

This article was downloaded by:[Dublin City University]
[Dublin City University]

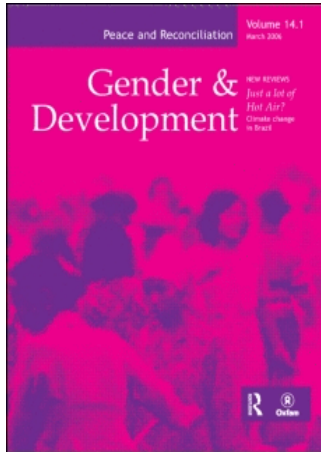
On: 25 May 2007

Access Details: [subscription number 772549773]

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954

Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Gender & Development

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t713422432>

Gender-based violence against children in emergencies: Save the Children UK's response

To cite this Article: Hyder, Tina and Veigh, Johanna Mac , 'Gender-based violence against children in emergencies: Save the Children UK's response ', Gender & Development, 15:1, 81 - 93

To link to this article: DOI: 10.1080/13552070601179110

URL: <http://dx.doi.org/10.1080/13552070601179110>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article maybe used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

© Taylor and Francis 2007

Gender-based violence against children in emergencies: Save the Children UK's response

Tina Hyder and Johanna Mac Veigh¹

Violence against children is a global phenomenon. During humanitarian crises, and armed conflict in particular, the potential for gender-based violence (GBV), including sexual exploitation, increases. Children, particularly adolescent girls, are vulnerable. This article traces the impact of an exposé of sexual abuse by humanitarian workers on the wider protection policies and practices of Save the Children UK. The article concludes that awareness of gender discrimination must underpin the implementation of protection policies for all children and their carers. Furthermore, it proposes that comprehensive responses to GBV must be devised, alongside prevention strategies, if children are to be effectively protected.

Introduction

The men took us as their 'wives' – and treated us very badly. They didn't start to rape me at the beginning, for the first year. It was later that began . . . they didn't consider the fact we were still children. At any time they wanted, they came back, and had sex with us. There were so many men.

Aimerance, Democratic Republic of Congo, who was 14 years old when taken as a 'wife' (Save the Children 2005, 18).

Save the Children UK² aims to tackle gender-based violence (GBV) in emergencies as part of a broader organisational objective to strengthen protection systems for all children. Programmes combine work on preventing violence towards children in longer-term development and emergencies with action to counter the effects of abuses that have already occurred, as in the case of Aimerance.

In 2002, an exposé of sexual abuse and exploitation by humanitarian workers in West Africa prompted Save the Children to place action on gender-based violence in emergencies within a broader and more comprehensive policy and advocacy framework, reinforced by clearer internal guidance. This article will describe how this has

been achieved. It will also provide practical examples of action to tackle GBV in emergencies, and consider ways in which responses might be strengthened to prevent and respond to GBV.

Although this article will address GBV in contexts other than emergencies, the main focus will be on GBV in emergencies, and more specifically on sexual violence and exploitation as forms of GBV (see below for organisational definitions of GBV). Although it is evident that sexual violence and exploitation affect both girls and boys, overwhelmingly girls are more likely to be victims of sexual violence and exploitation. Consequently, this article will focus in the main on girls.

The context: gender-based violence against children

Violence against children is an everyday occurrence, as demonstrated clearly in a recent UN study (United Nations 2006). In the global regional consultations for this study, children describe violence in all areas of their lives, including the home, school, institutions, and the workplace. It is evident that violence against children is pervasive, even when communities are not destabilised by emergencies and conflict (International Save the Children Alliance 2005).

What is also clear is that the use of violence is inextricably gendered and linked to the exercise of power. Children are among the most powerless members of society, and are therefore more likely to be subject to abuses of power. Gender relations are key in the exercise of power; hence violence is a common expression of sexism and patriarchy. What this means is that every day women and girls, from all social groups, experience violence at the hands of men and boys.

For girls, discrimination begins even before birth when, as a result of preference for boys, abortion is the fate of thousands of female foetuses every year. Population statistics also demonstrate that millions of girls are killed shortly after birth. Discrimination against girls persists into early childhood, when girls may be subject to neglect, malnutrition, and inadequate health care. Later in life, girls may experience genital mutilation/cutting, early marriage, and other forms of gender-based violence. Again, all of these are consequences of gender discrimination (International Save the Children Alliance 2006). The inevitable conclusion is that the fight for gender equality, and an end to gender discrimination, are central to ending GBV.

The impact of GBV on children

GBV affects not only children who experience violence directly, but also the welfare of children whose mothers are targets of violence. For instance, women who have been victims of sexual violence may experience birth complications, which can impact on child development. Women who have contracted STIs or HIV as a result of rape can pass these on to their babies. Furthermore, it has been noted that women whose babies are born from rape can experience difficulty lactating (Concern WorldWide 2005).

Women may also have difficulties forming secure attachments with infants if they are still dealing with the consequences of sexual violence and other forms of GBV.

Violence against children during conflict

In emergencies, particularly those characterised by conflict, women and children often face escalating levels of all forms of violence, not just at the hands of aggressors, but from within their communities. This is because conflict destabilises community structures and social networks such as the extended family, schools, or faith groups, leading to the loss of protective mechanisms that would normally contain and prevent violence. Furthermore, in emergencies, children are often at risk of violence when they become separated from their families. This is not to say that children are always safe from violence within the family. Indeed, there is overwhelming evidence that children are most likely to experience physical and sexual abuse at the hands of a family member; nevertheless, our research shows that during an emergency, families and communities still afford the best protection to children (Save the Children 2005).

Young women and girls are often specifically singled out as targets for sexual violence in conflict, and subjected to torture, rape, mass rape, forced prostitution, forced termination of pregnancy, and mutilation (UNICEF 2005). Age, ethnicity, religion, class, and nationality (among other factors) may determine whether a girl or woman is a target of GBV. For instance, mass rape has been used as a way of humiliating and 'breeding out' an ethnic group through forced pregnancy. Sexual violence of this type is also used as a tool of war to eliminate whole communities, as demonstrated by evidence given to the International Criminal Tribunal for the Former Yugoslavia³.

Men and boys also face GBV in conflict and are at risk of sexual violence. For example, during the Balkans conflict, Bosnian boys and fathers were forced to commit sexual atrocities upon each other (Machel 1996). Research indicates that sexual violence of this nature is used as an attack on the gender identity/masculinity of the victims, feminising, and thus subordinating, other males (Hague 1997). In this context, it is easy to see how this constitutes gender-based violence, even though these acts of violence are instigated by men, towards other men and boys.

The long-term impact of conflict also results in children's increased vulnerability to sexual exploitation and violence. According to a 1999 government survey, 37 per cent of Sierra Leone's sex workers were girls under the age of 15. Of these children, over 80 per cent were unaccompanied children or children displaced by war (Inter-agency Standing Committee 2005).

Given the link between conflict, displacement, and GBV, the following statistics serve to illustrate the context in which most agencies operate to provide humanitarian assistance.

GBV during conflict: some statistics

Currently, an estimated **7.7 million people under UNHCR's care are children below the age of 18**. Children comprise 39 per cent of refugees, and 50 per cent of internally displaced persons (United States Committee for Refugees and Immigrants 2006).

In 6 out of 12 countries studies, *'the arrival of peace keeping troops has been associated with a rapid rise in child prostitution'* (Machel 1996).

Displaced Sudanese women and men report abduction and **widespread rape and sexual violence against women and girls in Darfur**, Sudan. Women and girls in Chad crossing back to Sudan in search of water, food, and firewood also face risk of sexual violence (UNFPA 2004).

Due to systematic and exceptionally violent gang rape, doctors in the **Democratic Republic of Congo** now classify vaginal destruction as a war crime. Thousands of Congolese girls and women suffer from vaginal fistula – tissue tears in the vagina, bladder and rectum – after surviving brutal rapes in which guns, branches, and broken bottles were used to violate them (Amnesty International 2004). A survey of rape survivors in **South Kivu** region revealed that 91 per cent suffered from one or several rape-related illnesses (Stavrou et al 2005).

According to UNIFEM, mass rape in the **Democratic Republic of Congo** has been accompanied by sexual mutilation and cannibalism, with armed groups particularly targeting Pygmy women for cannibalism and genocide (UNIFEM 2006).

During the war in **Bosnia and Herzegovina** in the early 1990s, it is estimated that between 20,000 and 50,000 women and girls were raped (M. Oluvic and V. Nikolic-Ristanovic, cited in Ward 2002).

Refugees International estimates that up to 40 per cent of women were raped during **Liberia's** 14-year civil war (Refugees International 2004).

In **Sierra Leone**, girls comprised 25 per cent of soldiers. They were recruited as soldiers as well as forced sexual partners, known as 'bush wives'. When they return to their communities, they are often rejected by their families (UNFPA 2005).

In a programme for girls associated with armed groups in **Sierra Leone**, 32 per cent reported having been raped and 66 per cent were single mothers (Holst-Roness 2006).

Approximately 300,000 children are involved in conflicts around the world today. Of these children, approximately 40 per cent are girls (Save the Children 2005). As many as 120,000 girls worldwide are associated with armed forces in places including

Colombia, Pakistan, Uganda, Sri Lanka, Democratic Republic of Congo, and west Africa. Evidence reveals that the majority of girls recruited into fighting forces are subject to sexual violence by members of the armed groups in which they serve (*ibid.*).

Most child soldiers are aged between 14 and 18. While many enlist 'voluntarily', experience suggests that such adolescents see few alternatives to involvement in armed conflict. Some enlist as a means of survival after family, social, and economic structures collapse, or after seeing family members tortured or killed by government forces or armed groups. Others join up because of poverty and lack of work or educational opportunities.

Many girls have reported enlisting to escape domestic servitude, violence, and sexual abuse. Despite growing recognition of girls' involvement in armed conflict, girls are often deliberately or inadvertently excluded from disarmament, demobilisation, and reintegration programmes. Girl soldiers are frequently subject to rape and other forms of sexual violence, as well as being involved in combat and other roles. In some cases, when they return they are stigmatised by their home communities as a result of their experiences.

Wider policy background

Tackling sexual violence in conflict is an essential element to long-term security, reinforced by United Nations Security Council Resolution 1325 on women, peace, and security (2000), and stated in the Beijing Platform for Action (1995). The 1989 Convention on the Rights of the Child (CRC) also requires governments and other duty bearers to protect children from discrimination and violence, and the Optional Protocol to the CRC on the involvement of children in armed conflict provides a framework for the protection of children affected by conflict. International humanitarian law and standards such as SPHERE⁴ also explicitly set out the rights of those affected by conflicts and emergencies. Despite this international legal framework, issues of sexual violence and exploitation as they impact on children are not systematically addressed in broader international policy initiatives. One reason for this is that children are often not seen as 'full citizens' with the same human rights as adults. Another is that the tendency to treat gender-based violence as a cultural or private issue meant that until recently, rape, and other forms of sexual violence in conflict were seen as incidental consequences of conflict, not as human rights abuses. It can be argued that this continues to be the case in respect of children.

Save the Children's approaches to tackling GBV

In 2002, the widespread sexual exploitation and abuse of refugee and internally displaced women and children, especially girls, by humanitarian workers and peacekeepers in West Africa came to light as part of a research project on sexual violence conducted by Save the Children and UNHCR (Save the Children UK and UNHCR 2002). The fact that humanitarian staff and peacekeepers had been involved

in such highly exploitative behaviour sent a shock wave through the international community. The 2002 exposé significantly strengthened organisational responses designed to prevent the possibility of GBV being perpetrated by the people working with Save the Children, but by necessity also increased focus on how best to respond to and prevent GBV committed by other perpetrators.

In response to the exposé, Save the Children volunteered to be peer reviewed by other agencies from the Standing Committee on Humanitarian Response⁵, in order to assess how we were managing issues of sexual and gender-based violence (SGBV), including sexual exploitation and abuse. The peer review concluded that, while the organisation had in place effective means of mitigating and preventing SGBV, primarily through our organisational Child Protection Policy, further action was needed to increase understanding of, and action on, SGBV.

Until this point, Save the Children had limited programme or advocacy experience of working on issues of sexual violence in emergencies. It was necessary therefore to create a clear conceptual framework defining gender based violence and how it is manifested in emergencies. One of the first proposals was to include sexual exploitation and violence within the broader definition of GBV. This was because there was apparent confusion among staff about the relationship between sexual exploitation and violence and GBV. It was apparent that it was not helpful to separate sexual exploitation and violence from GBV, and that it would aid programmatic and community understanding to be very clear that sexual exploitation and violence are forms of GBV.

Organisational definitions of GBV (Save the Children 2004)

Gender-Based Violence is physical, psychological or emotional harm, including sexual harm, or the threat of harm, which is directed at an individual or group of individuals (children and adults) on the basis of their sex or gender. It is an abuse of power and is the result of action or inaction by individuals, communities and/or the state.

Some manifestations of GBV are sexual violence, sexual exploitation and sexual abuse, examples of which are rape, molestation, incest, pornography, child prostitution, the sale or trafficking of children, abduction, child marriage, harmful traditional practices such as female genital mutilation, or threat of any of the aforementioned.

Sexual Abuse is the actual physical, threatened or likely intrusion of a child (or adult) of a sexual nature, including inappropriate touching, by force or under unequal coercive conditions. Sexual abuse of children includes rape, incest, sexual exploitation, and all forms of sexual activity, including pornography.

Sexual Violence refers to any act, attempt or threat of a sexual nature that results, or is likely to result, in physical, psychological, and emotional harm of a child (or adult).

Sexual Exploitation is the abuse of any position of vulnerability, differential power, or trust for sexual purposes against a child; this includes profiting or gaining monetarily, socially, politically or for personal pleasure from any sexual interaction with a child.

The peer review also suggested the need to make firmer, explicit links between internal policies and issues of sexual exploitation and violence. The imperative to link the child protection policy with an improved code of conduct was perceived to be central to strengthening the overall response to GBV. What might be considered as internal staff guidance, such as policies on gender mainstreaming, child protection, and the staff code of conduct, were central in helping to articulate definitions of GBV, and subsequently influenced programme and advocacy responses.

In response to the peer review, new guidance has been produced on promoting gender equality in emergencies. A new staff code of conduct has been introduced and is now part of all staff inductions, and an advocacy plan on girls affected by armed conflict has been devised and is being implemented.

These initiatives have made some impact. But, four years later, the report 'From Camp to Community: Liberia: A Study on Exploitation of Children' (Save the Children Liberia Programme 2006) clearly illustrates that disruption and dependency still contribute to the creation of a very perilous and dangerously exploitative context for children and young people affected by conflict.

Underpinning policies: Code of Conduct and Child Protection Policy

Save the Children strives as an organisation to ensure that children are protected within our programmes from abuse and exploitation, as set out in the Code of Conduct and Child Protection Policy⁶. This responsibility extends not only to staff but also to partners and the many volunteers (associates) working with vulnerable children and communities. The aim is to ensure that all staff and associates are aware of their responsibilities, and that children and communities know that they do not have to tolerate exploitation and abuse.

Implementing the Child Protection Policy – Field Focus: Zimbabwe

Between May and July 2005 Save the Children sought through three partner organisations to provide baby kits and other essential items to pregnant and

lactating mothers. Before the distributions were planned and carried out, workshops were held with all partner organisations involved in the distributions. The workshops aimed to introduce the child protection policy and zero tolerance of any sexual and/or exploitative behaviour by staff and associates with children and communities.

The consequence of one workshop was that, after investigation, a partner organisation dismissed a staff member on the grounds of sexual abuse allegations made by the community. This approach illustrates the success of adopting a twin approach to code of conduct and protection issues. Had our policy implementation been solely based on having staff sign the Code of Conduct, these issues might never have been raised.

Mainstreaming gender

Guidance for programmes on GBV has been provided as part of overall guidance on Mainstreaming Gender in Emergencies (Save the Children 2006). These guidelines include questions on gender roles and relations to ask in initial assessments across multiple sectors, including food, nutrition and livelihoods, water and sanitation, education, and protection. In addition to questions in initial assessments, 'check lists' have been developed which enable programme staff to design and implement programmes in other sectors in a gender sensitive, child safe way, thus ensuring child protection.

Save the Children programmes aimed at preventing GBV

Save the Children programmes have begun to develop a methodology to enable them to deal more directly with the issue of GBV.

'Foundations on the Future': strengthening responses to GBV in West Africa

In the West Africa Sub-Region (Liberia, Sierra Leone, and Ivory Coast), Save the Children has been conducting a series of workshops with staff as part of 'Foundations on the Future', a sub-regional Save the Children project to strengthen GBV prevention and response activities with children in conflict areas. At the end of these workshops, staff are able to describe the relationship between issues of gender and power, define gender-based violence, and use consistent language to define GBV (ensuring conceptual clarity and consistency of approach). They can identify types of GBV occurring in their setting, as well as the causes and perpetuating factors, in order to inform the design and content of activities. Finally, staff are able to plan and

implement GBV training with Child Protection Community Committees in the communities in which they work.

This training has done much to raise awareness of GBV among staff, and to increase understanding of underlying causes and factors that may exacerbate levels of GBV in a post-conflict setting. The training has also helped participants tackle the important question of how Save the Children can work with communities affected by conflict to tackle GBV. The next phase, begun in October 2006, will focus on developing further support to survivors of GBV.

Safer sources of income in northern Uganda

Time and time again a lack of access to education, income, or dependency on insufficient relief, are reasons cited for the worst forms of child labour. These include joining armed groups or working as sex workers, both of which leave children extremely vulnerable to other forms of exploitation.

In Pader, northern Uganda, Save the Children has begun providing young adolescent girls, many of whom are already mothers themselves, with assistance to learn a trade, and to set up small businesses to earn an income. These small businesses include dressmaking and hairdressing, and provide a safe alternative to having to engage in transactional sex or other exploitative forms of employment.

Providing assistance to survivors of GBV in emergencies

Referral pathways for GBV

It is essential that GBV survivors get help to ensure their survival and well-being. This includes an emotionally supportive environment, medical assistance, and opportunities for legal remedy. For most agencies, this means developing the skills and sensitivity to direct survivors to the agency or relevant government institution where they can find the help that they need. This approach has evolved from the realisation that in any one location not every agency provides all the necessary services to deal with the emotional or physical consequences of GBV.

In order to be successful however, setting up a 'referral pathway' requires a number of core components. First and foremost, survivors of GBV require access to medical and legal services. Staff and community members need to be aware what services are available, where they are located, and how they can be accessed. They also need to know how to give advice, and how to direct survivors to services, bearing in mind respect for privacy and the need to maintain confidentiality. Finally, a fundamental rule of using a referral pathway (and indeed setting it up) is to be guided by the wishes of the survivor. This is in line with Save the Children's core principle of a child's right to participation.

The West Africa Sub-Regional GBV training project (mentioned above) has already begun to develop and implement training on the preferred GBV referral path way

model. Using a generic model⁷, it identifies three consecutive stages of referral that should be offered to a survivor of GBV – medical assistance at the nearest clinic or hospital, emotional support, often provided in dedicated ‘safe spaces’, and legal assistance. Save the Children works in consultation with children and the community to develop specific approaches. At every stage, actions are based on the wishes of individual survivors, are taken only with informed consent, and are guided by the best interests of the child concerned, as laid out in the Convention on the Rights of the Child.

Implementation can however be impeded by practical constraints. Chief among these is a lack of adequate medical facilities able to offer timely, ethical, and effective clinical management of rape (in line with WHO guidelines), treatment to victims of sexual violence, such as treatment for sexually transmitted infections, and emergency oral contraception. In addition, in many contexts the legality of abortion and emergency contraception provided by medical facilities is often not clear, placing such services at risk of conflict with national legal standards.

Other political, cultural, and legal factors may discourage victims of sexual violence from seeking help. For instance, in Darfur in 2004, it was found that many survivors of GBV were not accessing medical centres run by Save the Children. This was because staff were from ethnic backgrounds associated with the militias that had perpetrated most of the violence in the first instance. In other settings, difficulties were encountered in encouraging communities to maintain confidentiality, where such issues are normally raised and discussed in groups. In these situations it is very difficult for community members and staff to find the balance between seeking assistance for survivors and maintaining confidentiality. In addition, in many contexts it is often difficult to assist GBV survivors in finding legal remedies, if this is what they wish.

Finally, policies and conceptual frameworks do not always explain clearly what staff can and should do in response to GBV. This is an area for future action.

Gaps in essential services for GBV survivors: should Save the Children step in?

In many contexts, significant gaps exist in the provision of services for survivors of GBV. In such circumstances, should agencies such as Save the Children step into to provide these services? One such example is the often inadequate provision of medical services for survivors of GBV. Save the Children already provides services in reproductive health, but this does not include the clinical management of rape. Expanding the service to include this would require the organisation to invest in considerable training, research and capacity building, in particular in the areas of evidence gathering for criminal prosecutions, responding to the emotional needs of rape survivors, and the provision of medical treatment such as HIV and AIDS post exposure prophylaxis. Given that work is undertaken in countries where GBV is one of the main threats to the emotional health and well being of girls and women, the

question is, from an ethical perspective, can we continue to choose *not* to provide these services?

Conclusions

Save the Children's experience may be of interest to other organisations wishing to strengthen their responses to GBV. The intention is to build a unified view of GBV and how it threatens children and their carers. Work will also continue to develop an understanding of how to mainstream gender awareness across all sectors in a meaningful way, as an essential basis for responding to GBV. Additionally, field-based staff will be provided with clear and practical guidelines on how to develop and implement an appropriate prevention and response strategy for GBV, and with guidance on how to provide essential services for GBV survivors. Finally, engagement will continue in local, national, and international level advocacy, to ensure that acts of GBV against children and their carers, and the contexts that allow these acts to occur, are reduced, and that those who are guilty of carrying out GBV, or who allow such acts to take place, are held accountable for their actions.

Tina Hyder is global diversity adviser in Save the Children's Effective Programmes team. Email: t.hyder@savethechildren.org.uk

Johanna Mac Veigh is emergency protection adviser in Save the Children's Protection team. Email: j.macveigh@savethechildren.org.uk

Notes

- 1 We would like to thank the following people for their comments and contributions: Elizabeth Bransfield, Esther Dingemans, Tirana Hassan, Pdraig Quigley, and Kamela Usmani.
- 2 Save the Children UK works in the UK and across the world. Emergency relief runs alongside long-term development and prevention work to help children, their families, and communities find solutions to the problems they face. We work in 40 countries and are part of the International Save the Children Alliance. All our work is underpinned by our commitment to making a reality of the rights of children, as enshrined in the United Nations Convention on the Rights of the Child. We currently work in four major thematic areas: education, protection, hunger reduction, and health. Within each of these areas we aim to address the root causes of rights violations for the poorest and most marginalised, and have a particular focus on children affected by conflict.
- 3 ICTY press release 2001, www.un.org/icty/pressreal/p566-e.htm, accessed 17 November 2006.
- 4 SPHERE Humanitarian Charter and Minimum Standards in Disaster Response, www.sphereproject.org (accessed 21 November 2006).

- 5 The Steering Committee for Humanitarian Response (SCHR) is an alliance representing nine humanitarian networks or agencies. It was created in 1972 to improve cooperation among humanitarian agencies involved in disaster assistance. All of its members are internationally focused and involved in humanitarian emergency assistance.
- 6 Save the Children UK Child Protection Policy, Code of Conduct for Save the Children staff, Whistle blowing policy, 'Keeping Children Safe Toolkit'.
- 7 Hand out 7: GBV referral pathway; Save the Children GBV training West Africa Sub-Region. Training designed and implemented by the regional Save the Children UK GBV consultant, Esther Dingemans.

References

- Amnesty International** (2004) 'Stop all Violence against Women: it's in our Hands', March 2004 <http://web.amnesty.org/wire/March2004/svaw> (last accessed 16 October 2006)
- Concern WorldWide** (2005), 'West Darfur: experience from IDP camps around Geneina town and Mornei IDP camp', Dublin: Concern.
- Hague, Euan** (1997) 'Rape, power and masculinity: the construction of gender and national identities in the war in Bosnia-Herzegovina', in R Lentin (ed.) *Gender and Catastrophe*, London: Zed Books
- Holst-Roness, F.T.** (2006) 'Violence against Girls in Africa during armed Conflict and Crises', paper presented at the ICRC Second International Policy Conference on the African Child: Violence Against Girls in Africa, Addis Ababa, Ethiopia, 11–12 May 2006
- Inter-agency Standing Committee** (2005) 'Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies', www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp (last accessed 16 October 2006)
- International Save the Children Alliance** (2005) *Act Now: some Highlights from Children's Participation in the Regional Consultations for the United Nations Secretary General's Study on Violence against Children*, Stockholm: Save the Children Sweden
- International Save the Children Alliance** (2006) 'Voices Against Violence', Save the Children Sweden, www.violencestudy.org (last accessed 16 October 2006)
- Machel, G.** (1996) 'Impact of Armed Conflict on Children' www.unicef.org/graca/a51-306_en.pdf (last accessed 16 October 2006)
- Refugees International** (2004) 'Liberia: Major Effort Needed to Address Gender-Based Violence', Washington, DC, January, www.refugeesinternational.org/content/article/detail/932/ (last accessed 16 October 2006)
- Save the Children** (2004) 'Gender Based Violence – Definitions. Internal briefing paper', London: Save the Children UK
- Save the Children** (2005) 'Forgotten Casualties of War: Girls in Armed Conflict', London: Save the Children UK
- Save the Children Liberia programme** (2006) 'From Camp to Community: Liberia Study on Exploitation of Children: Discussion Paper', London: Save the Children UK

- Save the Children UK/UNHCR** (2002) 'Note for Implementing and Operational Partners by UNHCR and Save the Children UK on Sexual Violence and Exploitation: the Experience of Refugee Children in Guinea, Liberia and Sierra Leone' www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/1550_unhcr-scuk_wafrica_report.pdf (last accessed 30 January 2007)
- Stavrou, A., S. Toner, S. Ravestijn, R. Jorgensen, and A. Veale** (2005) 'Urban Flight and Plight of War affected Children in Africa: Research Summary', paper presented at Save the Children Conference on Responsibility to Protect Children in Emergencies, Copenhagen, Denmark, 2 November 2005
- UNFPA** (2004) 'Women Suffer Brunt of Conflict in western Sudan, UNFPA warns', press release, 6 May 2004, www.unfpa.org/news/news.cfm?ID=447 (last accessed 16 October 2006)
- UNFPA** (2005) *State of the World Population 2005: The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals*, New York: UNFPA, www.unfpa.org/publications/detail.cfm?ID=248&filterListType=4 (last accessed 16 October 2006)
- UNICEF** (2005) *The Impact of Conflict on Women and Girls in West and Central Africa and the UNICEF response*, New York: UNICEF. Available at www.unicef.org/publications/files/Impact_final.pdf (last accessed 16 October 2006)
- UNIFEM** (2006) 'UNIFEM Fact Sheet on Democratic Republic of Congo', www.women-warpeace.org/drc/drc.htm, updated 14 August 2006 (last accessed 16 October 2006)
- United Nations** (2006) 'The United Nations Secretary General's Study of Violence Against Children' www.violencestudy.org (last accessed 16 October 2006)
- United States Committee for Refugees and Immigrants** (2006) 'World Refugee Survey 2006', www.refugees.org/article.aspx?id=1565&subm=19&ssm=29&area=Investigate (last accessed 16 October 2006)
- Ward, J.** (2002) 'If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-Conflict Settings. A Global Overview', RHRC Consortium, www.reliefweb.int/rw/rwb.nsf/AllDocsByUNID/40b847015485b34749256bfe0006e603 (last accessed 16 October 2006)