of whom was issued an by the Japanese government in 1992. The document points out that the Geneva Conventions and Additional Protocols include provisions on rape and other forms of SV, but that attacks are characterized in terms of attacks against a woman's honour, rather than a violation against her bodily integrity. The 1974

Declaration on the Protection of Women and Children in Emergency and Armed Conflict made no specific reference to SV, where, as elsewhere, women's vulnerability was linked to their role as mothers and care givers. By contrast, in the 1995 World Conference on Women (Beijing), SV against women during armed conflict was a major theme, included as one of the 12 critical areas of concern to be addressed by member states, the international communities, and civil society. The authors assert that the experience of the ICTY is evidence that progress has been made, but they question the extent to which women affected have actually benefited from such initiatives.

**United Nations Integrated Regional Information Networks.** Our bodies, their battle ground: gender-based violence in conflict zones. IRIN Web Special on violence against women and girls during armed conflict (September 2004).

http://www.irinnews.org/webspecials/GBV/gbv-webspecial.pdf

**UN Division for the Advancement of Women, Economic Commission for Europe (ECE) and World Health Organization.** Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches to overcoming them - Expert Group Meeting. Report of the expert group meeting. UN Division for the Advancement of Women, Economic Commission for Europe (ECE) and World Health Organization. 11-14 April 2005.

http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/

Report of a meeting organized by the UN Division for the Advancement of Women, in collaboration with ECE and WHO, on data collection challenges in measuring violence against women. Amid concerns about the lack of reliable, comprehensive and comparable data on VAW, the meeting considered, inter alia, assessments of the types of data currently available and collected, gaps in data collection and challenges facing data collectors, needs of policy makers and professionals working to prevent violence against women, and constraints faced by data producers, including researchers, government offices, and organizations of civil society. Finally, it sought to issue recommendations for improved data collection and proposals for better assessing the extent of the problem. The two most common forms of data collection on VAW are population-based assessments and service-based. The former is where women drawn from a representative sample are queried, and is generally the most reliable method for collecting information on the extent of violence in the general population, because the numbers can be generalized. Dedicated survey address safety and confidentiality issues better, and encourage better interaction between interviewer and respondent, but also tend to be expensive and hard to repeat. Service-based data are collected routinely by public and private agencies in contact with abused women, such as health centres, police, courts, public services, shelters. Results are not generalizable, but are useful for

understanding causes and dynamics of violent acts and social responses. Moreover, they can contribute to evaluating the response of agencies to abused women, by monitoring the effectiveness of agencies women turn to for help - increasing accountability, and providing a basis for legislation, policy and procedures. Problems include the widely varying availability and quality of data, and double counting due to poor coordination, training and support. Participants recommend that data collection activities and methodologies be developed in consultation with a wide range of stakeholders (suppliers, advocates, services providers, researcher, etc.) to ensure relevance, and emphasize the high importance of safety, confidentiality and privacy. There needs to be strengthened capacity not only in the collection but also in the use of data as the basis for effective action, and to complement statistical data with qualitative data. Surveys should include multiple methods to measure violence and variety of different types of violence, and findings should be made available in a variety of ways accessible to a variety of audiences. Police-based data collection in all countries needs to be strengthened, and should include reporting the relationship between victim and perpetrator, repeat victimization and repeat offenders, the degree of injury, the outcome of the case, and the age and sex of the victim.

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WALBY Sylvia. "Improving the statistics on violence against women". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005. http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/walby.pdf

**WARD** Jeanne. "Conducting population-based research on gender-based violence in conflict-affected settings: An overview of a multi-country research project". Expert paper, prepared for Violence against women: Statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them - Expert Group Meeting. UN Division for the Advancement of Women, Geneva: April 2005. <a href="http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Ward.pdf">http://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Ward.pdf</a>

**World Health Organization.** World Report on Violence and Health. (Etienne G Krug, Linda L Dahlberg, James A Mercy, Anthony B Zwi and Rafael Lozano, Eds.) WHO, Geneva: 2002.

http://whqlibdoc.who.int/hq/2002/9241545615.pdf

**World Health Organization.** "Chapter 6: Sexual violence", in WHO Multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses. (Claudia Garcia-Moreno, Henrica AFM

Jansen, Mary Ellsberg, Lori Heise, Charlotte Watts, Eds.) WHO, Geneva: 2005. (WHO website):

http://www.who.int/gender/violence/who\_multicountry\_study/en/index.html

This chapter deals with sexual violence, broadly speaking, and considers its occurrence in a variety of contexts (intimate violence, violence in schools, etc.). There is a small section devoted to sexual violence in conflict and refugee settings. It notes that sources of sexual violence data including the police, clinical facilities, NGOs and survey research, and the fact that definitions of what constitutes SV tend to vary. Child marriage and female genital mutilation are among practices that are classified as sexual violence. The chapter considers the risk factors of sexual violence, both from the point of view of the victim and the perpetrator, and notes that there is limited data on sexually violent men (what there is, is heavily skewed towards convicted rapists). It points to data showing the pervasiveness of sexual violence across countries, cultures and economic groups, and argues that there is a need to evaluate the success of existing initiatives. The chapter also covers prevention, and highlights the role of media is changing attitudes. It also profiles IRC's work, to document and address cases of sexual violence in Bosnia and Herzegovina, DRC, East Timor, Kenya, Sierra Leone, former Yugoslav Repubic of Macedonia. It does not report any new data, but relies on secondary sources.

**World Health Organization.** Information Brief on Sexual Violence in Conflict and HIV/AIDS. 2004.

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