Strengthening the Medico-Legal Response to Sexual Violence through Multi Disciplinary Collaboration among Organizations and Partners in Eastern, Central and Southern Africa

OVERVIEW OF A REGIONAL MEETING

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Background

• SV is a public health and human rights problem
• Limited information on studies done to evaluate impact of ML evidence in prosecuting cases of SV
• Diverse responses have been made focusing on legislation & health policy:
  – not informed by needs of services
• Cross cutting nature of SV requires multi-prong approach
  – Justice system
  – Health care
  – Community
• Significant barriers faced by survivors in accessing quality ML services
Convening

- Dates: 3\textsuperscript{rd}-6\textsuperscript{th} June 2008
- Organisers: LVCT & SVRI
- Coverage: 10 countries
- In attendance: 54 Participants- Eastern, Central & Southern Africa
- Funding: William and Flora Hewlett Foundation
Aim

To strengthen the medico-legal responses following sexual violence through multi-disciplinary collaboration among organizations and partners in Eastern, Central and Southern Africa.
Objectives

• To share findings of the SVRI desk review, highlight regional innovation, share experiences, research findings and lessons learned in integrating medical and legal services in response to sexual violence.

• Identify gaps and opportunities in research, policy and service delivery.

• Provide a platform to promote the creation of regional research networks, and advocacy programmes on strengthening medico-legal responses to sexual violence.
Emergent Issues
Gaps In Service Delivery

• Very lengthy procedures resulting in:
  – Delays in provision of ML services
  – Frustrations among health care workers
  – Unlawful withdrawal of cases by families

• Lack of laboratory facilities
  – Forensic kits not readily available
  – Poor storage, collection and documentation

• Inadequacy of skills
  – Service providers not trained
  – Difficulties in handling children
System Gaps: Linkages between health & CJS

• Inefficiencies within the existing systems
  – Lack of trust in the existing CJS
  – Lack of referrals between sectors
  – Use of alternative forms of justice

• Doctors unable to present evidence
  – Duration taken before prosecuting cases of SV
  – Doctors transferred even before the case is mentioned

• HCPs not adequately trained on:
  – Presenting evidence
  – Undertaking forensic examinations

• Lack of clarity on importance on ML evidence in court
  – What is the required minimum evidence?
Existing Policies

• Lack of regulatory frameworks on:
  – Training
    • Topics covered are sectoral dependent
    • Not all stakeholders benefit from these trainings
    • Lack of national curricular on SGBV in some countries
  – Documentation

• Challenges in implementation since policies are
  – Not standardised for all sectors
  – Not targeted to SGBV
Recommendations

- Programme
- Research
Programme Recommendations

• Multi-sectoral collaborations be established/strengthened
• Strengthen referral links between sectors
• Develop interface between formal and traditional legal systems
• Specific focus on children
  – Lack of skills by providers to handle children
  – Making courts “child-friendly”
• Establishment of M& E of programmes and the development of national data capture systems
• Proper documentation procedures be put in place
• Government financing
  – Equipment, Capacity building, etc
• Specialised centres to attend to survivors
Research Priorities: *Nature, prevalence and social context*

- Assessment of prevalence and patterns of SV in a range of settings, to allow for regional comparisons;
- Identification of mental and physical health and social consequences of SV;
- Evaluate the social contexts which fuel different forms of SV in different countries and settings.

Research Priorities: *Appropriateness and effectiveness of sexual violence services*

• Situational analysis:
  – of formal sector services, and the level of services provided and the degree to which staff are specifically trained to respond to sexual violence.

• Establish the effectiveness of the current interventions, and the perceptions of the survivors and the community towards the different interventions.

• Evaluation of different community based models of post rape support for survivors,
  – both in terms of mental health outcomes and cost efectives

• Evaluate the impact of the integrated clinical care practices and different mental health therapies on the well-being of the survivors.
• Identify the various pathways to care after SV, the responses encountered and the challenges to meeting survivors’ needs post rape.

• Determine the psychological consequences of SV in relation to the coping strategies of the survivors.

• Determine the impact of traditional healing practices on recovery.

• Establish the efficacy of screening interventions and to determine their impact on the emotional and health outcomes of survivors.
Research Priorities: *Sexual Violence prevention*

- Risk factors for perpetration of sexual violence and the contexts in which it occurs.
- Development and evaluation of African based primary prevention programmes and strategies.
Research Priorities: *Justice and community based models*

- In the African context, what type of forensic evidence is most useful in securing prosecutions?

- What is the relationship between formal and traditional courts?

- What is ‘justice’ for survivors, and how can programs best ensure that?
REPORT CAN BE OBTAINED FROM

www.liverpoolvct.org
www.svri.org