

## **Rape in Armed Conflict**

### *Question for Short Debate*

8 pm

*Asked by Lord Lester of Herne Hill*

To ask Her Majesty's Government what is their strategy for ensuring that United Kingdom government-funded medical care for women and girls impregnated by rape in armed conflict is non-discriminatory and includes abortion services where they are medically necessary in compliance with international humanitarian law.

**Baroness Garden of Frognal:** My Lords, the next debate is timed and the timing is very tight. Would noble Lords who have six minutes to speak make sure that they sit down as the clock hits six-or, preferably, momentarily before-to ensure that the Minister has as much time as possible to reply to the points raised in this important debate?

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**Lord Lester of Herne Hill:** My Lords, the central question that this debate seeks to clarify is the Government's strategy for ensuring that UK-funded medical care for women and girls impregnated by rape in armed conflict is non-discriminatory and includes the provision of safe abortion services where medically appropriate and necessary. This is the Government's obligation under international humanitarian law, including the medical mandates of the Geneva conventions. Despite these legal mandates and the life and health-threatening nature of many pregnancies arising out of war rape, girls and women raped in armed conflict are routinely denied safe abortions in humanitarian medical settings, including those funded by DfID.

I am grateful to the international NGO, Global Justice Centre, and its dynamic president, Janet Benshoof, and her staff, for providing me with background information for this debate. I am also grateful to the Minister and her advisers for meeting me to discuss the issues in depth. The Minister has a strong commitment to equality for women and respect for international humanitarian law. I look forward to her reply, which may be influential well beyond this country and enable the UK to provide strong international leadership.

Sexual violence against women is a global evil. In its most pernicious form, rape of girls and women is used as a weapon of choice in the majority of today's armed conflicts. All rapes are terrible, but rape used as a weapon of war is often fatal. About 70% of conflict-related rapes in the DRC are gang rapes, most accompanied by mutilating injuries to women, including deliberate HIV infection. One-third of the victims of war rape in the DRC are girls under the age of 18 and, as many are raped in the context of sexual slavery, they incur the greatest risk of pregnancy.

Girls and women subject to rape used as a weapon of war are persons "wounded and sick" in armed conflict, guaranteed absolute rights to non-discriminatory, appropriate and necessary medical care under the Geneva conventions. Yet these women war victims are routinely denied, by blanket exclusions, life and health-saving abortions in humanitarian settings, leaving them with the terrible "choice" of risking an unsafe abortion, suicide or being forced to bear the child of their rapists.

War rape is torture. Denying a rape victim an abortion when there is medical need is also capable of amounting to a form of torture. In a recent statement, the World Organisation Against Torture, the largest global network of NGOs working against torture, said:

"To prevent a rape victim from access to abortion is contrary to the absolute prohibition of torture and cruel, inhuman or degrading treatment or punishment".

The right at stake is not a right to abortion; it is the right of everyone "wounded and sick" in armed conflicts, including women, to appropriate and necessary life and health-saving medical care. Plastic surgery, blood transfusions, amputations, prostheses, dental treatment and penile reconstruction surgery are all medical procedures protected by international law when needed by persons "wounded and sick" in armed conflict. The same applies, or should apply, to the termination of pregnancies where the continuing of a pregnancy creates a serious risk to the life and physical and mental health of the raped woman or girl.

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Why are women raped in war being denied access to appropriate and necessary medical care by means of safe abortions where the continuation of the pregnancy threatens the life and health of the woman or girl? Two powerful forces perpetuate the anti-abortion medical protocols and sweepingly broad exclusions imposed on the provision of healthcare to women raped in war—the United States Government and the ICRC, the International Committee of the Red Cross. The United States imposes a "no abortion" total ban in its foreign aid, requiring all recipients, including foreign Governments, the ICRC and UN entities, to pledge not to discuss abortion or provide abortions with US funds. The US has eliminated previously existing exceptions allowing abortions for rape or to save the life of the woman.

The United States and the UK largely fund the same humanitarian organisations. Only one of the top 10 recipients of DfID humanitarian funding, the World Health Organisation, segregates its US funds from DfID and other donor funds to ensure the integrity of its abortion-related work. The ICRC, whose largest single donor is the United States, is clear in its internal operational guidelines for ICRC staff treating women victims of sexual violence in armed conflict that its medical staff "do not perform abortions". The guidelines further discourage abortion referrals on the ground that making such referrals might impair the reputation of the ICRC in the conflict country.

The ICRC is DfID's partner of choice in conflict situations and the largest recipient of DfID aid to humanitarian organisations. I was one of 43 British parliamentarians, including three former leaders of my party, who wrote to President Obama in February 2012 recalling the absolute rights of girls and women raped in war to non-discriminatory care, including abortions, under the Geneva and torture conventions. We requested the President to lift the US abortion ban on aid to war victims. To date, he has not yet done so. Denying medically needed abortions for victims of rape in war, including girls targeted for forced pregnancy as an element of genocide, is barbaric. Our Government should fill the vacuum of global leadership on this issue by ensuring that DfID's humanitarian aid advances, and does not undermine, the rights of women raped in war to non-discriminatory medical care, which includes abortions.

The issue has been raised in Parliament since 2010. The Government have expressed their concerns about the US abortion ban, noting that it now prohibits abortions in cases of rape or to save a woman's life. However, the Government appear neither to have taken steps to ensure in practice that UK funds are not used to support facilities that provide discriminatory care for women raped in war, nor requested the US to lift the ban on victims of war rape.

DfID's aid programme apparently defers to local anti-abortion laws. This breaches the UK's international humanitarian law obligations when the aid is supporting medical care for war victims. DfID-funded

humanitarian entities such as the ICRC do not even provide abortions for war rape victims in conflict countries where abortions are legal for rape victims, as in the Sudan.

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The Minister's Written Answers and those of the honourable Lynne Featherstone MP on this issue are inconsistent about whether international humanitarian law is trumped by incompatible national law. Time prevents me from citing the inconsistent answers but I have given the references to my noble friend the Minister. I ask her to clarify the apparent contradiction in those answers and to explain the following points: first, how DfID policy implements UK law, as set out in the UK military manual, that national laws are relevant in conflict situations only so far as they do not conflict with international humanitarian law mandates; secondly, whether DfID monitoring or assessments of the performance of funded humanitarian entities includes, when applicable, assessing their compliance with the medical mandates of international humanitarian law; thirdly, whether DfID is engaged in any discussions with the ICRC on the question of the ICRC segregating its compromised US funding from that of DfID and other donors to provide abortions for war victims, or whether in any other way the ICRC can ensure that women war rape victims treated by the ICRC are able to have access to abortion services from non-ICRC medical providers. Fourthly, do the Government have any plans to make a request to President Obama to lift the abortion ban on women raped in armed conflict as a matter of US compliance with the Geneva conventions?

Finally, can the Minister confirm that excluding access to abortions for women raped in war where such medical treatment is appropriate and necessary is discriminatory and likely to breach the Geneva conventions and, most important, that international humanitarian law takes precedence over conflicting national laws which authorise torture or serious ill treatment by banning medically necessary abortions for the victims of rape in armed conflict?

**8.10 pm**

**Baroness Kinnock of Holyhead:** My Lords, at the outset I want to pay tribute to the noble Lord, Lord Lester, for initiating this debate so convincingly and eloquently and for raising concerns about what clearly are life or death issues. Over many years I have been visiting conflict-afflicted fragile states where I have met and talked to women who have suffered the agony of brutal rape and where sexual violence is the shocking and specific consequence of conflict. These women are traumatised, stigmatised and often ostracised by their families.

I firmly reject the notion that dealing with rape is down to culture, custom and religion and that that somehow excuses the denial of the right to safe abortion for women who have often endured mass rape which has scarred them both physically and psychologically. They are attacked while they go to fetch firewood or food for their families. In Darfur some women told me that they had to choose between the threat of rape and feeding their families. It is time for us to assume responsibility and to go beyond simply condemning the perpetrators of rape and instead to take steps to end it. Indeed, we must recognise, as Hillary Clinton has said, that it is not cultural, it is criminal.

In 2010, I visited the Panzi Hospital in Congo run by Dr Denis Mukwege and I talked to three women who only the day before had been attacked and raped

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several times as they walked home from the market with their children. They were traumatised, but their fortitude and strength was overwhelming. I could barely hold back the tears. Their main concern was not to talk about their suffering but to ask for a search to be made for their children whom they had encouraged to

run away when the attack took place. I feared that they may be pregnant and would need terminations, but abortion is illegal in Congo.

In addition, as the noble Lord, Lord Lester, pointed out, US abortion restrictions mean that humanitarian aid managed by the International Committee of the Red Cross cannot be used for the victims of rape. These draconian restrictions prevent Governments, NGOs and humanitarian aid providers such as DfID and ECHO, the European humanitarian aid office, from providing the option of abortion to women and girls who have been raped. The UK is completely compromised by the no-abortion prohibition put on US humanitarian aid which prevents all humanitarian entities funded by the US from speaking out about abortion, or indeed from providing abortion services—even a life-saving abortion for a very young girl raped in conflict. This flies in the face of both international humanitarian law and the Geneva conventions, which say that victims of rape are entitled to,

"receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition".

Similarly, US domestic law requires such a response through the Geneva Conventions Act and the joint services manual of armed conflict.

I have three specific questions for the Minister. Norway has made a bilateral request to the US to ask it to lift the abortion ban on humanitarian aid for women raped in war as a matter of US compliance with the Geneva conventions. Why has the UK not followed Norway's example? In fact, as I have said, the ban actually compromises the UK and, of course, it also affects the ICRC, MERLIN, the UNFPA, UNICEF and others engaged in humanitarian work. In countries such as Sudan and the DRC, countries that, incidentally, receive high levels of UK aid, women raped in war are denied the abortions to which they are absolutely entitled as persons who are "wounded and sick". They may take their own lives or risk an unsafe abortion. Given the US stance on abortion, surely the UK is the country with the clout that can make a difference. The UK is a substantial donor through its involvement with ECHO and its own development and humanitarian assistance. This country must take global leadership on this matter. It is clear that women raped in war are persons who are wounded and sick in armed conflict, and UK law is also clear that the medical care rights of all persons wounded and sick in war are absolute.

A major problem is that it is DfID's practice to lump all rape victims together and thus fail to give women and girls who are rape victims their special rights under the Geneva conventions as war victims. Tonight we are discussing a failure of will to bring about the changes that will deliver some justice to all women who have endured such suffering.

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**8.16 pm**

**Baroness Flather:** My Lords, this important topic needs to be discussed more often and at a time when many more Members are in their place. For me this is a very distressing subject because, as I get older, I find that less value is placed on women, not more. Recently we saw the most appalling incident of rape in Delhi. During the war between Bangladesh and Pakistan, some 2,000 women were kept in cages. They were not given any clothes because they would use them to hang themselves. They were used by the soldiers. Appalling things are done to women during conflict and in war situations. But a woman who becomes pregnant because she has been raped, perhaps many times, is supposed to have the baby. What is that baby going to do for her? Is that baby going to be a child of love? It will be a child of hate and a reminder for the rest of a woman's life of what happened to her. How can we inflict that kind of situation on any woman anywhere?

We are very protected in this country; we are sitting in a cocoon, but other countries are not so cocooned. The Americans are more cocooned than anybody else in the world and I do not think they understand what the real world is like. I do not think they understand what happens to women during conflicts in poor countries. It is appalling that they cannot see the need.

Many years ago, during the Bosnia conflict, Marie Stopes International held a function in this place. Other NGOs were saying that they could not perform abortions because there was not enough time for counselling and there were no proper operating theatres. My goodness, those women had been raped from morning till night. They did not want counselling or proper operating theatres, they just did not want to bear the children. That is the bottom line. Why should a woman be forced to bear a child that she never wanted and could not want?

The only way forward is for DfID to separate itself completely from all the US-funded agencies and concentrate on abortion and women's health. Why bother with anything else? Women comprise half the population and they do not get much attention in this world. It is time that we in this country decided that all our money should go to save and to serve women. This is what I would like to see. It is time to stop pussyfooting around and to do something about it.

**8.18 pm**

**Baroness Uddin:** My Lords, I add my thanks to the noble Lord, Lord Lester, for his dedication. I also pay tribute to the Global Justice Center for its long leadership.

In 1971, as a 12 year-old in Bangladesh, I met women who were raped with impunity by Pakistani soldiers. These women were mothers, daughters and sisters, often abandoned on the streets or left to die. I have always regarded this as a brutal rape of a nation. Most women did not receive any medical or social support or intervention and were forced to bear the pregnancy. Since then, many more wars have continued to blight our world. In the 36 most recent conflicts, mass rape has been documented, yet the level of service and support remains unacceptable and inadequate.

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It is a barbaric practice of targeting girls and women for forced pregnancy as an element of genocide, as has been said. The denial of necessary abortion for victims of rape in war must itself be considered barbaric and entirely uncivilised. The Geneva Convention requires non-discriminatory medical care to be provided, whether by the state in conflict or by others.

Thirty-three years ago, the UN General Assembly adopted the Convention on the Elimination of All Forms of Discrimination Against Women, which included the prevention of all forms of violence against women. This treaty was signed by the UK Government on 22 July 1981, and Members of this House should recall that it was ratified on 7 April 1986. The United States, on the other hand, has the questionable honour of being in the company of six other countries-Iran, Sudan, South Sudan, Somalia, Palau and Tonga-that have all so far refused to ratify this treaty which is vital for the fair treatment of women around the world.

In many societies, a culture of patriarchy and the fear of an unenlightened civic and religious leadership lead to the stigmatisation and marginalisation of women who are left unable to report rape, let alone to have treatment and see justice served. One incident of hope is being witnessed in India and may be a path for those voices which have until now suffered in silence-those who have felt compelled not to report rape and violence, fearing repercussion from their attackers as well as from within their family. This is where the law and law enforcement is critical. It is not just in India; violence against women is a global epidemic of

immense magnitude, most brutally and mercilessly executed within our homes, witnessed by our family members and our children. Our coercive and collective silence is responsible for its continued menace, in our homes or during war and conflict. I accept that it is difficult for many countries to grapple with these issues, not least where religious guidance supersedes humanitarian consideration. In such grave circumstances, women should have recourse to preventive care and non-discriminatory medical care on the basis of the mother's life or health being in danger.

When I stood before this House on 7 October 2010, I said that rape as a weapon of war leads to the deaths of thousands of girls and women. A year later, the UN Secretary-General's special representative on sexual violence in conflict said:

"Sexual violence has become a tactic of choice for armed groups, being cheaper, more destructive and easier to get away with than other methods of warfare".

That little has changed since we both spoke up on these matters is a damning indictment. We cannot be subject to the policy of a nation that has refused to ratify a treaty eliminating all forms of discrimination against women when we have ratified it.

We must, as a society and as a civilisation, reject all forms of violence against women. Where used as a tool and a weapon of war, it is specifically designed to impede the advancement of women and to maintain their subordinate status. By allowing the destruction of the lives of women, we allow them to continue not to have a stake in society. This, I humbly suggest, is something that our Government cannot support. I hope that we will not compromise our legal obligation

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at the behest of any other nation, even one with whom we have our closest ties. It cannot be right that the policy of a single nation can compromise the legal obligation of the United Kingdom. In the light of this discussion, what response will the Minister make in terms of the representation that the Government make?

**8.23 pm**

**Baroness Kennedy of The Shaws:** My Lords, I join others in paying tribute to the noble Lord, Lord Lester, who has for many decades been a great champion of women's rights. I am glad that he has raised this issue tonight. It is only recently that rape has been acknowledged as one of the hidden elements of war. Rape in war was always portrayed historically as a sexual and personal matter that was somehow about military men's need for sexual gratification, when in fact it is now recognised as a tactic of war and a threat to international security, and is a recognised war crime. The Geneva Conventions expressly prohibit rape. In recent decades, we have seen a growing understanding of the function and effects of rape.

A great woman in the law is Judge Navi Pillay, the main judge in the Rwandan war crimes tribunal. I remember hearing her describing the rape in Rwanda of 500,000 women as the destruction of the spirit, of the will to live and of life itself. She described it as being about social control and as a process of destroying the Tutsi as an ethnic group. The reason it was seen to be so much about destroying life was because it was a question of making your enemy's women carry your children. When her court found Jean-Paul Akayesu guilty of genocide, it held that rape and sexual assault constituted acts of genocide in so far as they were committed with the intent to destroy in whole or in part a targeted group. Rape is often about ethnic cleansing, or the ethnic reconfiguring, of a population. We saw it in Rwanda, and have seen it since in Congo and Darfur: tens of thousands of rapes, and women profoundly traumatised as well as physically damaged internally, mutilated and infected with disease. We have heard the descriptions of the tearing of organs and the vagina. They are unbearable to hear and to read.

For those women and girls who become pregnant, their suffering is prolonged. They face increased rates of maternal mortality, and when they are forced to resort to illegal abortion it often leads to infection, scarring, sterilisation and frequently death. If left pregnant by the enemy-we must think about this-the women are often ostracised by their own communities, abandoned by their spouses, and experience physical violence from parts of their communities who are ashamed of them and who see them as the carriers of the enemy's seed. The children produced are despised as the product of the enemy. We must see this as being carried on through generations. What these women suffer, as the noble Lord, Lord Lester, said, is torture-cruel and inhumane treatment. Women must be able to make choices about their lives after such unimaginable horror. They need good medical care, and advice must be afforded to them. None of us should be the people who decide whether they should have an abortion. It must be a matter for them.

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The United States of America is still putting abortion restrictions on humanitarian aid, as other people have said. It is for that reason, one can be sure, that the Red Cross is falling in line with its policy, because it is anxious not to alienate major players in the international field. I am afraid that the United States holds that trump card. It must be persuaded by partners-by other nations like our own-that what it is doing is an affront to international law. It is a violation of women's rights under international human rights and humanitarian law, including under the Geneva Conventions.

When I speak to women of religious conviction and describe to them the testimonies that I have heard from women-just as my noble friend Lady Kinnock described-I never hear from them that women in extremis should be denied the right to make a choice. It is for those individual women to make peace with their God, and not for us to do it on their behalf.

The United Kingdom Government should be pressing for change in the US policy, and should have a very clear position with regard to our policy and those of the organisations that we fund in these terribly conflicted parts of the world. This is not just about humanity and compassion; it is about violations of rights and international law. If the rule of law means anything, we must be upholders and champions of it throughout the world.

**8.29 pm**

**Baroness Tonge:** My Lords, I congratulate my noble friend Lord Lester for not only securing this debate but having the courage to raise what is a very contentious issue. It is difficult to estimate how many women have been raped during armed conflict, but a survey in the *American Journal of Public Health* a year ago estimated that in the Congo, over 1,000 women were raped every day. We know that rape is a weapon of war and, as the noble Baroness, Lady Kennedy, said, is also a step to genocide.

Closer to home, I was fortunate-or unfortunate-enough to be in Tirana in the spring of 1999 when the people of Kosovo were fleeing from the Serbs. I was fortunate because I witnessed the unquestioning and generous help that ordinary Albanians were giving the refugees, mostly total strangers to them. However, it was harrowing to visit one of the hospitals and hear the stories of some of the women who were brave enough to tell what had happened to them. Some had been gang-raped by soldiers, some had been brutally raped and then abused with rifle butts, broken bottles and, in one case I heard of, with burning plastic bottles. Noble Lords can imagine the suffering.

The trauma is suffered on many levels. There is appalling physical injury and infection to be dealt with. There is great mental suffering. Children may have witnessed the rape of their mothers and are deeply traumatised as well. Husbands may reject or leave a wife who has been raped. There is social exclusion from

the group, and shame heaped upon the victim by the community. Many women do not admit what has happened to them because of this.

If pregnancy results from the rape, support and counselling will be needed for the victim, although I

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think the idea of proper counselling in conflict zones is just pie in the sky. The majority of women will want safe abortion; without safe abortion provision, women who have been raped will try to end the pregnancy by unsafe means. The International Conference on Population and Development, held by the UNFPA in Cairo as long ago as 1994, stated in its programme of action that human rights abuses occur when a woman is forced to carry an unwanted or unviable pregnancy; this is degrading and causes mental suffering especially when the pregnancy is the result of rape.

I was not going to repeat the legal arguments but I think we have time to remind ourselves. As my noble friend has told the House, under the Geneva Convention, women who have been subjected to rape as a weapon of war fall into the category of "wounded and sick" and should have equal access to medical treatment. The UN Convention Against Torture recognises that safe abortion is a necessary element of complete medical services for injuries resulting from torture. Rape is torture, and the denial of correct medical treatment after rape is therefore, in itself, cruel and inhuman treatment-torture, in other words.

The purpose of this debate is to try to clarify just what treatment women can get from the humanitarian programmes provided by DfID. Despite President Obama's lifting of the "global gag" rule when he came in office, abortion is still effectively banned as part of US humanitarian aid, as we have heard, which ignores the fact that the USA recognises girls and women raped in armed conflict as victims of torture. The UNFPA receives funding from the USA and would lose its funding from that source if it was using money from other donors, such as us, for abortion in the same field of operation. The UK Government have been exemplary in recognising the need for safe abortion as a necessary part of treating women who have been raped in conflict, but some of us have had confusing replies when we have tried to establish whether the USA ruling is preventing other countries doing this work when funds are pooled by agencies such as UNFPA.

On a slightly different matter, I also ask my noble friend the Minister to what extent emergency contraception-hormone-pills are used after rape. Emergency contraception is not abortion; it prevents ovulation. It can be taken up to two days after intercourse; five days for some of the new products which are becoming available. Intra-uterine devices can also be used up to five days after sexual intercourse and will prevent ovulation if they contain copper. These methods are very easy to administer. They are cheap and do not carry quite so much baggage as surgical abortion for people working in the field.

If the evidence is lacking, will research be commissioned urgently so that we can live up to our legal and moral obligations to minimise the terrible suffering of victims of conflict and sexual violence?

**8.35 pm**

**Lord Collins of Highbury:** My Lords, I, too, pay tribute to the noble Lord, Lord Lester, for initiating this important debate. Wartime sexual violence is one of history's greatest silences. However, as my noble

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friend Lady Kinnock described, since the 1990s there has been an increased awareness of sexual violence in wartime due to the significant impact of armed conflicts on civilian populations. According to UN Women, 90% of casualties in contemporary conflicts are civilians, and the majority of those are women and children.



Sadly, the effects often continue beyond war. Post-conflict studies from Rwanda, where up to half a million women were raped during the conflict, show a spiral of continuing violence against women. The same cycle is being repeated in Syria right now, with reports from organisations like Human Rights Watch of Syrian government forces and militias sexually abusing girls as young as 12.

This country needs to live up to its commitment to protect women. Violence against women as a tool of war remains one of the least prosecuted crimes; we have to do better to ensure action against the perpetrators. However, we must be tough not only on the crime but its causes. This means that we must tackle the underlying problems of lack of empowerment, education and inclusion.

The unanimous adoption 12 years ago of Resolution 1325 on women, peace and security was a landmark decision in which the situation of women in armed conflict was specifically addressed. The resolution called for their participation at all levels of decision-making on conflict resolution and peace-building. The UN recognised that women's exclusion from peace processes not only contravened their rights but weakened the prospects for sustainable peace. Since the adoption of Resolution 1325, four supporting resolutions have been adopted by the Security Council. All focus on three key goals: strengthening women's participation in decision-making; ending sexual violence and impunity; and providing a system of accountability. Together, the resolutions provide a powerful framework and mandate for implementing and measuring change in the lives of women in conflict-affected countries.

As a member of the UN Women executive, Britain has a responsibility to help ensure that UN Women has commitment both from us and the international community. I hope that the Minister will reassure the House that the Secretary of State for International Development, Justine Greening, will make that a priority. UN Women has great potential, but that potential will not survive without our support. Currently it does not have the long-term backing that everyone agrees is necessary for the organisation to take off. The aim is to join up the work that is done across the UN on gender equality and women's empowerment, pooling resources and effort to increase its impact and reach.

As we have heard from the noble Lord, Lord Lester, and others in tonight's debate, girls and women who are raped and become pregnant have rights under the Geneva Convention to have full medical care, which must include their choice of an abortion. I repeat the clarification sought by the noble Lord on what appear to be contradictory statements previously made to the House by the Minister. Due to time limits I will not repeat the exact quotes, but it is vital that we have clarification on this issue.

I also want to repeat the question and the point made by my noble friends, in particular my noble

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friend Lady Kinnock. Will the Government follow the call by Norway to seek changes in the American Government's attitude on this important issue?

**8.39 pm**

**Baroness Northover:** My Lords, I thank my noble friend Lord Lester for securing this debate and for all his work in this area. I also thank noble Lords for their contributions.

The Government have put women and girls at the heart of their international development work. Our *Strategic Vision for Girls and Women* sets out our strategy on delaying first pregnancy, support for safe childbirth and the prevention of violence against women and girls. We recognise that violence against women and girls is widespread, with high prevalence and devastating consequences. It has often been hidden

and accepted for far too long. The noble Baroness, Lady Kinnock, is right to quote Hillary Clinton: rape is not cultural; it is criminal. It is brutal, as she and the noble Baronesses, Lady Flather and Lady Uddin, and others, have said.

My right honourable friend the Secretary of State for International Development has made it clear that tackling violence against women and girls is a central part of the UK's development policy. My honourable friend Lynne Featherstone continues her very active efforts in this area as champion of combating violence against women and girls. My right honourable friend the Foreign Secretary has made the prevention of sexual violence in conflict countries a key priority for the UK's G8 presidency this year.

The noble Lord, Lord Collins, is right to highlight the causes of the abuse of women and the assumption of the inequality of women. Millions of women and girls have no control over the circumstances in which they become pregnant. Every year 47,000 die as a result of unsafe abortion; millions more are permanently injured. I assure the noble Baroness, Lady Flather, that the UK is one of only a handful of donors willing to tackle this contentious issue, and we will continue to do so. I assure the noble Baroness, Lady Kinnock, that we are taking a lead here and will continue to do so.

This year we have major opportunities to secure greater international commitment to eliminating violence against women and girls. Key here are the Commission on the Status of Women, and our presidency of the G8, where for the first time the Foreign Secretary's preventing sexual violence initiative will put this issue before G8 Foreign Ministers. Sexual violence causes physical and psychological damage to millions of women and girls and in the worst cases results in loss of life, as we have just seen in the terrible cases in India referred to by the noble Baroness, Lady Flather. A number of women and girls who are victims will be faced with an unwanted pregnancy. They may seek abortion, even when these services are not safely or legally available. In these situations the UK policy is clear: UK aid can be used, without exception, to provide safe abortion care where necessary and to the extent allowed by national laws. I can assure noble Lords that UK aid is not in any way influenced by the restrictions in place on US funding. Women and girls who are survivors of

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rape should have access to sensitive and high quality care that includes counselling and emotional support. I can assure my noble friend Lady Tonge that this includes access to emergency contraception—we recognise the importance of that—and presumptive treatment against sexually transmitted infections including post-exposure prophylaxis for HIV prevention.

My noble friend Lord Lester is flagging here the particular circumstances of sexual violence in armed conflict. Rape being recognised as a war crime was a landmark achievement. It has long been held that women are entitled to equal protection under international humanitarian law to that received by men. As we know, and as the noble Baronesses, Lady Kennedy and Lady Kinnock, and others said, rape is used as an extremely effective weapon of war. Let me address the central question of UK-funded medical care for women and girls raped in conflict. Parties to an armed conflict are obliged to provide all wounded and sick victims of armed conflict with humane treatment. To the extent practicable and with the least possible delay, they are obliged to provide the medical care and attention required by the given condition without discrimination except on medical grounds. This includes appropriate life-saving medical care which, in our view, may include the provision of abortion to women raped in conflict if it is deemed medically necessary.

The UK military manual sets out the UK's interpretation of international humanitarian law applicable to the operation of our Armed Forces. While it does not itself apply to aid funding, it is a useful interpretation of the international humanitarian law context in conflict zones. As the manual notes, and as my noble friend Lord Lester pointed out, where there is a direct conflict between national law and the fundamental obligation on

parties to a conflict under Common Article 3 of the Geneva Conventions, the obligation is to comply with Common Article 3. That article provides that those not participating in hostilities should be treated humanely. It prohibits murder, torture, humiliating and degrading treatment and, of course, rape, and requires that the wounded and sick are collected and cared for. The denial of abortion in a situation that is life threatening or causing unbearable suffering to a victim of armed conflict may therefore contravene Common Article 3. Therefore, an abortion may be offered despite being in breach of national law by parties to the conflict or humanitarian organisations providing medical care and assistance. Clearly, this service provision very much depends on the facts of each situation but I state clearly that it is our view that there is no blanket ban on such medical help when covered by international humanitarian law even if national laws might be at variance with that.

I also assure my noble friend Lord Lester that DfID requires that all UK-funded humanitarian partners abide by humanitarian principles, including non-discriminatory provision of assistance. In conflict situations, DfID expects all medical humanitarian agencies to observe and abide by international law, including international humanitarian law, in the activities that they provide. DfID's monitoring of projects focuses on how the agency has contributed to saving lives and alleviating suffering, and these findings inform our

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funding decisions. To be clear, in all funded humanitarian activities, the UK requires all its humanitarian partners to adhere to widely agreed international principles of humanitarian action: those of humanity, impartiality, independence and neutrality. All humanitarian assistance is provided on the basis of need and without discrimination on any grounds.

My noble friend Lord Lester also asked whether DfID has asked the ICRC to segregate its US funding from that of the UK. DfID respects the mandates and independence of its humanitarian partners and we do not ask the ICRC to segregate funds as it is fully aware of its obligations to different donors. We have flagged and will continue to flag the UK's position to the ICRC.

My noble friend asked about the engagement with the United States on this matter, as did other noble Lords. DfID officials are in regular dialogue with both USAID and US-based international NGOs with regard to improving access to sexual and reproductive health services and rights. This includes reducing recourse to unsafe abortion. We recognise the challenges faced by the US Administration in re-opening the interpretation of the Helms amendment, but I am happy to assure my noble friend and other noble Lords that we will flag this debate, with its forceful concerns expressed about the reproductive rights of women raped in armed conflict, to US colleagues. I can tell the noble Baroness, Lady Kinnock, that we are exploring further the Norwegian position with our counterparts there. I can also assure the noble Lord, Lord Collins, of our commitment to UN Women. We recognise the importance of that, and DfID has been a strong supporter since the very beginning.

I was asked by the noble Baroness, Lady Tonge, about research. There is a fund of up to £25 million for research and innovation, which will focus on the prevention response to violence against women and girls in conflict and humanitarian situations. However, I think that the noble Baroness was asking whether research was needed in order to produce clarification. I trust that I have produced the clarification that noble Lords were seeking.

This debate goes to the heart of our responsibility to protect women and girls around the world, and especially when they are at their most vulnerable in places and times of conflict. As we have heard, rape is so terribly often used as a weapon of war. I assure noble Lords that the UK will continue to work to prevent violence against women and girls and to improve access to appropriate non-discriminatory medical care including services for abortion care in situations of armed conflict.

**8.51 pm**

*Sitting suspended.*