



A review of factors influencing health outcomes of women in the wake of conflict related sexual violence

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ABSTRACT

War, genocide and conflict situations are ongoing threats to fundamental human rights, and the rights of vulnerable groups such as women and girls, who are often victims on multiple fronts, are particularly at-risk during conflict situations. Survivors of sexual violence can face a variety of psychological, physical and social issues throughout their lives. Further research and resources should be focused on exploring specific factors that affect the long-term health outcomes of women who have survived sexual violence during conflict situations in order to prevent long-term health issues and increase survivors' quality of life to the greatest extent possible.

BACKGROUND

Some of the most precarious environments for human rights are conflict and post-conflict zones. Fragile political situations and violence result in the suffering of millions of people each year, with innocent civilians often bearing the brunt of the consequences. Vulnerable groups such as women and girls are especially affected by war and conflicts.¹ Sexual violence is common during conflicts, and although women and men can both be victims of conflict-related sexual violence (CRSV)², women and girls are disproportionately affected.³

Survivors of CRSV may face a high risk of long-term physical and mental health issues throughout their lives.¹ Mental health issues including anxiety, depression, post-traumatic stress disorder⁴ and substance abuse disorders⁵ are common among survivors of sexual violence. CRSV may also negatively affect women's long-term physical health. Reproductive health issues, sexually transmitted infections, traumatic physical injuries (i.e., vaginal fistulas), pregnancy and unsafe abortion⁶ as a result of sexual violence are all physical health risks following CRSV. Finally, women may experience social issues largely due to stigma associated with rape which could lead to social exclusion as well as rejection by family members or difficulty in obtaining public services.⁷ Women who have children as a result of rape face additional social challenges and may have difficulties finding acceptance for themselves and their children in their communities. Stigma, shame and rejection by family, friends and communities can exacerbate existing health issues and result in worse long-term health outcomes.

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Factors affecting health outcomes

Much research and effort has been put towards the prevention of CRSV and post-conflict assistance and treatment for CRSV, however, a deeper exploration of specific factors that affect long-term health outcomes of women who have experienced CRSV is also necessary. Some of the factors can be grouped into three large categories: types of assistance and support; location, availability and accessibility; and social, cultural and religious factors. Types of assistance to survivors include direct medical care to address physical and mental health issues, pre- and post-natal and post-abortion care, various community interventions to improve the overall recovery environment and training programs to improve local health systems' skills and abilities to specifically support survivors of CRSV.^{6,8} Availability and accessibility considerations include women's physical location after experiencing CRSV (i.e., in a foreign country due to emigration, in their home community, or in a refugee camp), resources available to CRSV survivors, stability of place of residence and sociocultural aspects (i.e., language, comfort level in a foreign or home environment, or exposure to contacts from the past such as family or perpetrators).^{9,10} Finally, social, cultural and religious aspects that can affect long-term health outcomes mainly revolve around restrictions placed on women due to widespread patriarchal and strict traditional views which manifest themselves in laws, religious doctrine

and social practices concerning women. Some specific examples include legal and economic factors such as women's rights to work and own or inherit land, citizenship of children and the ability to make health decisions, as well as stigma associated with rape which can have far reaching social consequences (i.e., shame, social rejection and reluctance or refusal to seek health services).^{11,12} In general, the effects of CRSV can permeate the entirety of survivors' social systems.

CONCLUSION

There exists a plethora of related research and literature that discuss factors affecting the health of survivors of CRSV mentioned above, though there does not seem to be any one resource that provides a compilation or thorough account of the many factors that could affect the long-term health outcomes of women who have survived CRSV. Additional factors that could be worth further consideration include timing of treatments, effectiveness of specific treatments, presence of pre-existing conditions and a deeper look at relationships (familial, romantic, platonic). In conclusion, there are many factors that can influence the long-term health outcomes of women who have experienced sexual violence during conflict, but further research and resources are required to account for and understand these factors in order to positively impact future support for survivors of CRSV.



REFERENCES

1. Plümper, T., & Neumayer, E. The Unequal Burden of War: The Effect of Armed Conflict on the Gender Gap in Life Expectancy. *International Organization*, 2006;60(03). <https://www.jstor.org/stable/3877825>
2. Guterres, A. Conflict-related sexual violence. Report of the Secretary-General. 2021. United Nations Security Council. <https://undocs.org/S/2021/312>
3. Alison, M. Wartime sexual violence: women's human rights and questions of masculinity. *Review of International Studies*, 2007;33(1), pp.75-90. <https://www.jstor.org/stable/20097951>
4. Watts, C., Hossain, M., & Zimmerman, C. War and Sexual Violence — Mental Health Care for Survivors. *New England Journal of Medicine*, 2013;368(23). <https://www.nejm.org/doi/full/10.1056/NEJMp1304712>
5. Johnson, K. Association of Combatant Status and Sexual Violence With Health and Mental Health Outcomes in Postconflict Liberia. *JAMA*, 2008;300(6). <https://jamanetwork.com/journals/jama/fullarticle/182379>
6. Svanemyr, J. Sexual Violence in Conflict and the Role of the Health Sector. 2011. Norad Reports. <https://www.norad.no/en/toolspublications/publications/2012/sexual-violence-in-conflict-and-the-role-of-the-health-sector/>
7. Kelly, J., Betancourt, T., Mukwege, D., Lipton, R., & VanRooyen, M. Experiences of female survivors of sexual violence in eastern Democratic Republic of the Congo: a mixed-methods study. *Conflict and Health*, 2011;5(1). <https://rdcu.be/clead>
8. World Health Organization. Mental health and psychosocial support for conflict-related sexual violence: principles and interventions. 2012. https://www.who.int/reproductivehealth/publications/violence/rhr12_18/en/
9. Chiarenza, A., Dauvrin, M., Chiesa, V., Baatout, S., & Verrept, H. Supporting access to healthcare for refugees and migrants in European countries under particular migratory pressure. *BMC Health Services Research*, 2019;19(1). <https://bmchealthservres.biomedcentral.com/article/10.1186/s12913-019-4353-1#citeas>
10. United Nations High Commissioner for Refugees. Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response. 2003. <https://www.unhcr.org/3f696bcc4.html>
11. United Nations Human Rights Office of the High Commissioner. Access to Health for Survivors of Conflict-Related Sexual Violence in South Sudan. 2020. https://unmiss.unmissions.org/sites/default/files/access_to_health_for_survivors_of_conflict_related_sexual_violence_in_south_sudan.pdf
12. International Committee of the Red Cross. ICRC Special Appeal 2021: Addressing Sexual Violence. 2021. https://www.icrc.org/sites/default/files/topic/file_plu_s_list/2021_specialappeal_sv_icrc_public.pdf