Report

Preventing sexual violence initiative: shaping principles for global action to prevent and tackle stigma

Monday 28 – Wednesday 30 November 2016 | WP1508

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Terminology and Scope

This report uses the general term 'survivor/victim' to describe a person who has suffered sexual violence in conflict (SVC)[1] , while acknowledging and respecting each individual's right to choose the most appropriate language to express their experience.

The report does not seek to reflect the individual experiences of survivors/victims who participated as experts at this event. It is a summary of the main discussion points and outcomes from the dialogue.

> "Stigma is not an inevitable or unavoidable consequence of SVC"

Executive summary

A three day expert roundtable meeting was convened to inform the UK's Preventing Sexual Violence Initiative (PSVI) priority of tackling and preventing stigma suffered by survivors/victims of SVC. The overarching aim of the meeting was to contribute to the development of principles and recommendations to tackle and prevent such stigma, for inclusion in a Global Action document ('Principles for Global Action'). The final document will be used to mobilise increased political will and resources to prevent and tackle SVC-related stigma; including a launch at the United Nations in 2017.

SVC-related stigma is a cross-border, cross-societal phenomenon that can be experienced by women, men, girls, boys and children born of rape, in conflict and post-conflict states. Stigma has multi-dimensional causes and consequences and may impact not only upon individuals, but at family, local, national and international levels.

Stigma can manifest in a variety of ways, potentially depriving survivors/victims of their full life chances, dignity and, in some cases, their lives. It may prevent or impede access to the support and practical resources survivors/victims need to recover and produce individual and broader adverse health, socio-economic and political effects.

Stigma is not an inevitable or unavoidable consequence of SVC.

Urgent action to prevent and address stigma may be life-saving, empowering and transformative for individuals and societies in conflict and post-conflict situations. Survivor/victim voices, needs and rights must remain at the centre of efforts to address this phenomenon.

Meeting participants included survivor/victim groups, community and faith leaders, government, legal and medical experts, media, military, police, regional and multilateral bodies. Representatives from a range of conflict and post-conflict countries were in attendance: Afghanistan, Burundi, Bosnia, CAR, Kenya, Kosovo, Iraq, Nepal, Nigeria,

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[1] For the purpose of this report, SVC should be understood as including acts under the United Nations' definition 'conflict-related sexual violence': 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 (temporally, geographically or causally) to a conflict.

Colombia, Sri Lanka, Syria, Uganda, Myanmar and the Democratic Republic of Congo. The meeting built on earlier workshops[2] convened in some of these countries to draw on national/local experiences, challenges and best practices in addressing stigma.

The following six draft recommendations for the Principles for Global Action to prevent and address stigma capture recurring themes and needs expressed by participants as priority issues[3]:

- **Global network of survivors/victims:** Create and sustain an international platform for survivors/victims, which provides a safe space to have a voice, share stories and be empowered.

- **Resourcing and sustainability:** Sustained long-term support to and resourcing of grassroots organisations that work to tackle stigma related to SVC, providing a continuum of care across humanitarian and development responses.

- **Meaningful engagement of survivors/victims:** Ensure the meaningful engagement of survivors/victims at all stages of policy, programme design and decision-making processes that affect them and their wider communities.

- **Training and education of responsible stakeholders:** Ensure training, education and awareness raising of stakeholders and duty-bearers (parents, teachers, peers, community leaders, faith leaders, media etc.) integrates knowledge of stigma in a way that is fit-for-purpose and long-term.

- **Protection and security:** Ensure that survivors/victims (inclusive of women, men, girls and boys) can access the services created for them safely and in a timely way, and that they are protected throughout the journey of recovery, reintegration, rehabilitation, and follow-ups.

- **Domesticate international policies and laws:** Ensure domestic, local law and policies comply with international human rights, humanitarian and criminal law.

Background: Preventing Sexual Violence Initiative and Stigma

1. Sexual Violence in conflict is an international crime and scourge of humanity whose prevalence in conflict and post-conflict countries continues to threaten international peace and security. In 2012, the United Kingdom launched the PSVI[4] with the goal of galvanising the international community into tackling SVC, by breaking the international silence and ending the culture of impunity.

2. The first Global Summit on Sexual Violence in Conflict was held in London in 2014 and convened over 120 states and other stakeholders. At the Summit, the international community condemned the use of SVC as a 'weapon of war' and denounced rape and other serious forms of sexual violence as international crimes.[5] One key outcome was a commitment to provide support for survivors/victims of SVC. To this end, one focus of the current PSVI campaign is on tackling and ending stigma, a 'secondary impact' of SVC which can result in survivors/victims suffering long after the initial crime, with intergenerational effects for children born of rape.

Defining and Conceptualising Stigma

3. SVC is committed against women, men, girls and boys and failure to recognise this can itself create stigma. Stigma may affect such individuals and children born of rape in

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[2] The workshops were also informed by prior NGO and PSVI Champion working group meetings.

[3] Participants discussed 6 of the 14 draft recommendations formulated on the final day of the conference. Meeting participants will be discussing the remaining recommendations for inclusion in the Principles for Global Action document in early 2017.

[4] https://www.gov.uk/government/policies/sexual-violence-in-conflict

[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/390742/PSVI_post_summit_report_Online2.pdf

different ways. It can broadly be categorised as 'external' (stigma imposed on survivors/victims by others) and 'internal' (stigma internalised by survivors/victims, including self-blame and shame).

4. It is neither possible nor appropriate to offer a universal definition of 'stigma'. What is understood by 'stigma' and its particular manifestations can differ across countries and communities, informed by national and localised norms and attitudes. While there may be common elements, each individual's experience is specific to them.

5. Participants acknowledged the moral and ethical challenges of seeking to conceptualise and address stigma and its effects. The conference itself was part of a social process which sought to define parameters, including identifying who may be at risk and consequently who needed support and resources. At any stage of efforts to construct and implement the Principles for Global Action to eliminate stigma, there is an inadvertent risk of creating or compounding it. This risk should be managed and mitigated in stakeholder contributions and policy development, alongside the inevitable scope for bias, false assumptions and stereotypes.

The Impact of Stigma

Diversity and Intersectionality

6. The experience and effects of stigma upon women, men, girls and boys can be complex and diverse. Developing successful strategies to prevent and eliminate stigma requires an understanding of pre-existing inequalities and discrimination within societies. Individuals and groups who are stigmatised before armed conflict takes place may be particularly vulnerable to both SVC and related stigma.

7. Policy makers and other stakeholders should apply an intersectionality lens, recognising that people can face multiple threats of discrimination and stigmatisation due to their actual or perceived identities overlapping different minority classes; for example, race, age, ethnicity, disability, sexual orientation and sexual identity.

8. Intersectionality can also impact on how stigma is experienced. For this reason, generalised propositions about stigma's effects on women, men, girls, boys, and children born of rape must be approached with caution.

9. In addition, failure to acknowledge the scope and diversity of survivors/victims and perpetrators in laws, policies and every day discourse itself produces stigma.

Physical, Psychological, Economic, Political and Social consequences

10. Various physical, psychological, economic, political and social consequences of stigma are experienced by survivors/victims and children born of rape, across different countries. Effects are also experienced at family, local, national and international levels.

11. The impact of stigma includes: direct and indirect threats to the lives of survivors/victims and their families, encompassing suicide, domestic and intimate partner violence, so-called 'honour' crimes, survivor/victims returning to unsafe, at-risk environments; shame; silence; re-traumatisation; harmful impacts of long term SVC-related health issues (e.g. sexually transmitted diseases, impotence, fistula and other damage to sexual organs, loss of interest in sexual relations, post-traumatic stress disorder (PTSD) and other mental health issues); forced pregnancy; forced abortion and forced marriage. Stigma may also result in under reporting of SVC and impunity for criminal acts.

12. In addition, discrimination, social exclusion, spousal or familial abandonment, infidelity, loss of individual/family educational and economic opportunities, poverty, forced prostitution and other forms of sexual exploitation including human trafficking may occur.

"SVC is committed against women, men, girls and boys and failure to recognise this can itself create stigma"

"While there may be common elements, each individual's experience is specific to them"

"generalised propositions about stigma's effects on women, men, girls, boys, and children born of rape must be approached with caution"

13. General concerns were raised that children born of rape are 'falling through the cracks'. This particular group was not directly represented at the conference, but their needs were discussed. Different societies often refuse to accept and integrate children born in captivity and some babies are rejected by their traumatised mothers. Lack of access to birth registration documentation can result in unanswered questions about parentage and statelessness. Discrimination can impact on educational, other life opportunities and enjoyment of basic rights.

14. In Northern Iraq and Nigeria some children are being stigmatised as 'Isis babies' and 'Boko Haram' babies, respectively. Naming practices which identify children as born of rape can have harmful impacts on them throughout their lives.

A Multi-Dimensional Understanding and Approach

15. An effective and comprehensive response for tackling stigma will require recognition by national authorities and the international community that the root causes and effects of stigma are multi-dimensional. Whilst the primary focus must remain on direct survivors/victims, recognition of the broader societal, national and international consequences of stigma is likely to help incentivise and mobilise political action. Stigma's wide ranging effects can include impeding or preventing conflict resolution, justice, accountability, reconciliation, development, human rights and peacebuilding.

The Root Causes of Stigma and its Manifestations

16. Structural discrimination, societal, gender, political, cultural and religious norms and attitudes are among the root causes of stigma. In addition, they impact on the particular formation, display and consequences of stigma across countries and communities. The identities (including intersectional identities) of survivors/victims may also affect how stigma is experienced.

17. How can entrenched norms, patriarchal structures and hyper masculine institutional cultures be overcome and broken down? Can stigma be eliminated without addressing existing discrimination and inequalities, particularly gender inequality and 'everyday violence'? How to incentivise change for patriarchies and power holders who often benefit from the status quo?

18. A key resolution from the UN Security Council's Women, Peace and Security agenda (UNSCR 1820) recognises that preventing sexual violence against civilians entails debunking the myths which fuel it. The same imperative holds true for stigma prevention and elimination. For example, 'rape myths' propagate false ideas that victims/survivors are somehow to blame for crimes committed against them.

19. Problematic norms relating to women, men, girls and boys permeate societies, producing harmful effects upon individual survivors/victims. Religious norms can incite dangerous, false ideas that survivors/victims of SVC are sinful, generating a harmful 'victim blaming' culture which entrenches stigma.

20. Damaging norms which promote women as chattels, sexual objects and inferior to men allow and enable stigma. Narratives of entitled masculinity also seek to normalise and legitimise SVC. Religious/ and cultural norms can lead to rape being considered a form of 'unplanned marriage' and some women and girl survivors/victims of SVC may be forced to marry their perpetrators.

21. Destructive stereotypes of masculinity, femininity and prejudicial cultural/religious norms regarding homosexuality also produce stigma. They can also result in men becoming targets of SVC, sometimes motivated by the goal of creating stigma by imputing a homosexual identity to male survivors/victims. Some men have been accused of pretending to have been raped and have been arrested due to laws

criminalising homosexuality.

22. Dangerous ideas that sexual violence is 'cultural', rather than criminal and which seek to normalise SVC through honour/shame codes also continue to abound.

23. In order to tackle the root causes of stigma, intimate partner violence should be included in conversations about SVC. Otherwise, the international community risks becoming complicit in silencing and normalising such violence. Intimate partner violence cannot be artificially divorced from SVC and underlying norms which fuel both sexual violence and stigma.

General Challenges in Tackling Stigma

24. In addition to entrenched societal norms and behaviours, there are a number of further challenges to addressing and preventing stigma, including:

- **Data collection:** Full empirical data about the frequency, nature and function of SVC is not currently available, in part due to under reporting. Reliable data on SVC against men is a particular challenge.

- **Lack of awareness, expertise and training:** Untrained/ill-equipped service providers, responders and researchers may create or compound stigma through their interaction with survivors/victims. There is insufficient global expertise in the areas of child protection, gender, sexual violence against men, women, girls and boys.

- **Maintaining principles of 'Do No Harm', confidentiality and avoiding bias:** Lack of influence of survivors/victims means such principles may not be tailored or implemented appropriately in operational environments. Structural, institutional bias and broken confidentiality can cause harm and compromise the dignity and safety of affected persons.

- **Language:** Stigma can be created and compounded by language, including words imposing identities or narratives on survivors/victims or their experiences.

- **Survivor/victim and perpetrator myths**: Myths which suggest that only women and civilians can be survivors/victims and obscure the reality that men and women, international forces, peacekeepers and other 'protectors' can be perpetrators, are dangerous and stigmatising.

- **Lack of political will and civil/state coordination:** Many countries fail to address SVC and stigma as they do not want to develop reputations as 'rape capitals' or suffer the potentially negative impacts of being seen as such. The international community needs to change the calculus for state silence, denial and inaction. An undue burden is being placed on NGOs to plug the gap and there remains a disconnect between international/national/grassroots levels and a lack of civil society/government coordination.

- **Resources:** The absence of sustained funding, limited capacity of service providers, institutional bottlenecks and equitable, needs-based distribution between international NGOs and grassroots organisations remain problematic.

- **Greater support for Disarmament, Demobilisation and Rehabilitation (DDR) than for the survivors/victims of SVC:** Greater UN resources and political attention are being directed towards the rehabilitation and reintegration of perpetrators than to survivor/victim support.

- **Fractured and Inconsistent approaches:** Insufficient focus on prevention and siloed short-term approaches that do not provide a continuum of care (including to refugee survivors/victims) undermine the efficacy of SVC and stigma reduction and responses. Inconsistent approaches across countries' governmental

departments can similarly undermine efforts.

- **Multiple legal obstacles:** These include innately discriminatory legislation, legal frameworks that tolerate certain forms of sexual violence or criminalise victims/survivors, impunity and visible and invisible barriers to justice (e.g. corrupt police/legal systems).

THEMATIC DISCUSSIONS

25. In breakout groups, experts explored particular challenges and potential solutions around five key themes: (i) Judicial and Legal, (ii) Police, Military and Peacekeeping, (iii) Health, (iv) Media, Education and Advocacy, (v) Faith, Community and Cultural Leaders.

26. People, processes and institutions which operate in the above sectors are not neutral, objective spaces; they are likely to be infused with the same norms which create and perpetuate stigma. If laws and actions of any stakeholders are to make a positive difference, negative and discriminatory norms, practices and attitudes which stigmatise or render efforts to tackle stigma nugatory must be recognised and neutralised. It is critical that all actors, across all sectors, receive informed training in approaching the issue of stigma and in ensuring that they do not create or compound it in interactions with survivors/victims.

JUDICIAL AND LEGAL

27. Legal accountability processes may help survivors/victims on their journey towards recovery by providing psychological relief and financial compensation. They may also deter potential perpetrators and serve as an historic record of egregious crimes and subsequent justice.

28. However, a combination of written laws and broader policy/societal factors were identified as potential barriers to addressing stigma:

- **Discriminatory and contradictory laws:** Laws on rape and other forms of SVC which define crimes so as to exclude men and boys as potential victims and/or women as potential perpetrators; laws which tolerate certain forms of sexual violence (e.g. marital rape) or criminalise victims/survivors e.g. 'moral crimes' criminalising women for adultery after rape or prosecuting men under laws criminalising homosexuality.

- **Discriminatory implementation of laws:** One example is inclusive Bosnian legislation which affords reparation to all victims/survivors of sexual violence. Male survivors/victims who have claimed compensation under this law have been subject to abuse while collecting their entitlements.

- **Lack of legal recognition/discriminatory laws for registration of children born of rape.**

- **Unduly burdensome procedural and administrative rules.**

- **Absence of legal rights to reparation.**

- **Education laws** which require the names of both parents before a child can enrol at school; mothers and children may not know the name of the father who committed SVC.

- **Harmful euphemisms** e.g. judges and other legal actors referring to SVC as a 'trauma against her honour'.

- **Political and administrative blockages impeding survivors' access to legal rights** (e.g. in Bosnia, Republika Srpska).

- **Corrupt judicial systems.**

- **Military jurisdiction over SVC crimes:** Military courts tend to be patriarchal, rather than gender-sensitive and lack transparency; all of which can impede meaningful justice.

29. Best practices/recommendations were suggested in the legal and judicial sphere, including the following:

- **Survivor-centred access to justice:** Survivors/victims must choose and give meaningful consent to participation in legal and justice processes, which can be withdrawn at any time.

- **International pressure:** This is critical in holding governments accountable for delivery and implementation of laws.

- **Definitions of rape:** Laws which do not criminalise the rape of men should be amended and legislation criminalising homosexuality should be abolished.

- **Consent:** The requirement for consent in prosecutions of SVC should be removed as situations of armed conflict are per se coercive.

- **Implementation of General Recommendations** from the Committee monitoring the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); e.g. No. 33 on Access to Justice and No. 30 on women in conflict prevention, conflict and post-conflict situations.

- **Human Rights Monitoring:** Use existing International Human Rights mechanisms to record and recognise violations relating to stigma and to lobby for change; commission a study from the Office of the High Commissioner for Human Rights on the human rights impact of stigma.

- **Burden of Proof:** Consider reversing this in prosecutions for sexual violence, in particular, to overcome the gendered notion that women lie about sex.

- **Evidential Requirements:** Consideration should be given to the development of doctrines which do not require presentation of detailed individual evidence and place a greater emphasis on command responsibility, rather than individual consent.

- **Incorporation of 'command responsibility'** into national laws on SVC.

- **Transformative reparations:** Mandatory reparations should be transformative in nature, rather than restorative of harmful gender and other norms which enabled SVC and stigma.

- **Abolish Statutes of Limitation for SVC crimes:** Trauma may prevent survivor/victims coming forward until years later.

- **Gender Balance in Law Enforcement Processes;** including the removal of judges who do not take crimes of SVC seriously/have appropriate training in gender sensitisation.

- **Promotion of ICC Rules and Procedure as best practice:** These prohibit questions about consent, prior and subsequent sexual history and the requirement for corroboration.

- **Greater focus on economic, social and cultural rights:** The failure to pay due regard to the protection of such rights has led to other forms of exploitation such as prostitution.

- **Simplify legal processes for compensation:** Compensation should flow automatically from recognition of survivor/victim status.

- **Stigma/SVC Training** for judicial and legal actors.

POLICE, MILITARY, PEACEKEEPING

30. Police, military and peacekeeping personnel may be among the 'first responders' survivors/victims turn to in reporting SVC and seeking support. There is a clear, overarching risk of these personnel creating and compounding stigma through lack of understanding, awareness and training. In addition, survivors/victims may not know where to report SVC perpetrated by such personnel.

31. Additional hurdles to overcoming both stigma and SVC were identified as including: hyper masculine leadership and institutional cultures; lack of vetting; absent or inadequate gender sensitivity/gender mainstreaming; imported cultures from national and local contexts and inadequate protection for whistle blowers.

32. In addition, non-state armed groups engaged in armed conflict must be engaged and trained to avoid creating or compounding stigma.

33. Current practices and lessons learned suggest the following best practices:

- Cross-institutional and community wide sharing of practices which help reduce hyper masculine behaviours and norms;

- Effective command responsibility and gender sensitive leadership;

- Comprehensive training on avoiding the creation of stigma, at all levels of personnel;

- Professional incentives/punishment for tacit or actual acceptance of cultures that fuel SVC and stigma.

- Reframing terminology used in training of personnel to address implied discrimination.

HEALTH

34. Key challenges to addressing stigma in the health sector centre around the need to provide urgent, safe, integrated, comprehensive, confidential and holistic access to services for survivors/victims. Humanitarian and development responses in conflict and post conflict situations must reflect and deliver on such needs and be survivor/victim driven. 'Holistic services' carry far less risk of creating stigma as the visible process of accessing services can itself create stigma and risks to safety. In Afghanistan, a confidential child helpline for reporting SVC has helped preserve privacy and mitigate threats.

35. In the absence of effective healthcare, what fills the space? Some survivors/victims are resorting to traditional medicine, which can entrench harmful norms. Continuing prejudice and survivor/victim myths have also led to a lack of tailored services for men and boys. Service providers must be able to support the full range of diverse survivor/victims of SVC.

36. In order to reduce the risk of internal stigma and prolonged health problems, including PTSD, consistent, sustained support for emotional, physical, psychological and socio-economic needs should be made available.

MEDIA, EDUCATION AND ADVOCACY

37. Traditional print and social media are powerful informational tools, which have the capacity to reduce and/or increase stigma. A global, cross-sector media training programme in the area of SVC and stigma should be developed and resourced. Survivor driven social media campaigns to reduce stigma may also assist, but only if appropriate in local contexts.

38. To address the gender inequalities and violations of rights which often fuel SVC, both men and women should participate in educational programmes which challenge harmful gender norms and promote equality. Educational programmes in schools, which openly discuss stigma and offer counselling could help stop the further entrenchment of harmful societal norms in new generations.

39. One effective example of global education and advocacy is the UN International Day for the Elimination of Sexual Violence in Conflict. In 2015, the active, national involvement of survivors/victims from Bosnia encouraged and empowered others to come forward and receive the civil status of a survivor and the services which flow from this.

40. In Colombia, survivor/victim driven engagement led to a government meeting which made rape and other forms of SVC a reality which had to be addressed. This meeting informed the creation of a Gender Sub-Commission in Colombia peace negotiations.

41. Media, education and other stakeholders should engage with victims/survivors in a safe space in order to promote greater sensitivity and understanding in the delivery of education, advocacy and communications around SVC.

FAITH, COMMUNITY AND CULTURAL LEADERS

42. The centrality of many faith, community and cultural leaders to community life often gives them a more powerful voice than external actors in changing societal attitudes which stigmatise.

43. International donors should continue to promote appropriate culturally specific methods to reduce stigma without endorsing practices which perpetuate harmful norms. There are clear tensions in this approach, as local leaders may resent the imposition of perceived 'western concepts' in their teachings, but dialogue and collaboration can help manage these.

44. Local leaders may also face challenges in starting community conversations due to entrenched religious and cultural taboos, such as sex being considered a private or unholy issue.

45. Examples of effective practices in reducing stigma include:

- The Supreme leader of the Yazdis welcoming of all Yazidi girls back into their Iraqi community; leading to a decrease in suicide rates within this group;

- NGOs working with the wives of faith leaders in Afghanistan to break down stigma-related taboos;

- Training of religious scholars on gender issues in Afghanistan;

- Use of scriptures/theology to find a 'mandate' for addressing stigma;

- The engagement of elders in alternative dispute resolution, the protection and reintegration of survivors/victims;

- Faith leaders' establishment of an Islamic counter narrative to Daesh in Egypt.

General Effective Strategies and Best Practices

46. A number of effective strategies and best practices have emerged from existing efforts to address and prevent stigma, some of which span the thematic areas identified above. While specific country examples may serve as potential templates for others, there can be no 'one size fits all' approach.

Effective Strategies

47. **Counselling and psychosocial support** can help address the internal stigma

experienced by survivors/victims and may have a multiplying effect.

48. **Survivor/Victim activism:** Through individual and group testimony and activism, survivors/victims can lead stigma prevention.

49. **Art, performance, populist communications and other techniques:** Such techniques can help survivors/victims to accept that they are not to blame, especially in societies with low literacy levels

50. **Sustained training of service providers, including training of trainers (ToT):** First responders and service providers must be appropriately vetted and receive long-term training, monitoring and mentoring that incorporates the issue of stigma and survivor/victim engagement, to ensure they do not create or compound stigma.

51. **Engaging community influencers:** Identify change leaders (e.g. faith, religious, community) and work with them in a peer-led approach to tackling stigma. Such leaders may facilitate belonging and acceptance and reintegration of victims/survivors within a group/community.

52. **Building empathy and understanding:** Anti-stigma efforts should be culturally relevant and localised.

53. **Integrated approaches:** A thorough mapping of actors should be conducted before designing and delivering services. Services should not single-out survivors/victims, should include the wider community and should be integrated into wider efforts around health, education, justice, reform, peacebuilding and so on (for instance, having health clinics in schools).

54. **International naming and shaming:** Annual UN Secretary-General Reports on Sexual Violence in Conflict seek to shift the stigma from the survivors/victims to perpetrators by 'naming and shaming' groups accused of SVC.

Best Practices

55. **Categorising SVC as a violent crime:** Lessons from the International Criminal Tribunal for the Former Yugoslavia underline that SVC needs to be understood as a violent crime, not resulting from 'natural' or 'inevitable' 'sexual urges'.

56. **Appointment of senior government advisers on sexual violence** in conflict affected countries e.g. Mme Jeannine Mabunda in the DRC.

57. **UNESCO Memory of the World Register:** A movement has applied to UNESCO to register the 'comfort women's' story as a story of the world; an important symbolic recognition of their experience and suffering. A similar initiative was launched following the Bosnian genocide.

58. **Solidarity networks** of survivors/victims have formed in Bosnia and women in DRC have developed market collectives to generate joint economic benefits.

59. **Voice and empowerment through storytelling and documentation.** In Colombia, some survivors/victims shared their stories with each other, broke their family silence and, assisted by university students, used the International Protocol[6] to document SVC crimes. Collated information has been used to lobby congress for justice.

UNIVERSAL PRINCIPLES FOR TACKLING STIGMA

60. Throughout the three day dialogue, a number of recurring principles for potential inclusion in the Principles for Global Action were referenced. These include, but are not limited to: a survivor/victim centred approach, confidentiality, intersectionality, inclusivity, respect and dignity, non-discrimination, a human rights and multi-

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[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319054/PSVI_protocol_web.pdf

dimensional approach, transformative justice and cross sector collaboration.

Key Draft Recommendations

61. In the closing session, stakeholders identified six key draft recommendations for further discussion, based on recurring themes and needs:

- **Global network of survivors/victims:** Create and sustain an international platform for survivors/victims, that provides a safe space to have a voice and be empowered.

- **Resourcing and sustainability:** Sustained long-term support and resourcing to grassroots organisations that work to tackle stigma related to SVC, that provides a continuum of care across humanitarian and development responses.

- **Meaningful engagement of survivors/victims:** Ensure meaningful engagement of survivors/victims at all stages of policy, programme design and decision-making processes that affect them and their wider community.

- **Training and education of responsible stakeholders:** Ensure training, education and awareness raising of stakeholders and duty-bearers (parents, teachers, peers, community leaders, faith leaders, media etc.) integrates stigma in a way that is fit-for-purpose and long-term.

- **Protection and security:** Ensure that survivors/victims (inclusive of women, men, girls and boys) – and the services created for them - can be accessed safely and in a timely way that they are protected throughout the journey of recovery, reintegration, rehabilitation and follow-ups.

- **Domesticate international policies and laws:** Ensure domestic, local law and policies comply with international human rights, humanitarian and criminal law.

62. Some experts suggested that the Global network of survivors/victims could start with collaboration between survivor/victim groups in attendance. Start-up costs could be provided by the FCO and/or other willing donors and an initial meeting should be held before June 2017.

63. As regards training and education of stakeholders, participants envisaged peer to peer training for a range of people including faith, cultural, community leaders, medical, police, peacekeeping and legal personnel. Principles of confidentiality, data protection, moral support/counselling and informed consent must be at the forefront of programmes and support services. Finally, a context-specific, holistic approach should be pursued in seeking to ensure that the full range of national laws and practices respect international standards and reduce, rather than produce stigma. A toolkit of best practices and lessons learned may also be useful, for a range of stakeholders.

Next Steps

64. This three day dialogue marks the beginning of a collaborative process which will shine an international spotlight on the urgency of preventing and tackling stigma, as well as driving through the Principles for Global Action. Expert reflections and recommendations will be considered and further developed by the Foreign and Commonwealth Office, as part of an ongoing consultation with a wide range of stakeholders, including conference participants.

65. It is envisaged that the Principles for Global Action will be launched at the United Nations in 2017 to mobilise greater political will and resources of member states. Specific actions will then be taken forward through political lobbying, programming and advocacy opportunities, with a particular emphasis on donor countries, international organisations and governments in focus countries.

66. The core goals shall remain supporting and empowering all survivors/victims of SVC-related stigma, eradicating both SVC and its effects and paving the way for all persons

to live their lives in freedom, peace and dignity.

Joanne Neenan

Wilton Park | January 2017

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