



Community-based Care for Survivors of Sexual Assault



Results of a Community-based Pilot Project by BMA, KDHW,
GHAP and the Women's Refugee Commission

July – October 2011

REPORT FOR HEALTH WORKERS

WHO ARE WE?

The Women's Refugee Commission is an advocacy organization based in New York, United States (U.S.). It advocates for changes in laws, policies and programs to improve the lives and protect the rights of refugee and internally displaced women, children and young people around the world.

WHAT WAS THE PROJECT?

The Burma Medical Association (BMA), Karen Department of Health and Welfare (KDHW), Global Health Access Program (GHAP) and the Women's Refugee Commission have been working together to determine whether medical care for survivors of sexual assault by community health workers is a safe and feasible option of care. In many settings where there is conflict, women and girls are at increased risk of sexual violence, such as rape. This type of violence increases their risk of unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs), including HIV. Despite these risks, care for those who have survived sexual violence is often limited in conflict settings, as health workers are often not equipped to treat survivors, and facilities may lack supplies and trained workers at the height of insecurity. Distance to a health facility and stigma associated with sexual violence are also barriers for survivors to accessing medical care. The pilot on community-based care for survivors of sexual assault has tried to address these challenges through training BMA and KDHW's health workers on minimum medical care. The project builds on BMA and KDHW's cross-border

MINIMUM COMPASSIONATE AND CONFIDENTIAL CARE FOR SURVIVORS OF SEXUAL ASSAULT*

- Treatment and referral for life-threatening complications
- Treatment or preventive treatment for sexually transmitted infections
- Emergency contraception to reduce the risk of pregnancy
- Care of wounds
- Supportive counseling
- Referral to social support and psychosocial counseling services

* World Health Organization, *Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons*, 2005.

reproductive health programs, and has been implemented in four clinic sites in Karen State.

WHAT DID WE DO?

From July to October 2011, GHAP and the Women's Refugee Commission evaluated whether or not this project has been a safe and feasible option of care for survivors of sexual assault. We examined this through several activities, including group discussions among participating health workers, traditional birth attendants and community members.

Listening to the health workers, we learned directly about their experiences and opinions. We are grateful to have met with them and for their permission to let us share the information and stories in a responsible way.

WHAT DID WE LEARN?

Feedback from the group discussions has given us promising information about the health workers' eagerness to educate traditional birth attendants (TBAs) and the community about gender-based violence, sexual assault and the availability of care. The health workers were deeply aware of the need to maintain confidentiality and offer compassionate care to survivors. While several TBAs reported their safety as a possible concern, it was not raised as a barrier to the provision of care. Health workers especially stressed this point. Health workers from the sites where the pilot project is not being conducted showed similar levels of interest and very much wanted the opportunity to implement their skills in their communities, since survivors are currently without options in the non-pilot sites.

In terms of answering the study question, no survivors had yet come forth in any of the four pilot sites. This is due to a combination of possible factors, including that no incidents had occurred during the time of the project, the sensitivities around rape and sexual assault in Karen State and limited community awareness around services to prevent health consequences of sexual violence. The group discussions and interviews revealed that a further extension of this project will be highly beneficial, to enable communities to become more familiar with the availability of care.

WHAT WILL WE DO NOW?

The Women's Refugee Commission will share these findings with policy-makers to discuss the promises of community-based approaches to providing medical care in crisis-affected countries. Some of the recommendations are:

- Continue providing support to health workers in the project sites so that they can raise awareness about gender-based violence and care for survivors of sexual assault in their communities and feel confident in safely providing medical care to survivors.
- Explore ways of expanding community-based care to other BMA/KDHW sites so that more survivors can have access to care if they are sexually assaulted.
- Examine whether this approach is possible in other countries that face similar challenges to facility-based care as in Karen state, for learning across different sites.

WHAT CAN YOU DO IF YOU WANT TO LEARN MORE?

For questions, please contact BMA, KDHW or GHAP staff in Mae Sot.

To learn more about the Women's Refugee Commission's advocacy on behalf of displaced women, children and youth, visit www.womensrefugeecommission.org or contact us at info@wrcommission.org.

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