

ICRC SPECIAL REPORT 2021

ADDRESSING SEXUAL VIOLENCE



ICRC



ICRC

International Committee of the Red Cross

Resource Mobilization Division

19 Avenue de la Paix,

1202 Geneva, Switzerland

www.icrc.org

Email: resourcemobilization@icrc.org

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**ADDRESSING SEXUAL
VIOLENCE**

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OVERVIEW

Despite legal prohibitions, sexual violence remains prevalent during armed conflict and other situations of violence. It has multiple harmful effects on the people who endure it and on their communities. In 2021, the ICRC continued to implement a multidisciplinary and survivor-centred approach to addressing sexual violence. This approach is based on international humanitarian law (IHL) and is aimed at: preventing sexual violence from occurring; mitigating people's exposure to risk; and responding to the multifaceted needs of those affected. The ICRC's actions were guided by its Strategy on Addressing Sexual Violence 2018–2022, which seeks to build capacities, generate partnerships for change, support complementary ways of working with partners within the International Red Cross and Red Crescent Movement and, ultimately, deliver high-impact, high-quality programmes and services. This strategy was extended to 2024, in line with the extension of the ICRC's institutional strategy.

The Special Report 2021 follows up on the objectives and plans of action outlined in the [ICRC Special Appeal 2021: Addressing sexual violence](#). It describes the activities carried out at the ICRC headquarters and by 15 ICRC delegations. It also includes a financial overview, descriptions of the key areas of the ICRC's action and the applicable legal frameworks, and summaries of the ICRC's strategy, approach and theory of change. The narrative and financial information in this Special Report are based on, and included in, the [ICRC Annual Report 2021](#) that was published in June 2022.

GLOBAL HIGHLIGHTS 2021

- Enabling victims/survivors of sexual violence to obtain timely and appropriate treatment remained a priority for the ICRC. It provided technical guidance, material assistance and training sessions – notably, on the clinical management of rape – to the primary-health-care centres and hospitals that it supported as part of its broader response to health needs in violence-affected communities. Victims/survivors of sexual violence consulted and/or received treatment at ICRC-supported health facilities in Burundi, the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Ethiopia, Nigeria, Somalia and South Sudan. In most cases, the victims/survivors received treatment within the crucial first 72 hours after the incident. The ICRC helped ensure the availability of post-exposure prophylaxis kits at many of these centres by donating the necessary supplies, facilitating their transport and/or mobilizing health authorities. In Papua New Guinea, the ICRC helped refer and transfer victims/survivors of sexual violence to family-support centres, where they were given care. In Ethiopia, it supported one-stop centres that provided comprehensive care for victims/survivors, whom the ICRC also helped transport to the centres.
- The ICRC enabled victims/survivors of sexual violence to receive mental-health and psychosocial support. It provided training to health-care workers, counsellors and community-based volunteers so that they can lead counselling sessions, conduct outreach activities in communities, and make referrals. Thanks to these efforts, victims/survivors of sexual violence – in Burundi, the CAR, Colombia, the DRC, South Sudan, Nigeria, Philippines and Papua New Guinea, and in several countries covered by the ICRC's Mexico City regional delegation – had access to support for easing their distress.
- Recognizing the multifaceted needs of victims/survivors and in line with its survivor-centred approach, the ICRC worked to identify and map the services that meet the diverse needs of victims/survivors in all the delegations covered by this report. It sought to be part of referral pathways to these services or to establish pathways where they didn't yet exist. It successfully made and facilitated referrals using these pathways. In several contexts – for example, Colombia and Ethiopia – it also supported local service providers so that they can continue their activities. Internally, ICRC delegations worked to improve referrals between the different services offered by the organization, including medical care, psychosocial support, emergency cash grants, income support, and protection services. The ICRC also worked, oftentimes with National Societies, to inform communities about the plight of victims/survivors of sexual violence, the services available to them and how to access these services. Through ICRC and National Society information sessions, communities learnt about the importance of accessing care in a timely manner, and the necessity of addressing social stigma against victims/survivors of sexual violence.
- Whenever appropriate, the ICRC favoured the provision of cash and vouchers to help victims/survivors of sexual violence cover urgent costs, including transportation and medical expenses. The ICRC extended such assistance to several victims/survivors of sexual violence in such contexts as the CAR, Colombia, Ethiopia and South Sudan. In several delegations – including Colombia, the DRC and Nigeria – victims/survivors of sexual violence were included in broader ICRC income-support initiatives. They were given cash grants and training in basic business or vocational skills, to help them start or expand their own small businesses. In South Sudan, several female breadwinners were given similar assistance, so that they can cultivate cash crops or communal vegetable gardens, with a view to reducing their risk of exposure to sexual violence.

- The ICRC engaged closely with violence-affected communities – in person, whenever security conditions and the COVID-19 pandemic-related situation allowed, and virtually or through community contact centres. During workshops organized by the ICRC, for example, community members discussed their concerns, including perceived threats to their safety; this helped the ICRC to understand their specific situation more fully. Based on these discussions, the ICRC helped community members develop self-protection and risk-mitigation strategies. The ICRC also considered safety risks in its initiatives to repair community and essential infrastructure. In South Sudan, for example, water points were placed in areas accessible to women and girls, to help them avoid travelling long distances to collect water and to reduce the amount of time they spent lining up for water.
- The necessity of preventing sexual violence and responding to the needs of victims/survivors was emphasized during bilateral meetings, training sessions and other means of interaction with national authorities and with weapon bearers. In the CAR and the DRC, for example, sessions about sexual violence were systematically included in the ICRC's interactions with the military and police forces; the DRC military forces drafted an action plan for preventing sexual violence and addressing its consequences. Where the ICRC was able to document allegations of sexual violence, these were brought up, as necessary, with the appropriate parties, for follow-up action.
- The ICRC contributed to discussions on the issue of sexual violence at selected international and regional events hosted or attended by states, international organizations and other influential groups. It endeavoured to influence the legal language used in relevant resolutions and frameworks, to help ensure that they facilitated or strengthened the protection of victims/survivors and reflected the prohibition of sexual violence in armed conflicts. For example, it engaged on the women, peace and security agenda with various groups. The ICRC also furthered its legal analysis and research on the gaps in services faced by men, boys and including LGBTIQ+ victims/survivors; it finalized studies on this topic. The ICRC's expert advice was considered by the United Nations (UN) during Security Council negotiations and in key documents such as the UN secretary-general's annual reports on conflict-based sexual violence.
- Public-communication campaigns on online and social media platforms enabled the ICRC to relay to a broad audience key messages aimed at: building empathy for victims/survivors of sexual violence; demonstrating how sexual violence can affect women, men, boys, girls and people from all backgrounds; and highlighting their different needs. Voices and experiences from the field were amplified in online debates and posts on ICRC blogs and social media accounts during the 16 Days of Action against Sexual and Gender-Based Violence in November and December; specific resources and public-communication materials on these topics were produced to support the campaigns.
- Teams and specialists at headquarters provided guidance to ICRC delegations and undertook their own initiatives to ensure that activities to prevent sexual violence and address its consequences were included in broader ICRC initiatives, and that the victims/survivors of sexual violence received inclusive, holistic and effective services from the ICRC. They made technical advice, reference materials and training available to staff members in ICRC delegations and at headquarters. Notably, an institutional training programme on addressing sexual violence was finalized in 2021, following the recruitment of a specialist staff member to work on it.
- Several delegations received guidance directly from specialists – sexual violence operations managers and advisers – who worked to ensure that the issue of sexual violence was considered in the delegations' overall responses, to strengthen the coordination of these activities, and to oversee internal capacity-building initiatives.
- Coordination with the International Federation of Red Cross and Red Crescent Societies (hereafter the International Federation) at the global level continued through meetings and the exchange of information and technical expertise. The ICRC co-chaired the Sexual and Gender-Based Violence in the Movement Working Group, along with the Norwegian Red Cross. At country level, ICRC delegations – notably those in Colombia, the CAR, the DRC, Ethiopia and South Sudan – worked closely with the respective National Societies to address sexual violence, including responding to the needs of those affected. Dialogue and interaction with Movement partners was also promoted in the Asia and Pacific region.

KEY AREAS OF THE ICRC'S ACTION

The ICRC implements holistic activities aimed at preventing sexual violence and addressing the needs of the victims/survivors. It integrates these activities into its overall humanitarian work for people affected by armed conflict and other situations of violence. It favours a survivor-centred approach to meeting the multiple needs of victims/survivors of sexual violence, in view of the destructive and wide-ranging consequences that sexual violence has on individuals. The ICRC also works to create a conducive environment – at the community, local, national and international levels – for preventing sexual violence. It seeks to change patterns of behaviour and decision-making; to persuade and help the authorities to improve legal frameworks; to mitigate people's exposure to risks of sexual violence; and to help communities develop or reinforce their constructive coping mechanisms, also by using a gender-sensitive understanding of the issue.

The ICRC, as appropriate, works with others to protect the rights of victims/survivors and ensure that they are aware of the services available to them and have access to these. It aims to be part of referral pathways to critical services that meet the diverse needs of victims/survivors or establishes such pathways where they don't exist. It helps strengthen existing pathways and service providers and periodically reviews their services to ensure continued alignment with the ICRC's mission and principles. It often partners with other components of the International Red Cross and Red Crescent Movement (hereafter the Movement), local agencies, authorities and, where applicable, the local inter-agency gender-based violence area of responsibility (GBV AOR).

Consistent with the "do no harm" principle, the ICRC implements its activities to address sexual violence as part of its broader efforts to assist and protect people affected by armed conflict and other situations of violence, including those in detention settings, to avoid the labelling and social stigmatization of victims/survivors.

The following sections describe the key areas of the ICRC's efforts to address sexual violence, and the range of activities it may undertake based on its careful and nuanced assessments of situations and humanitarian needs. For more information on the considerations the ICRC takes when designing and implementing its activities, see *Annex II: The ICRC's approach and strategy* on page 35.

Focusing on victims/survivors and their needs

As an impartial organization, the ICRC supports victims/survivors of sexual violence based on humanitarian needs. It considers all information shared by or collected from multiple sources, including the victims/survivors themselves and the local institutions and service providers working with them or their communities. It also looks at the available capacities; the possible causes or drivers of sexual violence; and the vulnerability factors and the extent to which those vulnerabilities are likely to be exploited. The latter is crucial for identifying groups with a higher risk of exposure to sexual violence and may include such identity factors as: sex; age; psychological, intellectual, sensory and physical impairments; sexual orientation, gender identity and gender expression; and status (e.g. displaced people, detainees, migrants). The ICRC may focus on addressing the needs of groups who, according to statistics, are targeted more frequently, such as women and girls; it also responds to the needs of men, boys and lesbian, gay, bisexual, transgender and intersex people. The ICRC may also carry out specific and tailored activities for certain groups, including unaccompanied children, minors separated from family members, and children formerly associated with weapon bearers.

ACCESS TO HEALTH-CARE SERVICES

The ICRC provides medical services, either directly or through qualified and trusted partners, to victims/survivors of sexual violence. It strives to provide such care – notably the clinical management of rape, which includes the provision of post-exposure prophylaxis for human immunodeficiency virus (HIV), the management of injuries and sexually transmitted infections, immunization, and wound care, and referral to mental-health and psychosocial services – in a safe, timely and confidential manner and in conformity with international and national guidelines and sectoral standards.¹

1. In particular, the ICRC seeks to provide services that are aligned with World Health Organization guidelines, as set out in this document: [Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings](#).

More specifically, the ICRC's activities in this regard include:

- providing material assistance and technical and other types of support to primary-health-care facilities, counselling centres, hospitals and transport systems;
- training local health staff, National Society volunteers and/or community members – for example, traditional birth attendants – in identifying cases and needs, and providing these services or making referrals;
- ensuring follow-up after providing services or referring to other organizations (e.g. those providing higher-level health care, legal assistance, economic support) and/or to other ICRC services (e.g. livelihood or income support, protection, family-links services), with the informed consent of the victims/survivors;
- advocating procedures to ensure that victims/survivors have access to services for the clinical management of rape services;
- organizing community information sessions to raise awareness of available services, encourage referrals and improve assistance-seeking behaviours; and
- urging the authorities to ensure the sustainability of service provision and the safety of the premises in which the services are provided.

The ICRC also works to make mental-health and psychosocial support available to victims/survivors of sexual violence, to help ease their distress, which may also be compounded by distress from other sources.² Based on a careful analysis of specific cases and of prevailing sociocultural norms, the ICRC may provide support at the individual, group or community level, with due regard for the right to privacy and confidentiality of the people it is seeking to help. Its response may include one or more of the following activities:

- individual consultations or group counselling sessions;
- outreach activities and information sessions in communities to address social stigma and raise awareness of available services and the importance of seeking care in a timely manner; and/or
- training and coaching health staff and key community actors in basic psychological care or psychosocial support – including provision among their peers – and in making referrals for higher-level care.

ACCESS TO OTHER ESSENTIAL SERVICES

The ICRC strives to provide or facilitate access to essential services other than health care, to help address the basic needs and protection-related concerns of victims/survivors of sexual violence, as well as communities at risk.

In terms of economic support, victims/survivors of sexual violence, including those who had been detained and released, may be provided with relief assistance (e.g. food, essential household items, or cash) or support for them to resume livelihood activities or diversify their sources of income and develop pathways to self-sufficiency. They may also benefit from the ICRC's support for local organizations, authorities or other institutions that provide economic support and other services. For example, they may take part in community-run agricultural cooperatives, which could help them to earn a living and become more integrated within their communities.

The ICRC also carries out activities to enhance the protection of individuals and at-risk groups. It may help in relocating people to safer areas, under certain circumstances – for example, when certain people are particularly at risk, or when victims/survivors are unable to receive the medical attention or other services they require. For services that it is unable to directly provide (e.g. legal support, specialized medical care, shelter or other types of assistance), the ICRC considers and

Expanding the use of cash and vouchers for response and risk mitigation

The ICRC uses cash and voucher assistance to address the different needs of victims/survivors of sexual violence and their communities. The use of cash or vouchers gives people agency in addressing their needs and is fully aligned with the survivor-centred approach. It is inclusive, multidisciplinary and participatory; it is also discreet and, in some contexts, could reduce the risk of social stigma. Cash and vouchers may be used as a means for: preventing or mitigating the risk of sexual violence, including the risk of adopting negative coping mechanisms; and responding to the needs of victims/survivors. Specifically, the ICRC uses this mode of support to help people to protect themselves from abuse, avail themselves of life-saving health care and other essential services, prevent recourse to negative coping mechanisms and reduce their exposure to risks. It is also used to help victims/survivors of sexual violence meet their needs (like food, shelter, and access to health care) and enable them to start or expand income-generating activities.

2. For more information on the ICRC's mental-health and psychosocial support activities, see the [Mental health and psychosocial support leaflet](#).

facilitates referrals, with the informed consent of the victims/survivors, to other organizations or engages with them and other stakeholders to fill gaps in services, with a view to ensuring that victims/survivors can obtain support tailored to their specific needs.

RISK REDUCTION

The ICRC works and partners with at-risk communities and groups to reduce their risk of exposure to sexual violence, either by reducing their vulnerabilities, risk of exposure and reliance on potentially harmful coping strategies, or by reinforcing their capacities and constructive coping strategies.

To strengthen resilience and support local solutions, the ICRC adopts a community-based protection approach. It works with communities to:

- better understand the barriers to their access to services, the factors contributing to stigma and discrimination, and the community's perceptions of the risks of sexual violence they face, including who or what pose threats;
- identify the measures they already use to protect themselves, and to reinforce their existing capacities;
- help them establish or develop means of engaging with authorities and/or weapon bearers, when relevant and appropriate, and with existing service providers, in cases where they face difficulties in accessing services; and
- support them in collectively planning and launching self-protection initiatives.

Based on its engagement with communities, the ICRC may also provide assistance or undertake activities to reduce people's exposure to risk and offer options for mitigating harmful coping strategies.

The ICRC strives to map and mitigate risks adequately and takes these into account when planning its own activities. This is also in line with the "do no harm" principle. The ICRC considers the risk of exposure to sexual violence when assessing environmental, physical and other factors that may have security or protection implications on conflict/violence-affected people in a given area. Using the findings of its assessments, the ICRC works with communities to come up with tailored solutions.

In terms of providing economic support, the ICRC ensures that its efforts are holistic and discreet, thereby preventing the risk of stigmatization, re-victimization or other discrimination, and ensuring that the factors that may render people vulnerable to sexual violence are assessed and covered effectively. Concretely, this may mean, for example, distributing relief items that could directly mitigate risks. Income- and livelihood-support activities may also help reduce the exposure of victims/survivors to further abuse, including forms of sexual exploitation, that are usually exacerbated during armed conflict or other situations of violence.

The ICRC also builds awareness, within communities, of the plight of victims/survivors, and the services they may need and where to access these. Information sessions may specifically tackle discrimination against victims/survivors of sexual violence and seek to facilitate their reintegration into their communities. Depending on the context, the ICRC may conduct discussions on these topics with community leaders, birth attendants, religious officials or other figures of authority within communities, or carry out broader public-communication campaigns.

Addressing sexual violence through protection activities

In addition to reminding parties to conflict of the necessity of protecting people from sexual violence and engaging with communities to reinforce their self-protection and beneficial coping mechanisms, the ICRC takes the issue of sexual violence into account when delivering other protection services. In relation to restoring family links, the ICRC ensures that its staff members are trained to make the appropriate referrals in case a victim/survivor of sexual violence is identified in the course of their work. It also strives to assess the situation of children reunited with families, or those in temporary care, for risks of sexual violence. In the field of humanitarian forensics, the ICRC's work includes efforts to ensure that victims/survivors of sexual violence have access to professional forensic services. The ICRC may support the analysis and revision of national medico-legal frameworks to ensure alignment with recognized standards for the examination of victims/survivors; provide capacity-building support to forensic authorities; and carry out repairs on forensic facilities to facilitate proper, confidential and dignified examinations.

The ICRC's standard procedures for visiting detainees are designed to help mitigate the risk of sexual violence and other abuses. The ICRC pays attention to the multilayered vulnerabilities and needs of detainees, including those related to sexual violence. It works to address risks through representations to the pertinent authorities regarding the treatment of detainees and other structural concerns, such as: the management of detention facilities; overcrowding; detainees' privacy, safety and access to food, essential items (such as for personal hygiene), services and facilities; and the needs of detainees who are particularly at risk. Furthermore, the ICRC may help ensure that victims/survivors of sexual violence receive appropriate assistance through persuasion of, or support to, the authorities and/or the provision of services (e.g. health care) to the detainees affected.

PREVENTION

The ICRC reminds parties to armed conflict – whether state military and security forces or non-state armed groups – that sexual violence is prohibited under IHL. It urges them to fulfil their obligations to respect and ensure respect for the prohibition of sexual violence and to ensure victims/survivors' unimpeded access to health care and other essential services. It also strives to discuss specific instances of violence – shared through oral and written representations – as well as the patterns in which they take place and the humanitarian consequences for victims/survivors, their families and communities. It discusses with them the legal and other disciplinary measures necessary for sanctioning perpetrators and preventing violations from occurring in the first place. It also emphasizes the importance of facilitating access to services for victims/survivors.

The ICRC works to promote understanding of and respect for the IHL provisions, as well as other internationally recognized law and standards and local customs, that prohibit sexual violence in armed conflict and other situations of violence. As part of this work, it helps the authorities and weapon bearers to incorporate these provisions into domestic legal and regulatory frameworks, doctrine, training and guidance for weapon bearers, and policies for law enforcement operations. It conducts briefings on these topics and reviews domestic legislation and military and police operational documentation and procedures to assess whether and how the need to prevent and address sexual violence is covered. It undertakes studies and, based on its findings, makes tools available for the use of its own staff and others (see also *Legal framework* on p. 32).

The ICRC also strives to better understand how social and cultural norms can prevent and/or normalize sexual violence. These efforts may be aimed at follow-up actions to respond to needs, mitigate risks and/or prevent further violations. Meanwhile, in settings where there is an increased risk of sexual violence linked to armed conflict (for example, in situations of escalating conflict, in remote or isolated areas, villages near the scenes of clashes, or closed environments like places of detention and camps for displaced people), the presence of the ICRC may contribute to prevention and response activities.

Leveraging and supporting the work of its delegations, the ICRC conducts workshops, research, assessments, public campaigns and events to shape debates and facilitate in-depth discussions about sexual violence at national, regional and global level. It contributes to building knowledge about the issue through publications and other means. It uses online tools and other materials to provide information and guidance to the pertinent parties in tackling sensitive issues related to sexual violence and provides governments with assistance to enact and implement the pertinent laws. For example, it has shared recommendations to states, donors and health and humanitarian workers on ways to ensure safe and unimpeded access to care for victims/survivors of sexual violence; these recommendations were based on a study on mandatory reporting of sexual violence and its implications on assistance-seeking behaviours, the safety of health-care workers and the provision of quality care.³

3. This [study](#) was carried out jointly by the British Red Cross and the ICRC.

ADDRESSING SEXUAL VIOLENCE IN 2021: HEADQUARTERS

Teams and specialists at headquarters provided guidance to ICRC delegations and undertook their own initiatives to ensure that activities to prevent sexual violence and address its consequences were included in broader ICRC humanitarian responses, and that victims/survivors of sexual violence received inclusive, holistic and effective services from the ICRC. The Sexual Violence Team spearheaded and/or coordinated these activities in partnership with members of a multidisciplinary working group of specialists from different units, departments and regional management teams.

Ensuring that the ICRC's activities are holistic and effective

Enabling delegations to come up with context-specific multidisciplinary strategies to address sexual violence and to develop tools to implement them remained a priority in 2021. Briefing sessions were organized for staff members at delegations and at headquarters, to further familiarize them with the ICRC's strategy for addressing sexual violence and to give them technical advice for implementing it. Throughout the year, 11 delegations drafted or revised context-specific strategies or action plans to address sexual violence in a multidisciplinary manner.

Several delegations received guidance directly from specialists – sexual violence operations or regional managers and advisers – who worked to ensure that the issue of sexual violence was considered in the delegations' overall humanitarian operations, to strengthen the coordination of these activities, and to oversee internal capacity-building initiatives. During the year, specialist staff supported teams at the ICRC delegations in Bangladesh, CAR, Colombia, the DRC, Ethiopia, Iraq, Nigeria, South Sudan, and Syria; the regional delegations in Dakar, Mexico City and Nairobi; the delegations in the Asia and Pacific region; and other delegations that requested ad hoc support. The operations managers, field officers and regional advisers were supported by the Geneva-based Sexual Violence Team and members of the multidisciplinary working group; in turn, they supported regional and national networks of field officers and focal points.

The guidance document on planning for activities addressing sexual violence – known internally as the Minimum Accountability Requirements – was updated with additional guidelines and indicators. Delegation managers and technical specialists had access to these documents, through webinars and bilateral meetings, ahead of their 2022 annual planning exercises, giving them concrete examples of how sexual violence objectives may be integrated into their planning, monitoring, and data-collection systems. A total of 53 delegations included activities addressing sexual violence in their plans and budgets for 2022. Further improvements in planning were noted, as a result of the combined efforts at institutional, regional and delegation levels to increase accountability for plans, budgets, and outcome indicators. Notably, there was a sustained increase in the number of total reportable indicators on addressing sexual violence – a total of 287 indicators across all delegations in 2022. Analysis of the 2022 planning documents also showed an improvement in the quality of sexual violence-related objectives and indicators set by ICRC delegations, for example by the delegations in the CAR, the DRC, Philippines, and Papua New Guinea, and the Mexico City regional delegation.

The internal monitoring dashboard, which was created in 2021 to visually present data on sexual violence activities from 2018 onwards, was finalized; additional features were added to further improve the monitoring and reporting of planned activities.

Building staff capacity to address sexual violence

The training programme developed in 2020 to help delegations increase their capacities to address sexual violence in a multidisciplinary and coherent manner was finalized, following the recruitment of a specialist staff member to work on it. This face-to-face training course prepares staff members to work together across departments to prevent sexual violence, reduce people's exposure to risk, and respond to the needs of the people affected, including in places of detention. It seeks to enable participants to address diverse needs in a safe, respectful, confidential and non-discriminatory manner, in line with the ICRC's survivor-centred approach. Throughout 2021, a total of 43 staff members completed the training programme, which is slated for further implementation in 2022.

Sexual violence continued to be covered in internal training sessions for staff members engaged in various disciplines, through the efforts of the Sexual Violence Team in coordination with other ICRC teams and units. Newly designed resources, meanwhile, covered specific aspects of responding to the issue: a training session on addressing sexual violence in detention settings, and modules on the prevention of sexual exploitation and abuse. Around 120 staff members attended webinars where they learnt to use a toolkit – developed in 2019 – for engaging with armed forces personnel on the prevention of sexual violence. A total of 844 ICRC staff members benefited from these training sessions and materials. Meanwhile, 18 ICRC staff members completed an executive short course on addressing sexual violence in

conflicts and emergency settings; this seminar was jointly developed in 2014 by the ICRC and the Geneva Centre of Humanitarian Studies (formerly the Centre for Education and Research in Humanitarian Action).

Guidance documents developed in past years continued to be promoted for use by staff members. The guidance document on developing referral systems for victims/survivors was translated into Arabic, French and Spanish and shared widely across the organization.

Staff had access to guidance documents, the strategy for addressing sexual violence, information on training sessions, and other reference materials through an online community that also served as a one-stop resource for exchanging information, ideas, experiences and best practices. The Sexual Violence Team and working group periodically met virtually to share updates from their respective domains and other developments towards their shared objective of mainstreaming action on sexual violence into ICRC operations. These efforts helped ensure that the different departments and disciplines in the ICRC were aware of and accounted for sexual violence in their work.

Strengthening the ICRC's understanding of sexual violence through research

The ICRC pursued research projects on issues related to sexual violence. With the Norwegian Red Cross, it finalized a report⁴ – *“That never happens here”: Sexual and gender-based violence against men, boys, LGBTIQ+ people* – that highlights the prevalence and impact of sexual and gender-based violence against men, boys and LGBTIQ+ people. It includes recommendations for states, humanitarian agencies and members of the Movement, notably on the need for concerted efforts to build inclusive and non-discriminatory domestic legislation against sexual and gender-based violence. The ICRC also conducted a study – *“My father and cows will go to court, not me”: Male perceptions of sexual violence in South Sudan and the Central African Republic* – on the perception of young men about sexual violence.⁵ The findings of these and past studies – notably on the impact of mandatory reporting policies on victims/survivors' assistance-seeking behaviour and the *Roots of Restraint in War* study – were widely promoted through humanitarian diplomacy efforts (see below) and during interactions with national authorities (see *South Sudan*).

A multi-year, multi-country initiative – the Sexual Violence Prevention Enhancement Programme – that aims to improve the methodologies for and monitoring of activities to prevent sexual violence was developed in 2021, focusing on engagement with communities and with weapon bearers. Slated for implementation in two delegations in 2022, the initiative benefits from multi-year support, as is required for such an initiative focused on knowledge, attitudes and behavioral change.

Building an environment conducive to preventing sexual violence and addressing its consequences

The ICRC contributed to discussions on the issue of sexual violence at selected international and regional events hosted or attended by states, international organizations and other influential groups. This work was carried out in the context of engaging with governments and intergovernmental bodies on ways to improve IHL acceptance and national compliance, and to provide them with legal and technical support through its network of legal advisers. The ICRC's input in all these interactions was based on its operational experience, expertise and research.

The ICRC endeavoured to influence the legal language used in relevant resolutions and frameworks, to help ensure that they facilitated or strengthened the protection of victims/survivors and reflected the prohibition of sexual violence in armed conflicts. Its expert advice was taken into account by the UN during Security Council negotiations and in key documents such as the UN secretary-general's annual report on conflict-based sexual violence.

The ICRC also attended and/or provided legal support for meetings, training sessions and various other internal and external events on IHL and sexual violence. These included, for example, virtual events organized by the European Union, the Graduate Institute of International and Development Studies, and the Organization of American States. It presented at an event on the synergies between IHL, on the one hand, and the women, peace and security agenda, on the other, which was organized by the Georgetown Institute for Women, Peace and Security. It engaged with the North Atlantic Treaty Organization regarding its policy on conflict-related sexual violence, and on the women, peace and security agenda with various groups. It also participated in webinars and technical exchanges with various bodies of the Association of South East Asian Nations. It participated in the Generation Equity Forum, which was organized and attended by the governments of Canada, Ireland, Mexico and Ukraine; this paved the way for further interactions with the Mexican authorities.

4. The report was published in February 2022, and is accessible online: [“That never happens here”: Sexual and gender-based violence against men, boys, LGBTIQ+ people](#)

5. This study was completed in February 2022 and is now available: [“My father and cows will go to court, not me”: Male perceptions of sexual violence in South Sudan and the Central African Republic](#)

Building on the launch of the [ICRC Checklist on the Domestic Implementation of IHL Prohibiting Sexual Violence](#) in 2020, the ICRC promoted and began implementing the checklist in 2021. The checklist was promoted internally and externally through briefings and a blog post.⁶ Several delegations also began using the checklist to guide their assessments of relevant domestic law. The ICRC reached a pro bono agreement with a global law firm to conduct a review, in 2022, of the legislation in four contexts against this checklist, with a view to enhancing compatibility with international legal standards governing sexual violence.

The ICRC's Legal Division furnished legal advice to ICRC delegations for their responses to sexual violence, and to the wider ICRC, which helped ensure coherence among internal guidelines, positions and operations. It also authored guidelines on matters related to gender in the updated Commentary on the Fourth Geneva Convention, and provided expert input on sexual violence and related themes for external publications.

Public-communication campaigns on online and social media platforms enabled the ICRC to relay to a broad audience key messages aimed at: building empathy for victims/survivors of sexual violence; demonstrating how sexual violence can affect women, men, boys, girls and people from all backgrounds; and highlighting their different needs. Voices and experiences from the field were amplified in posts on ICRC blogs and social media accounts during the 16 Days of Action against Sexual and Gender-Based Violence in November and December. Topics covered included a historical examination of humanitarian action responding to sexual violence, the linkages between sexual violence and climate change, and the importance of multidisciplinary response to the multifaceted needs of victims/survivors of sexual violence.

ICRC delegations continued to address the prevention of sexual violence in their dialogue and other interactions with weapon bearers. They had access to legal factsheets, checklists, training kits and other tools produced in previous years.

Sustaining and developing partnerships within the Movement and with other partners

Coordination with the International Federation continued through meetings and the exchange of information and technical expertise at a global level.

The ICRC co-chaired the Sexual and Gender-Based Violence in the Movement Working Group with the Norwegian Red Cross. It convened six meetings where attendees from the International Federation, the Australian Red Cross, the Canadian Red Cross, the Fiji Red Cross Society, the Finnish Red Cross, the French Red Cross, the Icelandic Red Cross, and the Nepal Red Cross Society discussed coordination and potential partnerships. In collaboration with the Norwegian Red Cross and the International Federation, an independent consultant reviewed this coordination platform and convened a reference group of National Societies; the findings of the assessment were set to be finalized in 2022.

Existing partnerships with specific National Societies were strengthened. For example, the ICRC continued to work with the Norwegian Red Cross on research studies into key issues related to sexual violence. At country level, ICRC delegations were encouraged and supported to develop and/or strengthen partnerships with National Societies. The delegations in the CAR, Colombia, Ethiopia and South Sudan, for example, signed or implemented partnerships with the respective National Societies. In Colombia and the countries covered by the ICRC's Mexico City regional delegation, addressing sexual violence was integrated into the Minimum Protection Approach, which seeks to provide National Societies and other Movement partners with guidance on how to ensure they are able to provide a minimum level of response to protection needs identified through the course of their work. Dialogue and interaction with Movement partners was also promoted throughout the Asia and Pacific region.

The ICRC continued to attend global meetings of the global coordination mechanism on gender-based violence – the GBV AOR led by the UN Population Fund – and to link its delegations (in Ethiopia, for example) with local focal points of the GBV AOR and with the Gender in Humanitarian Action (GiHA) working group.

6. See: [Walking the talk on SGBV: an implementation checklist to narrow the gaps between international law and domestic practice](#) on the ICRC's [Humanitarian Law & Policy blog](#)

Ethiopia. The ICRC delivered dignity kits – containing personal hygiene items, underwear, solar-powered flashlights and other supplies – to a centre in Ethiopia.



ADDRESSING SEXUAL VIOLENCE IN 2021: OPERATIONAL EXAMPLES

This section features the activities carried out by 15 ICRC delegations in 2021. It provides concrete, field-based examples of the work described in the previous section of this report (see *Key areas of the ICRC's action* on page 9). It also gives an overview of the activities of sexual violence operations or regional managers and advisers who are tasked to directly support key delegations.

In each of the delegations featured in this section, the ICRC took steps to develop its context-specific understanding of the problem of sexual violence, specifically in relation to patterns of abuse and violence, the prevailing legal and normative frameworks, and the existing services and service providers. These were aimed at enabling the ICRC to assess the most appropriate entry points and approach for its responses, and to develop its engagement with the authorities, weapon bearers, local and international organizations and other groups with a stake in the issue. The delegations also organized capacity-building initiatives to ensure that staff members were aware of and well-equipped to address the issue of sexual violence and the needs of victims/survivors.

With the COVID-19 pandemic still widespread in many countries in 2021, the implementation of ICRC activities to address sexual violence at the delegation level also continued to be affected by the various challenges it presented. The evolution of the pandemic and the measures taken by states to curb its spread resulted in interruptions in several ICRC activities, particularly those that required gathering people. Delegations, nevertheless, continued to include activities addressing sexual violence in their analysis and responses, finding ways to adapt their work.

BANGLADESH

ICRC ACTION

The ICRC delegation in Bangladesh focused its efforts on camps for displaced people from Myanmar where no other service providers were working on addressing sexual and gender-based violence. Focus group discussions and consultations with community leaders, religious leaders and community volunteers helped the ICRC to better understand the patterns of violence and the needs of the people affected, enabling it to further improve and adapt its awareness-raising sessions. These information sessions, which were coupled with sessions about mental-health and psychosocial support, helped community members become more aware of the consequences of sexual violence and how and where to access support.

Victims/survivors of sexual violence who were identified during the ICRC's interactions with the communities were referred internally and/or externally for medical care and other assistance. To facilitate access to health and other services, the ICRC developed a referral pathway that identifies the different providers of services required by victims/survivors of sexual violence, to ensure that it can direct them to the appropriate organizations, especially for services that it does not provide.

The ICRC considered issues related to addressing sexual violence while carrying out its activities for people deprived of their freedom. The team working on the addressing sexual violence file participated in ICRC visits to people held in places of detention, which were conducted according to standard ICRC procedures, in order to identify, better understand and develop approaches for addressing sexual violence in places of detention.

The ICRC also sought to raise awareness for the prevention of sexual violence among civil society members. Notably, it organized a webinar on the role of religious leaders in preventing violence against women and children, which was attended by religious scholars from the four main religions in Bangladesh. Following this, religious leaders shared suggestions on how they can relay messages regarding the prevention of sexual violence and ways to reduce the social stigmatization of victims/survivors of sexual violence.

Media representatives covering the ICRC's work in Bangladesh drew attention to its activities to address sexual violence. Videos published on social media channels – as part of the 16 Days of Action against Sexual and Gender-Based Violence – also publicized the ICRC's work and the importance of the prompt provision of health care and mental-health and psychosocial support for victims/survivors of sexual violence.

As in several other contexts, the delegation's efforts to integrate activities to address sexual violence into its broader operations were hampered by an increase in COVID-19 cases and the subsequent preventive measures put in place by the government. Nevertheless, it continued to take steps to strengthen its response, led by a sexual violence operations manager and supported by a field officer. For example, in order to ensure a holistic and quality response to sexual violence, the delegation worked on reinforcing staff capacities by organizing training activities for staff members working directly with people affected by conflict or other violence, especially those providing health-care services and mental-health and psychosocial support and those conducting visits to places of detention. The delegation also established an internal working group in Cox's Bazar, to ensure good coordination among the different teams involved in addressing sexual violence.

BURUNDI

ICRC ACTION

Some 340 victims/survivors of sexual violence accessed medical treatment at ICRC-supported health facilities in Bujumbura and in several provinces. These facilities included 11 primary-health-care centres and one hospital that received ICRC support regularly, including supplies, technical assistance, staff training, coverage of staff salaries, and personal protective equipment. Some 288 people received post-exposure prophylaxis treatment within the crucial 72-hour period after the incident.

Around 490 victims/survivors of sexual violence, of whom 283 were women, received mental-health and psychosocial support at the health facilities mentioned above, and 241 among them were referred for medical care. Six of the health facilities had dedicated counselling centres, including two that the ICRC had helped set up and begun supporting in 2021. Renovations made by the ICRC at these two centres enabled doctors or psychologists and their patients to have confidential sessions.

Health-care providers and psychologists at the ICRC-supported facilities were given expert advice and training to deal with cases of sexual violence, identify patients in psychological distress and refer them for appropriate care. National Society volunteers – after instruction from the ICRC – conducted information sessions in communities, with a view to preventing stigmatization of victims/survivors of sexual violence and promoting the services available to them.

CARACAS (REGIONAL)

COVERING: Bolivarian Republic of Venezuela, Trinidad and Tobago, Aruba, Bonaire, Curaçao

ICRC ACTION

The ICRC enhanced its efforts to address sexual violence and its impact on communities as part of the delegation's ongoing work to expand its protection response in the Bolivarian Republic of Venezuela (hereafter Venezuela). The delegation established a multidisciplinary working group and, with the support and leadership of a focal point for addressing sexual violence, developed an action plan to ensure a consolidated approach at the delegation and sub-delegation levels. Under this plan, different teams worked together to conduct a comprehensive analysis of patterns and trends of sexual violence, build staff capacity through specialized training, and initiate an integrated response, focusing on forensic and legal frameworks.

To better understand the prevalence of sexual violence, the ICRC monitored and analysed information from open sources – such as media reports – and compared this with first-hand information collected by its teams. The resulting analyses helped the ICRC identify the specific communities and/or groups acutely affected by sexual violence, and for whom it could develop a more holistic response. To ensure that it had the capacity to design and implement such a response, the delegation organized a series of face-to-face and remote training sessions through which staff members from different teams learnt more about the ICRC's approach to addressing sexual violence, how to handle disclosures of sexual violence, the importance of meeting the needs of victims/survivors within the first 72 hours after the incident, and how to establish referral pathways. Staff members working on health services, and the first-aid teams of the Venezuelan Red Cross, were trained in identifying and addressing cases of sexual violence during the provision of emergency first aid.

The ICRC carried out a preliminary analysis of the existing domestic legal framework and developed a checklist focused on the impact of mandatory reporting laws – those that require service providers to report cases of sexual violence to authorities – on these providers and their work. It discussed the recommendations with the National Institute of Legal Medicine and Forensic Sciences.

CENTRAL AFRICAN REPUBLIC

ICRC ACTION

The ICRC addressed the consequences of sexual violence and sought to prevent its occurrence through activities embedded in its overall response to the needs of people affected by conflict and other violence in the CAR. The delegation worked on reinforcing its capacity to address sexual violence by organizing training sessions and briefings for staff members working in various disciplines. Its response was supported and coordinated by a sexual violence operations manager, a field officer, and focal points in different field offices. The delegation also contributed to an institutional research study on men's perceptions of sexual violence (see *Strengthening the ICRC's understanding of sexual violence through research on p. 14*), and completed an analysis of the domestic legal framework.

The ICRC further developed its partnership – on joint efforts to raise awareness of the issue of sexual violence and the plight of those affected, including the importance of addressing social stigma against them – with the Central African Red Cross Society. The ICRC, the National Society and other components of the Movement in the country met regularly to discuss and coordinate their activities.

Supporting the provision of health-care and other services

Ensuring that victims/survivors of sexual violence had access to medical treatment and psychosocial support remained a priority for the ICRC. It supported four primary-health-care centres and one hospital in violence-affected prefectures, so that they can continue providing health services, including specialized treatment for victims/survivors of sexual violence. In particular, it regularly provided these centres with supplies for post-exposure prophylaxis kits. A total of 677 victims/survivors of sexual violence consulted and/or received treatment in a confidential manner at these facilities; 483 people were given treatment within the crucial 72-hour period.

Victims/survivors of sexual violence – some 480 men, women and children in all – obtained psychosocial support at the four health centres and hospital mentioned above. The majority of them received support within 72 hours of the incident, while 337 were referred to medical services, including to the ICRC-supported medical facilities mentioned above.

Several of the victims/survivors of sexual violence who sought assistance at the above-mentioned health centres were also supported directly by the ICRC – for instance, it covered their transportation expenses or included them in its income-support activities (e.g. cash grants and/or vocational training) for violence-affected people.

Meanwhile, more than 100 households learnt about ways to access services for victims/survivors during information sessions conducted by National Society volunteers. Many others were reached during information sessions and outreach activities by the ICRC's mental-health and psychosocial support and community health teams. The ICRC also pursued efforts to strengthen existing referral mechanisms, notably through internal briefings, meetings with other organizations and the periodic updating of referral pathways.

Contributing to risk reduction and the prevention of sexual violence

The ICRC worked to foster compliance with IHL and other applicable law among authorities and weapon bearers. It documented allegations of unlawful conduct against civilians, including sexual violence, and when appropriate, discussed them confidentially with the parties concerned. It urged these parties to take measures to prevent or end such misconduct. Members of the military and other weapon bearers advanced their understanding of IHL and other pertinent norms at ICRC dissemination sessions, which all included a session on the prevention of sexual violence. Notably, military instructors for newly recruited soldiers were trained by the ICRC in delivering an interactive module specifically about preventing sexual violence and addressing its consequences.

The ICRC also engaged local leaders and community members in dialogue on a wide range of issues, including the plight of victims/survivors of sexual violence. It produced a radio spot about the protection and assistance required by victims/survivors of sexual violence, and shared related key messages on social media platforms. At an ICRC-organized workshop, media practitioners discussed ethics and journalistic conduct around reporting on conflict-related sexual violence.

The ICRC paid attention to the issue of sexual violence as it carried out its activities on behalf of people deprived of their freedom.

COLOMBIA

ICRC ACTION

The ICRC capitalized on its decades-long experience in responding to the needs of communities affected by the conflict in Colombia to strengthen its advanced and integrated, survivor-centred approach to addressing sexual violence. The ICRC's initiatives – which were led by a sexual violence adviser based in Bogota – focused on ensuring coherence with existing national-level initiatives, particularly by partnering with the Colombian Red Cross, local organizations, and governmental actors.

Facilitating access to health and other essential services

Through a community-based protection approach, the ICRC worked with people affected by conflict and other situations of violence to identify services for victims/survivors, and to raise awareness about existing services and how to access them. This was accomplished through community outreach activities, including training sessions and workshops with the Colombian government's Victim Assistance Unit and several local organizations. In rural areas, the ICRC directly supported community-based organizations and their volunteers to improve their capacities to help victims/survivors by raising awareness of services available, identifying referral pathways, and distributing informational materials, such as booklets on mental health and sexual violence, to community members.

A total of 140 individuals, of whom 109 were women, obtained mental-health and psychosocial support from ICRC psychologists or community volunteers and other local, mostly women-led partners who were trained or supported by the ICRC. The ICRC organized additional training sessions for health workers at several hospitals and other first-responder institutions who either treat victims/survivors directly or participate in the referral process. At one hospital, the ICRC also made repairs in the emergency department where victims/survivors were examined, to ensure that consultations could be carried out safely and in a confidential manner and that victims/survivors were better protected during the crucial 72-hour period. Several victims/survivors who sought treatment at state-run facilities had their expenses, including accommodation and transportation costs, covered by the ICRC.

Providing support directly to victims/survivors

In cases where victims/survivors were not eligible for state benefits or were facing difficulties in accessing these benefits, the ICRC directly provided them with assistance, usually in partnership with the Colombian Red Cross. This included the provision of food vouchers and/or emergency cash grants to more than 350 people, to enable them to cover their basic needs, including the transport and other expenses they had incurred while attempting to access public services. The ICRC also provided income support, which included cash grants, soft-skills training, and/or basic business-skills training, to 53 victims/survivors (benefitting 231 people in all), so that they can start or strengthen their small business or obtain employment at local businesses.

Highlighting the importance of preventing sexual violence

As part of its long-standing neutral and impartial dialogue with all parties to conflict in Colombia, the ICRC engaged the authorities and weapon bearers in dialogue on their obligations under IHL and other pertinent norms in relation to preventing and addressing sexual violence. Notably, it held several meetings with government officials to discuss ways to improve existing mechanisms to assist victims/survivors. Following these exchanges, at least five governmental departments considered the ICRC's recommendations, on remedying gaps in service provision, in their planning processes.

The ICRC also had meetings and high-level round tables with military and police forces, in line with its longer-term objective of addressing the root causes of sexual violence during armed conflict. For example, the ICRC engaged the armed forces in discussions on how specific operational practices may inadvertently place civilians at increased risk of sexual violence. Commanders were urged to take a preventive approach by identifying and mitigating risk factors related to sexual violence within their operational planning mechanisms.

DEMOCRATIC REPUBLIC OF THE CONGO

COVERING: Congo-Brazzaville, Democratic Republic of the Congo

ICRC ACTION

The ICRC strove to ensure that victims/survivors of sexual violence in the Democratic Republic of the Congo (hereafter DRC) had access to the assistance they required, to help communities minimize their exposure to risks, and to prevent abuses from occurring. A sexual violence operations manager, supported by a field officer, oversaw the implementation and coordination of the delegation's response, including the development of a five-year strategy to ensure coherence with the ICRC's institutional approach and with the ICRC's other activities in the DRC. During training sessions, staff members – for example, those working in such fields as restoring family links and economic security – learnt more about key aspects of addressing sexual violence; these sessions included a French version of the institutional training programme on addressing sexual violence. Tailored sessions were organized for staff members involved in detention-related activities, with a view to helping the delegation better understand and develop approaches for addressing sexual violence in detention settings.

The ICRC worked, whenever possible, with the DRC Red Cross and helped it to train National Society volunteers in responding to sexual violence. It also sustained interactions with other organizations addressing sexual violence in the DRC, to share information, map existing services, and coordinate activities.

To ensure that victims/survivors of sexual violence could get the services they require, the ICRC worked on improving referral mechanisms, both internally within its teams and activities, and externally with other service providers and organizations. Several victims/survivors of sexual violence were, as a result, assisted by the ICRC on multiple fronts: addressing their protection-related concerns, extending emergency financial assistance and/or livelihood support, and enabling them to access treatment and psychosocial care. In North Kivu, the ICRC set up a referral system with Médecins Sans Frontières, to facilitate the provision of holistic medical care for victims/survivors of sexual violence.

Supporting the provision of health-care and other essential services

People in violence-affected areas of North and South Kivu, Ituri, and Tanganyika obtained health care at primary-health-care centres and hospitals that the ICRC provided with financial, material and technical assistance. The ICRC helped to ensure the availability of post-rape kits in these facilities by mobilizing the authorities, facilitating the transport of kits or donating the necessary supplies. In all, 1,135 victims/survivors of sexual violence received treatment or consulted at ICRC-supported health facilities; 817 were given post-rape kits within the crucial 72-hour period.

At least 2,000 victims/survivors of sexual violence, including 1,836 women, who obtained psychosocial care at ICRC-supported counselling centres, health centres and referral hospitals identified sexual violence as their main reason for

seeking help. Nearly half of them were referred to a medical facility in a timely manner. Several hundred community-based volunteers and health workers were trained by the ICRC in providing such care to people dealing with distress. The ICRC also helped volunteers to organize information on mental-health and psychosocial support, including key messages about sexual violence.

Contributing to risk mitigation and the prevention of sexual violence

The ICRC included key messages about sexual violence in first-aid training sessions that it organized in 2021, with a view to ensuring that first responders can provide emergency care to victims/survivors and refer them for appropriate assistance. Messages on the plight of victims/survivors and ways people can access support were also relayed during focus group discussions with communities, during which community members expressed their needs, described perceived threats to their safety and discussed mitigation strategies. These sessions helped the ICRC to better understand patterns of violence and the needs of the people affected. Victims/survivors of sexual violence who were identified during the ICRC's interactions with communities were given assistance or referred to the services they required.

Broader public-communication initiatives helped bring information about the risk of exposure to sexual violence, mitigation strategies, and challenges faced by victims/survivors to the general public. Notably, some 165,000 people were reached by a radio campaign on these topics. During information sessions conducted with the National Society, communities were told about the consequences of social stigma on victims of violence, including victims/survivors of sexual violence, and were encouraged to refer people to the appropriate services when necessary.

The ICRC reminded authorities and weapon bearers of their obligations under IHL, international human rights law and other applicable norms. It documented allegations of sexual violence and other unlawful conduct, and made representations to the authorities and the weapon bearers concerned. Bilateral dialogue with weapon bearers was supplemented by workshops and information sessions at which thousands of weapon bearers learnt more about IHL, human rights law, and other applicable norms, and the specific provisions prohibiting sexual violence and addressing its consequences. Following such dialogue and efforts, two armed groups sought the ICRC's IHL expert assistance to draft and update codes of conduct for their members, and DRC military forces drafted an action plan for preventing sexual violence and addressing its consequences.

Moreover, the ICRC launched a study of domestic laws pertinent to sexual violence. It also provided comments on a draft law for creating a national fund to support victims/survivors of sexual violence and a commission for transitional justice.

ETHIOPIA

ICRC ACTION

The ICRC adopted a cross-cutting, survivor-centred approach to addressing conflict-related sexual violence and its consequences, as part of the delegation's broader response to humanitarian needs in Ethiopia. It focused its efforts in the northern and western parts of the country, which were heavily affected by violence in 2021. A sexual violence operations manager began supporting and coordinating the delegation's response in May, notably by carrying out assessments to better understand humanitarian needs and the patterns of violence, conducting stakeholder mapping and developing referral pathways. The operations manager also encouraged and supported multidisciplinary ICRC teams to consider and include the issue of sexual violence in their dialogue with the authorities and weapon bearers, health activities and livelihood-support initiatives. Training sessions on specific aspects of addressing sexual violence were organized for ICRC staff and for Ethiopian Red Cross staff and volunteers, to help them shore up their capacities; they also had access to the guidance documents that were produced at institutional level.

Providing health care and other essential services

Referring victims/survivors of sexual violence to life-saving services and addressing their urgent needs was a priority in 2021. The ICRC helped several victims/survivors reach one-stop centres – where they could receive comprehensive support services, including clinical management of rape, psychosocial support, and legal assistance – by directly transporting them or giving them cash to cover their transportation costs. In some cases, the referral and transport of victims/survivors of sexual violence was coordinated with the Ethiopian Red Cross. The ICRC also took measures to ensure the inclusion of victims/survivors of sexual violence in its distributions of cash grants and essential household items, so that they can cover their basic needs, living expenses and medical costs. Those who had become separated from their families were able to contact their relatives through the Movement's family-links services.

The ICRC provided nine one-stop centres and health facilities with food, basic materials and "dignity kits", which contained soap, toothbrushes, underwear, feminine hygiene products and other items to support women's dignity and

safety. It built a structure for a one-stop centre at a hospital in Shire, so that victims/survivors of sexual violence can receive services there, and made repairs at another centre. The ICRC also supported five safe houses – in Amhara and Tigray – that accommodated victims/survivors of sexual violence; it gave them assistance to cover rent, food, basic material and dignity kits, as well as offered family-links services.

In all these initiatives, the ICRC sought to ensure the privacy and dignity of the victims/survivors by favouring discreet means of delivering assistance – by distributing essential household items for them at safe houses, for example.

Preventing and addressing sexual violence were also systematically covered during training sessions and workshops – on IHL and other norms – for military personnel, police officers and other weapon bearers.

IRAQ

ICRC ACTION

The ICRC delegation in Iraq worked on developing its efforts to address sexual violence, in line with the institutional sexual violence strategy (see *Annex II: The ICRC's approach and strategy* on page 35). It established an internal working group, with a view to enhancing the coordination of activities to address sexual violence internally within the delegation and with external partners. It also started to develop a safe referral pathway in coordination with other groups and organizations that were also addressing sexual and gender-based violence in the different governorates across the country.

To help ensure that staff members were able and equipped to address sexual violence, the delegation developed an annual capacity-building initiative on preventing and responding to sexual violence. The sexual violence adviser also organized training sessions and provided advice on integrating considerations related to sexual violence in existing multidisciplinary assessments.

People who were at risk of exposure to sexual violence were among those who received financial support from the ICRC, which was meant to help them start micro-economic initiatives; this support was given as part of the ICRC's broader income-support initiative for people affected by conflict and other violence.

The ICRC organized a seminar on addressing sexual violence for the Strategic Studies Centre of the Iraqi Defence University. It paid attention to the issue of sexual violence in its analysis of the situation in places of detention.

MEXICO CITY (REGIONAL)

COVERING: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua

ICRC ACTION

The ICRC took an integrated approach to addressing the needs of a diverse array of violence-affected people, including urban communities, migrants and returnees, in El Salvador, Guatemala, Honduras and Mexico. It established a multidisciplinary working group and developed a plan of action to address both the causes and consequences of sexual violence through a survivor-centred approach, focusing on two areas: enhancing the quality of services for victims/survivors and engaging the authorities and weapon bearers in dialogue on preventing sexual violence.

Enhancing the quality of services for victims/survivors of sexual violence

More than 180 victims/survivors of sexual violence, of whom 111 were children, directly accessed emergency health and mental/psychosocial support services at clinics that were supported by the ICRC and where health workers had received specialized training. The ICRC also provided some victims/survivors with emergency cash assistance, which they could use to cover urgent, unmet needs, including the purchase of medicines. In southern Mexico and in Honduras, ICRC teams began identifying and mapping essential services for victims/survivors, with an additional focus on addressing barriers to access that specific groups, such as migrants, might face when seeking immediate assistance in the first 72 hours after an incident.

Promoting the prevention of sexual violence

At round tables and meetings, the ICRC and the pertinent authorities discussed risks of sexual violence and concrete proposals for ways to better mitigate these risks and to adequately respond to the needs of victims/survivors. These included a training session with Guatemalan authorities and an online workshop with the under-secretariat for human rights and multilateral affairs of the foreign affairs ministry. The domestic legislation checklist on sexual violence was presented during workshops with universities and academic circles in the countries covered by the regional delegation.

NIGERIA

ICRC ACTION

Supporting the provision of health services

Victims/survivors of sexual violence had access to health services at primary-health-care facilities – mostly located in the north-east – that regularly received supplies, equipment, and training and staff incentives from the ICRC. Specific training sessions on clinical management of rape were organized for health ministry staff and other health personnel. The ICRC also organized workshops on sexual and reproductive health for men, including health workers and community leaders, which included messages about the prevention of sexual violence. It developed referral pathways linking some of the ICRC-supported health centres and other providers of services for victims/survivors of sexual violence.

Victims/survivors of sexual violence also received mental-health and psychosocial support from the ICRC and from ICRC-trained counsellors and Nigerian Red Cross Society volunteers, who provided services both at health facilities and at community level. Some 9,000 people learnt more about the psychosocial and psychological consequences of sexual violence and the help available to address these, among other topics, during information sessions supported by the ICRC.

Contributing to risk reduction and the prevention of sexual violence

Community members expressed their needs to the ICRC, and gave their views and suggestions concerning the ICRC's activities, through individual or group discussions, surveys and a hotline that served as a community contact centre. People with specific vulnerabilities were given assistance to help them meet their distinct needs, mitigate risks to their safety, and reduce their dependence on harmful coping mechanisms. Victims/survivors of sexual violence, in particular, were able to obtain health care, including mental-health and psychosocial support, and other assistance through referral mechanisms established by the ICRC (see above). Several victims/survivors of sexual violence also benefited from ICRC income support – cash grants and/or vocational training – that enabled them to set up or expand small businesses. This support was dispensed as part of wider income-support initiatives for conflict-affected people, to guard against stigmatization and re-victimization and to protect the victims/survivors.

The ICRC documented people's protection-related concerns, including those related to sexual violence, and brought them up with the pertinent parties, whom it urged to prevent or end unlawful conduct. It reminded weapon bearers, including the Nigerian Armed Forces deployed in the conflict-affected areas in north-eastern Nigeria and Nigeria Police Force operational units, of their obligations under applicable law in connection with the prevention of sexual violence, which it also discussed during training sessions for them. Moreover, the ICRC discussed the necessity of preventing sexual violence and addressing the needs of those affected during meetings with religious leaders and interactions with regional organizations, such as the Economic Community of West African States based in Abuja.

As part of its work for people deprived of their freedom, the ICRC assessed the treatment of detainees, including in relation to sexual violence, during visits to places of detention in Nigeria.

PHILIPPINES

ICRC ACTION

Helping ensure access to medical care and other essential services

The ICRC helped ensure that key hospitals in Mindanao were equipped to provide suitable and timely medical care, in line with international and sectoral guidance, to victims/survivors of sexual violence. To this end, post-rape kits and other supplies were donated to 12 Women and Child Protection Units located in ICRC-supported hospitals. Owing to logistical and pandemic-related constraints, however, training in treating victims/survivors of sexual violence and repairs to upgrade facilities at several hospitals were postponed to 2022. A mapping of existing service providers was undertaken, including quality assessment.

Victims/survivors of sexual violence had access to mental-health and psychosocial support at health facilities supported by the ICRC. The ICRC also broadened awareness among violence-affected communities of mental-health issues and the services available for people traumatized by violence. It held meetings with other organizations also addressing the issue, to discuss gaps in prevention and response initiatives.

The ICRC followed up on the implementation of the plans of action discussed with communities in Mindanao, as a result of the safety audits conducted with them in 2020; during these audits, community members had discussed their specific concerns, challenges in terms of addressing risks and coping mechanisms. The ICRC also assessed the medico-legal system and existing domestic legislation in relation to the prevention of sexual violence and the assistance available to those affected.

Through public-communication efforts (e.g. articles, news releases, social-media posts and radio spots), the general public learnt more about the psychosocial needs of victims of violence, including victims/survivors of sexual violence, and the services available to them.

SOMALIA

ICRC ACTION

The ICRC focused on ensuring the availability of medical treatment for victims/survivors of sexual violence. To this end, it regularly provided comprehensive support (e.g. supplies, equipment and financial assistance) to 32 clinics run by the Somali Red Crescent Society. Victims/survivors of sexual violence obtained medical services, including post-exposure prophylaxis within 72 hours of the incident, at these clinics. Together with the Norwegian Red Cross, the ICRC also provided logistical and administrative support, and monitoring, for a fistula treatment programme at the Keysaney hospital.

The ICRC continued to document cases of sexual violence; it also gave the Somali Red Crescent Society support for training midwives in providing medical care for victims/survivors of sexual violence.

The Somali Red Crescent and the ICRC continued to engage with communities – despite challenges and setbacks because of a rise in COVID-19 cases and the relevant COVID-19 preventive measures – to reach a fuller understanding of their health needs and make an effective response to them. They jointly carried out public-communication campaigns to raise awareness of the issue of sexual violence, among other pressing topics of humanitarian concern.

SOUTH SUDAN

ICRC ACTION

The ICRC continued to implement a multidisciplinary approach to addressing the issue of sexual violence in South Sudan. To ensure that its response was holistic and tailored, the ICRC delegation worked to strengthen information-sharing and coordination among its different teams, to improve its understanding of the issue and to build staff capacity. It set up a multidisciplinary working group, conducted context analyses in the field, appointed focal points for addressing sexual violence in the different field structures, and held training sessions for staff members.

The ICRC regularly updated its referral pathways, which mapped local services addressing sexual and gender-based violence, to ensure that it can facilitate access to these services for victims/survivors of sexual violence. It continued to implement its partnership agreement, on addressing sexual violence and gender-based violence, with the South Sudan Red Cross and to coordinate its activities with those of local organizations that were also addressing the issue.

Supporting the provision of health-care and other essential services

The ICRC, in cooperation with health authorities and the South Sudanese and Canadian National Societies, worked to make primary health care available in violence-affected communities. A total of 22 health centres received medical supplies and equipment from the ICRC – and their staff, financial incentives and comprehensive training. Notably, all ICRC-supported health centres were given post-exposure prophylaxis kits, to ensure that they were equipped to provide treatment for victims/survivors of sexual violence. An ICRC-supported hospital, in Akobo, also provided treatment for victims/survivors of sexual violence. In all, 131 victims/survivors consulted and/or received treatment at ICRC-supported facilities.

A total of 51 victims/survivors of sexual violence received mental-health and psychosocial support from ICRC-trained counsellors – some of them, National Society volunteers – stationed at ICRC-supported health centres.

The ICRC provided victims/survivors of sexual violence with suitable assistance for their needs – for example, cash grants enabled some of them to cover their urgent needs. Several victims/survivors – including some who had also benefited from mental-health and psychosocial support (see above) – were given financial assistance, supplies and basic business-skills training to help them start small business. Similar assistance was extended to some female breadwinners, so that they can cultivate cash crops or communal vegetable gardens, with a view to reducing their risk of exposure to sexual violence.

When necessary, the ICRC referred victims/survivors of sexual violence and other victims of violence to government agencies, NGOs, or aid organizations for further support.

Contributing to risk mitigation and the prevention of sexual violence

The ICRC integrated gender-based considerations and risk-reduction measures into its projects to build or improve community infrastructure, with a view to minimizing the eventual users' exposure to sexual violence. For example, water points were placed in areas accessible to women and girls, to help them avoid travelling long distances to collect water and to reduce the amount of time they spent lining up for water. It also revised the forms it used for family-links services, to reflect and better assess vulnerabilities linked to sexual violence.

The ICRC urged authorities and weapon bearers on all sides – through dialogue and written representations – to meet their obligations under IHL, human rights law and other applicable norms, including preventing sexual violence and addressing its consequences. It included key messages about the issue of sexual violence in training sessions for military personnel, members of armed groups and law enforcement personnel. It organized a training session specifically on addressing sexual violence for several police officers, with whom the ICRC also shared its updated referral pathway.

With a view to ensuring access to health care for victims/survivors, the ICRC also strove to discuss with the relevant ministries the findings of its research on the impact of mandatory reporting policies – whereby health workers are obliged to report incidents of sexual violence to law enforcement authorities – on people's willingness and opportunities to seek medical assistance.

The ICRC trained South Sudan Red Cross personnel in the principles on which the ICRC's protection-related work was based, and in applying these principles when assisting victims of violence, including victims/survivors of sexual violence. Approximately 25,000 people learnt more about the issue of sexual violence, and the services available to victims/survivors, at information sessions conducted by ICRC-trained National Society volunteers. On the occasion of the International Day for the Elimination of Sexual Violence in Conflict, the ICRC conducted an information campaign – through community outreach, social media and other means – on the availability of post-exposure prophylaxis at all ICRC-supported health centres and about the ICRC's activities for victims/survivors of sexual violence.

Broader public communication efforts – radio spots, social-media posts, online information campaigns, and news releases – enabled the ICRC to reach people with useful information about the services provided by the National Society and the ICRC, including those available for victims/survivors of sexual violence.

SUVA (REGIONAL)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific

ICRC ACTION

Supporting the provision of health care

The ICRC worked to ensure that good-quality health services were available to people in the Highlands region of Papua New Guinea, particularly victims/survivors of sexual violence and other people with specific needs. Victims/survivors of sexual violence had access to specialized treatment, and to mental-health and psychosocial support, from ICRC-trained health workers, traditional birth attendants and/or community volunteers. Some 880 people benefited from support groups and other kinds of psychosocial assistance; among them, 226 received support within 72 hours, of whom 101 were referred to medical services.

Traditional birth attendants were given technical advice for referring victims/survivors of sexual violence to family-support centres, where they received post-exposure prophylaxis and/or psychosocial support. The ICRC provided health personnel at these family-support centres with material and technical assistance to perform their duties in accordance with COVID-19 safety protocols. It also covered the transportation expenses of those who were referred to the family-support centres.

The ICRC organized information sessions at which around 13,000 people were made aware of the psychological consequences of sexual and other violence, and of the mental-health and psychosocial support available to victims/survivors of sexual violence.

Helping mitigate risks and promoting the prevention of sexual violence

The ICRC continued to monitor the situation of people affected by communal violence in Enga, Hela and the Southern Highlands in Papua New Guinea, and document allegations of unlawful conduct. It sought to improve its understanding of the scope and impact of sexual violence on communities and individuals, reinforce its capacity to address the issue and identify other providers of assistance for victims/survivors.

The ICRC maintained its dialogue with local authorities, police forces and fighters, emphasizing the necessity of protecting violence-affected communities from sexual violence and other unlawful conduct and engaging in discussion about the prevention of sexual violence. During workshops and information sessions, it drew the attention of local authorities, police personnel and fighters to the humanitarian consequences of such violence. For instance, workshops on restraint were conducted with fighters, with a view to raising awareness on the topic and on such issues as protecting schools and health centres; the workshops also helped the ICRC better understand the causes and trends of sexual violence.

Community members learnt more about various issues of humanitarian concern through plays staged by the ICRC and at ICRC dissemination sessions. Owing to pandemic-related restrictions and staffing constraints, the ICRC was unable to carry out activities to help violence-affected communities devise positive coping mechanisms.

SYRIAN ARAB REPUBLIC

ICRC ACTION

The ICRC continued to integrate mental-health and psychosocial support into its health responses in Syria, to benefit people who may need such care. It trained and supported health workers, including psychologists, in conducting individual and group psychological-support sessions. Through these efforts, victims of violence obtained psychosocial support at several ICRC-supported health centres – for example, in Aleppo and Hama – that were among the primary-health-care centres that regularly received comprehensive support (e.g. staff training, funding, supplies, infrastructural repairs) from the ICRC.

The ICRC pursued efforts to identify and map providers of mental-health and psychosocial support and other services for violence-affected people, in order to establish referral mechanisms. It also supported the national medico-legal department in efforts to address sexual violence. Internally, the delegation developed a section on gender analysis and addressing sexual and gender-based violence for the training materials for new staff members and for Syrian Arab Red Crescent volunteers that were involved in water-and-habitat projects. Delegation staff learnt more about addressing sexual and gender-based violence during webinars and presentations led by a sexual violence operations adviser.

FINANCIAL OVERVIEW 2021

In KCHF

	BUDGET	EXPENDITURE	CONTRIBUTIONS ⁷
HEADQUARTERS			
Headquarters	471	375	-
Funded out of contributions to the Appeal 2021: Headquarters	-	-	375
FEATURED DELEGATIONS			
Bangladesh	830	667	810
Burundi	769	607	607
Caracas (regional)	302	287	287
Central African Republic	1,385	1,077	1,364
Colombia	1,887	1,693	1,693
Congo, Democratic Republic of the	10,651	9,435	9,435
Ethiopia	978	931	931
Iraq	402	390	390
Mexico City (regional)	143	122	122
Nigeria	3,789	2,704	3,305
Philippines	302	291	291
Somalia	182	164	164
South Sudan	6,108	5,474	5,474
Suva (regional)	555	542	542
Syrian Arab Republic	944	866	859
Balance brought forward to 2022	-	-	-1,023
TOTAL	29,698	25,624	25,624

7. This includes balance brought forward from 2020.

LIST OF CONTRIBUTIONS PLEDGED AND RECEIVED

GOVERNMENTS	
Andorra	29,955
Belgium	4,209,600
Canada	2,240,100
Germany	7,554,400
Iceland	138,794
Italy	754,020
Korea, Republic of	913,200
Norway	5,275,150
Slovenia	43,256
United States of America	1,830,600
Sub-total: Governments	22,985,075
Sub-total: Contributions to the Special Appeal 2021: Addressing sexual violence	
	22,985,075
Funded out of contributions to the <i>Appeals 2021: Headquarters</i>	375,237
Funded out of contributions to the <i>Appeals 2021: Operations</i>	-
Total receipts for 2021 as at 31 December 2021	620,812
Balance brought forward from 2020	3,286,759
Balance brought forward to 2022	-1,022,714
GRAND TOTAL	25,624,357

As the figures in this document have been rounded off, adding them up may give a slightly different result from the total presented. The figures may also vary slightly from the amounts indicated in other documents.

**KPMG SA**

Esplanade de Pont-Rouge 6
PO Box 1571
CH-1211 Geneva 26

+41 58 249 25 15
kpmg.ch

**Review Report to the Directorate of
The International Committee of the Red Cross, Geneva**

We have been engaged to review the Summary of Expenditure and Contributions for the Special Appeal “Addressing Sexual Violence” of the International Committee of the Red Cross for the year ended 31 December 2021.

This Summary of Expenditure and Contributions is the responsibility of the Directorate. Our responsibility is to issue a report on this Summary of Expenditure and Contributions based on our review.

We conducted our review in accordance with the Swiss Auditing Standard 910 „Engagements to Review Financial Statements“. This standard requires that we plan and perform the review to obtain limited assurance as to whether the Summary of Expenditure and Contributions is free of material misstatement. A review is limited primarily to inquiries of company personnel and analytical procedures applied to financial data and thus provides less assurance than an audit. We have not performed an audit and, accordingly, we do not express an audit opinion.

Based on our review, nothing has come to our attention that causes us to believe that the Summary of Expenditure and Contributions does not comply with the accounting policies set out in the notes.

KPMG SA

Stéphane Nusbaumer
Licensed Auditor

Elodie Elloy
Licensed Audit Expert

Geneva, 1 June 2022

Enclosure:

- Summary of Expenditure and Contributions

The International Committee of the Red Cross (ICRC), Geneva
 Addressing Sexual Violence
 Summary of Expenditure and Contributions for the year ended 31 December 2021
 In CHF thousands

	FINAL BUDGET (not reviewed)	EXPENDITURE	CONTRIBUTIONS
Headquarters	471	375	-
Funded out of contributions to the Appeal 2021: Headquarters			375
ADDRESSING SEXUAL VIOLENCE: FEATURED DELEGATIONS			
Bangladesh	830	667	810
Burundi	769	607	607
Caracas (regional)	302	287	287
Central African Republic	1'385	1'077	1'364
Colombia	1'887	1'693	1'693
Congo, Democratic Republic of the	10'651	9'435	9'435
Ethiopia	978	931	931
Iraq	402	390	390
Mexico City (regional)	143	122	122
Nigeria	3'789	2'704	3'305
Philippines	302	291	291
Somalia	182	164	164
South Sudan	6'108	5'474	5'474
Suva (regional)	555	542	542
Syrian Arab Republic	944	866	859
<i>If positive amount: Funded out of contributions to the Appeal 2021 - Operations If negative amount: Budget Brought Forward for next year</i>			-1'023
TOTAL	29'698	25'624	25'624

The International Committee of the Red Cross (ICRC), Geneva Addressing sexual violence

NOTES TO THE SUMMARY OF EXPENDITURE AND CONTRIBUTIONS

1. ACTIVITIES

The Special Appeal 2021 underlines the ICRC's commitment to consolidate and enhance its efforts to address sexual and gender-based violence in armed conflict, other situations of violence, and detention. These efforts are carried out as part of the ICRC's protection, assistance, prevention and cooperation programs.

They encompass activities to prevent sexual violence, help mitigate people's exposure to risk and provide victims/survivors with support in response to the consequences of such abuse and crimes.

These activities, along with others, are also included in the funding requirements outlined in the ICRC's Operations Appeals 2021 and ICRC Headquarters Appeal 2021, both issued in November 2020.

2. BASIS OF ACCOUNTING

The Summary of Expenditure and Contributions is presented in Swiss Francs and has been prepared using the accrual basis of accounting, under which, the effects of transactions and other events are recognized when they occur (and not as cash or its equivalent is received or paid) and they are recorded and reported in the periods to which they relate.

Transactions in currencies other than Swiss Francs are converted into Swiss Francs at rates which approximate the actual rates at the transaction dates.

Significant accounting policies

- All contributions and expenses are assigned to a specific general objective (GO) code.
- Expenditure mainly relate to staff related costs, mission costs, rentals and maintenance costs, purchase of goods and materials, financial assistance, general expenditure, finance costs and depreciations.
- Contributions

Contributions are mainly received in cash but may be received in kind (goods or fixed assets) or in services (staff, means of transport or rent for instance). Contributions in kind and in services are recognized as revenue at their estimated fair value on the date of receipt of the goods or the services.

Contributions are recorded as restricted or unrestricted depending on donor designation.

Contributions restricted to no other purpose than general field operations or headquarters are considered unearmarked. Unearmarked contributions are recognized as revenue upon receipt of a written confirmation or agreement from the donor. In the absence of a confirmation, the contribution is recognized upon receipt of cash.

Contributions for use after the reporting date are recognized as revenue in the year designated by the donor.

Contributions recorded during the year include the use of any surplus from prior periods (also called Budget Brought Forward).

Figures in the tables are rounded off, may vary slightly from the amounts presented in other documents, and may result in rounded-off results.

ANNEX I: LEGAL FRAMEWORK

The ICRC defines sexual violence as any act of a sexual nature committed against any person by force, threat of force or coercion, in line with the definition under international law⁸. It includes, but is not limited to, rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilization. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against a third person. Sexual violence therefore comprises acts of a sexual nature committed by taking advantage of a coercive environment. It furthermore includes acts of a sexual nature that a person is forced to engage in, against another person, owing to the factors and circumstances outlined above. For sexual violence, as defined above, to fall within the scope of application of IHL, it must take place in the context of, and be associated with, an armed conflict.

Legal basis, additional standards and other guidance

Acts of sexual violence are prohibited, both explicitly and implicitly, under IHL⁹ in both international and non-international armed conflicts. Rape and other forms of sexual violence are also prohibited under customary law, in both international and non-international armed conflict, as highlighted in Rule 93 of the ICRC study on customary IHL.¹⁰ Furthermore, rape and other forms of sexual violence in armed conflict amount to serious violations of IHL and thereby constitute war crimes.¹¹ Sexual violence may also constitute a crime against humanity or an act of genocide.¹² At all times, acts of sexual violence are prohibited by international human rights law and of many bodies of religious or traditional law. Although there are considerable variations and nuances in domestic legislation, rape and other forms of sexual violence are considered as offences in most states.

To end impunity, it is important that states can investigate and prosecute serious violations of IHL – including sexual violence – under domestic law. Sexual violence is also prohibited by other bodies of international law, including international human rights law and international criminal law, and states have corresponding obligations regarding the prevention of and response to sexual violence in their legislation. A more detailed exploration of the applicable laws and corresponding obligations is outlined in the ICRC-developed [Domestic Implementation of International Law Prohibiting Sexual Violence: A Checklist for States and the International Red Cross and Red Crescent Movement](#).

Sexual violence remains utilized as a tactical or strategic means of overwhelming and weakening the adversary, whether directly or indirectly, including by targeting the civilian population. It is rarely an isolated issue but is rather part of a pattern of violence linked to other violations of IHL, such as torture, unlawful killing, child recruitment or destruction of property. In conflict and post-conflict settings, the erosion of state apparatuses, disruption of livelihood patterns, increase in poverty, proliferation of small arms and light weapons, and displacement, among other factors, can exacerbate existing trends of sexual and gender-based violence – such as intimate partner violence, marital rape and child or forced marriage – among civilians. Crisis factors may also deepen risks of transactional or survival sex, trafficking for the purposes of sexual exploitation, and sexual exploitation and abuse.

While distinctions can be made between some forms of sexual and gender-based violence during armed conflict and other situations of violence, many forms tend to be interconnected and share root causes and detrimental consequences for victims/survivors, regardless of the categorization of the conflict or the applicable legal framework.

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8. For more information, see the [ICRC Strategy on Addressing Sexual Violence 2018–2022](#).
 9. For example, Article 27 of the Fourth Geneva Convention specifies that, in international armed conflicts, women should be protected against “any attacks on their honour, in particular against rape, enforced prostitution, or any form of indecent assault”. Article 76(1) of Additional Protocol I explicitly provides that “women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault”. Children are also specifically protected against “any form of indecent assault” in Article 77(1) of Additional Protocol I. Furthermore, Article 75(2)(b) of Additional Protocol I – providing fundamental guarantees – prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, enforced prostitution and any form of indecent assault”. In non-international armed conflicts, Article 4(2)(e) of Additional Protocol II explicitly prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault” against any person who is not, or no longer, participating in hostilities.
 10. The ICRC study on customary IHL published in 2005 identified 161 key rules of customary IHL and presented the state practice on which they are based, as well as related international practice. [Rule 93](#) refers to Rape and Other forms of Sexual Violence. Since its publication, the collection of state and international practices underlying the study (Volume II) has been regularly updated and is freely accessible in an online database (see [Practice](#) for the practice collected about Rule 93, see http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93
 11. The [Rome Statute](#) of the International Criminal Court (ICC) explicitly includes sexual violence in the list of war crimes: Article 8 (2) (b) (xxii) and 8 (2) (e) (vi), ICC Statute regarding rape and other serious forms of sexual violence as war crimes in international and non-international armed conflicts.
 12. Article 6 b) c) d) of the ICC Statute, op. cit.; and ad hoc International Criminal Tribunal for Rwanda, Akayesu case, Judgement, September 1998; available at <http://unictr.unmict.org/sites/unictr.org/files/case-documents/ict-96-4/trial-judgements/en/980902.pdf>.

ANNEX II: THE ICRC'S APPROACH AND STRATEGY

In 2013, the ICRC made a four-year commitment to enhance its response to sexual violence, seeking to address the issue in a proactive manner in recognition of the severity of the problem and the fact that it is underreported, even invisible, in many of the contexts the ICRC works in. The ICRC further strengthened its commitment by including sexual violence among the priority issues it seeks to address in its Institutional Strategy, and with the launch of the [ICRC Strategy on Addressing Sexual Violence for 2018–2022](#), in which it clarified its imperative to take a survivor-centred and holistic approach to tackle sexual violence during armed conflict and other situations of violence and in detention settings. In 2022, the ICRC decided to extend the strategy on sexual violence until 2024, while assessing the progress achieved thus far.

On the assumption that sexual violence occurs in all the contexts in which the ICRC works and that sexual violence and other forms of gender-based violence are exacerbated by conflict and other crises, the organization acts proactively to respond to it. ICRC staff members aim to analyse trends and data on the patterns and prevalence of sexual violence, particularly as crises emerge. ICRC delegations are encouraged and given technical support to: (1) at a minimum, identify a referral pathway for any victim/survivor of sexual violence to survivor-centred services (health, mental-health and psychosocial support, livelihood support, and protection, as well as legal aid, where possible) whether offered by the ICRC or others, and to train staff members on the basics of responding sensitively to disclosures of sexual violence; (2) integrate a response to the issue into their existing activities; or (3) consider developing activities to address specific concerns related to sexual violence, according to the engagement criteria set out in the ICRC's strategy on sexual violence (see below).

The overall approach is guided by several values. It is, foremost, evidence-based: the ICRC develops activities based on context-specific analyses of the issues, causes and consequences, the associated risks, links to other violations of international law, identification of the people most at risk, mapping and discussing the coping strategies developed by victims/survivors and at-risk communities, gaps in the assistance received by victims/survivors, and the ICRC's specific expertise and capabilities, which comprise its added value. Access and acceptance of the ICRC and of neutral, impartial and independent humanitarian action in a given context, as well as a delegation's capacity to act, are also considered. The ICRC strives to apply best practices and lessons learnt to improve its own activities and influence those of others. It also undertakes research on operational issues and on policies and practices that may have negative implications for victims/survivors, to complement and inform its operational response.

The ICRC recognizes the complexity of preventing sexual violence and the multiple needs of victims/survivors and at-risk communities. It, therefore, ensures that it implements holistic and multidisciplinary responses that tackle both prevention and response. To do this, the ICRC draws on the expertise of staff members from different specialized units and services, at headquarters and in the field, who coordinate their activities and work together to ensure a clear pathway from one service to another. Where needed, the ICRC may engage with partners within and outside the Movement, following careful analysis of their complementary roles or capacities.

Furthermore, the ICRC recognizes that populations affected by armed conflict and other situations of violence are diverse and thus takes measures to ensure that its activities are inclusive. It strives to apply an intersectional analysis, considering the varying needs and capacities of victims/survivors – which are shaped by the interplay of gender norms and power dynamics in society as well as individual factors such as age, sexual orientation, ethnicity, religion, disability and race, which intersect and overlap to influence a person's position, power and vulnerabilities within society. This helps ensure that the ICRC's response is always tailored to the people, communities and contexts in question – whether in terms of the services it provides, the accessibility of such services, or its support for people's coping mechanisms, among other things. To this end, the ICRC endeavours to engage at-risk groups and communities in all stages of its response. This is aligned with the people-centred approach prescribed by the ICRC's Institutional Strategy 2019–2024, in which the organization reiterates its commitment to putting people at the centre of its action, by recognizing and respecting that “communities affected are experts on their own situation, first responders and agents of change”. This commitment reflects a shift in power that recognizes, facilitates and promotes people's agency to define their own needs, priorities, and solutions and to participate meaningfully in all stages of the response to ensure more effective programming. This alignment between the ICRC's approach to sexual violence and its overall approach to humanitarian action is crucial to increasing the impact and sustainability of its activities to prevent sexual violence and mitigate and respond to its effects. Ongoing initiatives to reinforce inclusive programming at the ICRC can contribute to a more detailed understanding of the nature and extent of sexual and gender-based violence and enable the ICRC to improve its prevention and response approaches, ensuring that these address the distinct experiences and needs of diverse groups of people in relation to sexual and gender-based violence. These initiatives include, among others, developing the ICRC's methodology, reference materials and capacities in social power analysis and its ability to disaggregate data by sex, age and disability.

Consistent with how it carries out all of its activities, the ICRC strives to uphold the “do no harm” principle when addressing sexual violence. It ensures that its response respects and protects people’s well-being, safety and dignity and that it does not cause undue or additional adverse consequences through its programmes or presence in a given context. For example, it strives to avoid exposing victims/survivors to additional sexual and gender-based violence risks around activity sites for economic security and water and habitat projects. Moreover, by integrating its response to sexual violence into its broader response for victims of violence and other IHL violations, the ICRC reduces the risk of exposing people to additional trauma, labelling and stigmatization in its mental-health and psychosocial support activities. The ICRC’s use of a survivor-centred approach to addressing sexual and gender-based violence is fully aligned with the “do no harm” principle and with evidence-based humanitarian standards.

SCOPE OF THE ICRC’S WORK

To support delegations in determining the specific added value of the ICRC and its activities in a given context, the ICRC has four operational considerations for engagement on addressing sexual violence. Even without fulfilling any part of the criteria outlined below, the ICRC aims to, at a minimum, address sexual violence by ensuring that a referral system for victims/survivors is in place, and striving to cover the issue in its activities to prevent IHL violations and other abuses, including sexual violence.

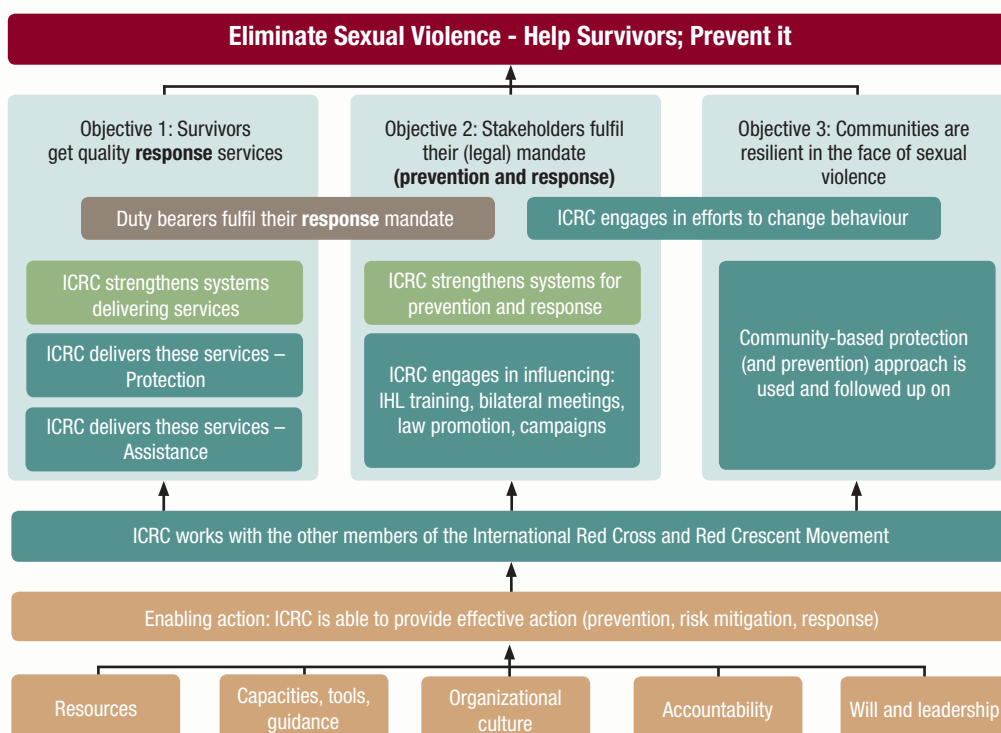
These four operational considerations for engagement are:

- the strength of the connection between the act(s) of sexual violence and the armed conflict or other situation of violence;
- the prevalence and humanitarian impact of sexual violence;
- the ICRC’s added value, in terms of its expertise, presence and acceptance by parties to a conflict compared with those of other actors; and/or
- the delegation’s own capacity to respond to the needs identified.

These considerations are applicable only to circumstances outside places of detention. Within detention settings, the ICRC seeks to address sexual violence as systematically as it would any other type of violence or abuse, regardless of the connection with armed conflict or other situations of violence and regardless of the status and category of detainees.

The ICRC recognizes that sexual violence, according to its definition, and different forms of gender-based violence tend to be interconnected with similar root causes and consequences. It adapts its approach and the scope of its action according to the evolution of its working environment and its overall response to humanitarian needs in a given context. While it may focus on addressing sexual violence related to conflict, the ICRC may also implement activities responding to gender-based violence or offer services to all victims/survivors of sexual violence. It may also seek to protect and address the needs of a specific group.

THEORY OF CHANGE SUMMARY: STRATEGY AND ENABLING ACTIONS



COMMENTS

This *Special Report 2021: Addressing sexual violence* covers the ICRC's activities related to this initiative at headquarters and, in some cases, at field level. The information provided here is based on the ICRC Annual Report, launched in June 2022. This covers:

- activities exclusively funded and implemented through the ICRC
- examples of activities that aimed to address sexual violence and were carried out under various ICRC programmes benefiting the target populations “civilians”, “people deprived of their freedom” and “wounded and sick”, and other initiatives directed at “actors of influence” under prevention and protection programmes, and the means needed to work with or in coordination with Movement partners

Funds are subject to standard ICRC reporting, auditing and financial control procedures. There is a yearly Special Report, and there is a separate auditor's report directly related to the year's Special Appeal, as well as narrative and financial information related to the topic, which are included in other standard reports (e.g. the ICRC Annual Report).

Narrative reporting is accessible through:

- ICRC Midterm Reports: the state or progress of ICRC operations in selected contexts as at mid-year
- ICRC Annual Reports: yearly achievements in ICRC operations (by context) as well as work at headquarters
- ICRC Special Report on the Special Appeal (once a year)
- information published on the ICRC website

Financial reporting is also available in the:

- ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent auditor's report and financial tables

For further information, please contact:

International Committee of the Red Cross
Resource Mobilization Division
19 Avenue de la Paix,
1202 Geneva,
Switzerland

Email: resourcemobilization@icrc.org



ICRC