
RI BULLETIN

A POWERFUL VOICE FOR HUMANITARIAN ACTION

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Chad: Strengthen the Response to Gender-based Violence

Survivors of rape living in refugee camps in eastern Chad currently have almost no access to assistance. The response to gender-based violence (GBV) is underdeveloped and inadequate. Given the widespread use of rape as a weapon war in Darfur, it can be assumed that large numbers of refugee women now in Chad are survivors of rape. Refugee women in Chad are also at risk of rape and other forms of GBV. There are few NGOs working in eastern Chad with experience implementing GBV programs, and many NGO staff lack capacity and knowledge of the issue. An integrated response, which assists and supports all women who have experienced rape or other forms of violence, as well as sensitizes the larger refugee community about prevention, has yet to be implemented in the refugee camps in Chad.

While refugee women in Chad are relatively safer than displaced women in Darfur, they still face numerous threats: rape or assault when they collect firewood, rape by other refugees inside the camps, domestic violence, early and forced marriage, and violence committed by Chadian women and men. Every refugee woman interviewed by Refugees International listed threats to their safety while collecting firewood as one of their top concerns. Refugee women are being forced to walk farther and farther to find firewood, which increases their risk.

In order to improve security around the refugee camps, the Office of the UN High Commissioner for Refugees (UNHCR) has supported the deployment of gendarmes outside the camps. There are women gendarmes in each unit. Refugees told RI that the gendarmes have had a positive impact on security. While there have been few reported problems between refugees and gendarmes to date, it is critical that UNHCR and NGOs provide ongoing training on GBV as a way to prevent potential abuse and improve the gendarmes' capacity to respond to it. In addition, there is a need to expand programs that prevent sexual violence, particularly when women collect firewood. In some camps, NGOs have started to organize firewood collection for groups of women, but these activities are not yet widespread. Firewood could also be included as part of the monthly distribution.

There have been few reported cases of rapes, which is not surprising given the shame attached to being raped and the lack of support services for survivors. Rape is among the least reported crimes, even in industrialized countries. In Chad, where services are either unavailable or inaccessible and where women are unaware of available services and the need for them, it should be assumed that most women will not report to anyone if they have been raped. A medical officer told RI, "We believe that not all women who have been raped are coming forward. We have only seen three cases of rape in the past four months. We assume that rates are higher than this." Further, refugee women told RI that they would not know who to go to if they were raped or what services would be available to them.

In response to rapes committed in Chad, UNHCR has focused almost solely on the development and implementation of a referral system, which involves a network of individuals to whom cases of rape may be reported. If a woman self-reports rape, she will then be referred for medical and legal assistance, if she chooses to press charges. The effectiveness of the system is limited by the reluctance of women to come forward and the lack of experience of health and community services workers in appropriately and confidentially assisting survivors of sexual violence. According to NGO staff, health and community services staff in the camps do not have adequate

training on interviewing survivors of rape. An aid worker explained, “Even refugee and local staff do not want to talk about these sensitive issues.” As a result, service providers are not able to respond appropriately. Furthermore, essential components of an effective response to sexual violence include accessible confidential services, including health care and psychosocial support, which is not currently available in all camps.

But even an effective referral system will not in and of itself engender community trust or encourage survivors to come forward and seek help. A referral system is an important part of an integrated GBV response, but it cannot be the only intervention. More needs to be done to sensitize women about sexual violence and its consequences, empower them to seek assistance when necessary, particularly medical assistance for emergency contraception and post-exposure prophylaxis (for sexually transmitted infections, including HIV/AIDS), and provide the necessary follow up psychosocial support.

Only a very small number of gender-based violence survivors, even in well resourced settings, will choose to pursue legal justice through formal or traditional legal systems. The response in Chad refugee camps, therefore, must include security for survivors (and potential survivors), and the provision of health care and psychosocial services. The latter should include emotional support and opportunities for social reintegration through individual and group activities, including vocational training, income generation, and literacy programs, which also assist women in regaining their self-esteem. Staff and peer counselors must be adequately trained and supervised to listen to survivors, reassure them, and offer additional services. This requires a place, or places, where women and girls feel comfortable, both privately and in groups. These places, such as women’s centers, should be open to all women so that survivors of rape are not identified and stigmatized. There also need to be programs that sensitize the entire community about gender-based violence, including war-related GBV in Darfur.

Refugees International, therefore, recommends that:

- Donors fund NGOs with expertise in gender-based violence to begin programs in eastern Chad.
- GBV prevention programs be integrated into the overall humanitarian response.
- UNHCR conduct more outreach on the referral system to ensure that survivors know where to go if they are raped and what services are available to them. The current GBV response in the camps should extend beyond medical and legal aspects and include a psychological response, as well as access to programs that build the self-esteem of survivors.
- UNHCR support the creation of women’s centers in each camp where vocational training, income generation and literacy programs can be held for all women, including survivors of rape. Psychological support should be available in the centers.
- UNHCR and NGOs assume that most women are either survivors of GBV or at risk of GBV and implement large-scale sensitization campaigns. Community services programs that benefit women should be dramatically expanded to cover as many women as possible. This will ensure that survivors of rape, most of whom will not self-report, will have access to services.
- UNHCR expedite the registration process for single women who are “new arrivals” in order to minimize their risk of rape. Without being registered, new arrivals are forced to stay at the outskirts of the camps and are therefore at risk.
- UNHCR and NGOs provide ongoing training to all staff on protection strategies to prevent sexual exploitation and integrate GBV into the overall humanitarian response.
- UNHCR and NGOs provide training to community services workers, community health workers, traditional birth attendants, refugee women leaders, and gendarmes on how to interview survivors of violence.
- UNHCR work with Chadian human rights NGOs to develop and conduct frequent and ongoing trainings on GBV with local communities, local authorities, the military, and the gendarmerie.
- UN Fund for Population Activities work with NGOs and local health officials to ensure that an adequate medical response to GBV is in place.
- UNICEF include GBV awareness and prevention activities in refugee and local school curriculum.
- Donors with expertise in civilian policing consider deploying officers to build the capacity of Chadian gendarmes deployed around the refugee camps.

Senior Advocate Michelle Brown and McCall-Pierpaoli Fellow Yodit Fitigu recently completed an assessment mission in Chad. Refugees International would like to thank Beth Vann, Global GBV Technical Advisor, Reproductive Health Response in Conflict, for her assistance in preparing this bulletin.