La réalité reste: Security, Development, and Sexual and Gender-Based Violence in Ndélé, Central African Republic

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EXECUTIVE SUMMARY

Recent political instability and the ongoing conflict in several regions of the Central African Republic (CAR) have had a detrimental impact on the country’s infrastructure, economy, and capacity to provide for its population of 4 million. More than 160,000 people are internally displaced in CAR, which also hosts 13,000 refugees from Chad, Sudan, and the Democratic Republic of the Congo. Very little is known about the prevalence of sexual and gender-based violence (SGBV) among the country’s diverse population, as humanitarian organizations and the government have limited access to a considerable portion of the population.

The following research was conducted in Ndélé, the capital of Bamingui-Bangoran Prefecture, in March 2010 as a series of focus groups for nearly 200 men and women and in-depth interviews with local officials and community leaders. The primary goal of the research was to assess the prevalence of SGBV in the town and make recommendations to the Danish Refugee Council (DRC) on the impact of its existing projects and areas for future programming.

On the whole, incidents of SGBV were found to be common in Ndélé, and attitudes among both men and women suggest that violence against women is considered a normal and acceptable fact of life. In addition to various forms of SGBV, security was a major concern for many focus group participants, especially the inability of women to walk in the streets at night or visit neighboring villages safely. Poverty and economic insecurity were also mentioned many times as concerns for both men and women.

The obstacles and challenges faced during the assignment could be grouped into two categories. Security constraints reduced the team’s mobility and time constraints impacted the sample size and accuracy of representation. Because of security, research could not be done after certain hours of the day due to curfews. Furthermore, some focus groups were either canceled or drastically reduced in size due to security rumors. Finally and inevitably, due to the limited time in the field both because of overall time in country and travel time, the sample size of people interviewed was reduced. Coordination was however not an issue, as DRC effectively and efficiently set up the framework for the research. These challenges and obstacles were surmounted by working early in the morning and all day long until the curfew was set, by interviewing local leaders, and by describing representation shortfalls in our report.
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INTRODUCTION

Central African Republic (CAR) is one of the poorest countries in the world and ranks 179th out of 182 on the United Nations Development Program 2009 Human Development Index. It is plagued by ongoing conflict and instability, which have resulted in major population displacements and constant underdevelopment. Following a request from the United Nations, the Danish Refugee Council (DRC) started working in CAR in 2007 on the needs of internally displaced persons and host populations.

This research was conducted in CAR in March 2010 to evaluate the prevalence of sexual and gender-based violence (SGBV) in Ndélé, the capital of the northern Bamingui-Bangoran Prefecture. A series of focus groups were organized during the course of four days, along with visits to local officials and community leaders. The primary focus of the trip was to conduct an assessment of SGBV in Ndélé and to make recommendations to the DRC regarding enhancements to its existing projects and areas for future programming.

BACKGROUND

HUMAN SECURITY IN NDELE, CENTRAL AFRICAN REPUBLIC

Recent coups and ongoing armed conflict across several regions of CAR have had a detrimental impact on the country’s infrastructure and economy and on the government’s capacity to provide for its people. With a population of only 4 million, the country has more than 162,000 internally displaced persons and hosts 13,000 refugees from Chad, Sudan, and the Democratic Republic of the Congo.

Despite recent improvements to security in several parts of the country, the security environment in the Bamingui-Bangoran Prefecture (population: 48,000) continues to worsen as a result of ongoing conflict between government troops (FACA) and the rebel Convention of Patriots for Justice and Peace (CPJP). The CPJP, which emerged in early 2009 as a splinter movement of the Union of Democratic Forces for Unity, has staged numerous attacks against government representatives and communities across the prefecture. In November 2009, the CPJP attacked and took temporary control of Ndélé, the prefecture’s capital (population: 10,480). Violent poachers in the nearby national forest, rogue soldiers from Chad, and other armed militias also pose a threat to Ndélé and surrounding communities.

The ongoing conflict in the Bamingui-Bangoran Prefecture has led to mass displacements across the region. More than 16,000 Central Africans fled to Chad in the first three months of 2009 following escalating violence in the prefecture, and another 6,000 remain internally displaced within Bamingui-Bangoran. The conflict has had a considerable negative influence on the security and economic situation in the region.
CONFLICT AND SEXUAL AND GENDER-BASED VIOLENCE

Populations impacted by conflict are extremely vulnerable to high rates of SGBV, as conflict disrupts traditional family and community support systems and creates new opportunities for violence to take root. Although recent peace agreements and demobilization efforts have improved living conditions for people in some parts of CAR, the overall security environment, particularly for women and girls, remains poor. Very little is known about the prevalence of SGBV in CAR, especially among populations living in areas of high displacement such as Ndélé. Few organizations are implementing SGBV programs at present, and the majority are located in Paoua.

Several factors commonly link conflict and SGBV in environments such as CAR:

**Physical Insecurity.** Conflict displaces families from their homes and communities and increases vulnerability to attack by soldiers and armed groups, as well as by members within their own or host communities. Women may be separated from husbands and families during a conflict. Children may also be separated or orphaned, increasing their vulnerability to sexual exploitation and harmful traditional practices, such as child marriage.

**Economic Insecurity.** Women separated from husbands or families may be forced to raise children alone without means of generating income. The security environment may also prevent men from earning sufficient income, diminishing their role as the traditional provider and protector of their family. Insecurity also limits access to education and employment opportunities for both women and men and increases rates of alcoholism, particularly among men. In areas such as Ndélé, where prospective husbands must pay a bride price to the woman’s family before marriage, families with daughters may see the marrying off of young girls to wealthier older men as a means of generating income.

**Psychological Insecurity.** The stress of being involved in conflict or living in a conflict-affected area is a well-known factor in violence perpetrated by men. Men who serve as soldiers are immersed daily in aggression and violence, which they are commonly encouraged to direct even at noncombatants. Moreover, the carrying of weapons is not only a direct physical threat to noncombatants but a symbolic gesture of power in an environment where men have little recourse to traditional means of fulfilling society’s gendered expectations, such as the expectation that men alone should provide for their families. Similarly, civilian men living in conflict-affected areas are often deprived of the ability to act as the traditional head of the household in an economic sense, which leads some men to act out a vision of family leadership based on physical dominance and coercion.
METHODOLOGY

GOALS AND METHODS

To ensure that the focus groups represented the diversity of the Ndélé community, and to provide a space for the comparison of views between different members of the community, groups were selected according to gender, age, religion, marital status, and, in several cases, by profession (see Appendix 2). Focus group members were chosen in one of two ways: the head nun of the Catholic Church in Ndélé selected the participants for the Catholic focus groups, and a member of the Danish Refugee Council staff with considerable knowledge of the Ndélé community contacted a woman or man in each category and requested that they invite participants for the focus group.

Meetings lasted between one and one and a half hours and were held in French, Sangho, and Arabic with the assistance of translators. The conversation was guided by a French-language questionnaire comprised of three general groups of questions: general questions; questions about security, including SGBV; and questions about gender roles and relationships between men and women (see Appendix 2). In addition to focus groups, interviewers met with several authorities in Ndélé to gauge current resources and support for SGBV programming. Interviewees included the chief doctor at Ndélé hospital; the head nun of the local order of Catholic sisters; the chief clerk of the court in Ndélé; the main lawyer for the Association des Femmes Juristes Centrafricaines (AFJC), a local NGO; several members of an association of neighborhood leaders (chefs des quartiers); and the head of the local women’s association.

CHALLENGES

While considerable effort was made to ensure that the focus groups proportionally represented the population of Ndélé, limited preparation time upon arrival in Ndélé and heavy reliance on one DRC staff member and head nun of the Catholic Church to select participants challenged the likelihood that focus groups adequately represented the population. It is likely that the focus groups included an overrepresentation of women and men who had attended the human rights training offered by DRC and AFJC.

In several cases, participants did not show up for scheduled meetings. This was due to rumors of an attack by rebel groups in Ndélé that led many residents to flee into the bush during the last two days of the interview period.

FINDINGS

SGBV was universally identified by women and service providers such as health workers and NGO staff as a significant problem. In contrast, men, including community leaders such as the chefs des quartiers, tended to cite external conflict and economic insecurity as the biggest problems facing the population of Ndélé.
FORMS OF SEXUAL AND GENDER-BASED VIOLENCE IN NDELE

SGBV takes a number of different forms in Ndélé:

**Rape and forced sexual acts.** Both women and men reported that rape is an issue in Ndélé, although opinions differed considerably as to how often incidents occur. Both men and women cited cases of women and girls being raped, but men tended to blame soldiers involved in the external conflict. A blind woman participating in the vulnerable women’s focus group spoke of a young girl that she housed who was raped and became pregnant. She gave birth to a son, but suffered complications during childbirth, and is now in critical condition in the hospital. Some respondents also identified transmission of diseases such as HIV and gonorrhea during rape to be a problem in Ndélé.

**Forced marriage.** Many women identified forced marriage as a form of violence against women in Ndélé and cited cases of young women married against their will to much older men.

**Domestic violence.** Domestic violence was the most discussed form of SGBV in the focus groups. Women identified two major types of SGBV: physical abuse and the withholding of resources, including food, money, and clothing. In general, men reported perceiving a much lower level of domestic violence than women. Opinions differed widely among both men and women as to whether it is acceptable for men to “correct” their wives using the methods discussed above. In one case reported during an interview, a woman was beaten so badly by her husband that she had to undergo several surgeries and spend a month in the hospital. Alcohol was cited as a cause of violence, especially during the dry season and when soldiers are involved.

**Violence within polygamous marriages.** Polygamy is a common practice in Ndélé. Many women considered husbands favoring one wife over others a form of SGBV, especially when the husband provides more money and resources to one wife.

**Forced sex within marriage.** Focus group participants were asked whether forced sex within marriage was considered rape. Many women and a few of the men’s groups considered it rape, while others did not. This is discussed further below.

Awa (not her real name) is seventeen and has lived in Ndélé her entire life. She is one of the many Muslim women in northern Central African Republic who must yield to the local tradition of arranged marriages. She carries a child strapped to her back and speaks quietly about her struggles. When she refused her parents’ decision to marry her to a sixty year old man, they beat her almost to death. In desperation, she ran away and allowed herself to be impregnated by another man in hopes of escaping a forced marriage. However, she had to return home when she could no longer sustain herself. Succumbing to the tangles of tradition, she was forced to marry her suitor. Her now-husband claims the child as his and beats Awa regularly.
Female genital mutilation/cutting and witchcraft were identified by DRC staff as major challenges facing women and girls in Ndélé. Due to the sensitivity of these issues, however, women and men were not questioned directly about these practices. Women did not list either them as forms of SGBV, although unmarried Catholic and Muslim men, as well as men in the “vulnerable” focus group, all identified it as a problem facing women. Further research is needed on these two areas.

IMPACT OF CONFLICT ON SEXUAL AND GENDER-BASED VIOLENCE

Security has a very obvious impact on the development of and violence against women and girls in Ndélé. Throughout the interviews, women recounted numerous incidents of violence against them perpetrated by both rebel groups and government soldiers. Personal security, such as being able to walk after dark in the streets, is an issue. The fact that men were beaten and robbed by soldiers was also mentioned by some women and men.

Women are generally not able to leave their villages for fear of being attacked by rebel groups, which has resulted in reduced economic opportunities for them. Many women reported that their fear of travel has deprived them of the ability to trade in small goods with neighboring villages. Likely as a result of a lack of exposure to DRC and AFJC training and programming, there is also a stark difference in attitudes towards violence against women between Ndélé and the surrounding villages. For example, one focus group included young unmarried Catholic women who were visiting the church in Ndélé from surrounding villages. They had no knowledge of any programs about human rights or women’s rights, reported that they did not know where they could go in case of violence perpetrated against them, and tended to answer questions about gender roles more conservatively than their peers from Ndélé itself. This is not only a testament to the success of the sensitization program in Ndélé but likely also a representative sample of the attitudes of the majority of women both in and around Ndélé who have not received the training (approximately eleven percent of the population of Ndélé have taken part in DRC/AFJC programs).

ATTITUDES TOWARDS HUMAN RIGHTS

During conversations with participants in the various focus groups of both men and women, it became apparent that many participants had attended the DRC/AFJC human rights and women’s rights sensitization programs. When asked if they believed men and women should have the same rights, women that had likely attended the DRC training tended to respond affirmatively that men and women have separate but equal rights. Many respondents were also quick to link the concepts of human rights and women’s rights with the rights of children. Common responses included the statement that previously they did not have the same rights, but with the help of AFJC, they do now. Many widows also claimed to have their own rights since they have no husbands. Many other women, however, responded that they should not have the same rights as their husbands. Only two of the men’s groups included vocal respondents who said that men and women have the same rights. Many of these men’s answers appeared to be motivated by their belief that this was so because women can do the same work as
men, presumably referring to agriculture. In either case, there is a great deal of work still to be done to make the concepts of human rights and women’s rights relevant to the daily lives of both women and men in Ndélé.

ATTITUDES TOWARDS GENDER ROLES

This report confirmed that family and community structures in Ndélé are highly patriarchal. Although women cited doing the same work as men, mainly commerce and agriculture, there was much evidence that they had attended much less schooling than men with the expectation that a woman’s duty is to get married and bear children.

When asked who made decisions in the family, an overwhelming majority of both men and women interviewed stated that men or fathers made decisions. Only three women said that both the husband and wife made decisions, while all widowed women stated that they made their own decisions.

WOMEN’S VOICES

Violence against women and girls is a common thing in this small community, although it is very hard to collect data or accurately count incidents. It is estimated that most SGBV occurs within families, making reporting incidents both shameful for the family and woman or girl. Even if they themselves have not experienced violence, most women in Ndélé know other women and girls who have experienced some form of SGBV.

The two most common forms of violence talked about between women in discussion groups were physical punishment and deprivation of food and clothing. When asked if a husband has the right to physically punish his wife, the majority of women stated that men do have this right. One woman said that a husband does not have the right to beat his wife, but he does have the right to withhold food from her if she refuses to work in the field.

Another woman interviewed, age twenty, reported that she had been beaten by her husband and that he had the right to do so. When asked why, she responded that “if you, the wife, recognize that you have made a mistake, you have to submit to beatings and then ask for forgiveness.”
Poverty and economic insecurity, particularly in relation to the ongoing conflict in the Ndélé area, was a major focus of concern for the men interviewed. Regardless of age, marital status, or religion, men overwhelmingly identified poverty and the external conflict as the root cause of difficulties within the family and community that sometimes come to be manifested in violence against women and girls in Ndélé. Focus group participants indicated that conflict frays community bonds and makes women and girls more vulnerable to violence at the hands of soldiers, while poverty and a lack of economic opportunities displace men from their traditional role as the breadwinner in the family. In this strongly patriarchal culture, men who are deprived of economic means of asserting their leadership within the family sometimes view turning to physical violence as a natural, if often regrettable, means of dealing with this frustration and reclaiming their highly gendered role as head of the household.

As discussed above, almost all men interviewed in Ndélé share the opinion that men are naturally superior to women and that the right to make decisions in the family and in the community rests with men. These beliefs were generally consistent across all groups. Religion (either Islam or Catholicism) was sometimes invoked to justify the superiority of men, though respondents who cited religion often added that the same religious traditions discourage violence and insist on respect for all, including women and children.

Attitudes were split on whether men’s rightful superiority over women may involve a component of violence to ensure compliance. Many men carefully distinguished between physical “punishment” and physical “correction” and a husband “forcing” versus “pressuring” his wife to have sex. Punishment and force were thus described as unacceptable, while correction and pressure were seen as acceptable means for men to assert their superior position vis-à-vis their wives and daughters. Similarly, numerous men across all groups broadly disavowed violence committed by men against women while asserting that hitting “a little bit” or slapping is necessary behavior correction rather than violence. No men interviewed indicated that violence against women might take forms other than physical contact, such as withholding food or clothing: such practices were commonly seen as means of light behavior correction rather than violence. Unsurprisingly, the everyday background of physical and emotional violence that many women report experiencing at the hands of their husbands and fathers is absent from men’s reports of family life.
Thus, contrary to women’s reports, there was little indication among men that violence against women is a problem in Ndélé. Most respondents said that violence against women is not frequent and that when incidents occur, they usually involve soldiers participating in the conflict in the area around the town. Many men asserted that it is “almost impossible” to rape a woman in Ndélé itself, since “if she doesn’t accept, she should scream,” and someone will come to her aid. Respondents were split on whether marital rape exists as a concept: most said that it is a wife’s duty to satisfy her husband, with rare exceptions for illness or exhaustion, and that a husband is within his rights to pressure or force his wife into compliance.

Violence against women, particularly incidents occurring within the family, is widely viewed among men as a private matter that should be resolved on the family level. Similarly, the pervasive and rigid view of men as strong and independent, capable of leading households while asserting their will over their wives, means that there are no community structures in place for men who need help: the informal justice system can be consulted or criminal complaints filed as a last resort, but seeking help outside the family for a personal matter is seen as demeaning and unmasculine. Several men emphasized the shame of having an incident of rape or other violence publicly reported, both because it implies the failure of efforts to deal with the matter within the family circle and because women and girls who have experienced rape are commonly believed to have been willing participants in an illicit sexual encounter or to have otherwise put themselves at risk through inappropriate behavior such as “running after” soldiers for favors.

YOUTH VOICES

Youth in Ndélé face a number of challenges. Though Ndélé has a secondary school, most students leave school after only a few years for financial reasons. Unemployment is high, making it difficult for young men to find jobs. The marriage age is low, with girls marrying between 12 and 18 and boys between 16 and 24.

Though they have generally completed more years of formal schooling than the older generations, there were few differences in the perspective of young focus group participants compared to that of their parents and grandparents. They identified similar forms of SGBV – domestic violence and sexual violence by soldiers and strangers against young girls – and demonstrated a comparable knowledge of human rights. Many of them cited poverty and external conflict as the main drivers of violence against women. Young women generally seemed to accept the idea that violence in the community is largely out of their control and that it will happen to their generation just as it has happened to their mothers, aunts, and grandmothers.

Nonetheless, the focus groups for youth differed from one another on two major issues:
1. Does a husband have the right to punish his wife/wives using violence?

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<th>Girls</th>
<th>Boys</th>
</tr>
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<tbody>
<tr>
<td>Catholic</td>
<td>No</td>
<td>Mixed</td>
</tr>
<tr>
<td>Muslim</td>
<td>Yes: 60%</td>
<td>Yes, within law</td>
</tr>
<tr>
<td></td>
<td>No: 40%</td>
<td></td>
</tr>
</tbody>
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Young Catholic women unequivocally responded negatively to this question, while young Muslim men tended to reply affirmatively. Several unmarried Muslim women stated that their future husbands would have “no right” to beat them, but they acknowledged that most of their peers thought otherwise; there was a general sense that violence would inevitably occur in their marriages. Some young men stated that men have the right to “correct” their wife using violence or by withholding food. Opinions also differed about whether men and women should have equal rights: most young men believe that men are superior, while others argued that women are equal under the law, but not at home. However, according to one young man, “rights aren’t respected here, so it doesn’t matter,” echoing the general sense of hopeless about their environment articulated by all four groups of young people.

2. Can a woman refuse sex with her husband?

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<th>Girls</th>
<th>Boys</th>
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<tbody>
<tr>
<td>Catholic</td>
<td>Yes</td>
<td>Only if the woman has a lot of work to do</td>
</tr>
<tr>
<td>Muslim</td>
<td>Yes</td>
<td>Only if the woman has a lot of work to do</td>
</tr>
</tbody>
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Ndélé youth were more uniform in their response to the question about refusing sex within marriage than they were about the previous question. Young women generally stated that wives could refuse sex, while young men believe that they generally cannot unless they are too tired or busy with work. Some young men and women responded that forced sex was considered rape, while others vaguely termed it a “form of violence.”

In addition to interviews with youth, focus groups of older women were asked whether they had suggestions for ways to reduce SGBV for their daughters. Very few were able to articulate ways to make the gendered environment better for future generations. Participants in one of the focus groups stated plainly that they felt that nothing could be done. In another, women identified forced marriage as a major problem for their daughters but indicated that they had little say in the matter. Family and community stigma against girls impacted by SGBV remains a major problem in Ndélé. One participant in the focus group for vulnerable women stated that she would not be able to keep her daughter at home if her daughter were raped.

COMMUNITY RESOURCES

Community resources for dealing with SGBV in Ndélé take three main forms: the formal and informal justice systems; health services, represented by the hospital; and local and international nongovernmental organizations (NGOs).
FORMAL JUSTICE

The formal justice system in Ndélé is administered by the government of the prefecture by civil servants appointed by the central government in Bangui. The court hears only cases that are considered too serious for informal justice mechanisms operating at the community level to manage. Such cases include criminal matters such as serious robbery and assault, as well as civil matters such as pensions, fights, theft, property disputes, and issues of concern in the area of SGBV, such as repudiation or mistreatment of a woman by her husband or unlawful sexual contact between an adult man and an underage girl. The Chief Clerk of the Court for civil matters reported in an interview that he sees around 2-3 people per month with complaints about relationship issues and 5-6 cases of sex with a minor.

According to the Central African constitution, women and men are formally equal before the law, and all citizens have the right to report incidents to the courts and to seek legal redress. However, the process of reporting an incident to the formal justice system is lengthy and involves many barriers, particularly for women: many women interviewed indicated that illiteracy and a lack of knowledge regarding their rights and the appropriate procedures for reporting violations of these rights prevent them from understanding the system well enough to take advantage of it, and community stigma around publicly reporting incidents is a powerful deterrent. One of the most significant interventions to assist in the reporting of violence against women is therefore the effort launched by AFJC and DRC to improve knowledge among women of their rights and to provide them with assistance as they seek to navigate the justice system.

INFORMAL JUSTICE

The informal justice system consists largely of a network of associations of neighborhood leaders, called chefs des quartiers, who are elected by each neighborhood for ten-year terms. These men link the family-level management of problems and the formal judicial system: problems that cannot be solved within the family circle (including parents and in-laws) are commonly taken to the chefs des quartiers for adjudication. Generally problems are taken to the formal justice system only when the informal justice system has failed to produce a satisfactory result. Even when problems are referred to the formal justice system, the chefs des quartiers can accompany the complainants to the police, court, or gendarmerie. Problems that are managed by the chefs des quartiers are generally resolved via mediation, with the goal of reconciliation rather than punishment.

The chefs des quartiers have all participated in the DRC/AFJC training on women’s rights. However, they hold opinions about gender roles and violence against women that are similar to the men who participated in focus groups, and they also echoed the community stigma and silence around domestic violence and emphasized that such incidents are generally dealt with in private by the family. Moreover, it appears from interviews that incidents reported to the chefs des quartiers by women tend to be complaints about their husbands concerning issues such as not providing food or
clothing rather than rape or other physical violence. When they do appear, reports of physical violence and rape appear to be directed towards the hospital.

HEALTH SERVICES

The hospital in Ndélé serves as the main provider of primary medical services and the sole provider of secondary and tertiary services, including surgery, for Bamingui-Bangoran Prefecture. More than half of the health outposts in the region are closed due to occupation or danger from rebel forces. The main health problems facing the population in the Ndélé area are malaria, respiratory infections, and malnutrition, as well as violence. General reports of violence have increased since the temporary occupation of the town by rebel forces in November 2009.

However, as in the justice system, reports to the health system of violence against women remain relatively rare. Rather than a dearth of incidents, the primary reasons for the lack of reported cases are likely the community stigma around SGBV, particularly rape, and conservative traditional attitudes that discourage people from seeking outside help for problems that are perceived to be the domain of the family or informal community justice. A medical certificate is required for women wishing to report a rape to the formal justice system, but there have been no such certificates issued in the last year. Reports of rape or violence against women are typically resolved through mediation between the parties involved.

NON-GOVERNMENTAL ORGANIZATIONS

Although the need is great, few international organizations are working in Ndélé at this time. In addition to a very small UN staff, there are three international NGOs currently working in Ndélé: DRC, Aide Médicale Internationale (AMI), and the International Medical Corps (IMC). At present, DRC is the only organization with SGBV programming. Although the IMC implemented a small SGBV training in late 2009, it is not currently operating an SGBV program. Both IMC and AMI focus more heavily on health (non-SGBV) and education. The three organizations maintain good relations with one another and the various community entities, increasing their influence and effectiveness in the prefecture.

In 2009, DRC partnered with the AFJC to conduct a sensitization campaign on human rights and the rights of women in Ndélé. 700 women and 560 men were targeted to receive one day of training on the fundamentals of both rights. The aim of the training was to better the situation for women and girls by increasing participants’ knowledge on the rights of women and to help them find ideas and tools to use in their daily lives. The training was related to DRC’s emphasis on the legal aspect of SGBV, according to which the organization aims to train women lawyers and paralegals and to open a legal clinic in the Ndélé hospital.

1 Translated from p.6 “Campagne de formations sur les droits des femmes” UNHCR, DRC, AFJC (Association des Femmes Juristes Centrafricaines) 2009 PM/DRC 26/06/2009
During the focus group interviews, women and men were asked two questions in order to assess DRC’s progress in sensitizing the population to the problem of violence against women:

1. Are you aware of any programs discussing rights of women, and have these programs changed your opinion?
2. What services do you think would be helpful for women who suffer from violence?

The only two groups that could not cite the DRC or the human rights training were the young girls from surrounding villages and the group of handicapped women. When groups were asked what services would be helpful for women and girls who have experienced violence, which was a question designed to prompt local initiative, the DRC and other NGOs were mentioned repeatedly.

RECOMMENDATIONS

To combat the incidence of SGBV in Ndélé, a three-part approach needs to be taken to dissuade men from resorting to violence, encourage women to report incidents of violence, and reduce social and community stigma around SGBV. Simultaneously working on all three aspects will facilitate the achievement of more comprehensive results.

WORKING WITH MEN

Men’s attitudes towards gender roles and SGBV need to be a major consideration when designing potential programming aimed at reducing violence against women. Particularly in strongly patriarchal societies such as Ndélé, men control a great deal of access to the family and to the levers of informal community leadership and justice, meaning that their support is crucial for the success of any programs targeting women. More directly, as the main perpetrators of SGBV, men need to be engaged in efforts to change attitudes and provide alternatives to violence.

A key aspect of SGBV prevention programming targeting men is the continuation of the sensitization training implemented in 2009 by DRC and AFJC. Many men in the focus groups expressed interest in the training and requested that it be repeated in order to give more people the opportunity to participate. Several men noted that trainings should be held at schools and should target more boys and young men. Another channel for SGBV prevention programming is the mosque, where imams might be encouraged to foster respect for women’s safety and bodily autonomy and to share basic information on men’s important role in preventing SGBV in their communities. Such messages do not need to be radical and might be as simple as repeating the message that wives are important partners in the maintenance of the household who do not need to be beaten or coerced and that violence against women harms children and families.
The informal justice system is another key environment for programming targeting men’s roles in reducing the incidence of SGBV. The chefs des quartiers have gone through the training with DRC and AFJC, but the training should be repeated and broadened to include more information on the impact of various forms of SGBV on women and their families. Rather than telling men what is and is not acceptable to do in their relationships with the women in their lives, they should be encouraged to consider the ways that SGBV damages these relationships and the community as whole. In general, a punishment-oriented approach through the formal justice system is unlikely to be effective, both because it will drive an already largely hidden problem even further into the shadows and because poverty and economic insecurity are only exacerbated by asking society to direct resources towards lengthy trials and by locking up men.

To support a reevaluation and reprioritization of community bonds and the social fabric of life in the Ndélé area against a backdrop of uncertainty and conflict, DRC should do as much as resources allow to support livelihood programs and other programming that provides economic opportunities for people, especially men. Several men spoke highly of the DRC program that supports gardens, and agricultural programs in general would have a wide audience and could encourage men to more deeply engage with DRC programming not only around SGBV but around other aspects of community building.

EMPOWERING WOMEN

The SGBV sensitization programs seem to have had some success. Many women had either attended the training or knew of it, although some sampling error might have contributed to this response. However, when asked what human or women’s rights were, few women were able to either give a definition or notion of what they entail. More training is therefore recommend and would be very useful to further the education of women.

Another round of SGBV training should continue to target key groups, such as local leaders and heads of women’s association, especially if they already participated in the first round of sensitization training. A radio program could be established that would jointly promote human rights and women’s rights and could be a platform from which to launch more sensitization training. Also, SGBV training could be targeted at youth attending school.

The location of DRC’s future legal clinic inside the hospital is of indisputable importance. The local doctor currently serves as the community’s most valuable resource for women to go to seek medical and psychosocial support after violence against her. An interview with him concluded that many women seek the doctor’s services as a neutral third party to mediate any violent disputes between husband and wife. The nurses at the hospital are also valuable, although do to the impression that the male doctor would have more authority, more women tend to seek help from him.

In addition to the legal clinic annex in the hospital, a small library close by or in the clinic with documents and audiovisual aid about SGBV, especially concerning other African women, could be useful in offering support. Finally, SGBV peer discussion
groups could also be organized, either at DRC or at the hospital (preferably the latter) and could be called parenting classes or mother’s support groups to reduce any stigma and preserve anonymity for attendees.

REDUCING STIGMA

The fact that many women, men, and community leaders were informed about or participated in DRC’s human rights program, and were willing to participate in SGBV focus groups, demonstrates that Ndélé is a community that is, at the least, partially open to programs that improve the gendered environment for women. Nonetheless, the stigma associated with SGBV remains a major challenge that hinders the long-term development of women at all levels of society; reducing this must be an integral part of DRC’s long-term programming.

A radio campaign on human rights that provides recommendations for women’s safety within the community and offers suggestions for conflict resolution within families could help raise awareness about the challenges facing women, and inform the community about ways to reduce violence. Continued training for community leaders to take a stance against violence and develop programs that do not favor men is also essential. Strengthening knowledge of SGBV among Muslim and Catholic religious leaders encourages the likelihood that these leaders will be willing to provide support to SGBV programs or point women and men in their congregations to programs for support.

Effort must also be made to strengthen the ability of the younger generations in Ndélé to prevent or respond appropriately to violence. A program could be developed in the schools or through religiously-affiliated youth groups to teach conflict resolution, raise awareness about forms of SGBV, and encourage dialogue between young men and women about relationships and marriage.

CONCLUSIONS

Current security issues in Ndélé will make it difficult for dependable programming efforts to be implemented. The lack of socioeconomic prospects for both men and women will also continue to directly impact violence against women and girls. Nonetheless, DRC is in an excellent position to continue the work that has begun on sensitizing the population to human rights and, to some extent, women’s rights. The creation of a legal clinic and the development of future programs in line with the recommendations listed above will effectively spread the word that justice for women is possible and that women and girls who have experienced SGBV are entitled to vital and appropriate legal, psychosocial, and medical aid.
APPENDICES

APPENDIX 1: FOCUS GROUP DEMOGRAPHICS

To investigate women’s experiences and attitudes around the issues of gender roles and SGBV, ten focus groups were held with 96 women and girls ranging in age from 13 to 70. One-third of participants, mainly younger women and girls and older vulnerable women, are not married (never married or divorced). One-third of participants are married; the youngest participant is 17, and the oldest is 60. All married participants but one have children, as do several non-married women. The last-third of the focus group population is widowed, and the youngest is aged 35. Half of participants interviewed identified themselves as Catholics, and the other half Muslim. The women come from a number of different ethnic groups. There are no major differences in the number of children women in each religious group, and the number of children by women in each age group varied. Most of the younger women interviewed are enrolled in school or have completed a few years. Few older women received schooling. Nearly everyone works, mainly in agriculture.

To explore men’s attitudes and experiences around gender roles and violence, eight focus groups were held with 67 men and boys ranging in age from 16 to 86. One-third of participants are not married, and all are aged 30 or younger. Two-thirds of participants are married, and many men have more than one wife. One man listed 9 wives to whom he is formally and informally married. Most married men have children, as do several non-married men. One-third of participants interviewed identified themselves as Catholic, and the other two-thirds Muslim. The men come from a number of different ethnic groups. Most of the younger men are enrolled in school or have completed several years of education, as have a number of the older men. Most men are employed in agriculture or commerce.

APPENDIX 2: FOCUS GROUP QUESTIONNAIRE

Questions générales. Pouvez-vous me parler un peu de vous? Nom, age, ethnicité, religion, etes-vous mariés, niveau d’école que vous venez finir, travail

1. Quelles sont les activités sociales des femmes? Leur travail quotidien? Et les activités sociales et le travail des hommes?
2. Est-ce que vous avez des enfants? Combien de filles et de garçons? Jusqu’à quel age vont les enfants à l’école? Comment passent les enfants le temps quand ils ne vont pas à l’école?
3. Qui prend les décisions dans cette communauté? Dans la famille?
4. Où vont les hommes pour demander de l’aide s’ils ont des problèmes? Et les femmes?

Questions de Sécurité. Maintenant je voudrais vous poser des questions concernant la sécurité des femmes et filles.
A quoi pensez-vous quand vous entendez la phrase, “violence contre les femmes?”
(violence sexuelle, hommes qui frappent les femmes, etc.)

5. Croyez-vous que les hommes et les femmes doivent avoir les mêmes droits? Pourquoi ou pourquoi pas?
6. Quelles sont les problèmes de la sécurité pour les femmes et les filles dans cette communauté?
7. Qu’est-ce qu’est crée des problèmes pour les femmes et les filles dans cette communauté?
8. Quelles activités (qu’est-ce qu’on fait d’habitude) sont considérées abusive ou violent sexuellement? Pourriez-vous donner des exemples?
9. A votre avis, est-ce que toutes les femmes également vulnérables à la violence?
10. Est-ce que la problème de la violence contre les femmes s’est améliorée ou aggravée dans l’année dernière? Quels types de problèmes ont changé? Si il y avait une changement, qu’est-ce que l’a provoqué?
11. La violence contre les femmes, est-ce fréquent?
12. Est-ce que cette violence cause des problèmes aux femmes? Aux hommes? Quels sont les problèmes?
13. A qui demandent les femmes de l’aide en cas de la violence? (la famille, autres femmes, infirmière ou quelqu’un d’autre à l’hôpital, chef de la ville, la police/les autorités, quelqu’un d’autre) Comment réagit la communauté quand il y a un incident de violence contre une femme, et elle le signale aux autres?
14. Comment supportent les femmes les expériences de la violence contre leur famille ou leurs amies?
15. Comment réagissent les hommes à les expériences de la violence contre leur famille?
16. Est-ce qu’il y a des ressources inofficiel dans la communauté pour aider les rescapées de la violence?
17. Connaissez-vous des programmes sur les droits de la femme? Si oui, ont les programmes changé votre opinion des droits de la femme? Comment?
18. Quels services seraient utiles pour les femmes qui avaient connu la violence? Qui doit offrir ces services?
   a. Santé, appui psychologique, juridique, économique
   b. le familles, la communauté, les ONG internationales, la gouvernement, les organisations religieuses?

Questions sur les relations entre les hommes et les femmes et la mariage.

19. A quelle age se marient les femmes? Les hommes?
20. Qu’est-ce que c’est votre avis sur l’éducation et le travail des femmes, et leur capacité de gérer la famille? Qui prend les décisions dans la famille?
21. Est-ce qu’il y a des hommes là qui ont plus d’une femme? Sont toutes les femmes également traité? Habitent toutes les femmes d’un homme avec lui?
22. Quelles conflits se trouvent dans un mariage, et qu’est-ce que c’est la cause? Comment sont-elles résolues?
23. Quelles difficultés existent pour les femmes envers leur relations avec leur mari?
24. Quelle épreuve doivent les hommes surmonter dans leur relation avec leur femme?
25. Croyez-vous qu’une femme ne doit jamais questionner son mari? Est-ce que le mari a le droit de punir physiquement sa femme pour quelque raison? Pourquoi?
26. Est-ce qu’une femme a le droit de refuser le sex avec son mari? Si elle refuse et il la force, est-ce le viol?
27. À votre avis, qui doit aider les femmes qui sont dans une relation abusive? Connaissez-vous des femmes qui étaient aidées? Quelle aide ont elles reçu?

Questions finales.

28. Qu’est-ce que vous en pensez des sujets dont on a parlé?
29. Sont ces sujets importants pour les femmes et les filles?
30. Sont ces sujets importants pour les hommes et les garçons?