



Using Data to Understand Prevention and Response to Sexual Violence in Eastern DRC

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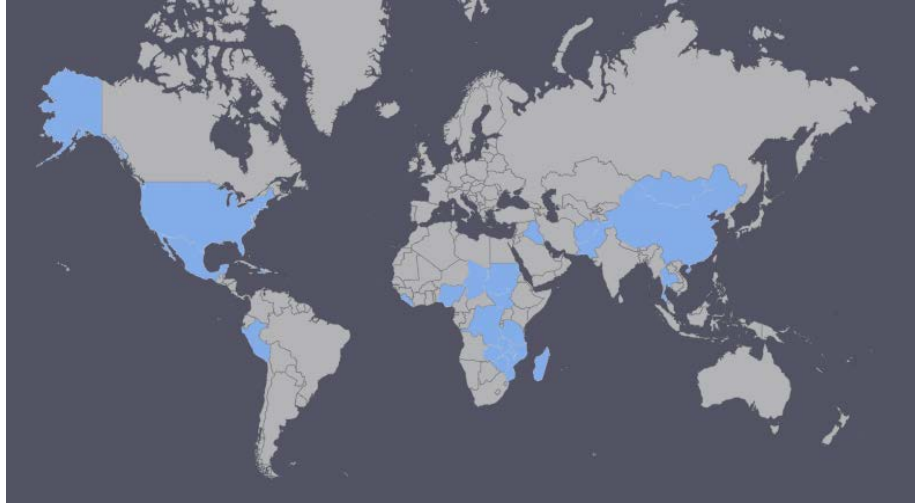
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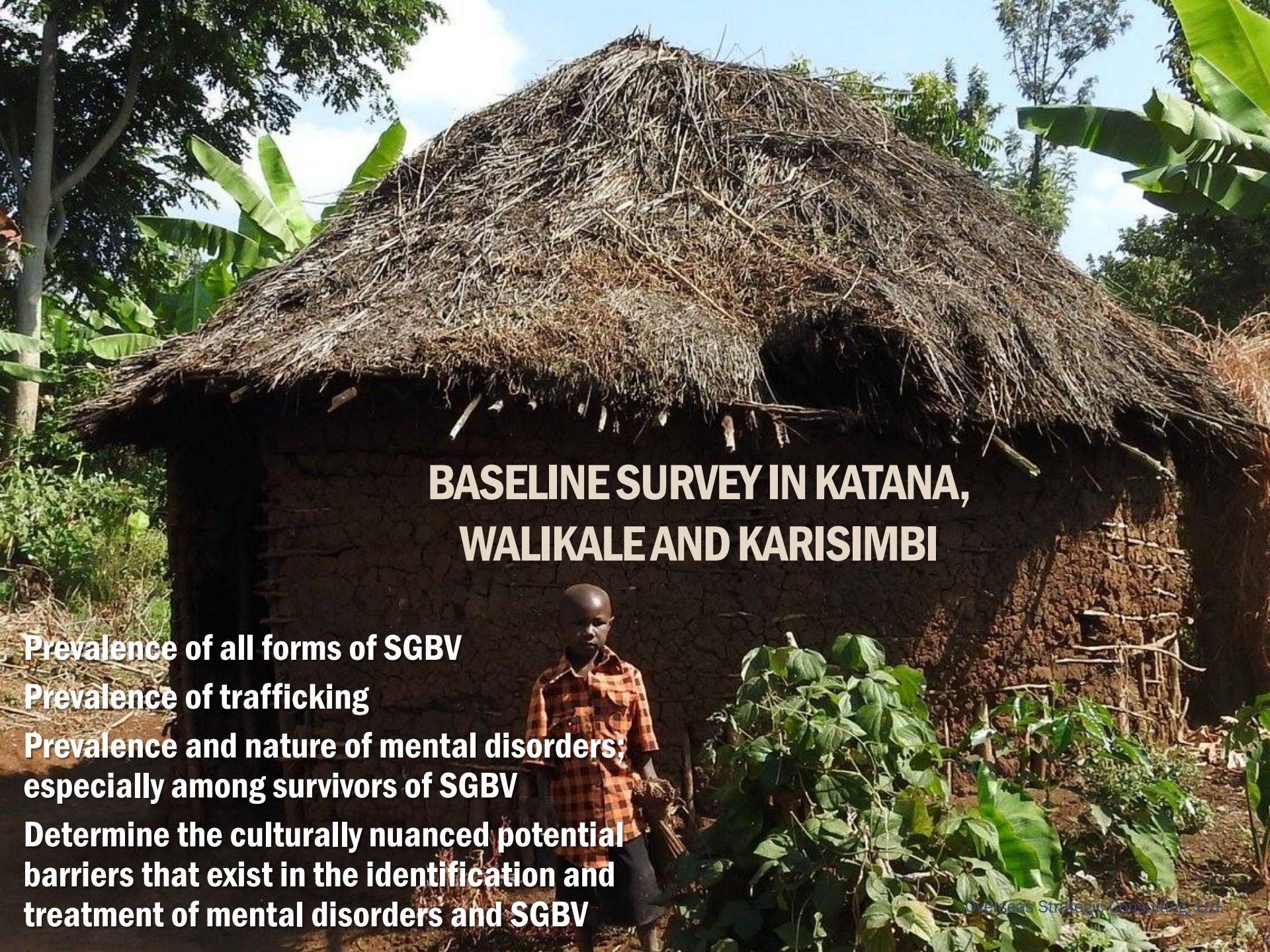
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- ❖ **25 YEARS OF EXPERIENCE IMPLEMENTING RESEARCH-BASED COMMUNICATIONS AND PUBLIC OUTREACH INITIATIVES ON USAID PROGRAMS IN OVER 40 COUNTRIES**
- ❖ **IN THE DRC, OSC LEADS BCC-RELATED ACTIVITIES ON THE USAID-FUNDED INTEGRATED HEALTH PROJECT PLUS (IHPPLUS)**
- ❖ **RESEARCH AND EVALUATION**
 - ❖ **OSC's innovative approaches to sampling and instrument design allow statistically robust conclusions to be developed in fragile and/or austere contexts**
- ❖ **CONTRACTED BY IMA/USHINDI TO COMPLETE AN IMPACT EVALUATION IN THE PREVIOUS IMPLEMENTATION HEALTH ZONES AND A BASELINE STUDY FOR IMPLEMENTATION IN THREE NEW HEALTH ZONES**

A photograph of a traditional thatched-roof hut in a rural setting. The hut has a thick, conical roof made of dried grass and sticks. The walls are made of mud and are dark and textured. In the foreground, a young child wearing a red and black checkered shirt stands near some green plants. The background shows lush greenery, including banana trees and other tropical plants, under a clear blue sky.

BASELINE SURVEY IN KATANA, WALIKALE AND KARISIMBI

Prevalence of all forms of SGBV

Prevalence of trafficking

**Prevalence and nature of mental disorders;
especially among survivors of SGBV**

**Determine the culturally nuanced potential
barriers that exist in the identification and
treatment of mental disorders and SGBV**

METHODOLOGY

- **HUMAN SUBJECTS PROTECTION OBTAINED**
 - Comite D’Ethique, Université Libre Des Pays Des Grand Lacs (ULPGL)
 - Informed consent for all respondents
- **LOCAL DATA COLLECTORS**
- **MULTISTAGE CLUSTERED RANDOMIZED SAMPLING METHOD (QUANTITATIVE 90X10)**
- **900 HOUSEHOLD INTERVIEWS**
 - (96% Response rate, 578 women, 322 men)
- **STUDY REPRESENTS 727,754 PERSONS**
 - Katana 12/ 12 implementation of total 18 HA (152,057 persons)
 - Walikale 8/ 12 implementation of total 14 HA (106,335 persons)
 - Karisimbi 16/ 16 HA (469,362) or entire health zone
- **QUANTITATIVE (#S) AND QUALITATIVE (STORIES) INSTRUMENTS OR SURVEYS**



BASELINE SURVEY: RESULTS



HOUSEHOLD DEMOGRAPHICS

- **MEAN AGE = 34 YEARS FOR WOMEN, 41 YEARS FOR MEN**
- **MOSTLY MARRIED: ~ 70% FOR BOTH MEN AND WOMEN**
- **MOSTLY CHRISTIAN**
- **BATWA, HOLOHOLO, NANDE, LEGA, KONGO, HUTU, MIXED BANTU**
- **LESS THAN HALF OF WOMEN AND MEN HAD SECONDARY SCHOOL AS THEIR HIGHEST LEVEL OF EDUCATION**
- **21% OF WOMEN AND 9% OF MEN HAD NO FORMAL SCHOOLING**
- **WOMEN WERE MOSTLY FARMERS OR HAD A SMALL BUSINESS**
- **MEN STATED “MISCELLANEOUS WORK” OR FARMING**
- **HOUSEHOLD INCOME/MONTH**
 - **68,096 CDF (69USD) women**
 - **83,728 CDF (84USD) men**
 - **No difference among survivors vs non-survivors**



SGBV POPULATION ESTIMATES

KATANA, WALIKALE AND KARISIMBI HEALTH ZONES

Finding	Weighted Prevalence Rate (Lifetime)	Estimated Population Affected
SGBV		
Women	31.6%	54,384 Women
Men	32.9%	38,514 Men
Children	61.0%	299,438 Children
Sexual Violence		
Women	11.8%	30,313 Women
Men	3.1%	12,789 Men
Children	11% overall 7.7% Karisimbi 10.5% Katana 20.5% Walikale	59,103 Children
IPV		
Women	22.6%	43,544 Women
Men	25.0%	29,779 Men

- **No statistical differences for the prevalence rate of SGBV among women or men**
- **Lifetime SGBV rates are the same as the rates from 2010**
- **SGBV was community based among women; conflict related among men**
- **Among women, odds for SGBV 80% higher with alcohol abuse and primary education**

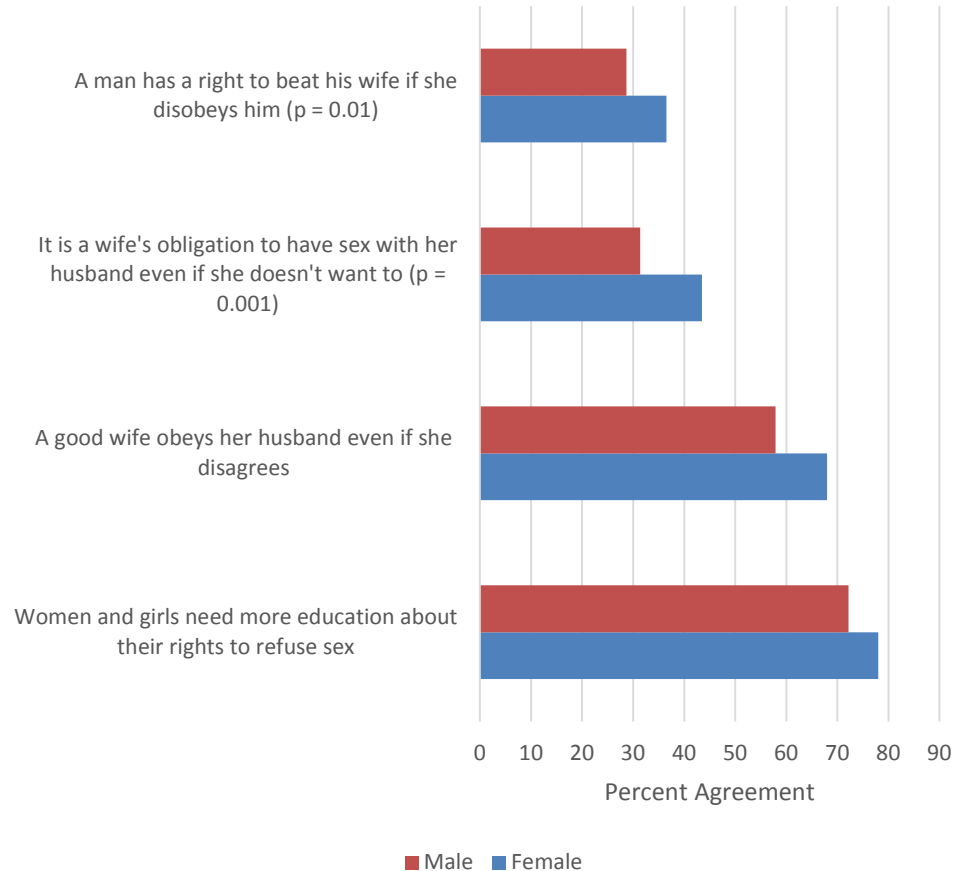
SGBV = Physical or psychological violence carried out through sexual means or by targeting sexuality

SV = Any sexual act, not consensual, included sexual intimate partner violence

INTIMATE PARTNER VIOLENCE (IPV)

- **NORMALIZED AND ACCEPTED BY BOTH MEN AND WOMEN**
- **MOST COMMON REASON FOR IPV WAS THAT WOMEN ARE “TOO PRIDEFUL” (MEN) OR “REFUSED SEX” (WOMEN)**
- **CHILDREN MIMIC ADULTS IN PLAY BY HITTING, THROWING THINGS AND REPEATING “I WILL BEAT YOU” WHENEVER THERE IS DISAGREEMENT**

Opinions on Gender Roles



“Many women will not say no to sex even if they don’t want it because they are afraid they will push the husband to another wife”

TRAFFICKING

- **FIRST PREVALENCE STUDY OF TRAFFICKING IN DRC**

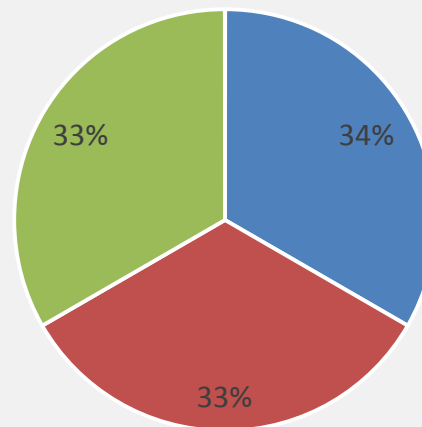
- **RECRUITMENT BY:**

- threats to personal security
- abduction (mostly for men)
- family subjected them to trafficking
- incentives offered such as food or money

- **STAYED FOR:**

- personal security
- family threatened
- the need for food

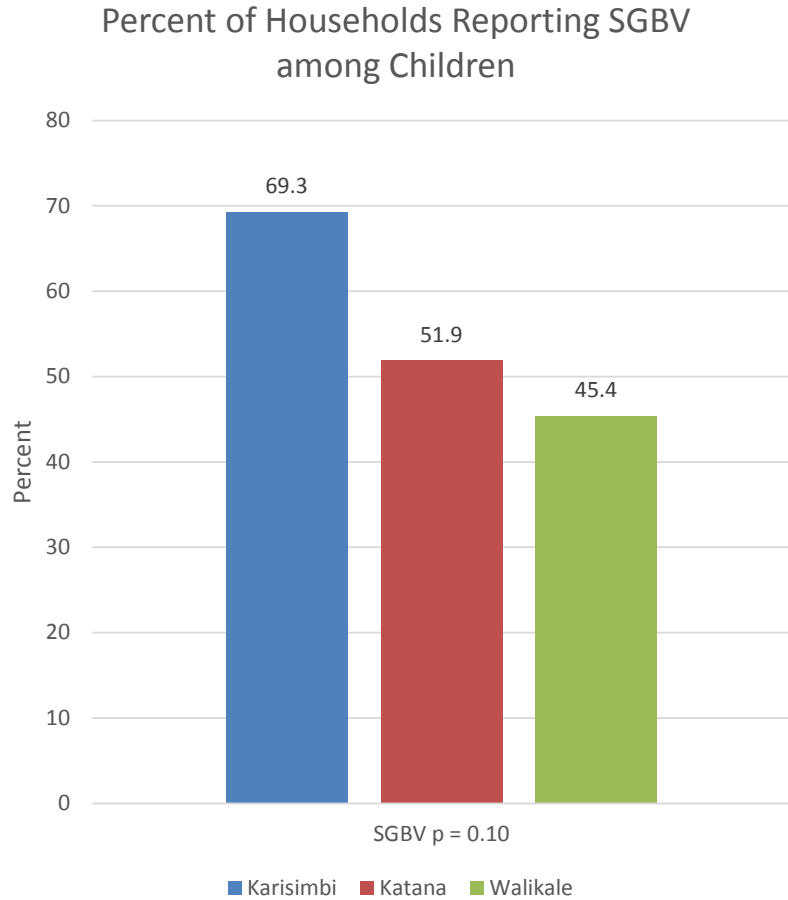
Forms of Trafficking



■ Labor Trafficking ■ Debt Bondage ■ Sex Trafficking

Finding	Weighted Prevalence Rate (In the Last Year)	Estimated Population Affected
Trafficking		
Women	12.9%	18,286 Women
Men	7.2%	12,432 Men
Children	5.0%	24,224 Children

CHILD VIOLENCE - SGBV

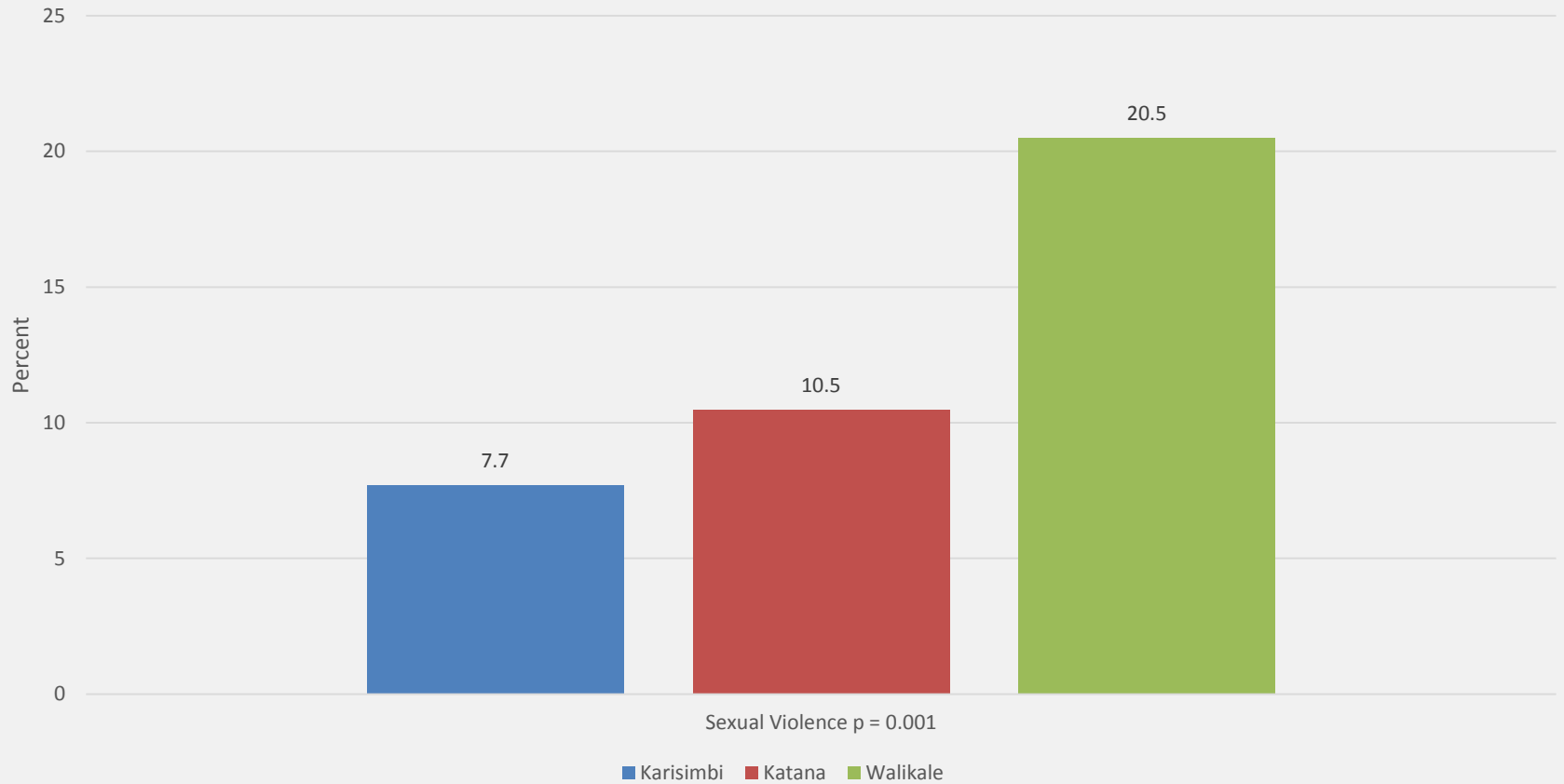


...rape, forced marriage, abduction, forced prostitution, forced labor, no schooling for girls, early marriage, harmful traditional practices...

Extrapolated to household children-299,438 across the survey area

CHILD SEXUAL VIOLENCE

Percent of Households Reporting Sexual Violence among Children



Extrapolated to household children-59,103 across the survey area

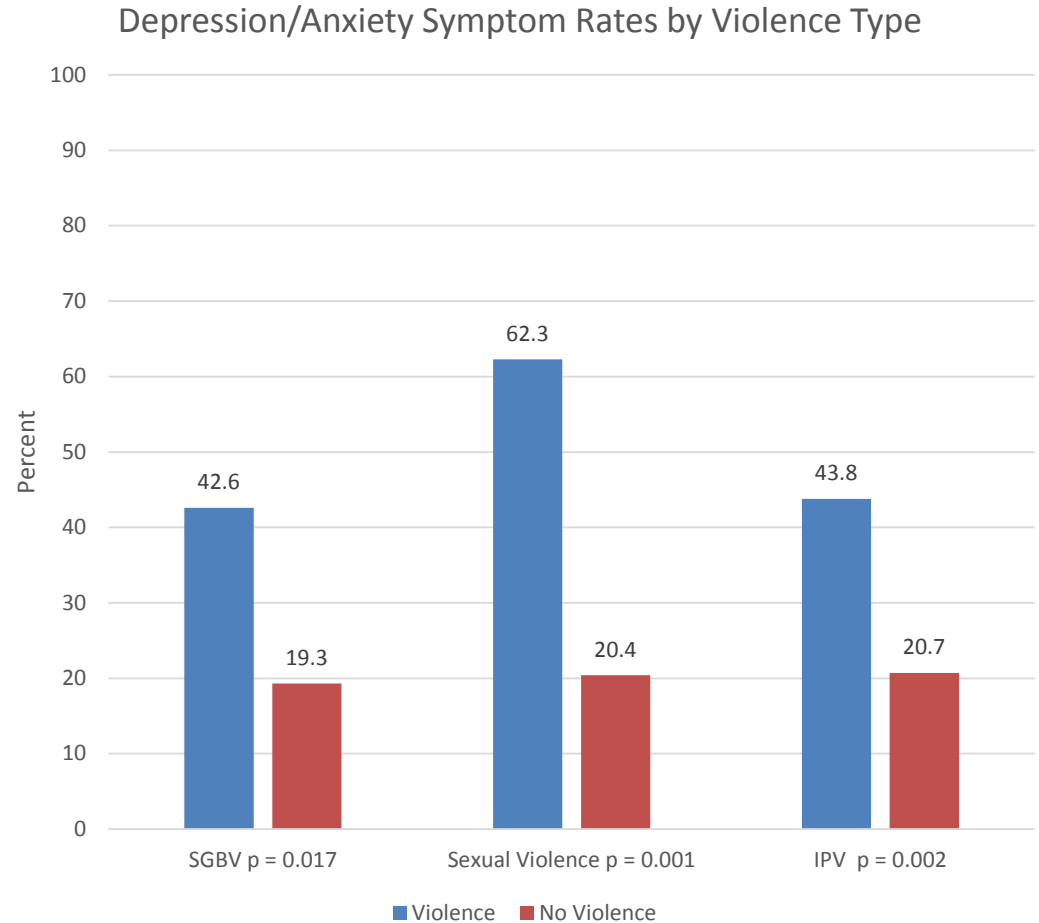
SUBSTANCE ABUSE

- **ALCOHOL AND DRUG ABUSE**
- **MORE COMMON AMONG MEN BUT WOMEN STILL USE**
- **KARISIMBI HAD THE HIGHEST RATES**
 - **White maize based home brew:**
 - *Kanynaga, Mangwende, Lutuku, Chief*
- **QUALITATIVELY, SUBSTANCE ABUSE PRECIPITATES VIOLENCE AND IS A CONSEQUENCE OF VIOLENCE**

Finding	Weighted Prevalence Rate	Estimated Population Affected
Substance Abuse		
Women	21.1%	64,081 Women
Men	38.9%	64,081 Men

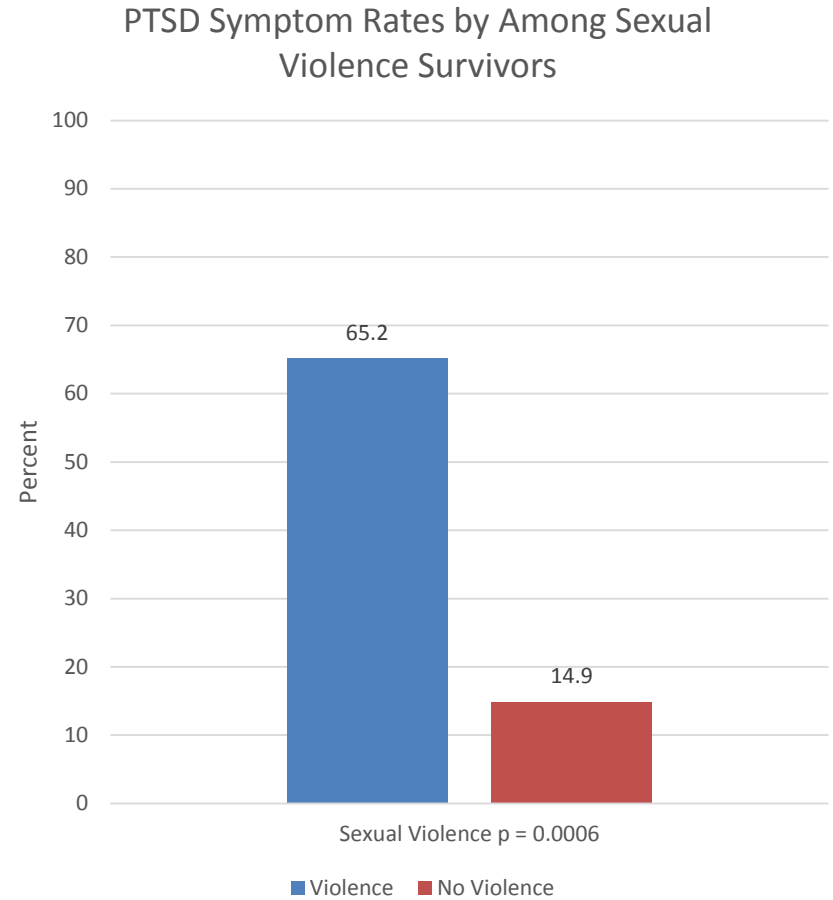
DEPRESSION/ANXIETY

- **NO DIFFERENCES BETWEEN MEN AND WOMEN BUT TRENDS FOR HIGHER RATES AMONG WOMEN**
- **50,237 WOMEN AND 17,544 MEN MAKE SYMPTOM CRITERIA FOR DEPRESSION/ANXIETY**
- **WALIKALE HAD RATES OF 59% VS 27% OVERALL (P = 0.0009)**



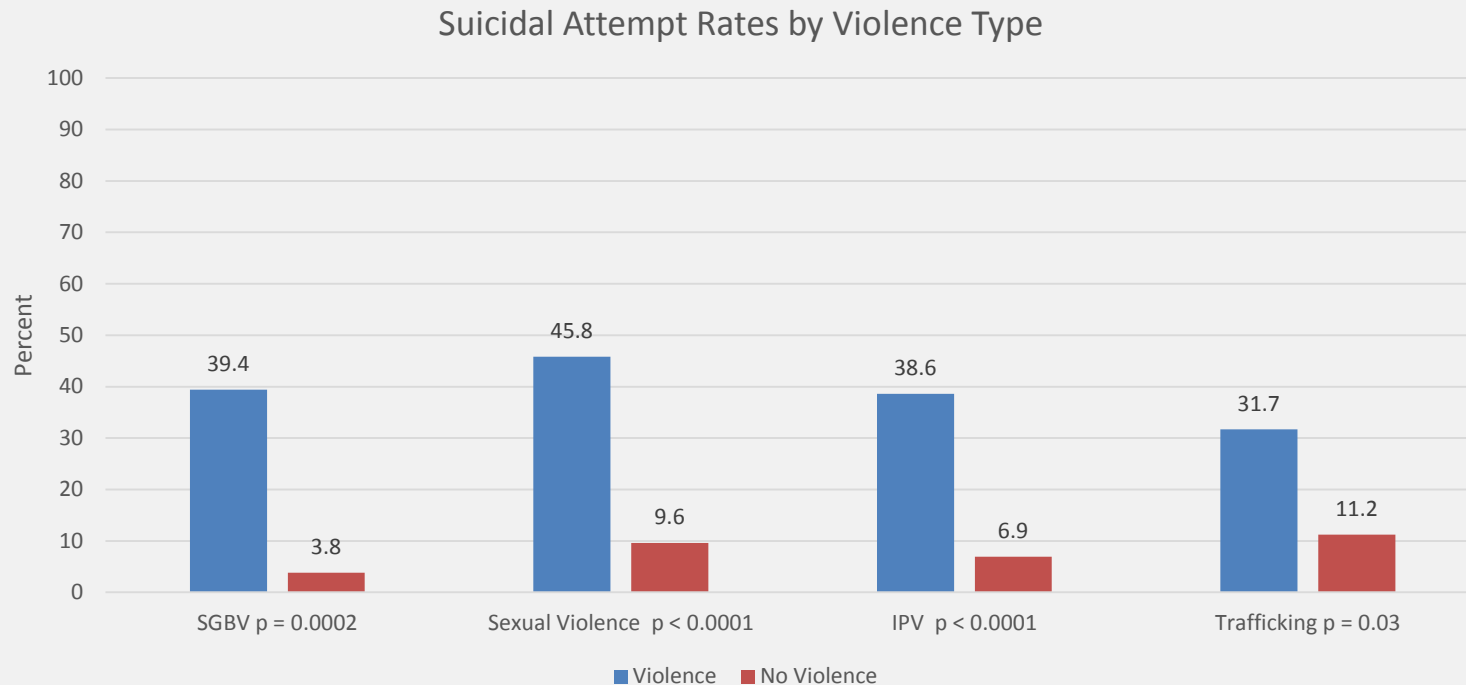
POST-TRAUMATIC STRESS DISORDER

- **NO DIFFERENCES BETWEEN MEN AND WOMEN BUT TRENDS FOR HIGHER RATES AMONG WOMEN**
- **SV WAS ASSOCIATED WITH HIGHER RATES BUT SGBV, IPV AND TRAFFICKING SURVIVORS DID NOT HAVE HIGHER RATES**
- **45,235 WOMEN AND 14,865 MEN MAKE SYMPTOM CRITERIA FOR DEPRESSION/ANXIETY**
- **WALIKALE HAD RATES OF 50% VS 23% OVERALL (P = 0.002)**
- **SURVIVORS WITH SYMPTOMS 34.8% ABUSED ALCOHOL VS NON-SURVIVORS; 8.2% (P=0.05)**
- **ODDS OF SV 85% HIGHER IF PTSD AND ALCOHOL ABUSE PRESENT**



SUICIDAL ATTEMPTS

- **15% OVERALL, NO HEALTH ZONE DIFFERENCES**
- **WOMEN HAD TWICE THE RATES OF MEN (20% VS 8%; P = 0.02)**
- **ALL FORMS OF SGBV ASSOCIATED WITH HIGHER SUICIDAL ATTEMPT RATES**
- **33,593 WOMEN AND 15,966 MEN HAD SUICIDAL ATTEMPTS**





IMPACT EVALUATION



IMPACT EVALUATION: METHODOLOGY

- **DESK REVIEW**
- **QUALITATIVE INTERVIEWS**
 - Field visits to Komanda, Lolwa and Lubero
 - 251 key informant and survivor (n=74) interviews completed
 - Used for triangulation with quantitative data
- **QUANTITATIVE DATA COLLECTION**
 - Repeat directed LQAS to assess change in attitudes and myths
 - 19 surveys in each health zone
- **QUANTITATIVE DATA ANALYSIS**
 - **Analysis of Ushindi data for trends 2010-2015**
 - Data over 5 years being analyzed and interpreted
 - Some issues with merging data sets may limit generalization
 - **Triangulation of qualitative interviews with quantitative data**

MEDICAL IMPACT

Despite data limitations on the actual presentation time to services, there appears to be an increase in the number of survivors coming to care within 72 hours which suggests the communication campaigns by the *Noyaux* have been successful

The outside sourcing model for PEP kits by IMA was cost-effective and efficient and should be replicated by others to ensure important treatments are available

Among survivors interviewed, it was common knowledge that medical services were free

There was a higher than expected rate of pregnant survivors that presented to Ushindi based on the understood rate of sexual violence related pregnancies

- 2.5% of survivors need PMTCT

Nurses well trained, follow the National Treatment Guidelines and feel more confident in recognizing and treating survivors

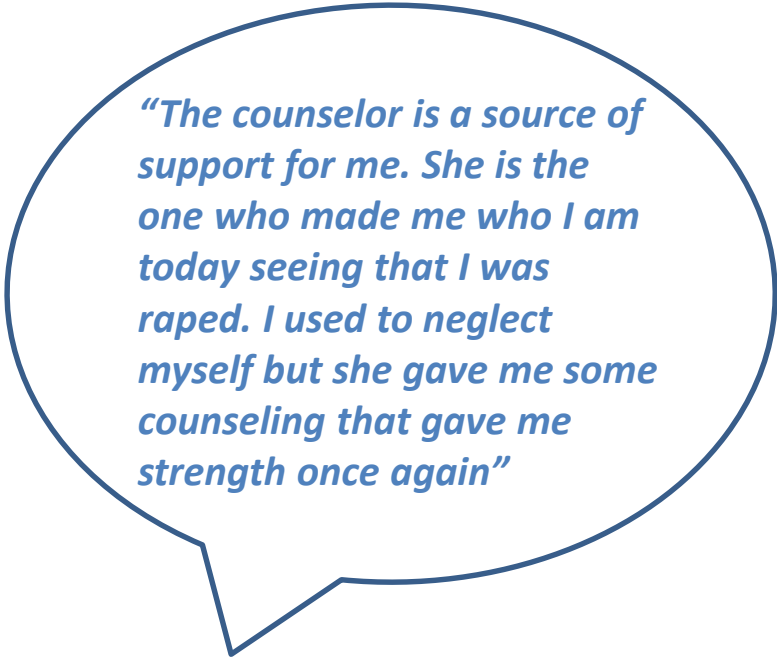
“This issue was taboo and hidden but now with, they [survivors] come on their own



PSYCHOSOCIAL IMPACT

IMPACT

- **Survivors were very aware of the Noyaux and the psychosocial services available to them**
- **Psychosocial services were heavily used by survivors who “feel better” with services**
- **Safe Houses are important for combined service access, and represent a safe/calm/welcoming place for survivors**
- **Lay counselors in particular are used heavily by survivors and are liked, well-trained and a mainstay of the program**
- **Psychologists are present for cases that cannot be handled at the lay counselor level and treat a smaller proportion of survivors**



“The counselor is a source of support for me. She is the one who made me who I am today seeing that I was raped. I used to neglect myself but she gave me some counseling that gave me strength once again”

SOCIO-ECONOMIC IMPACT

(VSLA, LITERACY, YOUTH CLUBS, FOSTER FAMILIES)

- **Socio-economic assistance was the least used arm of the interventions (literacy 0.1% and VSLA 1.3%)**
- **No measurable impact for foster families, literacy or foster families**
- **Youth clubs have had anecdotal impact on awareness of children's rights and sexual violence among youth including early marriage**
- **Campaigns made some improvement in attitudes and myths among the communities evaluated**
- **Other needs not met, included schooling, and trades so they do not have to work in other people's fields**
- **Survivors who cannot find work or have to start businesses that put them at risk for further sexual violence including working in other people's fields and working longer hours (especially after dark) and selling beer or alcohol**

JUSTICE IMPACT

IMPACT

- **Survivors interviewed were not as aware of legal services compared with other arms of Ushindi**
- **More than half (56%) of cases brought to the legal clinics were pursued**
- **21% of cases with a judgement heralds a significant effort by the ABA to pursue justice for victims**
- **Anecdotally, the fact that sexual violence is prosecuted and sentences have been given, fear about being held accountable is instilled in communities**
- **Local Chiefs are still mediating cases involving minors and/or IPV cases**
- **Weekend liberty from prison is the cause of perpetrators disappearing**



CONCLUSION

- **SGBV AND ASSOCIATED MENTAL HEALTH DISORDERS ARE PREVALENT AND HAVE UNIQUE CULTURAL FACTORS THAT PUT MEN, WOMEN, GIRLS AND BOYS AT RISK FOR ALL FORMS OF SGBV**
- **NORMALIZED AND JUSTIFIED, NEGATIVE CULTURAL NORMS HAVE CREATED AN ENVIRONMENT FOR SGBV TO FLOURISH AND CONTINUE FROM GENERATION TO GENERATION**
- **SGBV IS NOT A SMALL PROBLEM IN THE AREAS SURVEYED AND REQUIRES URGENT AND CONTEXTUALIZED ACTION**
- **USHINDI, WHICH HAS BEEN EFFECTIVE IN ADDRESSING THE OVERWHELMING NEEDS OF SURVIVORS, SHOULD EXPAND TO INCLUDE MEN AND BOYS AS SURVIVORS, BETTER CHILD SERVICES AND ADDRESS HARMFUL TRADITIONAL PRACTICES, SUBSTANCE ABUSE AND MYTHS CONCERNING RAPE**
- **ALCOHOL IS A PRECIPITANT OF VIOLENCE, USED FOR SELF-TREATMENT AFTER VIOLENCE AND WITH PTSD SYMPTOMS CAN IDENTIFY RELUCTANT REPORTERS OF SGBV**
- **INTERVENTIONS DESIGNED TO STRENGTHEN COMMUNITY MOBILIZATION AND INTERPERSONAL COMMUNICATION WILL HAVE A POSITIVE EFFECT ON ANY BARRIERS TO EFFECTIVE BEHAVIOR CHANGE AND ULTIMATELY DECREASE THE PREVALENCE AND SCOPE OF SOME FORMS OF SGBV**



“ [Ushindi] has helped change community behavior, early marriages have decreased and no longer does the community accept that violence is normal”

Q&A

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