

# Social, Humanitarian and Cultural Committee (SOCHUM)

Background Guide Topic:

**Protecting Female Refugees Against Sexual Violence**



## Director's Note

Dear delegates,

Thank you for applying for the 2022 Japan Metropolitan Model United Nations. My name is Natsuki Tada, and I will be the director of this committee. As the beginner committees will meet in person and have face-to-face discussions at this conference, I am more than happy to see all of you and listen to all the original ideas and solutions you bring.

I have lived in the United States for two years and encountered MUN at this school four years ago. Standing in front of a huge crowd always made me anxious, but as I participated in more conferences, it got easier for me to deliver speeches and talk to other people. It is often frightening to go up on stage and discuss a topic in front of a crowd, but practice and experience are the only ways you could ever be more confident and comfortable in making speeches. Please do not hesitate to step out of your comfort zone and try something new at this conference.

The topic we will be discussing in this committee is “Protecting female refugees against sexual violence.” To give safety and security to the vulnerable children and women who cannot speak up to protect themselves, we must be considerate of the refugees and aim to provide them with the mental and physical care they lack. The chairs would be happy to see all of you being engaged to have innovative conversations at this conference.

Sincerely,

Natsuki Tada

Director of Social, Humanitarian, and Cultural Committee

Senzoku Gakuen Model United Nations Club

Japan Metropolitan Model United Nations 2022



# Introduction of the Committee

The ongoing expansion of the refugee population in the world has been a great concern to many countries. Even with the material and psychosocial barriers set against refugees by COVID-19, the United Nations is working to provide better support and more asylum to people who have been forced to flee their own countries.

Social, Humanitarian, and Cultural Committee (SOCHUM) is the Third Committee of the General Assembly and discusses a range of social, humanitarian affairs, and human rights issues.<sup>1</sup> The committee also treats topics such as the advancement of women, protection of children, treatment of refugees, and the promotion of fundamental freedoms.

The UN has defined the term “refugees,” and has outlined the rights of refugees to protect them in The Convention Relating to the Status of Refugees. Moreover, the UN advocated for non-refoulement, which states that a refugee should not be forced to return to their country where they face serious

threats to their lives or freedom.<sup>2</sup> The protocols and conventions presented by the UN have become the basis of the international custom of promoting the safety of refugees. As the need for global awareness and better protection of refugees increase, attention to the care of refugees is required.

## Key Terms

### Refugee

A person who has fled their country in order to escape war, violence, conflict, or persecution.<sup>3</sup>

### Asylum-seeker

A person seeking international protection/asylum. For an individual to become a refugee, he or she has to be an asylum-seeker.<sup>4</sup>

### Asylum

Guaranteed protection in host countries to which asylum seekers make their request to be protected.

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<sup>1</sup> "UN General Assembly - Third Committee ...." <https://www.un.org/en/ga/third/>. Accessed 21 Jul. 2021.

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<sup>2</sup> "The 1951 Refugee Convention - UNHCR." <https://www.unhcr.org/1951-refugee-convention.html>. Accessed 24 Jul. 2021.

<sup>3</sup> "What is a refugee? - UNHCR." <https://www.unhcr.org/what-is-a-refugee.html>. Accessed 31 Aug. 2021.

<sup>4</sup> "Asylum Seeker | INEE." <https://inee.org/eie-glossary/asylum-seeker> Accessed 31 Aug. 2021.



## Sexual assaults

An act of physical, psychological, and emotional violation in the form of a sexual act, inflicted on someone without their consent.<sup>5</sup>

## CSA(Childhood sexual abuse)

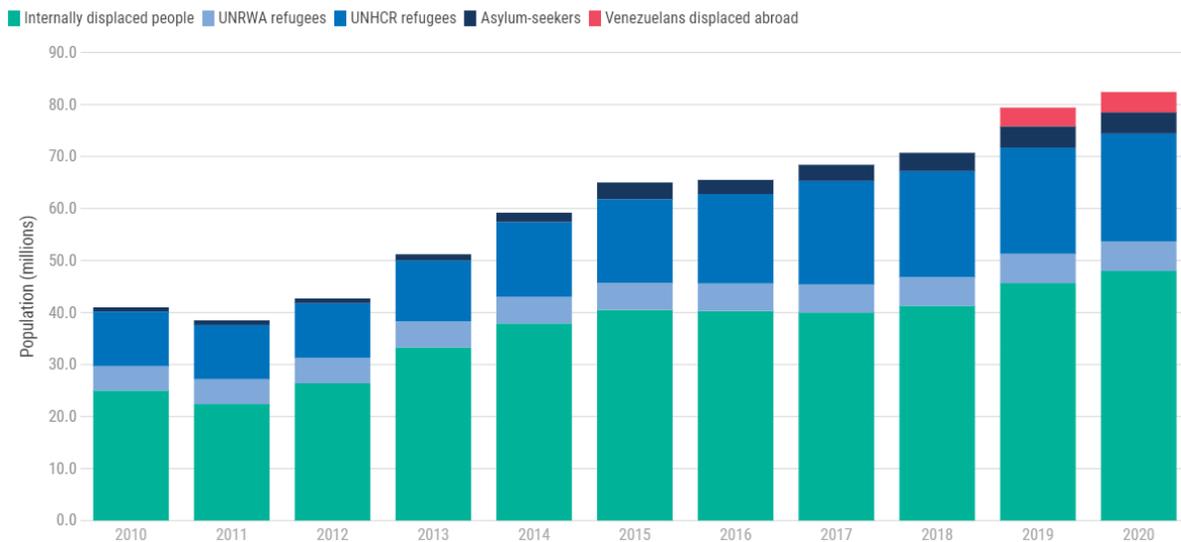
Sexual abuse toward children and adolescents<sup>6</sup>

## Current Situation

At the end of 2020, more than 82.4 million people worldwide were forcibly displaced as a result of persecution, conflict, violence, human rights violations, or events seriously disturbing public order. 26.4 million of them were refugees, and 4.1 million were asylum-seekers.<sup>7</sup>

As the chart below illustrates, the number of displaced persons is increasing rapidly.<sup>8</sup> 86% are hosted by developing countries,

Global forced displacement (at end-year)



<sup>5</sup> "What is rape and sexual assault? | Metropolitan Police."

<https://www.met.police.uk/advice/advice-and-information/rsa/rape-and-sexual-assault/what-is-rape-and-sexual-assault/>. Accessed 21 Jul. 2021.

<sup>6</sup> "Child Sexual Abuse - NCBI - NIH."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413451/>. Accessed 31 Jul. 2021.

<sup>7</sup> "UNHCR Refugee Data Finder." 18 Jun. 2021, <https://www.unhcr.org/refugee-statistics/>. Accessed 8 Aug. 2021.

<sup>8</sup> "UNHCR Global Trends - Forced displacement in 2020."

<https://www.unhcr.org/flagship-reports/globaltrends/>. Accessed 31 Jul. 2021.

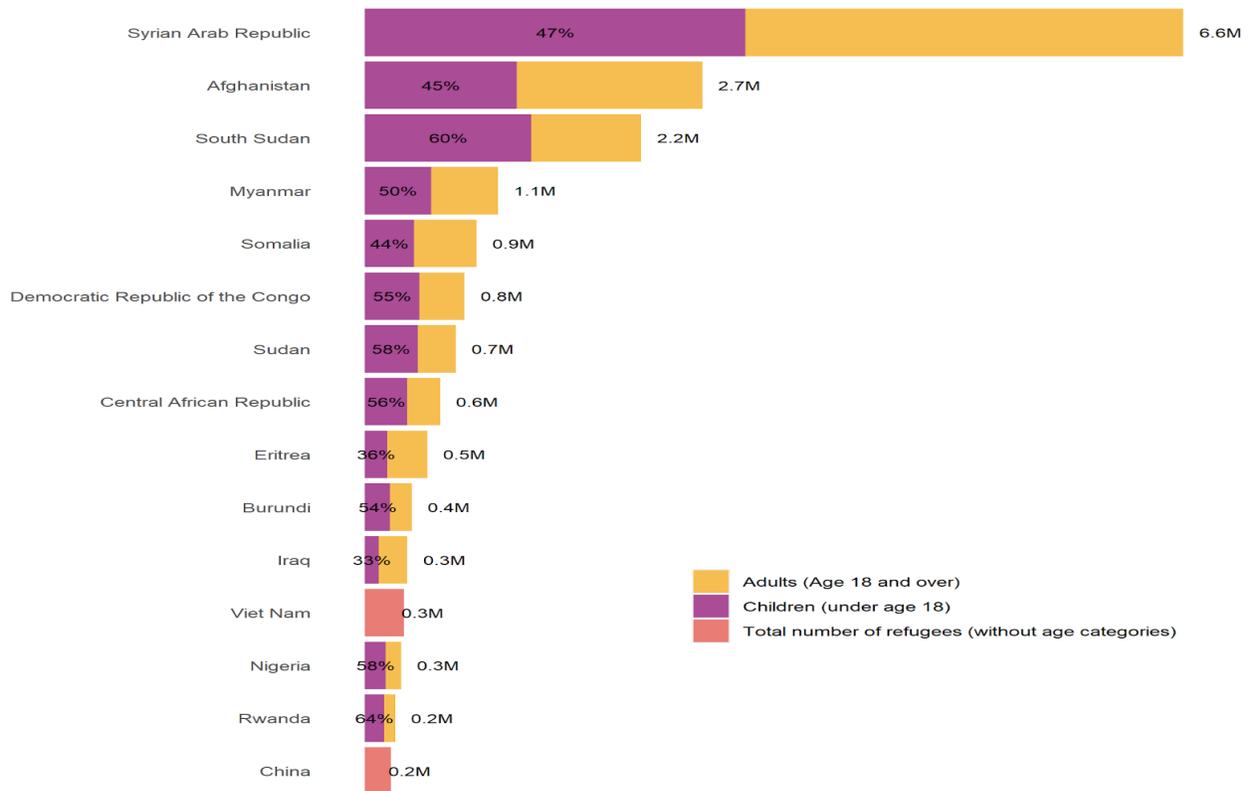


with Turkey accepting more than 3.7 million refugees.

Out of the 82.4 million displaced persons in the world, approximately 35 million (42%) are children. The chart below shows that just two countries, Syria and Afghanistan, account for nearly half of the world's child refugees.<sup>9</sup>



Although refugees are five times more likely to have mental health needs and more than 61% experience mental disorders than the local population, they are less likely to receive adequate support.<sup>10</sup> The lack of mental healthcare for traumatized refugees is serious and requires an immediate solution.



# Key Points & Case Studies

## Subtopic I: Lack of Mental Healthcare

Mental healthcare before and after sexual violence is necessary for protecting the women and children who have gone through traumatizing experiences in confined communities. Some examples of mental healthcare before sexual violence are teaching children and women the importance of discussing their traumas, not blaming themselves for being assaulted, knowing they are not alone in the battle. Providing counseling services and opportunities for them to talk about their experiences is crucial in protecting the refugees after sexual violence.

### Key Points

#### 1. Recovery from Post-traumatic Stress Disorder (PTSD)/Other Mental Disorders

PTSD and other mental disorders are caused by exposure to a traumatic event and intense psychological distress.<sup>11</sup> Recovery from PTSD and other mental disorders is completely subjective. It is generally measured by whether the survivor increases their involvement in the present, acquires skills and attitudes to regain control of their

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<sup>11</sup> "What Is PTSD? - American Psychiatric Association."  
<https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>. Accessed 30 Jul. 2021.

lives, forgives themselves for negative cognitions like guilt and shame, and gains stress reduction skills for overall better functioning.<sup>12</sup> To carry out successful therapy for all of the sexually assaulted women and children, adequate support with a professional treatment system and understanding of their situations is necessary.

#### 2. Youth Protection

Over half of the refugee population in the world consists of children.<sup>13</sup> The majority have endured exposure to violence in close communities and families, the uncertainty of the future, persecution, and loss of loved ones. Especially in unsupervised areas where displaced children often face sexual violence, mental health care to protect the youths is necessary. Moreover, many children, especially girls, are kidnapped and forced into prostitution. The fear of being tortured is ever-present in the children who are sexually exploited.<sup>14</sup>

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<sup>12</sup> "Sexual assault and posttraumatic stress disorder: A ... - NCBI - NIH."  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2323517/>. Accessed 31 Jul. 2021.

<sup>13</sup> "Child and Youth Protection - UNHCR."  
<https://www.unhcr.org/child-and-youth-protection.html>. Accessed 25 Jul. 2021.

<sup>14</sup> "A Child is a Child – Protecting children on the move ... - UNICEF Data."  
<https://data.unicef.org/resources/child-child-protecting-children-move-violence-abuse-exploitation/>  
Accessed 9 Aug. 2021.



Furthermore, it is extremely important to provide refugee children with the proper mental health care and psychosocial support. Structured recreational and life skill activities help the refugee children who have faced sexual assaults and other atrocities to discuss what they have overcome before their flight.<sup>15</sup> Active conversations and community-based psychosocial support are crucial in mental healthcare.

### ***3. Community-based Protection***

As refugees often witness cruel scenes before their departure, the healthcare system in the host countries plays a significant role in helping refugees overcome their traumas. UNHCR has worked with the host countries and communities to assist a better understanding of the displaced persons, and to provide them with an adequate healthcare system.<sup>16</sup> The community-based protection, including sports, computer and literacy classes, and recreational activities, helps to alleviate the stress and pain that refugees have in moving to a foreign country.

### ***4. Mental Health and Psychosocial Support (MHPSS)<sup>17</sup>***

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<sup>15</sup> "Mental Health and Psychosocial Support - UNHCR."

<https://www.unhcr.org/mental-health-psychosocial-support.html>. Accessed 31 Jul. 2021.

<sup>16</sup> "Mental Health and Psychosocial Support - UNHCR." Accessed 31 Jul. 2021.

<sup>17</sup> "Mental Health and Psychosocial Support - UNHCR." Accessed 31 Jul. 2021.

In response to the lack of a healthcare system for refugees, UNHCR has built a program to support the management of mental, neurological, and substance use conditions in health facilities. Survivors of sexual abuse need proper mental healthcare to overcome their traumatic experiences and rebuild their lives.

### **Case Studies**

#### ***Bosnia***

A study with Bosnian refugees explores if the distress associated with being a refugee remains in the long run. It demonstrates that 45% of the refugees who initially met the criteria for PTSD, depression, or both continued to meet the criteria three years later.<sup>18</sup> The mental stress that comes along with witnessing sexual violence, torture, or death is permanent in the refugees, especially when the victim gets assaulted at a young age.

#### ***Canada***

Another study in Canada finds out that sexual assault triggers PTSD in survivors more than the national prevalence of the disorder.<sup>19</sup> This means that survivors of sexual assaults are more likely to be

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<sup>18</sup> "Longitudinal study of psychiatric symptoms, disability, mortality, and ..."

<https://pubmed.ncbi.nlm.nih.gov/11476656/> Accessed 8 Aug. 2021.

<sup>19</sup> "Sexual assault and posttraumatic stress disorder: A ... - NCBI - NIH." Accessed 30 Jul. 2021.



diagnosed with PTSD than people with other traumatic experiences.

### Colombia

UNHCR has established a community-based protection system in Colombia, a country in South America. A community organization in Colombia asked UNHCR to help the community remain on its territory. Instead of providing materials from the beginning, UNHCR took into consideration the situation in the local area and provided advice that led the locals to discuss protection strategies themselves. After request, UNHCR provided modest material and gave training about issues such as but not limited to gender-based violence.<sup>20</sup>

Therefore, understanding the situation in the area and providing **advice** instead of **supplies** is crucial in providing community-based protection.

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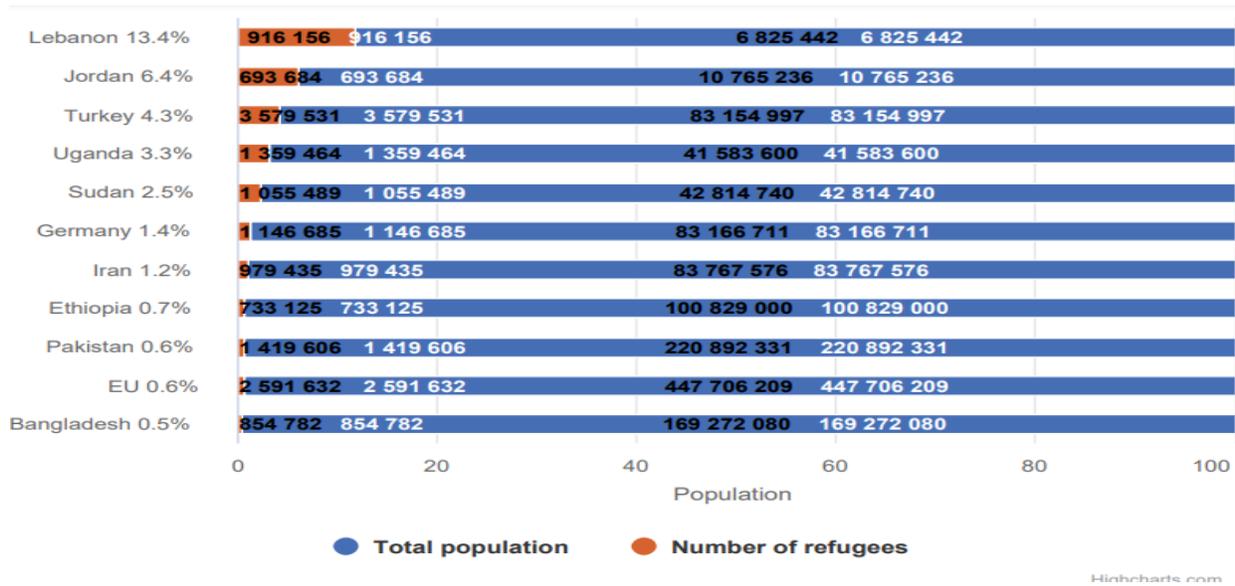
<sup>20</sup> "UNDERSTANDING COMMUNITY-BASED PROTECTION - Refworld."  
<https://www.refworld.org/pdfid/5209f0b64.pdf>  
Accessed 31 Aug. 2021.



EU Member States

Controversially, the EU accepts 10% of the world’s refugees and a fraction of the asylum seekers. As the below chart <sup>21</sup> shows, the EU barely accepts refugees and asylum seekers due to strong opposition to accepting immigrants who would “take their jobs” and “ruin the public safety and their cultural identity.” <sup>22</sup>

protection of sexually assaulted women and children. Only 33% of sexual violence survivors in Greece were categorized as vulnerable asylum seekers; the pressure from the EU and national governments to reduce the number of vulnerable asylum seekers has caused the Member States to neglect the necessary mental healthcare.



The deep-rooted hostility towards the refugees in some of the EU Member States has resulted in the lack of recognition and

Moreover, most Member States have not established a formal system for identifying mental health disorders. They recognize physical disabilities and infectious diseases as elements that contribute to vulnerability. However, mental disorders often go undetected. In 2010, the PROTECT project was launched to pose a measure for mental disorders, though problems like limited access to healthcare and practical barriers

<sup>21</sup> "Statistics on migration to Europe | European Commission." 18 Jun. 2021, <https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-of-life/statistics-migration-europe>. Accessed 31 Jul. 2021.

<sup>22</sup> "'Europe Does Not See Us As Human': Stranded Refugees Struggle ...." 9 Mar. 2018, <https://www.npr.org/sections/parallels/2018/03/09/589973165/europe-does-not-see-us-as-human-stranded-refugees-struggle-in-greece>. Accessed 31 Jul. 2021.



such as the lack of resources, professionals, and interpreters still remain.<sup>23</sup>

## Subtopic II: Lack of Medical/Physical Care

While trauma remains one of the biggest concerns of health issues after sexual assaults, long-term physical consequences are also part of the problem that needs to be discussed. For instance, long-term consequences of sexual assaults include miscarriages, hemorrhaging, inability to control urination, and pains in different areas.<sup>24</sup> In addition to this, surrounding qualities like the cost or legality of abortion, social stigma (often of religion or tradition), possible consequences of being ostracized and punished for being assaulted, all contribute to the worsening of the situation. There are also consequences like sexually transmitted diseases including HIV, unwanted pregnancies, and unsafe abortions.

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<sup>23</sup> "Life After Trauma: The Mental-Health Needs of Asylum Seekers in ..." 30 Jan. 2018, <https://www.migrationpolicy.org/article/life-after-trauma-mental-health-needs-asylum-seekers-europe>. Accessed 31 Aug. 2021.

<sup>24</sup> "THE HUMAN RIGHTS WATCH GLOBAL REPORT ON WOMEN'S ..." 21 Sep. 1993, <https://www.hrw.org/sites/default/files/reports/general958.pdf>. Accessed 31 Jul. 2021.

<sup>25</sup> "Sexual Violence Against Refugees: Guidelines on ... - UNHCR." <https://www.unhcr.org/publications/operations/3b9cc>

## Key Points

### 1. Integration

The integration of the migrant population is set as the first goal of the program, specifically aiming for improvements such as employing staff with migrant-specific expertise or professional interpreters when needed. The FOPH (Federal Office of Public Health) has specifically come up with an e-learning tool meant for healthcare workers to better understand situations migrants are put in, and to communicate better with them.<sup>26</sup> It has also come up with migrant-friendly hospitals and calls out action for more hospitals to take in these ideas to better deal with migrants. The specific impact model of the program is shown in the graph below.<sup>27</sup>

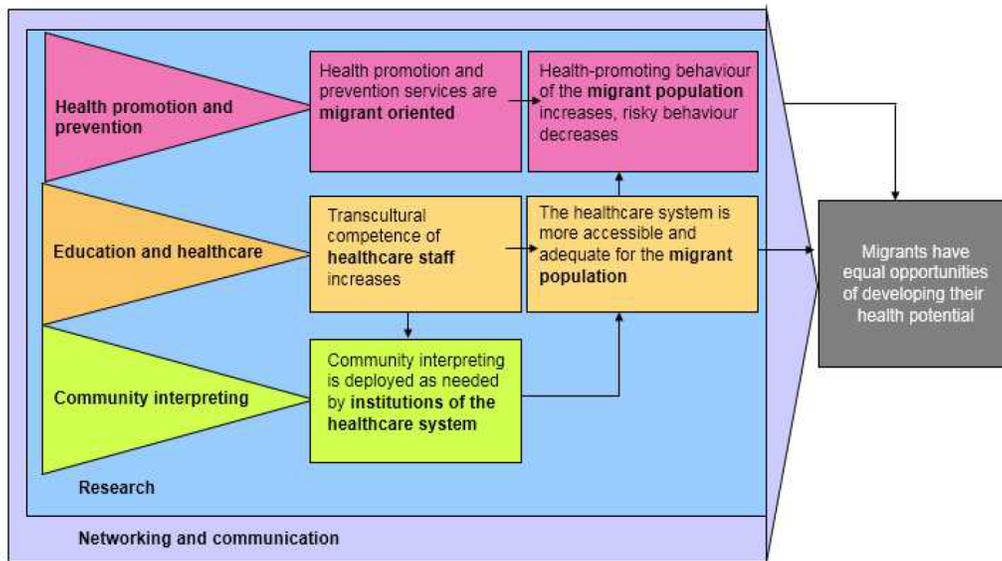
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[26c4/sexual-violence-against-refugees-guidelines-prevention-response-unhcr.html](https://www.bag.admin.ch/bag/en/home/strategie-und-politik/nationale-gesundheitsstrategien/gesundheitspersonal-und-umgang-mit-diversitaet/e-learning-interaktion-und-qualitaet.html). Accessed 31 Jul. 2021.

<sup>26</sup> "E-Learning Interaction and Quality" <https://www.bag.admin.ch/bag/en/home/strategie-und-politik/nationale-gesundheitsstrategien/gesundheitspersonal-und-umgang-mit-diversitaet/e-learning-interaktion-und-qualitaet.html>. Accessed 31 Jul. 2021.

<sup>27</sup> "Swiss Hospitals for Equity - Bundesamt für Gesundheit BAG." 11 Dec. 2019, <https://www.bag.admin.ch/bag/en/home/strategie-und-politik/nationale-gesundheitsstrategien/gesundheitspersonal-und-umgang-mit-diversitaet/e-learning-interaktion-und-qualitaet.html>. Accessed 31 Aug. 2021.





The graph illustrates the solution to the problem from the refugees' and the host country's perspectives. The graph illustrates the need for understandable education systems for migrants and integration skills for workers in the host countries.

## 2. Education

By the integration of the migrant population, the country aims to improve the level of health literacy among migrant citizens. As education for the actual population, the Swiss Red Cross published "Health Guide to Switzerland" in 18 languages, further emphasizing the need for the recognition of the actual healthcare systems between residents.<sup>28</sup>

<sup>28</sup> "Programme on Migration and Health 2002–2017 - Bundesamt für ...." 16 Dec. 2019, <https://www.bag.admin.ch/bag/en/home/strategie-und>

## 3. Foreign Environments

Compared to local citizens who live where they grew up or where they feel the most comfortable, refugees living in foreign lands have a hard time receiving the medication they need to recover from the assaults. The EU has listed some reasons for why refugees often do not receive adequate healthcare; reasons include communication issues due to language barriers, refugees' lack of understanding of the healthcare system of host countries, and the host nations' lack of training and awareness of the issues regarding refugees.<sup>29</sup> While considering

[-politik/nationale-gesundheitsstrategien/gesundheitsliche-chancengleichheit/programm-migration-und-gesundheit-2002-2017.html](https://www.refworld.org/docid/4652feff2.html) Accessed 31 Aug. 2021.

<sup>29</sup> "Good Practice Guide on the Integration of Refugees in the European ...." <https://www.refworld.org/docid/4652feff2.html>. Accessed 31 Aug. 2021.



ways to solve this medical issue concerning assaults, focusing on both the governments' laws and policies as well as the refugees' perspectives is vital.

## Case Studies

### Sexual Violence Against Refugees: Guidelines on Prevention and Response<sup>30</sup>

As a solution, "Sexual Violence Against Refugees: Guidelines on Prevention and Response" has set a guideline in regards to the medical care of refugees who have gone through sexual assaults. The guideline highlights the importance of same-gender medical workers, considering the refugees' perspectives of comfortability and cultural values. It should be noted that one of the main reasons many cases go unreported is the victims' reluctance to talk about it to others. Unreported cases and thus the lack of investigations lead to perpetrators being unnoticed without proper punishments. Other suggestions the guideline offers include prioritizing local medical staff to do the medical examinations, as they can easily testify or give information on the case when necessary, and discussing the risks and procedures that follow the treatment of the victims. Concerning the treatment of victims, medical staff must always keep in mind whether abortion or pills are legally accepted in the country where camps are

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<sup>30</sup> "Sexual Violence Against Refugees: Guidelines on ... - UNHCR." Accessed 31 Jul. 2021.

located since the law differs in each country. If they are legal, the medical staff should give them the treatment they need as soon as possible. If it is illegal, they should provide legal medical care. Also, in many cases, follow-up cases are advised.<sup>31</sup>

### The National Programme on Migration and Health

In the topic of medical care for refugees, Switzerland introduced *The National Programme on Migration and Health*<sup>32</sup> targeting the migrant population, which was about 37.7% of the total resident population in 2019.<sup>33</sup> The plan's aim was mainly at improving the health literacy of those with migrant backgrounds more than improving the actual services accessible to the public. While the migrant population experienced higher rates of medical issues such as abortion or infant mortality, the plan points out the difference in health behaviors between migrants and non-migrants as the core reason that separates these two groups. Migrants often have inadequate knowledge

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<sup>31</sup> "Sexual Violence Against Refugees: Guidelines on ... - UNHCR." Accessed 31 Jul. 2021.

<sup>32</sup> "Programme on Migration and Health 2002–2017" <https://www.bag.admin.ch/bag/en/home/strategie-und-politik/nationale-gesundheitsstrategien/gesundheitsliche-chancengleichheit/programm-migration-und-gesundheit-2002-2017.html> Accessed 31 Jul. 2021.

<sup>33</sup> "Population by Migration Status" <https://www.bfs.admin.ch/bfs/en/home/statistics/population/migration-integration/by-migration-status.html> Accessed 31 Jul. 2021.



of healthcare due to communication difficulties. This leads to the worsening of the existent health problems that are brought by smoking, or different diets between locals.

As this program suggests, the lack of healthcare is not only about the accessibility of healthcare itself but also the language barrier that prevents refugees from accessing existent systems.

### **Subtopic III: Prevention of Sexual Assaults**

In addition to providing mental, physical, and medical care for females who are sexually assaulted, it is important to do the best in preventing sexual assaults. Causes of sexual violence can be divided into two parts: location/design and social communities.<sup>34</sup>

#### **Key Points**

##### **1. Location/design<sup>35</sup>**

High crime rates in the surrounding environment and isolation from the rest of the local population are often reasons for such violence at refugee camps because these places tend to lack recognition about female protection. Other causes are the

distance from camps to areas with food, water, and other necessities, the lack of patrols and lighting in camps at night, and the lack of locks on camp shelters.

##### **2. Social Community<sup>36</sup>**

The social community where refugees reside is a very important element in creating a safe environment for female refugees. Firstly, the overcrowding of camps creates confusion amongst residents and also forces residents to live with strangers. Other problems include the acceptance of bribes by police and other officials that lowers the level of security, the officials themselves being involved in the crimes, and the state of stress of residents (difficulties in resettlement, employment, or poverty which sometimes leads to drug use or alcohol addiction).



<sup>34</sup> "Sexual Violence Against Refugees: Guidelines on ... - UNHCR." Accessed 31 Jul. 2021.

<sup>35</sup> "Sexual Violence Against Refugees: Guidelines on ... - UNHCR." Accessed 31 Jul. 2021.

<sup>36</sup> "Sexual Violence Against Refugees: Guidelines on ... - UNHCR." Accessed 31 Jul. 2021.



### 3. *Prevention and Response*

There are no direct laws to combat the sexual violence of refugees. However, the UNHCR has presented a guideline on how to combat the issue in “**Sexual Violence Against Refugees: Guidelines on Prevention and Response**” in 1995.<sup>37</sup> The guideline specifically focuses on the two main causes mentioned above: the location/design and the social community.

In terms of **location/design**, the guideline calls for states to set refugee camps away from borders or areas with frequent crimes and to implement locks, lighting, patrols, and protective materials like fencing at shelters. In addition, the guideline also suggests shortening the distance between camps and areas with basic supplies to lower the possibility of the refugees being attacked during that duration. Other suggestions are to secure space between unrelated families and individuals, allow relocation of refugees when necessary, and provide special care to those prone to violence such as unaccompanied or widowed women.

In terms of **social security**, the proposal encourages the refugees themselves to take part in the prevention of these cases. Cooperating to let others know in the case of an emergency (such as calling for help when

a refugee sees another refugee being attacked), allowing females to take part in leadership roles to eliminate the male supremacy and dominance in the environment, and letting female refugees' direct voices be heard and taken into consideration are some ways of prevention. For host countries, the guideline asks for the visibility of staff at all times and encourages the recruitment of female workers at camps for a sense of comfort. Often, cases of sexual assault are easier to be talked about with the same people of the same sex. Other suggestions include teaching officials to understand sexual violence and prosecuting offenses. The proposal also asks for the education of refugees, NGO staff, UNHCR staff, and government officials to correct any false rumours that may support sexual violence. It could also inform refugees on what to do and what not to do in case they get assaulted. Lastly, highlighted in the guideline is the importance of the reunification of family and confidentiality when handling private cases of sexual assaults at all times.

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<sup>37</sup> "Sexual Violence Against Refugees: Guidelines on ... - UNHCR." Accessed 31 Jul. 2021.



## Case Studies

### Women Victims of Violence Project in Kenya

Kenya is one of the places where there are increasing cases of sexual assaults. To tackle this, UNHCR and the Kenyan government cooperated to improve the case in the Women Victims of Violence Project. From February to August 1993, 192 cases of rape were recorded; keep in mind that this is only the number of *reported* cases. In camps in North Eastern Kenya, many cases are left untold because of social stigma. Also, it is notable that a few out of 192 reported cases involved the Kenyan police.<sup>38</sup>

With the outbreak of the Somali Civil War, about 200,000 refugees were housed in camps. This soon became a target for locals who came looking for money, food, and sex targets. Reasons for the insecurity of these camps were the state of poverty the locals were in, only without financial aid unlike the refugees, and the lack of officials and NGOs to ensure security in such places. These refer to the withdrawal of MSF (Médecins Sans Frontières) members following the gang-rape of a female doctor and the Kenyan police's decision to stay in their compounds in fear of being shot. Because the officers were also targets of shifta attacks and the government did not

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<sup>38</sup> "THE HUMAN RIGHTS WATCH GLOBAL REPORT ON WOMEN'S ..." Accessed 31 Jul. 2021.

investigate and prosecute the rape cases, the situation was not improved.<sup>39</sup>

In response to this, UNHCR and the Kenyan government cooperated to prevent these crimes. The Women Victims of Violence Project's purposes are "to develop measures for improving physical security in and around the refugee camps to prevent violence," "provide counseling and therapy to tear the physical and emotional trauma," "provide material assistance and skills training to enhance the livelihood of rape survivors," and "promote consciousness-raising amongst the public and police on the emotional and physical consequence of rape."<sup>40</sup>

As a solution, firstly, they introduced fencing around the camp areas, increased the presence of police officers at camps, and held more patrols including ones involving helicopters to achieve physical safety. As for refugees, the government and UNHCR introduced counseling and medical services, with the help of the international donor community, to treat refugees after being sexually assaulted. Also, officers were

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<sup>39</sup> "THE HUMAN RIGHTS WATCH GLOBAL REPORT ON WOMEN'S ..." Accessed 31 Jul. 2021.

<sup>40</sup> "UNHCR's Women Victims of Violence Project in Kenya: An Evaluation Summary" 8 June 1995, <https://www.unhcr.org/excom/scaf/3ae68bf90/unhcrs-women-victims-violence-project-kenya-evaluation-summary.html> Accessed 31 Jul. 2021.



educated on the humanitarian and human rights of refugees. As a result, 200 cases of rape in 1993 decreased to about 50 through August 1994.<sup>41</sup>

### No Means No

A program called No means No, which teaches adolescents self-defense strategies to combat rape, was implemented as a workshop for girls in Nairobi, Kenya. With the cost of \$1.75 per student, there was a 62% decrease in cases of sexual assaults one year after the workshop. Moreover, 9% of the girls reported having been assaulted the following year, compared to 25% the year before.<sup>42</sup> Prevention does not only apply to those already suffering from cases of sexual assaults. However, by educating them, we can protect those who are prone to it in the future.

## Past Actions

The UN, with mainly UNHCR, SOCHUM, and UNDP leading the way to protect female refugees against sexual violence, has established various protocols and agencies in the past. Tackling this issue from several

standpoints, the UN has worked to raise awareness, equip women and children with the correct information and tools, and prevent unwanted sexual intercourses.

### UNHCR 2020-2022 Strategy and Action Plan<sup>43</sup>

In August 2020, UNHCR issued the 2020-2022 Strategy and Action Plan to recognize their progress and remaining problems. This plan also takes into consideration the effects of COVID-19. To guarantee the refugees a safe place to talk about their experiences, the right tools to prevent any sexual misconduct, and protection against sexual violence, UNHCR works to achieve the following: a) prevention and awareness-raising, b) encouraging survivors to come forward, c) investigations on disciplinary actions, d) vetting and reference checking, and e) working in partnership. As a result of these works, the protective network of host communities and families is expanding.

### UN Action Against Sexual Violence in Conflict<sup>44</sup>

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<sup>43</sup> "Tackling sexual misconduct: 2020-2022 Strategy and ... - UNHCR." <https://www.unhcr.org/protection/women/5f3cfec44/tackling-sexual-misconduct-2020-2022-strategy-action-plan.html>. Accessed 31 Jul. 2021.

<sup>44</sup> "UN Action against Sexual Violence in Conflict - United Nations ...." 30 Jun. 2021, <https://www.un.org/sexualviolenceinconflict/about-us/un-action/>. Accessed 31 Jul. 2021.

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<sup>41</sup> "THE HUMAN RIGHTS WATCH GLOBAL REPORT ON WOMEN'S ...." Accessed 31 Jul. 2021.

<sup>42</sup> "Violence against children" July 2018, [https://www.bigwin.org/nm\\_pent\\_bigwp/wp-content/uploads/2018/07/Violence-Against-Children-Big-Win-Philanthropy-July-2018-FULL-REPORT.pdf](https://www.bigwin.org/nm_pent_bigwp/wp-content/uploads/2018/07/Violence-Against-Children-Big-Win-Philanthropy-July-2018-FULL-REPORT.pdf). Accessed 31 Jul. 2021.



UN Action Against Sexual Violence in Conflict was created in 2007 in response to the June 2006 Symposium on Sexual Violence in Conflict and Beyond to prevent sexual violence in conflict-affected areas. Through campaigns such as Stop Rape Now, twenty-member entities including UNDP, UNHCR, and WHO work together to protect female refugees against sexual assaults.<sup>45</sup>

UNDP(United Nations Development Programme)<sup>46</sup>

Formed in 1965, UNDP works to eradicate poverty and reduce inequality. In response to sexual misconduct against women and children, UNDP protects survivors with legal prosecutions and sanctions; they investigate all allegations of sexual harassment, exploitation, and abuse, impose sanctions when allegations are substantiated, and may refer matters to national authorities for criminal prosecution.<sup>47</sup>

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<sup>45</sup> "14 AGENCIES COMMITTED TO ENDING SEXUAL VIOLENCE IN ...."  
<https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/05/report/14-agencies-committed-to-ending-sexual-violence-in-conflict/UN-Action-14-Agencies-Committed-to-Ending-SVC.pdf>. Accessed 31 Jul. 2021.

<sup>46</sup> "About us | United Nations Development Programme - UNDP."  
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<sup>47</sup> "Prevention and Response to Sexual Misconduct | United Nations ...."  
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## Questions to Consider

- Does your country accept refugees from other countries? At what rate does your country accept them?
- What has your country done to prevent sexual assaults of female refugees?
- What is your country's stance on *medical* care for sexual assaults of female refugees?
- What is your country's stance on *mental* care for sexual assaults of female refugees?
- What has your country done to provide mental and physical healthcare for refugees, especially women who are sexually assaulted?
- How have religion, culture, tradition, and values in your country shaped the current situation? What are some factors that led to the lack of/plentitude in care for refugees in your country?
- How can your country identify sexual assaults? What are some possible measures?

## Tips from the Chairs

Firstly, be prepared to present your country's stance, and fully understand what your country aims to achieve in this conference. Knowing your country, including its relations with other countries, greatly helps



you to make persuasive speeches on the spot. Researching beforehand is essential in having a great MUN experience; the more knowledge and statistics you have about your country, the more confident and convincing you will sound.

During the conference, do not hesitate to raise your placards and start motions. It is never embarrassing to make mistakes in MUN as long as you learn from them. Be active and never be afraid of going for new motions or topics.

Your speeches at the podium should be clear and concise. Clearly state the current situation, your country's past actions, and the solution(s) you suggest to solve the issue. You do not need to prepare perfect speeches beforehand; rather, try to deepen your understanding of the topic and your country. Have a clear and distinct idea of what you want to achieve at the conference.

While a delegate's ultimate role in the conference is to come up with a resolution to improve their country's state on the topic of the conference, it is also important that a delegate has a wide perspective on the issue, and to try to think globally. The conference is a place for representatives from all over the world to come together to talk about a common issue. Therefore, try to use that opportunity to think about how combating

the issue with the cooperation of fellow countries will help you and the others.

As unmoderated caucuses are chances for delegates to freely speak with one another, it will always help to communicate with a lot of countries and to take in different ideas and possibilities.

Lastly, as the conference is an opportunity to meet new people with different values and ideas, be friendly to one another to make the best of it. Even when ideas do not match, respect one another for what each has to bring to the stage.

## Guidelines for Position Papers

Position papers must clearly articulate the current situation of your country and briefly explain the past actions it has taken, further denoting possible solutions. Papers may also include international resolutions and strategies; however, the main focus **must** be your country. Every year, a handful of delegates submit position papers with very basic information about their countries, such as geographical location and major trade exports. Unless such information directly relates to the topic, it should not be addressed in position papers.



## Closing Remarks

Thank you all so much for participating in JMMUN. Please read this background guide thoroughly and prepare for JMMUN. We cannot wait to have a meaningful conference with your diverse ideas and resolutions. See you all in March!



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