

*position paper*

## **Conflict related sexual violence: consequences of isolation**

Conflict related sexual violence (CRSV) is a gross human rights violation that affects millions of people today, particularly women and girls, impacting also their communities and society as a whole. We see alarming reports in countries like Sudan, South Sudan, DRC, Haiti, Ukraine, among many others. The numbers of incidents disclosed are only the tip of the iceberg as it is difficult to disclose when referral mechanisms and services are weak or not existent in a context of high stigma, fear of reporting and resources are limited for appropriate services to be prioritized.

In countries like Sudan today, rape, sexual exploitation, abuse, harassment and violence, as well as the threat posed by armed groups, have severely restricted girls' mobility, cutting them off from education, health services and community life. Survivors of CRSV see their rights, including sexual reproductive health and rights (SRHR) systematically violated and their needs neglected. Children born due to conflict related sexual violence, rape, are often isolated and rejected from their families, community and society as a whole. Combined with the overwhelming burden of caregiving and household responsibilities, as well as engaging in small-scale trading to support their families, this has deepened their emotional strain and social isolation.

Of the adolescents Plan International spoke to, 88% said that, although they knew where to report gender based violence, they were prevented from seeking help by fear of stigma and weak response services. 75% of adolescents in Sudan are out of school, with girls bearing the heaviest burden and facing increased risks.

Conflict related sexual violence is not an individual problem: it affects the family, community and society as a whole. However, survivors can be isolated and disconnected from their closest support network. Trauma can continue to break down social cohesion within a community and across society as it ignites further violence. Efforts to address CRSV should therefore embrace long term solutions for peace and healing as part of prevention measures.

### **Leaders of Peace**

Plan international has extensive experience working in fragile and conflict affected settings. Through our programmes, such as in Leaders of Peace in South Sudan, women groups were supported in the establishment of peace committees to negotiate local conflicts. Their efforts also raised awareness on CRSV, which has been normalized. Trainings and facilitated dialogues were also undertaken with diverse community members, leaders, police, female judges and youth. In humanitarian contexts like in South Sudan and Sudan, Plan International builds its response on the strong link with community

organizations and the established trust with communities. Plan International is therefore among the few organizations working in areas controlled by armed groups not only in Sudan but in different country settings. This facilitates access and the provision of critical services, including child protection and tailored support to girls and boys associated with armed groups. Child protection case management, including one stop centres and mobile services, includes mapping of referral services and access to care including Mental Health and Psychosocial Support. Based on this experience, we therefore encourage:

1. **Engagement with and support for survivors of CRSV and their networks.** Conflict related sexual violence should not be addressed as an individual problem but approached as a bigger transcending systemic problem. Voices of survivors should be amplified. Because of the scope of the problem, which transcends beyond individuals and communities, it is important to foster collaboration between networks, who can share knowledge and skills, connecting them to decision makers. It is equally important to ensure that their views and expertise are taken into account when drafting or implementing development and humanitarian policies, and in diplomatic efforts for lasting peace.
2. **Strengthening integrated response with predictable multi-year funding.** Prevention and response efforts should be survivor centred and derived from and within communities, who understand best how practices are embedded in culture and history and which mechanisms should be put in place, ensuring gender equality, localization and ownership. In present context, with limited resources and high costs for operations, it is not feasible to ensure a comprehensive and integrated response only through humanitarian interventions. Long term, multi-year programming provides critical foundation to address root causes of CRSV and its consequences, as part of long term solutions. Prevention is not possible without strengthened accountability and if we do not prevent CRSV and hold perpetrators and those responsible to account we will endlessly be helping survivors, who in their turn need to cope with life-long consequences.
3. **Continuing critical work on SRHR and fostering gender equality.** Inclusive medical and psychological care to survivors always contains access to sexual reproductive health and rights (SRHR). The Netherlands recognize this<sup>1</sup>, which is of utmost importance in a world that is witnessing growing conservatism and severe push-back against rights including SRHR and gender equality. It is therefore advisable that development interventions aimed at improving access to SRHR and humanitarian interventions are geared towards one another.
4. **Widening the scope of analysis when it concerns conflict and conflict related sexual violence to inform policies.** Dimensions of conflict and needs analysis are narrow in scope and isolated when they fail to integrate attention to how gender inequality, denial of

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<sup>1</sup> Kamerbrief 36180 nr. 182, 9 december 2025

rights, and colonialism has shaped and normalised violence (view of women's bodies, land grabbing, extortion, denial of rights, among others). Gender inequality remains a root cause of persistent legitimization of CRSV and further enables its use as a weapon and tool for powerplay.

5. **Partnering with and investing in community led groups.** Women led organizations, women's rights organizations and networks of marginalized groups are often isolated or sidelined from response and prevention efforts. They require necessary sustainable and predictable resources to operate and sustain their pivotal work on response and prevention.
6. **Acknowledging CRSV as a high political and diplomatic priority.** The Netherlands is among the more active countries regarding international agenda-setting and prevention of CRSV. In its principled humanitarian diplomacy it calls on governments to ensuring implementation of International Humanitarian Law (IHL), humanitarian access, protection of aid workers and civilians. Putting an end to CRSV should be considered as part of this diplomatic agenda. For maximum impact it is key that addressing CRSV is on the government list of high priorities, of concern to both the Minister for Development Cooperation as well as the Minister for Foreign Affairs.

The Hague, 13 May