



# **Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad**

**A Human Rights Watch Briefing Paper**

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## Background

Since early 2003, Sudanese government forces and government-backed ethnic militias known as “Janjaweed” have committed war crimes, crimes against humanity and “ethnic cleansing” in the Darfur region of Sudan.<sup>1</sup> They have targeted for abuse civilians belonging to the same ethnic groups as members of two rebel movements, the Sudan Liberation Army (SLA) and the Justice and Equality Movement (JEM). More than two million people of the region’s estimated population of 6 million have been directly affected by the conflict through attacks on villages, killings, sexual violence, looting of livestock and household goods, destruction of property, and other abuses. An additional two million people have been affected by the near total collapse of the region’s economy.

According to recent United Nations figures, the attacks have led to the deaths of at least 180,000 people and the displacement of more than 2.5 million others.<sup>2</sup> Most of the displaced people remain in Sudan as “internally displaced persons,” but an estimated 200,000 have sought refuge in Chad and are refugees as defined by the 1969 OAU Convention on the Specific Aspects of Refugee Problems in Africa;<sup>3</sup> many are also considered *prima facie* refugees<sup>4</sup> who are entitled to the protections of the 1951 Refugee Convention until their status can be determined.<sup>5</sup>

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<sup>1</sup> For further background on the human rights situation in Darfur see Human Rights Watch reports and briefing papers: “*Targeting the Fur: Mass Killings in Darfur*,” January 21, 2005; “*If We Return We Will Be Killed: Consolidation of Ethnic Cleansing in Darfur, Sudan*,” November 2004; “*Empty Promises: Continuing Abuses in Darfur, Sudan*,” August 11, 2004; “*Darfur Documents Confirm Government Policy of Militia Support*,” July 20, 2004; “*Darfur Destroyed: Ethnic Cleansing by Government and Militia Forces in Western Sudan*,” Vol.16, No. 6(A), May 2004; “*Darfur in Flames: Atrocities in Western Sudan*,” Vol.16, No.5 (A), April 2004.

<sup>2</sup> “Homeless in Sudan’s Darfur reach 2.4 million: UN,” Agence France Presse, March 29, 2005 at <http://www.reliefweb.int/rw/RWB.NSF/db900SID/MHII-6AY42U?OpenDocument&rc=1&emid=ACOS-635PJQ> (retrieved April 7, 2005). In addition to the 2.4 million internally displaced, as of January 2005, there were 193,000 registered refugees in Chad as of March 2005. “Chad: Severe malnutrition on the rise in refugee camps,” UN Integrated Regional Information Networks, at <http://allafrica.com/stories/200504060866.html> (retrieved April 8, 2005). An estimated 18,000 unregistered refugees are also in Chad, Human Rights Watch interview, UNHCR staff, Chad, February 2005.

<sup>3</sup> OAU Convention Governing Specific Aspects of Refugee Problems in Africa, 1969, 1001 UNTS 3.

<sup>4</sup> Throughout the world, there are many situations in which refugees have fled conditions of generalized insecurity and conflict. When refugees flee in large numbers to neighboring countries, particularly in less developed regions of the world, it is not usually possible to ascertain whether every person involved in the influx actually meets the criteria for refugee status. Low-income countries frequently do not have the logistical, administrative, or financial capacity to undertake individual status determinations. Instead, there is a general assumption that when conditions are objectively dangerous in a country of origin, refugees are recognized on a *prima facie* basis (i.e. without the need for further proof), and are afforded protection accordingly. See e.g. “Protection of Asylum- Seekers in Situations of Large-Scale Influx,” ExCom Conclusion No. 22, 1981.

<sup>5</sup> Convention Relating to the Status of Refugees, 189 UNTS 150 (1951), entered into force April 22, 1954. In 1967 a Protocol was adopted to extend the Convention temporally and geographically. Protocol Relating to the

Rape and sexual violence against women and girls has been a prominent feature of the “ethnic cleansing” campaign carried out by government forces and militias, both during and following displacement in Darfur.<sup>6</sup> Once displaced into camps in Darfur, or into refugee camps in Chad, women and girls continue to suffer sexual and gender-based violence. As discussed below, rape and sexual violence have numerous social, economic and medical consequences, including increasing the risk of contracting HIV/AIDS as a result of the violence.

Although reported HIV prevalence rates in Sudan are currently low compared with neighboring countries such as Ethiopia and Chad, the current estimation of 2.3% among the adult population is widely believed to be an underestimate based on poor sentinel surveillance and is likely to be significantly higher. The high levels of sexual violence and displacement which have been features of the Darfur conflict create a risk of increased transmission of HIV/AIDS, particularly as it is recognized that the combination of conflict, sexual violence and displacement offers fertile ground for the transmission of the disease.<sup>7</sup>

In February 2005, Human Rights Watch undertook two research missions, one to the refugee camps in Chad and another to the displaced persons camps in South Darfur, to conduct research on patterns of sexual and gender-based violence and the response of local and international actors.<sup>8</sup> This document does not provide a comprehensive assessment of the many complex issues related to sexual and gender-based violence, nor does it evaluate the diverse response to date on the part of humanitarian agencies providing services in Chad and Darfur. Instead Human Rights Watch seeks to highlight some of the most important elements in the patterns of sexual and gender-based violence—including the urgent need for protection from ongoing violence—and stress the need for an appropriate response.

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Status of Refugees, 19 UST 6223, 606 UNTS 267 (1967), entered into force October 4, 1967. See e.g. ExCom General Conclusion on International Protection No. 85, 1998, para (d).

Convention Relating to the Status of Refugees, 1951, No. 2545, 189 UNTS 137 (as amended by the 1967 Protocol Relating to the Status of Refugees). Sudan became a party to the Refugee Convention in 1974.

<sup>6</sup> Human Rights Watch has also received several allegations of rape by members of the Darfur rebel movements, including near Malam, South Darfur, in 2004. These require further investigation, but available evidence suggests that they have not been systematic in nature.

<sup>7</sup> See, e.g., Paul B. Spiegel and Alia Nankoe, “UNHCR, HIV/AIDS and Refugees: Lessons Learned, *Forced Migration Review*, vol. 19 (2004), pp. 21-23

<sup>8</sup> Human Rights Watch researchers visited nine of eleven refugee camps in Chad and six displaced persons camps and several other sites in South Darfur in February 2005. Additional information and accounts were gathered in the context of five research missions to Darfur and Chad in 2004. Medical and other services in the camps across Darfur vary widely. The observations on provision of services in the Darfur camps described in this document therefore do not necessarily represent the situation in West or North Darfur.

Despite the existence of clear standards for responding to sexual and gender-based violence, including in the context of conflict, Human Rights Watch's research to date suggests that humanitarian agencies are not implementing these guidelines on a systematic basis in Darfur and Chad. It is vital that donors and humanitarian agencies give much greater emphasis—and more resources—to preventing sexual and gender-based violence and to responding to its medical, psychological, social and economic consequences.

## **Rape and Sexual Violence during Attacks by Government Forces and Militias**

Accounts gathered by Human Rights Watch over the past fourteen months largely corroborate the research conducted by other organizations investigating sexual violence.<sup>9</sup> The International Commission of Inquiry concluded that rape and sexual violence have been used by government forces and government-backed Janjaweed militias as a “deliberate strategy with the aim of terrorizing the population, ensuring control of the movement of the IDP population and perpetuating its displacement.”<sup>10</sup> Human Rights Watch has documented numerous incidents, in all three states of Darfur, in which women and girls have been subjected to rape and other forms of sexual violence during Sudanese government attacks on villages, including multiple rapes by multiple attackers from government forces and militias.

Human Rights Watch documented rapes by multiple perpetrators of large numbers of women and girls from different ethnic groups targeted by Sudanese government forces and militias.<sup>11</sup> For example, a thirty-five-year-old Fur woman and mother of five children, from Krolli village, South Darfur, told Human Rights Watch that when the Janjaweed militias attacked her village many of the village residents gathered in the police station, seeking protection. The police took no action. Civilians were held there for several days while the militia selected young women for rape and men were shot and tortured if they protested. She said:

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<sup>9</sup> See among others: *Report on the International Commission of Inquiry on Darfur to the United Nations Secretary-General*, January 25, 2005; *Darfur: Rape as a Weapon of War: Sexual Violence and its Consequences*, Amnesty International, July 19, 2004; “*Empty Promises? Continuing Abuses in Darfur, Sudan*,” Human Rights Watch, August 11, 2004; and *The Crushing Burden of Rape: Sexual Violence in Darfur*, Médecins sans Frontières, March 8, 2005.

<sup>10</sup> *Report on the International Commission of Inquiry on Darfur to the United Nations Secretary-General*, January 25, 2005, p.94 at [http://www.un.org/News/dh/sudan/com\\_inq\\_darfur.pdf](http://www.un.org/News/dh/sudan/com_inq_darfur.pdf)

<sup>11</sup> Human Rights Watch, *Empty Promises, Targeting the Fur* and unpublished accounts on file with Human Rights Watch.

Janjaweed would pass their hands touching the heads and legs of women, if a woman has long hair and fat legs and silky skin she is immediately taken away to be raped. There was panic among all of us and we could not move. They took girls away for long hours and brought them back later. Girls were crying, we knew they raped them. Some of us were raped in front of the crowd....I was sitting with the others on the bare floor, very exhausted, thirsty and scared. Two of them came to me, I resisted them and told them I did not want them but they did not like that. They hit me and decided to rape me in front of others, one of them came to me from the back and started raping me....I could not move after that. Some young men tried to protect us from [rape], they received shots in both their legs. That was very painful and made them bleed, they could not move any more. Others were hanged on the tree naked....It was just killing us to be raped and to see our men tortured like that.<sup>12</sup>

A forty-year-old Fur woman from a village in South Darfur told Human Rights Watch of a similar attack. When the Janjaweed militia members tried to rape her fourteen-year-old daughter she said:

I covered her with my body and prevented them from taking her. They became very angry, they lashed me and decided to have me. They took my *tope* (outer garment worn by many Sudanese women) off and tore my dress while I was resisting them. They took me a bit far from the group and started raping me. One would rape while two others would guard him. There were about thirty women in the same place....They took their turns raping me, after that they hit me hard, took me on the floor back to the crowd and threw me beside them.<sup>13</sup>

Rape and sexual violence have specifically been used to terrorize and displace rural communities. In some attacks documented by Human Rights Watch, girls as young as seven and eight years old were raped, while some women were raped and then genitally mutilated. Human Rights Watch was told of one such attack, on a Zaghawa community in Goz Baggar, North Darfur, on October 18, 2004, which caused many of the village residents to flee to Chad. "Some women and girls were raped, another time, all on one day, on October 18, 2004. Other women were raped in different ways. The men didn't

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<sup>12</sup> Human Rights Watch interview, Kass displaced persons camp, South Darfur, February 2005.

<sup>13</sup> Human Rights Watch interview, Kass displaced persons camp, South Darfur, February 2005.

just rape them but afterwards they cut their sexual parts and sewed them up. Fifty Janjaweed committed this crime on the same day, it resulted in many people leaving for Chad.”<sup>14</sup>

According to accounts gathered by Human Rights Watch, perpetrators of rape have frequently abused the women and girls with vitriolic racial and ethnic slurs during or after the rapes, calling women “slaves,” “dirty black Nuba,” and other epithets. A Fur woman who was raped by three men during an attack on her village, near Kass town, was told by her attackers, “You Fur women of 111 [referring to the pattern of scarification popular among Fur women: three parallel lines on the upper cheeks] are needed. For each ‘1’ on your face you have a job. The first ‘1’ is to bake *kisra* (a Sudanese staple food) for [Sudan president] Omar el Bashir, the second ‘1’ is to be the slave of el Bashir, the third ‘1’ is to do whatever el Bashir wants from you.”<sup>15</sup>

As reflected in the cases described above and dozens of additional incidents documented by Human Rights Watch,<sup>16</sup> these incidents of rape clearly aimed to subjugate, humiliate and terrorize the entire community, not just the women and girls raped by the militias.

Government soldiers have also been responsible for rape during attacks on villages and when women and girls travel on the roads to attend local markets. A woman who was raped by five soldiers when she was traveling to the market at Abdu Shakur, North Darfur to get food, told Human Rights Watch that they ordered her off her donkey. When she refused she was whipped and then raped by all five men. She said, “They were regular soldiers, with no rank....They wore army uniforms and one had a Kalashnikov [assault rifle]. The police have red caps. There were two with red caps but the others were bareheaded. They whipped me with two whips, used by three men....I said nothing, I could not scream. I was raped by all five. I did not report the rape because they were government soldiers.”<sup>17</sup>

## **No Protection: Rape and Sexual Violence Following Displacement**

In addition to rape and sexual violence committed in the context of attacks on villages, many women and girls have been raped during or following displacement from their

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<sup>14</sup> Human Rights Watch interview, Chad, June 27, 2004.

<sup>15</sup> Human Rights Watch interview, displaced persons camp, South Darfur, February 2005.

<sup>16</sup> Human Rights Watch, *Empty Promises, Targeting the Fur* and unpublished accounts on file with Human Rights Watch.

<sup>17</sup> Human Rights Watch interview, Bir Masa, North Darfur, July 27, 2004.

homes. These attacks have targeted women and girls traveling to displaced persons camps or to towns, leaving the relative protection of those locations to collect firewood, water or other items, and taking these goods to market to sell in exchange for necessary family items.

Women and girls are particularly at risk for rape once displaced because collecting firewood and fetching water are chores traditionally allocated to women. Most of the displaced communities living in the camps in Darfur are almost entirely dependent on humanitarian aid, and there are minimal employment opportunities in the camps and towns. Collecting firewood for cooking and fodder for livestock is essential, both for family use but also because selling these items is often the only way for a family to earn any income to supplement relief assistance and purchase items otherwise unavailable, such as clothes and household necessities that were previously looted.

Traveling to or from the market often puts women and girls at risk of rape. A sixteen-year-old girl who was raped while traveling from her village to Nyala, the capital of South Darfur, described the attack to Human Rights Watch:

[I was with] a group of girls traveling from our village to Nyala...I had a brother working in the market and I wanted to collect some goods from him. Some of us were traveling on donkeys and others were walking. Suddenly the Janjaweed attacked us; they took our money and our donkeys. The majority [of the girls] managed to escape; me, my cousin and my sister were captured. They took all our *topes* and veils, they left us only with our dresses. We were screaming. I was taken with my younger cousin to the wood; I don't know where they took my sister. One of them forced me on the ground and all the time I was resisting them....all the time one of the Janjaweed kept his gun pointed at my head. They started raping me. I was bleeding heavily but could do nothing. It was so painful, but fear was even more than pain. Four of them raped me.<sup>18</sup>

In Darfur, women sometimes have no other choice but to risk assault by leaving the perimeters and relative safety of displaced camps and populated towns to visit the markets or collect firewood. This is largely because men may face the worse threat of being killed if they venture out. The risk of attack when leaving the camps is

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<sup>18</sup> Human Rights Watch interview, displaced persons camp, South Darfur, February 2005.



compounded by the fact that some areas around the camps have now been so deforested that women are compelled to venture even further away.<sup>19</sup>

Human Rights Watch has documented scores of cases of rape of women and girls while traveling along rural roads, some as recently as February and March 2005.<sup>20</sup> Between October 2004 and mid-February 2005, Médecins sans Frontières (MSF) teams in West and South Darfur treated almost 500 women and girls who had been raped. An MSF report on the issue asserted that the number of cases treated in MSF clinics represented but a fraction of the total, given the chronic under-reporting of rape, and also noted that 82 percent of the rapes they treated occurred when women left the towns and displaced persons camps in search of firewood, water or grass for animal fodder.<sup>21</sup> Almost a third of the women and girls who were victims of these attacks were raped by multiple perpetrators.<sup>22</sup>

Even once they arrived in Chad as refugees, women and girls continued to face the risk of rape and assault by civilians or militia members when collecting water, fuel or grass near the border.<sup>23</sup> These cross-border attacks were one of the reasons that the United Nations High Commissioner for Refugees relocated thousands of refugees from the border to camps further inside Chad in 2004.<sup>24</sup> Although the vast majority of the refugees who initially settled along the border have now been relocated, women and girls remain at risk of assault and rape when they venture from the camps in Chad. A twenty-three-year-old refugee woman told Human Rights Watch in February 2005:

I went with a group of women searching for firewood at the border, but I was alone when I was attacked. A man from Chad, not a soldier, caught me, beat me and raped me. Afterwards I became sick, with fever and dizziness. My arms and legs and belly swelled up and I was yellow. I went to the clinic, but I only get paracetamol and fluid. When my husband came back some months later and found that I was pregnant,

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<sup>19</sup> Human Rights Watch interviews, North Darfur, April 2005.

<sup>20</sup> Human Rights Watch interviews, South Darfur, February 2005. See also Human Rights Watch, *Empty Promises* and *Targeting the Fur*, unpublished accounts and confidential communications on file with Human Rights Watch.

<sup>21</sup> *The Crushing Burden of Rape: Sexual Violence in Darfur*, Médecins sans Frontières, March 8, 2005, p. 4.

<sup>22</sup> *Ibid.*, p. 3.

<sup>23</sup> Human Rights Watch, *Empty Promises*, and unpublished research on file with Human Rights Watch.

<sup>24</sup> Human Rights Watch, *Darfur in Flames*, p. 40. See also UNHCR Briefing Notes: Chad, Ingushetia, Burundi, UNHCR, Geneva, February 20, 2004, at <http://www.reliefweb.int/rw/rwb.nsf/0/985356272a5deaa7c1256e40003e7022?OpenDocument> (retrieved April 11, 2005).

he left me. Now I have two babies from this, but not enough milk or food. I am very sad.<sup>25</sup>

In Chad, there is generally far greater freedom of movement and more opportunities for work for both men and women. Some men have found work in trade in northern towns such as Tine or short-term employment working in the fields at harvest time, in the south. However, this latter type of labor is limited and seasonal, and furthermore is restricted by increasing tensions between the refugee and host communities over strained resources. Women refugees are able to earn income in markets or as domestic servants for Chadians in nearby villages. However this can put them at risk of abuse.

In interviews with Human Rights Watch, some Sudanese women and girls reported undergoing abuses while trying to collect firewood for sale or fuel. Some refugees living in the camps in Chad had been imprisoned by the Chadian authorities for trying to collect firewood outside the camps, only to be raped by Chadian inmates while in detention. Human Rights Watch documented ten cases of women and girls from Farchana refugee camp who were imprisoned in such circumstances in January 2005. One fifteen-year-old girl who had been imprisoned for three days with another girl and two women, said “We were locked in a small cell, all of us, with five men from Chad. We were hurt every day. Sometimes they forced us, one night five times. Our families had to pay money to get us out.”<sup>26</sup>

Aid workers interviewed by Human Rights Watch were unaware of both the detention of these girls and women, and the exposure to sexual violence and the rapes incurred as a result.<sup>27</sup>

In a number of camps in Chad and Darfur, women significantly outnumber men and are the de facto heads of their households. This puts even more pressure on women to find ways to earn extra income and support their families which in turn increases their exposure to sexual abuse and exploitation.<sup>28</sup>

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<sup>25</sup> Human Rights Watch interview, Farchana refugee camp, Chad, February 2005. In this case, the symptoms the woman describes are consistent with Hepatitis B or C, sexually transmitted diseases.

<sup>26</sup> Human Rights Watch interview, Farchana refugee camp, Chad, February 2005.

<sup>27</sup> International human rights law provides that men and women shall so far as possible be detained in separate institutions. In detention centers that receive both men and women, the whole of the premises allocated to women shall be entirely separate. *Standard Minimum Rules for the Treatment of Prisoners* (<http://www1.umn.edu/humanrts/instr/g1smr.htm>), adopted Aug. 30, 1955, by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, U.N. Doc. A/CONF/611, rule 8.

<sup>28</sup> Reasons for this demographic imbalance likely include conflict-related causes such as the higher mortality of men from violence in Darfur, their presence in the rebel movements, and the fact that some men and boys

Human Rights Watch found that in Chad, many of the estimated 18,000 unregistered refugees appeared to be women and children living on the camp outskirts, in the nearby *wadis* (dry river beds), or along the roads to the camps. These unregistered refugee women and girls are at higher risk of sexual exploitation and violence precisely because they live outside camps, which provide a minimum of food and security. Many of them lack tents, literally living under trees and behind bushes and remain unregistered apparently because some are suspected by aid workers to be Chadians masquerading as refugees in order to access camp services. While there are Chadians who have entered the camps in search of services and assistance, of the thirty unregistered individuals interviewed by Human Rights Watch at one refugee camp, all were from Sudan.<sup>29</sup>

Even women and girls living within the displaced and refugee camps can risk sexual and gender-based violence. For example, a woman or girl who has been raped may be disowned by her family and then live alone with little access to services and protection. In one such case documented by Human Rights Watch, a sixteen-year-old Fur girl who had been displaced from her village in West Darfur in August 2003 was later raped by three men while collecting firewood outside of the town where she and her family had fled. Following the rape, her family members threw her out of her home and her fiancé broke off their engagement because she was “disgraced.” Forced to live alone, she was subjected to further violence, including rape, at the hands of local police who came to her dwelling at night.<sup>30</sup>

Women and girls may also be coerced by male residents of the camp and others, such as Chadian gendarmes, to provide “sexual services” in exchange for their “protection.” These women and girls may also be seen as “easily accessible” by men. “It is not safe inside the camp. I have no husband. Many men have forced me to be their wife,” a twenty-six-year-old refugee woman told Human Rights Watch.<sup>31</sup> These risks have been documented in many other refugee crises.<sup>32</sup>

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leave their families in the camps while they migrate with their livestock in search of better pasture and water resources. There was also a pre-war gender disparity in some areas of Darfur due to decades of labor migration to other parts of Sudan, Libya and other neighboring countries.

<sup>29</sup> Human Rights Watch interviews, Oure Cassoni refugee camp, Chad, February 15, 2005.

<sup>30</sup> The location and other details of this incident are withheld to protect the confidentiality and security of the victim. Information on file with Human Rights Watch.

<sup>31</sup> Human Rights Watch interview, Iridimi refugee camp, Chad, February 11, 2005.

<sup>32</sup> The Women’s Commission for Refugee Women and Children, *If Not Now, When? Addressing Gender-Based Violence in Refugee, Internally Displaced and Post-Conflict Settings: A Global Overview*. New York April 2002

## Social and Psychological Results of Sexual Violence

Many of the victims of rape and other sexual violence are deeply traumatized, as are many of their family members. Rape, when used as a “weapon of war” is specifically aimed at terrorizing and subjugating entire communities, and affects the social fabric of communities. In the conservative culture of Darfur, the stigma of rape is difficult to overcome: as one Fur woman remarked, “no one would accept to marry a raped woman.”<sup>33</sup>

In addition, some communities in Darfur believe that pregnancy can only result from consensual sex.<sup>34</sup> Thus if a woman or girl becomes pregnant following rape, the victim is sometimes blamed for disgracing the family. Scores of girls, including some as young as eight or ten years, have been raped. Reactions vary among individual family members and communities; in some cases documented by Human Rights Watch, husbands accepted their wives, while in other cases women were abandoned due to the rape. Similarly, some families have been supportive of their daughters, while others have not. Most communities remain reluctant to discuss the violence.<sup>35</sup>

One woman in South Darfur whose twelve-year-old sister was taken away for two days and repeatedly raped told Human Rights Watch, “My sister is very upset now, she likes to live in isolation and she suffers a great deal of humiliation in her heart. She believes she cannot marry now because she is *khasrana* (damaged).”<sup>36</sup>

In some families interviewed by Human Rights Watch, male relatives agreed to marry the girls who were raped in order to “protect their honor” and the honor of the family. The mother of a sixteen-year-old girl who had been raped and then married to a cousin to protect her honor described her daughter’s condition and the effect on the whole family:

My daughter screams at night. She is not happy as she used to be before, she cannot sit in one place; she is *mashantana* (possessed). She is always worried and in continuous movement, I never talk to her about what happened, although she knows that I know what happened to her. Of course she does: I cleaned her wounds after her return every day, but

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<sup>33</sup> Human Rights Watch interview, displaced persons camp, South Darfur, February 2005.

<sup>34</sup> Amnesty International, *Rape as a Weapon of War*, July 2004.

<sup>35</sup> Human Rights Watch interviews in various locations, Darfur and Chad, 2004-2005.

<sup>36</sup> Human Rights Watch interview, displaced persons camp, South Darfur, February 2005.

still, talking about it is very difficult. Her father became very ill since that time. He never goes out with the rest of the men and he does nothing but staying inside the room. I feel very bad about the whole situation but there is nothing we can do, God only can help us. Now my daughter is married to her cousin, but where is he? He does not communicate with her or with us.<sup>37</sup>

As in the above description, some victims, once married, have been abandoned by their husbands after the marriage ceremony. To the extent that these are forced marriages or marriages of girls too young to consent, the human rights of these women and girls are violated once again by these marriages.<sup>38</sup>

Some women and girls who had been raped also have had to cope with unwanted pregnancies as the result of the rapes. Human Rights Watch found few counseling or other reproductive health services available to help these women and girls—and their families—to cope with the emotional and psychological implications of the sexual violence and resulting pregnancies. A mother who had given birth after being raped told Human Rights Watch, “There were seven Janjaweed who attacked me. Now I have a baby, and everyone knows he is a baby from Janjaweed. I did not want this baby, and it is very hard for me.”<sup>39</sup>

The social and economic implications of these unwanted pregnancies can be devastating for both the mothers and children, and highlights yet again the need for reproductive health services, including access to emergency contraceptives and referrals to hospitals for abortions. Women who become pregnant as a result of rape are at risk of being abandoned by their husbands, rendering both the women and their children extremely vulnerable. Some infants may be abandoned or neglected by their mothers due to attitudes within the community or the response from the local authorities.<sup>40</sup> For instance, in some locations the response of Sudanese authorities has exacerbated an already appalling situation: in Bindisi, West Darfur, authorities have harassed and even

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<sup>37</sup> Human Rights Watch interview, displaced persons camp, South Darfur, February 2005.

<sup>38</sup> Early forced marriages are marriages whereby the consent of either party is not sought or more commonly whereby the consent of the girl is not sought and whereby one or both spouses are under the age of consent. The International Covenant on Civil and Political Rights (ICCPR), in article 23, states that “[n]o marriage shall be entered into without the free and full consent of the intending spouses.” *International Covenant on Civil and Political Rights* (<http://www1.umn.edu/humanrts/instrree/b3ccpr.htm>), G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), *entered into force* Mar. 23, 1976. Sudan ratified the ICCPR in 1976.

<sup>39</sup> Human Rights Watch interview, Oure Cassoni refugee camp, Chad, February 15, 2005.

<sup>40</sup> Human Rights Watch interviews, refugee camps, Chad, and Darfur, February 2005. See also Nima Elbagir, “Rapes never stop’ Darfur victims say,” Reuters, March 7, 2005.

detained pregnant girls and women, threatening them with charges of fornication if they do not pay a fine.<sup>41</sup>

## **Medical Consequences of Sexual Violence, Including HIV/AIDS**

Women and girls who have suffered sexual violence have a full range of health needs that must be addressed. These include treatment of injuries that may have occurred in the course of the sexual violence, information and preventative treatment for sexually transmitted infections, (including HIV and hepatitis), information and access to services to prevent or terminate unwanted pregnancies, and counseling to address the emotional and psychological impact of sexual violence.

Sexual violence can result in numerous medical consequences, including internal bleeding, fistulas, incontinence, and infection with sexually transmitted diseases such as Hepatitis B and C and HIV/AIDS. In Sudan the reported HIV prevalence at end 2003 prior to the Darfur conflict was estimated to be 2.3 percent.<sup>42</sup> In Chad, the estimated adult HIV prevalence rate at end 2003 was 4.8 percent.<sup>43</sup> In 2002 median HIV prevalence rates for pregnant women in Chad (seen as a proxy for the general population) ranged from 7.5 percent in urban areas to 4.7 percent in rural areas.<sup>44</sup>

There are multiple risk factors on both sides of the border which increase the risk of contracting HIV for women and girls who have been raped, including rape by multiple perpetrators;<sup>45</sup> high rates of sexually transmitted infections (STIs are known to increase risk of HIV up to 300 percent);<sup>46</sup> and the practice of female genital circumcision (FGC).

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<sup>41</sup> Katharine Houreld, "Gang-raped and pregnant, these women thought their ordeal was over when they went to the police. They were wrong." *The Telegraph*, March 13, 2005, at <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2005/03/13/wsudan13.xml> (retrieved April 7, 2005) and MSF report, p. 6.

<sup>42</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), "Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections: Sudan" (2004). Given the poor sentinel surveillance and regional variation in Sudan, however, the estimate of 2.3 percent may be an underestimate.

<sup>43</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), "Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Chad" (2004).

<sup>44</sup> *Ibid.*

<sup>45</sup> Forced or coerced sex creates a risk of trauma: when the vagina or anus is dry and force is used genital and anal injury are more likely, increasing the risk of injury. Rape by multiple attackers both increases the likelihood of injury, as well as the risk of exposure to an HIV-positive attacker. World Health Organization, *Guidelines for the management of sexually transmitted infections*, Geneva, WHO, 2003.

<sup>46</sup> The presence of other sexually transmitted diseases increases HIV transmission risk. See United States Center for Disease Control and Prevention, Fact Sheet: Prevention and Treatment of Sexually Transmitted Diseases as an HIV Prevention Strategy, <http://www.cdc.gov/nchstp/od/news/fstdctx.htm> (retrieved April 8,

Further research is required to assess the provision of services for survivors of sexual violence both in Chad and across the dozens of displaced camps in Darfur, where services reportedly vary widely. However as of February 2005, of the agencies that were providing health services in the refugee camps in Chad, only one of the six agencies had a protocol for rape that included the provision of emergency contraception, comprehensive treatment of sexually transmissible disease and post-exposure prophylaxis of HIV.

Emergency contraception was not universally available, and comprehensive protocols for the management of rape and treatment of STIs were lacking. Post-exposure prophylaxis (PEP) and Voluntary Counselling and Testing (VCT) should be available according to the Inter-Agency Standing Committee (IASC) Guidelines for HIV/AIDS Interventions in Emergency Settings and the Clinical Management of Rape Survivors.<sup>47</sup> However only one agency had the ability to offer PEP, and none could offer VCT. Rape kits were not readily available, nor were most staff interviewed by Human Rights Watch comfortable in using them. No abortion services were available for those who were unable to access emergency contraception within the mandatory 72 hours.

## **Standards for Response to Sexual and Gender-Based Violence**

Sexual violence is a fundamental violation of human rights and has a profound impact on physical, mental, social and economic well being of women and girls both immediately and in the long-term. Acts of sexual violence committed as part of widespread or systematic attacks against a civilian population in Darfur can be classified as crimes against humanity and prosecuted as such.<sup>48</sup>

In addition to the psychological and medical consequences, the social and economic consequences of rape, such as the risk of losing family support and becoming

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2005); World Health Organization, *Guidelines for the Management of Sexually Transmitted Infections* (Geneva: WHO 2003). Although there is little available public data on STI rates, health workers have documented syphilis in at least two Chadian refugee camps in Sudan, and expressed concern about high rates of syphilis and other STIs in the displaced camps in Darfur. Human Rights Watch interviews with health providers in nine refugee camps in Chad and displaced camps in Darfur, February 2005. The presence of syphilis within the Chadian refugee camps is particularly worrying given the possibility of dual infection. Family Health International, *Sexually Transmitted Infections: A Strategic Framework* Arlington, June 2001 p 5 at [http://www.fhi.org/en/HIVAIDS/pub/strat/STI\\_Strg\\_Framework.htm](http://www.fhi.org/en/HIVAIDS/pub/strat/STI_Strg_Framework.htm).

<sup>47</sup> Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings, *Guidelines for HIV/AIDS Interventions in Emergency Settings*, IASC 2003, p.80.

<sup>48</sup> See, e.g. Rome Statute of the International Criminal Court, 2187 U.N.T.S. 3, entered into force July 1, 2002. Article 7 on crimes against humanity includes acts of “[r]ape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity.”

unmarriageable due to stigma, demand that economic security be provided through other means, such as jobs and income-generating activities.

Of the many guidelines available on sexual violence, HIV/AIDS and other sexually transmitted infections and the particular risks faced by refugees and internally displaced persons, there are four guidelines in particular produced by UNHCR, the IASC and the World Health Organization (WHO) that are fundamental for the management of sexual violence and its consequences in the context of armed conflicts and refugee movements:

1. Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response. UNHCR 2003. (SGBV guidelines)
2. Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings, Guidelines for HIV/AIDS Interventions in Emergency Settings. IASC 2003. (IASC guidelines)
3. Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons. Revised edition, World Health Organization/United Nations High Commissioner for Refugees 2005. (Clinical Management of Rape protocols)
4. Guidelines for the Management of Sexually Transmitted Infections. World Health Organization 2003.

The first three sets of guidelines recognize that sexual violence may be used as a deliberate strategy against civilians, and as such can be war crimes and crimes against humanity. The most recent guidelines, the *WHO/UNHCR Clinical Management of Rape protocols* state:

Rape in war is internationally recognized as a war crime and a crime against humanity, but is also characterized as a form of torture and, in certain circumstances, as genocide. All individuals, including actual and potential victims of sexual violence, are entitled to the protection of, and respect for, their human rights, such as the right to life, liberty and security of the person, the right to be free from torture and inhuman, cruel or degrading treatment, and the right to health. Governments have a legal obligation to take all appropriate measures to prevent sexual violence and to ensure that quality health services equipped to respond to sexual violence are available and accessible to all.



The rationale for having guidelines and protocols on sexual violence, HIV and emergency preparedness is to facilitate the provision of appropriate services necessary to mitigate not only the immediate effects of the crisis but also the aftermath, which may last for many years. In terms of sexual violence as an element in ethnic cleansing, with all of the attendant health, social and economic consequences, it is essential that these guidelines are fully implemented by humanitarian agencies.

During but also following an armed conflict, the confluence of displaced persons, refugees, sexual violence and HIV/AIDS is a key issue of protection. Thus the dissemination and implementation of the SGBV guidelines and the clinical management of rape protocols are essential. Moreover, as stated by the IASC, “[t]he guidelines are applicable in any emergency setting, regardless of whether the prevalence of HIV/AIDS is high or low.” The guidelines are unambiguous in the recommendation that “[a]ppropriate treatment should be proposed to the victims and post exposure prophylaxis for HIV/AIDS should be provided in places with more than 1 percent HIV prevalence.”<sup>49</sup>

The guidelines also recognize that “prevention and control of STIs are key strategies in reducing the spread of HIV/AIDS.” This is absolutely essential in an environment where condoms are culturally unacceptable (although condoms are available, the take-up rate is extremely poor, and refugee men freely admit that in their culture, the use of condoms is offensive. Nor are women in any position to demand the use of condoms.) Treatment of STIs takes many forms, and there are very few facilities to diagnose STIs in order to develop an appropriate treatment protocol for implementation. This is especially important given the findings of high rates of syphilis<sup>50</sup> in a small sample group of pregnant women in two refugee camps and the recognition of the link between infection with syphilis and HIV risk in some populations.<sup>51</sup>

Establishing confidential ways for women and girls to seek treatment and counseling within the camps is essential, particularly where, as in Darfur, admitting to having been raped can result in stigma from spouses, families and communities. Reporting protocols for sexual violence should be adapted to respond to the cultural environment, including the low levels of literacy among Darfurian women, and should ensure confidentiality.

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<sup>49</sup> Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings, *Guidelines for HIV/AIDS Interventions in Emergency Settings*, IASC 2003 p. 19, [http://www.unfpa.org/upload/lib\\_pub\\_file/249\\_filename\\_guidelines-hiv-emer.pdf](http://www.unfpa.org/upload/lib_pub_file/249_filename_guidelines-hiv-emer.pdf) (retrieved April 8, 2005).

<sup>50</sup> A survey of twenty-two pregnant women in the refugee camps of Iridemi and Touloum in Chad revealed a prevalence rate of 40 percent. Unpublished data on file with Human Rights Watch.

<sup>51</sup> World Health Organization, *Guidelines for the management of sexually transmitted infections*, Geneva, WHO 2003.

The international community has an obligation to meet the very specific needs of women and girls who have suffered or are suffering sexual and gender-based violence. Protection from violence and comprehensive measures to address the needs of women and girls who have been raped must be implemented without delay.

## **Recommendations**

### ***To the United Nations and other humanitarian agencies in Chad and Darfur***

- Assess the risk of sexual and gender-based violence within and outside refugee and displaced camps and adopt steps to minimize the risk of further violence to women and girls, including through the provision of alternative fuel sources, provision of fodder, and implementation of income-generating activities.
  
- Urgently provide comprehensive reproductive health and HIV services, as an integral part of response to sexual and gender-based violence. Health services should include:
  - Treatment of injuries that have occurred in the course of the sexual violence;
  - Counseling to address the emotional and psychological impact of sexual violence;
  - Access to emergency contraception and abortion services;
  - The dissemination of information about and treatment for HIV/AIDS, Hepatitis B and C and other sexually transmitted infections, including post-exposure prophylaxis (PEP) for HIV; and
  - Confidential spaces for consultation, counseling and treatment of sexual violence.
  
- Establish programs or centers where women can be screened and counseled confidentially for sexual violence. General screening and counseling about HIV should be incorporated into health systems so people can be screened as part of general health.
  
- Strive to identify mothers with infants born as a result of rape, and put in place special measures to support them in the face of potential stigma from family and community members.

- Design culturally appropriate reporting systems to ensure that women and girls are encouraged to report incidents of sexual and gender-based violence and seek help.
- Provide specific training in literacy as it relates to health in order to train female community health workers.
- Implement awareness and education programs that allow all Sudanese displaced persons and refugees to understand the gravity of sexual violence, the importance of an integrated medical response, and the risk of HIV/AIDS and other potential medical consequences of rape.

### ***To donor governments***

- Provide long-term support for humanitarian programs in Chad and Darfur assisting female survivors of violence through legal, economic, psychosocial and reproductive health services, as an essential part of both emergency assistance and post-conflict reconstruction. Available health services should include:
  - Treatment of injuries that may have occurred in the course of the sexual violence;
  - Counseling to address the emotional and psychological impact of sexual violence;
  - Access to emergency contraception and abortion services;
  - The dissemination of information about and treatment for HIV/AIDS, Hepatitis B and C and other sexually transmitted infections, including post-exposure prophylaxis (PEP) for HIV; and
  - Confidential screening systems and spaces for consultation.
- Provide support to agencies seeking to provide alternative sources of fuel and fodder as well as jobs or income-generating activities for women and girls in the internally displaced camps in Darfur and Chad.