

# An urgent issue of public health and human rights

by Manuel Carballo

**Although sexual violence permeates most societies, especially in situations of social disruption, it is an area of public health and human rights where we can collectively already do a great deal and show results quickly.**

Based in Sarajevo as a public health advisor for WHO during the Bosnian war, I saw only a small fraction of the 40,000 or more women and girls who had been raped. But I recall being numbed by the extent of the physical damage and psychological trauma they had suffered and were continuing to suffer. I also painfully remember how little there was to offer them, how little evidence-based treatment and care there was at that time, and how ill-prepared the relief community was for the magnitude of the tragedy. I saw few of the men and boys who were also raped but we should never forget that the desire to humiliate and inflict pain through acts of sexual violence is not always, or only, women-targeted.

Timely action by the international community can go far to prevent many of the crimes – especially sexual violence – that occur in times of war. Bosnia and Rwanda were embarrassing examples of our collective procrastination and unwillingness to act decisively and in a timely fashion. Darfur still is. There are also many other situations around the world where we know that sexual violence is being perpetrated on a daily basis, destroying bodies and minds. Nor is sexual violence limited to conflicts; in South East Asia many women who survived the tsunami were then sexually abused. It is becoming clear that there is something in the chaos and social disorganisation of all types of humanitarian disaster that opens the door to the pathology of sexual violence.

## Moving forward

Donors and implementing partners must openly recognise the magnitude and nature of

sexual violence in disasters and ensure that this recognition is reflected in all humanitarian and development actions. Prevention as well as response must be prioritised. Distinctions between relief and development rarely reflect reality and responses to conflict and natural disasters must always be designed with longer-term reconstruction and development in mind. Nor should we ever forget that sexual violence does not stop with peace agreements; refugee camps are not always the safe havens we like to think. Rape, sexual abuse and exploitation prosper wherever there is disorganisation, an absence of structure and lack of hope, further eroding the capacity of people to move from disaster to reconstruction.

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The challenge before the international community calls not simply for funding, although without funding little is ever possible. More significantly it calls for a systematic inclusion of sexual violence prevention and responses in all relief and development programmes. Donors should not agree to fund projects that do not include activities that explicitly address the problem of sexual violence, and humanitarian agencies should not consider going into the field without taking steps to include actions to prevent and respond to the challenge of sexual violence.

To do this better we need more detailed evidence about the medical and psychosocial actions that have been shown to work best and under what circumstances. Much has

already been done but there is still a need for more research on how best to intervene to prevent as well as treat the outcome of sexual violence. In the meantime we must sensitise local leaders and communities and work with men's groups, the military and others to explain that sexual violence can and must be prevented. Peacekeepers and humanitarian relief staff, in particular, should never be deployed without being sensitised and trained in the prevention and management of sexual violence. They are a potentially vital force in the fight against sexual violence but if they are not well prepared and supervised they can easily become part of the problem.

As well as looking at how best to prevent and respond to incidents of sexual violence in displaced people's camps, we must also perfect our reporting of sexual violence so that – while respecting confidentiality and anonymity of victims – we can develop databases that allow us to quantify problems in ways that help mobilise local and international support.

Finally, we must keep in mind that what we are really talking about is the preservation of human dignity and social cohesion. While it is the victims of sexual violence and abuse that are the most hurt and damaged, aggressors too are debased, and the potential for social reconstruction and development of a cohesive society is severely undermined. Whether we work in the domain of medical care, water and sanitation, food and nutrition, shelter or any other type of disaster initiative, we must systematically and proactively take up the challenge of sexual violence.

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