Mechanisms for expert discussion on how to provide assistance for men and boy survivors need to be established. Given the extraordinary sensitivity of the issue for victims and communities alike, strategies need to be carefully thought out. Many of those I have interviewed stressed the difficulty of formulating programmes for male survivors, given that they often have very different needs from female survivors and are often extremely reluctant to discuss the violence they have suffered or its consequences. The needs of male survivors often vary widely according to cultural context. Creation of mechanisms for expert discussion both within and across cultural contexts would help programme managers formulate effective strategies and would also help advance the field of trauma studies more generally. Male victims need to be fully represented in international justice initiatives and their inclusion in national laws on sexual violence. The prosecution by the International Criminal Tribunal for the Former Yugoslavia of perpetrators of sexual violence against male victims and the Democratic Republic of Congo’s recent extension of the crime of rape to include male victims are positive examples. Humanitarian actors should acknowledge that for male victims sexual violence is not just another form of torture. Sexual and gender-based violence is a particularly vicious attack on personal and social identity whose psychological consequences often far outweigh those of other forms of physical violence. We need to take care not to inadvertently harm other vulnerable groups. Psychosocial strategies aimed at the specific needs of male survivors must be carefully designed to avoid unintentional reinforcement of concepts of male dominance over women or of homophobia.

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2. See article by Rodriguez p45 on DRC’s recent expansion of rape laws to include both genders.
3. Thanks to Françoise Duroch of Médecins Sans Frontières for these observations.
4. www.un.org/dpi

Sexual violence and HIV/AIDS transmission

by Jennifer Klot and Pam DeLargy

The high rates of sexual violence in sub-Saharan Africa may help explain the disproportionate rates of infection among young women as compared to men, and also offer a new conceptual framework for understanding HIV transmission.

Sexual violence is vastly under-represented as an HIV risk and transmission factor both within and outside of conflict situations. Sexual violence and coercion may increase susceptibility to HIV insofar as non-consensual sex is associated with increased genital trauma and coital injuries, the likelihood of anal penetration, the vulnerability of adolescent girls and the age difference between partners. Heightened risk may also be associated with the probable infectiousness of the perpetrator, the incidence and prevalence of sexual violence, including of mass rape, and the likelihood of ulcerative sexually transmitted infections (STIs) and HIV. It may only require a small internal or external genital injury to provide the virus access to susceptible cells.

If sexual violence is a significant HIV risk factor, it follows that conflict situations may pose greater risks for HIV, particularly where rape is used as a weapon of war, where decreased security contributes to higher prevalence of opportunistic sexual violence or where there is already HIV infection among the population. Given the high levels of sexual violence occurring in a number of conflict-affected countries with significant HIV prevalence (such as the Democratic Republic of Congo, Liberia, Burundi and Cote d’Ivoire), this could be a major driver of the epidemic.

A growing number of studies are showing that sexual violence in war does not disappear when the peace agreements are signed. In a number of post-conflict settings, such as Liberia, levels of sexual violence remain high and in some countries violence against women may actually increase in the aftermath of a conflict, though dynamics may change. Understanding how these patterns change over time is essential for effective HIV prevention and response. But most of the relatively small body of literature linking conflict with HIV/AIDS identifies sexual violence as only one among a broad range of factors that could increase the likelihood of HIV infection in conflict – including mobility and population displacement, poverty, loss of access to health services and information, unsafe blood transfusion, civil-military interactions, changing family and social structures, demographic impacts, psychological trauma, illicit drugs use and STIs.

The point here is not to negate the significance of these factors but to distinguish between ‘drivers’ and ‘risk factors’. The factors described above are drivers of HIV vulnerability,
Integrating protection into food aid

by Mariangela Bizzarri

The World Food Programme (WFP) does not have a specific protection mandate but its activities are increasingly shaped by awareness of the need to protect women and girls from sexual and gender-based violence (SGBV).

WFP operates in unpredictable situations where staff members are often confronted with human rights violations and other protection-related challenges. They need appropriate guidance and support in dealing with these challenges. Adopted in 2002, WFP’s Gender Policy ensures that certain protection measures are integrated into the agency’s operations such as enhancing women’s control of food in relief food distributions. In 2005 we launched a country-level protection project, one part of which examined the link between protection and gender and focused specifically on SGBV including the issue of sexual exploitation and abuse and its link to HIV/AIDS. Protection and SGBV-focused research conducted in the Democratic Republic of Congo, Colombia, Liberia, Uganda and Colombia confirmed WFP’s need to continue focusing on:

- taking women’s concerns into account
- delivering food aid as close as possible to where beneficiaries are located to reduce risks during collection
- keeping deliveries of food rations small in order to reduce the

Conclusions

Until the role of force or coercion is made explicit in the data linking HIV with other factors, its potentially decisive impact on transmission risk will continue to be obscured or even remain hidden. Theoretical, legal and policy agreement is needed on what constitutes sexual violence and force across different socio-cultural settings, and more research is needed to explain the patterns, scale and scope of sexual violence over time. This information must be linked to surveillance, monitoring and reporting systems for HIV/AIDS in order to determine more clearly the specific dynamics of the relationship between sexual violence, forced sex and HIV vulnerability and risk.

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3. IASC Guidelines for Addressing Gender-Based Violence in Humanitarian Settings – see pp.3.