

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

Carol Ajema, Liz Dartnall

1st SV CONFERENCE

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Nairobi



Global Forum
for Health Research
HELPING CORRECT THE 10|90 GAP



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 focussing 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: 3rd-6th 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.

(source: Strengthening the Medico-Legal Response to Sexual Violence through Multi Disciplinary Collaboration among Organizations and Partners in Eastern, Central and Southern Africa. Regional Research Priorities: A Briefing Paper, SVRI/LVCT, 2008)

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 effectiveness
- 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

LVCT Eastern Regional Office
Embu VCT Centre, Embu
Mugo Building, Room 9
Opposite Posta
Tel: +254-068-31602

LVCT Nyanza Regional Office
P.O. Box 3124, Kisumu, Kenya
Tel: +254-057-2020906
+254-057-2025945
+254-057-2020946

LVCT Head Office
P.O. Box 19835-00202
KNH Nairobi, Kenya
Tel: +254-020-2714590
+254-020-2715308
+254-020-2731585/6
Fax: +254-020-2723612

email: enquiries@liverpoolvct.org

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