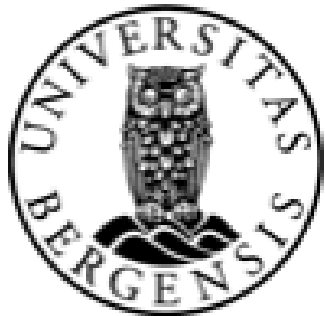




# Sexual violence in post-conflict Liberia

## Is the package of care we offer adequate?

Katie Tayler-Smith, Rony Zachariah, Sven Hinderaker, Marcel Manzi, Eva De Plecker, Pieter Van Wolvelaer, Tatiana Gil, Stephan Goetghebuer, Helga Ritter, Luke Bawo, Charlyn Davis-Worzi



Medecins sans Frontieres  
University of Bergen, Centre for International Health  
Liberian Ministry of Health & Social Welfare  
Liberian Ministry of Gender & Development



# Definitions

## Sexual Violence (SV)

Any sexual act perpetrated against a person's will – without consent or without being able to consent

## Rape

An act of sexual penetration without consent

## Sexual exploitation

Any act of sexual intercourse in exchange for money, food or other benefit

## Survivor of SV

A person who has endured SV

# Sexual Violence (SV) in Liberia

- High rates of SV in the post war era
- Thus, MSF began offering care for SV in Monrovia



# MSF in Monrovia

- Three MSF-supported SV clinics
- Catchment population ~ 500,000
- Only one other NGO SV clinic



# Sexual Violence in Liberia

- **SV survivors include children & males**
- **Some perpetrators are minors (< 18 yrs old)**



# Operational Research Question

A collection of medical supplies including various colored pills (pink, yellow, green), a stethoscope, and a syringe, arranged on a light surface.

**Is the package of care  
we offer adapted to the  
Liberian context?**

# Objectives

- i) Describe the characteristics of SV survivors & the pattern of SV
- ii) Report on the medical consequences faced by SV survivors and their management

# Methods 1

Study Design: Retrospective analysis of routine program data (SV database)

Study Period: Jan 2008 – Dec 2009

Study Setting: 3 MSF clinics in Monrovia

Study population: All SV survivors accessing care

Ethics approval: Liberian Biomedical Ethics Committee and MSF Ethics Review Board



# Methods 2



**Comprehensive  
Package of care**

# Psychological support



# Medical history & examination



# Wound care



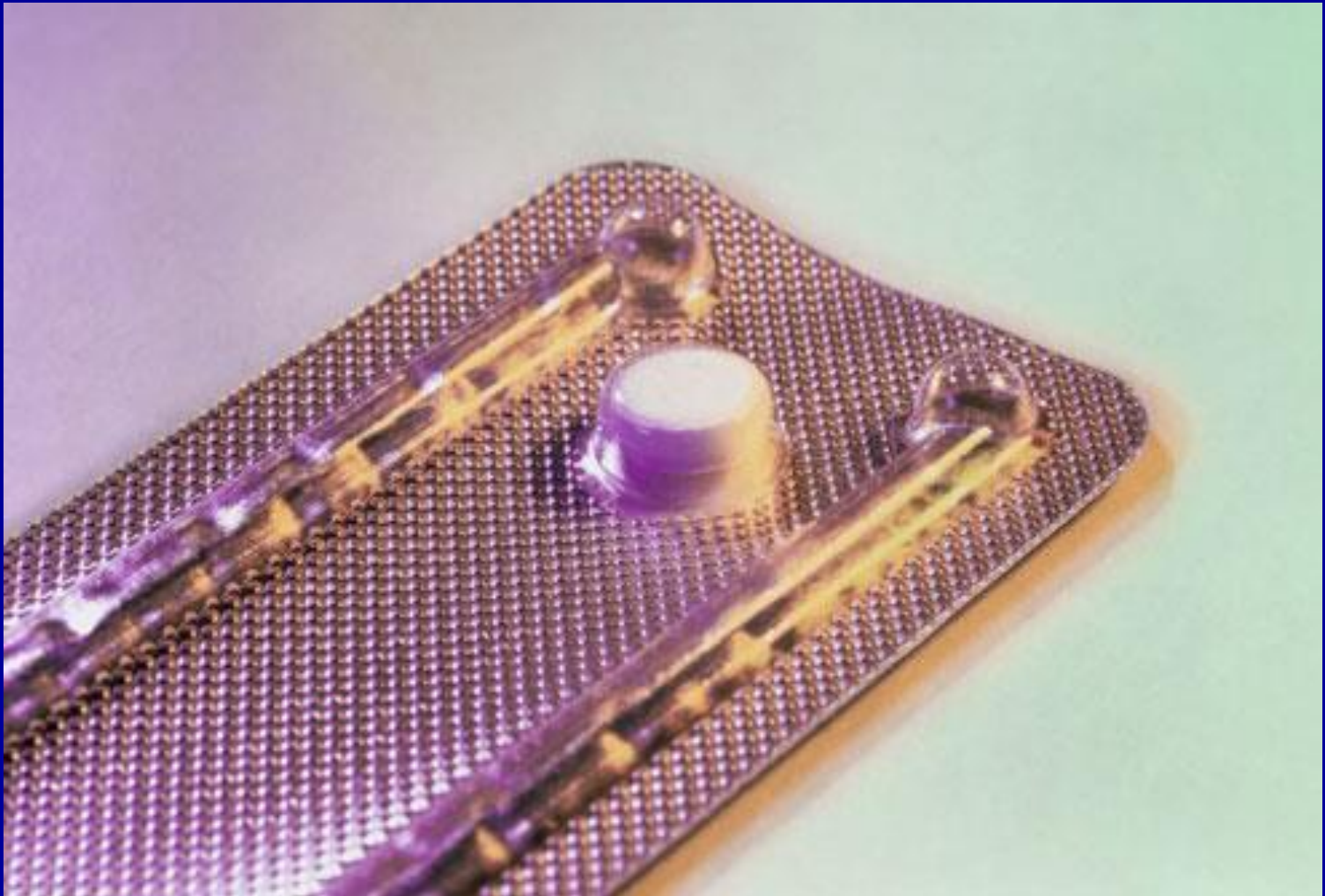
# HIV post exposure prophylaxis



# STI prophylaxis or treatment



# Emergency contraceptive



# Termination of pregnancy





# Hepatitis B & tetanus vaccinations



# Medico-legal certificate



# Health promotion activities



# Results 1: Survivor characteristics

(n-1500)

Survivor characteristics	n (%)
<b>Sex</b>	
Female	1447 (98)
Male	23 (2)
<b>Age, years</b>	
0 – 4	138 (9)
5 – 12	491 (33)
13 – 19	562 (37)
20 – 44	291 (19)
≥ 45	16 (1)
Unknown	2 (0.1)
<b>Median (min – max)</b>	13 (9 months – 60 yrs)

## Results 2: Pattern of SV (n-1500)

Pattern of SV	n (%)
<b>Type of SV</b>	
Rape	1496 (99)
Sexual exploitation	4 (1)
<b>Place of aggression</b>	
During day-to-day activities	822 (55)
Survivor's home	552 (37)
Other	126 (8)
<b>Number of aggressors</b>	
1	1160 (77)
2 – 4	243 (16)
≥ 5	95 (6)
Unknown	2 (0.1)

## Results 2: Pattern of SV (n-1500)

Pattern of SV	n (%)
<b>Type of Aggressor</b>	
Known civilian	1037 (69)
Unknown civilian	228 (15)
Other	235 (16)
<b>Child survivors <math>\leq</math> 12 years whose perpetrator was a minor</b>	104/629 (17)
<b>Presenting within 72 hours</b>	619/1500 (41)

# Results 3 : Medical consequences

Medical Consequences (n)	No. examined (n)	n (%)
Vaginal wall lesion	1443	131 (9)
Pathological vaginal discharge	1443	430 (30)
Anal or rectal lesions		
Males	22	10 (45)
Females	1073	30 (3)
Tested positive for HIV	435	6 (1)
Became Pregnant	1108	81 (7)

# Results 4: Medical – Legal management

Medical Intervention	No. eligible (n)	n (%)
<b>PEP</b>	619	482 (78)
<b>STI prophylaxis/treatment</b>	1500	1356 (90)
<b>Emergency Contraception</b>	425	207 (49)
<b>Pregnant</b>	81	
Abortion requested		48 (59)
Abortion done		39/48 (81)
<b>Medico-legal certificate accepted</b>	1500	1360 (91)*

\* No. of survivors (or caretakers) wanting to press charges: 509 (34%)



# Is the Package of care we offer adequate?

- High proportion of child survivors - little capacity for psychosocial support/protection of children
- Lack of male-orientated SV services – clinic/ community
- Approach is technical focus – tends to concentrate on the 'symptoms' of SV - little done to address SV 'causes'
  - Awareness and advocacy campaigns toward the perpetrators
- Definition of rape (according to Liberian law) – Problematic!  
No differentiation between 'consensual' and 'non-consensual' sex involving a minor

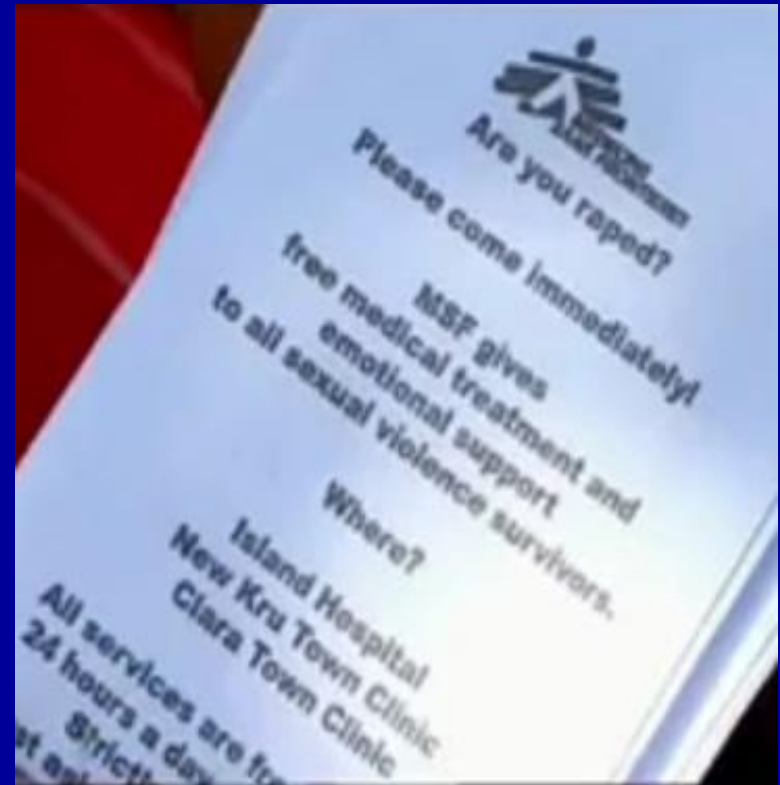
# Study Limitations

- No specific data on perpetrators' age and sex
- We do not know why survivors who should have received certain interventions did not receive them

# Conclusions

## In post-conflict Liberia

- High SV caseload with MSF treating a large number of survivors
- The current package needs to be better adapted to meet the contextual needs





**Acknowledgements**

***Many thanks to the patients and clinical staff  
at the MSF SV clinics in Monrovia and to the  
Liberian Ministry of Health and Social Welfare***