UNODC
United Nations Office on Drugs and Crime

STOP RAPE NOW
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

World Health Organization

Introduction to the toolkit

Background

In the past 20 years, increasing attention has been paid to ending impunity for perpetrators of sexual violence in conflict-affected settings and to achieving assistance and justice for victims. It is acknowledged that this is an important part of the response to sexual violence. While there have been significant advances, there remains a lack of clarity about what medico-legal evidence should be collected to support national and international criminal justice processes.

Medico-legal evidence is at the intersection of medical and justice processes and appropriate implementation requires coordination between the range of actors and sectors involved in prevention of, and response to, sexual violence; these include health services, social services, forensic medicine, forensic lab services, police/investigation, and the legal system, including lawyers and judges.

This toolkit is practitioner focused and addresses key knowledge gaps within and between sectors, to help support service provision and coordination in low-resource settings. It is part of a World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC) Project on Strengthening Medico-Legal Services for Sexual Violence Cases in Conflict-Affected Settings, supported by United Nations Action against Sexual Violence in Conflict (UN Action)

How to use the tools

- These job aids are intended to provide basic and key information to a range of actors involved in the medico-legal care system in conflict-affected low-resource settings.
- Key categories of actors for whom these job aids are designed include those in the following sectors: health, social services, forensics, police/investigation, law, and those engaged in the process of coordination between these sectors.
- The primary and secondary audiences for each of the job aids are designated at the top of each factsheet.
- The job aids are one page each, to enable quick reference to the most important information.
- There is a limit to how much can be included on one page. The factsheets only address the key considerations and additional references and/or resources are provided at the end of each factsheet.
- Relevant related job aids are noted at the top of each factsheet.
- It is recommended that someone working in a more central role within the system, or who is responsible for coordinating with other parts of the medico-legal system, reads all of the job aids as well as the background paper and policy note.
- Labelled diagrams of female and male genitalia are included in this toolkit. These are intended to help all actors, especially those without training in human anatomy, to use more precise and accurate terminology when requesting examinations and reviewing and interpreting evidence.
- The establishment of health and psychosocial services for those who experience sexual violence is of primary importance to their well-being. The collection of medico-legal evidence should not be done in the absence of, or at the expense of, this service provision.
- For clarity and consistency, the term "victim" is used to designate those who have experienced sexual violence. This is not intended to imply any lack of agency or empowerment.
- This toolkit is designed for use in resource-poor settings. Hence, although the general principles apply to all settings, the interventions available may vary, depending on the setting.

Primary target audience(s): Health | Forensics | Law | Investigation | Social services | Coordination

Also relevant to: Media
See also: Competencies, Support and protection, Special considerations for children

Facts about sexual violence

Background/rationale

Any person who works with individuals who have experienced sexual violence, or who is part of the medical, criminal justice or legal system response to sexual violence, must have a good understanding of sexual violence.

Key points

- Sexual violence is "any sexual act that is perpetrated against someone's will" (1). It can be committed "by any person regardless of their relationship to the victim, in any setting" (2). It includes, but is not limited to, rape, attempted rape and sexual slavery, as well as unwanted touching, threatened sexual violence and verbal sexual harassment (3).
- Although national legal definitions may differ, rape is defined as "contact between the penis and the vulva or the penis and the anus involving penetration, however slight; contact between the mouth and penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object" (1).
- The acts of sexual violence that are considered criminal offences may differ from jurisdiction to jurisdiction.
- In conflict-affected settings, sexual violence can include violence perpetrated by combatants, as well as violence within the community and family/intimate partnerships.
- Anyone can be a victim of sexual violence, including children and women and men of all ages.
- Sexual violence can occur anywhere (including in the home, workplace, school, place of detention or camps for refugees or the internally displaced).
- The vast majority of acts of sexual violence are perpetrated by someone known to the victim, including an intimate partner, even during conflict (4, 5).
- The majority of rape victims report that they were afraid of receiving serious injuries or of being killed and so offered little resistance to the attack. This does not mean they consented.
- Because many rapes do not involve a significant amount of physical force, in most cases of sexual violence there will not necessarily be any physical injuries. In non-conflict settings, only approximately one third of rape victims sustain visible physical injuries (6). There are no data about this for conflict settings.

- The absence of physical injuries does not mean that a rape did not occur.
- Sexual violence can have short- and long-term physical, psychological and social impacts on the victim.
- A victim's previous or current involvement in commercial sex work does not mean that he or she was not raped.
- Although national laws may not recognize it in all settings, rape can also occur between spouses and other intimate partners, and this is a common form of violence even in conflict-affected settings (4).
- Even in peaceful and high-resource settings, the majority of rapes are never reported to the police, owing to shame, stigma, fear of negative repercussions, or knowledge that the response will be limited.

References

1. Centers for Disease Control and Prevention. Injury prevention and control. Sexual violence: definitions (http://www.cdc.gov/violenceprevention/sexualviolence/definitions.html , accessed 8 May 2014).
2. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. Geneva: World Health Organization; 2002 (http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1, accessed 8 May 2014).
3. Rome statute of the ICC http://www.icc-cpi.int/nr/rdonlyres/ea9aeff7-5752-4f84-be94-0a655eb30e16/0/rome_statute_english.pdf
4. Stark L, Ager A. A systematic review of prevalence studies of gender-based violence in complex emergencies. Trauma Violence Abuse. 2011;12:127–34. doi:10.1177/1524838011404252.
5. Vu A, Adam A, Wirtz A, Pham K, Rubenstein L, Glass N et al. The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. Plos Current Disasters. 2014 March 18. doi:10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7 (http://currents.plos.org/disasters/article/the-prevalence-of-sexual-violence-among-female-refugees-in-complex-humanitarian-emergencies-a-systematic-review-and-meta-analysis/, accessed 8 May 2014).
6. Tjaden PG, Thoennes N. (2000). Full report of the prevalence, incidence, and consequences of violence against women. Research report. Findings from the National Violence Against Women Survey. Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention; 2000 (https://www.ncjrs.gov/pdffiles1/nij/183781.pdf, accessed 8 May 2014).

Additional resources

- Guidelines for medico-legal care of victims of sexual violence. Geneva: World Health Organization; 2003 (http://whqlibdoc.who.int/publications/2004/924154628X.pdf?ua=1, accessed 8 May 2014).
- Understanding and addressing violence against women. Sexual violence. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77434/1/WHO_RHR_12.37_eng.pdf, accessed 8 May 2014).
- World Health Organization, London School of Hygiene and tropical Medicine, South African Medical Research Council. Global and regional estimates of violence against women. Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1, accessed 8 May 2014).
- Stop rape now. UN Action against Sexual Violence in Conflict (http://www.stoprapenow.org/, accessed 8 May 2014).

Primary target audience(s): Health | Forensics | Law | Investigation | Social services | Coordination

Also relevant to: Media
See also: Key stakeholders, Ethics, Competencies

Coordination and cooperation

Background/rationale

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

In settings affected by conflict, it is also important to establish good coordination between national and international actors such as the United Nations and international nongovernmental organizations and, where relevant, international criminal tribunals.

Key points

- Coordination is more than just holding meetings or sharing information; it is about working together in a way that brings coherence across sectors, to develop and enhance the functioning of services and improve outcomes for victims.
- Coordination requires commitment and engagement from all relevant entities (e.g. organizations, departments and services) and dedicated staff – with sufficient time to ensure coordination and participation.
- A critical first step to coordination is to identify which entities need to be involved.
- These should be represented by individuals who are knowledgeable about their discipline and empowered to make decisions for their entities.
- Meetings should include both female and male representatives and participating entities should aim for equal representation and ensure that women's voices are heard.
- It is useful to identify an individual whose role is to facilitate the administration of coordination (meetings, communications, recording notes, etc.).

- It is important to clarify roles and responsibilities, and processes, and to identify challenges.
- Entities should have a role in identifying the terms of reference of the coordination and how it will be undertaken. This is important for buy-in and partnership.
- Information sharing is important for coordination. What information will be shared, how often and how (by email, at meetings, by other means) should be decided by the group. The group should develop a clear understanding of what can and cannot be shared and why (e.g. medical files, which cannot be shared due to doctor–patient confidentiality).
- Face-to-face meetings are important for coordination. Entities should help identify how often and where meetings will be held. Meetings should be held in a location that is accessible to all.
- Draft agendas for meetings should be shared in advance, to give participants an opportunity to provide feedback.
- Written summaries of meetings, which include action points and who is responsible for them, are important for recording decisions taken and ensuring appropriate follow-up.
- An important component of coordination is the clarification of roles and responsibilities and the establishment of referral pathways between the different sectors and providers.

Additional resources

- UN General Assembly Resolution 65/228. Strengthening crime prevention and criminal justice responses to violence against women. Also the Annex: Updated model strategies and practical measures on the elimination of violence against women in the field of crime prevention and criminal justice. 31 March 2011. New York: United Nations; 2011 (http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/Model_Strategies_and_Practical_Measures_on_the_Elimination_of_Violence_against_Women_in_the_Field_of_Crime_Prevention_and_Criminal_Justice.pdf, accessed 8 May 2014).
- GBV Area of responsibility Establishing Gender-based Standard Operating Procedures (SOPs) for Multi-sectoral and Inter-organisational Prevention and Response to Gender-based Violence in Humanitarian Settings, 2008 (http://gbvaor.net/resources/establishing-gender-based-standard-operating-procedures-sops-for-multi-sectoral-and-inter-organisational-prevention-and-