PROTECTION

CRS DR CONGO
SGBV
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Hope for survivors of sexual violence in DRC

Listening Centers integrated into primay health venues enable survivors of sexual and gender-based violence to access the confidential psychosocial support they need to recover

In the Democratic Republic of Congo (DRC), a range of armed forces have waged war since 1997, and all warring factions, including the DRC military, have been known to indiscriminately kill and abduct women and children, and commit rape and other forms of sexual violence against women and men. These systematic acts of sexual and gender-based violence (SGBV) result in a series of harmful repercussions for survivors and their communities. According to local health center statistics, an average of 40 women are raped every day in South Kivu province. Of these, 13 percent are under 14 years of age, 3 percent die as a result of rape, and 10 to 12 percent contract HIV/AIDS[1]. Immediate and appropriate treatment is hampered by limited access to medical facilities and psychosocial support, especially in rural areas, as well as by a lack of financial resources to pay for procedures such as fistula[2] operations or travel to areas where other forms of assistance can be accessed.

The psychological damage caused by sexual and other forms of gender-based violence, if untreated, limits victims' social interactions, economic activity and support of their families. In the DRC, survivors of SGBV are often ridiculed and rejected, even by their spouse and family. As a result, some survivors often flee their villages to escape the stigma and shame associated with sexual violence.

Survivors are often reticent to seek help from unknown organizations, and have difficulty travelling to areas where response services are easily accessible. Making services available at the community level through long-standing institutions such as the Church, makes it easier for survivors to seek help. CRS' SGBV programs engage local Church partners that have experience in working at the community level and have established relationships with the people they serve. While a range of organizations are working to reduce the incidence of sexual violence and provide care for victims, CRS saw a critical need to support survivors in their psychosocial healing and – by capitalizing on the Church's unparalleled humanitarian access and influence in communities in need – to bring services to their doorstep that would allow them to regain their capacity to be productive and healthy members of their households and communities.

CRS has a long history of integrating SGBV services into primary health care, which is key to making contact with and providing services to unidentified survivors who seek routine healthcare. Once identified, survivors can be provided with the critical safe and confidential environment to ensure their protection from reprisals and community stigma. CRS had already integrated SGBV programming into 21 health zones in South Kivu through its primary health systems strengthening project, AXxes, from 2006 to 2010.

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A training session for providers of psychosocial support, held at Center Ubuntu. The training included learning about the causes and consequences of sexual violence, recognizing survivors of sexual violence, counselling methodology, active listening, standards and norms for service provision and the context of armed conflict.

1 Rodriguez, Claudia. Sexual Violence in South Kivu, Congo. *Forced Migration Review*, Issue 27, January 2007. p. 45. http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/FMRpdfs/FMR27/full.pdf

2 Repair of the torn wall between the vagina and the bladder and/or rectum. Untreated fistulas can leave a woman permanently incontinent, and result in infertility, miscarriage, and other health problems. Bhatia, Juhie. 29 July 2009 *DRC: Rape Epidemic Fuels Fistula Cases in Global Voices*. http://globalvoicesonline.org/2009/07/29/drc-rape-epidemic-fuels-fistula-cases/

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Providers were taught about sensitive data collection, interview techniques and data management.

CRS also implemented the International Criminal Court's Trust Fund for Victims-funded material and psychosocial assistance program for survivors in Uvira, Walungu and Fizi Territories, which focused on economic recovery opportunities for survivors. It was envisioned that these programs would be strengthened by CRS's "Psychosocial Care for Victims of SGBV in Fizi Territory" by supporting Listening Centers embedded into health centers, where survivors can be referred, and confidentially access detraumatization services. For this project, CRS worked with local partners – Uvira Justice and Peace Commission (CDJP/Uvira) and Centre Ubuntu (a project of the Dominican Friars of Burundi) – to help them to bring services into the affected communities.

Providing technical support to care providers is critical to improving service quality. In this project, CRS focused on improving capacity for quality psychosocial assistance through training by CRS technical staff and the engagement of regional African experts in this field who provided context-specific support based on their experience working with survivors of atrocities in the Great Lakes. The level of training and roles/responsibilities of the Listening Center staff were designed and adjusted to ensure a strong match between their responsibilities and their capacity to be effective care providers.

CRS DRC and local partners worked together in four target areas in Fizi Territory to address the psychosocial needs of SGBV survivors. The project promoted the strengthening of two existing Listening Centers located in health centers, as well as bringing quality counselling to four additional centers. The activities were implemented over a 20-month period in close coordination with CRS' other SGBV programs.

CRS provided partner staff with skills training in sensitive data collection, interview techniques and data management. Assistance was provided in redesigning partners' data collection forms to ensure greater accuracy and quality of information gathered and the inclusion of a section on consent for release of information.

CRS implemented the project in four phases. The **first** involved a workshop, the establishment of four Listening Centers – in Munene, Mboko-Nundu, Mushimbakye and Fizi – the employment of eight counsellors, and training in individual counselling for psychosocial care. This training included learning about the causes and consequences of sexual violence, recognizing survivors of sexual violence, counselling methodology, active listening, standards and norms for service provision and the context of armed conflict. **Second**, CRS launched activities, with 100 survivors of SGBV coming forward for assistance. **Third**, the counsellors received advanced training, including analysis of initial interviews, identifying weaknesses/gaps in the reports, listing difficulties cited by victims, and role-playing exercises. The training, which was culturally sensitive and grounded in the regional context, proved a vital learning ground with participants reporting an improved comprehension of counselling concepts (from 31 percent before to 61.5 percent afterwards), some having had little or no previous field experience.

Finally, CRS and partner CDJP conducted routine activities for quality assurance, including the monitoring of patients and the community sensitization carried out by psychosocial councellors. This awareness raising was to sensitize community members to understand that it is not only the victim that suffers, but that the family and community at large also suffer repercussions. A survivor's spouse might feel loss of pride and a sense of worthlessness. The program thus aimed to equip the wider family and community with new skills – such as anger management and relaxation – to help the survivors among them overcome psychological torment.

The four Listening Centers functioned well, with any limitations being seen largely on the administrative side, with staff battling with statistical calculations and record-keeping. Recommendations for improvement were made and partners made multiple trips to providers to offer on-site advice and support. The project enjoyed a very low attrition rate with 92.5 percent, or 514, of the 556 initial survivors returning for ongoing help.

MEN ACCESS SUPPORT SERVICES

Of the 514 people who accessed counselling, 16 were men. They were "indirect victims", having been witness to the rape of a wife, daughter, mother or other family member. The wives of several had been abducted and not found. The men's decision to come forward despite the associated stigma is evidence of the impact and reach of the project's sensitization aspect; they were seeking both support to deal with their own trauma, as well counselling to overcome prejudices against their loved ones who had suffered sexual violence. While it took multiple visits and effort to build trust between the men and their counsellors, the counselling helped them overcome the cultural reflex to reject their wife, and to move beyond the trauma with patience and courage. While the men themselves did not report an increase in self-esteem, some of the wives reported feeling a renewed sense of love and acceptance from their spouses. The men were enabled to see the women as deserving of support and sympathy rather than blame and alienation. Lessons learned from this unintended positive impact of the program are being imparted to other CRS staff and programs related to sexual violence in the DRC and elsewhere.

All CRS technical publications are available at crsprogramquality.org. For more information regarding CRS SGBV programming in the DRC or elsewhere, please contact Francisca Vigaud-Walsh at francisca.vigaud@crs.org

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