The fallout of rape as a weapon of war

The life-long and intergenerational impacts of sexual violence in conflict

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Key messages

- Sexual violence in conflict is far from a discrete trauma – it often has life-long and even intergenerational impacts

- Even a decade after the formal end of the conflict in Liberia, sexual abuse is systematic and devastating in nature, with 'hyper masculinity' prevalent

- In order to better support the survivors of sexual-violence and reduce its life-long and intergenerational spill-over effects, a package of services is vital, including:

    1. Investing in community-level mental health services to help survivors and families cope with trauma;

    2. Developing legal and community awareness-raising systems that support reporting of sexual violence, successful prosecution and coping mechanisms;

    3. Tackling the prevalence of aggressive practices of masculinity in post-conflict societies;

    4. Strengthening economic opportunities to promote women and girls' independence;

    5. Better coordination mechanisms that connect transitional justice initiatives to broader security sector reforms, and;

    6. Sustainable funding to support National Action Plans around UN Security Council Resolution 1325 and links between those plans and the 'New Deal for Engagement in Fragile States'

Introduction

Rape and other forms of sexual violence during armed conflict are now acknowledged as weapons of war, designed not only to inflict bodily harm on primarily – but not exclusively – female victims, but also to terrify and humiliate them, their families and their communities (UN Women, 2013; Domingo et al., 2013; UNICEF, 1996). Vio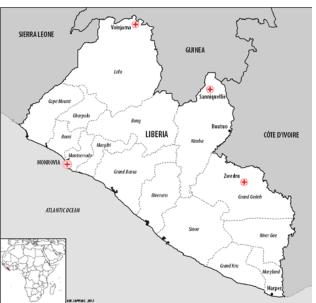lence against women and girls, including sexual violence, is a strong candidate for inclusion in the post-2015 sustainable development goals. Sexual violence in conflict is moving up the development agenda amid a growing realisation that it is not a temporary aberration or a one-off assault on an individual, but a broad and systematic 'military' tactic that is mobilised against vast numbers of women and used to subdue entire populations.

In Liberia, WHO reports suggest that the large majority of Liberian women – between 61% and 77% – experienced sexual violence during the war (Omanyondo, 2005). As the Harvard Humanitarian Initiative and Oxfam note (2010), 'By systematically raping women and girls, armed groups assert power and domination over not only the women, but their men as well.' Mass sexual violence even becomes a brutal form of ethnic cleansing when it is used to displace whole communities or deliberately impregnate women with combatants' 'superior' genes (Kelly et al., 2011; UNICEF, 1996).

As well as a growing recognition of the scale of the problem, there is a clear shift in the consensus on the wider impact of sexual violence. The focus is broadening beyond the immediate physical and psychological trauma of the individual victims to include not only the longer-term impact on their lives, but also the broader social and economic impacts on families and communities.

While our thinking on sexual violence in post-conflict settings may have changed considerably over the past decade, what we know remains limited. As highlighted by ODI's 'Rebuild' research project on adolescent girls' psycho-social well-being in post-conflict Liberia and Sri Lanka, very little is known about the different ways in which adolescent girls and adult women experience – and recover from – sexual violence, and in particular the longer-term psycho-social toll on survivors and their children.

There is also limited evidence on what interventions work in supporting community healing, especially after the initial demobilisation, disarmament and reintegration (DDR) process is over. ODI's research with the Carter Center in Liberia suggests that because sexual violence is so prevalent during conflict – and because discriminatory gender norms tend to reassert themselves quickly in post-conflict areas – a great deal of work is needed to shift ingrained community attitudes and practices. This finding is confirmed by recent research evidence from other conflict-affected contexts, including that documented in a recent DFID-funded evidence

review undertaken by ODI on the links between gender, peace-building and state-building (see Domingo et al., 2013).

Yet despite the clear needs, inadequate resources have been allocated to the development of more sustainable and comprehensive responses to gender justice in relation to violence (Barr, 2011). This is, in part, because the mandates of peacekeeping have taken precedence over those of longer-term reform of the security and justice sectors, and because of the way in which these sectors have oversimplified the causes of sexual and gender-based violence. This is out of step with the growing attention being paid to UN Security Council Resolution 1325 and its follow up resolutions, all of which have called for women's participation in peace-building efforts and for a sharper focus on sexual violence.

This short paper provides an overview of emerging research findings on the patterns and consequences of sexual violence in post-conflict settings, and highlights the complexities involved in tackling this problem. It draws on recent research with adolescent girls and boys, adults and programme implementers in urban and rural communities in Liberia and highlights six key areas for donors and national governments attention, illustrated by examples of promising practice.

The legacy of sexual violence

Sexual violence is far from being a temporally discrete trauma. Individual survivors can suffer from a mass of physical, psychological, social and economic consequences – many of which persist for decades (Mazurana et al., 2013; Schnabel and Tabyshalieva, 2012). The longer-term **physical** symptoms reported by victims of sexual violence include persistent pain, fistula and infertility – with the latter being a particularly devastating condition in cultures where a woman's worth is measured, and her future secured, by her ability to produce children (Peterman and Johnson, 2009). Survivors are also more likely to be infected with HIV and other sexually-transmitted diseases (Supervie et al., 2010). In general, those who manage to survive the worst forms of sexual violence, such as gang-rape, sexual slavery and forced pregnancy, are more likely to suffer from long-term problems, as are the youngest, and smallest, victims (Filipas and Ullman, 2006).

Although still limited, the current evidence base on the psychological dimensions of sexual violence suggests that they too are often long-lasting. Survivors are more likely to exhibit symptoms of depression, anxiety, post-traumatic stress disorder (PTSD), low self-esteem and suicidal thoughts (Josse, 2010; Spiric et al., 2010).

Their family members are also at considerable risk of psychological damage, particularly when they have been made to watch the violence and have been powerless to protect the victim, or, as has been the case in several

Liberia. Photo: © Radio Nederland Wereldomroep

African conflicts, they have been forced to participate in the rape of their family members (Harvard Humanitarian Initiative and Oxfam, 2010).

While it is well-known that sexual violence has particularly significant and long-lasting impacts on children and adolescent in non-conflict settings, those impacts remain virtually unexplored in post-conflict areas (Rowley et al., 2012; Kelly et al., 2011). This is a problem, given that whole cohorts of young people in some regions have now been exposed, in one way or another, to horrific sexual violence (see Box 1 on Liberia).

In many post-conflict areas, the **social** impacts of sexual violence cannot be overstated (Kelly et al., 2010). Survivors – women and girls, as well as men and boys (who are even less likely to report the violence because of hostility around homosexual acts) – can face stigma that forces them out of their families, isolates them from their communities and leaves them to deal with their physical and psychological trauma alone (Kelly et al., 2010; ICRC, 2014; Schnabel and Tabyshalieva, 2012).

Indeed, at one hospital in the Democratic Republic of Congo (DRC), which specialises in providing services to female survivors, only 1% of women arrive in the company of their husbands, because most have been abandoned. Seen as 'damaged goods' whose violation threatens the honour of the family, married female survivors are more likely to be divorced and unmarried female survivors can be deemed unmarriageable (Harvard Humanitarian Initiative and Oxfam, 2010; Schnabel and Tabyshalieva, 2012).

While culture and custom on the sexual propriety of girls and women is at the root of this discrimination – mixed with family and community shame at their inability to provide protection – even formal law can marginalise victims still further. For example, in Cyprus, after the Turkish invasion, divorce was legalised on a temporary basis, just so that the husbands of raped women could divorce them legitimately (Schnabel and Tabyshalieva, 2012).

Sexual violence also has long-term ramifications for the **economic** futures of the survivors. In areas where marriage represents women's best – and sometimes only – route to security, abandonment and the loss of their marriage prospects can result in a lifetime of poverty (Harvard Humanitarian Initiative and Oxfam 2010). Even those survivors who are supported by their families are at risk. In the DRC, and among Ethiopian refugees in Sudan, agricultural output has been reduced because women are afraid to return to their 'normal' lives (Kelly et al., 2011).

This fear is not gender-specific. A study of male survivors of sexual violence in the DRC found that all of them had abandoned their previous occupations as a result of fear and stigma, with the result that their families lacked 'funds to meet basic household needs such as food, medication, shelter and education for children' (Christian et al., 2011: 238).

Women who become pregnant as a result of rape – and up to 18% of survivors do – carry an even heavier burden in many ways and on many levels (WHO, 2002). Even more likely to be abandoned, for bearing an 'enemy child' whose very existence is a constant reminder of their sexual assault and a constant affront to their husbands' lack of protection, they often find themselves alone and with another mouth to feed (Christian et al., 2011).

Sexual violence can also have **long-term impacts on communities**, which may be particularly hard to heal where sexual violence has been targeted along tribal or ethnic lines,

Liberia: The challenge of tackling institutionalised gender-based and sexual violence

When peace came to Liberia in 2003 after a long civil war, the country's economy was in ruins, its infrastructure and basic services had been destroyed, and there was widespread poverty, unemployment and illiteracy. The new government in 2006 embarked on a massive reconstruction and peace-building programme with President Ellen Johnson Sirleaf aiming to transform Liberia into 'an international model of post-conflict recovery.'

Despite some important gains for women after the war in terms of improved access to education, strengthened economic roles and greater involvement in political and social spaces under the leadership of Africa's first female president, the situation and status has not improved for the majority of women, particularly those in rural areas, in the post-conflict period. Their literacy rates remain low, they are still confined to low-skilled, highly vulnerable employment and they are often subjected to gender-based violence and gendered traditional beliefs and customary practices (GoL, 2011). This is reflected in the 2012 Gender Inequality Index (GII) where Liberia was ranked 143 out of 148 countries (UNDP, 2013) and in the 2012 Social Institutions and Gender Index (SIGI) where Liberia was ranked 62 out of 86 countries (OECD, 2012).

Rape and sexual assault have persisted in the post-conflict era. Liberia has one of the highest incidences of sexual violence against women in the world. Rape is the most frequently reported crime, accounting for more than one-third of sexual violence cases; targets are largely adolescent girls, and almost 40% of perpetrators are adult men known to victims (GoL, 2011).

While the country's 2009 Truth and Reconciliation Report has a dedicated chapter on gender and sexual based violence, the follow-up recommendations have been largely shelved as a result of broader challenges in bringing perpetrators to justice, given their ongoing formal and informal power base.

The following cases from 2014 research in Bomi (an under-researched rural county that is among those most affected by the civil war) and Monserado (a primarily urban county, with some of the country's largest slums) highlight the systematic nature of the abuse. These testimonies are part of a larger multi-year project by the Overseas Development Institute (ODI) and the Liberia Center for Outcomes Research in Mental Health (LiCOMRH) with support from the Carter Center Liberia, which includes interviews with adolescent girls and boys, their families, community leaders and programme implementers about the underlying causes and consequences of psycho-social ill-being, including gender-based and sexual violence.

'During the conflict after my parents were killed, a much older man offered to marry me… I was just 12 years and was frightened but my uncle said I didn't have a choice.. From the beginning though my husband was brutal, beating me daily; expecting me to have sex at his whim. I quickly became pregnant – several times….My husband disappeared and I suffered a lot of abuse from the militias – just so my children could survive. At the end of the conflict, when we came back from the refugee camp, I had nothing and six mouths to feed... During the day neighbours are ok around here but at night the men expect me to lie down with them for almost nothing – just a few dollars. I do it because I have five growing daughters to feed… When my older daughters talk about boys or men, sometimes I lose my mind and beat them senseless. I regret it later but I'm so desperate that their lives will not end up repeating mine. I want to keep them safe, keep them indoors, away from harm's way. But I also know this is an impossible task….We don't need charity – what we need is real support and skills so we can get back on our feet. We hear lots of promises from NGOs but they are broken again and again.' (Mother, aged 30, New Kru Town, Monrovia).

'I was raped by my neighbour. Families in our neighbourhood often share meals and one evening my mother asked me to take a plate across the road to the house of family friends. My mother and this lady used to be close friends. But that evening she was not at home and her husband forced me to have sex – when I tried to scream he threatened to kill me. After it had happened I managed to run home. I wasn't sure whether or not to tell my parents but my mother saw the look on my face and I had to explain - my parents were shocked and asked my mum's friend but she says I'm lying and refuses to speak to our family anymore…. I've been to the hospital and had the tests but I'm too scared to complain to the police…. At school now I'm aware other children are talking about it. I look away and only talk to my mother about my feelings.' (13 year-old girl, Bomi).

'A woman recently came to our unit with a heart-breaking story – her two year-old had been raped by a male acquaintance. She needed to drop something at the market and when the acquaintance came to visit she asked him to mind her infant for an hour. When she got back home her daughter was screaming and screaming. He had claimed it was just a case of the child missing his mother but after he left the infant continued to scream and when she went to change the infant's diaper she discovered that the baby had blood all over her legs and private parts. She immediately ran to the hospital and her worst fears were confirmed. We have been trying to work with local radio to get the community to help track down the attacker but so far he has escaped. Even for us working in this unit on gender-based violence and hearing many horrible stories, it is a devastating case.' (Gender-based violence coordinator, Bomi, Social Welfare Officer, Ministry of Health & Social Welfare).

as the trauma can further delineate those lines, making future violence more likely (Kelly et al., 2011). In many contexts, conflict-related sexual violence normalises gender-based violence, even after the conflict itself has ended (Domingo et al., 2013; Ni Aoláin, 2010). At one hospital in the DRC, for example, community rape cases increased 17-fold between 2004 and 2008 (Harvard Humanitarian Initiative and Oxfam 2010). Similarly, in Timor-Leste, studies report that the control of women through violence is now seen as normal after decades of conflict (Haider, 2012).

The most devastating community impact of mass sexual violence, however, may be the way in which it damages the social capital on which communities are built. At times that damage is literally physical: whole villages can be displaced by the threat of mass rape, unravelling age-old social networks that have provided emotional and economic safety-nets (Denney and Ibrahim, 2012). UNICEF has noted, however, that even when villages are not displaced, sexual violence 'erodes the fabric of a community in a way that few weapons can. Rape's damage can be devastating because of the strong communal reaction to the violation and pain stamped on entire families. The harm inflicted in such cases on a woman by a rapist is an attack on her family and culture' (UNICEF, 1996). As a result, such abuse is often rendered invisible at the community level, as shown by this quote from ODI's recent research in Liberia:

> 'What you [the men in the community] won't say or acknowledge is that while you were under the bed or in the house while the rebels were hunting down all the men and boys around, we women had to go out daily and risk their attacks and negotiate their threats. Yes men were under extreme danger for their lives but we women endured the risk of [sexual] attack day in, day out. This is something our communities still don't talk about or face up to.' (40 year old woman, focus group discussion, Bomi).

Promising practice and recommendations

Given the longer-term impacts of sexual-violence – on individuals, families and communities – it is important that broader programming augments the very limited crisis-oriented medical and psychological services that have been the mainstay of the response to date. There is a clear and vital role for services that address the practical needs of survivors – and their families – for a whole range of support, from mental health care to skills training. There is also, however, a need for broader community education programmes that address the stigma that surrounds sexual violence and the hyper-masculinity that leaves women and girls vulnerable in so many post-conflict areas. Drawing on examples of promising practice from a range of

post-conflict settings, we make six recommendations to better support the survivors of sexual-violence and reduce its life-long and intergenerational spill-over effects.

1. Invest in community-level mental health provisioning

Psychological support services for survivors of sexual violence are not a western luxury (Shteir, 2014). Given that symptoms of depression and PTSD are evident decades after a trauma (Kuwert et al., 2014), there is a need for programmes such as those run by the Carter Center in partnership with the Liberian government. Their national mental health programme is training professionals around the country and linking providers into networks that reach local villages to the national government. The programme not only provides community-level mental health care services to survivors of trauma (including trauma associated with sexual violence), but is also linking survivors to a variety of other justice, health and sexual violence support programmes (Carter Center, 2013). The Panzi Hospital in the DRC is another example of good practice. It not only provides the specialised medical care that many survivors need, but also offers targeted mental health care services (Harvard Humanitarian Initiative and Oxfam, 2010). Costs of such services would clearly be daunting for government budgets – this is therefore an area where donor support is vital. Non-delivery of such support is ethically unacceptable and an area where attention at the forthcoming Global Summit to End Sexual Violence in Conflict deserves a high profile.

2. Develop legal systems that support reporting of sexual violence—and successful prosecution

As a result of stigma and fear – as well as cultural norms that limit access to justice – many women and girls do not report sexual violence. A plethora of programmes have, however, been found to improve this situation. In Guatemala, psychosocial support has helped women to report conflict-related sexual violence, for the first time, up to three decades after they experienced such violence (ELLA, nd). In Nicaragua, the National Police Force has been recognised as an international leader in its inclusion of sexual and gender-based violence in its curriculum and its special police stations, staffed by women, to encourage the reporting of such violence. It has also reformed its recruitment criteria so that women have different physical requirements in terms of height, training, etc., has introduced family-friendly human-resource policies and has a special working group dedicated to the evaluation and improvement of women's working conditions in order to retain specialist staff (World Bank, 2011). In Montserrado County in Liberia, under the Ministry of Gender and Development, the government has established "one-stop-shops" where all services are located in one place to prevent survivors being diverted along the referral pathway. In addition, to address the push to "settle" cases outside of the formal justice system, the

government with donor support set-up "endowment funds" in all counties to support the immediate financial needs of survivors and overcome logistical barriers which impede or even compromise investigations.

Survivors themselves may well need continuing support, such as that provided by the Somaliland Women's Law Association and by paralegals in Nepal, to access the legal system in order to seek reparations if and when they are willing to come forward in a public forum (Shteir, 2014).

There are several other mechanisms to connect transitional justice to activities to tackle sexual and gender-based violence, including hybrid courts, commissions and tribunals. By combining international and domestic laws, these mechanisms take advantage of periods and spaces where social norms are in flux, introducing new codes and international standards in the process (OHCHR, 2008). To be effective, however, these support structures require dedicated initiatives and reforms to improve the supply and demand of female security-sector and social-support officers. This is particularly the case in contexts such as Iraq and Afghanistan, where gender segregation and sensitivities are particularly pronounced (Valasek, 2008).

3. Develop community awareness-raising initiatives

Given the stigma that surrounds survivors of sexual violence, it is critical that community education programmes work with the broader population, men as well as women, to discuss how to prevent and deal with rape and sexual assault, and how to cope with the rape of close relatives. In Liberia, as mentioned, the Carter Center's community mental-health units work with the broader population to reduce both the stigma of victimisation and that of the mental illness that often follows sexual violence.

Similarly, in the DRC, male survivors surveyed in south Kivu Province called for messaging around the themes of rape is not the fault of the victim' and 'rape can happen to anyone' –applicable to both male and female survivors (Christian et al., 2011). It is also important to introduce communities to available services – medical, psychological and legal – and to provide referral services that help to increase the uptake of those services.

Given that community attitudes are so deeply ingrained, it is important to remember that such engagement takes time – time that donors are often unwilling to invest. Rare exceptions include DFID's 15-year programme of work to change social norms related to female genital mutilation/

cutting in Sudan. Programmes with such timeframes are more likely to have positive results.

4. Support in tackling hyper-masculinity

Another investment that requires time, but that is likely to pay significant and broad dividends, is investment in programmes that help to reduce the now widely acknowledged tendency of hyper-masculinity—maladapted and aggressive displays of masculinity—found in many post-conflict contexts (Haque, 2013). These programmes aim not only to reduce the hyper-masculinity and sexual violence that often develop in post-conflict areas as men cling to their social relevance amid high unemployment and women's expanded roles, but also to encourage men's investment in their children. In the DRC, Living Peace works with men to help them address their own conflict-related trauma, including shame over the rape of their wives, to reduce aggression and increase shared decision-making (Promundo, nd).

5. Strengthen economic opportunities

As noted by many of ODI's Liberian respondents, survivors of sexual violence do not want hand-outs. They want a hand-up, so that they can rebuild their own lives and futures. NGOs such as Landesa, which supports women's land rights, and BRAC, which offers a mass of economic empowerment programmes to women and girls, from literacy and skills training to micro-credit, provide clear examples of the types of programmes that can facilitate a woman's independence.

6. Provide funding to support National Action Plans around UNSCR 1325 and build links between those plans and the 'New Deal'

Funding is needed to step up the pace of progress on this issue, given that the key UN Security Council Resolution on this issue, UNSCR 1325, was adopted in 2000 and that only 44 countries have National Action Plans to date. While the language of UNSCR 1325 and its follow-on resolutions is strong, particularly on sexual violence, implementation has been weak and the results have been limited. There is, however, growing momentum around the New Deal for Engagement in Fragile States, which was agreed at the 2011 Busan High Level Forum on Aid Effectiveness, and funding could strengthen the linkages between the National Action Plans around UNSCR 1325 and the pillars of the New Deal – especially those related to services and justice as part of a broader state-building agenda (see also Cordaid, 2013).

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