

# TOWARDS PRINCIPLES FOR GLOBAL ACTION:

## Preventing and Addressing Stigma Associated to Sexual Violence in Conflict

Based on initial consultations, this document aims to provide the foundations for productive discussions to take place at Wilton Park, to facilitate more focused and in-depth conference outcomes.

### How we understand stigma

Addressing stigma is part of the gap that exists in comprehensively and effectively responding to sexual violence in conflict (SVC). Tackling stigma can help strengthen communities and lead to long-term societal transformation. Equally, urgent action to prevent and address stigma can be life-saving. Further, confronting stigma is consistently quoted as a priority by survivors and it is therefore vital that this issue receives commensurate support from the international community.

Stigma can compound existing vulnerabilities and may also pre-exist the incident of sexual violence.

For the purposes of our work, we understand stigma related to SVC as follows:

- Stigma is based on attitudes, beliefs, behaviours, power imbalances and misinformation or lack of knowledge. It is rooted in societal factors including social and gender norms, cultural taboos, beliefs and customs. As such, the stigma associated with SVC can compound other existing stigmas.
- Survivors, be they women, girls, men or boys - and children born of rape - can all be profoundly affected by the stigma associated with SVC. This stigma can manifest in different ways, depending on the contexts and identities of the survivor (including: age, gender, sexuality, educational and economic status, race, caste, ethnicity and location).
- Stigma related to SVC is inclusive of two core, interrelated aspects: **external** (stigmatisation imposed upon a survivor by people, policies etc.) and **internal** (internalised stigma including self-blame, shame, PTSD, social withdrawal etc.).
- Societies can respond to SVC by penalising/placing blame on individuals, groups or communities for bringing shame, or for somehow 'transgressing' (even though this is forced) from the standards of the community/society in which they live. Being ostracised, marginalised and rejected at the family, peer and wider community levels are, therefore, core features of stigma related to SVC.
- Stigma can affect the survivor/child born of rape in all aspects of their daily life; ranging from social and economic to civic and political - and can deeply compound and exacerbate the impacts of the sexual violence incident itself.

### 1

#### CONSULTATION PHASE

Through country-based workshops, the Wilton Park conference & ongoing consultations, we will gather expert advice & build a shared understanding around stigma related to SVC.

### 2

#### INTEGRATION PHASE

Generate global momentum around the recommendations from Phase 1 & establish the foundations for successful action on this issue through the '*Principles for Global Action*' Document.

### 3

#### IMPLEMENTATION PHASE

Secure commitment to & resources for specific actions that address the gaps in preventing & tackling stigma related to SVC within the international community.

## OBJECTIVES OF THE 'PRINCIPLES FOR GLOBAL ACTION' DOCUMENT:

1. To sustain and build momentum for all stakeholders to address and prevent SVC.
2. To ensure that, when they do so, they are taking the issues of stigma into full account.
3. To build a deeper understanding of stigma & how it is part of a comprehensive approach to addressing & preventing SVC.
4. To provide a go-to tool for governments, donors, civil society and other key stakeholders to develop a greater understanding and integrate stigma into their existing sectoral responses to SVC.
5. To promote improved survivor-centred responses and increased support to those that have suffered SVC (and children born of rape), & ensure first responders & international stakeholders have no role in creating or increasing survivor stigma.

## KEY THEMES AND CONSIDERATIONS

Stigma related to SVC operates at three key, interconnected levels; **structural (organisational) level**, **community level** and **individual level**. Stigma is highly context specific, both at the macro (national) and micro (local) level, but some common themes can be identified. These are set out in the below graphic, in order to facilitate more detailed discussions at Wilton Park that result in tangible thematic recommendations.

**Please note that the relationship between (and impact of) stigma and the topics listed below, among others, will all be taken into account within this initiative:** Minority groups; Social status; Age; Gender (awareness of impacts on men, women, boys and girls); Race; Ethnicity; Sexuality, LGBTIQ+; Faith; Pre-existing stigma; Children born of rape; Survivors who are also perpetrators (e.g. child soldiers or childhood experience); Disability (mental, physical and psychological); Trauma (e.g. PTSD, anxiety, depression); Health (e.g. HIV); Internal stigma (self-blame); Power imbalances; Statelessness, migration, displacement; Detention; Lack of identity documents and birth registration; Lack of access to livelihoods, education, welfare and health services.

Do no harm, data protection, confidentiality and avoiding the risk of creating or compounding stigma, through bringing attention and awareness to it, must be central tenets of our shared efforts. Key to the approach will also be the principle of social integration and an acknowledgement that: assumptions must not be made about gender and sexuality; that survivors are not a homogenous group; and that an impartial, rights-based and empowerment-focused approach should be adopted by all service providers, first responders and the international community at large.

