



Sexual violence interventions: Considerations for humanitarian settings



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ABSTRACT

Sexual and gender based violence may result in a range of destructive consequences to the individual, their family and the wider community. Addressing such violence and its immediate aftermath in circumstances of civil turmoil requires a timely, planned and coordinated multidisciplinary response. Such interventions need to be cognisant of, and address a range of challenges which might include economic barriers, religious and cultural divides, a dearth of respect for human rights and limited access or capacity of medical, policing and legal services.

In addition to addressing the immediate humanitarian prerogatives of health and safety issues, further objectives include the provision of support and justice for victims and the goal of ending impunity for perpetrators of sexual violence. Forensic medicine and its practitioners have the potential to make significant contributions in this field.

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1. Introduction

Sexual violence is a pervasive behaviour occurring in every culture, in all levels of society and in every country [1]. Whilst the great majority of victims are women, men and children of both sexes also experienced sexual violence. Sexual violence can thus be regarded as a global problem not only in the geographical sense but also in terms of age and gender [2,3].

Sexual violence is “any sexual act that is perpetrated against someone’s will” [4]. It can be committed “by any person regardless of their relationship to the victim, in any setting” [5]. It may include offences such as rape, sexual slavery, unwanted touching and sexual harassment [6]. Sexual violence may be perpetrated by intimate partners (most commonly) [7], family members, employers, officials, armed forces personnel and aid workers. It is accepted that the majority of individuals subjected to sexual violence do not report this offence [8]. Further, most victims of sexual violence whether they be adult or child, do not sustain injuries: genito-anal or at other sites [9].

Many (and arguably most) victims of sexual violence choose not to report the crime [1]. A failure to report means that there can be no justice interventions; investigation, prosecution and possible punitive action against the offender. Those that do choose to report

face significant hurdles in accessing the required services. Victims of sexual violence occurring in periods of societal upheaval (in particular conflict settings) confront almost insurmountable odds in accessing justice [10,11].

The provision of medico legal services to victims of sexual violence requires the involvement of a range of systems and professions including health and social service providers, forensic medicine, forensic laboratory services, police and the legal system including lawyers and judges. When collaboration and coordination occur at different levels (service provision, case management, and planning and policy development), there is more likely to be a service that is efficient, timely and of good quality, that encourages victims to access services and report cases and is far more effective in holding offenders accountable.

In humanitarian settings – post-conflict or natural disaster – the delivery of services may be very challenging. Fragmented infrastructure (often preceding the event), weakened health, police and social services and breakdowns in communication and transport, create significant challenges for aid workers.

The purpose of this paper is twofold. Firstly to explore the range of issues that need to be addressed before intervention occurs. Secondly, to ascertain the practical aspects of service delivery to victims of sexual violence and to the wider community in these settings.

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2. Intervention considerations

Before intervention (whether it be health, legal or supportive) occurs there are many issues that warrant careful consideration. Some are applicable to the aid agency, others to local infrastructure and resources. Finally there will be issues specific to the affected communities. Failure to understand, address or reach agreement on these matters runs the risk of jeopardising the mission or causing harm and distress to the local community.

2.1. Agencies

Whilst most aid agencies are motivated to assist communities at times of crisis, not all have the resources or skill sets required to produce beneficial outcomes. Some agencies will be impeded by a lack of finances or personnel. Others will be restricted by their political, cultural or religious affiliations. In assessing the suitability of an agency to provide intervention it is reasonable to ask:

What is the mandate of this organisation and its reputation/standing in providing humanitarian interventions? For sexual violence interventions?

Are there adequate financial resources accessible for this intervention? Are there trained and skilled personnel available? Do these personnel have the specific skill sets required to assist victims of sexual violence?

Do these personnel have experience of working in challenging and resource poor environments? In particular do they understand the importance of developing and maintaining the respect and trust of the local community? The role ethical behaviours play in service delivery? Have service providers been vetted for their suitability to develop sensitive gender services?

Is the agency subjected to any constraints that might restrict service delivery such as financial, religious, cultural, duration of involvement etc.?

How is the mission being monitored or oversighted? Is the monitoring program comprehensive? Are there mechanisms to ensure an evaluation of the intervention program?

Are there processes to monitor the well-being and safety of the service personnel? Does the agency comprehend the danger and difficulties confronting the staff in this location? Is there the capacity to withdraw personnel if an urgent situation arises?

Is there the capacity, during the intervention, to develop programs to prevent gender-based violence?

2.2. Local setting

During and in the immediate aftermath of a calamitous event such as armed conflict, local infrastructure and resources are likely to be significantly impacted. Ongoing civil unrest and armed conflict will extend the duration and extent of this situation. In many countries infrastructure and access to resources may have been a low level before the event.

Prior to intervention a number of issues need to be clarified. Not all may be able to be addressed but both the aid agency and the local authorities should clearly understand any limitations that have been identified. Particularly applicable to sexual violence interventions the following needs to be articulated:

Are the local authorities (especially government agencies such as police health and justice, religious leaders, NGOs etc) accepting of the offer of intervention? Are there any constraints to this acceptance and if so can they be addressed?

What sexual violence services existed prior to this period of instability? What is the knowledge and skills of the local service providers; in particular health, police, and social injustice? Are

there opportunities to partner with these groups to deliver services?

What other local resources can be accessed; facilities, personnel etc?

Are there safety issues (conflict, medical etc) that need addressing? Can local authorities assist in monitoring the welfare of the agency staff? Are there any security issues for victims of sexual violence? Can these be ameliorated?

What are the local laws applicable to sexual violence? What laws or regulations do aid workers need to be cognisant of—reporting, access to abortion or medications, capacity of aid workers to provide medical interventions etc?

2.3. The community

Fundamental to any beneficial intervention is a clear understanding of the needs of the affected community. In particular the community's views on the scope, parameters and possible outcomes should inform the structure, content and delivery of such a program. Any concerns should be explored and addressed. This might include:

Are there any political, cultural or religious beliefs that impact on intervention? Are there realistic ways in which these can be addressed without compromising fundamental philosophies and practice?

What are the local networks of service providers in this field? Who are the local service providers? Do they possess the necessary training and skills such that they can continue to be utilised meaningfully? Do they enjoy the support and respect of the community?

Are the local community under any ongoing threat? Is the intervention likely to exacerbate all these concerns?

Does the local community have respect and trust for the various government and non-government agencies previously working in this field?

3. Service delivery

The overriding aim of any intervention in this field must centre on the well being of the victim. For instance, investigations whether they be police or forensic, take second priority to any health intervention. The importance of a positive and constructive interaction between the victim and those providing intervention cannot be over-stressed. Judgmental behaviour, breaches of confidentiality, disbelief of accusations or failure to treat an individual in a compassionate fashion may result in the victim declining to participate further with the investigation or critically, contribute to long-term psychological harm.

Support and protection of the victim should underpin all interactions. Workers in this field should be aware of the risk that victims face of retribution, stigmatization or rejection (by family or the wider community). Victims decisions should be respected, their rights understood and reinforced and their needs prioritized. Victims should be provided with accurate information about all aspects of the service, the implications of intervention or non-intervention and the importance placed on security, confidentiality and the absence of discrimination.

Every individual working in this field, (whether they represent the policing, legal, health or social support professions) should have a thorough understanding of the dynamics of sexual violence. This should include a clear understanding of the relevant laws, ethical behaviours, priorities and the practical components relevant to each field of work. Other knowledge and skills required of health personnel may include the capacity to be accepted as an expert witness, awareness of regulations regarding prescribing and access to medications, capacity to deliver health services and collect of

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