cases of CRSV with the highest number recorded in the Democratic Republic of the Congo (1,053). While the report conveys the severity and brutality of verified incidents, it does not purport to reflect the global scale or prevalence of this crime. It is also important to acknowledge the constraints resulting from COVID-19 restrictions on monitoring and reporting.

Senior Women Protection Advisors (SWPAs) are deployed in 7 peace operations / special political missions. The presence of SWPAs reflects enhanced data collection and analysis on CRSV. More than 2,000 cases (81% of the total) were reported in the countries where SWPAs are deployed.

46 parties have not assumed commitments to address CRSV. 30 (71%) have been listed for over 5 years.

In 2020, both the mandate authorization for UNAMET, and the mandate renewal for UNAMID, required the deployment of WPAs. The Office of the SRSG on Sexual Violence in Conflict has signed 11 Joint Communiques or Frameworks of Cooperation with Member States to address CRSV.

The United Nations Action against Sexual Violence in Conflict network coordinates the work of 19 entities. In 2020, the CRSV Multi-Partner Trust Fund prioritized a project in Somalia to support the rehabilitation and reintegration of some 400 women who were formerly associated with Al-Shabaab, many of whom are survivors of conflict-related sexual violence.

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Patterns of conflict-related sexual violence do not occur in a vacuum, and were intertwined this year with intersecting crises of conflict, displacement, and COVID-19. Survivors demonstrated agency and resilience, and despite restricted mobility and access constraints, service providers, civil society organizations, national authorities and the United Nations system, including Women Protection Advisers in the field, adapted and innovated.

Lockdowns exacerbated existing structural, institutional, and sociocultural barriers to reporting sexual violence in conflict and accessing multisectoral services, including those related sexual and reproductive health. The impact of the pandemic also complicated the pursuit of justice, slowing the work of judicial authorities.

The adverse socio-economic impact of the crisis led to an increased recourse to harmful coping mechanisms such as child marriage, as armed actors gained ground despite the Secretary-General’s 23 March 2020 call for a global ceasefire. Efforts to curb the spread of the disease led to reduced oversight for instance in detention facilities, displacement settings and remote rural areas, where the risk of sexual violence is elevated.

Already chronically underreported, sexual violence in conflict risks being further obscured by the pandemic, as illustrated by settings that saw an increase in reporting of sexual violence upon the easing of movement restrictions for humanitarian and human rights monitors. United Nations actors, including Women Protection Advisors in the field, pivoted to virtual approaches, such as hotlines and remote referral networks, thereby avoiding a data “black-out”.

Intersecting forms of discrimination were compounded. As a structural root cause, intersecting inequality, placed LGBTQI individuals, indigenous women, refugees and migrants, and persons living with disabilities at elevated risk.

Multiple and intersecting stigmas in the wake of sexual violence were documented, including the stigma arising from forced association with violent extremist groups, as noted in Iraq, Syria, Nigeria, Somalia and Mali. Mothers and their children born of rape faced stigma often coupled with rejection; a forthcoming special report requested by the Security Council in resolution 2467 (2019) will outline the challenges faced by children born of sexual violence in conflict.

Broader security dynamics drove several trends. The nexus between sexual violence, conflict-driven trafficking in persons and violent extremism requires a regional cross-border response, as illustrated by the on-going Boko Haram insurgency in the Lake Chad Basin. Localized conflicts gave rise to patterns of sexual violence, such as sexual slavery, with inter-ethnic tensions, including along transhumance corridors in the Central African Republic and Sudan, perpetuating cycles of sexual violence.

The issue of service coverage was acute in the prevailing health crisis, particularly in isolated areas. Life-saving services, including sexual and reproductive health care, must be prioritized in the face of security threats, weak State presence, and healthcare infrastructure decimated by conflict. Survivors faced prohibitive distances to access services owing to the scarcity of health structures in rural and remote regions, as in Central African Republic, the Democratic Republic of the Congo and Mali.

Significant gaps in prevention, accountability, reparations and protection of victims and witnesses persist, despite some positive developments, including prosecutions of armed group leaders and State actors at both the national and international levels. Several cases were paralyzed and investigations stalled due to the pandemic. In counterterrorism trials, while the crime of sexual violence has rarely been prosecuted, it has been widely perpetrated by terrorist groups. Reparations, when provided, in many cases, remain unpaid.

Despite the robust framework put in place by the Security Council over the past decade, the level of compliance by parties to the conflict remains low, with over 70 per cent of listed perpetrators having appeared in the annexed list for five or more years without taking remedial action. The practice of listing and the designation of parties for the imposition of sanctions must be further-enhanced. Yet some progress was made; Sultan Zabin, the director of the Sana’a-based criminal investigation department in Yemen, was designated for sanctions by the Security Council for his role in a policy of intimidation and sexual violence against politically active women (S/2021/79).

There is heightened awareness of the need to address sexual violence in conflict-resolution processes and to ensure that perpetrators of sexual violence do not benefit from de facto or de jure amnesties. In the context of transitions involving peacekeeping missions, the United Nations worked to consolidate monitoring and response capacity including in Sudan where the Government and the United Nations signed a framework of cooperation to address conflict-related sexual violence.

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Addressing conflict-related sexual violence has been made more complex by intersecting crises and inequalities, yet the dire effects of sexual violence on human rights, public health and peacebuilding make our collective response more urgent than ever. The needs of sexual violence survivors cannot be put on pause and neither can the response. The pandemic demands a paradigm shift: to silence the guns, amplify the voices of peacebuilders and invest in service delivery. The current crisis is a test of our resolve to translate commitments into results, through the inclusion of survivors in an intersectional and gender-responsive pandemic recovery.

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