



SHATTERED LIVES

Immediate medical care vital for sexual violence victims



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Médecins Sans Frontières is an international humanitarian organisation
that brings emergency medical care to populations in over 60 countries.

SHATTERED LIVES

Immediate medical care vital for sexual violence victims

A report by Médecins Sans Frontières

Through this report, Médecins Sans Frontières (MSF) shares its experience in providing medical care, counselling and other forms of support to thousands of victims of sexual violence in many countries around the world.

The report is partly born out of outrage about the inexcusable acts that these people have been subjected to and the damage inflicted upon their lives. It demonstrates why it is imperative to make immediate care available, and truly accessible, for those who have been sexually assaulted.

MSF hopes that this report will inform and inspire health officials, aid workers and others who should be involved in providing such support.

If you have questions or remarks, or wish to order additional copies of this report, please write to combo@msf.org.

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01

In 2007, MSF provided health care to 12,791 victims of sexual violence in 127 projects worldwide: women, men and children who sought help against all odds, overcoming obstacles such as fear, shame and stigmatisation.

INTRODUCTION

Sexual violence affects millions across the globe. It is a medical emergency, brutally shattering the lives of women, men and children. It destroys families, damages communities. In many countries, the impact of sexual violence is further compounded by a dire absence of health care services for the victims.

In conflicts, rape and other forms of sexual violence are often widespread. This violence can be used to humiliate, punish, control, injure, inflict fear and destroy communities. In times of stability, sexual violence is also a grave problem, devastating health and lives. In both settings, perpetrators are frequently those who are supposed to provide security, in their homes and in their societies at large.

In 2008, Médecins Sans Frontières (MSF) teams provided health care to 15,145 victims of sexual violence in 117 projects worldwide. However, any statistic on sexual violence paints an incomplete picture of the problem and its prevalence. The patients which MSF treats or who visit clinics or hospitals run by others are victims who seek help against all odds – overcoming shame, fear, stigmatisation and many other obstacles to reach medical care. In too many places, however, people do not, or simply cannot, come forward to report their assault or seek treatment.

Finding immediate care is critically important after a sexual assault. The provision of medical care within days after rape is vital to limit serious consequences for the victims: treatment to prevent HIV infection has to start within three days, emergency contraception is possible within five. Yet, in many countries access to tailored health services is either severely limited or non-existent. It can be equally hard to find social support or seek justice. Thus, following incidents of sexual violence, many find that they are completely alone.

It should not, and need not, be this way. In this report, MSF describes some of the successes and the challenges of its work addressing rape and sexual violence. By sharing experiences of providing medical aid in Burundi, Colombia, Democratic Republic of Congo, Liberia and South Africa, MSF shows that it is not only crucial, but also possible, to provide immediate health care for victims of sexual violence, even in difficult settings. MSF hopes that sharing these experiences will help ensure that more victims of sexual violence around the world get the care they desperately need and deserve.

Above all, MSF wants to put the millions of victims of sexual assault in the spotlight. Their horrible experiences should never have occurred and the acts of their perpetrators can never be excused. The damage done through rape and other forms of sexual violence can be dramatically limited through immediate assistance, but it will never be entirely repaired. Shattered lives can be rebuilt, but the scars will always remain.



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What is sexual violence ?¹

Sexual violence includes rape, sexual abuse and sexual exploitation.

Rape is an act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ or the invasion of the vaginal or anal opening with any object or body part. It involves the use of force, threat of force or coercion. Any penetration is considered rape. Efforts to rape that do not result in penetration are considered attempted rape.

Sexual abuse is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual exploitation is the abuse of a position of vulnerability, differential power, or trust, for sexual purposes. It includes forced prostitution, sexual slavery and transactional sex.

Transactional sex is the exchange of sex for favors, such as protection, food or money. It is a result of circumstances, an action resulting from a lack of choice.

Other forms of sexual violence include **forced sterilisation** and **female genital mutilation** (FGM).

*This report covers different forms of **sexual violence**. However, the most common form treated in MSF's medical facilities, due to the medical response required, is **rape**.*

¹ Definitions based on "Guidelines for Gender-Based Violence Interventions in Humanitarian Settings". Inter-Agency Standing Committee (2005) <http://www.humanitarianinfo.org/iasc/>

SEXUAL VIOLENCE IN CONFLICT

"I was returning from the market that day. I was walking with a group of nine women and two men. We met some armed men along the road. They took us nine women and held us under a tree in their camp. They released us after three days. During all this time, I was raped every night and every day by five men".

Woman, 30 years old, South Darfur

The rape of an estimated 20,000 to 50,000 women during the Bosnian war in the early 1990s was believed to be part of a deliberate strategy of ethnic cleansing. Following these horrific UN estimates, the International Criminal Tribunal for the former Yugoslavia, established in The Hague in 1993, recognised sexual violence as a crime against humanity. For the first time in history, a person was convicted of rape as a crime against humanity at the Tribunal.

In 1998, the Rome Statute that established the International Criminal Court determined that rape, sexual slavery, forced prostitution, forced pregnancy and forced sterilisation, amongst other forms of sexual violence, were crimes against humanity, a war crime, and could constitute an element of genocide. In June 2008, the UN adopted a resolution to ensure the protection and care of victims of sexual violence. Resolution 1820 states that sexual violence, when used as a tactic of war or to target civilians, can exacerbate conflict, and demands parties to conflict to protect civilians from it.

Sexual violence in conflict has long been seen as the collateral damage of fighting, practiced and accepted by different warring parties. The disruption of society and generalised violence help create an environment where sexual violence thrives. Increasing numbers of female-headed households and displacement, common phenomena in situations of conflict, leave civilians exposed to various forms of sexual violence. Sometimes, it is practiced by those with the mandate to protect the population. Sexual violence can also be used as a weapon of war, part of a military strategy to humiliate the enemy and destroy communities². According to the United Nations (UN), between 250,000 and 500,000 women were raped during the 1994 genocide in Rwanda.

In more recent conflicts, sexual violence continues to be perpetrated on a large and brutal scale. "Sexual violence during war can have several objectives", explained Françoise Duroch, MSF's expert on violence. "Rape can be used as a weapon, meaning it is carried out with martial reasoning and used for political ends. It can be used to reward soldiers, or remunerate them, to motivate the troops. It can also be used as a means of torture, sometimes to humiliate the men of a certain community. Systematic rape can be used to force a population to move. Rape can also be used as a biological weapon to deliberately transmit the Aids virus. In war, we also find the phenomenon of sexual exploitation, forced prostitution or even sexual slavery".

For many years, MSF has been confronted with large-scale sexual violence perpetrated in war contexts. In 1998, during the conflict in Congo Brazzaville, more than 1,300 victims of sexual violence were treated in Makelekele Hospital in the capital. In Ituri, Democratic Republic of Congo (DRC), 7,482 rape victims were admitted to MSF health centres between 2003 and 2007. Victims reported that attacks occurred during everyday activities, as well as during widespread offensives and forced displacement³. In North and South Kivu, Eastern DRC, MSF teams treated 6,700 victims of sexual violence in 2008 alone.

² Guenivet, K. (2001) Violence Sexuelles: la nouvelle arme de guerre.

³ MSF (2007). Ituri: Civilians still the first victims. Permanence of sexual violence and impact of military operations:
http://www.msf.org/source/countries/africa/drc/2007/ituri_report/ituri_report.pdf

SEXUAL VIOLENCE IN STABLE CONTEXTS

“One evening, mum left me at home with my brother and my stepfather. My stepfather came into my bedroom and raped me. I screamed a lot, but he wouldn’t stop. The morning after, I told everything to my mum. He was arrested and taken to the police. But mum had him released. She has other children and she wanted to deal with the ‘affair’ within the family”.

Girl, 14 years old, Liberia

Although sexual violence is exacerbated in war, it also affects millions of people living in post-conflict or stable contexts. In these situations, the perpetrators are often civilians known to the victims. They are neighbours, landlords, servants or family members. In many cases, they are heads of household or other males expected to protect the victim. In Burundi, when MSF first opened its clinic for rape victims towards the end of the country’s civil war in 2003, less than half of the rapes were committed by someone known to the victim. Today, this figure has risen to 67%. MSF also observes that, in post-conflict and stable contexts, a large proportion of the victims are children. More than 60% of the rape victims who visit the clinic in Burundi are under 19 years old. Thirteen percent are under five years old.

A less recognised but equally grave form of rape is that practiced within a couple. According to the World Health Organization (WHO), most cases of violence against women occur in their home and are committed by their partners⁴. Many times, they include both physical and sexual aggression. A WHO study on domestic violence carried out in 10 countries not at war shows that in the majority of settings, more than 75% of women who had been physically or sexually abused since the age of 15 years had been abused by a partner. In most countries, rape by a husband or partner is not considered a crime, despite the consequences these acts of violence may have on a woman’s physical and mental health⁵.

In stable contexts, sexual violence can sometimes also be an activity condoned by governments, as in cases of forced sterilisation, or in rape in state prisons or psychiatric institutions. In 2007, an MSF emergency team in DRC provided medical and psychological care to Congolese women deported from Angola by the Angolan military for working illegally. While being deported, women were systematically beaten and raped. MSF collected 100 testimonies reporting the abuse.

“In the prison, we were given nothing to eat or drink. The soldiers took the women out to rape them. I was raped eight times by two soldiers. They took me out of the prison and raped me. They said they would not beat me if I lay down. I had to let them take me. If I had not let them do it, they would have killed me. After raping me, they put me back in prison. Since I came back to Congo, I don’t feel at ease at all. I have pain in my lower abdomen, pain in my back. My body is itching”.

Congolese woman, 30 years old, deported from Angola

⁴ WHO (2005) Multi-country study on women’s health and domestic violence: http://www.who.int/gender/violence/who_multicountry_study/en/

⁵ IRIN (2005). Broken bodies. Broken dreams. Violence against women exposed. <http://www.irinnews.org/InDepthMain.aspx?InDepthId=59&ReportId=72831>

14-year-old boy in Monrovia, Liberia. This boy was repeatedly raped before telling his mother and being taken to the health centre to receive care.



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MEN AND BOYS: UNRECOGNISED AND UNTREATED

“We suddenly saw 32 soldiers who we recognised; they were dressed in army uniforms and were holding rifles. The soldiers treated us like maids, getting us to do domestic chores. During all that time, we were watched over and guarded with weapons. Each time they took us to the spring, they asked us to wash ourselves and, after that, they raped us. I was raped by two people, always anally, and after four days I ran away. My anus hurts and when I go to the toilet my leg really hurts. I am very worried, and I haven’t even told my wife what happened to me”.

Man, 24 years old, Ituri, DRC

Although women and girls are the primary targets of sexual violence, men and boys can also be victims of rape. However, this minority is often unrecognised and receives little care or protection.

Sexual violence against men includes rape, sexual torture, sexual humiliation and sexual slavery. A form of violence specifically perpetrated against males is forcing them to rape family members, a practice known as forced incest, where both the rapist and the victim suffer the violence. Men in custody are at particular risk of sexual abuse, as rape is used to establish hierarchies of control and respect⁶. A 2008 crackdown by Kenyan authorities against a rebel militia in the western part of the country led to many men, including male teenagers, being beaten, humiliated and tortured. Most of them had their testicles pulled out or beaten⁷.

Men and boys are even less likely to report sexual abuse than women⁸. Fear of stigmatisation, but also lack of care and protection under the law prevent them from reporting a case of rape. In MSF projects, only a small proportion of rape cases seen are men and boys. In MSF projects in Khayelitsha, South Africa, and in Masisi, DRC, approximately 6% of the rape victims who visit MSF clinics are male.

Some countries, like DRC, do not include male victims in their legal definitions of sexual violence. Male rape survivors also find a lack of male-friendly resources in services for victims of sexual violence. Not seeing themselves represented in leaflets, billboards or other material for rape survivors increases their fear of isolation and discourages them from seeking support.

While men can be victims of sexual violence, women can also be perpetrators. Male rape survivors attending MSF clinics in Ituri reported being forced to have intercourse with female fighters or guards while in detention. Most of these assaults were committed publicly, to cause humiliation. Even if not involved directly in forced sex, women may play a role as accomplices, facilitating repeated aggression or preventing the violation from being reported.

⁶ Russell, Wynne (2007). Les violences sexuelles contre les homes et les garçons dans les conflits. Forced Migration Review. N27

⁷ MSF (2008). Mount Elgon: Does anybody care? http://www.msf.org/source/countries/africa/kenya/2008/MSF_MtElgon_May2008.pdf

⁸ WHO (2002). World Report on Violence and Health. http://www.who.int/violence_injury_prevention/violence/world_report/en/

FAR-REACHING AND LONG-LASTING DAMAGE

“I have permanent pain in my lower stomach, especially during my periods, which I have twice a month, and which are extremely painful. My husband and I are not getting on well because I can no longer conceive. My husband has turned nasty. It all stems from the fact that I have been raped three times”.

Woman, 19 years old, gang raped three times in Ituri, DRC, once by 14 men

For men and women, boys and girls, the consequences of sexual violence are physical, psychological, social and economic. They affect not only the victims, but also their families and communities, leaving scars for life.

PHYSICAL INJURIES

A violent case of sexual aggression may result in physical injuries, such as bruises, lacerations, stabbing and fractures. Forced sex also causes vaginal or anal tearing, bleeding or infection, and chronic pelvic pain. In extremely brutal cases, such as gang rape or when an object is forced into a woman's vagina, the physical harm can be so severe that it leads to the opening of an orifice between the vagina and the bladder, or the vagina and the rectum. This is known as vaginal fistula, a condition of devastating consequences which more commonly occurs after prolonged labour. Women with vaginal fistula have urinary or faecal incontinence, or sometimes both. Besides being painful, fistula leads to stigmatisation and isolation.

HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS

“I have all these things going around my head. But my biggest fear is HIV. Every time I think about the rape I think I could be infected with HIV. I have no peace. And if the baby has HIV, what am I going to do?”

Woman, 22 years old, raped when she was three months pregnant, Burundi

Sexually transmitted infections (STIs), including HIV/Aids, are a serious health concern for victims of sexual violence. A woman is more likely to contract HIV/Aids from rape than during regular sexual relations, as tearing and cuts in the vagina often caused by forced sex facilitate the entry of the virus in the mucosa. The risk is even higher amongst adolescent girls, as their reproductive tract is not yet fully developed, making it more susceptible to tearing. STIs like gonorrhoea, syphilis, chlamydia, trichomoniasis and urinary tract infections can also be a result of rape. Though some of these do not present any symptoms in women, if left untreated, they can lead to pelvic inflammatory disease and cause infertility.

UNWANTED PREGNANCIES

Rape may result in unwanted pregnancies. Where abortion services do not exist or are unaffordable, women who feel unable to give birth to a child conceived during rape are exposed to the risks of an unsafe abortion.

Every year, about 18 million unsafe abortions are carried out in developing countries for different reasons, resulting in 70,000 maternal deaths⁹. Of those who survive complications from these abortions, many suffer serious consequences such as infertility or difficulties with future pregnancies.

⁹ WHO. 10 facts on maternal health. http://www.who.int/features/factfiles/maternal_health/en/index.html

PSYCHOLOGICAL SCARS

“I lost the will to live. All I wanted to do was die. I lost my job and even thought about taking drugs, anything to make the memories go away”.

Rape survivor, 24 years old, South Africa

The psychological impact of sexual violence can be devastating. According to the WHO, it often outlasts the physical injuries. Even with counselling, up to 50% of women retain symptoms of stress¹⁰.

Immediately after a sexual attack, victims are often in a state of shock. It is also common to feel guilty and believe that they could have avoided the rape. They may feel that they have lost control of their lives, be unable to perform everyday tasks or have nightmares and disturbing flashbacks. Rape victims also fear for their safety. Where impunity is rife, victims may still come across their perpetrators and fear further attacks. A case of sexual violence may hinder a person's ability to form relationships and trust others. Their sex life may also be affected, as they often associate sexuality with violence and pain. In the longer term, many women will go on to develop depression, anxiety and psychotic episodes. Rape survivors can also develop depression and post-traumatic stress disorder (PTSD), especially when there is a physical injury during the assault. Women and men who have been raped may also attempt suicide.

STIGMA AND REJECTION

“I was collecting firewood for my family when three armed men on camels came and surrounded me. They held me down, tied my hands and raped me one after the other. When I arrived home, I told my family what happened. They threw me out of our home and I had to build my own hut away from them. I was engaged to a man and I was so much looking forward to getting married. After I got raped, he did not want to marry me anymore and broke off the engagement because he said that I was now disgraced and spoiled”.

Young woman, 16 years old, West Darfur

The damage caused by sexual violence goes far beyond physical and mental health. Victims of sexual violence are often rejected by their partners and family. They may be chased out of their homes, having nowhere to live. In many countries, a woman who is abandoned by her husband has no place in society. Rape survivors are often stigmatised and humiliated in their communities and many times blamed for the assault. In cases where the aggressor is the main bread winner in the family, the victim may feel forced to keep silent and endure further assaults to guarantee the family's survival. In some cultures, due to the association of virginity and honour, the rapist may be forced to marry the victim, or the victim may be killed by male family members in an attempt to restore the honour of the family.

For all these reasons, revealing an episode of rape takes courage. When treatment is available, rape survivors must face an excruciating choice: seeking treatment means disclosing information and facing rejection and stigmatisation; keeping it secret may affect their health or cost them their lives.

¹⁰ WHO (2002). World Report on Violence and Health. http://www.who.int/violence_injury_prevention/violence/world_report/en/

SEXUAL VIOLENCE AS A MEDICAL HUMANITARIAN EMERGENCY: MSF'S APPROACH

In 2008, MSF teams saw 15,145 victims of sexual violence in 117 projects throughout the world. In some countries, like Burundi and South Africa, MSF runs projects that provide care exclusively to victims of sexual violence. "Having a team that is specialised and well trained enables us to give the best care possible, therefore it is not long before the clinic becomes a reference", said Thilde Knudsen, MSF women's health expert. "It is also easier to raise awareness, as care for rape victims is not mixed with a range of other services nor hidden behind them". In other contexts, a more suitable way of providing care for victims of sexual violence may be to integrate it into mobile clinics, health centres or hospitals. "If we work in every clinic, we will have a better chance of training a lot of people under good supervision, and when MSF leaves they will have experience and training so they won't be afraid of dealing with it", said Angie Huyskens, an MSF psychologist who worked in Liberia. Whatever the approach, an optimum package of services should include medical care, psychological support, medical-legal certificates which can be used as evidence in court, and information to help people understand why, how and when to seek care. MSF may also speak out against rape.





The patient's account of the sexual assault and the doctor's observations are recorded in a document that can be used as evidence in court and help convict perpetrators.

An 8 year-old girl, raped by her father, receives medication to prevent HIV/Aids and other sexually transmitted infections. The nurse also does a blood test, to check whether the girl had contracted HIV from a previous assault.

MEDICAL CARE

Prevention of HIV infection:

If the victim has been exposed to HIV, a course of treatment with antiretrovirals (ARVs) known as PEP (post-exposure prophylaxis) can prevent HIV infection. The PEP only works if started within 72 hours of the rape, though the sooner the treatment starts, the more likely it is to be effective. It must be taken for 28 consecutive days. If a patient arrives later than three days after the rape, it is too late to prevent HIV infection.

Prevention of hepatitis B:

The hepatitis B virus can also be transmitted through sexual intercourse and is more contagious than HIV. The hepatitis B vaccine is effective in preventing infection if the first dose is given within three months of the rape.

Prevention and treatment of other STIs:

Sexually transmitted infections can be prevented and treated with antibiotics. Whenever the risk is identified, a victim of rape will receive antibiotics that can prevent the development of infections like chlamydia, syphilis and gonorrhoea – or treat them if they have already been infected.

Prevention of tetanus:

Depending on the nature of the violence, the victim may be at risk of contracting tetanus. When the patient has not been previously immunised or when the immunisation status is unknown, a rape victim must receive a tetanus vaccination.

Emergency contraception:

If the victim seeks medical care within 120 hours of the assault, it is possible to prevent an unwanted pregnancy with the morning after pill. The pill stops ovulation and inhibits implantation of a fertilised egg in the womb.

Treatment of injuries:

The presence of injuries related to rape depends on the level of violence used during the assault. Injuries need immediate medical attention and extreme cases, such as fistula, require surgery.

Follow-up care:

During follow-up consultations, patients receive subsequent doses of the tetanus and hepatitis B vaccinations and are offered an HIV test. Even if the PEP has been taken, there is still a chance that the victim has been infected. Due to the virus incubation period, rape victims must wait at least three months to find out whether they have been infected with HIV as a result of the rape.

PSYCHOSOCIAL SUPPORT

The first objective of psychosocial care for victims of sexual violence is to help them restore their ability to carry on with their lives after the traumatic event. In some cases, when patients arrive in a state of shock, initial counselling helps stabilise their symptoms and prepare them for the medical consultation. Timely counselling can also prevent the development of post-traumatic stress disorder at a later stage. “We have to find a balance between treating and preventing symptoms and at the same time helping the patient deal with some very practical problems that arise from being raped”, said Joel Montanez, MSF psychologist in Burundi. “For example: ‘The nurse told me that my husband has to wear a condom for six months, but I don’t want to tell him that I was raped, so what can I do?’ There are many very practical problems that they have to deal with”.

“In many places where we work, seeing a psychologist can be stigmatising, which doesn’t facilitate the healing process”, said Luk Van Baelen, MSF project coordinator in Burundi. Psychosocial support to victims of sexual violence can be provided through psychologists or social workers, or incorporated into the health care offered by doctors, nurses and other health personnel. Being compassionate to the patients’ feelings, listening actively and being non-judgemental is essential when dealing with rape survivors. It is also important to give them information about the common psychological consequences of sexual violence.

MEDICAL-LEGAL CERTIFICATE

As a medical organisation, MSF has a clear role in issuing medical-legal certificates to victims of sexual violence. When a patient wishes to press charges against a perpetrator, the medical-legal certificate can constitute important evidence in court – sometimes the only evidence beyond the victim’s own words.

The certificate must contain a description of what the health worker has observed during the clinical examination and the patient’s own account of the sexual violence. A health worker cannot and should not determine whether a rape occurred.

The medical-legal certificate is a confidential document. A copy must be kept in the medical archives for as long as the victim is allowed to press charges – depending on the local legislation, this can be as long as 20 years.

In many countries, medical-legal certificates issued by MSF are accepted in court and have been submitted by victims. Even in conflict situations, where immediate legal action is impossible due to the collapse of judicial systems, patients still have the right to medical-legal certificates, as they may decide to pursue legal action once the conflict is over.

RAISING AWARENESS OF SERVICES

A crucial element of any project providing health care to victims of sexual violence is ensuring that they know about the services available, and about the importance of seeking care and of doing so as quickly as possible. Talking to people door-to-door, using theatre, radio announcements, and billboard advertisements are among the tools that can be used to communicate about sexual violence and encourage victims to seek help. While awareness raising focuses mostly on health care, it often touches on cultural issues and prevailing myths in a society. Therefore, it can help facilitate disclosure and challenge the guilt often felt by rape survivors.

SPEAKING OUT AGAINST RAPE

Speaking out and involving other organisations and the community in addressing sexual violence help ensure that it is no longer hidden. “By making the projects visible, we are bringing the problem to the surface. By giving victims a voice, by talking about it, we are breaking through the taboo”, said Meinie Nicolai, MSF operational director.

In some cases, MSF may also engage in efforts to end rape. In 2007, as Congolese women deported from Angola were subjected to systematic rape by Angolan soldiers, MSF collected testimonies from one hundred women describing the appalling abuse they had suffered. By raising awareness of the violations and directly addressing Angolan authorities and the international community, MSF pushed for action to stop the abuse. “If systematic rape is being practiced by certain groups, we will address it directly and push for it to end”, Nicolai said.

BEYOND MEDICAL INTERVENTION: LEGAL, SOCIAL AND ECONOMIC SUPPORT

Many rape victims need more than medical care, psychological support and a medical-legal certificate. When victims face rejection by the community or are at risk of repeated attacks, they may need protection and additional support. If they are no longer able to work as a result of rape, they need alternative means of generating income. If they wish to press charges, they may need legal assistance.

MSF's role in providing legal, social and economic support is limited due to the nature of its mandate as a medical humanitarian agency. Coordination amongst medical and other sectors is essential to guarantee comprehensive assistance to victims that addresses needs beyond medical care. Therefore, MSF often works in collaboration with other parties that should play a role.

MSF strives to make comprehensive health care for victims of sexual violence available in all its projects. Services should be provided in a way to ensure privacy and confidentiality, by same-sex health workers who receive ongoing training, and are respectful of the victim and non-judgmental. Teams often engage in extensive awareness raising activities to sensitise communities about the need to seek care as soon as possible.

Many times, however, volatile security, cultural myths and taboos, customs, poor conditions and other external factors affect the ability to offer optimal care. In many settings where health facilities have few resources, ensuring safe spaces for treatment and counselling for victims of sexual violence is a challenge. The scarcity of qualified female workers in some countries may mean that having same-sex health workers is impossible. Outreach activities may be limited by security. A medical-legal certificate may be of no immediate value if the justice system has collapsed.

Throughout the world, MSF teams must overcome daily challenges in providing quality emergency care to victims of sexual violence. In some places, they have found innovative ways of offering emergency relief to those who experienced the trauma of rape. In others, reaching victims and providing care remains a challenge. MSF projects in Burundi, Colombia, DRC, Liberia and South Africa show that the provision of health care to victims of sexual violence is possible and urgently needed.

In Quibdo, Colombia, victims of sexual violence receive medical and psychological care.



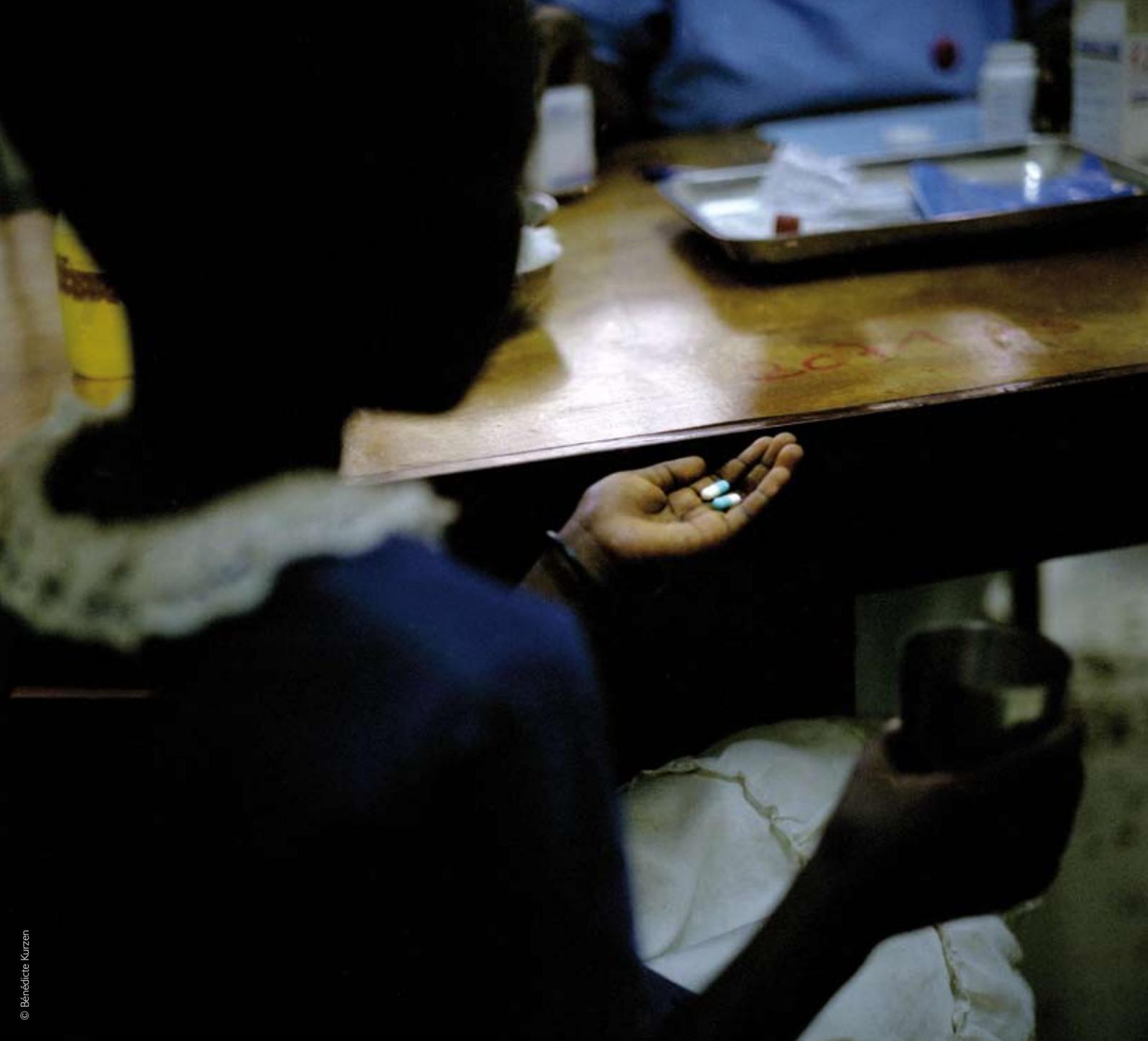




02

LEARNING FROM MSF'S EXPERIENCE IN BURUNDI, COLOMBIA, DRC, LIBERIA AND SOUTH AFRICA.

Besides providing medical care, psychological support and medical-legal certificates to victims of sexual violence, it is crucial to inform people of the need to seek care immediately after an assault. In Liberia, this work is done by a health promotion team that performs plays in street markets and other popular locations.



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BURUNDI

COMING OUT OF THE DARK WITH SERUKA

"I came back from school, I had lunch and was getting ready to go out again. My father offered me 150 francs to come to the bedroom with him. I said I didn't want to go. But then he took me to the bedroom by force and did bad things to me. It was the second time he did it. The first time I didn't tell anybody. I was afraid. This time I decided to tell my mum because it hurt really, really badly".

Girl, 8 years old, Burundi

In a country where the language does not have a word for rape, MSF is helping victims of sexual violence come forward for care. Seruka – which means ‘coming out of the dark’ in Kirundi, the national language of Burundi – is the name of the MSF clinic for rape victims in Bujumbura, the capital. MSF opened Seruka in 2003, after medical teams working in its centre for war-wounded people observed an increasing number of rape victims amongst patients. An assessment showed that although sexual violence was a common phenomenon, medical care for rape victims was not available. To date, the MSF team working in Seruka has seen almost 7,000 victims of sexual violence. By mid-2009, the centre will be taken over by ISV (Initiative Seruka pour les Victimes de Viol), a Burundian association formed by staff working in the centre.

Despite the peace agreements that marked the end of the conflict in Burundi in 2005, sexual violence persisted. The return of refugees and the displaced, the presence of high numbers of demobilised soldiers, lack of economic opportunity, degradation of social norms and the predominance of female-headed households are all thought to have contributed to the high levels of sexual violence.¹¹

Official data about rape in the country are non-existent. Talking about sexual violence in Burundi is taboo and silence often prevails. Rape brings shame and humiliation to the whole family and their attempts to redress it are unlikely to bring relief to the victim. As a consequence, few people seek medical care after a rape and even fewer press charges against their perpetrators. “It is very difficult for women to reveal they have been raped. Society often does not recognise the victims as a victim. Victims are accused more often than the perpetrators”, said Luk Van Baelen, MSF project coordinator in Seruka.

In some cases, practices that would be considered rape in western societies are traditionally accepted by Burundian customs and fostered by cultural myths. Some physically or mentally disabled women are raped because some men believe that this will generate wealth, for example. A traditional healer may direct a man to rape a child, telling him that doing so will solve a problem the man faces.

The judicial system is largely indifferent to sexual violence. Courts often refuse to hear rape cases without a witness, which forces most victims to give up on pressing charges. Sometimes, medical-legal certificates, which can be used as evidence in court, are rejected unless they are signed by a government doctor. To obtain a signature, a victim must pay up to 15,000 francs (15 USD), which is unaffordable for many Burundians. “The justice system is very difficult. It takes too long. It may be two or three years, if you are lucky, before the aggressor is brought to court. And it doesn’t repair the damage that rape has caused. Many victims simply choose not to seek justice”, said Joseph Mugigi, a staff member of a Burundian human rights organisation that offers legal support to rape victims, called Ligue Iteka. As a result, rape in Burundi often remains secret, untreated and unpunished.

The law in Burundi is changing. It will include a more precise definition of sexual violence and require tougher punishment for aggressors. “But without a special court for sexual violence and the support of forensic evidence to persecute aggressors, applying the law will be difficult”, said Mugigi.

A SPECIALISED CLINIC FOR VICTIMS OF SEXUAL VIOLENCE

Seruka Centre is open 24 hours a day, seven days a week, to provide emergency and follow-up care for victims of sexual violence. Although most patients come from the capital Bujumbura, Seruka attracts rape victims from all over the country.

Patients are first seen by a nurse at the triage area, where little is asked about the rape. “There is not enough privacy in this area. And we don’t want to make the patients tell their story lots of times”, said Gloriose Nyakuza, an MSF nurse. “Here we just try to identify whether they are coming for a different reason, unrelated to sexual violence. In these cases we refer them to another health facility”. At the triage, patients receive the first dose of antiretrovirals to prevent HIV, part of their post-exposure prophylaxis (PEP) treatment. “HIV is the biggest concern for most of our patients”, Nyakuza said. “There is no time to be wasted, the sooner they receive PEP, the better. They also feel relieved after they’ve taken the tablets and more at ease for the consultations. Later, if the doctor decides that there was not a risk of contamination, then they will not take the full course of PEP”.

A team of psychologists helps patients deal with the trauma of rape and prevent psychological disorders that commonly arise from it. “Apart from fear of HIV, they are normally terrified about becoming pregnant”, said MSF psychologist, Joel Montanez. “They also have a very strong feeling of dirtiness and they wonder if they should tell anybody about the rape. They have flashbacks, difficulties sleeping and are afraid of being ostracised in their communities”.

¹¹ Zicherman, Nona. (2007) Faire face aux violences sexuelles au Burundi post-conflit. Forced Migration Review, N 27.

Seruka also offers follow-up care, though ensuring that patients take advantage of this option is a challenge, as is the case in other MSF projects. Less than half of the patients attend the one-month follow-up visit, and one in 10 return one year later. Distance and cost of transport make attending follow-up appointments difficult, as 40% of victims live outside Bujumbura. Seruka will contribute towards the cost of transportation as needed so the patient can attend consultations. Lack of awareness of the importance of follow-up care can also prevent patients from returning. "Once they receive their antiretrovirals and the morning after pill, and receive medical care in the case of physical injuries, they do not see the need to come back", said Dr. Rose Kamariza, an MSF doctor at the clinic.

Emergency shelter is available for those who need a place to stay. "Sometimes, by the time they finish the consultations in the centre, it is too late to go home. Or maybe they feel too scared or shocked to go back immediately", said Nyakuza, the MSF nurse. When patients need longer term shelter, MSF liaises with other organisations that are able to provide it.

If a victim wants to press charges against a perpetrator, a medical-legal certificate is issued in the centre, free of charge. In Burundi, medical-legal certificates are only valid if given after the patient has been to the police. As all the relevant details from the medical consultation are recorded in the patients' files, if a rape victim goes to the police and decides to press charges at a later stage, the doctor is able to issue the certificate based on the consultation record. In the first semester of 2008, 212 medical-legal certificates were requested by rape victims at Seruka: 26% of the total number of victims coming for care. Medical-legal certificates issued by MSF doctors are not always accepted in Burundian courts, however. "Sometimes they request certificates signed by a government doctor, but there is nothing in the law that requires that", explains Joseph Mugigi, of Ligue Iteka, the Burundian human rights organisation. If the victim wants to pursue legal action, they are referred to local organisations such as Ligue Iteka or Aprodh, or international nongovernmental organisations such as Avocats Sans Frontières, which provide legal follow-up.

The MSF team in Seruka treated 6,800 victims of sexual violence between 2003 and 2008. Every month, about 130 new victims of sexual violence seek care at the centre; 81% arrive within 72 hours of the rape. "For the past four years, we have been communicating strongly about the need to seek medical care and to do it within three days", said Van Baelen. A recent survey by MSF in Bujumbura showed that 80% of the people interviewed were aware of the importance of seeking health care within 72 hours of the attack.

Behind the success of raising awareness about care for victims of sexual violence is a team of health promoters who work in the clinic and in the streets of Bujumbura. They have formed networks of women who were victims of sexual violence in different communities who help raise awareness of rape by giving testimonies, visiting women in the community and working as focal points for support. Every week, the health promotion team organises activities in different communities. They hold morning sessions in the clinic for patients to tell them about the care they are about to receive. Information about Seruka and rape is also broadcast on the radio and highlighted during "16 Days of Activism", a series of events that takes place every December to highlight and address the issue of violence against women.

The expertise acquired by the Seruka team is shared within Burundi and also with MSF staff treating victims of sexual violence in other countries. A training programme has been developed by the team and is offered to staff from other health centres in the country interested in providing care for victims of sexual violence.

HELPING CHILDREN WHO SURVIVE RAPE

"It was S. who did it to me. I was out in the fields looking after the goats with the other children. He arrived, grabbed me by my arms, took my clothes off, laid me down on the grass and raped me, in front of everybody. Then he ran away. He didn't rape any other child, just me. I don't know why he chose me. Today I just stay at home. I don't want to go to the field anymore because I am afraid somebody will do this to me again. It hurts".

Girl, 9 years old, raped by a friend of the family

The Seruka team has seen an increasing number of young patients visiting the centre. Today, 60% of the victims have not yet turned 19 years old; half of these are under 12 years old. Babies and toddlers are not spared: 13% of all the victims are younger than five years old. "We didn't open Seruka as a centre for children victims of sexual violence. But due to an increasing number of children, we are having to adapt the services to their needs", said MSF psychologist Montanez.

A social worker helps support young patients as they go through their medical examination and psychological consultation. She explains to the children and their parents what is going to happen at the centre and deals with any questions or concerns. While children are waiting to be called in for a consultation, she encourages them to play. "Often, children do not speak. If we take time to play before they go in for their consultation, they relax and feel more at ease. When they are called to see the doctor and the psychologist, they express themselves more easily", said Maman Rose, an MSF social worker working with children.

Children and adolescents are not spared the stigma that often falls upon adults who survive rape. "What happens to school girls is so cruel, it is heartbreaking. They are ostracised by all their classmates. If they become pregnant, they can be expelled from school", Montanez said.

SERUKA CONTINUED: HANDING OVER TO THE STAFF

By mid-2009, Seruka will no longer be an MSF project, but the services provided to rape victims in Burundi will remain. The new association formed in July 2008 by Seruka staff members, ISV (*Initiative Seruka pour les Victimes de Viol*), will continue the work. By the end of 2008, ISV had 40 members and an elected board in charge of the main decisions about the future of Seruka. The staff currently working in Seruka will be employed by ISV. Contracts with donors are being finalised to ensure that Seruka has the funds it needs to continue the work.

To support the handover, MSF is providing on the job training for staff and will give technical support throughout 2009. "Seruka has a very strong foundation and is visible and well known by the public, and the quality of the services is widely recognised", said Josiane Karirengera, a former health promoter who has been appointed as the new coordinator of the centre. "This will allow us to overcome many barriers. But now that it is becoming a local organisation, we will have to show the donors our expertise. Now it is important to communicate that the centre is not closing. That MSF is leaving but we will still be here".

To support this effort and to garner community support for ISV, MSF staff working in Seruka initiated a campaign against sexual violence in Burundi: *OYA!*, which means 'no!' in Kirundi. By the end of 2008, *OYA!* had gathered 1,300 members committed to fighting sexual violence. Besides raising awareness of rape and showing the community that Seruka is not closing, *OYA!* encourages activism against sexual violence.

"When we opened the project, there was very little awareness of rape in Burundi and no care available for victims. We wanted to set up a structure to provide care, but also to open a discussion about rape in society", said Van Baelen, the MSF project coordinator in Seruka. Despite growing awareness of rape in Burundian society, the availability of care for victims is still limited. "There are organisations focusing on sensitisation, there is a lot of good will, but few actually providing medical care for victims", said Van Baelen.

CHANGE IN PROFILE, CHANGE IN CARE

Since Seruka was launched in 2003, MSF teams have witnessed a marked change in the circumstances of rape and the profile of the aggressors in Burundi. Since the end of the war and through the post-war transition period, the number of assaults committed by non-civilians has decreased significantly. Today, an average of 90% of those seeking care at Seruka have been raped by a civilian. Of these, two-thirds of the rapes are perpetrated by somebody known to the family. Threats of violence with weapons and gang rapes, characteristic of the military conflict, have also decreased. The profile of the victim has shifted. At the beginning of 2004, most victims were adult women. Today, more than half of the victims have not yet turned 19 years old.

As the profile of aggressors and the circumstances of rape change, so does the response required. In 2004, medical staff at Seruka more often treated physical wounds and lesions, whereas now there are often less visible signs of the rape. As most aggressors are known to the victims, often neighbours, domestic staff or family members, returning home after being raped poses a new threat to the victims. Women therefore need protective measures such as safe shelter. The nature of psychological counselling is also affected by the circumstances of rape. Initially, the work of psychologists focused on external factors which were out of the victim's control, such as the conflict and pervasive military presence. Today, the situation requires an examination of factors in or around the victim's environment. As most assailants are never convicted and will often continue to live near the victims, this work is crucial to enable the victims to overcome the trauma caused by rape.



COLOMBIA

PROVIDING CARE AND HELPING VICTIMS OVERCOME BARRIERS

"I was raped on a Sunday night. I was walking back home from my friend's house when these men came, took me into a garage and raped me. I couldn't see their faces, I don't know who they were. I told my father and he said I should go to the MSF clinic. I was very scared of being infected (with HIV). When I arrived at the clinic, I first saw the psychologist. It helped me a lot, it calmed me down. When the doctor gave me some tablets, I felt much better. It eased my anxiety".

Woman, 18 years old, Colombia

In Colombia, few victims of sexual violence seek medical care immediately after being raped. Fear of stigmatisation and safety concerns are some of the reasons that prevent them from doing so. MSF provides comprehensive health care for victims of rape and tries to reduce the barriers they face in accessing services.

A national demographic and health survey carried out in Colombia in 2005¹² found that 17.5% of women of child-bearing age had been raped at least once in their lives. In 2008, MSF conducted a survey in five provinces where medical teams were providing health care and the results in these specific areas were alarming: 35% of the women attending mobile clinics and 22% of those seeking care at the health centres and hospitals had been raped at least once. Almost 90% of the victims were between 13 and 49 years old. The MSF survey also revealed the many obstacles women face when seeking health care after being raped and the lack of adequate care.

In order to access health care, women have to overcome shame and fear for their safety. Among those who had suffered sexual violence eighty-one percent of women interviewed in mobile clinics and 95% in health centres and hospitals said that shame was the main reason they did not seek care. As most of the rapes are committed by people known to the victims, the proximity to the perpetrator generates fear of reprisal. According to 84% of victims interviewed in non-mobile health facilities, fear for their safety or that of their family prevented them from seeking health care. Doubts about whether the services would be provided confidentially also prevented women from seeking medical care.

For those who overcome the initial obstacles, access to medical care is often not guaranteed. Although care for victims of sexual violence is established by Colombian law, the system does not ensure that medical or psychological care is available for those who need it. The health system in Colombia has been privatised and is run by the *aseguradoras de salud*, private health insurance companies paid by the government. Health care providers are concentrated in densely populated areas, leaving rural and remote areas with virtually no access to medical care. For victims of sexual violence, a lack of clarity about protocols and procedures hampers their access to care even more. "As each individual treatment has to be authorised by the *aseguradoras*, it can take a long time before the patient can receive care", said Dr. Oscar Bernal, MSF medical coordinator in Colombia. Inadequate human resources, insufficient supplies, lack of training of staff and administrative and logistical barriers also hinder the provision of care to victims of rape.

Many times, the medical or legal personnel who are supposed to offer assistance are judgmental, an attitude often rooted in prejudice and shaped by cultural myths. "The doctor told me that it was my fault, that I was the one to blame for what had happened, because I should not have been out in the street at that time", said a victim of sexual violence interviewed in the MSF survey. "Such a beautiful woman should not be out in the street so late. But if I do not go out to work, who is going to support me? I work night shifts so if I do not go out... If I do not work, what then?"

¹² Profamilia, 2005

OFFERING HEALTH CARE FOR VICTIMS OF SEXUAL VIOLENCE IN A HOSPITAL AND MOBILE CLINICS

In Chocó department, one of the poorest regions in Colombia, MSF provides medical and psychological care to victims of sexual violence as part of the sexual and reproductive health care programme. In Quibdó, the main city, a mobile medical team comprising a nurse, a doctor and a psychologist visit the most vulnerable areas every week, providing services like antenatal care, family planning, treatment of sexually transmitted infections and psychological care. Another MSF mobile team travels by boat to reach remote and isolated villages on the banks of the San Juan river, where the population has no other means of accessing health care. MSF also supports the maternity ward in the main hospital of Quibdó, where at-risk deliveries are referred.

Services for victims of sexual violence are provided at the hospital and in mobile clinics. Most of the patients who arrive within 72 hours go directly to the hospital, where care is given by the maternity team. Every woman is also offered at least one consultation with the psychologist. "Psychological care is very important in the early stages. It helps women to carry on with their activities, to continue with their lives", explained MSF psychologist Magaly Manco. In Quibdó, it is also the psychologists' role to tell patients about the steps they should take if they want to press charges. "Many don't want to report because they are afraid of what might happen to their families", Manco said. "If the aggressors have money or power, they may threaten the woman before she even thinks of pressing charges. In these cases, they have nothing to win if they report. They can only lose".

In 2008, 218 victims of sexual violence were seen by MSF teams in Chocó. Of these, 44% were women between 19 and 45 years old, 35% from 13 to 18 years old and 15% under 12. To find more cases, the team in 2008 started looking for victims more actively. "We started asking people systematically if they had been victims of sexual violence", said Dr. Bernal. "We have found more cases, but many happened a long time ago and don't require any medical intervention anymore".

Accessing patients within 72 hours of the rape is a challenge in MSF projects in Colombia. Only one-quarter of those seeking care in the hospital or in mobile clinics in Quibdó arrive within three days. "They are scared to come, they are afraid that the case will be disclosed and people will find out they have been raped", said Petra Alders, MSF project coordinator in Quibdó. "That is why we always stress the issue of confidentiality. They need to be reassured that the services we provide are absolutely confidential and we will not share the information with anybody else".

Many patients reveal old cases of abuse when they come to a consultation for a different health complaint. Manco, the MSF psychologist explained, "Sometimes they come for a different reason and in the middle of the consultation we find out the origin of the problem is a case of abuse that happened five or even 10 years ago. Other times the current problem is completely unrelated to the abuse, but as they feel at ease during the consultation they start telling us old stories that they had never told anybody".

To encourage victims to come forward for care, the health promotion team organises workshops with patients while they wait for their consultation at the mobile clinics. "We talk about family planning, antenatal care and also sexual violence", explains Deysi Garro, MSF psychologist working in the mobile clinics. "We explain what they need to do if it happens to them, where to seek help. We use personal testimonies, songs and other activities to raise their awareness. These talks also show them what to do in case someone who has suffered rape tells them about it. They learn how to listen and what to do to help the person".

LOCAL AWARENESS AND NATIONAL ADVOCACY: HELPING WOMEN OVERCOME BARRIERS

In order to improve awareness of sexual violence in Quibdó and to break through the barriers that prevent women from accessing services, MSF engages in local and national discussions on sexual violence. "We speak openly about sexual violence in Quibdó", said Alders. "We put the issue on the table with other organisations and also work with the media. It is an important step to break through the taboo, but of course it takes time".

Following the MSF survey carried out in 2008, the MSF team in Colombia also launched a national advocacy effort to improve access to health care for victims of sexual violence. MSF asked the Colombian government to clarify the legislation and, most importantly, ensure that adequate services are available to rape victims. Spelling out the steps that a victim must take in order to receive medical, psychological and legal services is also essential to improve the quality of care offered to victims and ensure access to those who need it.



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EASTERN DRC

RESPONDING TO SEXUAL VIOLENCE IN MASISI

“I have come here to seek treatment, to be treated from the violence. I was raped twice. The first time, I came across some armed men in the field and they raped me. The second time, I was at home with my husband. We were sleeping when some men knocked on the door. We didn't want to open it, so they kicked the door and broke into the house. They were armed. Some tied my husband and others started looting the house. They also tied my hands with fabric. They took me to the top of the hill. That is where they raped me”.

Woman, 32 years old, Masisi, DRC

In the midst of the conflict in Kivu, MSF strives to provide medical care to victims of sexual violence. Rape is widespread, but access to patients is a challenge. With the help of a network of women working in villages, the word is spreading and more victims are seeking care. Yet, fighting, geographic isolation and the fear of disclosing the rape prevent many women from seeking care in Masisi, a district in North Kivu.

In the Kivu region, eastern DRC, ongoing fighting has left hundreds of thousands in need of emergency health care. The already weak health system deteriorated even further with the escalation of violence in September 2008. Health centres have been looted and abandoned as health staff have fled for their safety. As in many other violent conflicts, widespread sexual violence adds to the terror and the needs of a population already traumatised by war.

A study by the UN Population Fund (UNFPA) of nearly half the health centres in the country found that 50,000 rape cases had been reported. However, UNFPA acknowledged that the numbers reflect a fraction of the total, as many cases of sexual violence are not reported¹³. In 2008, MSF alone treated 6,700 victims of sexual violence in North and South Kivu. “Rape is widespread, practiced by all sides of the conflict”, said Dr. Bertrand Draguez, MSF medical director. “The collapse of all legal structures makes any prosecution impossible”. Many families headed by males often settle violent crimes against women and girls outside the courts. Some ‘resolve’ rape cases by accepting money from the perpetrator or his family, or by arranging to have the perpetrator marry the victim¹⁴.

¹³ Wakabi, Wairagala. “Sexual violence increasing in Democratic Republic of Congo.” *Lancet*. Vol 371:15-16, 5 January 2008.

¹⁴ Human Rights Watch (2002). *The War Within The War - Sexual Violence Against Women and Girls in Eastern Congo*. <http://www.hrw.org/legacy/reports/2002/drc/Congo0602.pdf>

REACHING RAPE VICTIMS AMID CONFLICT

MSF has been in the Kivu region since 1992, providing emergency medical care in hospitals, health centres and mobile clinics. MSF teams treat gunshot wounds and burns, perform emergency surgery, respond to epidemics like cholera and measles, give psychological support to people traumatised by the conflict and provide care to victims of sexual violence.

In August 2007, MSF started providing emergency medical care in Masisi district, covering a population of 337,000, including residents and displaced people. The number of women suffering from sexual violence astounded the team soon after they arrived. "At the beginning, we tried to listen to people and find out where it was worse, so that we could target the work", said Ann Khoudiacoff, who supervised MSF medical activities in Masisi. "But it soon became clear that it was a problem of catastrophic proportions, and it happens everywhere". Care for victims of sexual violence was then included in MSF emergency medical activities in the area.

In Masisi town, where a population of 23,000 has swollen to more than 34,000 with the arrival of people fleeing the violence, MSF supports the general hospital and the health centre. With 175 beds, the hospital offers emergency medical care including surgery, maternity and paediatric services, cholera treatment and medical care for victims of sexual violence. To ensure privacy during medical consultations in the hospital, a special room was adapted to receive rape victims. Through mobile clinics, MSF teams reach remote villages in the district, where the population is trapped by the conflict and unable to reach health care facilities.

The situation in North Kivu remains extremely volatile. The ability of the people and of MSF teams to move around is restricted because of the insecurity of the area. Reaching victims is a huge challenge. In 2008, MSF teams in Masisi treated an average of 45 new victims of sexual violence every month – a small proportion of the number of women believed to have been raped. Out of those who sought medical care, only 20% arrived within 72 hours. Seventy-five percent arrived after five days, too late to receive both preventive treatment for HIV and emergency contraception. The main reasons for the delay are lack of access and awareness: one-third simply could not reach the facility any earlier and two-thirds did not know that services were available.

To improve awareness of the availability of medical care, a network of women was trained as focal points on sexual violence in their villages. "The first thing we did was to go to the villages and invite all mothers to come to a talk on sexual violence", said Anna Halford, MSF project coordinator in Masisi. "We explained the medical consequences, what we offered and that it was free. We then asked them to elect a woman they would feel comfortable with to be the focal point for sexual violence in their villages". Today, the network comprises 59 women – called *mamans conseillères* (*mama counsellors*) - based in 11 villages, and it is still growing. Their role stretches beyond their own villages, as they visit other communities to spread the message about sexual violence. When they are approached by victims of sexual violence, the *mamans* explain the need for medical care and try to persuade them to go to the hospital. Sometimes, rape survivors come to the hospital on their own, having heard in their villages about the availability of care. To get to this point, the MSF team had to break through some well-established perceptions of rape. "They said it happened every day, in the villages, when they went to the fields, everywhere so they didn't consider it something that needed attention. We had to engage in open discussions in the villages and do a lot of sensitisation to show that a woman victim of sexual violence needs medical care", said Khoudiacoff, the medical supervisor.

A community health education team also organises training for primary and secondary school teachers on the medical impact of sexual violence and the health care available for victims at the hospital in Masisi. They work with the local radio station to disseminate their messages and organise awareness raising activities in the hospital.

Though awareness is increasing and more victims are arriving at the hospital spontaneously, for many, getting to the facility is too difficult. Depending on the village they come from, patients must walk anywhere between two and 12 hours through unsafe routes to reach Masisi hospital. "They just can't get to the hospital", Halford said. "You can't ask a woman who has been continuously raped for three days to leave her six children behind and walk four hours crossing two territories to reach the hospital. Besides, they can't leave their villages without raising suspicion. They don't dare". Although care is provided through the mobile clinics, they can only cover a limited number of villages at any one time. Despite the insecurity and the complete collapse of the justice system, a medical-legal certificate is issued for every rape survivor. If the patient doesn't want to keep a copy for safety reasons, MSF can safely store it. Today, few victims consider denouncing perpetrators. But if they want to do so in the future, they can retrieve their medical certificates and use them in court. "The level of impunity is appalling", Halford said. "It is so shaming to be raped here, that women just don't want to press charges. They are too scared. It is like a conspiracy that makes revealing a case of rape the worst possible thing. They just want to cover up".

MSF teams also provide free primary and more specialised care by supporting hospitals and mobile clinics in and around Kabizo, Kayna, Kirotshe, Kitchanga, Masisi, Mweso, Nyanzale and Rutshuru.



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LIBERIA

ENSURING CARE FOR RAPE SURVIVORS IN HEALTH FACILITIES

“When I think of what happened I feel bad. I haven't been feeling fine in my body. After was I was raped, I could not walk straight. I walked with my legs opened. My mother saw me and this is how she knew something had happened to me. On the way to the hospital I didn't know if I was going to live”.

Woman, 18 years old, Liberia

MSF is providing care for victims of sexual violence in two hospitals and two clinics in Liberia's capital, Monrovia. A drama group helps raise awareness of rape, social workers provide psychosocial support to patients and medical-legal certificates are issued for everyone. Coordinated lobbying efforts resulted in the adoption of a new medical-legal certificate, which is now being implemented at a national level.

The 14-year civil war left a trail of destruction in Liberia. Violence committed during the conflict included many forms of sexual violence, such as gang rape and sexual slavery¹⁵, affecting mostly women and girls. Combatants, whether male or female, were also frequently targeted.

A study carried out in 2008 found that more than 40% of women combatants, and 32% of men who fought in the war, suffered sexual violence during the conflict¹⁶. Its impact outlived the conflict. The same study revealed that 74% of female combatants who suffered sexual violence during the war had symptoms of post traumatic stress disorder (PTSD), compared to 44% amongst combatants who did not suffer such violence. Prevalence of PTSD amongst sexually abused male combatants is as high as 81%.

Despite the end of the conflict in 2003, rates of sexual violence in Liberia remain high. In 2006, the government launched a national action plan to prevent and respond to violence against women. Strengthening the justice system and facilitating health care for survivors of sexual violence are some of the objectives spelled out in the plan, but implementation takes time.

Significant changes were made to legislation, which expanded the definition of rape. Any form of sexual penetration, whether with a penis, a finger, or an object, is now considered rape under Liberian law. The age of consent has also been raised to 18 years old, which means that any sexual relation with a person younger than 18 is interpreted as rape. The new laws have also established harsher punishment for perpetrators and abolished bail for rape cases. Despite these important first steps, the judicial system has yet to adapt these changes so the new laws have not yet made a difference in the society. Perpetrators are still hardly ever convicted. Rape still tends to be considered an act of aggression that should be dealt with privately. Most victims never seek health care or press charges. According to the Association of Female Lawyers of Liberia, there is a conspiracy of silence and denial within the community and within the families involved.

If justice does not redress the plight of victims, the health system is also far from able to cope with their needs. Damaged by years of war, the weak health sector is unable to provide adequate health care. In Monrovia, for example, MSF provides 79% of all the paediatric beds available, in other words, the majority of health care for children. Victims of sexual violence struggle to get the care they need.

TREATING VICTIMS OF SEXUAL VIOLENCE IN HOSPITALS AND CLINICS IN MONROVIA

Since 2005, MSF has been providing health care to victims of sexual violence in two health centres and one paediatric hospital in Bushrod Island, an overcrowded area in Monrovia, home to more than 500,000 people. Clara Town and New Kru Town health centres, run by the Ministry of Health, offer primary health care, including a range of services for mothers and children such as ante- and post-natal care, vaccinations and prevention of mother-to-child-transmission of HIV. Together, they provide 20,000 consultations each month, including deliveries. Island hospital is a paediatric emergency medical facility with 187 beds, which also provides antiretrovirals for children and families living with HIV, treatment for tuberculosis and medical care and food for malnourished children. Both clinics and the hospital offer medical care and psychosocial support to victims of sexual violence. Victims younger than 16 years old are treated at the hospital. In 2008, MSF teams in Bushrod Island treated 771 survivors of sexual violence.

In Benson, a 106-bed hospital in Paynesville, a suburb of Monrovia, MSF offers medical care for children and gynaecological and obstetrical emergency services for women. Health care for victims of sexual violence was also provided in the hospital until July 2008, when it was handed over to Think, a local nongovernmental organisation. MSF continues to provide technical and material support. In 2008, 886 rape survivors were treated by MSF in Paynesville.

In Bushrod Island, each facility is equipped to provide comprehensive care for rape survivors. Besides the care provided by a medical practitioner, a social worker provides psychosocial support, welcoming the patients and accompanying them to consultations. "Before the examination, the social worker counsels the patient to stabilise the symptoms and prepare her for the medical examination", Theresa Saday, an MSF social worker in Monrovia, explained. "After the examination, another counselling session is conducted to find out about the patient's family and whether they need protection. If they need it, we liaise with another organisation who can provide it".

Medical-legal certificates are issued for every rape survivor who visits the health facilities. However, few patients decide to pursue legal action. "Many of our patients are illiterate, so it is very difficult for them to follow all the necessary steps", Saday said. "Many times, they don't know what they need to do to press charges, or they can't afford it, as it is an expensive process". In 2008, only four out of the total 771 victims MSF treated took their perpetrators to court.

¹⁵ Bruthus, Lois (2007). Tolérance Zéro pour les violeurs du Libéria. Forced Migration Review N 27

¹⁶ Johnson et al. (2008) Association of Combatant Status and Sexual Violence With Health and Mental Health Outcomes in Postconflict Liberia. JAMA The Journal of the American Medical Association <http://www.sciencedaily.com/releases/2008/08/080812160609.htm>

The judicial system is an ongoing source of frustration to the team. Although seeking justice goes beyond MSF's medical mandate, health workers acknowledge that impunity may affect the way a rape victim deals with trauma after a sexual attack. "If they know the perpetrator and justice is not done, they feel afraid and powerless", said Huyskens, the MSF psychologist who worked in Liberia. "Justice is also a way of telling the victims that it is not their fault". As most rapes are committed by people known by the victim, impunity also means that they may be at risk of repeated attacks.

RAPED? GET TREATMENT NOW!

To raise awareness of rape and other health concerns in Bushrod Island, a drama group performs plays in the health facilities and in the community. In street markets and other popular locations, large groups of people gather to watch the performance and hear about the consequences of rape and the need to seek medical care. "We also do daily talks about sexual violence in the health facilities. What to do when a rape occurs? Most people in Liberia don't know what to do, where to go", said Saday. Billboards and T-shirts with the slogan 'Raped? Get treatment now!' also help to spread the message.

After health promotion activities were expanded, the number of victims coming for care increased from an average of 26 to 60 per month. However, less than one-third arrived within 72 hours. "They feel ashamed, shocked. Disclosing the rape often leads to rejection from the husband, family or even community", said Jill Huberty, MSF psychologist in charge of the sexual violence programme in Liberia. "So they are afraid. Normally an adult woman would only come for medical care when she has physical symptoms related to the rape". Many times, sexual violence is perpetrated by their own husbands, making it even harder to disclose. "Revealing that her own husband is forcing her to have sex is like speaking against the husband and covers her with shame", said Huberty. Sexual violence against children, however, triggers a different reaction. "Rape of children, especially young children, is more recognised as an immoral act by the population", Huberty said. "In most cases, it is a relative, a neighbour or a friend who discovers the rape because the child is bleeding, walking differently or changing behaviour. And it is this person who makes a decision to take the child to the health structure". In 2008, more than 70% of the survivors of sexual violence treated by MSF in Liberia were children.

LOBBYING: MSF EXPERIENCE HELPS CHANGE NATIONAL POLICY

From the early days, MSF's work with victims of sexual violence in Liberia has included ongoing efforts to influence local and national policy. Before Clara Town and New Kru Town health centres began offering health care for rape survivors in 2005, these services had been provided previously only at hospitals. MSF was allowed to include services for rape survivors in the health centres after it lobbied for permission to do so. Further lobbying efforts led to changes in national policy, which now includes the provision of medical care to victims of sexual violence at health centres, bringing care closer to those who need it.

MSF has also influenced how medical-legal certificates are accepted in the country. Before, they could only be signed by doctors. MSF lobbied so that other health workers would also be allowed to issue the certificate, therefore ensuring that a shortage of doctors in medical facilities would not prevent medical certificates from being issued. Today, courts in Liberia recognise a medical-legal certificate signed by any medical practitioner. In addition, by creating a model that works both as a legal certificate and an examination record, the teams in Liberia have simplified the process and avoided duplication. "We record the history with the patients' own words, what the medical person sees, like bruises, scars, and lacerations and mark everything on a picture", Huyskens said. "It is objective and doesn't leave much room for mistakes, which made the team much more comfortable in working with it". As a result of lobbying efforts, the MSF medical-legal certificate was used as the basis for a new government-issued national medical certificate - called the national medical report - which is recognised throughout the country by Liberian law. Since October 2008, the new medical certificate has been used in all public health facilities that treat survivors of sexual violence.



SOUTH AFRICA

ONE-STOP CENTRE FOR SURVIVORS OF SEXUAL VIOLENCE IN KHAYELITSHA

“It’s not about the physical pain. It’s about the emotional pain. That’s what I came to learn. When I was raped, they took something away from me. They took my dignity. They took something I can’t get back. All I could think was ‘Why me? How could it happen to me?’ I am well informed. I know what situations to avoid to reduce the risk of rape. So why did it happen to me? Maybe if I had gone out, maybe if we had gone to sleep early, maybe if my boyfriend had come over...then maybe this wouldn’t have happened. I ended up blaming myself”.

Tinky, raped by a man who broke into her house at night in Khayelitsha township, South Africa¹⁷

The levels of sexual violence in South Africa are alarming: it is estimated that a woman is raped every 26 seconds¹⁸. Khayelitsha, a poor township on the outskirts of Cape Town, has one of the highest incidences of rape in the country. In Khayelitsha, survivors of sexual violence receive care at Simelela, a centre offering comprehensive services that go far beyond basic medical needs in a unique partnership between MSF and numerous local partners. Simelela, which means ‘to lean on’ in Xhosa, one of the official languages of South Africa, is open 24 hours a day, seven days a week.

The high incidence of sexual violence in South Africa has been explained in many different ways. Some attribute it to the strong culture of violence in the country, whereas others blame it on the inadequate criminal justice system, which often fails to convict, and therefore deter, perpetrators. In places like Khayelitsha, lack of adequate housing and electricity make the victims even more vulnerable, as dark

¹⁷ Real names of survivors of sexual violence are only used with quotes where they have given explicit consent.

¹⁸ People Opposing Women Abuse (POWA): <http://www.powa.co.za/Display.asp?ID=2>

alleyways and houses that provide poor protection against break-ins offer little deterrence to aggressors. Substance abuse is often linked to sexual violence in Khayelitsha, as many reported incidents of sexual violence involve alcohol or drugs.

Although there is growing awareness of sexual violence in South Africa, rape survivors are often stigmatised and ridiculed. "People laugh at me and say, 'Oh, you will get HIV/Aids now'", said Baba, a rape survivor in Khayelitsha. "These are my neighbours and people who live around me. They don't seem to think the men that raped me did anything wrong".

The rampant levels of HIV in the country make the fear of contracting HIV terrifying for survivors. "It was such a relief to discover I could receive treatment to stop me getting HIV/Aids", said a 28-year-old woman who was raped in Khayelitsha. "I was so worried after the rape that I would get sick. I didn't think I could cope with that on top of everything else".

COMBINING SERVICES FOR RAPE SURVIVORS UNDER ONE ROOF

Simelela opened in 2003, offering counselling and follow-up care to survivors of sexual violence. At that time, the initial medical examination was performed at a hospital approximately 15 km from Khayelitsha. In August 2005, a partnership was formed with MSF, the South African Government's Provincial Health Department, other government departments and nongovernmental organisations (NGO) to make the clinic into a comprehensive centre providing care 24 hours a day, seven days a week. MSF played a coordinating role, also providing medical expertise on care for survivors of sexual violence in Khayelitsha. As a result, a range of emergency and follow-up services are now integrated under one roof. In the first year of functioning 24 hours a day, seven days a week, the number of survivors of sexual violence seeking assistance at the centre more than doubled. "Before, the centre would receive between 300 to 400 patients a year. When it became a multidisciplinary centre, the numbers went up to 600 patients per year", said Dr. Genine Josias, a doctor who works at the clinic. In 2008, 1,075 new patients were treated at the centre. Eighty percent of the rape cases arrived within 72 hours.

At Simelela, a team of doctors and nurses offer emergency and follow-up medical care to survivors of sexual violence, including counselling. During the first consultation, patients receive detailed information about the process of forensic examination - a thorough examination that looks for injuries and takes samples that may be used as evidence in a police investigation and any subsequent prosecution - and how to file a complaint and press charges, if they wish. When they do, a police officer is called to the centre to take a statement through a collaboration with the Family Violence, Child Protection and Sexual Offences Unit at the South Africa Police Services (SAPS). "The police department is an integral part of our multidisciplinary team", explained Tara Appalraju, MSF project co-ordinator at Simelela. "The police are trained to deal with survivors of domestic violence, sexual violence and child abuse. Anyone can phone the police if they need urgent help, and the police will go to where the clients are to escort them to Simelela or to the police station. The statements are always taken at Simelela." Today, 83% of the patients file a complaint with the police.

Forensic evidence is thoroughly collected by specialised forensic examiners at the centre, following government protocols. Semen or hair found in the body of the victim contain DNA material that can help identify perpetrators in a court case. However, due to the absence of a national DNA database, forensic evidence can only help convict perpetrators when they are already known to the victim. A positive DNA identification of semen, however, is still not enough to confirm a rape, as it cannot determine whether consent was given prior to the sexual relation. When the perpetrator is unknown, the case rarely enters the court system.

Although follow-up care is also offered at the clinic, only 10% return for the 3-month follow-up appointment. "Many people do not have the money to pay for transport", said Appalraju. "Some want to get this whole ordeal behind them, and coming for follow-up reminds them of this negative experience. Children sometimes do not have the support or solid family structures that ensure good care, many parents work and no other caregivers are available to bring them for follow-up". A number of measures have been implemented to improve attendance of follow-up consultations, such as appointment cards and information booklets that explain their importance. "At the very first visit they have an information overload. There is all the counselling, medical and police information and sometimes it is too much for them to absorb, they just cannot cope", explained Dr. Josias from the centre. In 2009, the Simelela team will use telephone reminders to increase follow-up rates¹⁹. Many people in South Africa own a mobile phone.

More than half of the survivors arriving in Simelela are under the age of 19. According to South African legislation, these patients must be referred to social workers from the Department of Social Development. "The social workers undertake assessments and intervene accordingly. If the child is deemed in danger, he or she will be removed to a place of safety", explained Appalraju.

¹⁹ Following a study done by the South African Medical Research Council. <http://www.mrc.ac.za/home.htm>

Through Rape Crisis, a local NGO, survivors over 14 years old receive counselling. Children younger than 14 are referred to Nonceba Family Counselling Centre, another local NGO. Both organisations have offices in Khayelitsha, enabling follow-up counselling to be done in the area where the survivors live.

To facilitate work with children, Simelela has a special room with toys and specifically trained counsellors. Dolls and other toys are used to help children explain what happened to them, as very young children find it difficult to describe an act of sexual violence and/or lack the vocabulary to do so.

In 2009, the project will be handed over to Mosaic, a South African nongovernmental organisation (NGO) that provides services for victims of sexual and gender-based violence. Mosaic was identified by MSF as a suitable organisation to continue the management of the centre. "We felt that it was unnecessary to establish our own NGO as this would lead to duplication", Appalraju said.

SPEAKING OUT AGAINST SEXUAL VIOLENCE IN KHAYELITSHA

Effective awareness raising efforts, as well as the high quality and wide range of services offered at the centre, are believed to be the main factors behind the steady increase of patients visiting the centre. Awareness raising not only encourages survivors to seek help and promotes the services at the centre, it also aims to improve prevention and reduce the stigmatisation of sexual violence in the community. "Prevention is an essential part of the response, and only through challenging communities to examine assumptions that perpetuate violence can we hope to reduce the number of cases that continue to arrive at the Simelela Centre every single day", said Nonthuzelo Ntwana, centre coordinator.

Newspaper articles, pamphlets, calendars, banners and T-shirts are some of the material produced by Simelela to promote awareness about the services offered at the centre. Workshops, marches, door-to-door campaigns and regular talks on community radio also help highlight the issue and dispel common myths about sexual violence. These activities are carried out in partnership with the Treatment Action Campaign (TAC) and other local community-based organisations.

The activities also aim to educate people about what to do in case a friend or a relative becomes a victim of sexual violence. As anyone can be the first person a survivor goes to for support, disseminating information about how to listen without judging or blaming the victim, and who to contact is crucial to help people provide initial support to survivors of rape. In order to reach children and adolescents, a drama group was contracted to create a play about sexual violence and Simelela. "The group performs the drama in most schools in the community", Appalraju said. "The teachers and students are then encouraged to produce their own play. Students from these schools gather to present their plays to one another. We are reaching more than 1,000 students per school between the ages of 8 to 13 years. Whenever the drama group goes to a school, we receive referrals of students who have been sexually violated". Puppet shows are also organised in nurseries to raise awareness from a very early stage, as children make up a large part of the patients seen at Simelela. Sixty-one percent of attempted rapes reported at the centre in 2007 were committed against children 6-18 years old. Young children under five years old are increasingly being seen.

COLLABORATION: A KEY TO SIMELELA'S SUCCESS

To help raise awareness about rape in Khayelitsha, a number of governmental and nongovernmental organisations have joined efforts: TAC, Olive Leaf Foundation, Planned Parenthood Association of South Africa, SAPS, Mosaic, Department of Social Development, Department of Health and Rape Crisis. "We inform people about what to do if someone has been raped, where to go, what to expect, so they can give support to the people who have been raped", said Fumana Ntlontlo, a survivor who has become a volunteer with TAC. "We support the family of the victim by helping in the court case against the perpetrator, we accompany the victim to court. If people come to us and they have been raped, we refer them to Simelela".

As a result of the coordination efforts, a high-level team including justice, health, education, social development officials and NGOs meet regularly to evaluate performance and discuss ways to improve services. "The biggest challenge is to drive the partnership, to keep partners accountable to those we are trying to assist. The government understands that sometimes we have to speak out against their inadequate performance in some sectors", said Dr. Josias.



03

CONCLUSION

Sexual violence happens everywhere. It can affect anybody. In conflict, it affects civilians and combatants, displaced and refugee populations, women, men and children. It may be a consequence of widespread violence or deliberately used as weapon of war.

In stable situations, sexual violence is also pervasive. In MSF's experience, it often happens within communities and even families, perpetrated by people known to the victim. It frequently involves children.

The impact of rape is devastating. A victim of rape is at risk of HIV/Aids and other infections. Particularly brutal cases of rape may result in injuries including vaginal fistula, a painful and stigmatising condition. Where safe abortion services are not available or are unaffordable, women who feel they need to end a pregnancy resulting from rape are at risk of serious complications and even death.

The psychological trauma of sexual violence can be equally devastating and may last even longer. Women, men and children who have been raped may suffer from post-traumatic stress disorder. They may have low-self esteem and be unable to trust others or form relationships. They may also not be able to seek and find justice.

SEXUAL VIOLENCE: A MEDICAL EMERGENCY

Victims of sexual violence face serious health risks. However, with adequate and timely medical care, it is possible to minimise the physical and psychological consequences.

Even after exposure to HIV, infection can be halted through a course of post-exposure prophylaxis (PEP), a 28-day treatment with ARVs (antiretrovirals). This treatment is only effective if initiated within 72 hours of the rape. Within 120 hours of forced sexual intercourse, it is also possible to prevent an unwanted pregnancy. Sexually transmitted infections (STIs) can be prevented and treated with antibiotics. Infection with hepatitis B and tetanus can be avoided with a vaccine, which may be given after the rape.

Counselling can help patients restore their ability to carry on with their lives after surviving rape. An early offer of trauma counselling can also prevent anxiety, post-traumatic stress disorder and other psychological conditions.

In many countries, however, health services for rape survivors are simply not available. Where they exist, lack of awareness, stigmatisation and the inability to reach a health centre are some of the obstacles that prevent victims from receiving care.

IMPROVING ACCESS

MSF's experience shows that establishing services for victims of sexual violence in an environment where rape rates are high does not guarantee that rape survivors will come forward for care. Many times, victims of sexual violence are not aware that rape requires a medical response. In cultures where victims themselves are often blamed for being sexually assaulted, they may want to keep the rape a secret. Where they are uncertain about confidentiality and privacy of services, they may choose to stay away from medical facilities.

Sensitisation activities are crucial to ensuring that victims of sexual violence are aware of the services available and of the benefits of seeking care swiftly. Through awareness raising efforts, people must also be reassured that health services will be provided confidentially and independently from other institutions, such as courts or police forces.

Speaking out about sexual violence can also help dispel myths and challenge long-established cultural beliefs, which influence the way rape is perceived and determine what is socially and legally accepted. By making the problem visible in the society, it is possible to stimulate public debate and contribute to efforts to prevent and address sexual violence.

COORDINATED RESPONSE

The needs of rape survivors go beyond medical care. When livelihoods are lost as a result of the stigma that often follows rape, survivors need economic assistance. Where rape survivors are still exposed to their aggressors, protective measures must be put in place. Where the possibility to prosecute perpetrators exists, rape survivors should have access to legal support. When judicial systems offer little recourse for victims, lobbying and advocacy efforts may help improve legislation and ensure its implementation. In some cases, different organisations may join together in an effort to stop rape.

A truly comprehensive response to the plight of survivors of sexual violence can only be provided by a range of different actors. A coordinated approach between organisations involved in medical, legal and social support can best bring relief to those who experience the trauma of rape and other sexual violence.

MSF helps survivors of sexual violence in more than 115 projects worldwide - those who seek care despite many obstacles. For too many others, rape is left unaddressed and the physical and psychological wounds may never heal. To help these invisible victims, sexual violence must be recognised by more communities and governments as the medical emergency it is and addressed accordingly. It is only in this way that the untold numbers of hidden survivors can be helped and their lives rebuilt, and that future victims will be saved from the trauma that can shatter their lives.

