Responding to rape

Sexual violence has long been used as a strategy in war. Widespread rape has been documented in the former Yugoslavia, Rwanda, Bangladesh, Uganda, Burma, and Somalia. It is a highly effective means of terrorising entire communities: because of the emphasis most cultures place on the sexual virtue of women, the rapist is able to humiliate and demoralise. The impact is multiplied when the woman becomes pregnant. In Rwanda after the 1994 genocide, as many as 5000 babies were born to rape victims. These children became known as the enfants mauvais souvenir (children of bad memories) and there have been reports of abandonment and infanticide.

The issue of rape, however, often remains hidden and is poorly addressed by humanitarian agencies. This is partly a result of under-reporting. In Freetown, Sierra Leone, Médecins Sans Frontières (MSF) found the prevalence of rape among women to be 14%, but intake of rape victims in rape counselling centres in Freetown indicate that rape is much more common; one MSF mental health worker commented that "being raped is like being bitten by a mosquito, it's that frequent."

Rape victims will weigh their need for care against possible stigmatisation within the family or society, or retribution from the aggressors. Health staff are often ill-equipped to tackle the issue, and therefore reticent to explore it. Staff should be trained in recognising and dealing with victims of rape, and time should be taken to establish a rapport and provide a safe and confidential environment for disclosure.

An adequate response requires clear protocols and a multidisciplinary approach. A full history of the event and a physical examination should be obtained. Antibiotic prophylaxis should be prescribed when possible. HIV prophylaxis is more complex: its use is often restricted by the high cost of the drugs. Emergency contraception should be available, and depending on the laws of the country, an abortion can be offered. Reconstructive surgery may be needed. When indicated, and with consent, a forensic examination should be done according to local capacity.

Mental-health support, where available, should be integrated into the medical services. Because rape in wartime usually happens together with other traumas and losses, and to avoid stigmatisation, these services should focus on a broad range of psychosocial problems. All patients should be offered a medical certificate, as a testimony to the event, and for eventual legal action. However, victims should be supported regardless of whether they wish to report the assault.

International human-rights law now clearly recognises sexual violence as distinct from other forms of torture. Thanks to the testimony of many courageous women, the International Criminal Tribunals for Rwanda and the former Yugoslavia have successfully prosecuted cases of rape as a grave crime against humanity, and as part of the act of genocide. The statute creating the new International Criminal Court will allow prosecution of perpetrators of systematic sexual violence. So far, however, the statute has been signed by 139 countries but ratified by only 27 (http://www.icc now.org/index.html).

Such legislation has not, however, translated into increased protection for women. Recently in Kosovo, the media eagerly sought out victims of rape, to be used as part of the propaganda to justify NATO intervention. This resulted in a further erosion of women's dignity while doing little to remove the risk. Meanwhile, rape continues unchecked in many forgotten conflicts: Amnesty International recently reported that all sides to the conflict in the Democratic Republic of Congo are using sexual violence "to spread terror among the populations, and to destabilise community identity". In late 1999, MSF spoke out against the systematic rape of displaced women returning home to Brazzaville —1600 rape victims presented at Makeleke hospital, Brazzaville, over 8 months. These denouncement were met with almost no interest from the international community. It would seem that rape in war has become too banal to provoke a response. Nevertheless, until an international legal framework is firmly established, ad-hoc advocacy efforts, informed by medical ethics, human rights, and humanitarian law, will remain crucial in preventing sexual violence in war.

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Sexual violence in Sierra Leone

9 years of civil war in Sierra Leone have unleashed widespread and systematic sexual violence against women and girls. This violence has included gang rape, sexual slavery, and assault. The rebel factions use sexual violence to terrorise the civilian population—to humiliate and punish them, and ultimately to control them. Sexual violence in this war is intended to break taboos and undermine cultural values. Human Rights Watch has documented cases of fathers being forced to watch the rape of their daughters, and middle-aged women being raped by boys as young as 11. Girls have been raped during sacred coming-of-age rituals.

In July, 1999, the Sierra Leonean government and rebels signed a peace accord giving amnesty to all sides in the war. Some forms of human-rights abuse dissipated after the accord—but sexual violence continued, unabated. Now, since the peace accord collapsed in May, 2000, there has been a substantial increase in women being raped by forces loyal to the Sierra Leonean government.

The largest faction among the government's Civil Defense Forces is the Kamajors, who believe that their potency as a warrior depends on sexual abstinence. But in recent years, the Kamajors have been moved away from their native areas in the south and east and given more responsibility for national security. Now separated from their traditional chiefs, they have let discipline flag, and grown more inclined to commit sexual violence.

The victims of sexual violence can suffer serious health consequences. We have documented two rape victims who suffered a prolapsed uterus, and several cases of serious injury in women who had objects inserted into their vaginas. The incidence of sexually transmitted diseases is very high among the victims of sexual violence, although the HIV/AIDS infection rate in this population is not known. Sierra Leone has no programmes available to test for the infection. Sexual violence is among the most serious, and is possibly the most prevalent, human-rights abuse now underway in Sierra Leone. But surprisingly it is not a focus for the foreign authorities working in the country. The UN is currently providing some human-rights education to Sierra Leonean police units, and the British army is training 3000 members of the Sierra Leonean army on the laws of armed conflict and the protection of children, but no one offers any specific training to any military or police force in Sierra Leone on women's rights.

We have called for the establishment of an internationally supported tribunal to bring to justice the perpetrators of war crimes and other abuses in Sierra Leone. That tribunal has been slow in coming. But if and when the UN finally sets up such a court, rape, sexual slavery, and sexual mutilation must be judged as crimes against humanity and war crimes. They cannot be viewed as anything less.

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