

CONFERENCE SUMMARY

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BEYOND THE REPORTS

SOLUTIONS FOR **FIGHTING**

AGAINST GENDER-BASED VIOLENCE

> **STRATEGIES, CHALLENGES, PARTNERSHIPS**

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MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO Γιατροί του Κόσμου DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO Γιατροί του Κόσμου DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT





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DOCTORS OF THE WORLD FRANCE & THE THEME OF GENDER-BASED VIOLENCE

In terms of gender-based violence, the statistics speak for themselves: one woman in three in the world has been beaten, forced to have sexual relations or subject to other forms of abuse in their lifetime. In 2008, in France, 156 women were killed by their partner or ex-partner.

This problem takes many forms and can include several different types of violence, such as genital violence, sex-selective abortions, infanticide, rape used as a weapon of war, beatings and injuries, psychological pressure, refused access to healthcare, or social and economic discrimination. This violence is the fate of millions of women (and sometimes men) throughout the world.

This violence can be perpetrated in different contexts, in situations of armed conflict or not, within families, a social group, or within institutions. While the prevalence of this problem is undeniable, and affects women for the most part, it is important to emphasise the fact that men can also be victims of violence.

It's a universal problem which covers a number of different real situations. It constitutes an undeniable violation of human rights and represents a major public health problem.

Enriched by its practical experience and awareness of the issues which this topic raises, Doctors of the World has implemented a global action strategy and integrated it into its initiatives in France and at an international level aiming to fight against this violence. Since 2007, with the support of the AFD (the French agency for development) and the Ministry for foreign and European affairs, Doctors of the World has made fighting against gender-based violence one of its priorities in the framework of its various activities.

11 countries in particular have been affected by this problem (Algeria, Egypt, DRC (Goma and Kinshasa), Guatemala, Haiti, Liberia, Moldova, Nicaragua, Niger, Pakistan, Peru) were integrated into a 3 year internatio-

nal programme, which allowed for concrete progress in terms of prevention and support for victims.

Implementation of a multidisciplinary approach and development of a network of partners (community members, state authorities and local NGOs) has allowed us to widen the scale of our work base and has allowed Doctors of the World to encourage improvements of working practice on site.

Faced with the complexity of mechanisms underlying this kind of violence, this approach has also allowed Doctors of the World to go beyond treatment. Addressing the issue of impunity, measuring the importance of the medical certificate with experts in legal medicine, taking into account sociocultural factors for "global" support for victims. These are initiatives which we have been able to develop/promote thanks to the implementation or development of networks of reference, in each context of intervention.

Through legal, medical, anthropological, social thinking, and the positive experience of experts in the field, this conference aimed to highlight not only the challenges associated with the fight against gender-based violence but also strategies for possible action.

The links between our Algerian, Congolese, Guatemalan, Haitian, Nicaraguan, and Pakistani partners, today allows us to exchange ideas on multidisciplinary support, taking into account sociocultural factors, as well as the fight against impunity.

This conference was divided into three sessions in order to emphasise three key issues in reflecting on the implementation of programmes for fighting against gender-based violence.

PANEL 1: THE MULTIDISCIPLINARY NATURE OF SUPPORT: MEDICAL, LEGAL, PSYCHOLOGICAL, SOCIAL AND THE PROMOTION OF WOMEN'S RIGHTS

Beyond consensus on the importance that should be attributed to the multidisciplinary approach in supporting victims of gender-based violence, this first panel highlights challenges that its implementation represents and the results obtained in different contexts.

- **Moderator:**

Christian Troubé, journalist and author, and editor of «La Vie»

- **Speakers:**

HAITI: Dr Nicole Magloire, representative of the national cooperation for fighting against violence inflicted on women

PAKISTAN: Lucie Dechifre, former coordinator for Doctors of the World

ALGERIA: Dr Fadhila Chitour, representative of the Wassila network

PANEL 2: TAKING SOCIOCULTURAL FACTORS INTO ACCOUNT

This panel concentrates on showing the extent to which the definition of violence, perceptions of its seriousness, tolerance and justifications of certain acts varies according to sociocultural contexts. Taking these elements into account is essential for the development of a programme to fight against gender-based violence.

- **Moderator:**

Éric Fassin, sociologist, from the Ecole Normale Supérieure and researcher for L'Iris (CNRS the National centre for scientific research, and the EHESS - School for advanced studies in social sciences)

- **Speakers:**

NICARAGUA: Juan Jiménez, representative of the association for men against violence

PAKISTAN: Ali Imran, Doctors of the World Pakistan's legal adviser

DRC: anthropologist, and former Doctors of the World programme coordinator.

PANEL 3: THE FIGHT AGAINST IMPUNITY

As well as awareness-raising initiatives and medical and psychological support, which are at the heart of our programmes, the fight against impunity is of fundamental importance in ending situations of violence. Doctors of the World participates in this fight by supporting partner associations allowing victims of gender-based violence to get access to legal assistance, but also by facilitating their access to a medical certificate.

- **Moderator:**

Moira Sauvage, journalist, and member of the women's commission for Amnesty International France

- **Speakers:**

Opening speech by professor Gabriel Mangu, representative of the ministry for gender, family and children in the DRC.

DRC: Julienne Lusenge, president of SOFEPADI association in Béni, North Kivu.

Françoise Munyarugerero, Kabundi, inspector, focussing on the protection of children, women, gender, in charge of the sexual violence unit of the Police general inspection in the DRC.

HAITI: Dr Marjorie Joseph, forensic expert, and representative of URAMEL.

ALGERIA: Dr Farida Miloudi, forensic expert

GUATEMALA: Rosa Escobar, Director of AMES, association for solidarity with women





II_ CONFERENCE OPENING SPEECH

Dr Olivier Bernard
President of Doctors of the World, France.

For today's conference, we really wanted to hear from field experts. For Doctors of the World, the fight against gender-based violence is one of our organisation's priorities, as it's above all a public health problem. For several years, in France and abroad, Doctors of the World has been implementing prevention initiatives and solutions to the problem of gender-based violence across a range of very different contexts.

In terms of method, Doctors of the World works hand in hand with local organisations, communities, institutions, from civil society. Bringing all these skills together allows us to gain expertise. The kind of violence we are hearing about today can be found all over the world. Whether it be sexual, physical, moral, or institutional, such violence involves both physical and mental damage.

What does this conference symbolise?

Three years of an ambitious programme against gender-based violence. This programme was made possible thanks to significant financial commitment from the French agency for development and the Ministry for foreign and European affairs.

This has made way for real improvement in our work at a grassroots level through pooling our various tools, a real community dynamic and exchanges about wide reaching problems (HIV/AIDS, reproductive health).

This global approach has been adopted again today in the three panels that we are suggesting. It includes the multidisciplinary nature of support: medical, legal, psychological, social and the promotion of social rights. As well as treatment, this kind of action is part of an initiative which aims for social transformation.

The second element to consider after the multidisciplinary aspect, is taking into account sociocultural

factors. Why? Because the way in which violence is inflicted varies according to the context. This represents a real priority in the majority of our projects.

Finally, the fights against impunity via access to a medical certificate. The impunity of perpetrators of violence is a major issue in the majority of contexts in which we carry out our activities. Doctors of the World wanted to improve access to legal structures and fighting against impunity.

Dr Catherine Bonnaud,
Head of the division for partnerships with
NGOs for the French agency for development.

It is an issue which is important to all of us. I am aware that I am speaking to a well-informed audience. However, I would like to remind you of some statistics which show why we must remain mobilised for this cause: 1 in 5 women will be raped or be molested once in their lifetime, and it is estimated that 10 to 69% of women (depending on their country) will have been physically abused by a male partner. Violence is the main cause of death, disability for women aged 15 to 44 years old. At least one in three women has been beaten or forced to have sex, or suffered other forms of abuse throughout her life.

Faced with these figures, we see that this problem affects all societies. In France and abroad, and in all sectors of society. Violence can be sexual, moral, or psychological. However, let's remind ourselves of the most discriminating kinds of violence; economic violence, social violence (lack of access to treatment services, forced marriages, mutilation, selective violence...) Armed conflict around the world is also used as an excuse to inflict violence on women.

While violence inflicted on women constitutes a violation of the most basic human rights, we also believe that support in terms of public health services is still insufficient, especially in terms of the risk of transmission of HIV/AIDS.

It is important that Doctors of the World continues to work with women and communities. Doctors of the World also works in partnership with institutions, and local NGOs. It's important to us to help Doctors of the World in its government advocacy initiatives to make it possible to have the right conditions to deal with this kind of violence.

French public authorities have decided to help Doctors of the World with its partnership and advocacy initiatives. We have had some success in this in terms of visibility and awareness. Each Doctors of the World mission can encounter victims of violence and the objective is for them to be able to deal with this; Know-how is good, but let's not forget to make these problems known so that people remain mobilised.

Régis Koetschet,
Director for development and head of relations with civil society for the ministry for foreign and European affairs.

In 2007, Doctors of the World signed this convention for an international programme for fighting against gender-based violence. This programme had an ambitious and wide-reaching objective. Ambitious because the geographical area covered by this convention is particularly large, and because of the complexity of the subject; it is also ambitious in terms of the transversal approach it adopts. The terms of this convention have already been outlined.

I would like to welcome all participants to this workshop, particularly those who have come abroad. Today's conference highlights the work which has been achieved since 2007 through the implementation of this convention.

Bernard Kouchner talked about everything which can contribute to bringing about the elimination of violence against women, about a new frontier for human right, which is part of the framework for the slogan

«National issue for the year 2010» and the national French action plan.

This violence can take on many forms and can be inflicted in many different ways. One of the advantages of this multidisciplinary approach is that if diplomacy has tended to be far from reality on the ground, this global policy inherent in the programme of fighting against gender-based violence involves and increasingly mobilises state authorities.

We are delighted to be developing this kind of initiative which brings together civil society from north and south alongside public authorities. This work carried out by you all brings us closer to the reality and suffering. Diplomacy sometimes tends to move us away from this suffering, but the global initiative that we have undertaken brings us closer to the heart of the action that you are part of.

Those involved in French diplomacy have remained mobilised since this convention, and new programmes have been started; a priority solidarity fund for women and economic development, and a programme for children caught up in armed conflicts. We envisaged a programme on gender-based violence for 2011-2013 in partnership with UNIFEM and this work is going to involve some countries from Sub-Saharan Africa, North Africa, and the near East. All of this, thanks to the experience we have acquired signing this convention.

In conclusion, I will quote the prime minister and three elements, in particular: «the recognition of the work of associations».The second is that «all of that is possible thanks to the committed work of women who take risks and speak up for those women who do not have a voice. » Thirdly, «To drive out and fight against this violence , we still have a lot of progress to make. ».





III_ SUMMARY BY PANEL

PANEL 1: The multidisciplinary aspect of support: medical, legal, psychological, social, and promotion of women's rights

Several initiatives within the legal, psychological, social, fields, necessary for «global» support, are the prerogative of other authorities.

This approach «beyond treatment» came from the observation that Doctors of the World is not able to adopt multidisciplinary support by itself.

To ensure multidisciplinary support, setting up a network of partners involved in similar projects for prevention and solutions to gender-based violence is essential.

Beyond a consensus on the important that should be accorded to this approach of support for victims of gender-based violence, this first panel deals with the challenges that its implementation represents and the results obtained in different contexts.

Christian Troubé, Moderator journalist and author, and editor of «La Vie»

Our first round table/discussion is going to be dedicated to the way in which several disciplines can join forces today in different regions around the world. We have come to the end of three years of work on a programme common to Doctors of the World, the French agency for development and the MAEE and now after three regional workshops held in Latin America, the Middle East and in Africa, it's time to discuss these practices, but also to come up with new ideas for the future. The idea behind it all: real life experience reigns over all.

Dr Magloire will be the first speaker. He is from Haiti, the country which we have all been particularly concerned about this year.

The national cooperation for fighting against violence inflicted on women in Haiti: An example of the network of those involved in multidisciplinary support for victims of violence

**Dr Nicole Magloire (Haiti),
doctor specialised in gynaecology obstetrics
and adviser in issues related to violence for the
ministry for the female condition and women's
rights, and former executive secretary of the
National association against violence inflicted
in women in Haiti**

Background

The fight to defend women's rights and against violence started in Haiti in 1994 with the first national meeting against violence.

Another date followed, as important as the first one, 1988: with the constitution of the international court against violence inflicted on women in Haiti. Then in 2002, date of the creation of KONAP, a platform of

women's organisations set up to reinforce the impact of condemnations and initiatives fighting against violence inflicted on women.

It is important to know that all services put in place by women's organisations in favour of women remained fragile because of a lack of strategy, finance, cooperation, legal structure and making the most of experience.

From this need to coordinate multidisciplinary action at a national level for the prevention and treatment of victims of violence, the national cooperation against violence inflicted on women set up in December 2003, a non-profit association, ruled by Haitian law

The aim of the cooperation was to implement public policies for the prevention of gender-based violence and support for women having suffered violence and obtaining the validation of these policies by state authorities.

In what way? Through development of methods for evaluating medical, psychological, legal and social policies.

Through comprehension of legislation and its diffusion, particularly in the field of the protection of women.

And finally, by having an opinion on all bills against violence inflicted on women.

Progress

This global multidisciplinary approach in the support of women has proved to be very important in developing training tools, and collecting data.

The use of these tools and protocol has made it possible in 2005 to present a national plan for fighting against violence inflicted on women.

Approval of this plan had as result:

- 1) Modification of the law on classification of rape in the Haitian penal code.
- 2) Enforcement of protocol validated by the ministry for health to promote access to a medical certificate for victims (January 2007) and improving protection of women in police stations (2008).

Collecting data on VFF, designed with the objective of reinforcing support for victims through institutions, as well as prevention and advocacy initiatives, allowed us on the one hand, to establish solid partnerships

with civil society, and on the other hand, increasing awareness about issues related to violence inflicted on women.

With the objective of creating coherence across different initiatives as well as improved support to involve state authorities more, our challenge was to become a public mission thanks to its recognition of a legal status.

The idea was to implement the national plan across all different regions, ensuring quality of services offered at a national level and especially ensuring that the national plan was integrated into all initiatives led by humanitarian workers after 12th January.

Christian Troubé, Moderator

The word which sticks out for me is «awareness-raising» working with structures which can make people more aware of the problem of gender-based violence. Another word: «consensus» We have to obtain consensus from the different parties involved, which means that it's not only civil society which can resolve such problems, but a variety of practitioners which need to put these initiatives in place and work together, including the state.

Debate

Question

The link between humanitarian emergency and post emergency. The idea that when an urgent situation arises, women's issues is put to the side, is there a way to provide more mobilisation for women?

After 12th January (and the earthquake), what role can programmes like yours play with so many challenges to face?

Dr Nicole Magloire (Haiti),

In countries in which there is no state or political will to create a national programme to help victims of violence, we have been trying to work alongside the ministry for solidarity and the female condition.

It's true that such programmes have to be modified. If we want to be involved in this kind of support, we must remain «independent» of governing authorities.

Secondly, in moments of disaster, we need to put aside our essential and primary objectives while

the upsurge of violence, in these disaster contexts, makes such violence more visible.

It is political violence in Peru which allowed feminist associations to ask questions about women's rights. We must constantly come back to this aim of fighting against violence inflicted on women.

The cooperation does not have the vocation of offering services; it has the normative and evaluation vocation of reform. When I mentioned consensus earlier on, I was referring to practitioners who have joined this dialogue allowing us to standardise our working tools.

So now how should the association act after 12th January? It is very weak. Our premises have been destroyed, we have had no more funding since December, and so the events of 12th December surprised us at a time of weakness, and have left us impoverished.

However, we have realised that this invasion of humanitarian aid ran the risk of being useless if it was not carried out according to clear instructions. State authorities there did not have enough either and so the danger was that international organisations have to take all the responsibility. Each organisation involved comes to the situation with its own tools, its own vision. This meant that we saw a duplication of services and somewhat of a lack in terms of uniformity.

The role of the cooperation was to let people know about its tools. These associations had to accept the tools of the national cooperation that had already been validated. In particular, I would like to talk about medical protocol and forms for collecting data, without which we would not get anywhere. The struggle continues. Humanitarian staff change over every 3 months; therefore we have to re-group every three months.

Now to come back to the role of the cooperation ; we must differentiate between the «government» and the «state» In 2004, 2008, and 2009, the national cooperation had a very important role, as at the time, there was a government which supported these actions.

We won't get there without state support. That is why using state structures is important, because the cooperation does not offer services as our partners do. They are supported by funding from outside but which is very fragile. We have to make people understand that the issue of violence against women is a public

health issue and that it is important to fight for equality between the sexes and that this cannot be done without state support.

Christian Troubé, Moderator

Pakistan, yet another country with different problems, different sociocultural situations but at the same time, many similarities. The programme there will be presented by Lucie Dechiffre, through an initiative developed by Doctors of the World since 2005 in the framework of «peace houses» places where female victims of violence and their children can find peace, in Punjab.

Dar-UI-Amans in Pakistan: An example a public structure for multidisciplinary support for victims of violence

Lucie Dechiffre (Pakistan), Former coordinator for Doctors of the World, multidisciplinary support for female victims of violence

The objective of my speech is to tell you about the context and working objectives in the Dar-UI-Aman, and to explain how multidisciplinary support works and analysing the relevance and continuity of the system.

Firstly: why Punjab?

Because out of the 8548 cases of violence recorded in 2009 in Pakistan, the majority took place in this district.

The law of silence prevails in this country in which women are subject to several types of violence: kidnapping, sexual violence, domestic violence, threats, disfiguration with acid, honour crimes. 80% of women in this country are subject to one of these forms of violence.

Dar-Ulf-Aman literally means «peace house». It's a government institution for female victims of violence and their children, but with a rather ambiguous social purpose, as while they were built on the model of prison structures, their aim is to rehabilitate women.

In Punjab, Doctors of the World supports 34 DUA out of 38 existing in Pakistan.

Our approach has allowed us to change from a prison like structure to a care based approach, through the implementation of a multidisciplinary approach (psychological, medical, social, rehabilitation, protection and «empowerment.»

Our work to build partnerships with civil society and consultation/cooperation efforts for reinforcing the capacity of SWD (social welfare department in charge of managing DUAs).

Are confronted on a daily basis with the resistance of institutions.

Our work and our approach can sometimes be viewed as a «foreign invasion».

The negative image of Dar-ul-Amans, as well as the women who live there do not help with our work of awareness-raising amongst the general public.

It's with a view to developing our project that we have to continue coordinating and bringing together the work of all practitioners involved in the field.

Establishing links between different projects for the rehabilitation of female victims of violence, developing thought on ways to encourage the rehabilitation of women in the community are the objectives that we have set ourselves.

It's through these awareness initiatives of those involved with a strong influence on the life of women (religious leaders, legal practitioners...) that we can promote change, ensure mobilisation of professionals on a long term basis and developing partnerships in the public sector, associations and civil society organisations.

Debate

Question

Why did we choose to use structures already existing prison like structures?

Lucie Dechifre (Pakistan),

This choice was taken following an analysis of requirements. Doctors of the World started by getting involved in the framework of a programme for support in terms of mother and child health and the problem of violence against women which has turned out to be a significant problem in Pakistan.

Doctors of the World has been questioned by representatives of Pakistani civil society about the problem of DUAs. They were already existing useful structures, despite their negative connotation.

Little by little, awareness and willingness to progress to a protective structure have evolved. Doctors of the World could have created similar structures but that would have brought up the problem of permanence of these centres. Our work had a different aim.

Christian Troubé, Moderator

What struck me was this idea of «double enclosure». You have seen from the figures that LucieDechifre gave us: almost one out of every two women accepts violence as being part of their fate.

In these «peace houses» we are in Imprisonment structures wanted by the government, initially almost prison-like.

Consensus for a change in mentality within society is very difficult to obtain in this situation. You talked about «foreign perception» in a philosophical sense, as well as the force of prejudice which must be overcome.

In keeping with this line of thought, the example of Algeria will be discussed by Fadhila Chitour, through the experience of the Wassila network.

Presentation of the Wassila network for the multidisciplinary support for victims of violence in Algeria

Dr Fadhila Chitour (Algeria), Doctor, representing the Wassila network

I will begin by telling you about the context in which the Wassila network works. Algeria is a façade of a democracy in which institutionalised impunity reigns and where there has been a state of emergency since 1992.

There is a kind of civil war going on there opposing Islamist terrorists and security forces.

The death toll is terrifying: tens of thousands of deaths and several people missing. The paradox is that this terrorist violence (which includes gang rape, massacres...) has made all forms of so called «ordinary» violence visible particularly that committed against women.

5th October 2000: the birth of the Wassila network.

Following a seminar bringing together several international and national NGOs organised by the association SOS women in distress, a network of reflection and action to support female victims of violence was put in place.

Based on the principle that no association can work alone, the work of the Wassila network incorporates multidisciplinary support for female victims of violence and the reconstruction of social links dismantled by terrorism.

From 2000 to 2002, the strategy of the Wassila network was put in place. The premises/headquarters of the

legal and psychological consultancy for SOS women in distress are the base/headquarters for its activities.

Its first objective is above all to show solidarity for female victims of violence via medical-psychological and legal support, and then working in a network with general and specialised associations.

Nowadays the aim of our network is to integrate children into our project and our work is based on concentrating energy on those women who are alone with children. The workshop «working as part of a network» has since become «women alone with children».

It was important to make people aware of the distress of victims, make reference people known, fight against violence inflicted on women and contribute to changing laws. A study session, publication of a social directory and the distribution of a white paper on violence against women were organised following reflection and questioning.

Between 2002 and 2006, global action in response to the requirements of women and child victims of violence was set up.

However, following the disasters which took place in our country (floods in November 2001 and the earthquake in May 2003) all associations working on behalf of women have had to mobilise themselves urgently.

In order to respond to these disasters, international NGOs came to Algeria. Since 2005, this has encouraged the setting up of partnerships with training programmes policies for exchanging experiences as well as the set-up of a database on the subject of violence inflicted on women. All of this led to two annual study sessions to share our experiences.

Partnerships

Terre des Hommes, our partner between 2005 and 2006, set up a helpline available twice a week.

Doctors of the World also took part in its opening, between 2006 and 2009, of a telephone helpline available five times a week.

From 2007 to 2010, SOS KDI proceeded with this programme of a telephone helpline and it was aiming to strengthen family ties.

The objectives of our network are mainly focussed on support for victims and the reinforcement of know how via training programmes. In the framework of these partnerships between paid staff and voluntary workers has proved to be beneficial.

Doctors of the World has been involved in the training of psychologists, legal practitioners, social workers

and has been able to create a network of professionals and encourage the adoption of a charter of experts.

Advocacy on behalf of child victims of sexual violence as well as criminalisation of marital violence has been put in place. This work is supported by making the most of our network and in particular; the set-up of a database, study days and the publication of their proceedings.

In December 2009, reinforcing this network allowed us to make the transition from being an informal network to an association certified by the AVIFE.

Theme specific workshops leading to advocacy initiatives have been organised. Awareness campaigns calling on institutions and citizens to act have been organised within the framework of the work as part of a network. The mobilisation of our members for over 10 years shows that long term work as part of a network is part of a long haul.

Christian Troubé, Moderator

What stands out for me from these three panels is the fantastic construction of work as part of a network, the quest for awareness and the confrontation with state authorities whether it be a state which is too powerful, as in Algeria, or a non-existent state in Haiti, we see now that we can no longer just remain focussed on one field and that our work must involve legal practitioners, the state and government structures. It's difficult as you have said. You talked about institutionalised impunity. This affects many countries.

RECOMMENDATIONS:

Multidisciplinary approach and the development of a network of practitioners

The multidisciplinary approach should be part of a network, at a community level, but also linked to institutional structures (local, regional and national) This institutionalisation of debates is also necessary to ensure the durability of actions undertaken.

The situation in France cannot be forgotten or neglected, especially that affecting the most vulnerable sectors of the population, such as migrants.

The issue of constraints linked to the rehabilitation of victims of violence is being observed in different contexts.

International NGO scan sometimes, in the context of a crisis (or natural disaster) can contribute to dismantling fragile bases of national plans. Their influential presence can also be a limiting factor for local NGOs access to financial support. We must systematically gain funding from structures which are already in place.

The problem of gender-based violence and the strategies to fight against it must be integrated into the different layers of NGOs. The subject must be dealt with in a multi-faceted way, so that it it included in the design of our programmes in as systematic a way as security issues are nowadays.





PANEL 2: Taking sociocultural factors into account in the fight against gender-based violence: representations, perceptions and treatment of violence

This panel is dedicated to showing the extent to which the definition of what violence is, perceptions of its seriousness, tolerance and justifications of certain acts varies according to sociocultural contexts. Whether it is from a semantic, cultural or quite simply perception point of view, the way in which violence is presented and the notion of a victim vary according to the country and the context. Taking into account these elements is essential in developing a programme for fighting against gender-based violence.

Eric Fassin, Moderator
sociologist, from the Ecole Normale Supérieure and researcher for L'iris (CNRS and the EHESS)

The subject discussed here seems to me to be a crossover point between the research of sociologists and anthropologists and experience of reality. The two types of research seem to me to be necessary when we are thinking about sociocultural factors.

Gender-based violence is not just about violence suffered by women. When we say gender it is more than saying women. So what is the point of using the word gender? It underlines the fact that we are saying as a woman. It's not only that women are subjected to this violence but also that they suffer because they are women. That calls into question sexual categories, and male and female roles in society.

For example, in the United States, debates about sexual harassment have led to reflection on this issue: in what situation can we talk about sexual harassment? We tend to think of men harassing women, but to what extent can we also consider men harassing other men?

The category gender can also be reconsidered, because that plays on the idea of what a real man is. Women are the main victims of violence; but that calls into question all representations of masculinity and femininity. This question of gender is an issue related to sexual roles, male and female and passing by the issue of sexuality.

Sexual violence has a strategic role in the imposition of rules.

Taking into account sociocultural factors in the fight against gender-based violence-illustrated by the initiatives of men's associations in Nicaragua

Juan Jiménez (Nicaragua),
Representative of the association for men against violence (AHCV)

Background:

Our work on masculinity or what it means to be a man in Nicaragua started in 1993 with the creation of a group of men against violence in Managua. The association was set up in the year 2000 thanks to a partnership with Doctors of the World. Its headquarters is located in Puerto Cabezas (autonomous region of the North Atlantic).

It's a pro-feminist organisation made up of men working towards creating awareness about male chauvinism.

There are now 52 groups of men involved in the fight against gender-based violence throughout different regions across the country.

Portrayals of masculinity in Nicaragua:

- A real man is one that loves women. The more women he has, the greater a man he is.
- Everything is flesh to be devoured. A real man never says no to a sexual encounter.
- No condom should be used with your wife. With other women, it depends.
- Women should always satisfy the desires of men.
- Men must work for a family to survive. They must

ensure food, education, and basic services for their children.

- Women must obey their husband. It is the man who is in charge.
- Men are more competent than women, more intelligent and that's why they enjoy more privileges.

What is our position on gender-based violence?

AHCV is based on the belief that violence against women is the result of the power of domination and control of men, and that is why men are so important to the fight against such violence. Even more so because these perceptions of violence and of masculine and female gender in different social contexts.

What should our policy be on such violence?

AHCV contributes to the eradication of violence committed by men and the mobilisation to defend the right to freedom and non –subordination. It is important not to be part of violence perpetrated against women. Men on the other hand must be united with women.

How do we approach men?

-In partnership with organisations and women's groups at a local level working on the prevention of violence.

- Through local community leaders and men's groups involved in the fight against violence inflicted on women in different communities.
- Through thinking with men about male behaviour.

Subjects dealt with during awareness sessions.

The identity of gender, sexual divisions at work, education about power, and domination over women in places for socialising, violence committed and suffered, masculine sexuality, homophobia and male chauvinism, the participation of men in sexual and reproductive health, men and abortion, gender-based violence, HIV and AIDS, responsible paternity, participation of men in the public fight against violence committed against women.

Some arguments used by men to defend their cause:

- Women also rape men
- Women fall in love and need to be mistreated
- Women provoke such behaviour
- There are women who are a lot more violent than men

- We always defend women and we forget about men
- It's a reaction against feminism.
- Religious fundamentalism
- Homophobia: anyone speaking about this subject is homosexual.

Our strength comes from our experience in awareness-raising and training amongst children, teenagers, and young men. In order to do this, we rely on methodological guides: the first one which has the title "what does it mean to be a man?" and the second "Real man or the truth about men."

Our partners

Strategic alliances with women's groups working on the prevention of gender-based violence have been set up over the years.

We are part of a national and international network for fighting against violence inflicted on women. Furthermore through real dialogue with state authorities, we have become leaders in the subject for media in Nicaragua.

Debate

Question

In the Congo, the way in which we are educated means that there are tribes in which we cannot talk about sex. When you talk to a woman who has been attacked, she says "he attacked me" and she is afraid to say "he raped me" There are even those who ask: how could you say such a thing and talk about sexual attack. In terms of such difficulty in talking about violence: how is it that a country such as Nicaragua has men in it who call themselves "pro-feminist?"

Juan Jiménez (Nicaragua)

We are an association set up to prevent violence. We do this together with women's workshops. They have to stop men from having fear of feminism. In many countries, they believe that feminism aims to eradicate men. It is not that at all. There are some very good associations in our country and men get together to denounce violence against women. It's not an easy topic. There are men who are part of our organisation who don't call themselves pro-feminist. However, they are against violence inflicted on women.

Question

Doctors of the World takes cultural aspects into account knowing that they are not permanent, but that they evolve. The first time I went to Nicaragua, colleagues told me, with a certain amount of guilt, that Nicaraguan men often killed women.

On the other other hand, they were convinced that in France, the country of human rights, such things could not take place. So I told them that in France, a woman dies every two and a half days as a result of marital violence.

This information allowed them to sit back and reflect upon sociocultural contexts and the images that we have of other countries.

That's why; today I'm here to discuss initiatives led in Nicaragua and reactions to the opinions of certain religious leaders about violence against women.

Juan Jiménez (Nicaragua)

In Nicaragua, the idea that men are «naturally» violent is widespread, especially in certain social groups. In rural areas, people often make light of violence; however, men from these areas tend to respond more positively to our intervention, whereas men living in urban areas often refuse to participate in meetings claiming they don't have enough time.

A lot of men refer to religious fundamentalism when talking about the subject of violence. They refer to the bible to justify violence inflicted on women. Therefore, we use the same tool to counteract this religious justification. How is it possible that God accepts violence against women? We do this due to the close links between religious leaders and their significant influence on the population.

Violence and how it is represented in Pakistani society and law

Ali Imran (Pakistan), Lawyer and legal adviser for Doctors of the World Pakistan

The situation of women in Pakistan

Marital violence is the most common form of gender-based violence in Pakistan. Between 70 and 90% of women are victims of domestic abuse. Women, already disadvantaged in terms of education, access to healthcare, and food, also have all kinds of limitations on their freedom. In addition, physical violence and honour crimes committed against women are tolerated by Pakistani law and society. Research in this field clearly shows that their «condition» is evolving, but not their «position.»

What type of violence is there in Pakistan?

- Physical (domestic abuse), honour crimes
- Economic (denial of rights and economic resources, violence linked to shared property in a marriage)
- Sexual (harassment, rape ordered by a Jirga, literally a grand council in Pasto language, meaning a council set up to take important decisions about the country)
- Psychological (intimidation, insults, threats)
- Social (patriarchal favoritism towards the son, discrimination in food rationing, refusal of access to treatment and education)
- Cultural (such as Vinni, Swara, KaroKari traditions, double marriage, arranged marriages for children, forced marriages, etc.)

Tradition in the face of the law

Not only does Pakistani law accept certain discriminatory behaviour linked to gender in the name of tradition and religion, but it even includes it in much of its rules. There is also a lack of legal systems for fighting against criminal acts linked to tradition.

The law in Pakistan

Even though the law stipulates that all citizens are equal in terms of rights and that no discrimination must be made based on gender, it has been proven that the law does not penalise all forms of gender-based violence and that on the contrary, it even has systems in place which leave certain crimes, such as honour crimes unpunished.

Sharia law and tribal law are given pre-eminence (Islamic law) over common law, which explains the existence of discriminatory legislation on gender.

The legal system is decidedly complex in Pakistan because it places authorities very different in competence on the same level (common law, Sharia, Jirga) and is based on patriarchal principles. It therefore supports discriminatory traditions which go against women's rights not only in legal terms but also at court; in the police and in the application of law. Legal procedures are lengthy, complex and costly and therefore inaccessible to the majority of women who lack financial independence.

Awareness initiatives consist of developing strategies from data which already exists. Therefore, we promote legislative rules, protective of women, after having reviewed law in the country. Work to ratify and implement international laws as well as conformity with national laws on the protection of women is to be encouraged, as well as lobbying to dissipate prejudices towards foreign programmes. In addition, and in order to bring solutions to the theme of gender-based vio-

lence in the field of prevention and work on education about patriarchal values is also to be envisaged.

Support

Our work also involves developing support strategies for the implementation of partnerships with other organisations working for the protection of women. Training programmes prepare staff to react faced with the problem of violence. Our priority is to “give a voice to those men and women who don’t have a voice” that is those who have survived violence while making the general public aware, men included, about violence.

Work on the legal system

This work involves limiting the power of the sharia and traditions and lobbying in favour of legal policies which give support to victims. Awareness initiatives amongst judges can be helpful as well.

Making access to the legal system for victims and ensuring free legal support are two of the initiatives put in place to protect women. Promoting existing rights for the protection of women in partnerships with a programme to involve civil society in fighting against sexist traditions.

Debate

Question

I work for Handicap international. In the framework of our projects in Mozambique, un Burundi; in Madagascar or in Zanzibar, there are two legal systems, that of the tribal law and conventional law. In your opinion, which system do victims of violence prefer in Pakistan and why. Which system do you prefer?

Ali Imran (Pakistan)

In Pakistan, a lot of women are victims of sexual violence but do not ever denounce such acts. Often what happens is that if they do so, they are stigmatised.

Laws from from the 80s and 90s were very discriminatory towards women, as when they were victims of violence they could also be accused of adultery.

These laws have been relaxed in 2006, but Pakistani women still hesitate to denounce acts of sexual violence to the authorities out of fear of being accused of a crime.

In addition, there are several different legal systems in place in Pakistan, applying Sharia law, tribal law or common law. There can therefore be confusion about the choice of which court to consult. All of these courts are capable of dealing with sexual violence. Nowa-

days and since the law of 2006, the majority of cases of sexual violence denounced to the authorities refer to civil law. In any case, without favouring one or the other jurisdiction, victims should go to the one which is more favourable.

Eric Fassin, Moderator

The third intervention of the panel completes the previous one. Tatiana Kourline is an anthropologist, and was in charge of the coordination of a project of MdM in the democratic republic of Congo.

She is going to talk about the way in which societies treat victims, that is to say the way in which we consider a victim.

It contributes to what we have just heard since it is thinking about human rights in their universality independently from their cultural context but also taking into account these

Problems linked to defining «victims of violence»

Tatiana Kourline, Anthropologist former MdM coordinator for the programme for fighting against sexual violence in DRC

Words and positions for intervening in gender-based violence

Firstly, I will tackle the problems involved in the use of certain words to describe people who have suffered violence and then I will discuss the necessities and difficulties in describing and defining their position as victims, and then the space for defining gender-based violence , representations on the whole which have been mobilised in the east of the DRC. Finally, I will make some recommendations.

In what way do countries categorize violence and people who suffer such acts? Should we talk about “victims of sexual violence?” or about “people victims of sexual violence” or “survivors?”

When we have to define something, we must take into account the variability of perceptions from one country to another. This opens up a semantic debates. This is because the notion of “rape” for example does not exist in some regions of the DRC. And if we remain concentrated on the semantic aspect, to say “to be taken by force” is not the same thing as saying being taken forcibly.

Another question: operational related to «position » and «visions of intervention» what should we describe? How should we act and transform into what?

Based on our on-site experience, as part of a socio-anthropological approach towards victims between 2007 and 2010, some recommendations were made. MdM works in North Kivu on a programme for mental health to reinforce capacities of local practitioners in the field of mental health and with people who have suffered sexual violence.

Problems

Both Observation of semantics and positions on action for people concerned and those involved: to pass from visions of identification to evolving processes of changing opinions (passage from being a victim to being involved in the fight against violence)

Taking into account the variability of perceptions and the definition of violence and what a victim is according to socio-historic contexts: evaluation of tensions and between local positions and suggestions for action.

Faced with persistent silence in the face of gender-based violence and recognition of the importance of their expressions: definition and recognitions of violence according to the context.

So who is a victim and who should be compensated?

In the east of the DRC «victims » are families and not only the woman who has suffered sexual violence. However, since the armed conflicts during which rape was used as a weapon of war, the perception of violence has changed.

Of course, describing people as victims is a sign of important progress. That's because this means recognising suffering, which is fundamental.

The importance of the use of the term «victim » in recognising suffering has led to the process of compensating at an individual and collective level (defining acts and transformation of group perception).

The psychosocial impact of this recognition involves treating moral suffering.

The political impact, for its part, aims to transform perceptions but especially questioning compensation. Suffering becomes a driving force for social mobilisation.

Difficulties

It's difficult to define the position of victims. This is because that has already been said; this definition depends on different perceptions of suffering.

There is also the risk of getting caught up in a victim

based approach, comforted by the absence of dynamics putting the victim in a passive position.

It is preferable to take into account sociocultural context before any expressions of suffering in words. Even public exposure of the victim according to situations and contexts can lead to a feeling of shame, violate taboos, and create stigmatisation.

Recommendations

- Defining suffering according to the social context
- Collaborating with anthropologists detached /separated from the objectives of the organisation.
- Diagnosing endogenous dynamics to transform socially.
- Adopting an initiative in which everybody takes part by developing global objectives and political strategies together.
- Dealing with experiences of suffering in a holistic way
- Extending the experience of suffering to the collective experience
- Proposing group sessions and family mediation
- Intervening on re-valuing individual and collective compensation (through economic support)

Debate

Question

Do you meet up regularly with people with disabilities who are victims of violence? And how do you look after them within the framework of your programmes?

Tatiana Kourline,

I am not suggesting categorisation of types of victims but we know that people who have disabilities are more fragile and very often exposed to sexual violence.

Doctors of the World's programme in North Kivu does not take in victims directly, it's a support programme but it's true that it's a common demand from local NGOs: how to help the most vulnerable groups such as children or children with disabilities. In terms of mental health care, the Congo is very limited. There is no support structure for people with disabilities in the DRC but there are international NGOs who are there specifically helping those people.

Question

I am in charge of the Primo Levi centre, which takes in people who are victims of political violence and torture, and many of the people it helps are victims of sexual violence coming from the east of the DRC. I would like

to consider the systematic approach in terms of our own work. As far as our position, we are in favour of individual therapy. What do you think of it?

Tatiana Kourline,

I must admit that I did not go into detail about Doctors of the World in my presentation but it's important to me to say to you that your question is very relevant. Within the framework of our programme in North Kivu, we chose to stay away from passionate debates to try to as much as possible to find solutions to the expectations and constraints of local practitioners.

The objective is to deal with the suffering of people in a better way. Our work is closely linked to what you do: psychosocial counsellors for victims mainly carrying out a work of support and individual listening. In addition, they may also take part in mediation in order to help with family reintegration of those who have suffered violence. Finally, advisers can organise group therapy sessions.

It's up to each association to decide what the best way to deal with suffering is. In Rwanda for example, group therapy is very sought after. However, our work also depends on the possibilities of the context. In our case, we work with community agents for whom it is not possible to dispense training for psychotherapists in the strict sense of the term..

Eric Fassin, Moderator

When we talk about «gender» the tendency is to twist or misrepresent it. Instead of having a kind of evidence of things we call them into question. It's true in terms of masculine and feminine roles, but it's also true with the issue of violence, that is to say that violence is not only an act but also a problem which built up by a certain number of practitioners to give it meaning.

In the United States, for example, in the 80s, a very influential book was published to tackle the issue of violence between relatives, and in particular within romantic/love relationships. Its title speaks for itself: "I never called it rape"

It's important to take cultural contexts into account: it's not only a theoretical, but also a political problem: we heard it earlier when talking about a 'foreign agenda'. We can't carry on as if it didn't exist. How can we consider it without giving up on our values? These problems don't only affect "other people" it also takes place in France? It does not only affect poor people. Women beating takes place amongst the middle classes, gang rapes also take place in affluent areas. Therefore it's important to think about this issue of DSC to ensure we don't only explain violence inflicted on "others" but also the mechanisms of violence in which we are all involved.

RECOMMENDATIONS:

Taking sociocultural factors into account

It's important to take sociocultural factors into account and to develop an anthropological sociological initiative in order to avoid giving into ethno-based visions and put in place inappropriate strategies.

Gender based approach involves to bring together men in action strategies whether they be perpetrators or victims of this violence, whether they have a specific position within their community (like cultural, religious or tribal leaders) or not

Beyond taking into account such specificity an intangible framework can be mapped out invariable facts common to this kind of violence..





Panel 3: the fight against impunity: access of victims of gender-based violence to a medical certificate and to justice

Beyond awareness initiatives and medical and psychological support, which makes up the bulk of our programmes, the fight against impunity is of fundamental importance if we want to put an end to violence. Doctors of the World takes part in this fight by supporting partner associations allowing victims of gender-based violence to access to legal assistance, but also to facilitate their access to medical certificate.

Dr Jérôme Larché,
Referral for Doctors of the World on the theme of gender-based violence

Just for memory: since 2006 in Nicaragua a new law was voted banning abortion including female victims of rape. Sentences for women and for abortion practitioners vary between 4 and 8 years of prison. This represents a major step backwards for the promotions of women's rights.

Moira Sauvage, Moderator
Journalist, and member of the women's commission for Amnesty International France

I wanted to remember Amnesty International's campaign between 2004 and 2010 on violence against women and we are delighted to be able to bring together other associations. It's essential that there can be global work.

Definition of «impunity» when perpetrators of serious violations of human rights are not brought to justice or punished... impunity denies victims, their right to truth to justice, to compensation.

The context of the DRC, dramatic in terms of sexual violence will be presented to us by our different speakers.

Fighting against sexual violence in the DRC: Presentation of national strategy

Professor Gabriel Mangu Wa Kanika (DRC), National coordinator for implementation of national strategy in fighting against sexual violence based on gender

Context

Sexual violence is a particularly widespread form of physical violence which has been a problem in the DRC for several years. Far from being limited to armed conflict contexts, it happens all over the country carried out by military, the national police, armed groups but also ordinary members of the community.

Comprehension of this problem is mainly linked to war. Rape is used in our country as a weapon of war. Women are used as weapons to combat the enemy. Men are not spared from this violence related to war. This is why, as the most recent reports from the commissioner for human rights highlight, one single night was enough for militia men to rape almost 470 women and use 220 men to transport weapons of war. This was is ? from outside: a lot of outside interest have been involved in the DRC conflict.

The problem of sexual violence must also be tackled via social relationships between genders, which are, as has been mentioned this morning, important relationships. For example, one in three sexual relationships in the DRC are rape; 65% of perpetrators are members of civil society while 35% of them are from the authorities and 6 out of 10 victims are young people under 18. In total, there are 3000 cases of sexual violence per month in the country.

The number of violence attacks remains high, despite significant effort against it. Laws from 2006 on sexual violence and in 2009, on protecting children have contributed to developing Congolese law. It has now become obvious that it's imperative to implement a global and common strategy.

The national strategy for fighting against sexual violence based on gender, launched in 2009, aims to be a holistic response to gender-based violence.

Objectives of the SNVBG (National strategy for fighting against gender-based violence)

- 1) Fighting against impunity in sexual violence.
- 2) Prevent violence and protect victims.
- 3) Support reform of the army, the police, the justice system, security forces
- 4) Bring support to victims and encourage, multidisciplinary support
- 5) Organise management of data and information on gender based sexual violence.

In light of these objectives, it is important to reinforce the capacities of the legal system and develop legal policy to fight against sexual crime. Always in keeping with this aim of reducing gender-based violence it's also important to ensure the effective application of laws on sexual violence and protecting children, as well as improving access to justice for victims.

The national cooperation for implementation of the objectives of the SNVBG is ensured by the ministry for justice and human rights in partnership with the United Nations office for human rights. Its remit is

- 1) Developing strategies to end impunity
- 2) Identifying and standardising all existing projects in terms of fighting against impunity
- 3) Identifying those involved and state authorities working in the DRC in this field
- 4) Leading advocacy initiatives with the relevant and competent authorities
- 5) Standardising practical work

The medical certificate

Resorting to a medical certificate to prove that rape has been committed is limited especially because victims often refuse to talk about such incidents as they are ashamed or because they are afraid of the consequences of doing so. The medical certificate raises a number of concerns amongst those involved in it:

- The legal status of the person administering it
- The ability of those drawing up the certificate in terms of legal context and the path leading to obtaining it.
- Recognition of its usefulness as a piece of evidence and backing up a victim's case
- Knowledge of the victim's need to refer back to it.
- Its validity
- Its written format.
- Respecting confidentiality

This is why standardisation/formalisation of the medical certificate is important, and this is currently underway in the DRC, This will help to contribute to the fight against impunity for sexual violence.

Debate

Question

To come back to the problem of impunity in the DRC, What obstacles stand in the way of implementing a national strategy for fighting against sexual violence? 13000 women were raped in 2007, 15000 in 2008 and 17000 in 2009. Is the Congolese state aware that it must protect members of local communities? What is being done?

Pr Mangu (DRC)

In terms of the fight against impunity, it was important to recognise that a strategy against violence was not only the responsibility of the government. It came about thanks to an agreement between the government, NGOs and financial backers. When we talk about fighting against impunity, we refer to work achieved together with partners.

It is important to tackle the rehabilitation of courts of justice, and make the legal field more aware of feminine issues, as well as working on the criminalisation of some offences, and going to find perpetrators of crimes wherever they may be.

In terms of statistics: an increase in the number of offences does not mean we aren't doing anything. Such increase is due to unsafe areas becoming harder to manage. As you know, the Congolese army is in a period of transition. We are trying to re-train and rehabilitate militiamen.

In addition, there are fewer military men committing

violent acts, and the problem is coming more from within the community. This is why we must take the problem of DSCs into account to understand this issue. There is also a link to the power of gender. Nowadays, the poorer a woman is the more vulnerable she becomes.

Another factor is the problem of helping refugees and people who have been displaced. Amongst refugees, 71% are women and children. They are even more vulnerable and subject to exploitation.

Moira Sauvage

The problem in the DRC is that many members of the community are former militiamen who were not supported properly. They are in the villages and continue to act as they did before.

Moira Sauvage, Moderator

Reprisals of violence from conflict situations sometimes continue into peacetime. Therefore, while violence may decrease in intensity, violence within the community keeps growing, as was the case in Palestine and Columbia.

Fighting against impunity of gender crimes: experiences and challenges in the DRC

Julienne Lusenge (DRC), President of the association SOFEPADI (BéniNorth Kivu)

SOFEPADI is a women's NGO based in the east of the DRC which has been fighting against impunity for violent crimes committed against women since April 2000. It was created by 24 women, 13 of which currently work for the organisation.

What type of violence exists in the DRC?

Above all, sexual violence, rapes within a married couple, physical violence, expropriation abandon of a marriage, denied paternity, forced marriage, forced pregnancy...

Working strategies

.One must be aware that for a woman in the DRC, reporting such offences means that they often feel ashamed. Therefore, part of our work consists of educating victims to give them the courage to come forward and report a crime.

Our work is based on a number of points:

- 1) Distribution of legal texts amongst those working in the justice system, in schools and in community organisation to make people more aware of laws which protect women and children.
- 2) Training police officers about laws against sexual violence and women's rights.
- 3) Payment of legal fees such as those used to pay for a medical certificate.
- 4) Cooperation between those involved in such a fight.
- 5) Organisation of local tribunals.
- 6) Legal assistance for victims

The success of our initiatives has been confirmed by the mobilisation of communities in supporting victims and denouncing violent acts as well as by an increased number of local tribunals. Victims now get organised into "pressure groups" to put pressure on police authorities, and to follow the progress of cases already reported.

In 2009 in North Kivu, we organised 10 local tribunals involving judges and members of the communities. In certain areas of North Kivu, the population was able to see a judge for the first time.

«Training for transformation » We organise training for victims themselves because we consider that victims must speak up themselves. They must talk about what they have been through , what they want and follow the progress of their case. Cases don't just get lost anymore.

Progress:

collaboration with cultural leaders, the police, military tribunals, local leaders and female leaders.

In 2007, a fund for Congolese women was set up to support the initiatives of women's organisations. In the past, associations involved in fighting against sexual violence did not even have computers to help them in their activities.

Creating a training centre for different skills, so that women can integrate back into communities with new skills.

Developing the legal system: relative respect of procedures by police stations and military judges, prosecutions successfully obtained, existence of laws punishing sexual violence against women and children, reform of the family code, recruitment of a 1000 judges, organisations of 10 local tribunals in villages.

Difficulties

- Non-application /adherence of the law
- Training received not used.
- No compensation for victims
- Inadequacy of sanitary structures
- Shortage of legal institutions
- No centres for re-education/rehabilitation of child criminals
- Lack of prisons.
- International lawistoo far away from these communities.

Challenges

- Improved access to funding to support projects in Congolese women's associations.
- Implementation of a national strategy for fighting against gender-based violence through the creation of reliable prison facilities, more medical facilities, effective protection of victims and their legal and social rehabilitation.
- Ensure that existing laws are finally respected right across the country.

Moira sauvage, Moderator

Wherever i travelled in this country, I saw that it was the victims who were ashamed about what happened to them. In France as well, there is a need for awareness amongst the police, within the justice system and the need to support associations.

A view of the fight against gender related violence in the DRC: Fighting against impunity

Françoise Munyarugerero Kabundi (DRC), Inspector in charge of the fight against sexual violence in the DRC within the general inspection of the police force in the DRC.

Firstly, I want to thank Doctors of the World for having invited me here to this conference. It is rare that a representative of the police force is invited to an event organised by an international NGO.

Context

Sexual violence has turned out to be a problem right across the country. In the east of the country, armed conflicts and the presence of militiamen has just made the situation worse. Women and children are the first people to fall victim to this war between different ethnic groups. Old fashioned traditions, the presence of only one policeman for every 700 inhabitants and every 22km², and the impunity which remains, means that this

has become an even more widespread problem. According to the 2006 law on sexual violence, rape, prostitution, forced prostitution, sexual harassment, sexual slavery, forced marriage, sexual mutilation and zoophilia are criminal offences.

Obstacles

Trivialisation of sexual violence, the fact that victims remain silent, the difficulty of sharing and coordinating the data of all those involved including NGOs, the limited scope of our work due to the large size of the country, the difficulty in accessing certain areas (armed conflicts within certain areas) a lack of reliable statistics, as well as the dependence of the police on the ministry for justice are just some of the difficulties that people face in fighting against gender-based violence.

Furthermore, the absence of a national budget dedicated to this problem, the absence of laws on sexual violence, the absence of measure to enforce laws on sexual violence, the lack of forensic experts, the incompetence of police officers trained in investigating gender-based violence, weak representation of women within the Congolese police (5,8%) the inadequacy of infrastructure appropriate for taking in victims, the lack of expertise of the scientific and technical police in the provinces (only present in Kinshasa)

Good points

- Legal framework: there are two laws on sexual violence in the DRC law 06/018 and 06/019 from 20th July 2006 which modify and complete the Congolese penal code. Law 09/001 from 10th January 2009 for protection of children also includes a section on sexual violence committed against under 18s. The constitution also condemns all forms of discrimination against women.
- Coordination: implementation of a national strategy for fighting against sexual violence is currently underway.

Partnerships

There are provincial and territorial groups against violence inflicted on women. There is an increasing amount of collaboration between civil society and the police for support of victims and setting up local courts/tribunals as well as establishing free legal assistance for victims and this is real progress towards fighting the scourge of sexual violence.

Recommendations

There is still a lot to be done in terms of persuading the government to dedicate some of its budget to

fighting against gender-based violence to improve access of victims to different support services to reinforce prevention and protection mechanisms of witnesses and all those involved and for a greater commitment from everyone. This could be helped above all by:

- Training those involved (police officers, judges, forensic experts, lawyers, and psychologists).
 - Intensifying measures and initiatives against the impunity of perpetrators of sexual violence (applying the “zero tolerance” policy towards offenders, and facilitating research and the prosecution of victims).
 - Support to structural reform in the justice system, the police and the army (training legal experts, renovating prisons, building court houses).
 - Putting in place monitoring of government action.
- Improved pooling of resources for a quality holistic response..

Use of the medical certificate for denouncing cases of violence

**Dr Marjorie Joseph (Haiti),
Forensic expert from URAMEL (Medical and legal research unit)**

**Dr Farida Miloudi (Algeria),
Forensic expert**

Importance of the medical certificate

The descriptive medical certificate is the first written medical and legal document that a victim has. It is proof of the crime committed by a third party. It establishes the injuries, their nature, their position and their seriousness.

It is done upon demand by legal authorities. It is most valuable at the time a victim makes a complaint. It demands the responsibility of the person drawing it up. It establishes the duration of disability leave and allows them to define the offense and determine the relevant jurisdiction as well as the sentence to be served by the offender.

In more concrete terms, in Haiti, the legal and medical evaluation of a rape victim is the first observation of an attack. It confirms recent sexual contact, can be used to demonstrate whether force has been used or means of coercion and can where possible, be used to identify the attacker.

In Algeria, the duration of disability leave, the nature of injuries and circumstances of the crime allow judges to determine what the crime was and to determine the

kind of legal proceedings to follow.

Training the various experts involved

In Haiti, the lack of human resources trained in this field is significant, despite the introduction of legal medicine into doctor training since 2002. Almost 1000 professional workers from the legal and health sectors are part of the curriculum of medicine student. Specialising in legal medicine takes 4 years.

Despite the necessary training of medical practitioners, victims often have to deal with inadequate structures, with staff lacking experience and unaware of problems. In addition, drawing up the medical certificate is not always correctly detailed, and health workers can sometimes be confused between a disability leave and sick leave.

Socio-Cultural context

In Algeria, violence is often denied by professionals and society and this can discourage victims from reporting it. Similarly in Haiti, there are a lot of stereotypes and prejudices relating to violence. Furthermore, the problem of violence between families (incest, marital rape is taboo.

Legal framework

In Algeria

- Absence of the definition of rape according to Algerian law
- Marital violence is not considered a crime
- Absence of the obligation of reporting violence against children and women
- Absence of judges specialised in violence.

In Haiti:

- Modification of the penal code with the decree of 2005
- National plan for fighting against violence inflicted on women in 2005
- Institutionalisation of free medical certificates for violent cases inflicted on women from 2007

Observations about victims

In Algeria

Victims ignore the social services offered. Procedural difficulties, their cost, a lack of support structures are obstacles to access to the justice system. The medical and legal examination does not usually add any evidence. Victims resort to silence. They can only express their suffering with their behaviour.

In Haiti

Similarly, a victim going late to the doctor means that any traces of proof have often already disappeared.

Common recommendations

- Not concluding that there was no sexual attack when the medical examination does not show any evidence.
 - Administer the medical exam as soon as possible.
 - Be careful during the medical exam to ensure a detailed and precise certificate is drawn up.
 - Make support protocol available for rape victims.
 - Ensure multidisciplinary support for victims.
 - Dedicate some of the state's budget to legal-medical fees.
 - Make the medical certificate for victims free.
- Review barriers in the way of disability leave
Fight against stereotypes and prejudices
- Reinforce women's knowledge about their rights

Gender-based violence in the form of socio economic violence

Rosa Escobar (Guatemala),
Director of AMES (association for solidarity with women)

Context

Violence towards women manifests itself in different ways: physical, psychological, economic and cultural violence. It can even go as far as murder of women. Throughout the history of humans, divisions between the roles for men and women appear to be a universal trait. This division puts women in more or less all societies- in a subordinate position to men. Division of work according to gender is root of the economic subordination of women. They don't have the same possibilities in terms of access to social and material resources and they have always been excluded from decision making processes affecting their life in society.

Guatemala is a country in Central America where the crisis of the world's economic, social and political model based principally on a neoliberal model has caused a resurgence of violence and fewer political, economic, social and cultural rights for certain sectors of the population. This crisis mainly affects women especially economically.

Discrimination, oppression and poverty which encumbers women prevents them from having access to education; which causes unemployment lower salaries temporary or part time contracts difficult access to social security, long hard working hours; dangerous working conditions and sexual harassment.

The Association for solidarity with women AMES

works to defend and promotes the rights ogxwomen in order to eradicate violence towards them. Our work involves defending the rights of women in poor urban areas and particularly the rights of workers as «maquillas » working in the textile and agricultural industries which employ 80 % of women. We also support poor women (in the age group ranging from 15 to 35 years old) who have not had access to education. What makes them more vulnerable and forces them into accepting jobs in conditions which put their health in danger with low salaries and jobs which do not respect even the most basic human rights.

Studies on this subject have been conducted and a survey organised by Doctors of the World on «maquillas » in the Chimaltenango region and in the free zone of Sacatepéquez.

511 cases of violence were reported amongst workers.

Amongst these cases of violence, 68% were violent incidents related to work, 25% were sexual offences, 6% were acts of physical or psychological violence and 1% of violence was within the family circle.

In terms of violence at work, the day of work starts at 7h30 and ends at 18h30. In the textile and agricultural industries the majority of women work more than 6 days a week. 12% of them work seven days a week whereas the work code stipulates that weekly working time should not be more than 48 hours.

In terms of sexual and reproductive health of these «maquillas» statistics show that women were working while they were pregnant and only 42.1% of them had the support of the Guatemalan institute for social security.

Objectives

AMES' objective is to make society aware of democratic values and the application of social rights (concerning working conditions and reproductive health) and human rights ensuring the equality between men and women, while respecting ethnic diversity which characterises the people of Guatemala. The eradication of all forms of violence and discrimination against women remains our main goal.

We work on health matters, training, supporting women, young people and members of social and community organisations in urban areas especially in poor areas.

Partnership

In order to have greater influence on state politics, AMES is aware of the importance of coordinating and standardizing its work in partnership with trade unions, national and international organisations fighting for

women rights. To do so, we have consolidated our partnership with Doctors of the World for the promotion and defence of the right of female workers and maquillas to good health

The principle of AMES is political and economic autonomy with regards to the state. This has allowed us to coordinate efforts in different government departments involved in ensuring the respect of human rights and working rights.

Advocacy

Advocacy initiatives with institutions are not just relevant to the implementation of laws but also in their modification when they do not conform with or respect women's rights.

With the goal of obtaining recognition of an organisation of workers and our work by state authorities, we have defined the role of different parties involved: state institutions, civil society; confederation of businesses organisations for the defence of women and human rights, trade unions, research and cooperation groups.

This advocacy work can be done in a number of ways:

- Active participation in roundtable discussions and legislative propositions or reform amongst which; reform of the working code in sectors in which maquillas work and work within the home.
- Proposition of a law for family planning, the eradication of violence towards women
- Implementation of mobilisation initiatives, denouncing crime and protesting with women's organisations.

Training

We have developed an innovative plan to train women in working rights, sexual rights and their rights in terms of health and reproduction. 540 women educators have been doing awareness raising with 10800 women in their community and at their workplaces.

Perspectives

- Having a hospital as well as a mobile clinic in poor areas and rural zones which are far away in order to help women and their families. This would give women better access to healthcare, particularly for looking after their reproductive health and monitoring them should any sexual violence have occurred.
- Implementing a "youth programme" to allow young people to lobby for the promotion of equality between sexes and undertake prevention initiatives of sexually transmitted infections, HIV and unwanted pregnancies.

Moira Sauvage, Moderator

Thank you for showing us another side of violence against women and how it violates their economic, social and cultural rights as well as their right to good healthcare. The fight against gender-based violence is through support of women and that's what this association is all about.

We will take questions from the floor addressed to all the various speakers on this panel. Everyone will have a chance to respond as they wish.

Debate

Question

Are there many associations working with male perpetrators of such violence ?because I have worked with an association in partnership with a CHRS (accommodation and social rehabilitation centre) which takes in women and children and works with offenders. It's a leans of developing as experience shows that men need to be educated about such violence.

Julienne Lusenge (DRC)

Our organisation started working in 2007 with violent offenders. We took on the task of explaining laws; making them understand that if they are in prison it's because they have committed a serious offence. We also started identifying under 18 offenders who had committed sexual offences to organise psychological and social monitoring for them.

Marjorie Joseph (Haiti)

When we talk about offenders, we are talking about two things. Support, but also legal support for victims. In Haiti, legal structures belonging to the state take financial responsibility for the legal expenses of the accused. The women reporting the crime is obliged to pay all legal fees herself.

Dr Jeanine Rochefort, (doctor for missions in France for Doctors of the World)

I wanted to talk about the situation in France. In theory, a woman who reports a crime has the right to protection but this is not the case for female migrants that we meet who are victims of violence. When they launch proceedings against violence; they are often subject to more threats, condemnation or harassment because of their precarious position. They have the right to report violence but in a police station; if they are not accompanied, they risk other forms of violence and fear consequences for their administrative situation. This contributes to impunity of perpetrators of violence.

Question

I work for an association called Forum Femmes de la Méditerranée. In Algeria and Morocco, we meet a lot of girls who are told to leave home because they admit to being raped. What is being done to help educate these mothers?

Moira Sauvage

In terms of girls being asked to leave their homes as happened in Europe in the 50s, mentalities must change.

Françoise Munyarugerero Kabundi (DRC)

Apart from NGOs, there is also the police working on reminding families of their responsibility, and that they should help the child who has already been a victim of violence.

Dr Nicole Magloire (Haiti)

In Haiti, there is a feminist organisation which has an accommodation centre for adults and which has just created an accommodation centre for young girls who are in the street and who have suffered violence. Rehabilitation work and work with families is undertaken even when a child is not in an accommodation centre.

RECOMMENDATIONS**FIGHTING AGAINST IMPUNITY AND ACCESS TO JUSTICE**

The defence of principles of justice can only be done with operational pragmatism and with all practitioners involved.

Support for victims who suffered rape in the police system is a risky business, we have to take into account and ensure the protection of those involved in helping victims of violence.

It is essential to remember the importance of the medical certificate, an important issue which Doctors of the World must not abandon. This does not take away from the possibility of identifying other priorities related to reproductive health for example.





CLOSING SPEECH

Dr Jérôme Larché,

Association representative for Doctors of the World on the theme of gender-based violence

As all speakers have shown us today, gender-based violence is a protean and ubiquitous problem (in France as well) and it calls into question our human condition if we fail to fight against it. In fact, this violence is a violation of human rights and a major public health issue. Collective awareness of the seriousness of GRV in terms of health has been recognised recently as the WHO report which debated about this was published in 2002.

Referring to three main themes (multidisciplinary support, taking into account sociocultural factors, and the fight against impunity), the various speakers have today made a number of observations and ideas which reaffirm the necessary specificity of work in each context, and an intangible framework, an unchanging factor in this violence.

The first of these is the multidisciplinary approach which must be carried out within a network, at a community level but also along with institutional structures (local, regional and national)

There is also the question of a relationship, or even confrontation with the state especially in advocacy initiatives (from local to international scale) and introducing the necessary changes. This institutionalisation of debates is also necessary for ensuring the durability of initiatives carried out.

Another important element which has emerged in the course of this conference is the difficulty of possibilities for rehabilitation and re-integration for victims of violence, as observed in Algeria, in the DRC and in Haiti. Such difficulties denounced by our partners seem to be linked to tradition; to perceptions, the inadequacy of legal initiatives but also a lack of funding, too little or nothing spent by states and financial backers.

Several speakers underlined, quite correctly, that international NGOs could in the context of a crisis (or natural disaster) participate in the restructuring of fragile bases at a national level as seems to be the case nowadays in Haiti. The massive presence of NGOs could also prevent local NGOs from having access to funding which could help them to develop. Each situation has its own specificity but it is important to be aware of these problems and should encourage international NGOs (including Doctors of the World) to be more modest and careful about their work, and always aim to work with structures already in existence, This should also be a driving force to reinforce partnerships, exchanges of working practice and mutual reinforcement of skills.

This conference has also been an opportunity to underline improved awareness of sociocultural factors and anthropological and sociological support in order to avoid giving in to ethno-based visions and implementing inadequate strategies for action. A gender based approach means involving men in such strategies whether they are offenders of indirect victims of violence such as cultural, religious or tribal leaders.

In terms of impunity, we have seen the extent to which the problem is serious, multidimensional and that defence of justice principles can only be carried out with operational pragmatism and

with all practitioners involved. I would like to underline as Julienne Lusenge did that support for female victims of rape in their legal and police proceedings is risky, far from the comfort of this conference room.

In terms of advocacy, many of you brought up the importance of the medical certificate, a major issue which Doctors of the World should not forget. This of course does not take away from the possibility of identifying other priorities in relation to reproductive health for example.

Finally, as Jeanine Rochefort mentioned, the situation in France must not be forgotten or neglected, especially when it affects the most vulnerable members of society such as migrants.

The problem of gender-based violence and strategies for fighting against it must take in different approaches from training to the operational side of NGOs and of course Doctors of the World. A text in the form of a guidebook including knowledge of sociocultural factors, and a clear operational and strategic framework; that of a multidisciplinary approach is currently available for all practitioners involved in our work. It is therefore necessary to take in all aspects of this problem of violence so that it can be integrated into the design of all our programmes in as systematic a way as security issues are.

Doctors of the World is working towards a more mature approach –reflecting and operational and i really believe that we could not have done this without the wealth of knowledge of our partners and the strong links we have established with them. This closing speech is not very detailed but it aims to renew our strong relationship with each other which guides us in our humanity.

Finally, I would like to thank:

All those working on the the various areas we work in-in offices and those ni charge of countries involved in the programme for an international fight against violence inflicted on women led by Doctors of the World since 2007

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