

# CONFLICT SEXUAL AND GENDER- BASED VIOLENCE AND TORTURE IN THE GREAT LAKES REGION OF AFRICA: A HOLISTIC MODEL OF CARE

DR HELEN LIEBLING

[HELEN.LIEBLING@COVENTRY.AC.UK](mailto:HELEN.LIEBLING@COVENTRY.AC.UK)



# OUTLINE

- Introduction
- Methodology
- DRC
- Uganda
- Interventions
- Summary



# INTRODUCTION

- **Sexual and gender-based violence carried out with impunity in conflict settings (UN Security Council Resolution 1325)**
- **Soldiers, rebel militias, civilians, and UN Peace Keepers (Manjoo & McRaith, 2011)**
- **Great Lakes Region badly affected**
- **Research understands impact and needs of survivors: a poorly understood subject**

# METHODOLOGY

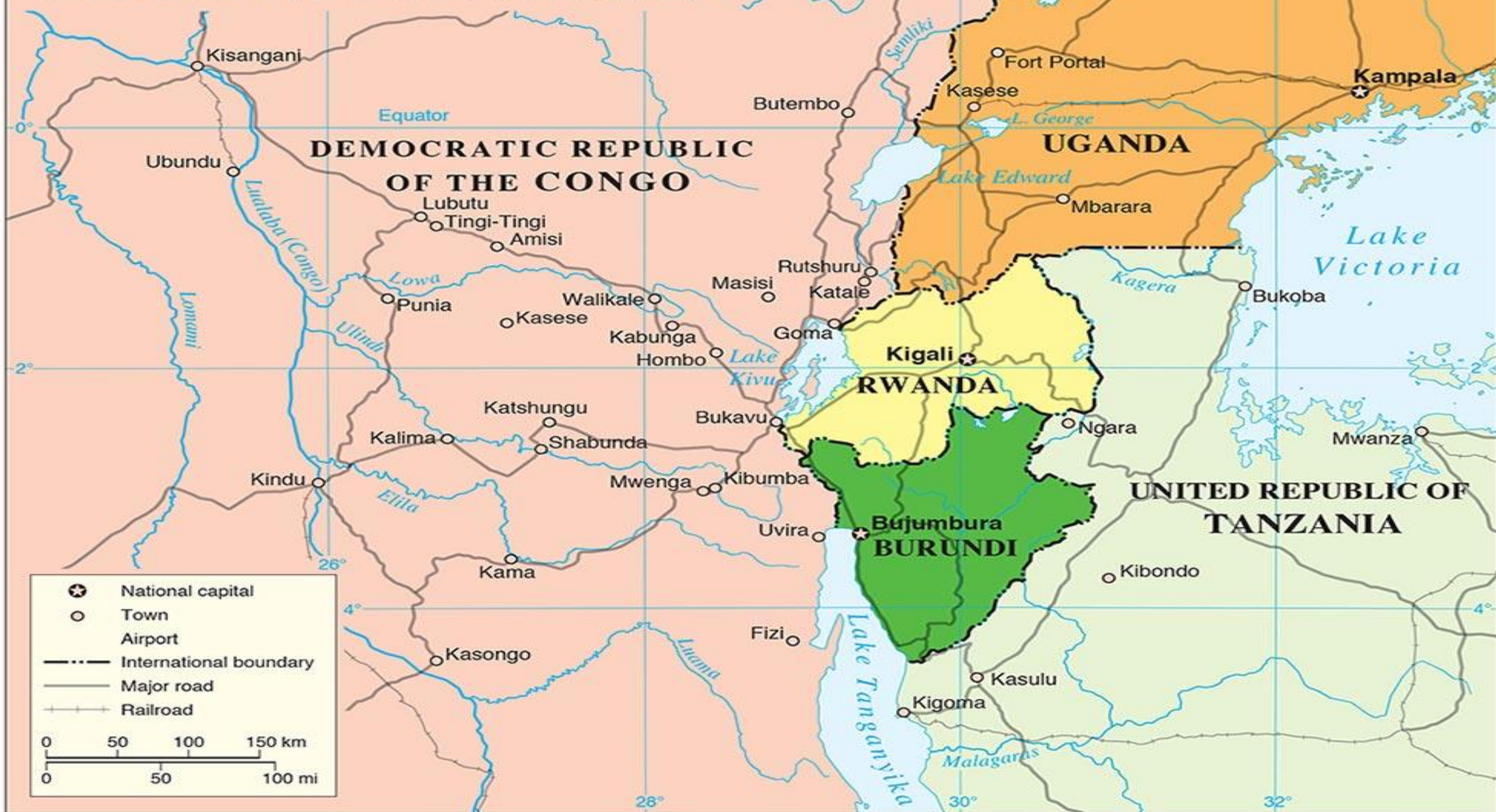
- **Feminist and participatory methods**
- **British Academy/Leverhulme Funding**
- **Ethical approval**
- **Thematic analysis (Braun & Clarke, 2006)**
- **Choice of individual or focus group interviews**
- **Local support structures utilised**

# METHODOLOGY

- *Experiences of Women and girls who bore Children from Rape: Health and Justice Responses (Eastern DRC)*
- *Experiences of Child Abductees of LRA: Health and Justice Responses (Northern Uganda)*
- *Experiences of Survivors and Service Providers of Trauma Services (Northern Uganda)*



# THE GREAT LAKES REGION



- ★ National capital
- Town
- Airport
- International boundary
- Major road
- + + + Railroad

0 50 100 150 km  
0 50 100 mi

# EXPERIENCES OF SURVIVORS IN EASTERN DRC

*“I am a woman with a bad reputation. I am a women without value, they look down on me, are disgusted with me. How can I get rid of this bad reputation?”* (Liebling, Slegb & Ruratotoye, 2012)

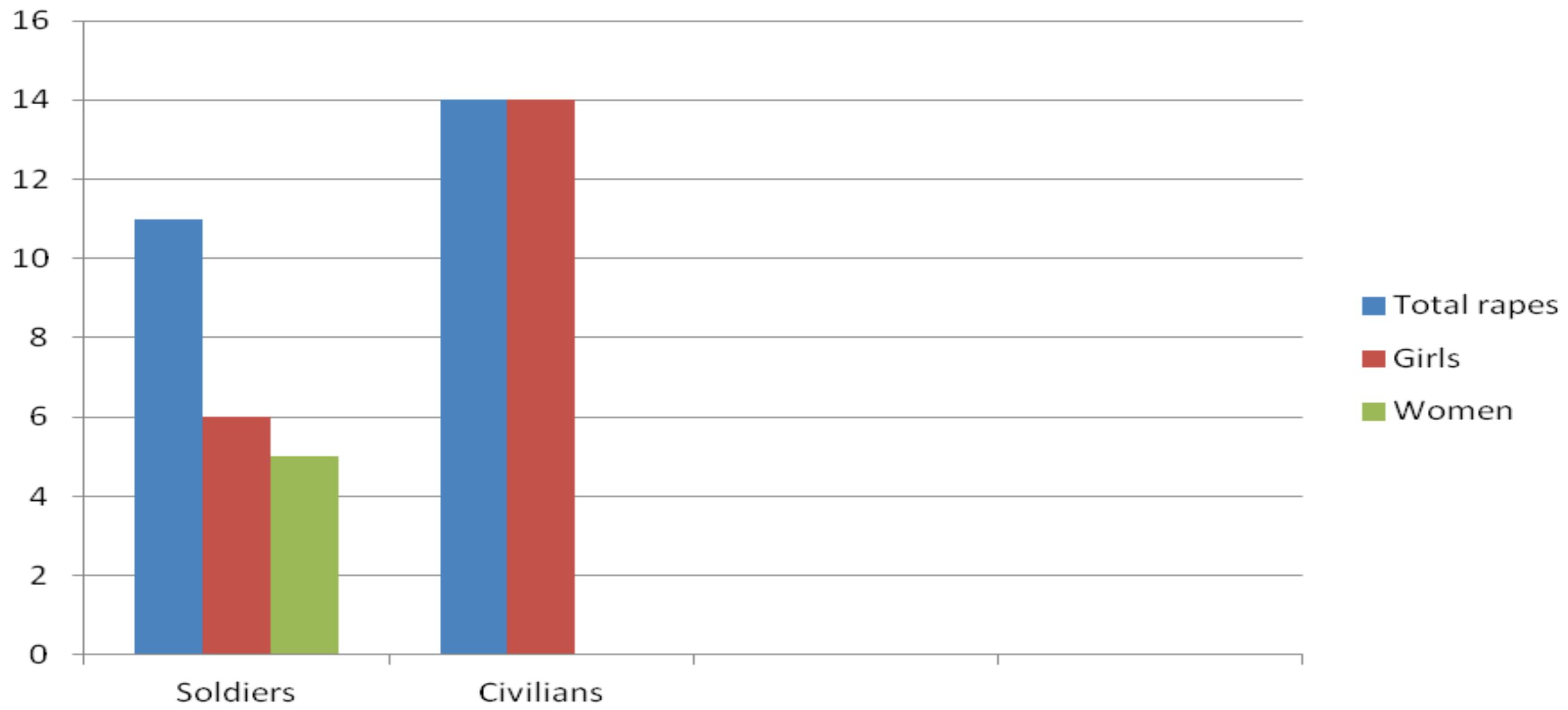
- 110 survivors and key informants interviewed
- Sexual violence, rape, gang rape
- 81% younger than 18 years old
- Variety of locations
- Hard to identify perpetrator
- Most girls raped by community members



Church Leader, Women's Support Group in DRC



# NUMBER OF RAPES BY SOLDIERS AND CIVILIANS OF WOMEN AND GIRLS INTERVIEWED INDIVIDUALLY





# EXPERIENCES OF SURVIVORS IN EASTERN DRC

- Some raped by perpetrator with weapon
- Forced to witness violence and torture
- All pregnant and conceived children
- Communities 'mocked' children born from rape
- Stigmatised, harassed and beaten



# EFFECTS OF EXPERIENCES

*“The first effects were that I had sexually transmitted diseases and my health is not good. I am now weak. I am in a state where any disease can affect me and others can recognise I am sick and not strong and it is not possible to look for life. I am in such a state I have to go to the hospital when I am sick and I have to look for life so my children can survive and even myself as my husband rejected me and the children are not studying... it hurts inside”*

**(Faridah, a 29-year old woman in focus group, Goma)**

# EFFECTS OF EXPERIENCES

- **Children depressed, angry, not at peace: future instabilities**
- **Extreme poverty - unable to breast feed**
- **Urgent reproductive health problems including HIV, sexually transmitted diseases and fistulas**
- **Dangerous for young girls to deliver**
- **Risks of illegal abortions**



# HEALTH EFFECTS AND RESPONSES

- Understandable traumatic effects
- Impact on sense of self
- Lack of trust, stigma, fear of men
- Premature separation from childhood: conflicting emotions towards child
- Poorly resourced health care: failed to access HIV treatment and PEP
- Few hospitals: treatment stopped after delivery
- Listening houses: counsellors 'burnt out' and lack logistics





## CONFLICTING EMOTIONS TOWARDS CHILD

*“It is even difficult for us to sleep as all of the time we are thinking about it. All night long I am thinking about the child. Having the child without a father also brings the idea of ‘throwing the child’.... {All the women in the group agree} throwing it in the road somewhere but as a parent that life is something I did not want. I suffer and now the child is there and thanks to counselling I have been able to keep it”*

*(Women’s focus group, Goma)*

# COMPASSION FATIGUE

*“When we listen a lot to those stories we are affected we become very stressed and we happen that we are not even able to do our work well because we are also traumatised. We are furious all the time, have anger, we don’t sleep, we have high blood pressure. We need to find a good structure to take care of us and have holidays out of this place as we have no money to get out”*

**(Woman professional working in a women’s non-government organisation in Goma)**

# JUSTICE RESPONSES

- Impunity
- Fear of reporting
- Culture of sexual exploitation
- Pressure to remain silent
- Poverty affects reporting
- Survivors 'married' to perpetrator
- Police lacked resources and training
- Survivors found process traumatising



# JUSTICE RESPONSES

*“There is authority interference as when the perpetrators are relatives they interfere to release him. The second reason reparation; the victims don’t receive law damages, compensation and this discourages other victims from coming forward to justice”*

**(Thomas, a magistrate interviewed in Goma)**





# EXPERIENCES OF CHILD ABDUCTEE SURVIVORS IN KITGUM

- Experiences of sexual violence, criminal justice and health provision
- 51 men and 47 women abductees: 85 interviews with key informants
- Boys and girls abducted: forced to commit atrocities
- Girls forced into 'marriages' to LRA commanders
- Sexual violence and torture experiences
- Sexual violence by Ugandan military, male abductees and community members
- Conflict continuing and Karamajong attacking



# EXPERIENCES OF SEXUAL VIOLENCE

*“We all accept that sexual violence during the time we were in captivity was the most common phenomenon. Normally in captivity the person who abducts you is the one who you are forced to accept as your husband until the person is dead. That is what we experienced as young girls in captivity and this made many of us produce young children during these experiences.”*

**(Liebling-Kalifani & Baker, 2010: p.7)**

# HEALTH SERVICES

- **Poorly resourced health system**
- **Lack of trust to provide confidentiality**
- **Poverty affected access**
- **Basic treatment**
- **No doctors in Orom**
- **Few received counselling**
- **Staff experienced sexual and gender-based violence**
- **Lack of staff support, salaries and resources**



# JUSTICE SERVICES

- Criminal justice system failed to provide justice
- Culture of local negotiations
- Bribes
- Survivors' shame, fear, rejection and stigma
- Poverty
- Few skilled officers or women police
- Police lacked logistics and poor at gathering evidence
- Cases collapse: medical reports not submitted in time
- Limited confidential space to interview survivors





# EXPERIENCES OF TRAUMA SERVICES IN NORTHERN UGANDA

- Implications for mental health and legislation
- 35 men and women survivors and 20 service providers
- Torture, sexual violence, and conflict-related experiences during abduction by Alice Lakwena and Lord's Resistance Army
- Forced to commit and witness atrocities- including brutal killing of loved ones



# IMPACT OF EXPERIENCES

- **Traumatic effects: depression, suicidal feelings, isolation, loneliness, anger, nightmares, flashbacks and low self-esteem**
- **Pain and ‘somatisation’**
- **Accessed traditional and cultural support**
- **Prayer used**
- **Desired redress and felt ‘let down’**
- **Land disputes exacerbated trauma**



# SERVICE RESPONSES

- Access to counselling and medication varied
- Trauma services restored hope
- Poverty restricted access
- Lack of gender choice
- Group counselling after individual decreased isolation and increased solidarity
- Clinic staff unavailable
- Lack of counselling and services particularly in rural areas
- Stigma and abuse towards survivors



# SERVICE RESPONSES

- Survivors desired holistic approach
- Organisations left the region
- Alcohol use
- High levels of domestic violence
- Very high discrimination towards abductees
- Survivors let down due to lack of justice
- Corruption of police and gender insensitivity





# SERVICE RESPONSES

- Lack of understanding of traumatic effects
- More counsellors required
- Increasing rates of suicide amongst young men
- Staff own trauma experiences and 'burnt out'
- Services reduced depression, increased empowerment and return to social activities
- Medication and counselling erratic
- No policy for trauma survivors



# INTERVENTIONS

- Implement holistic feminist approach: health and justice ‘hand-in-hand’ (Liebling-Kalifani, 2010; Liebling & Baker, 2010)
- Evaluate local impact on survivors resilience, health and rights



Psychologist emphasizing self-care for professionals



Helen and Gladys running SGBV training in Orom, Kitgum



Workshop with participants, Orom

# INTERVENTIONS

- Reproductive health, support groups, training, income-generation, and clean water led to community empowerment and psychological growth
- Physical health treatment decreased stigma and increased quality of life
- Psychosocial support groups tackled social rejection and promoted solidarity
- Creative writing empowers and breaks silences
- Trauma services reduced depression, increased empowerment and social engagement
- Limits to holistic approach without justice





# SUMMARY

- Holistic gendered model-adapt to context: physical and psychological health, employment, survivor focussed 'justice,' safety, school fees for children...
- Builds on survivors' resilience: tackles stigma and shame: engagement in peace-building
- Extend specialist reproductive and psychological support
- Model limited without gendered structures for 'justice', capacity building, social support and support for staff
- Engage survivors to enhance service quality, policy and legislation implementation
- Further evaluation of creative methods





## A SURVIVOR'S VIEW

*“We all need shelter and education, and I feel I would have [a] life when I take the medicine and attend for counselling. However, the communities do not listen to people with mental health problems, and they don't allow us to contribute...even the local leader. If there was a law it should be strengthened so those who abuse us are prosecuted, and the rights of people with mental health problems are protected.”*

**(Lucy, a 58-year-old survivor interviewed in Gulu)**

# ACKNOWLEDGMENTS AND CONTACT DETAILS

- Survivors, Service Providers, Isis-WICCE and Research Teams in Uganda and Eastern Democratic Republic of Congo
- British Academy, Leverhulme Trust, Spanish Ministry and European Union

E-mail: [Helen.Liebling@coventry.ac.uk](mailto:Helen.Liebling@coventry.ac.uk)

Twitter: [HelenLiebling22](https://twitter.com/HelenLiebling22)



## BOOK PUBLICATION

Liebling, H. (November 2017) Service Responses for Survivors of Conflict and Post-Conflict Sexual and Gender-Based Violence and Torture in the Great Lakes Region. Colleen O'Manique & Pieter Fourie (Eds.) *Global Health and Security: Critical Feminist Perspectives*. Taylor & Francis Ltd.

<http://www.foyles.co.uk/witem/history-politics/global-health-and-security-critical,colleen-omanique-pieter-fourie-9781138677364>