

NATO STANDARD

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**MEDICAL RESPONSE
TO CONFLICT-RELATED SEXUAL
AND GENDER-BASED VIOLENCE**

Edition A, Version 1

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NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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NATO LETTER OF PROMULGATION

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CHAPTER 1 INTRODUCTION

1.1. INTRODUCTION

1. Commanders are responsible for maintaining a safe environment, responding to reports of sexual violence, and ensuring accountability. While this document focuses on healthcare management, military leadership plays an overarching role by supporting overall survivor-centered care.

2. Gender-Based Violence (GBV) is an abuse of power based on gender and that violates human rights. There is never informed consent, and all forms are harmful. Consequently, GBV includes much more than sexual assault and rape (detail of key terms and definitions can be found at Reference 1).

3. Conflict-Related Sexual and Gender-Based Violence (CR-SGBV) is defined as any sexual and/or gender-based violence against an individual or group of individuals used or commissioned in relation to a crisis or an armed conflict.

4. Acts of CR-SGBV violate several human rights principles enshrined in international humanitarian law. Healthcare providers play a significant role in identifying and advocating for interventions to prevent GBV and to promote and protect the rights of survivors. A standardized approach to dealing with these survivors is critical.

5. It is accepted and agreed that NATO will provide care to survivors of CR-SGBV under rare circumstances where such care is not readily available within other organizations, and medical treatment facilities (MTFs) are not available either in Host nation or non-governmental organizations. To provide a response when there are other appropriate actors in-situ would potentially DO HARM.

6. In these *in extremis* contexts, NATO healthcare personnel may be placed in a position to provide a response to survivors of CR-SGBV until a transfer and referral to another appropriate MTF are available.

1.2. CONTEXT

CR-SGBV, including rape, is a problem throughout the world, occurring in every society, country, and region. The systematic use of sexual violence as a method of warfare is well documented and constitutes a grave breach of international humanitarian law. Civilian populations including refugees and internally displaced people are also at risk of this violation during every phase of a conflict.

1.3. SCOPE

1. This STANAG is part of a larger strategy to respond to GBV and, therefore, focuses on the medical response to survivors.
2. It explains the relevant aspects (while adopting a survivor-centered approach) of medical management, such as physical examination, recording the findings, and providing medical care.
3. It does not include detailed information on standard care of wounds or injuries or psychological counseling, although these may be needed as part of comprehensive care for a survivor of CR-SGBV.

1.4. APPLICATION

This STANAG provides medical response guidance to healthcare personnel and informs the chain of command. It aims at providing an appropriate, common understanding of CR-SGBV, highlighting the responsibilities of healthcare personnel who might be called upon to care for a survivor of GBV. The STANAG focuses on the steps to undertake in the medical management of CR-SGBV, including survivors of rape.

CHAPTER 2 RESPONSIBILITIES OF HEALTHCARE PERSONNEL

2.1. PRINCIPLES

All personnel play an important role in reducing the harmful effects of Conflict-Related Sexual and Gender-Based Violence (CR-SGBV) by deploying the following guiding principles when caring for survivors.

- a. Ensure the survivor's physical safety.
- b. Guarantee confidentiality.
- c. Respect the survivor's wishes, rights, and dignity.
- d. Ensure non-discrimination.

2.2. MEDICAL INTERVENTIONS

The medical management of survivors of CR-SGBV should focus on the interventions below. These are essential elements of care for survivors of sexual violence, ensuring immediate medical needs are addressed while preventing long-term health issues. If they are not available, immediate referral to appropriate resources is required.

- a. Physical.
 - (1) Provide wound care.
 - (2) Post-exposure prophylaxis (e.g. Tetanus, Hepatitis B and human immunodeficiency virus).
 - (3) In women, prevent potential pregnancy.
 - (4) Treat potential sexually transmitted infections.
- b. Psychological.
 - (1) Provide mental health support, such as referral to psychosocial services and further crisis intervention. Ensuring survivors are fully supported over time is crucial to optimizing long-term outcomes.

2.3. RECORDING AND REPORTING

1. The responsibility of the medical personnel is to document the medical findings and observations in a thorough and objective way and not to render judgement.
2. Any suspected incident of CR-SGBV should be reported through the appropriate chain of command while maintaining medical confidentiality.

2.4. TRAINING

1. To undertake these responsibilities, commanders must ensure that healthcare personnel are trained, and current, in managing CR-SGBV survivors and that medical supplies are in place where appropriate.
2. Training should include, as necessary:
 - a. For healthcare personnel, the medical care of survivors of CR-SGBV.
 - b. Awareness training for Gender-Based Violence as a whole.
 - c. Training for forensic evidence collection.
 - d. Ethical decision-making (Military Healthcare Ethics).

CHAPTER 3 FORENSIC EXAMINATION AND COLLECTION OF FORENSIC EVIDENCE
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3.1. FORENSIC EXAMINATION PURPOSE

It is not the responsibility of healthcare personnel to prove or disprove that Conflict-Related Sexual and Gender-Based Violence (CR-SGBV) (including rape) occurred. The main purpose of the examination for a victim/survivor of CR-SGBV is to address immediate medical care needs, including injuries, post-exposure prophylaxis, and mental health, and secondly to gather and record/document any potential forensic evidence (see below) for possible legal proceedings.

3.2. CONDITIONS FOR FORENSIC EXAMINATION

Forensic evidence should only be collected if the following conditions are met.

- a. Informed consent is obtained. If this is not possible, legal advice should be obtained.
- b. Forensic examination is undertaken by trained personnel.
- c. Examination is undertaken as soon as possible (and ideally within 72 hours) after the incident (acknowledging delays may be unavoidable in operational environments).
- d. The chain of custody for the forensics kit and other evidence collected must be maintained during collection, processing, and storage.
- e. Forensic examination is only performed when a process for collection, processing, and storage is in place.

3.3. ACTION IF FORENSIC EXAMINATION IS NOT AVAILABLE

Where forensic examination is not available, the survivor's transfer or evacuation to an appropriate healthcare facility (that can deliver both appropriate forensic and clinical care) should be facilitated as soon as clinically and operationally possible.

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ANNEX A REFERENCES

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