

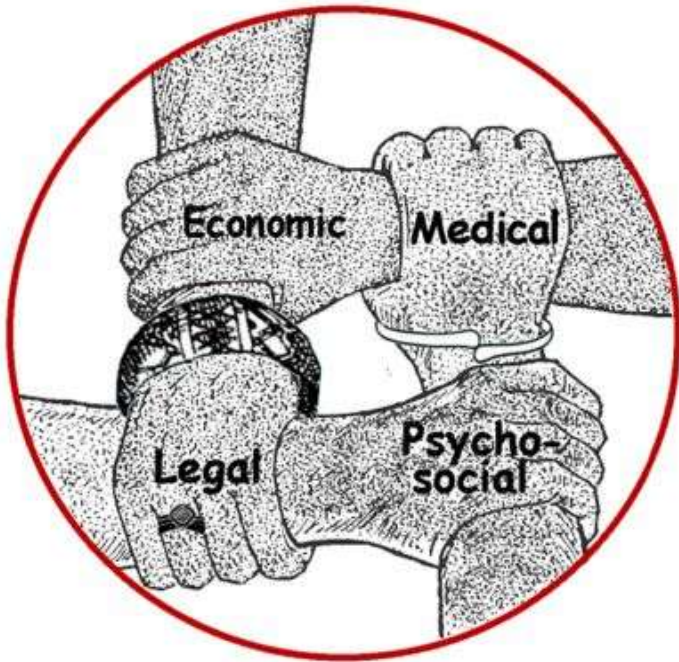
USHINDI Project

Overcoming Sexual and Gender Based Violence in Eastern Congo

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Background

- 2003 significant resources were given to establish sexual violence services Eastern DRC
- Most survivors do not access or use those services.
- 2010 this survey was led in South-Kivu province to identify what could be the barriers.

Hypothesis

- The survivors would have not considered sexual violence as a violation of their rights and as a problem of their physical, mental and social well-being;
- Members of the community would not have encouraged survivors to access services available;
- Services would not have been sufficient and appropriate to meet the needs of survivors of sexual violence;
- Survivors of sexual violence would not have been satisfied with the services available.

Methods

- Study of Knowledge-Attitudes-Practice
- Semi-structured interviews with:
 - Survivors of sexual violence (n=129)
 - Service providers (n=29)
- Services checklist and observation
- Qualitative data analysed thematically

Key Findings - participants

- Age 16-69, female
- 82% had their first sexual intercourse when they were minors, among which 91 by adults and 15 by minors.
- 58% married under 18age: they do not consider the act as rape as it was sanctioned by custom. 100% did not want to report sexual abuse

Experiences of Sexual Violence

- All had experienced a military rape at least once:
 - 42% were raped by soldiers and civilians
 - 58% by military only
- 28% had been raped once, 31% twice, 31% three times and 10% over three times
- 34% of survivors had witnessed the rape of their family members,
- 21% had witnessed the murder of their family members,
- 45% had witnessed the rape and murder of their members of their families.

Consequences - highlights

- Individual: 75% of survivors had been rejected by their husbands, 7% were neither rejected nor abandoned.
- At the community level, 82%, they were considered spoiled, impure, polluted, and all felt stigmatised
- All raped in public areas where everybody could see
- 92% of survivors had gynecological problems after rape
- 82% reported being dissatisfied with health care received post rape
- Psychological impact:
 - 45% wanted death rather than life, 39% lost the desire to work; 35% still felt worthless, 36% had fear of the unknown, 77% were ashamed and 63% blamed themselves
- 88% had at least one time in counseling
- 83% were not fully satisfied with psychological care received

Service Provision Post Rape

- Economic Support Programmes:
 - 22% felt current programmes were imposed and did not correspond to real needs,
 - 10% said there was no follow-up after the learning of an income generating activity.
- All participants did not trust the judiciary.
 - 33% did not want to complain for fear of reprisals by the military,
 - 27% wanted to preserve good relations with neighbors and make arrangements out of court,
 - 18% lack of funds,
 - 9% were afraid to appear at court.

Results – survivors perceptions

- Sexual intercourse committed by force were considered as rape, while those committed with cheating, with no penetration and no force was covered and tolerated by sociocultural norms;
- Consequences of rape, especially those committed by soldiers, were extremely traumatic;
- Members of the community did not encourage survivors to access services available;
- Services was not sufficient and appropriate to meet the needs of survivors of sexual violence;
- Survivors of sexual violence was not satisfied with the services available.

Barriers to accessing services

- **Insecurity:** presence of uncontrolled armed groups in the community
- **Lack of knowledge:** survivors who were not informed about sexual violence, on its consequences and on the services available could not seek for services.
- **Socio cultural norms:** areas where services were available, cultural norms were surrounded by myths
- **Illiteracy:** The high rate of illiteracy in the community is surrounded by customs that encourage certain types of sexual violence.

Barriers to accessing services

- **Geographical inaccessibility:** long distances and the remoteness of some villages, prevented survivors accessing services timely.
- **Financial inaccessibility:** Poverty prevented survivors who were subjected to systematic and repeated looting to access certain services.
- **Dissatisfaction with the services:** Sexual violence survivors were not satisfied with the services received after rape because their needs were not met and their point of views were not taken into account.
- **Resources and procedures in the services:** these were inadequate and not adapted to meet the needs of survivors.

Recommendations

To enable survivors of sexual violence to access and use services, the whole system must be reviewed:

- Community awareness and involvement
- Improving organizational systems of the services
- Holistic approach of services
- Meet economic needs of the survivors
- Government responsibility

Community Awareness

- Community members need to understand:
 - what is rape, and sexual violence,
 - causes and contributing factors.
 - effects on physical and psychological health and their impacts on social and economic life to victims and their families.
 - informed about their rights, the rights of survivors, and must understand how stigma prevent survivors to seek services.
- Community member must not only be involved in identifying needs of survivors of sexual violence but also must come up with strategies to reduce sexual violence, its stigma and reduce the socio-cultural barriers that prevent survivors to access services.

Improving Systems and Services

- Services must be well organized and be within the community no far from survivors
- Services must be given appropriate resources (sufficient material (medicines, tools for data collection, outreach tools, materials, supplies), competent staff and well adjusted budget.
- Trained providers must be available in each service. Their capacity must be improved by regular supervision.
- Activities in services for survivors of sexual violence must be monitored and evaluated.

Holistic Approach

- Donors must work together and focus their efforts to meet the needs of survivors in a holistic approach.
- Projects must take into account the real needs of survivors rooted the contexts of each community.
- Projects of short duration cannot restore both physical and psychological health of survivors.

Economic Needs of Survivors

"what is my future?"

- Strong link between the economic needs and medical as well as psychosocial needs.
- For her, economic situation, once reassured, after she has received medical and psychosocial care, she can trace its value in the community and give a guarantee for her life.
- Victims are satisfied when they have received quality assistance in a timely manner.

Role of Government

- Government must and can put an end to impunity.
- Rape is often committed by uncontrolled gangs done in public areas, and accompanied by other vile acts:
 - E.g. bring survivors into sexual slavery, force survivors to have sex with their parents or their children, kill members of their family in their presence, torture victims physically and psychologically after raping them, forced survivors to eat the feces of the aggressors, forced women to make their babies swallow the sperms of their rapists.
- This weapon of war creates insecurity and is one of the major barriers for survivors to access services.

What motivates them to commit such dishonorable acts?



THANK YOU