



ICRC

# Addressing Sexual Violence

## Special Appeal 2026



**Democratic Republic of the Congo, 2025:** In North Kivu, we strive to restore hope for victims and survivors of sexual violence through dedicated care and support.

## Sexual violence: an invisible global crisis

Sexual violence is a devastating and widespread issue affecting millions of individuals in conflict-affected and fragile settings. International law defines sexual violence as acts of a sexual nature committed against any person by force, threat of force or coercion. It includes, but is not limited to, rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilization. Acts of sexual violence are prohibited under international humanitarian law (IHL) in both international and non-international armed conflicts.<sup>1</sup> At all times, it is also prohibited by international human rights law.

Despite its absolute prohibition, sexual violence remains widespread in conflict-affected and fragile settings, with incidents recorded in at least 51 countries, and millions of individuals affected worldwide.<sup>2</sup> Nearly 70% of women in these settings experience sexual and gender-based violence, compared to 35% globally.<sup>3</sup>

**70% of women  
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gender-based violence**

Men and boys are also affected, particularly in high-risk environments, such as detention, or in the context of forced recruitment. Anywhere between 50 and 80 per cent of male torture survivors have reported experiencing sexual violence during detention.<sup>4</sup> Children in conflict zones are especially vulnerable: rates of sexual violence against them are double the global average.<sup>5</sup>

Sexual violence is rarely an isolated act. It often occurs as part of a broader pattern of abuse<sup>6</sup> alongside other violations of IHL, such as torture, unlawful killing, looting, child recruitment and property destruction. It can be used as a policy by weapon bearers to instil fear, break social bonds and weaken communities. The consequences are devastating and multigenerational,<sup>7</sup> and they are compounded by social stigma, limited access to life-saving services and resource scarcity during conflicts. Victims/survivors<sup>8</sup> often suffer from physical injuries, chronic health issues, sexually transmitted infections (STIs), infertility and psychological trauma.<sup>9</sup> Social stigma further isolates victims/survivors, leading to rejection, ostracization and the breakdown of community cohesion.<sup>10</sup>

The scale of the issue is staggering: between 2021 and 2024, the number of people requiring services for sexual and gender-based violence more than doubled, rising from 3.5 million to 7.2 million. Globally in 2024, funding to address gender-based violence accounted for just 1.3% of all humanitarian funding, both inside and outside coordinated humanitarian response plans, in a clear indication that this issue remains under-prioritized despite the urgent level of need. This covered only 31% of the identified global needs in the area of gender-based violence,<sup>11</sup> and millions of victims/survivors in conflict zones were left without access to critical medical or psychosocial support. The immense gap between the scale of the issue and the resources available to address it<sup>12</sup> poses a significant challenge to effectively combating sexual violence in conflict-affected areas.

At the ICRC, addressing sexual violence is a central part of our humanitarian and legal mandate. Our efforts focus on promoting compliance with IHL, preventing sexual violence, creating safer environments, and ensuring victims/survivors have access to the support and services they need.



**Sexual violence devastates lives, families and communities long after the incident itself. Addressing it requires more than acknowledgement that it happens; it demands a deliberate investment in analysis, expertise and trust and a sustained operational engagement. Without that, risks remain unseen, survivors remain unsupported and opportunities to prevent further harm are lost. Our responsibility is not only to respond to survivors with dignity and care, but to work, together with affected communities, to reduce and prevent the likelihood of harm in the first place.**

– Christine Seisun , ICRC Head of Addressing Sexual Violence.

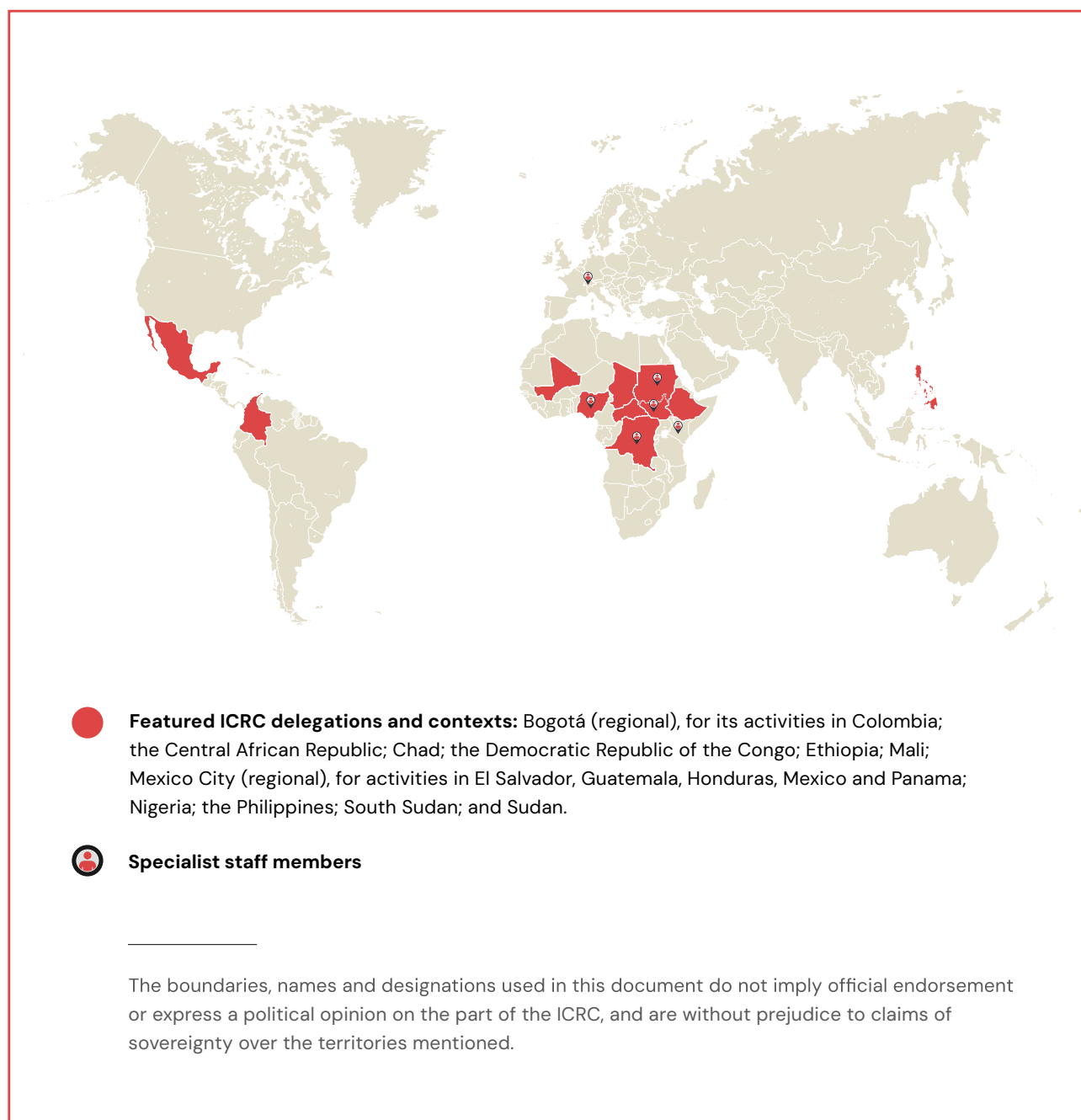


# The ICRC's unique role in addressing sexual violence

At the ICRC, we have long-standing experience in addressing sexual violence in armed conflict and other situations of violence. Our approach combines direct action and collaboration with partners, including within the International Red Cross and Red Crescent Movement. At the heart of our response is a survivor-centred approach, guided by the principles of respect, non-discrimination, confidentiality and security.

What distinguishes the ICRC is our ability to address this issue across multiple dimensions: promoting IHL, including through front-line prevention efforts; delivering life-saving assistance and protection services; and working with National Red Cross and Red Crescent Societies to strengthen community outreach and reduce the stigma surrounding the issue. Our evidence-based, survivor-centred approach is designed to address the unique challenges of armed conflict while mitigating risks, reducing exposure to threats and fostering resilience among affected individuals and communities.

With a strong presence in or near conflict-affected areas, we prioritize reaching communities in the most remote and hard-to-access regions – people who remain largely inaccessible to other humanitarian organizations. Our ability to operate where few others can helps us meet the needs of those most at risk. This advantage, coupled with our confidential dialogue with weapon bearers, enables us to build trust and acceptance and ensure that even the most isolated and vulnerable groups have access to the support they need.





Ahmed Omer/ICRC

**Sudan, 2025:** The ICRC's sexual violence operations manager in Sudan facilitates a session on sexual violence during an IHL training course for weapon bearers in Port Sudan.

## A mandate enshrined in IHL

Acts of sexual violence are prohibited under IHL in international and non-international armed conflicts. In line with its humanitarian mandate, the ICRC's approach to addressing sexual violence is firmly grounded in IHL.

We are uniquely positioned to comprehensively address sexual violence, working across the full spectrum of prevention activities to reduce risks during armed conflict and contribute to the ultimate goal of eliminating such violations. Over the past decade, we have conducted extensive operational research together with civilian authorities and weapon bearers to identify effective strategies for preventing, mitigating and responding to IHL violations. Through confidential dialogue, training and policy engagement, we strive to translate IHL principles and obligations into concrete protective actions. Our front-line prevention work involves direct engagement with weapon bearers active in combat to reduce the perpetration of sexual violence. These efforts aim to minimize risks to civilians by fostering safer environments.

### IHL and sexual 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 by 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 that 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. Under IHL, acts of sexual violence are explicitly and implicitly prohibited 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.<sup>13</sup> 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 offences in most states.

## Protection: upholding the safety and dignity of people

At the ICRC, we prioritize the safety, confidentiality and dignity of victims/survivors by ensuring that our efforts are survivor-centred. We recognize 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 distinct protection risks in conflict settings.

A pillar of our protection work is the assumption that sexual violence occurs in all armed conflicts and other situations of violence. By taking this proactive stance, we address the “invisible” nature of sexual violence, which is frequently hidden owing to stigma and fear. To tackle this issue, our teams analyse patterns and trends of sexual violence linked to armed conflict, incorporate contextually appropriate protection measures into existing activities and implement inclusive responses tailored to the diverse needs of victims/survivors. By ensuring that protection does not depend on disclosure, we aim to break down the barriers of silence that often surround this issue.

To provide effective protection, we promote safe and unimpeded access to care for victims/survivors of sexual violence, guided by the “do no harm” principle. We strive to reduce victims/survivors’ exposure by coordinating multidisciplinary responses that reduce psychological triggers such as repeated disclosures. This includes promoting survivor-centred policies with states and service providers to reduce obstacles to accessing services. We seek to raise awareness of the unintended harm that mandatory reporting laws and policies can cause<sup>14</sup> – without survivor-centred safeguards, such laws and policies may deter victims/survivors from seeking help and put both victims/survivors and health-care workers at risk.

Through direct engagement with conflict-affected communities and our Movement partners, we also support recovery by reducing stigmatizing attitudes and encouraging supportive behaviours. Our community outreach and stigma-reduction efforts are informed by robust evidence and backed by years of operational research and proximity to victims/survivors and their communities. By maintaining a continuous feedback loop with these communities, we are able to adapt and strengthen our approach and continue to meet their evolving needs effectively.<sup>15</sup> In 2025 alone, we worked with more than 62,000 conflict-affected community members to reduce the stigma surrounding this issue.

## Leveraging the world’s largest humanitarian network

As part of the International Red Cross and Red Crescent Movement, we benefit from an unparalleled network of National Societies operating in nearly every country of the world. Thanks to these partners’ invaluable local knowledge of the communities and regions where we work, we are able to deliver tailored and contextually appropriate responses to sexual violence.

In line with the commitments set out in Resolution 3, on sexual and gender-based violence, of the 32nd International Conference of the Red Cross and Red Crescent,<sup>16</sup> we work with Movement partners to maximize our collective impact, leading efforts to prevent and address sexual violence related to armed conflict and other situations of violence and ensuring that our collective response is coordinated, complementary and guided by shared humanitarian principles.

Social stigma, fear of reprisals and limited access to quality services often prevent victims/survivors from seeking care. To lower these barriers, we work with our Movement partners to strengthen referral pathways and improve access to survivor-centred services. In situations where referral pathways are limited or services are unavailable, we work to facilitate access to safe, ethical and life-saving support. This includes covering transportation costs for victims/survivors to reach distant services and improving local services through training, material assistance and infrastructure rehabilitation. In 2025, we supported over 4,500 community outreach activities in collaboration with National Societies to enhance community support and improve access to medical and psychosocial care for victims/survivors.

We also work directly with victims/survivors and their communities to identify and address both visible and invisible barriers that discourage help-seeking behaviours. By leveraging the trusted relationships of National Societies and fostering community awareness, we help create an environment where victims/survivors seek assistance without fear of violence or stigma. This approach ensures victims/survivors receive holistic care<sup>17</sup> and strengthens the resilience of affected communities.

Our cooperation with Movement partners amplifies our impact and increases our ability to address sexual violence at scale. By leveraging our unique strengths and those of our partners, we can help ensure that victims/survivors receive the support they need wherever they are.

We currently have operational cooperation agreements with the National Societies of Colombia, Ethiopia, Nigeria, Sudan and South Sudan. These agreements include measures specifically aimed at enhancing joint efforts to address sexual and gender-based violence.

**Nigeria, 2025:** Sexual and gender-based violence focal points from the ICRC and the Nigerian Red Cross Society gathered in Mubi to discuss progress and challenges in engaging communities to prevent sexual violence and provide support to victims and survivors.



Abubakar Isa/ICRC

# How we do it: a holistic approach to addressing sexual violence in armed conflict

Sexual violence has long-lasting and multigenerational consequences that require a comprehensive response. Victims/survivors face profound physical, psychological, social and economic challenges that demand both individual and systemic solutions. As part of our humanitarian mission to protect the lives and dignity of those affected by armed conflict and other violence, we work to alleviate suffering, build resilience and tackle the root causes of sexual violence.

We address sexual violence through a multidisciplinary approach that draws on our protection, assistance, prevention and cooperation programmes. Our approach includes direct action, such as providing holistic care for victims/survivors, reducing risks in communities and engaging with weapon bearers and policymakers to prevent sexual violence. Where needed, we also facilitate referrals to other health-care providers to ensure victims/survivors receive comprehensive support.

To foster an enabling environment, we work to influence and promote behavioural change among key decision makers at both the national and international levels. Additionally, we support states in their efforts to strengthen and implement their domestic legal framework in order to address sexual violence effectively.

Identifying and reducing the risk of sexual violence are integrated into our broader protection activities, which include addressing other conflict or violence-related risks, restoring family links, strengthening forensic services and monitoring the treatment and living conditions of people deprived of their liberty.

By combining local knowledge and technical expertise and working closely with our Movement partners, these teams seek to prevent, mitigate and respond to sexual violence, provide direct support to victims/survivors and address its root causes.

## Key facts and figures

Our 2025 achievements around the world

**1,109** protection activities\* were implemented

**6,768** victims/survivors were supported by our primary health-care teams and One Stop Centres

**830** victims/survivors were supported by our hospital teams

**2,037** victims/survivors were provided with mental health and psychosocial support

**925** victims/survivors (including 856 in the DRC alone) were referred for mental health and psychosocial support

**2,133** post-rape medicine kits were distributed

\*The ICRC's protection activities can include assistance or support for individuals and groups; dissemination to authorities; oral or written representations to authorities; and the organization of various events.

# We take action to prevent and mitigate sexual violence

To help reduce the risk of sexual violence, we engage in activities that address its root causes, mitigate vulnerabilities, promote compliance with IHL and strengthen institutional prevention and response capacity. These efforts are informed by evidence, tailored to the context and carried out in close collaboration with communities and other key stakeholders, including our Movement partners.

**Our activities include:**

## Promoting compliance with IHL

Promoting understanding of, respect for and adherence to IHL is at the core of the ICRC's mandate and our efforts to prevent sexual violence. We work to raise awareness of the provisions of IHL and other bodies of international law that explicitly prohibit sexual violence in armed conflict and other situations of violence.

Through bilateral and confidential dialogue, we engage with both state and non-state weapon bearers, as well as authorities and stakeholders, to emphasize their obligations under IHL and other relevant legal frameworks. In these discussions, we address documented instances, trends and patterns of sexual violence and emphasize the legal prohibition of such acts and the protection owed to victims/survivors. We regularly remind weapon bearers that sexual violence is unequivocally prohibited under international law in all circumstances. We also urge parties to conflicts to fulfil their duty to take proactive measures aimed at preventing sexual violence and to address it when it has occurred.

**South Sudan, 2025:** ICRC staff conduct a training session at the South Sudan People's Defence Forces headquarters in Juba, focusing on addressing and preventing sexual violence.





**Colombia, 2025:** Through community engagement with Indigenous communities of the Nasa people in northern Cauca, ICRC staff work to raise awareness about sexual violence in armed conflict, foster dialogue and strengthen local efforts to prevent sexual violence and support victims and survivors.

## Front-line prevention

Sexual violence in armed conflict is often driven by socio-cultural norms, power dynamics, command structures and conflict strategies.<sup>18</sup> While some weapon bearers use sexual violence to suppress dissent, assert control or instil fear, research shows that many refrain from such acts.<sup>19</sup> This restraint is often linked to strong military oversight,<sup>20</sup> effective training and the involvement of local communities, which value accountability and have strict norms against violence.

Many weapon bearers lack the knowledge and tools to prevent sexual violence despite its clear prohibition under IHL. Bridging the gap between legal obligations and the reality of armed conflict is therefore essential. Thanks to scenario-based training, for example, weapon bearers are better equipped to prevent sexual violence, respond appropriately to disclosures and support victims/survivors. Commanders in particular play a critical role in enforcing rules that prohibit sexual violence across their ranks.

Through targeted training, technical support and confidential dialogue, the ICRC supports parties to armed conflict in their work to revise their internal codes of conduct and standard operating procedures. These efforts are designed to encourage behavioural change, strengthen compliance with IHL, reduce the prevalence of sexual violence and enhance protection for victims/survivors.

In Ethiopia, for example, we signed a Memorandum of Understanding (MoU) with the Ethiopian National Defense Force (ENDF). The MoU covers, among other things, the need to address violations of IHL, including sexual violence, and ensure compliance with IHL rules on the protection of civilians and civilian objects. In 2025, as part of this agreement, we conducted two Training-of-Trainers (ToT) sessions to enhance the ENDF's understanding of sexual violence and strengthen its capacity to identify related risks, implement prevention measures and replicate the training internally with the appropriate knowledge and tools. We plan to conduct a similar ToT session in 2026.

The MoU also stipulates that the ICRC will provide the ENDF with training on the medical response to sexual violence. In 2025, at the ENDF's request, we trained ENDF health facilities staff on the clinical management of rape.

In Colombia, our confidential dialogue with the armed forces led to a joint initiative with both the Ministry of Defense and the Joint Command of the Armed Forces to strengthen training curricula and develop accessible tools on preventing sexual violence and complying with IHL. In 2024, we drew on the expertise of former combatants to develop a user-friendly booklet providing weapon bearers with contextually relevant guidance on preventing sexual violence and protecting and supporting victims/survivors in areas under their control. In 2025, we piloted the booklet during training sessions with active weapon bearers, and we plan to finalize it by the end of this year.

## Prevention of Sexual Violence Programme

To strengthen its prevention efforts, the ICRC launched the Prevention of Sexual Violence Programme (PSVP) in 2022. This multi-country, multi-year initiative engages with weapon bearers to promote restraint and compliance with IHL, while also working with communities to strengthen their self-protection mechanisms, improve support for victims/survivors and reduce further harm. The programme addresses harmful attitudes and practices while delivering tailored training and contextually appropriate messaging.

In 2025 alone, we supported prevention efforts that reached over 194,000 people, including local authorities, religious leaders, service providers, community leaders, youth and teachers. We involved over 500 weapon bearers and close to 63,000 community members in monitoring, evaluation and learning activities aimed at assessing the quality and impact of our prevention work and our ability to drive a change in behaviour.

Last year, these efforts resulted in a 17% reduction in weapon bearers' cognitive bias around sexual violence and a 37% decrease in their negative attitudes.

The PSVP also bolsters our capacity to evaluate the quality and results of our prevention work. Based on the evidence gathered, we can share best practices with the rest of the Movement and other humanitarian organizations.

## Community-based risk mitigation

We collaborate closely with communities to prevent and mitigate the risks of sexual violence through a holistic, community-driven approach. This involves integrating local knowledge, victims/survivor perspectives and evidence-based analysis to develop tailored solutions that address vulnerabilities and enhance safety. For example, in some areas, we have worked with local leaders to relocate water and firewood collection points closer to villages, reducing exposure to harm. Other measures include building separate toilet facilities for men and women, improving lighting in camps to enhance nighttime security, and incorporating community feedback into all stages of water delivery projects to ensure accessibility and reduce risks.

To combat the stigma often faced by victims/survivors, we partner with local leaders, religious authorities and community influencers to challenge harmful norms and encourage acceptance. Public awareness campaigns and community dialogues aim to address the social rejection and isolation that victims/survivors frequently experience. In 2024, over 150,000 people in Ethiopia and South Sudan participated in stigma-reduction sessions, which led to increased community support for victims/survivors and a 4.5-fold rise in the number of victims/survivors accessing essential services.

We also engage communities in participatory analyses to understand the root causes and drivers of sexual violence. These efforts involve working with men and women, including victims/survivors, to identify threats and design contextually appropriate measures. In Colombia, for instance, we worked alongside community leaders, pupils, parents and teachers in two conflict-affected communities to introduce a culturally adapted orientation protocol on sexual violence, which integrates the indigenous worldview (*cosmovisión*), and to design strategies for safely addressing sexual violence in educational institutions.

Training and outreach play a significant role in our work. Community influencers, including law enforcement and health-care workers, are trained to integrate stigma reduction into their daily interactions. Low-tech communication tools such as radio, theatre and social media are used to amplify positive behavioural change and raise awareness about the consequences of sexual violence.<sup>21</sup> In 2025, in South Sudan, we organized the first-ever ToT session there to address the stigma surrounding sexual and gender-based violence. It was attended by a wide range of humanitarian organizations that run sexual and gender-based violence prevention programmes. The main objectives of the session were to highlight the importance of behaviour change in reducing stigmatization and to equip participants with tools and methodologies to integrate stigma-reduction measures into survivor-centred programming.

By addressing both the immediate risks and long-term consequences of sexual violence, we foster safer environments and empower communities to support victims/survivors effectively, helping to break cycles of violence and stigma.

## Engaging with authorities and civil society

It is essential that the police, civil protection workers and other first responders are trained in basic sexual violence risk assessment protocols. We work with community leaders, civil society organizations and authorities to ensure that sexual violence is integrated into preparedness and planning programmes designed to anticipate global health emergencies, environmental or climate disasters, and sudden surges in violence.

In highly vulnerable settings, such as detention facilities, displacement or refugee camps, and areas with large numbers of separated or unaccompanied children, we leverage our multidisciplinary expertise to help authorities and key partners strengthen the early identification of sexual violence, implement effective risk mitigation measures and promote safer environments.

**Ethiopia, 2024:** In Mekelle Civilian Prison, Tigray, an ICRC delegate visits a detainee to assess their treatment and living conditions as part of a broader effort to promote the prevention of sexual violence and advocate for IHL compliance in places of detention.



## We respond to the impacts of sexual violence

At the ICRC, we place victims/survivors of sexual violence at the centre of our response, conducting careful assessments of risks and needs informed by their lived experiences and input from local communities. As part of our holistic approach, we provide access to medical and mental health care, psychosocial support and economic assistance (such as cash and livelihood support) to help victims/survivors recover and rebuild their resilience. Mental health services often serve as a critical gateway for victims/survivors to access additional assistance, including for child victims/survivors – who make up over 14% of all victims/survivors of sexual violence receiving mental health and psychosocial support services supported by the ICRC. Nearly 45% of all victims/survivors accessing such services were referred to other health services, and many of them also received other forms of assistance, such as cash or livelihood support.

Our activities include:

### Medical assistance

In many places, we provide medical services to victims/survivors of sexual violence and deliver safe, timely and confidential care, either directly or through trusted partners. Recognizing sexual violence as a medical emergency, we support survivor access to health care within the critical 72-hour window after an incident of sexual violence, with services including the clinical management of rape, post-exposure prophylaxis for HIV, treatment for STIs and injuries, immunizations, and referrals to trusted humanitarian organizations.

We equip health facilities with essential supplies, train medical staff and community health workers to deliver survivor-centred services, and facilitate follow-up consultations to connect victims/survivors with additional support. We also raise community awareness to reduce stigma and encourage help-seeking, and we advocate for sustainable, high-quality and protected medical services in partnership with authorities and other humanitarian organizations.

**Democratic Republic of the Congo, 2025:** The ICRC donated medicines to health facilities in the Bunyakiri Health Zone, South Kivu, to support care for displaced persons, returnees, children and other vulnerable groups.



Pascal Museya Cikuru

In 2025, we supported 13 One Stop Centres in the Tigray, Somali, Oromia and Amhara regions of Ethiopia through post-rape treatments, financial support, training, awareness activities and community engagement support. This enabled over 5,600 rape victims/survivors to access emergency medical care.

And in the city of Geidam, in Nigeria's Yobe State, we supported the construction of a Sexual Assault Referral Centre to ensure that victims/survivors have timely, safe and dignified access to quality medical services. Our efforts included strengthening local infrastructure, providing equipment and material to health-care facilities and improving service delivery standards with respect to providing confidential, survivor-centred care. This initiative also enhanced the overall effectiveness of the referral system. As a result, victims/survivors no longer need to seek care within HIV counselling units, an approach that was often stigmatizing and limiting. Instead, they can now access dedicated and appropriate services in a more respectful and supportive environment.

As part of our Strategy for Addressing Sexual Violence (2018–2025), we enabled victims/survivors of sexual violence across 26 countries to access medical care:

- **15,200 victims/survivors** were supported by our primary health-care and One Stop Centre teams
- **10,240 victims/survivors** were supported by our hospital teams
- **20,674 victims/survivors** were provided with mental health and psychosocial support

## Mental health and psychosocial support

At the ICRC, we aim to ensure that victims/survivors of sexual violence can access mental health and psychosocial support (MHPSS) to aid their recovery and ease their distress. Our survivor-centred approach focuses on providing care at the individual, group and community levels, with an emphasis on dignity, confidentiality and cultural sensitivity.

We collaborate with National Societies, health ministries and local organizations to strengthen response capacities by training health workers, psychologists, counsellors, social workers and volunteers. Our efforts include improving access to specialized mental health care, supporting psychological services, training lay counsellors to provide psychoeducation and referrals, and raising community awareness to reduce stigma and encourage care-seeking. These activities align with the Movement's MHPSS Framework.<sup>22</sup>

In 2025, we helped 2,037 victims/survivors of sexual violence access MHPSS in numerous countries, including the Central African Republic, Colombia, the Democratic Republic of the Congo (DRC), Honduras, Mali, Nigeria and South Sudan. Additionally, we facilitated 928 referrals from our health services for specialized mental health care, 496 of which were in the DRC alone.

In Nigeria, we partnered with the Ministry of Women Affairs and Social Development to strengthen the Nelewa Sexual Assault Referral Centre and the local Nigerian Red Cross branch. Through training, a toll-free helpline, transportation subsidies and awareness campaigns, this partnership led to a 70% increase in service uptake as well as to positive feedback from victims/survivors, who reported improved confidence, dignity and safety.

**Mali, 2024:** Moumou and her sister were attacked while gathering wood, leaving her deeply traumatized and fearful. The ICRC's MHPSS programme, together with funding for an income-generating activity, has helped her find healing and regain stability.





Ahmed Omer

**Sudan, 2025:** In Tawila, the ICRC provides cash assistance to conflict-affected people, including victims and survivors of sexual violence, helping them rebuild their lives and regain independence.

## Economic and livelihood support

Many victims/survivors of sexual violence face economic insecurity as a result of stigmatization, family separation or displacement, which makes financial and livelihood support critical to their recovery. To address these challenges, we provide emergency and multipurpose cash assistance, vocational training and safe livelihood opportunities. Our aim is to help victims/survivors rebuild their lives, regain stability and reduce further risks.

As part of our survivor-centred approach, multipurpose cash and voucher assistance offers a flexible and dignified means to meet essential needs, reduce reliance on harmful coping mechanisms and support long-term recovery through sustainable livelihoods. In 2024 alone, we provided cash assistance to more than 2.7 million people in 33 regions. In many cases, this support was used to immediately and discreetly mitigate further harm to victims/survivors of sexual violence, such as by covering the cost of transport to access life-saving medical services.

In addition, our microeconomic initiatives and livelihood programmes include small grants to start businesses, purchase livestock or seeds for small-scale farming, and pay for vocational training to enhance employment opportunities. For instance, in 2025, we supported the enrolment of 23 Nigerian youths, including victims/survivors, in vocational training programmes on tailoring, catering and welding at the Poverty Alleviation and Wealth Creation Agency (PAWECA). The support covered transportation, food and accommodation at the PAWECA dormitory. We also ran training sessions on MHPSS for PAWECA staff and conducted sexual violence awareness-raising sessions for students. This project is designed to support the livelihoods of young victims/survivors of sexual violence and reduce the risk of exposure to sexual violence, including survival sex, for conflict-affected youth.

## Other critical services

To improve the protection of individuals and at-risk groups, we facilitate access to transport services and, under certain circumstances, support the relocation of victims/survivors to safer areas, particularly when they are unable to access necessary medical care or other services. For specific services that the ICRC does not directly provide, such as legal representation, certain forms of specialized medical care, or shelter, we facilitate referrals to qualified organizations with the informed consent of the victim/survivor. Additionally, we work with stakeholders to address gaps in services, ensuring that victims/survivors receive tailored support to meet their needs.

# We influence survivor-centred approaches

Addressing sexual violence requires long-term engagement with states, policymakers and international entities to promote respect for the international legal prohibition of sexual violence and encourage survivor-centred policies. By amplifying victims/survivors' voices and addressing policy gaps, we seek to achieve systemic changes that will enhance protection and access to care globally.

## Our activities include:

### Strengthening domestic legal frameworks

While the prohibition of sexual violence under IHL is clear, significant gaps persist in the domestic implementation of IHL norms. For this reason, we provide technical support to help states incorporate IHL obligations relating to sexual violence into their domestic legal frameworks and to deepen their strategic engagement with the Women, Peace and Security agenda. This includes providing legal-advisory and capacity-strengthening support for states and multilateral bodies seeking to bolster their compliance with IHL norms on the prevention of sexual violence and the protection of victims/survivors.

To further assist states in this regard, we developed a comprehensive checklist<sup>23</sup> of relevant provisions of IHL, related norms of international human rights law and international criminal law, and examples of how various states have implemented their obligations. The checklist is designed to help states review their laws and policies in order to ensure that IHL rules aimed at preventing and responding to sexual violence are effectively incorporated into their domestic legal framework.

In 2024, for instance, we worked with the Ethiopian authorities to evaluate their national legal framework's alignment with IHL obligations on sexual violence and provided recommendations to strengthen legal prohibitions on sexual violence and protections for victims/survivors. The evaluation was translated into Amharic and shared and discussed with officials from the Ministries of Health, Justice and Women and Social Affairs, who confirmed that they would consider the recommendations in their ongoing analysis of the national legal framework on the matter. These officials also expressed an interest in better understanding the challenges met in the implementation of the national legal framework. In response to this, we are planning to initiate a study on the judicial response to cases of sexual violence in armed conflicts.

### Driving global action and awareness

Through an integrated approach, we work to prevent sexual violence, provide essential support to victims/survivors and drive systemic changes that prioritize their voices and well-being. A key focus of our efforts is advocating for survivor-centred policy design in order to reduce barriers and ensure equal access to care for all individuals affected by sexual violence, as required by IHL.

Survivor-led organizations have long emphasized the critical need for formal structures that give victims/survivors the opportunity to lead or advise on policy reforms. Without such structures, vital issues – such as the unintended consequences of mandatory reporting and the multigenerational impact of the stigmatization of victims/survivors of sexual violence – are often overlooked in policymaking frameworks. We aim to address this gap by endeavouring to include victims/survivors and their specific concerns in policy debates.

By engaging with policymakers, practitioners, multilateral forums and academic institutions, we are able to integrate evidence from our operational research into policy discussions. In recent years, we have used our platform to spotlight some of the main barriers to operationalizing survivor-centred approaches in policymaking. For instance, every year on 19 June, the International Day for the Elimination of Sexual Violence in Armed Conflict, we host high-level events that bring together global stakeholders to address critical gaps in survivor-led research and policymaking. In 2024 and 2025, our panel discussions explored topics such as mandatory reporting and stigma reduction<sup>24</sup> in an effort to advance survivor-centred approaches; these discussions were attended by hundreds of participants from more than 100 countries.

In South Sudan, our advocacy efforts with police and health authorities led to a key policy change in 2024 regarding the negative impact of the mandatory reporting of sexual violence cases: health providers are no longer required to submit a particular reporting form (Form 8) before providing treatment. This pivotal change ensures that victims/survivors must have access to essential care without unnecessary delays or procedural obstacles. The ICRC delegation in South Sudan continues to work with the authorities to support the implementation of this policy change across the country.

Join us in turning commitment into lasting impact



For the ICRC, addressing sexual violence is a long-term and deeply rooted humanitarian effort involving response, risk mitigation and prevention capacities. Our experience in conflicts around the world highlights the importance of acting early by anticipating risks and ensuring that trained staff and appropriate resources are in place. Engaging with communities in ways that reduce stigma and barriers to care is also crucial, as is working with authorities and weapon bearers to reduce exposure to harm. Victims and survivors must be able to access support safely, confidentially and with dignity. Above all, they must be and feel seen, be and feel heard, and be supported every step of the way

– Pierre Krähenbühl, ICRC Director-General



## 2026 Budget: CHF 29.2 Million

You have the power to transform lives. With your support, the ICRC can continue its crucial work on preventing sexual violence, reducing risks and ensuring that victims/survivors receive the care and support they need. Together, we can work towards a world free from sexual violence in armed conflict.

For more information or to make a contribution, please contact us at: [resource mobilization@icrc.org](mailto:resource mobilization@icrc.org)

Together, we can make a difference.

- 1 For example, see Article 27(2) of the Fourth Geneva Convention; Articles 75(2)(b), 76(1) and 77(1) of Additional Protocol I; Article 4(2)(e) of Additional Protocol II; and Rule 93 of the ICRC study on customary IHL.
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- 7 Children conceived of wartime rape, for example, report experiencing exclusion and discrimination nearly 30 years after the end of a conflict. See E. Musafiri *et al.*, “Colonial legacies and sexual and gender-based violence in post-colonial Africa: A historical perspective”, *Journal of African Conflict and Peace Studies*, Vol. 5, No. 1, 2023: <https://digitalcommons.usf.edu/jacaps/vol5/iss1/4/>; and S. Rose, “Locating the stigmatisation of children born of wartime rape on a continuum of violence”, *International Journal of Human Rights*, Vol. 29, No. 3, October 2024, pp. 470–494: <https://www.tandfonline.com/doi/full/10.1080/13642987.2024.2418468>.
- 8 The ICRC uses the term “victim/survivor” to recognize the fact that individuals who have been affected by sexual violence self-identify in different ways. For some, the term “victim” is used as a legal designation that acknowledges a violation was committed; others may find this term disempowering or stigmatizing and prefer to be called “survivors” to highlight their strength and resilience.
- 9 ICRC, *How Does Stigma Impact Victims/Survivors of Sexual Violence During Armed Conflict?*, ICRC, Geneva, 2024: <https://shop.icrc.org/how-does-stigma-impact-victims-survivors-of-sexual-violence-during-armed-conflict-print-en.html>.
- 10 ICRC, “Stigma and Social Death in Conflict,” 2024. For more on stigma’s impact on victims/survivors, please refer to this ICRC policy brief: <https://www.icrc.org/en/article/impact-of-stigma-on-victims-survivors-sexual-violence-during-armed-conflict>.
- 11 UNOCHA, “Protection-Gender-Based Violence global sector snapshot for 2024”: <https://fts.unocha.org/global-sectors/13/summary/2024>.
- 12 For an in-depth analysis of humanitarian funding for sexual and gender-based violence in emergencies, see E. Ortiz, “Following the money: Is humanitarian aid for gender-based violence responsive to heightened risk factors of gender-based violence?”, *Feminist Economics*, Vol. 30, No. 4, November 2024, pp. 240–270: <https://doi.org/10.1080/13545701.2024.2418314>.
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- 17 Under WHO guidelines, holistic care refers to the medicolegal care for victims/survivors of sexual violence with an emphasis on easy access to medical care, psychological treatment and social support, where treatment or referral is takes place through a single point, if possible, to limit possibilities for revictimization.
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- 24 See footnote 9 above.

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**ICRC**

**International Committee of the Red Cross**  
19, avenue de la Paix  
1202 Geneva, Switzerland  
T +41 22 734 60 01  
[shop.icrc.org](http://shop.icrc.org)  
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