



# CLINICAL CARE FOR SURVIVORS OF GENDER-BASED VIOLENCE

at the International Rescue Committee

*More than 80 years after Albert Einstein helped create the International Rescue Committee, the number and intensity of humanitarian crises across the globe warrant a dose of Einstein-inspired innovation.*





Photo by Aubrey Wade / The IRC

## WHO WE ARE

The mission of the International Rescue Committee (IRC) is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future. Our vision is that the IRC will lead the humanitarian field by implementing high-impact, cost-effective programs for people affected by crisis, and shape global policy and practice by sharing our learning and experience with others. All IRC programs are designed to achieve meaningful change in people's health, safety, education, economic wellbeing and ability to influence the decisions that affect their lives.

For more than 20 years, the IRC has been breaking down barriers that prevent survivors from disclosing violence and seeking services. We continue to work in areas that need it the most, which are characterized by insecurity, displacement and weak health systems.

The IRC is one of the most experienced organizations working to address the crisis of gender-based violence in **eastern Democratic Republic of Congo**. More than a decade of conflict has led to the rapes, attacks and abductions of tens of thousands of women and girls. Despite the enormous need for clinical care, health service providers rarely have the knowledge or means to provide it. Psychosocial care is virtually non-existent.

The IRC is also improving care for survivors in **South Sudan**, one of the most dangerous places to grow up female. In addition to experiencing the world's highest maternal and infant mortality rates, the vast majority of women and girls are estimated to experience at least one form of gender-based violence—whether it is rape, sexual or physical assault, forced or early marriage, or psychological abuse. Our assessment found that almost half of respondents believed that survivors will not access health services due to fear and stigmatization.

All survivors have the right to access care and be treated with dignity and respect and free from blame. We are working to make this a reality for survivors around the world by ensuring that:

- Services are provided free of charge in a compassionate, competent and confidential manner,
- Skilled providers are trained to effectively identify survivors, and
- Services provided are based on a comprehensive, multi-sectoral approach that addresses both response and prevention.

## WHY OUR WORK MATTERS

Gender-based violence (GBV) includes acts of physical, emotional and sexual violence, forced and early marriage, and sexual exploitation and abuse. In conflict-affected areas, it is an epidemic. Recent research suggests that at least **1 in 5 refugees or displaced women in humanitarian settings have experienced sexual violence**—and the figure is much higher if including women who experienced violence, or threats of violence, by intimate partners or other family members.

Survivors of gender-based violence face immediate and long-term threats to their physical and mental health and social well-being. These risks are increased if they do not receive competent, confidential and compassionate care, which is critical for reducing the risk of ongoing injury and suffering.

International standards for humanitarian interventions recognize the importance and right of survivors to access care and to be treated with dignity and respect and without blame. But the reality is that survivors in crisis-affected areas must often manage these risks without access to the most fundamental health care and quality support services to help them heal, recover and—in some cases—survive.

## ONE YEAR OF IMPACT



**26 countries**

IRC is providing psychosocial and women's empowerment support



**19 countries**

IRC is providing clinical care for GBV survivors

## WHAT WE DO

IRC practitioners provide technical assistance to more than 30 country programs. Technical advisors are charged with staying abreast of the best available research and practices in their respective fields and sharing these with the IRC's frontline teams. They also lead advocacy strategies to encourage partners and policy makers to adopt the interventions proven to be effective based on our research and experience.

### > Ensure compassionate and competent care

A survivor's first point of contact is often a health care worker, a nurse or a clinic security guard—all of whom can either begin the healing process or drive survivors away. But health care staff in humanitarian settings often lack the skills and resources to provide compassionate, confidential and competent services, despite their own desire to do so. As a result, women in crisis and conflict-affected settings fail to receive high quality care that meets their needs and international standards. To address this gap, the IRC designed a multimedia training tool in partnership with UCLA to ensure providers in low-resource or crisis-affected areas can properly provide survivors with quality care.

The IRC's *Clinical Care for Sexual Assault Survivors (CCSAS)* training tool models care using documentary-style scripted interactions between patients and providers and videos with health care providers around the world, in addition to face-to-face facilitation methods to train providers. It also expands access to comprehensive services by stimulating greater collaboration between health care workers and other service providers.

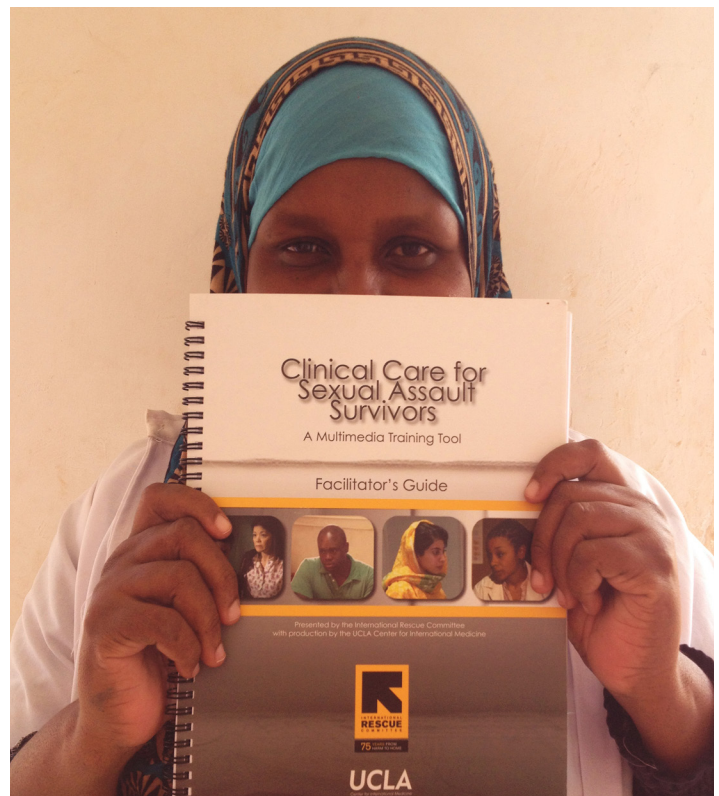
The tool remains one of very few tools to be evaluated and proven to work in diverse humanitarian settings, whether in Democratic Republic of Congo, Ethiopia, Kenya or Jordan. In several countries, the training tool has been integrated into the curricula of national training institutions for nurses, midwives and doctors. The IRC has also trained thousands of health staff, managers and government officials to ensure that skills and knowledge for treating survivors is provided now and can be shared with providers to follow.

*The CCSAS multimedia tool includes a facilitator's guide, DVD, resource materials, case studies, participatory group exercises and a complementary toolkit on psychosocial support. It is available for free in English, French and Arabic at [www.IAWG.net/CCSAS](http://www.IAWG.net/CCSAS).*

### > Identify survivors of gender-based violence

Survivors are often reluctant to self-report gender-based violence, due to stigma, sensitivity and other concerns. As a result, they may be exposed to higher risk of ongoing injury, long-term consequences and suffering. Screening for gender-based violence in health facilities enables skilled providers to confidentially, efficiently and effectively identify individuals who have experienced gender-based violence, so that early and appropriate interventions and referrals can be provided.

Since 2010, the IRC has collaborated with Johns Hopkins University on pilot tests and a multi-country evaluation on the acceptability of screening for gender-based violence and feasibility among refugee populations.



Staff in Somalia receive training to provide clinical care for sexual assault survivors. Photo by Kalkaah MCH/The IRC

The intervention has been implemented in Kenya, South Sudan and the Democratic Republic of Congo with positive results. We have seen high acceptance rates among female patients, positive provider attitudes and no negative reactions from the communities. Most importantly, we have significantly increased the number of survivors who receive clinical care, psychosocial support and/or case management. Our experience confirms that health providers are excellently positioned to ask women questions about their experiences, thanks to their confidential relationships, and that women appreciate being asked these direct questions about their experiences.

### > Address the comprehensive needs of survivors

The needs of survivors are often wide ranging. But for many survivors, finding the services to address them are often limited, if available at all. We work to ensure that survivors have access to a wide range of services, including counseling, protection, assistance with livelihoods and psychosocial support. Whenever possible, we integrate these multi-sectoral services at the same location.

We also establish a comprehensive referral pathway in close collaboration with partner agencies. The IRC knows that responding is not enough. We work to prevent gender-based violence by engaging men and boys, creating safe spaces and networks for women and girls, and peer-to-peer programs for adolescent girls and their caretakers.



**50** NGOs, UN partners and agencies using Clinical Care for Sexual Assault Survivors tool



**84 percent** increase in survivors receiving care following IRC screening for GBV





**The International Rescue Committee** (IRC) responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 30 countries and 22 U.S. cities, we restore safety, dignity and hope to millions who are uprooted and struggling to endure.

### **New York**

International Rescue Committee  
122 East 42nd Street  
New York, NY 10168-1289  
USA

**Rescue.org**

Photo Credit (back): Sanni Bundgaard/The IRC