

Violence against women and girls in conflict: progress and priorities



Armed conflict is increasing throughout the world and disproportionately affects the lives of women and girls. In 2023, an estimated 612 million women and girls lived within 50 km of a conflict, an increase of 41% since 2015.¹ These women and girls face many challenges, including an increasing likelihood of experiencing gender-based violence (GBV). In 2023, 3688 incidents of conflict-related sexual violence were verified by the UN, with women and girl survivors making up 95% of these incidents.¹ However, this figure might be a substantial underestimate of the true number of women and girls experiencing violence during conflict. A forthcoming meta-analysis of prevalence data (pooling data from 11 studies from conflict-affected contexts with 7948 participants) found that over one in ten of the women surveyed (11%) had experienced sexual violence perpetrated by a non-partner during a conflict; estimates of the lifetime prevalence of non-partner sexual violence from women in conflict settings (21%; based on data from 16737 participants from eight studies) were triple WHO global estimates (6%).^{2,3} Recent reports from areas of conflicts, such as Sudan, indicate that the scale of this brutality is increasing, not abating.⁴

Although public perception of conflict-related GBV is often focused on the use of rape as a weapon of war, a more nuanced understanding of GBV during armed conflict is emerging. Exposure to armed conflict and displacement is known to be associated with an increased likelihood of experiencing intimate partner violence (IPV) in contexts as varied as Colombia, Liberia, and South Sudan.^{5,6} Nine of the ten countries with the highest child marriage prevalence rates are also experiencing humanitarian crises; risk factors for child marriage increase during conflict and child marriage prevalence is 35% in fragile states, compared with 19% globally.⁷ Humanitarian aid workers, who are charged to reduce GBV risks, can also perpetrate or experience violence; male aid workers are most often the perpetrators and female individuals from the affected population, or female aid workers, are those who it is most often perpetrated against. Examples of individuals in power who have sexually exploited aid recipients

in the Democratic Republic of the Congo, Haiti, and elsewhere have highlighted the importance of efforts to prevent sexual exploitation, abuse, and harassment within the aid sector, as well as its gendered nature.⁸ Women and girls have increased risks of mental health challenges due to gender discrimination and violence, which can lead to psychosocial distress through both direct harm and secondary impacts, such as stigma, shame, and discrimination when seeking support. These risks are compounded by challenges in conflict and displacement contexts, creating further vulnerability to conditions, such as post-traumatic stress disorder and depression, and requiring services tailored to the needs of survivors.^{9,10}

Despite the need, funding for humanitarian programming is decreasing overall and GBV programmes are not often prioritised in global emergency responses.¹¹ In 2023, less than 1% of UN consolidated appeals funding was allocated to GBV programming, showing the stark reality that, despite increased attention and global advocacy, GBV programming is still not prioritised in emergencies.¹¹ Efforts to integrate GBV risk mitigation activities through humanitarian action have increased since development of the Inter-Agency Standing Committee's guidelines for integrating GBV interventions in humanitarian action, published in 2015.¹² However,

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these efforts still suffer from the weak commitment of UN and non-governmental organisation staff and leadership to prioritise GBV risk mitigation activities in the course of their work.¹³ Furthermore, the international humanitarian aid system often ignores or minimises the root causes of GBV—gender inequality and power imbalances—which are deemed to be beyond their mandate to deliver life-saving aid.

Amid this challenging landscape, there are examples of women taking up leadership positions and working to prevent and respond to GBV occurring in their communities. When women meaningfully contribute to peacebuilding efforts, there is an increased likelihood that gender-related provisions are included in peace agreements.¹⁴ In addition, women’s rights organisations and women-led organisations advocate for legal and policy advancements that promote their rights even in crisis settings.

Women’s engagement and leadership are essential to the delivery of effective programming in humanitarian responses. Despite the humanitarian system’s prioritisation of acute emergency response, there is increasing evidence that efforts to prevent GBV are feasible and effective, particularly during protracted emergencies. Although public perception, reinforced by short media cycles, views humanitarian crises as primarily sudden-onset conflicts, more than 80% of crisis-affected populations are located in contexts of protracted crises.¹⁵ Community-based prevention programming is being implemented in these settings and emerging evidence is showing their impact. For example, in Somalia, the Communities Care programme improved social norms related to family honour and sexual violence among intervention communities, compared with the control communities who were offered the programme only after the study had finished.¹⁶ **In Haiti, a Beyond Borders adaptation of the Raising Voices’ SASA! Approach, which was complemented by new focuses on preventing violence in adolescent girls (ie, the Power to Girls approach) and people with disabilities (ie, the Safe and Capable approach), saw the prevalence of past 12 month physical or sexual IPV halve in intervention communities after programme implementation, despite the presence of armed groups in these areas.**¹⁷ These examples push against the prevailing narrative that prevention programming is too complex to implement during

crises and highlight how community-based change initiatives can effectively prevent violence, even in unstable settings.

Centring women and girls and creating humanitarian programming that is responsive to their needs and recommendations is also possible in more acute emergency settings. For example, the Empowered Aid programme uses a participatory approach to work with women and girls to identify risks of sexual exploitation, abuse, and harassment; create strategies to mitigate these risks; and develop accountability mechanisms that make the humanitarian aid system more responsive to the feedback of women and girls.¹⁸ Although originally developed in protracted crisis settings, the model is now being used in emergencies around the world, including the ongoing crises in Gaza and Lebanon, showing how women’s leadership can be prioritised, even during acute emergency responses.

Looking ahead, the number of women and girls affected by humanitarian crises is likely to continue to increase as conflicts proliferate around the world. Efforts to promote a survivor-centred approach in these contexts should seek to prevent various forms of GBV, including those not traditionally seen as conflict-related, and should promote healing and justice for survivors by expanding access to multisectoral GBV response services, such as health-care services, mental health and psychosocial support, law enforcement, legal services, and livelihood or economic empowerment programming.¹⁹ Innovative ways to break down barriers that prevent access to care, such as the establishment of community emergency rooms in Sudan to bring food, health, and GBV services to survivors, should be supported.²⁰ Investing in GBV prevention and response programmes and working throughout the wider humanitarian architecture to ensure that all humanitarian aid programming seeks to mitigate the risks of GBV and sexual exploitation, abuse, and harassment is essential. Finally, recognising the leadership roles that women and girls already have in their communities, and better resourcing and deferring to the leadership of women’s rights organisations and women-led organisations in humanitarian response mechanisms, are key actions that the international community can and must take to both prevent and respond to conflict and its gendered impacts.

We declare no competing interests.

For more on the **Empowered Aid programme** see <https://empoweredaid.gwu.edu/>

For more on the **Communities Care programme** see <https://www.unicef.org/documents/unicef-communities-care-programme-somalia-impact-evaluation>

For more on **Beyond Borders** see <https://beyondborders.net/>
For more on the **SASA! Approach** see <https://raisingvoices.org/women/sasa-approach/>

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