Provision of care for survivors of sexual violence: standardised or context-specific?

Ann Van Haver on behalf of the research team

Sexual violence in different contexts

Liberia

- High rates of sexual violence in post-conflict era

Democratic Republic of Congo (DRC)

- Active conflict – sexual violence used as weapon of war
- Post-conflict zones - social destabilisation => abuse within families/communities

MSF sexual violence programmes

Liberia - Monrovia

- Three MSF-supported sexual violence clinics

DRC - Masisi

- One general hospital and five health centres

DRC - Niangara

- One general hospital and two health centres

Operational research question

Is the package of care offered by MSF adapted to the contextual needs in these settings?

Objectives

In the different contexts, to document:

1) The characteristics of sexual violence survivors

2) The patterns of sexual violence

3) The medical consequences of sexual violence and its clinical management

Methods

- Retrospective analysis of standardised sexual violence database
- Facility-based data analysed for:
  - January 2008-December 2009 in Liberia
  - January 2012-December 2012 in DRC
- Ethics approval obtained from:
  - Liberian Biomedical Ethics Committee
  - Comité d'Ethique de l'Ecole de Santé Publique de l'Université de Kinshasa
  - MSF Ethics Review Board

Package of care

- Psychological support
- Medical history and examination
- Wound care
- Post exposure prophylaxis for HIV
- Sexually transmitted infected (STI) prophylaxis or treatment
- Emergency contraceptives
- Termination of pregnancy
- Hepatitis B and tetanus vaccination
- Medico-legal certificate

Awareness raising and promotion of services

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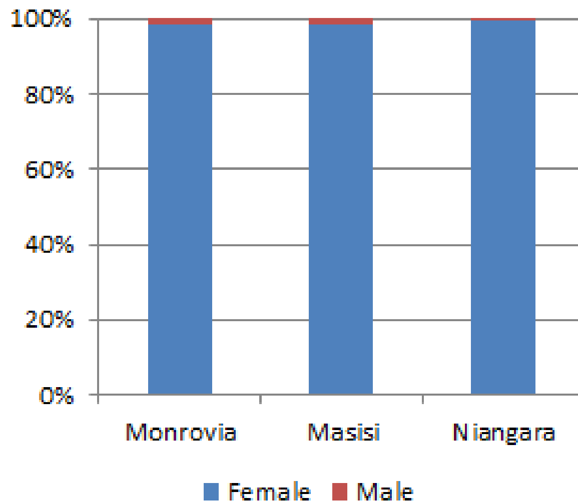
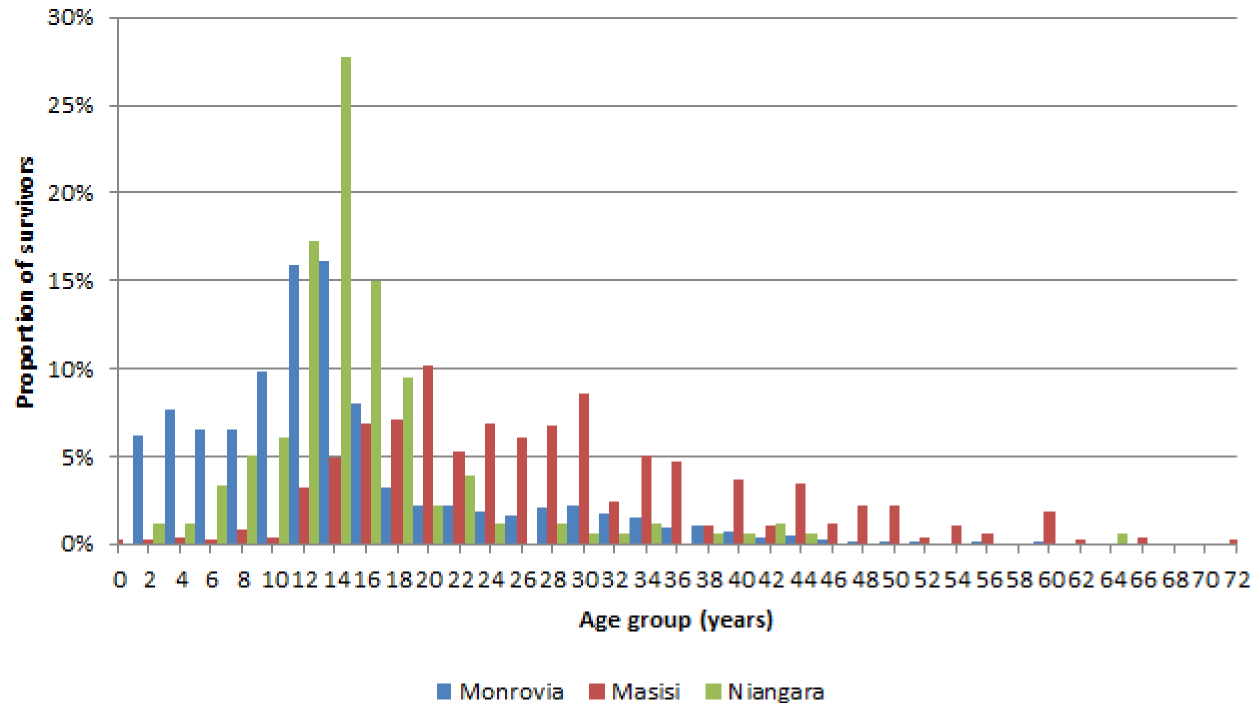
- Leaflet and billboard
- Talks and community meetings
- Radio and newspaper
- Drama / theatre

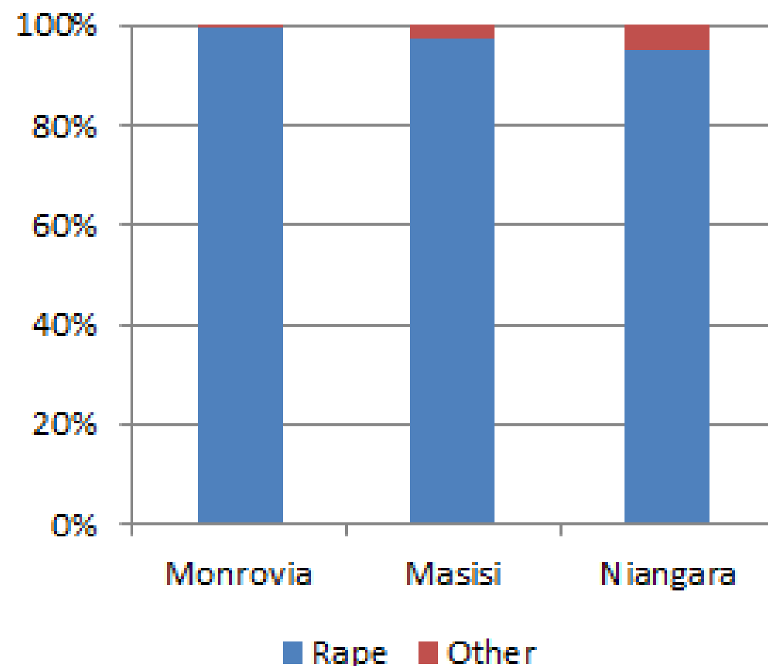
- *Mamans conseillères* or counsellor mothers

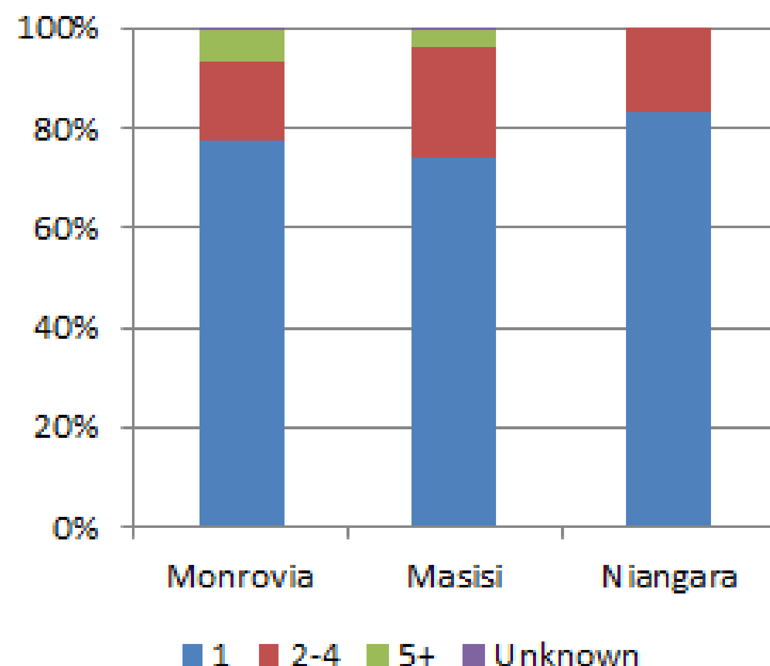
Results: survivor characteristics





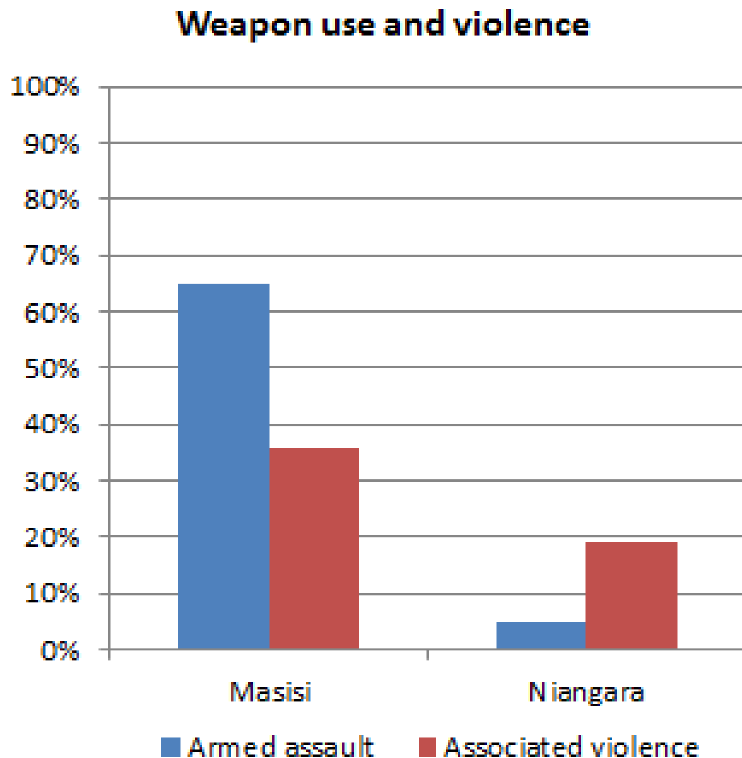
Results: patterns of sexual violence





Results: patterns of sexual violence

Weapon use and violence

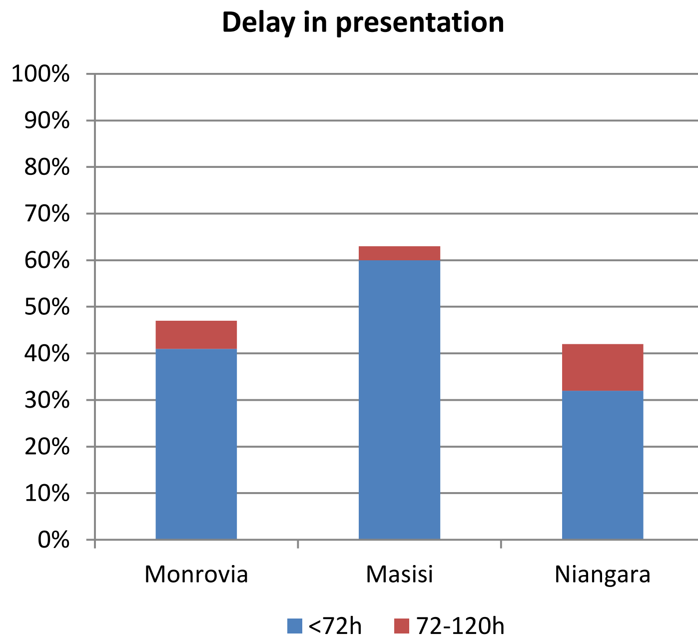


Perpetrators

- Most common perpetrator:
  - Monrovia & Niangara: **Known civilian (69% & 48%)**
  - Masisi: **Military (51%)**
- In Monrovia: 17% of child survivors (≤12 years) with a minor as perpetrator

Results: presentation of survivors

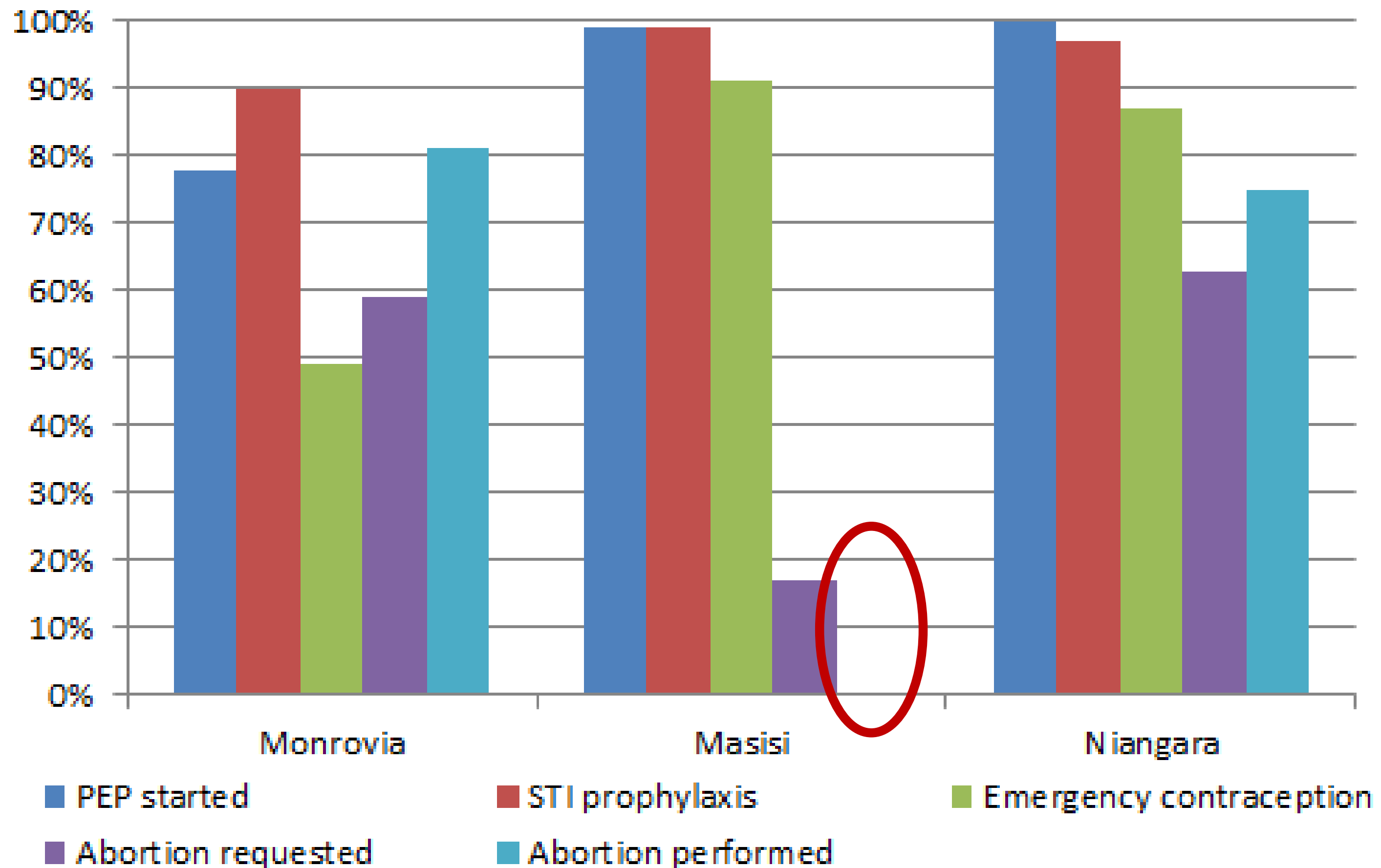
Delays



Referral source

Referral source	Masisi	Niangara
Self or relative/friend	195 (40)	47 (26)
Community talks	97 (20)	20 (11)
Theatre awareness	0	31 (17)
Other NGO	75 (15)	54 (30)
Medical structure	71 (15)	17 (9)
Police	11 (2)	8 (4)
Other	42 (9)	3 (2)

Results: medical interventions



Standardise or context-specific?

- Differences in patient characteristics demand different:
  - Awareness activities
  - Partners to refer to
  - Training of staff and set-up of the facility
  - Adaptation of the package of care to specific adolescent needs

- Challenges faced in the different programs are markedly common:
  - Low proportion of survivors presenting within 72h
  - Few male survivors
  - Low number of follow-up visits

Study limitations

- No specific data on perpetrators' age
- We do not know why survivors who should have received certain interventions did not receive them
- No information on psychosocial consequences
- A facility based study
- ‘Late’ analysis for the programmes in Monrovia and Niagara

Conclusion

- Standardised provision of care will leave gaps
- This study contributed to finding and placing the focus on contextual needs in other projects
- Early and thorough analysis of routine programme data is essential to adapt programme performance quickly

Acknowledgements

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