SELECT GENDER-BASED VIOLENCE LITERATURE REVIEWS
CONFLICT AND POST-CONFLICT INTERVENTIONS TO REDUCE CONFLICT-RELATED SEXUAL VIOLENCE AND ADVANCE SURVIVOR RECOVERY

Prepared under Contract No.: GS-10F-0033M / 7200AA18M00016, Tasking N008

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ACRONYMS

ASIST-GBV  Assessment Screen to Identify Survivors Toolkit for GBV
CRSV  Conflict-related Sexual Violence
CSAG  Civil Society Advisory Group on Women, Peace, and Security
DRC  Democratic Republic of Congo
ECAP  Team of Community Studies and Psychosocial Action
EU  European Union
GBV  Gender-Based Violence
IPV  Intimate Partner Violence
IDP  Internally Displaced Person
IRC  International Rescue Committee
LGBTQ  Lesbian, Gay, Bisexual, Transgender, and Queer
MENA  Middle East and North Africa
NATO  North Atlantic Treaty Organization
NGO  Non-governmental Organization
NORC  National Opinion Research Center
PTG  Post-traumatic Growth
PTSD  Post-traumatic Stress Disorder
PSVI  Preventing Sexual Violence in Conflict Initiative
TRC  Truth and Reconciliation Committee
UN  United Nations
UN OCHA  United Nations Office for the Coordination of Humanitarian Affairs
UNDP  United Nations Development Program
UNFPA  United Nations Fund for Population Activities
UNHCR  United Nations High Commissioner for Refugees
UNAMG  National Union of Guatemalan Women
UNICEF  United Nations Children’s Fund
USAID  United States Agency for International Development
VAWG  Violence against Women and Girls
EXECUTIVE SUMMARY

This United States Agency for International Development (USAID)-supported Gender-Based Violence (GBV) literature review explores conflict-related sexual violence (CRSV) as part of a Gender-Based Violence Learning Agenda that seeks to promote a deeper understanding of the dynamics of GBV globally with the aim of informing USAID programming. This review is guided by the following research questions:

1. What are effective measures to address conflict-related sexual violence?
2. What are the key factors that prevent conflict-related sexual violence?
3. What are the key factors (sources of resilience) that help individuals, families, and communities cope with and recover from the impact of conflict-related sexual violence?

Our methodological approach entailed literature review of project documents, evaluation reports, and analytical studies to identify themes related to program-design practices and common approaches to supporting survivors of CRSV.

KEY FINDINGS

This review identified five essential elements of effective programs to address CRSV and advance survivor recovery. These include:

1. Include survivors' input on needs and program design, including "making room for grassroots and feminist approaches" as suggested by Reis and Berry (2019, 5). Documents prepared for the Oslo conference to end GBV in humanitarian crises "point out that local women and women's groups must be central to crisis response: partnering with them, listening to them and using their knowledge, networks and insight to create an effective humanitarian system" (Reis and Berry 2019, 6).

2. Recognize and address factors that may limit the acceptance of interventions (Lilleston et al. 2018, 768).

3. Include women-led and gender-sensitive crisis response teams.

4. Employ trained, skilled staff, including social workers. Staff should be accountable, have a social-justice orientation, protect confidentiality, and uphold international standards for GBV service delivery to survivors (Lilleston et al. 2018, Namugalla and Kitende 2016).

5. Ensure implementers and staff recognize that communities must acclimate to new initiatives designed to bring about change. Staff should build working relationships with other organizations whose efforts complement GBV prevention and mitigation work so that new initiatives do not duplicate or compete with other services.

RECOMMENDATIONS

This review identified several recommendations for CRSV programming. These include:

- Create theoretically grounded programs to prevent CRSV. Researchers note the need to design programs that are theoretically grounded (Lilleston 2018, 769). Such programs take into account not only practical examples that have worked in a number of settings, but also are built upon frameworks that have been tested in the social science or behavioral health literature. Four examples are listed under “Reviews of Interventions in Conflict Settings: Elements and Examples of Effective Programs” below.
• **Recruit skilled staff who adhere to international standards for GBV service delivery and to address CRSV with a social-justice orientation.** The second principle guiding effective interventions is to recruit skilled staff, especially social workers, who have been trained in a social-justice orientation (Namuggala and Kitende 2016), take a holistic perspective, and can assess community readiness for activities, build trust, and ensure confidentiality (Lilleston 2018, 767). Social workers have been trained to adhere to international standards for GBV service delivery (Lilleston 2018, 770ff.).

• **Design programs to address CRSV to align with principles of effective prevention.** Effective programs should align with the effective prevention strategies identified in the literature (Nation et al. 2003 as cited in DeGue et al. 2014, Blay-Tofey and Lee 2015). These include comprehensive programming, and interventions that “included varied teaching methods, provided sufficient dosage, were theory driven, provided opportunities for positive relationships, were appropriately timed, were socio-culturally relevant, included outcome evaluation, and involved well-trained staff” (2003, 449).

• **Women may find opportunities when crisis prompts social transformation.** Displacement creates challenges, vulnerabilities, and general underdevelopment, but may also offer opportunities through social transformation. Women’s lives can change positively when they assume new roles and responsibilities and attain access to and control over resources and decision-making, but these benefits depend largely on women’s resilience and confidence.

• **Policymakers, civil society, and religious and cultural institutions need to appreciate women’s new positions in post-conflict settings.** In conflict settings, women often take on new positions as household heads, primary earners, and single mothers, and these must be recognized and respected by leaders and institutions. This entails recognizing women’s agency and confronting patriarchal structures at household and community levels, according to Mulumba and Namuggala (2014). These structures include land ownership, access, and use; and control over women’s bodies and mobility (2014, 36).

• **Credit women for their ability to devise and implement survival strategies for their families during and after conflict.** Anyone seeking to reduce and recover from CRSV in conflict and post-conflict zones must recognize that women will devise and implement survival strategies for their families (Mulumba and Namuggala 2014).

• **Intervention actors should operate through the newly emerging post-conflict social structures instead of the old patriarchal ones.** Although potentially difficult, actors should partner with women to support emerging social structures that recognize their agency rather than relying on old familiar social structures that reinforce patriarchy. Addressing gender sensitive responses to post-conflict reintegration in northern Uganda, Mulumba and Namuggala note that humanitarian agencies need to operate through the new structures from which women have gained power instead of pre-conflict patriarchal structures that downplay women as social actors.

• **Technical and agricultural assistance in post-conflict settings should target production systems managed by women.** For women coping and recovering from CRSV, economic independence is vital. Culturally and socially appropriate technology coupled with skills development can enable women’s use of new technology (Mulumba and Namuggala 2014, 37).

A two-page summary for this Literature Review can be found at: https://pdf.usaid.gov/pdf_docs/PA00XRCC.pdf
INTRODUCTION

Wars and other armed conflicts are frequent settings for rape, child sexual abuse, sex trafficking, forced prostitution and servitude, and other forms of sexual exploitation. Such gender-based violence (GBV) and other forms of sexual violence in conflict settings, collectively termed conflict-related sexual violence (CRSV), are used to intimidate populations, to devastating effect. CRSV perpetrators may include government actors, state and non-state armed forces, community members, and even “peacekeeping” forces. The perpetrators vary, but survivors of sexual violence in conflict settings are disproportionately women and girls (Green 2013). This paper will focus on CRSV against them.

Conflict may lead not only to direct violence against women and girls; it can indirectly drive intimate partner violence (IPV) in affected communities (Wirtz et al. 2013). Men under stress may harm their partners. Studies on refugees and internally displaced persons (IDPs), for example, show that IPV increases as levels of tension and anxiety rise during conflict (Vu et al. 2014, Save the Children 2014). War and related forced displacement, communal and familial disintegration, and the collapse of local and state protection provide an environment where GBV and other forms of sexual violence can flourish, with refugees and IDPs especially vulnerable. CRSV may further occur when conflict-affected populations are in transit, and can lead to a host of serious physical and mental illnesses (Ellsberg et al. 2008) amplified in conflict zones, where access to services is limited and institutions and the rule of law are weak.

Although survivors experience CRSV, the entire community experiences its impact. CRSV is perpetrated to instill fear in, and exert domination over, the targeted group. It often occurs while members of the targeted group are also being murdered, kidnapped, and otherwise terrorized. This makes documentation of CRSV extremely difficult. Law enforcement and humanitarian groups focus on missing persons and murder victims, a focus that unfortunately has superseded efforts to document CRSV. And the trauma and shame often associated with sexual violence can make it difficult for survivors to recall details and share them (UN OCHA 2019). The result is a shortage of data not only on CRSV but on programs to prevent it or address its aftermath. Often it is unclear whether GBV perpetrated in a conflict zone is truly conflict-related or would occur to the same extent in the absence of armed fighting. We have relied on CRSV literature as much as possible, but at times have had to resort to research on GBV in settings that happen to be conflict zones.

CRSV is documented in conflict areas around the globe; Rwanda, Colombia, the Democratic Republic of Congo, South Sudan, and Guatemala are just a few countries facing sexual violence against women, men, minors, and LGBTQ individuals during conflict (Report of the United Nations Secretary General 2019). Yet such individuals remain vulnerable to violence even after hostilities cease. Persistent domestic violence, sexual violence, and other forms of exploitation abound in post-conflict areas (Manjoo and McRaith 2011). Despite the gravity of conditions, survivors’ needs are often overlooked or inadequately addressed in post-conflict and conflict settings (2011).

We seek to address this omission by focusing on prevention of, and recovery from, CRSV against women and girls. First we discuss overarching themes found in recent literature. We explore what can prevent CRSV, including resources (such as sources of resilience) that help individuals, families, and communities cope with and recover from the impacts of this violence. Next, we examine the interventions most successful in helping survivors cope with sexual violence during and after political and other types of conflict. We conclude with programming and policy recommendations.
DEFINITIONS

CONFLICT-RELATED SEXUAL VIOLENCE

According to the UN, conflict-related sexual violence refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. Such links may be evident in the profile of perpetrators, who are often affiliated with a state or non-state armed group that can include terrorist organizations; the profile of the victim, who is frequently an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity; or evident in the climate of impunity, which is generally associated with state collapse, cross-border dynamics, such as displacement or trafficking, and/or violations of a ceasefire agreement. The term also encompasses trafficking in persons for the purpose of sexual violence or exploitation, when committed in situations of conflict (United Nations Secretary General 2019, 3).

Borrowing from the above definition, this literature review defines CRSV as any of the following during political, economic, or sociocultural (e.g., ethnic cleansing) conflict or after such conflict (e.g., among displaced persons):

- Physical violence or rape (termed “sexual harassment” instead of “assault” in some Middle Eastern and North African settings)
- Human trafficking for sexual exploitation
- Child, early, and forced marriage to increase family income or for other reasons
- Early sexual debut
- Adolescent childbearing
- Incest
- Denial or lack of access to sexual and reproductive health care, including lack of access to antiretroviral medications
- Cutting/female genital mutilation
- Violence against sexual minorities and displaced persons

Perpetrators of these acts of violence may be rivals in conflicts: those seeking to benefit from the disruptions caused by both the primary conflict and displacement, and “well-meaning” entities whose actions result in harm (including family members who force girls into early marriage, and governmental entities and NGOs whose interventions result in unintended harm).

The Report of the United Nations Secretary General 2019 offers examples of CRSV.

“[I]n South Sudan, allied militias raped women and girls as part of a campaign to drive opponents out of southern Unity State. Sexual violence was also used as a means of repression, terror and control. In Tanganyika Province of the Democratic Republic of the Congo, warring Twa and Luba militias violated women, girls and boys from each other’s ethnic communities. In the Syrian Arab Republic and Burundi, armed actors gang-raped and sexually humiliated detainees perceived as political opponents” (2019, 5).

Conflict settings are defined broadly to include areas with armed conflicts between geopolitical rivals; violent protest, insurgency, and/or government pursuit of insurgents; sites with displaced persons (such as IDPs, asylum seekers, and refugees, including those in refugee camps or communities); and post-conflict resettlement, when people return home or settle as permanent residents.
QUANTIFYING AND QUALIFYING SEXUAL VIOLENCE IN CONFLICT AND POST-CONFLICT SETTINGS

Though data are hard to come by, according to a recent study “seven out of 10 women in conflict settings and in refugee populations are exposed to gender-based and sexual violence”\(^1\) (UN Women 2019). Children under 18 years of age constituted about half of the refugee population in 2017 (the most recent year for which statistics are available), up from 41 percent in 2009 but similar to more recent years (UNHCR 2018).

As noted by Stark and Ager (2011), current methods to estimate the incidence of sexual violence in complex emergencies tend to rely on nonprobability samples. Researchers rarely undertake population-based monitoring, which would require them to enter a community overwhelmed by conflict in order to ask about GBV. Nor would such research necessarily be accurate. For example, when Stark and Ager (2011) attempted to quantify the magnitude of CRSV in emergency settings, they found that “intimate partner violence, physical violence, and rape were the three categories of violence most frequently measured. Further, rates of intimate partner violence tended to be quite high across all of the studies—much higher than most of the rates of wartime rape and sexual violence perpetrated by individuals outside of the home.” They indicate that “direct comparisons of rates of violence were hindered by different case definitions, recall periods, and other methodological features” (134).

Some studies unveil conflicts that are rarely covered by mass media, but determine life chances for families. For example, although official reports relying on data such as the Sexual Violence in Armed Conflict figures show a decrease in conflict-related GBV among recognized groups, violence against women and girls committed by actors such as the Karamojong warriors in northeastern Uganda, who prey on small rural communities, is underreported, and thus the plight of women and girls there remains invisible to outsiders. Mootz and her colleagues (2017) find:

“Karamojong raids… were directly connected to GBV in the form of sexual violence, especially rape and abduction. Most examples depicted stranger rape between the Karamojong warriors and women and girls. A teenaged boy remarked, ‘The Karamajong warriors tend to come and they also end up raping these girl children in Teso.’ A man reiterated, ‘Even the Karamajong go rape women.’ The abduction of girls during the raids for the purpose of marriage and heavy domestic labor also emerged as a subtype of sexual violence.”

According to Mootz and colleagues, members of affected communities in Uganda said looting by Karamojong, militarization of the community, and the death of parents or husband could lead to increased GBV. The residents recognized secondary effects of sexual violence. “For instance, the community observed that if a Karamojong warrior rapes a woman and her husband learns of her rape, he might blame her for the assault and perpetuate physical violence in the home” (380). Yes, data on the prevalence of purely conflict-driven sexual violence are limited. But the direct and indirect effects of CRSV on everyday people are varied and often severe.

In the next section, we examine interventions after CRSV has occurred. We start with a summary of principles for effective interventions, and then review essential programming elements.

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\(^1\) UNAIDS notes that CRSV refers to incest, sexual abuse, intimate partner violence, early and forced marriage, marital rape, female genital mutilation, sexual exploitation, and trafficking (UNAIDS 2019).
REVIEWS OF INTERVENTIONS IN CONFLICT SETTINGS: ELEMENTS AND EXAMPLES OF EFFECTIVE PROGRAMS

According to reviews of CRSV interventions, effective programs include five essential elements:

1. Include survivors’ input on needs and program design, including “making room for grassroots and feminist approaches” as suggested by Reis and Berry (2019, 5). Documents prepared for the Oslo conference to end GBV in humanitarian crises “point out that local women and women’s groups must be central to crisis response: partnering with them, listening to them and using their knowledge, networks and insight to create an effective humanitarian system” (Reis and Berry 2019, 6).

2. Recognize and address factors that may limit the acceptance of interventions (Lilleston et al. 2018, 768).

3. Include women-led and gender-sensitive teams.

4. Employ trained, skilled staff, including social workers. Staff should be accountable, have a social-justice orientation, protect confidentiality, and uphold international standards for GBV service delivery (Lilleston et al. 2018, Namugalla and Kitende 2016).

5. Ensure implementers and staff recognize that communities must acclimate to new initiatives designed to bring about change. Staff should build working relationships with other organizations whose efforts complement anti-GBV work so that new initiatives do not duplicate or compete with other services. Interventions that integrate these elements are detailed below.

CARE AFTER SEXUAL VIOLENCE IN THE DEMOCRATIC REPUBLIC OF THE CONGO

Rape kits are often in short supply in the midst of conflict. In the DRC, Global Strategies and Panzi Hospital implemented the Prevention Pack Program. “The Prevention Pack is a prepackaged post-rape medical kit containing antiretroviral post-exposure prophylaxis, antibiotics for treatment of sexually transmitted infections and emergency contraception. The Prevention Pack Program combines community sensitization about post-rape medical care with the provision of Prevention Packs and the implementation of a cloud-based and Global Positioning System (GPS)-enabled inventory management system” (Bress et al. 2019, 1). With kits now available, the Program has achieved the goal of getting rape kits to survivors in the DRC within 72 hours of assault. Care was provided at thirteen sites, where “between 2013 and 2017, we provided 2081 post-rape medical kits to survivors of sexual violence … in the South Kivu Province of the DRC” (1). Such a program is recommended to “improve delivery of immediate post-rape medical care in remote conflict settings by addressing inventory challenges and creating a map of demand for post-rape care across wide geographies” (1).

SYRIAN REFUGEES: WOMEN AND GIRLS IN LEBANON

While very little in the literature addresses CRSV directly, relevant examples address GBV in conflict settings. For example, the International Rescue Committee (IRC) is working with Syrian refugees, and its work with women and girls in Lebanon is notable for its range and flexibility (Lilleston et al. 2018). IRC deploys a mobile service-delivery model to provide free flexible services to women in their own communities. The program model “overcame barriers [to] women’s and girls’ access to essential services, including transportation, checkpoints, cost and gendered expectations about mobility and domestic responsibilities” (Lilleston, 767). Moreover, IRC mobile teams were gender-sensitive and each comprised women, including a community mobilizer, a caseworker, and an adolescent girls’ assistant, and one male community mobilizer. (769). The program both customized features to the particular
needs of Syrian women and girls and followed international standards for GBV interventions, and drew from Sullivan’s Conceptual Framework (cited on page 18 of this report), which recommends that domestic violence programs seek individual and social change. Noting impressive program outcomes, Lilleston and colleagues find, “Participants described the services as strengthening social networks, reducing feelings of idleness and isolation, and increasing knowledge and self-confidence” (767). Furthermore, “these changes lead to enhanced self-efficacy, hopefulness, social connectedness, positive relationships with others, social and economic opportunities, economic stability and safety which predict individual and social wellbeing” (768).

The IRC’s work with Syrian refugees is noteworthy because it contains the five essential elements of effective interventions noted above. It assesses and responds to survivors’ needs for access and confidentiality; addresses limiting factors that may affect use of services by creating mobile units; provides services from women-led gender-sensitive teams; uses staff trained and skilled in addressing GBV/CRSV; and, finally, addressed not only the needs of individual Syrian women and girls, but had a community component that incorporated men as well, which enhanced program enrollment and acceptance.

JUSTICE AND REPARATION PROGRAMS IN LATIN AMERICA

According to Mariana Mora (2013), two programs in Latin America—one in Peru, the other in Guatemala—successfully integrated innovative strategies that improve justice and reparations for survivors of sexual violence. Mora explains, “In Latin America, as in other parts of the world, crimes of sexual violence perpetrated against women during armed conflicts form part of a war logic which posits women’s bodies as symbolic war trophies and sites for territorial battles fought out between male actors and their enemies.”

PERU: POST-CONFLICT MECHANISMS

In the context of recovery from the armed conflicts of the 1980s and 1990s, Peru’s Truth and Reconciliation Committee (TRC) wisely included a gender team, which designed a unique methodology to (a) “identify the gender aspects of the general violence” and (b) investigate specific acts of CRSV in a way that protected women’s confidentiality (Mora 2013, 3). Triangulation of evidence (i.e., confirmation from multiple sources) helped chart details of violence against women. Staff worked “with women and men victims to highlight the importance of documenting and identifying cases of sexual violence as serious human rights violations, as well as offer basic psychological support for victims of sexual violence” (3).

Mora explains several methodological challenges encountered by the TRC team, “the first being that acts of sexual violence constituted only 1.53 percent of the total number of cases”:

“The TRC built into its methodology measures aimed at documenting the factors that silence these cases of sexual violence. One evident cause is the fear and shame associated with narrating acts of sexual violence, primarily rape. A second factor relates to the language used to talk about rape and other forms of sexual violence. When giving their testimonies women often did not clearly state what happened out of fear or shame. Thus, these acts were expressed in alternative language and terms that needed to be understood and then incorporated into the classification of events by the TRC team.2 Lastly, sexual violence frequently forms part of a

2 This use of alternative language shows up in other settings, including North Africa, where “harassment” is often used as a term for acts of rape.
chain of human rights violations. Though the statistical evidence is low, testimonies collected in Peru illustrated that rape was often committed alongside extrajudicial assassinations, forced disappearances and forced displacement. However, these cases tended to be registered in terms of these latter violations, rather than in terms of the rape committed” (Mora 2013, 3).

The TRC Peruvian methodology for documenting CRSV, as Mora puts it, like the IRC’s work with Syrian refugees in Lebanon discussed above, contained the five essential elements of effective interventions noted above: It assessed and responded to survivors’ needs by honoring their use of alternative language to talk about their experiences with CRSV; addressed concerns that may limit survivors’ desire to report CRSV; used a gender-sensitive team and aimed to place CRSV survivors at the center; chose staff skilled in addressing trauma and trained them in gender analysis; and complemented efforts to collect data on murder and kidnapping, so that co-occurring incidents of CRSV are counted alongside other types of violence.

GUATEMALA: POST-CONFLICT MECHANISMS

During Guatemala’s internal armed conflict (1960–1996), more than 200,000 people, the majority indigenous Mayans, were murdered; and additional thousands were kidnapped and never recovered by their families. Despite the 1997 signing of peace accords in Guatemala and the almost two decades of processes of transitional justice, very few women survivors of sexual violence have brought their cases to court (Mora 2013, 5). A difficulty associated with trials and reparations in cases of sexual violence is that many women resist publicly testifying. To address these challenges, organizations in Guatemala cooperated to develop a novel approach to documenting CRSV. Mora singles out two: the Team of Community Studies and Psychosocial Action (Equipo de Estudios Comunitarios y Acción Psicosocial; ECAP) and the National Union of Guatemalan Women (Unión Nacional de Mujeres Guatemaltecas; UNAMG).

ECAP and UNAMG trained women on human rights issues to help them understand “how rape and other forms of sexual violence form part of patriarchal structures” and find ways to transform their views of “these traumatic events in their lives and create new references to process and understand what they experienced. Between 2005 and 2007, the two organizations ran support groups and training workshops with Mayan women from the three regions most heavily affected by the civil war…. The participants were women members of … indigenous communities aged between 30 and 70 years old. For many of the women participants, the acts of sexual violence perpetrated against them were kept secret, despite a general awareness at the community or family level” (Mora 2013, 5).

The Guatemalan program offered support to the participants starting from their first contact. “The organizations designed… methodological tools to build trust and help women to explain the violence perpetrated against them. The first step consists of an interview in an environment chosen by the victim, where representatives of the organizations explain the psychosocial support services offered, as well as their objectives. Subsequent measures include inviting women to participate in individual art and music therapy and relaxation sessions to help address years of accumulated trauma.” The approach enabled survivors “to observe themselves outside of the pain and violence they have been subjected to and thus take actions to transform the conditions in which that trauma continues to reside” (5).

The result was not only personal healing. Remarkably, “this type of psychosocial support for women was crucial in helping [survivors] to decide to present public testimonies as part of criminal trials. Recently, during the trial of the ex-dictator José Efraín Ríos Montt in April 2013, Ixil women, victims of multiple acts of sexual torture between 1982 and 1983, covered their faces with shawls as they publicly narrated their experiences for the first time in more than thirty years. Their testimonies played a
crucial role in Ríos Montt’s sentencing by the Guatemalan National Court for genocide against the Ixil people during the country’s civil war” (5).

The outstanding survivor support services in Guatemala contain several requirements of effective interventions noted above, and much more. Specifically,

1. ECAP and UNAMG assessed and responded to survivors’ needs by building trust, creating support groups, helping them understand their human rights to safety and bodily integrity, and providing other types of psychosocial support.

2. Services addressed elements that may limit women’s willingness to testify as CRSV victims by developing trusting relationships between women survivors and staff, listening to survivors’ stories, and working with women survivors to help make them comfortable testifying.

3. The program taught women how to rebuild a sense of self but also addressed confidentiality, discomfort with giving public testimony on CRSV, and the need for both individual and community support.

4. ECAP and UNAMG staff members were trained in gender analysis and skilled in addressing trauma.

5. Finally, ECAP and UNAMG worked with officials so that women could testify in Guatemalan National Court as a group, with their faces covered in shawls. The women knew they were not alone. They shared their horrific experiences in public without shame. As their stories were recorded and considered by the court in determining the fate of the one responsible for their trauma, they developed a voice and a sense of agency.

THE PHENOMENON OF POST-TRAUMATIC GROWTH

Survivors of GBV during conflict (including CRSV) experience common conditions including chronic mental stress (Jaeger 2019, Amodu et al. 2020), depression (Ibrahim et al. 2018, Kizilhan et al. 2020b), chronic pelvic pain (Dos et al. 2015), and PTSD (Dossa et al. 2015, Owoaje et al. 2016, Ibrahim et al. 2018, Kizilhan et al. 2020a, Kizilhan et al. 2020b). For example, in a study of rape survivors from Sarajevo, 57 percent suffered from PTSD “more than 20 years after the start day of the war” (Anderson et al. 2019); avoidance coping strategies; perceptions of social rejection (Anderson et al. 2019, Ibrahim, et al. 2018), stigma, and shame (Anderson et al. 2019). Less commonly noted are disassociative (psychogenic non-epileptic) seizures (Kizilhan et al. 2020a), and sexually transmitted infections, including HIV (Ekezie et al. 2020).

Among survivors of CRSV in Bosnia and Herzegovina, researchers have identified a phenomenon they refer to as posttraumatic growth (PTG), “a beneficial change in cognitive and emotional capacities beyond previous levels of adaptation, psychological functioning, or life awareness” (Anderson et al. 2020). “PTG is triggered by the onset of a traumatic stressor, severe enough to challenge previously held beliefs; which is then followed by a pivotal second phase of reflective processing,” during which survivors restructure their assumptions and come to new understandings about the world and their place in it. “Bivariate correlations showed that higher levels of PTG were associated with greater optimism, greater approach coping strategies positive reinterpretation and planning, and lower avoidance strategies behavioral disengagement and substance use” (1). The authors explain that interventions to promote the use of coping strategies are important to post-traumatic growth. However, this study unfortunately does not measure the effectiveness of specific interventions.

Having looked at sample successful interventions, we next examine the literature to uncover which strategies and programs have not worked. There are also lessons for development programs herein.
SHORTCOMINGS OF CURRENT INTERVENTIONS TO PREVENT SEXUAL VIOLENCE: EVIDENCE FROM RECENT LITERATURE

Given the lack of systematic reviews of strategies to prevent CRSV, we first turn to a review examining 140 outcome evaluations of primary strategies to prevent sexual violence in any setting (DeGue et al. 2014).³ The researchers find that “the majority of sexual violence prevention strategies in the evaluation literature are brief, psycho-educational programs focused on increasing knowledge or changing attitudes, none of which have shown evidence of effectiveness on sexually violent behavior using a rigorous evaluation design” (emphasis added). The review concludes, “The dearth of effective prevention strategies available to date may reflect a lack of fit between the design of many of the existing programs and the principles of effective prevention identified by Nation et al. (2003).” The DeGue study does not specifically address CRSV. As we note, there is little evidence of effective prevention strategies even in non-conflict settings.

There is still less research on CRSV during complex emergencies, according to Stark and Ager (2011). According to the Report of the United Nations Secretary General 2019,

“It remains difficult to ascertain the exact prevalence of conflict-related sexual violence owing to a range of challenges, including underreporting resulting from the intimidation and stigmatization of survivors, as well as restrictions on access for United Nations staff. The present analysis is necessarily limited to incidents verified by the United Nations and cannot account for the vast number of unreported incidents that happen across the world. Unfortunately, most survivors of conflict-related sexual violence face daunting social and structural reporting barriers that prevent their cases from being counted, much less addressed” (2019, 5).

In a systematic review of the literature concerning GBV interventions among refugee populations, Tappis and colleagues (2016, 1) note “prevention activities/programs recommended by the global humanitarian community [include] … sociocultural norms change, rebuilding family and community support structures, improving accountability systems, designing effective services and facilities, working with formal and traditional legal systems, monitoring and documenting GBV, and/or engaging men and boys in GBV prevention and response.”

Similarly, Asgary, Emery, and Wong (2013, 88) in their review of GBV prevention strategies among refugees, find that many current practices emphasize preventing or reducing the consequences of GBV rather than preventing the violence itself. Primary prevention interventions include “transforming sociocultural norms, rebuilding family and community structures, effective services and facilities, working with formal and traditional legal systems.” A second type of program seeks to prevent possible health consequences of GBV; a third type focuses on treatment for health consequences of GBV (“antibiotic therapy, cognitive therapies, psychotherapy, psychotropic medications”). Thus, two of the three types of interventions do not address the root source of GBV, much less CRSV.

³ DeGue et al.’s 2014 review did not explicitly exclude the work of USAID or other development agencies; its selection criteria resulted in including mostly US-based studies. However, it is the only recent systematic review of studies to present GBV. Therefore, we are examining the DeGue review to gauge which interventions work in any setting (2014, 348). See www.sciencedirect.com/science/article/pii/S1359178914000536?via%3Dihub#ec0005 for a list of studies included.
As for the formats of interventions, Michau and colleagues expose the shortcomings of “smaller scale workshop-type activities focusing on [GBV] or large-scale public awareness campaigns seeking to bring attention to [GBV]” (Michau et al. 2015, 1674):

- The workshops often focus exclusively on raising awareness.
- Action often occurs without collective analysis. Programs often initiate the action phase without first building a collective understanding of violence against women and girls and determining the skills and support needed to make meaningful and practical change.
- Programs and program staff may not interact with each other because they often work with a single population group (e.g., men or women experiencing violence) or sector (e.g., health care, police, or judiciary), without making the necessary connections with other groups, issues, and institutions.
- Individual-level change strategies without community work can be ineffective.

Michau and colleagues conclude that efforts to change individuals’ attitudes have had little result, particularly in view of the scale of the problem. Community-level work is necessary to make broader and sustained change at a population level. Often this lack of integration results from the desire of a group to tackle some aspect of the problem of GBV, even when the group lacks adequate funding, capacity, and/or political will from needed partners; and communities, institutions, and governments are unable or unwilling to provide a broad framework to address GBV. Clearly, all of this becomes more complex in the context of CRSV.

**THE LIMITS OF FOCUSING ON “WOMEN’S” PRACTICAL NEEDS**

Researchers examining post-conflict reintegration programs in northern Uganda also stress the need to pay attention to both practical and strategic gender interests (Mulumba and Namuggala 2014). Many humanitarian programs address women’s practical needs (such as water, food, health, and income) to the exclusion of women’s strategic gender interests. Critical feminist analysis elucidates that focusing solely on practical matters leaves unequal power relations untouched (Moser 1993 and Molyneux 1985, as cited in Mulumba and Namuggala 2014). “Practical gender needs … are not women’s needs [only], but are associated with women, because women are just a delivery mechanism…. Strategic gender needs … as a result of [women’s] subordinate position in society” (29). Such needs relate to gender divisions of labor, power, and control, and may include issues such as legal rights, domestic violence, women’s control over their bodies, and equal wages. Meeting strategic gender needs would transform women’s lives, reduce their subordination, and enhance equality. Mulumba and Namuggala argue that attempts by the Uganda government, UN agencies, and NGOs “to satisfy practical ‘needs of women’” resulted in “unintentionally aiding perpetuation of gender inequalities,” because they did not intentionally address strategic gender needs (29). CRSV interventions thus will be shortsighted if they do not address the distribution of power by gender.
PROGRAM RECOMMENDATIONS:
TEN PRINCIPLES FOR EFFECTIVE CRSV INTERVENTIONS

The reviews of relevant CRSV intervention programs provide principles guiding effective interventions. Interventions may occur in three categories: prevention, including efforts to end impunity; coping and recovering, including PSS, physical health services, and mental health services; and access to justice and perpetrator accountability. Given the chaotic nature of emergency situations, CRSV interventions delivered during conflict may be unevenly delivered in all of these areas, and may vary according to length of the conflict. Examining the effectiveness of CRSV interventions may be more accessible during post-conflict reintegration. Taken from literature citing both conflict (e.g., Lilleston 2018; Mootz et al. 2017) and post-conflict interventions (e.g., Mulumba and Namuggala 2014; Namuggala and Kitende 2016), ten principles guiding CRSV interventions are summarized below.

1. Create theoretically grounded programs to prevent CRSV. Researchers note the need to design programs that are theoretically grounded (Lilleston 2018, 769). Such programs take into account not only practical examples that have worked in a number of settings, but also are built upon frameworks that have been tested in the social science or behavioral health literature. Four examples are listed below.

   • Sullivan’s Social and Emotional Wellbeing Promotion Conceptual Framework posits that domestic violence programs should create both individual and social change (Lilleston 2018). Women’s and girls’ self-efficacy is enhanced in environments in which communities are educated to embrace the agency of women and girls.

   • Theories of women’s empowerment and the social ecology of multifaceted violence can also be the basis for programs (as cited in Yount 2014). Political violence is meted at both individual and structural levels (Zerai 2014). Programs to address CRSV at the individual level will have limited effectiveness if the violence is not understood in context.

   • “[E]ffective prevention policy and programming is founded on … theory-informed models developed on the basis of evidence” (Michau et al. 2015), such as the integrated, ecological framework “that is widely accepted as a theoretical foundation for programming and research” (originally developed by Heise in 1998, and updated by Heise in 2011). The integrated ecological framework explains the origins of GBV and recognizes the interplay of personal, situational, and sociocultural factors. Researchers, practitioners, and NGOs created a theory-driven “Communities Care” model in Mogadishu, Somalia to promote a “community-based violence prevention and response programme to change harmful social norms that sustain sexual violence and other forms of gender-based violence (GBV) and strengthen the multiple sector response to survivors in humanitarian settings” (Glass et al. 2019).

   • Feminist theory in multiple forms, including decolonial feminist theory, and utilizing intersectional frameworks can be very instructive to program design. Understanding gendered power relations and the ways to subvert patriarchy to ensure women are well resourced can be crucial to families’ survival. “Meaningful change involves … [program] and policy designs grounded in a gender-power analysis” (Michau et al. 2015; noted by Mulumba and Namuggala 2014, Namuggala and Kitende 2016, Mootz, et al. 2017). Further, intersectional analysis that recognizes that individuals’ social and spatial locations vis-à-vis gender, age, sexual orientation and gender identity (Kiss et al. 2020), race, ethnicity, national origin, religion, and class status can mean huge variations in vulnerability to CRSV as well as inequitable access to resources to prevent or recover from CRSV. All should be considered in an inclusive development approach to program design.
2. **Recruit skilled staff who adhere to international standards for GBV service delivery and address CRSV with a social-justice orientation.** The second principle guiding effective interventions is to recruit skilled staff, especially social workers, who have been trained in a social-justice orientation (Namuggala and Kitende 2016), take a holistic perspective, and can assess community readiness for activities, build trust, and ensure confidentiality (Lilleston 2018, 767). Social workers have been trained to adhere to international standards for GBV service delivery (Lilleston 2018, 770ff.). These international standards include:

- Providing safe spaces for service delivery outside of conflict zones when possible, and where confidentiality can be maintained;
- Community engagement in key elements of program design and implementation;
- Mechanisms for safe, confidential referrals;
- A survivor-centered approach that gives priority to survivors’ rights, needs and wishes;
- Policies and procedures to protect clients’ confidentiality (e.g., to avoid drawing attention to Syrian women and girl refugees in Lebanon who were survivors, survivor-specific services were integrated into other IRC programming [Lilleston et al. 2018]);
- Accessible services (including psychosocial and mental health support) that address social and structural factors that might prevent individuals from seeking services.

3. **Design programs to address CRSV to align with principles of effective prevention.** Effective programs should align with the effective prevention strategies identified in the literature (Nation et al. 2003 as cited in DeGue et al. 2014, Blay-Tofey and Lee 2015). After studying programs to prevent youth violence, illicit drug use, and “delinquency,” Nation and colleagues identify nine principles of effective prevention. These include comprehensive programming, and interventions that “included varied teaching methods, provided sufficient dosage, were theory driven, provided opportunities for positive relationships, were appropriately timed, were socio-culturally relevant, included outcome evaluation, and involved well-trained staff” (2003, 449).

While Nation and colleagues’ research was focused on the US context, scholars working in other settings consistently cite the principles they identified. For example:

“[I]n low-income and middle-income countries, … research focused on violence prevention [provides] promising evidence on the effect of group training for women and men, community [mobilization] interventions, and combined livelihood and training interventions for women. Despite shortcomings in the evidence base, several studies show large effects in programmatic time frames. Across different forms of violence, effective [programs] are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision making among family members, as well as non-violent behavior” (Ellsberg et al. 2015, 1555).

Blay-Tofey and Lee (2015) argue that conflict-related GBV interventions fall into four categories: individual, relational, community and institutional. “Individual interventions towards GBV focus on the maintenance of the mental health of individuals affected by conflict,” they point out, and cite studies that show “therapeutic repair in relationships is integral to the alleviation of GBV in its prevention and providing services to survivors.” Further, “community interventions should integrate health related support in which health is defined as the dimension of relationships between persons and groups and
not only as an individual condition of disease.” As for institutional interventions, the authors focus on post-conflict, and posit, “State institutions must take into consideration the importance of individual and community efforts towards repairing the health and psychological toll accrued during conflict” (Blay-Tofey and Lee 2015).

4. **Women may find opportunities when crisis prompts social transformation.** Displacement creates challenges, vulnerabilities, and general underdevelopment, but may also offer opportunities through social transformation. Women’s lives can change positively when they assume new roles and responsibilities and attain access to and control over resources and decision-making, but these benefits depend largely on women’s self-resilience and confidence:

> “Despite the well documented body of knowledge relating to gender, armed conflict and displacement, thorough examination of war experiences and women’s resilience and capabilities remains demanding. It is a disfavor to treat women as non-actors, mere victims and vulnerable. Although conflict and displacement disfavor women [conflict negatively affects men and boys as well], it is important to understand how women survive amidst such situations without relegating their social and cultural responsibilities” (Mulumba and Namuggala 2014, 37).

5. **Policymakers, civil society, and religious and cultural institutions need to appreciate women’s new positions in post-conflict settings.** In conflict settings, women often take on new positions as household heads, primary earners, and single mothers, and these must be recognized and respected by leaders and institutions. This entails recognizing women’s agency and confronting patriarchal structures at household and community levels, according to Mulumba and Namuggala (2014). These include land ownership, access and use, control over women’s bodies and mobility (2014, 36). They recommend ways policymakers can help women benefit from their newly attained independence. “Government should consolidate and institutionalize women’s gains in post conflict programs. Strategic measures should be taken to involve women in planning, implementation and evaluation of post conflict programs. Female-headed households should be supported through affirmative action. Women should be supported to take up political and leadership positions in order to keep involved in important decision-making processes and further women’s demonstrated leadership skills” (Mulumba and Namuggala 2014, 36). Women, especially as household heads, should be provided special access to loans, jobs, and education.

A number of strategies contribute to a comprehensive approach to supporting women as they cope with and recover from CRSV. One way to encourage women’s involvement in political processes is to set aside a designated minimum number of parliamentary seats for women. Benefits cited from women’s political participation and seats in parliament abound in the literature (Gaidzanwa 1999; Semu 2002, 2005; Campbell 2003; WOZA 2007; Women in Politics Support Unit 2008; Gama 2013; Chingwete et al. 2014; Masina 2017; Mutungi 2016; Kayuni and Chikadza 2016; Amundsen and Kayuni 2016). Gender parity in education, women’s access to information and communications technology (Zerai 2019), equal pay for equal work, and free and fair elections all contribute to women’s effective political participation and involvement in making decisions.

6. **Credit women for their ability to devise and implement survival strategies for their families during and after conflict.** Anyone seeking to reduce and recover from CRSV in conflict and post-conflict zones must recognize that women will devise and implement survival strategies for their families (Mulumba and Namuggala 2014). Some strategies may be more sustainable than others. Mulumba and Namuggala (2014) find that displaced women’s strategies may necessarily include risky behavior like prostitution. It is crucial for those working with displaced women to appreciate their
tenacity in providing for their families, and work with them to “aim for strategic long-term empowerment [and sustainable] survival strategies” (Mulumba and Namuggala 2014, 36).

7. **Intervention actors should operate through the newly emerging post-conflict social structures instead of the old patriarchal ones.** Although potentially difficult, actors should partner with women to support emerging social structures that recognize their agency rather than relying on old familiar social structures that reinforce patriarchy. Addressing gender sensitive responses to post-conflict reintegration in northern Uganda, Mulumba and Namuggala note that humanitarian agencies need to operate through the new structures from which women have gained power instead of pre-conflict patriarchal structures that downplay women as social actors. Humanitarian agencies can also advocate for attitudinal change among community members in support of new post-conflict roles for women (Mulumba and Namuggala 2014, 36).

8. **Technical and agricultural assistance in post-conflict settings should target production systems managed by women.** This principle follows directly from the previous. For women coping and recovering from CRSV, economic independence is vital. Culturally and socially appropriate technology coupled with skills development can enable women’s use of new technology (Mulumba and Namuggala 2014, 37). Whereas agricultural technology has often resulted in women being disempowered, refocusing technical and agricultural assistance to target production systems managed by women may initiate a sea-change in women’s productive capacities, power relations within families, and provide much needed resources for food, shelter, health, and education.

9. **Reintegration programs for refugees and other displaced persons must incorporate psychosocial services to deal with changing gender roles.** While not every person who loses status or privileges resorts to violence, on the basis of Mulumba and Namuggala’s focus group and interview data collected among formerly displaced Ugandan families, “[men’s loss of patriarchal] privileges [may] cause trauma resulting into violence, resistance and lawlessness. … Consequently, [reintegration programs could help women recover from CRSV and] reduce domestic violence while facilitating more engagement in livelihoods improvement” (Mulumba and Namuggala 2014, 37). Addressing the need for psychosocial support services may end the cycle of violence spurred by conflict in the first place.

10. **Design multifaceted CRSV interventions.** CRSV results from intersecting and mutually reinforcing causes; therefore, addressing it requires multi-pronged efforts, including activism (large-scale struggles against authoritarianism and sectarianism, as well as local action focused on preventing and addressing CRSV); outreach and prevention efforts that focus on the individual, family, and community; legal and policy reforms (important, but not as useful without the above-noted elements); and raising awareness (including data collection, social media campaigns, and outreach by civil society organizations). Prevention efforts and training must be pitched to varied audiences with varied expectations, as noted above (Michau 2015). These stakeholders include armed forces (Bailliet 2007); police and jail/prison guards; educational personnel (professors, lecturers, teachers, administrators, and other staff, including those in charge of student housing); health professionals and staff; civil service professionals and staff. Program developers should also encourage training in NGOs and the private sector. Training aimed at young people must provide age-appropriate content to school-aged children, high-school/college students, displaced youth who may or may not have access to school, and other relevant stakeholders.

We urge development agencies to adopt the strategies and best practices garnered from successful programs, and offer further suggestions for policy changes below.
POLICY RECOMMENDATIONS

The literature suggests a variety of practices and approaches to address and prevent CRSV and enable recovery for women survivors and their families. Having reviewed successful and less-than-successful interventions, we formulate policy recommendations, organized by the following categories: preventing CRSV; screening procedures to identify survivors; documenting and creating public awareness of CRSV; citizen advocacy around legal protections; access to justice for survivors; addressing the transformation of gender relations and strategic gender concerns; and establishing coherent national action plans for addressing GBV overall.

Preventing CRSV. The United Nations and other institutions have taken actions in the past 10 years to help prevent CRSV. For example, UN Security Council Resolution 2467, passed April 29, 2019, called upon “warring parties around the globe” to end CRSV. The governments of Iraq, Norway, Somalia, and the United Arab Emirates, as well as several NGOs including the International Committee of the Red Cross and UN Office for the Coordination of Humanitarian Affairs, supported an anti-CRSV campaign (Steinberg 2010). The 2014 Preventing Sexual Violence in Conflict Initiative (PSVI) (Post-Conflict Research Center 2014) and the UN’s 2015 establishment of June 19 as the International Day for the Elimination of Sexual Violence in Conflict (UN 2020) sought to bring attention to the need to prevent CRSV. Despite these efforts, “less than 1 percent of all funds channeled to humanitarian assistance” address CRSV (UN OCHA 2019). Forums such as the Norway conference are criticized as not going far enough, because, as decried by Reis and Berry (2019), “language in high-level forums doesn’t always translate to impact on the ground” as, “many survivors, ... still do not have sufficient care” (Casey 2015; UN Secretary Council, as cited in Reis and Berry 2019).

Given the nature of CRSV in conflict and emergency situations, prevention is exceedingly difficult. The main recommendations in the literature for preventing CRSV follow.

In 2010, the United Nations established the Civil Society Advisory Group on Women, Peace, and Security (CSAG) to advise the Secretary General and the High-Level Steering Committee of UN agencies and entities on ensuring a coherent and coordinated approach to protecting women’s rights during armed conflict and ensuring their full participation in all conflict prevention, peace-building, and post-conflict reconstruction processes” (Steinberg 2010). A working group derived from this effort offered 14 recommendations for preventing and responding to CRSV that were mostly focused on the details of international agency cooperation to coordinate efforts. Recent reports, such as the Conflict Related Sexual Violence Report of the UN Secretary-General (2019) continue to build from these recommendations.

The working-group recommendations point to holding state and “non-state actors accountable for their actions in preventing and responding to sexual violence, including refraining from their own abuses, prosecuting individuals engaged in such practices, and taking affirmative action for protection” (Steinberg 2010, 3). They also recommended establishment of a “watch-list of countries and non-state factors failing to meet minimum standards in this regard as a mechanism to ‘name and shame’” (Steinberg 2010, 3). Another recommendation highlights the need for women refugees and IDPs to be fully integrated “in all protection and response programs, under the concept, ‘nothing about us without us’” (Steinberg 2010, 4). This recommendation is consistent with the principles noted in this review. Concomitantly, another recommendation indicates, “lead negotiators of peace processes and heads of peace agreement implementation bodies should insist that women in general, and refugee and IDP women in particular, have a seat at the table and are empowered to play their full role in such processes.” The final recommendation directly addressing CRSV prevention, insists that “international and national policymakers should fully consider issues of human security, and in particular the potential impact of
their security decisions on women when formulating security policy, …[refraining] from ill-advised and ineffective actions against insurgent groups[,] if they are likely to result in mass retaliation against civilian populations, including killings, rapes and displacement of women and women-led households” (Steinberg 2010, 5). The other recommendations focused on interventions after the occurrence of CRSV rather than prevention. With the exception of recommendations concerning incorporating women in program design and decision-making, the literature lacks studies providing evidence on the effectiveness of these interventions.

 Screening to identify survivors. Given that CRSV most often occurs in emergency contexts, the bulk of the recommendations are focused on interventions after CRSV has occurred, and preventing CRSV post-conflict. Above all, it is important to adopt a simple-to-use screening tool to identify CRSV survivors, and to ensure that such a tool is consistent with the “Do No Harm” approach (as noted by UNHCR). We recommend utilizing the Assessment Screen to Identify Survivors Toolkit for GBV (ASIST-GBV), developed by Johns Hopkins University, which is a “validated brief and easy to administer screening tool that is helping service providers identify [CRSV/GBV] survivors and refer them to appropriate … services” (Vu et al. 2016, 1). ASIST-GBV is a set of seven straightforward questions that can identify survivors of GBV, even in conflict settings (see Table 1, Annex). Patients living in refugee camps have confirmed the acceptability of universal screening utilizing ASIST-GBV (Vu et al. 2017), and women refugees in Uganda (Undie et al. 2016) and other emergency settings have found routine screenings for GBV acceptable. Note that although the ASIST-GBV screening has been validated, it should consider including a question on non-physical acts of violence such as mental, emotional, and economic abuse.

 Effective intervention programming, documenting CRSV and raising public awareness, citizen advocacy for stronger legal protections, and access to justice are important to combat GBV. These are discussed below.

 Adopt the most essential elements of CRSV intervention programs. We recommend the adoption of the five essential elements of CRSV intervention programs discussed in the previous section. They are: (a) needs assessments and soliciting survivors’ input on needs and program design; (b) recognizing and addressing limiting factors that may affect level of uptake of interventions; (c) using women-led and gender-sensitive teams in program design and implementation; (d) hiring trained and skilled technical experts; and (e) using program staff who recognize the need to acclimate communities to new initiatives designed to bring about change, and staff that can build complementary working relationships with other efforts that complement anti-GBV work so that new initiatives avoid duplication or competition with other services. These evidence-based elements are proven effective, as demonstrated by examples of programs from various countries—in Guatemala and Syria—incorporating these key features.

 Given that even peacekeeping forces commit GBV, blogger and foreign policy analyst Julia Zimmerman recommends mandatory training for these forces. She notes, “in the case of Kosovo and the KFOR and UNMIK missions led by NATO and the UN respectively, there were recorded cases of forced prostitution and sex-trafficking where peacekeepers participated in or, in some cases, took the lead.” In addition to e-training that is already mandated, she suggests implementing a week-long in-person “instruction on preventing and responding to CRSV, human rights law, humanitarian law, NATO and EU guidelines, SEA [Sexual Exploitation and Abuse] policy and other policy and relevant laws.” While member states of NATO have endorsed making in-person training mandatory, it has not yet been made so for all peacekeepers (Zimmerman 2018).
Document and inform the public about CRSV. It is hard to combat a problem without knowing and understanding the details. There are several ways to document and create public awareness of CRSV. Truth commissions have been important in this process, especially in regards to raising public awareness. As noted by Mariana Mora, “truth commissions and other institutional processes mandated to clarify the events occurring during armed conflicts require methodologies that can identify different forms of violence perpetrated against specific population groups, including, but not limited to, women” (Mora 2013, 1). Telling the truth about events provides important data to policymakers, and is crucial to the healing process for survivors (Mora 2013, 6). Finally, in regard to data policy, the literature emphasizes that a lack of comparable data, or indeed any data at all, is a major impediment to creating effective community, national, and regional policy and practice (Stark and Ager 2011; Yount et al. 2017), especially in humanitarian crises characterized by displaced populations. “Direct comparison across studies is difficult due to using different recall periods, different case definitions [or not providing them at all], targeting different groups of women, and other methodological variations… Some sort of standardization at least for certain categories of violence” is needed. As noted by Stark and Ager, “the time has come to professionalize the field of international protection—and consistent obtainment of a clear numerical picture of GBV is key to this forward development” (2011, 133).

Engage citizen advocacy for stronger legal protections. Broader public awareness of CRSV, and empowering survivors to disclose the violence they have experienced, build capacity for citizen advocacy for stronger legal protections. “Citizen participation is key, both when recognized as part of judicial reforms, as the case of Colombia illustrates, as well as when victims are closely accompanied by NGOs…. Such participation permits not only identifying the scope and impact of crimes of sexual violence, but also plays a key role in designing population-specific reparations that respond to the particular ways in which women victims are impacted by armed conflicts” (Mora 2013, 6). The United Nations has worked to enhance legal protections of survivors. For example, the UN “Action network …supported two projects in Iraq, one focusing on providing legal aid to survivors and the other on coordinating assistance for children, including those born of rape. Furthermore, the network funded projects in Jordan and Lebanon, the main beneficiaries of which were Syrian refugees, aimed at strengthening the prevention of conflict-related sexual violence through improved access to justice and engagement with community leaders” (UN Secretary General 2019, 4).

Provide access to justice for survivors, and transform the legal apparatus to keep pace with emerging forms of CRSV and all GBV. Mariana Mora warns, “Latin America’s experiences show how recognizing that armed conflict differentially impacts specific sectors of society permits the unearthing of those crimes that are most difficult to identify and document, and that without such a perspective, many crimes perpetrated against women may remain invisible, hence limiting victims’ access to justice and reparation” (2013, 6). She further notes that, “advances in terms of legal reforms and truth commissions, while effective in locating the differential effects of war conflicts,… do not necessarily translate into profound reparations and the sentencing of those guilty of committing the crimes. In Latin America and beyond, approaches should recognize that such challenges stem from broader flaws in national justice systems and the lack of political will of key branches of government” (2013, 6).

Sebastián Essayag/UN Women (2017, 8) recommend implementing comprehensive laws on violence against women to “address the various forms of violence against women—which vary by country—which were not highlighted at the time of the adoption of the Convention of Belém do Pará” [1994 Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women].” These include “forms of violence against women [that are] perpetrated in … the public domain, for example the violence orchestrated against women in the street, transportation systems, recreational spaces, education facilities, in the framework of armed conflict, as a result of migratory phenomena, among other ‘new criminal contexts’ such as drug trafficking, or juvenile criminal gangs, which, in turn,
demarcate 'new territories’ that are the ‘targets of attack’ of new expressions that violence against women assumes and affects their psychophysical, emotional and economic integrity and thus limit their personal development and growth capacities and their participation in developing nations” (UNDP and UN Women 2013, 17).

In addition to recognizing new forms of CRSV, Essayag/UN Women recommend that laws and policies must account for “the diversity of the social group of women, since they consider that violence does not affect all women in the same way.” Essayag/UN Women underline the points expressed earlier in this review about the importance of understanding this diversity intersectionally. They state, “we know that some groups of women are in more vulnerable positions due to specific conditions that exacerbate violence against them: ethnicity, socioeconomic status, political ideology, sexual orientation, national or social origin, marital status, age group (girls, adolescents, adults and old adults), level of education, place of residence (women living in urban or rural areas), being deprived of liberty, for prostitution, for living with HIV/AIDS or having a mental or physical disability, among others (ibidem)” (Essayag/UN Women 2017, 15-16). Other authors point to the need to include sexual minorities in policy and health interventions (Kiss et al. 2020).

The Essayag/UN Women report also recommends policies that ensure comprehensive care of the survivors by providing “prevention, care, punishment and reparation measures and, in coordination with various [institutional and social actors], ensuring gender mainstreaming in the formulation and implementation of public policies, access to justice, research and measurement of violence against women, among other benefits” (16).

**Transform gender relations, and address strategic gender concerns.** Several authors in this review point to the need to transform underlying gender relations during post-conflict and post-conflict reintegration (Al-Ali 2018, Banwell 2015, Essayag/UN Women 2017, Fitriyah 2016, GBV AoR 2019, Mulumba and Namuggala 2014, Molyneux 1985, Namuggala 2011, Tadros 2019, Zerai 2014). Mariana Mora summarizes this point well. “[A]s implemented in the region, a gender-approach to identifying the causes and consequences of violence during armed conflicts can highlight the ways that violence against women exists independently of armed conflicts. This has direct impacts in the definitions of reparations for victims of gender violence, understood not in terms of a return to prior sociocultural conditions, but rather as a necessary transformation of those conditions in order to address the structural roots of violence against women” (Mora 2015, 6).

**Establish specific national action plans on Violence against Women (VAW) and CRSV and consistency between policies and action plans.** The Essayag/UN Women report recommends that governments establish specific national action plans on VAW, and frame their legislation on the relatively new crimes (such as drug trafficking, cyber-crime, and violence against women) in the context of armed conflicts, political violence, etc. (2017, 14). We suggest taking this a step further. Host governments should integrate CRSV into their national action plans on women, peace, and security instead of creating new ones. As argued by Essayag/UN Women, national plans on VAW are only effective when they are consistent with policies. “A law that is not regulated is a form of veto and a ‘silent’ way of exercising violence by the State, this time by default, the State violates the principles established by the rights and guarantees which cannot be denied nor limited by default or failure to regulate; and these cannot be severed, with the added effect that this omission additionally implies blockage to legislative will” (73).

To support action plans, the report suggests, incorporate institutional mechanisms for the prevention, treatment, punishment, and redress of violence against women, and for the monitoring and evaluation of national policies and/or plans (52). Finally, we need to strengthen the political leadership of the
governments covered by the UN’s Institutional Mechanisms for the Advancement of Women (MAW). “Besides the lack of budget, the MAW suffer from a high rate of rotation of the authorities in charge, which has a negative effect on the continuity and sustainability of the policies and [programs]. … It is advisable to initiate a thorough debate in the social and parliamentary realms so that the fight against violence toward women is not only a policy for the government in power, … but rather, … should be elevated to state policy with a constitutional status” (75).

The Essayag/UN Women advice about establishing appropriate law and policy, fit between policy and action plans, designated leadership and resources to implement plans, and oversight to ensure accountability are all relevant recommendations for CRSV national and international plans and actions going forward.
## ANNEX A. GBV SCREENING QUESTIONNAIRE

### Table 1. GBV Screening Questionnaire

<table>
<thead>
<tr>
<th>GBV Screening Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past year, have you been threatened with physical or sexual violence by someone in your home or outside of your home?</td>
</tr>
<tr>
<td>2. In the past year, have you been hit, punched, kicked, slapped, choked, hurt with a weapon, or otherwise physically hurt by someone in your home or outside of your house?</td>
</tr>
<tr>
<td>3. In the past year, were you forced to have sex against your will?</td>
</tr>
<tr>
<td>4. In the past year, were you forced to have sex to be able to eat, have shelter, or have sex for essential services (such as protection or school) because you or someone in your family would be in physical danger if you refused?</td>
</tr>
<tr>
<td>5. In the past year, were you physically forced or made to feel that you had to become pregnant against your will?</td>
</tr>
<tr>
<td>6. In the past year, were you coerced or forced into marriage?</td>
</tr>
<tr>
<td>7. In the past year, were you coerced or forced to have an abortion?</td>
</tr>
</tbody>
</table>

*If yes to any of items 1 to 7, the woman has screened positive for gender-based violence. If positive screen, please ask:*

8. Would you like to talk to someone or learn more about services for women who have experienced gender-based violence?

ANNEX B. SOURCES OF INFORMATION

SOURCES OF INFORMATION


www.ncbi.nlm.nih.gov/pmc/articles/PMC7068277/


www.semanticscholar.org/paper/Systematic-review-of-prevention-and-management-for-Asgary-Emery/28f0a9ed963d8ef9982cfe361e15979d97f991d3


Dossa, Nissou Ines, Maria Victoria Zunzunegui, Marie Hatem, and William Donald Fraser. 2015. ”Mental Health Disorders Among Women Victims of Conflict-Related Sexual Violence in the Democratic Republic of Congo.” *Journal of Interpersonal Violence* 30 (13): 2199-2220.


OECD Development Centre. 2018. Social Institutions and Gender Index (SIGI) Reports, by country. www.genderindex.org/


