

## **SPECIAL APPEAL 2025**

# ADDRESSING SEXUAL VIOLENCE



## **SEXUAL VIOLENCE: A GLOBAL ISSUE**

Despite its absolute prohibition under international humanitarian law (IHL), sexual violence remains widespread in armed conflict. It is often used as a tactic of war to instill fear, rupture family ties, and erode social cohesion over time. Sexual violence has long-lasting, multigenerational consequences for individuals, families, and communities, which are exacerbated by social stigma, limited access to life-saving services, and resource scarcity in times of war.

#### **70% OF WOMEN**

in fragile and conflictaffected contexts experience sexual and gender-based violence Sexual violence rarely occurs in isolation and is part of a broader pattern of conflict-related violations that occur during wartime. Nearly 70% of women in fragile and conflict-affected contexts experience sexual and gender-based violence, compared to 35% worldwide. Due to social stigma which drives underreporting, prevalence and incidence statistics on men and boys impacted by sexual violence are less well-documented. However, men and

boys are also impacted by sexual violence during armed conflict as part of forcible recruitment or in the context of detention; notably, anywhere between 50 to 80% of male torture survivors have reported experiencing sexualized ill-treatment while deprived of liberty.

Victims/survivors often struggle with physical injuries that can lead to lifelong sexual and reproductive health issues, sexually transmitted infections (STIs), infertility, and chronic health issues. For instance, up to 80% of rape victims/survivors in certain conflict zones contract STIs.<sup>4</sup> The psychological toll is equally devastating, with many victims/survivors experiencing mental health disorders including depression and anxiety.<sup>5</sup> These individual consequences can be amplified when victims/survivors are rejected by their communities due to stigma. In some societies, victims/ survivors experience "social death," as stigma and shame result in ostracization from their families and communities.<sup>6</sup> This exclusionary process has intergenerational consequences which can corrode the social fabric of a community during and long after an armed conflict.

Despite the devasting impact of sexual violence, work to prevent and address it remains critically underfunded with less than 1% of global humanitarian funding allocated to this issue. As a result, victims/survivors face significant barriers to care, with 50% of victims/survivors in conflict zones unable to access medical or psychosocial support.



One of the few constants across my work in conflict zones and with victim/ survivors of sexual violence has been a universal desire – not just for support, but for prevention and an end to the cycles of violence that perpetuate harm. I firmly believe that sexual violence in conflict is not inevitable. If it is predictable, it is preventable.

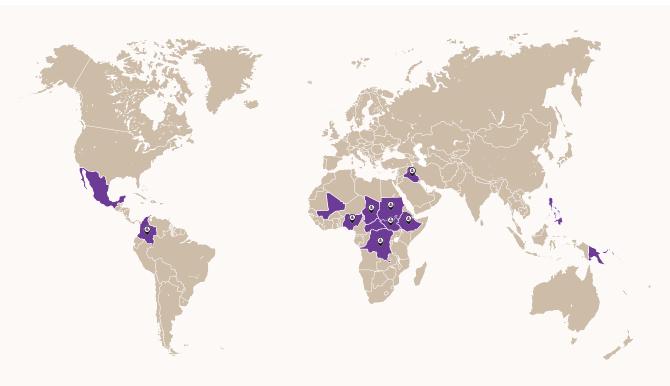
- Christine Seisun, ICRC Head for Addressing Sexual Violence

# THE ICRC'S DISTINCTIVE ROLE IN ADDRESSING SEXUAL VIOLENCE

The ICRC aims to prevent, mitigate, and respond to sexual violence through direct action, including the provision of holistic care for victims/survivors through multidisciplinary programming, risk reduction with communities, and prevention of sexual violence through its engagement with weapon bearers and policymakers as well as through referrals to other actors.

What sets us apart is our ability to work across multiple dimensions: promoting IHL through front-line prevention, providing life-saving assistance and protection services, and partnering with National Red Cross and Red Crescent Societies to strengthen community outreach for stigma reduction. Our evidence-based, survivor-centered approach is tailored to address the complexities of armed conflict and promote resilience.

This section outlines the key elements of our unique approach, while a more detailed overview of our activities can be found in the "How we do it" section.



Featured ICRC delegations and contexts: the Central African Republic; Chad; Colombia; the Democratic Republic of the Congo; Ethiopia; Iraq; Mali; Mexico City (regional), for activities in El Salvador, Guatemala, Honduras, Mexico and Panama; Nigeria; the Philippines; South Sudan; Sudan; and Suva (regional), for activities in Papua New Guinea

Specialist staff members

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## SEXUAL VIOLENCE: A VIOLATION OF IHL, AND A MANDATE FOR ACTION

In accordance with its humanitarian mandate, we seek to respond to the needs of victims/survivors of violence, including sexual violence, and to prevent sexual violence – particularly where it is connected to armed conflict and other situations of violence.

We define 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 law. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression, or abuse of power as well as situations where the perpetrator takes advantage of a coercive environment or a person's incapacity to give genuine consent. The force, threat of force or coercion can be directed against either the victim or another person. Sexual violence also comprises acts of a sexual nature a person is caused to engage in by the circumstances described above. It includes, but is not limited to, rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilization.

For sexual violence to fall within the scope of application of IHL, it must take place in the context of, and be associated with, an armed conflict. Acts of sexual violence are prohibited, both explicitly and implicitly under IHL in both international and non-international armed conflicts. Furthermore, rape and other forms of sexual violence in armed conflict amount to serious violations of IHL and thereby constitute war crimes. At all times, acts of sexual violence are prohibited by international human rights law and by many bodies of religious or traditional law, and while considerable variations and nuances exist in domestic legislation, rape and other forms of sexual violence are considered as offences in most states.

# PREVENTION: STRUCTURAL AND FRONT-LINE ACTION TO REDUCE THE RISK OF SEXUAL VIOLENCE

We are uniquely positioned to work across the full prevention spectrum to reduce the risks of sexual violence during armed conflict and contribute to its full elimination. Over the last decade, we have conducted in–depth operational research with civilian authorities and weapon bearers to better understand what works when it comes to preventing violations of IHL. Through dialogue, training, and policy engagement, we ensure that IHL is translated into protective action that reduces civilians' vulnerabilities to sexual violence by fostering safer environments. Through our front–line prevention efforts, we engage with armed actors active in combat to reduce perpetration of sexual violence.

#### PROTECTION: UPHOLDING SAFETY AND DIGNITY

At the ICRC, we prioritize the safety, confidentiality, and dignity of victims/survivors by ensuring that all interventions are survivor-centered and intersectional. This includes recognizing that sexual violence affects not only women and girls, but also men, boys, and individuals with diverse sexual orientations and gender identities (LGBTIQ+), who often face unique protection risks in conflict settings.<sup>10</sup>

A cornerstone of our protection work is the reversed burden of proof, which assumes that sexual violence occurs in all armed conflicts unless proven otherwise. This proactive stance allows us to address the "invisible" nature of sexual violence, which is often hidden due to stigma and fear. As a result, our staff consistently analyze trends and patterns of sexual violence linked to armed conflict, identify contextually appropriate protection measures into existing activities, and deliver an inclusive response that addresses the diverse needs of victims/survivors. This approach ensures that protection for victims/survivors is not contingent upon disclosure, thereby breaking down barriers of silence that often surround this issue.

To ensure effective protection, we promote safe and unimpeded access to care for victims/ survivors of sexual violence according to the "do no harm" principle. We strive to minimize victims/survivors' exposure by coordinating responses across multidisciplinary teams to reduce psychological triggers such as repeated disclosures. This includes promoting survivor–centered policies with states and service providers with the aim of reducing barriers to accessing services while ensuring survivors are not unintentionally harmed by legal or policy requirements. Since 2020, we have been raising awareness about the unintended harm that mandatory reporting laws and policies can cause. Without survivor–centered safeguards, these laws may discourage victims from seeking help and put both survivors and health–care workers at risk.

By directly engaging with conflict-affected communities and our Movement partners (see next section), we also promote recovery by reducing stigmatizing attitudes and encouraging supportive behaviours. Our community outreach and stigma reduction activities are informed by a robust evidence base that is built on years of operational research as well as proximity to victims/survivors and their communities. We continue building on this good practice by capitalizing on a community feedback loop that enables us to strengthen our approach in response to conflict-affected peoples' evolving needs.<sup>11</sup>

#### LEVERAGING THE WORLD'S LARGEST HUMANITARIAN NETWORK

As part of the International Red Cross and Red Crescent Movement (hereafter the Movement), we benefit from a vast and unparalleled network of National Societies that operate in nearly every country around the globe. Our Red Cross/Red Crescent Movement partners possess in–depth local knowledge of the communities and regions where we work, allowing us to deliver tailored and contextually appropriate responses to sexual violence. Within the Movement, we lead efforts to prevent and address sexual violence related to armed conflict and other situations of violence, while ensuring that the collective response is coordinated, complementary, and guided by our shared humanitarian principles.

Social stigma, fear of reprisals, and limited accessibility and/or availability of quality services often keep victims/survivors from accessing care. Together with our Movement partners, we work to strengthen referral pathways and the accessibility of survivor-centered services. In some contexts, where referral pathways are limited or non-existent, we play a key role in facilitating access to safe, ethical, and survivor-centered life-saving services. For example, in 2023, we supported over 1,000 community outreach activities in collaboration with National Societies to improve access to medical and psychosocial care for victims/survivors.

In addition to service delivery, we work directly with victims/survivors and their communities to identify and address barriers — both visible and invisible — that deter help-seeking behaviours. By leveraging the trusted relationships of National Societies and building community awareness, we foster an environment where victims/survivors can seek help without fear of further violence or ostracization. This approach ensures that victims/survivors receive the holistic care they need while helping strengthen the resilience of affected communities.

Our cooperation with Movement partners amplifies our impact and reinforces our ability to address sexual violence at scale, leveraging the unique strengths of the ICRC and our Red Cross/Red Crescent partners to ensure that victims/survivors are supported wherever they are.



South Sudan, 2024. Together with the South Sudan Red Cross and the Swedish Red Cross, we tackle stigma against victims/survivors of sexual violence. We conduct training sessions for influential community members, including National Society volunteers, health workers, teachers and community and religious leaders, on how to talk about sexual violence in their communities and how to tackle stigma. Through this initiative, National Society volunteers alone have already reached thousands of community members with key messages on addressing stigma and how to access help for victims/survivors.

# HOW WE DO IT: A COMPREHENSIVE SPECTRUM OF ACTIVITIES TO ADDRESS SEXUAL VIOLENCE IN ARMED CONFLICT

Sexual violence has long-lasting multigenerational consequences that demand an impactful global response. Victims/survivors face profound physical, psychological, social and economic challenges that require both an individual and systemic responses. At the ICRC, we address the concerns and needs of communities affected by sexual violence through a holistic, survivor-centered approach. By considering the unique circumstances of each victim/ survivor within the broader environment and realities of their communities, we aim to alleviate suffering and foster resilience.

Over the last five years, we have invested in building a team of polyvalent specialists at the headquarters, regional, and country levels to strengthen our quality programming addressing sexual violence. In contexts where the humanitarian impact of sexual violence is significant and where we can add specific value in addressing the thematic, country-

#### **KEY FACTS AND FIGURES**

Global achievements in 2023



**437 protection activities\*** were implemented around the world



**Over 6,500 victims/survivors** around the world were supported by our health teams



**3,098 people** were provided with mental-health and psychosocial support



**1,416 people** (including 1,179 in the DRC alone) were referred for mental health and psychosocial support



**1,546 post-rape medicine kits** were distributed

\*See protection sections for specific examples

level experts coordinate a transversal approach with Red Cross/Red Crescent Movement partners. In 2025, we plan to have 20 technical experts addressing sexual violence, including staff in headquarters who provide strategic direction and remote regional support.

Most of our priority contexts and specialist staff are based in the Africa region which is reflective of the ICRC's global operational footprint. Our teams for addressing sexual violence include local staff who have deep knowledge of their contexts and communities as well as a detailed understanding of barriers victims/survivors may face when accessing care.

These specialists work to strengthen our multidisciplinary operations to prevent, mitigate, and respond to sexual violence, including management of direct support to victims/survivors, as well as to address the root causes that perpetuate this form of violence.

#### WE WORK TO PREVENT AND MITIGATE SEXUAL VIOLENCE

To help reduce the risk of sexual violence, we engage in activities aimed at addressing its root causes, mitigating people's vulnerabilities, and promoting compliance with IHL. These activities are informed by evidence, tailored to the context, and implemented in close cooperation with communities and other stakeholders.

Our activities include:

#### 1. Promoting respect for IHL

Promoting knowledge, acceptance, and respect for IHL is at the core of our mandate and our work to prevent sexual violence. We do this by engaging both state and non-state weapon bearers through confidential dialogue and training to reinforce respect for their obligations under IHL. Through front-line prevention, we aim to influence the behaviours and norms of weapon bearers to reduce the perpetration of sexual violence and ensure that they uphold their responsibility to protect victims/survivors.

In addition to these efforts, we influence policy discussions to promote survivor-centered policy design which aims at reducing barriers and encourages equal access to care for all people affected by sexual violence, as required by IHL.<sup>12</sup> This comprehensive approach helps mitigate risks of occurrence and ensure that victims/ survivors receive timely and quality support.



Democratic Republic of the Congo, 2024. We engage weapon bearers in dialogue on the prevention of sexual violence. An officer under the École de commandement militaire et d'État Major Kinshasa recounts, "I'm personally very grateful and satisfied with the ICRC's efforts to engage us in discussions on the prevention of sexual violence within our units and especially the fact of talking about it to the unit commanders present in this training. [...] If each one of us, as commanders in operations, take measures to reduce the risk of sexual violence within our units, we could further improve the image of our army, as well as our bonor and professionalism."

#### **Prevention of Sexual Violence Programme**

A key initiative in our efforts to prevent and mitigate sexual violence is the Prevention of Sexual Violence Programme (PSVP), a multi-country, multidisciplinary initiative that we launched in 2022. Through this programme, we engage with weapon bearers to promote restraint, accountability, and adherence to IHL, while also working with communities to reinforce their self-protection mechanisms, improve support for victims/survivors and reduce further harm. In 2023, weapon bearers trained through PSVP-supported actives reinforced restraint and increased their commitment to prevent sexual violence.

For example, community outreach in Ethiopia, implemented in partnership with the Movement, reached over 45,000 people, helping reduce stigma and improve access to services for victims/survivors.

The PSVP also reinforces our capacity to evaluate the quality and results of our prevention work, using the evidence to share good practices with the Movement and humanitarian actors.

#### 2. Community-based risk mitigation

We work closely with communities to help offset vulnerabilities and mitigate risks of sexual violence through a holistic response that brings our multidisciplinary approach together with community-led protection strategies. Our community-based risk mitigation approach is built on local knowledge, survivor perspectives, and evidence-based analysis of vulnerabilities and coping strategies. We work closely with communities and key actors to co-develop tailored Theories of Change, ensuring accountability in our actions. In some communities in South Sudan, for instance, women collecting water and firewood were at high risk of sexual violence. In response, we worked with local leaders to establish safe collection points closer to their communities, significantly reducing their exposure to harm. Projects include the construction of separate toilet blocks for men and women to enhance safety and privacy, and energy and lighting projects (especially in IDP and refugee camps) to improve security, especially at night. When developing water delivery projects, we also integrate community feedback into the pre-assessment surveys, design, implementation, and post- project surveys. Community feedback helps us increase accessibility of essential services for different population groups by reducing exposure to risks of sexual violence.

We work to reduce risks of sexual violence including secondary harms such as social stigma by tacking the root causes through community outreach. This is done in partnership with the world's largest humanitarian network, the Red Cross/Red Crescent Movement. To help address the rejection, ostracization, or "social death" victims/survivors may face within their communities, we engage with community leaders, religious authorities, and other key figures through open dialogue and public awareness campaigns. <sup>14</sup> By challenging harmful misconceptions and fostering an environment of understanding and acceptance, we work to reduce barriers and additional risks for victims/survivors to access support and services. In 2024, up to 150,000 people in Ethiopia and South Sudan were reached by information sessions on reducing stigma surrounding sexual violence conducted by ICRC-trained influential community members. In 98% of the monitored sessions, commitments were made to support victims/survivors and in 95%, community members committed to reject perpetration. Up to 12% of the sessions materialized in concrete support for victims/survivors through 174 referrals so victims/survivors could access the support that they need.



South Sudan, 2024. Together with the South Sudan Red Cross, we embark on community outreach activities to raise awareness on sexual and gender-based violence. In Lainya County, we train community influencers on how to raise awareness and tackle stigma, so that they can educate their communities on sexual and gender-based violence.

#### 3. A participatory approach to understanding and addressing the drivers of sexual violence

To effectively prevent sexual violence, it is essential to understand its root causes and drivers. We engage communities, including men and boys, in context-specific participatory analyses to identify the factors that contribute to the risk of sexual violence. These analyses examine who or what is driving the threats, why they occur, and how they affect different groups within the community. Victims/survivors' voices are central to these processes, enabling a nuanced understanding of their perspectives and needs. Notably, in 2024, we conducted a global consultation with more than 66 survivor-led and survivor-advocated organizations to inform our stigma impact model.<sup>15</sup>

For example, in certain conflict-affected contexts, we work with Movement partners and local organizations to design workshops that challenge harmful practices and promote behaviours that prevent violence. By seeking to involve all members of the community, we aim to create a collective commitment to preventing sexual violence and fostering resilience.

#### WE RESPOND TO THE IMPACT OF SEXUAL VIOLENCE

Victims/survivors may require a diverse array of services in the short, medium, and long term as they seek to recover from the impact of sexual violence. We contribute to this process by facilitating access to life–saving services as well as longer–term care that can address the physical, psychological, and social dimensions of recovery. This includes ensuring access to medical care, psychosocial support, emergency multipurpose cash, and livelihood support as well as referrals to longer–term social care and legal services where available. In 2023 alone, our health teams supported over 6,500 victims/survivors of sexual violence worldwide, offering care that is both life–saving and respectful of dignity.<sup>16</sup>

Our activities include:

#### 1. Access to health services

We provide and facilitate access to quality survivor-centered medical care, including the clinical management of rape via post-exposure prophylaxis medicines, and treatment of STIs. In addition to equipping medical facilities with the necessary materials, we regularly train medical staff on survivor-centered service delivery to ensure health service provision is safe and dignified. In 2023, we helped over 1,100 rape victims/survivors in the Democratic Republic of the Congo (DRC) to receive access to timely medical care through ICRC-supported local health centres and hospitals.



Ethiopia, 2025. We provide medica services to victims/survivors of sexual violence, either directly or through qualified and trusted partners. In Ethiopia, we donated medical supplies to one-stop centres that treat victims/survivors of sexual violence.

#### 2. Mental-health and psychosocial support (MHPSS)

We work to make mental-health and psychosocial support (MHPSS) available to victims/survivors of sexual violence to help ease their distress, which may also be compounded from other sources. We facilitate access to comprehensive, survivor-centered MHPSS at individual, group, and community levels. Our approach prioritizes dignity, confidentiality, and cultural sensitivity, ensuring victims/ survivors receive the care they need to cope with the mental health consequences associated with sexual violence.

In 2023, we provided MHPSS to 2,932 people in the Central African Republic (CAR), Colombia, DRC, Honduras, Mali, Nigeria, Papua New Guinea and South Sudan. In addition, we facilitated 1,389 MHPSS referrals in the CAR, DRC, Honduras, Mali, Papua New Guinea and South Sudan, ensuring that victims/survivors could access specialized care. A total of 1,179 of these referrals were in the DRC alone.

To strengthen local response capacities, we train psychologists, counselors, and social workers, often in partnership with National Societies and health ministries. In South Sudan, for example, we supported a network of local counselors to provide culturally appropriate, care, prioritizing survivors' dignity and privacy.





Colombia, 2024. Casa Protectora offers private apartments for women and families, providing a safe space with a kitchen, play areas, workshop rooms, a garden, and a prayer room. The facility also offers legal, medical, and psychological support.

#### 3. Economic and livelihood support

Many victims/survivors face economic insecurity due to stigmatization and displacement as a result of sexual violence. We provide emergency and multipurpose cash assistance to support victims/ survivors to cover their needs in the immediate and mid-term based on their own priorities. In addition, we integrate victims/survivors who have income generating responsibilities into its microeconomic initiative and livelihood programming. This can include the provision of small grants to start a business, livestock or seeds for small scale farming, and/or vocational training to acquire certifications that will increase opportunities for future employment.

In some cases, the multipurpose cash assistance we provide assists victim/survivors with transport or relocation to safer areas for victims/survivors at risk of further harm.



DRC, 2021. Honorine (not her rea name) shares her time between her work at the hospital, her restaurant and her mini-food business. The success of her businesses, which she set up with our financial support, has become a model for other victims/survivors of sexual violence who are receiving such support.

#### WE INFLUENCE SURVIVOR-CENTERED APPROACHES

Addressing sexual violence requires long-term engagement with states, policymakers, and international actors to ensure respect for the international legal prohibition on sexual violence and promote survivor-centered policies. We work to amplify survivors' voices to promote survivor-centered policy change to reduce barriers to accessing care and other structural harms. Our activities include:

#### 1. Influencing weapon bearers' behaviour

We engage with weapon bearers to develop and implement internal codes of conduct, standard operating procedures, and training programmes to prevent and respond to sexual violence. In addition to increasing weapon bearers' understanding of the causes and consequences of sexual violence for civilians, we have successfully raised awareness of how perpetration harms weapon bearers themselves. Through scenario-based training and contextually relevant messaging, we also provide tools that can be used at the unit level to reduce the risk of sexual violence during the planning and conduct of operations. Through the Prevention of Sexual Violence Programme (PSVP), we deliver tailored messaging to influence positive behavioural change among weapon bearers for real time prevention on the battlefield.

In Colombia, for example, our confidential dialogue with military forces led to a joint initiative with the Ministry of Defense and with the Colombian Army to strengthen the training curricula on sexual violence prevention and compliance with IHL. We also undertook similar initiatives in the DRC and Ethiopia.

Before undergoing ICRC training on addressing sexual violence, **41%** of armed actors in the three aforementioned countries thought that the perpetration of sexual violence had no or no serious consequences for them. After the training sessions, **77%** of them considered that it had serious (28%) or very serious consequences (49%); moreover, **54%** of participants recognized the importance of preventive action.



Colombia, 2024. We organize round tables on the prevention of sexual violence in armed conflicts with members of the Public Force. The objective of such round tables is to strengthen prevention mechanisms against sexual violence.

#### 2. Driving thought leadership on survivor-centered policymaking

We actively engage policymakers and practitioners bilaterally as well as in multilateral fora and academia/research spaces to mainstream evidence from our operational research and promote survivor-centered policies to address sexual violence in armed conflict.

#### 3. Strengthening normative frameworks

In parallel, we provide technical support to states to integrate IHL prohibitions into their domestic legal frameworks and to deepen strategic engagement on the Women, Peace, and Security agenda. This includes the provision of legal advisory support and capacity strengthening for states and multilateral bodies seeking to bolster their compliance with IHL norms on the prevention of sexual violence and protection of victims/survivors.

# JOIN US: DRIVING IMPACT AGAINST SEXUAL VIOLENCE

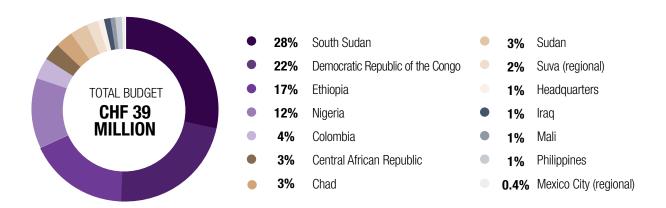


At the ICRC, we assume that sexual violence is likely to occur in any armed conflict and, together with our Red Cross and Red Crescent Movement partners, we respond proactively so that victims and survivors are able to access care safely, confidentially, and most importantly, unconditionally.

The ICRC is committed to addressing the needs of victims and survivors of sexual violence living through conflict. But this does not mean we have accepted sexual violence as an inevitability in war. We must all remember that sexual violence against any human being – no matter what their age, gender, or where they come from – is always prohibited under international humanitarian law.

So addressing sexual violence cannot be limited to responding once it happens, it also requires preventing its occurrence altogether – so that we can truly enable communities affected by conflict to move forward.

#### - Pierre Krähenbühl, ICRC Director General



Your support can transform lives. Together, we can build a future where no one endures the devastation of sexual violence. Our mandate is rooted in IHL and our approach is driven by victims/ survivors' priorities. This is why we work to prevent sexual violence, reduce risks, and ensure that victims/survivors receive the care they require. By engaging with communities, authorities, and key stakeholders, we drive immediate and longer-term change that reduces stigma, increases resilience and contributes to the prevention of sexual violence during wartime.

### **Commitment creates impact. Will you join us?**

For more information or to make a contribution, please contact us at: resourcemobilization@icrc.org

## Together, let us make a difference.

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- **8.** For example, see Article 27 of the Fourth Geneva Convention, Articles 75(2)(b) Article 76(1) and Article 77(1) and Article 4(2)(e) of Additional Protocol II and Rule 93 of the ICRC study on customary IHL. <a href="https://www.icrc.org/sites/default/files/external/doc/en/assets/files/publications/icrc-002-0173.pdf">www.icrc.org/sites/default/files/external/doc/en/assets/files/publications/icrc-002-0173.pdf</a>
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- 12. For example, IHL mandates that the wounded and sick, including victims/survivors of sexual violence in need of medical care, receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition. See: Paragraph 2 of Article 3 common to the Geneva Conventions, First Geneva Convention Article 12, Second Geneva Convention Article 12, Additional Protocol I Article 10(2), Additional Protocol II Article 7(2). Furthermore, the obligation to care for the wounded, sick and shipwrecked is also recognized under customary law in both international and non-international armed conflict, as highlighted in Rule 110 of the ICRC study on customary IHL.

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