

Examining Effects of the Interim Reparative Measures of the Global Survivors Fund on Survivors of Conflict Related Sexual Violence in Guinea and the DRC



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Examining the impact of reparations is an urgent issue. To gain insight into the overall perception of the quality of life of survivors of conflict-related sexual violence (CRSV), the NSCR conducted longitudinal studies in both Guinea and the DRC, before survivors received Interim Reparative Measures (IRM), during and nearly towards the end. This factsheet shows the most important outcomes.

The goals of reparations expanded from a focus on repairing individual victims and punishing individual perpetrators, to objectives that were supposed to instigate profound transformations within post-conflict societies. With the expansion of the orientation and the modalities of reparations, debates arose about the actual effects of reparations within particular contexts. Studies on reparations for a long time mainly focused on the normative assumptions of what reparations should do instead of what they were actually doing. This means that normatively much is known about the potential effects of reparations, but not enough is known yet empirically about the actual effects. Within the research project *Examining Effects of the Interim Reparative Measures of the Global Survivors Fund on Survivors of Conflict Related Sexual Violence*, the NSCR examined the perceived changes to the quality of life of survivors of CRSV as a result of IRM provided by the Global Survivors Fund (GSF).

GSF's mission is to enhance access to reparations for survivors of CRSV. This includes the provision of IRM, measures provided by non-duty bearers such as non-governmental and civil society organisations to survivors, to support their process of healing and rebuilding in circumstances where States or other duty-bearers have yet to comply with their obligation to provide reparations. Such measures are developed with the active participation of survivors.

GUINEA

On 28 September 2009, tens of thousands of Guinean citizens, civil society groups and opposition parties gathered in the Conakry Stadium to protest against the increasing authoritarian rule of president Moussa Dadis Camara. Guinean military forces violently squashed the demonstration. In the ensuing hours, defenceless demonstrators were robbed, beaten, sexually assaulted, and killed. As a result of GSF's projects, 158 CRSV survivors in Guinea have received individual and collective IRM. Survivors opted for financial compensation and financial management training, support with education, medical care, and psychological support. A book of photos and testimonies was published as a form of collective IRM, and construction of a survivors' centre is ongoing.

DRC

The First and Second Congo Wars of the 1990s and the rise of multiple armed groups competing over the country's abundant natural resources have resulted in a continuing spiral of violence. Despite a lack of reliable data, hundreds of thousands of survivors are estimated to have been affected by massive and systematic conflict-related sexual violence, in particular in Eastern DRC and the Kasai region. 1,094 CRSV survivors in South Kivu, North Kivu, and Kasai have received individual and collective IRM through GSF. This included financial compensation alongside financial management training, vocational training and job coaching, as well as the provision of medical and psychological care. Construction of four survivors' centres is ongoing.

IN BOTH COUNTRIES, FOLLOWING THE IMPLEMENTATION OF IRM

- ☆ ... survivors felt more financially independent and better able to take care of their families.
- ☆ ... survivors' quality of life ratings went from 'poor' to 'good' after IRM were implemented.
- ☆ ... survivors' social status had improved within their families and their communities.
- ☆ ... participants were satisfied with their participation in the IRM process and with the outcomes.
- ☆ ... participants reported receiving a great deal of recognition throughout the project, and a related sense of justice.

RESEARCH METHODOLOGY

Longitudinal studies have been conducted in both Guinea and the DRC, before survivors received IRM, during and nearly towards the end. The ability to describe impact quantitatively as well as unpack survivors' 'lived' experiences and perceptions in relation to this, is the main benefit of using both qualitative and quantitative methods. Participatory community-based methods were used within the qualitative research. Survivors used a photo-elicitation method (which is called Photovoice) to describe and visualize relationships between the IRM and aspects of everyday life of the participants from the point of view of survivors. The method of Concept mapping was subsequently used in focus groups, to ensure that the participants had an important part in the definition, analysis and interpretation of these main aspects.

Additionally, empirically based scales were incorporated into a questionnaire, which was administered to participants, within the quantitative research. A thorough piloting process ensured adaption of scales for the contexts and sample under study. Questions that arose from the concept mapping workshops were also included. The full questionnaire consisted of scales intended to measure the following topics: socioeconomic variables, quality of life, mental health, social support system, how much contact survivors have with those around them, how much anxiety survivors experience when interacting with others, level of trust in others, aspects of justice and the degree of survivors' active participation in the IRM process.

20 persons in Guinea and 23 persons in the DRC participated in the qualitative research. The sample of the quantitative research consists of 100 participants (N = 100). In both the qualitative and quantitative studies, participants are identified beneficiaries, and the same samples participated in all three data collections, in order to ascertain changes over time in their lives that may be attributed to the IRM.

In Guinea, data collection for the first measurement took place between December 2019 and June 2020, for the interim between April and July 2021, and for the final measurement between August and November 2021. In the DRC, data collection for the first measurement took place between November 2020 and May 2021, for the second between July and October 2021, and for the final measurement between December 2021 and April 2022.

SOCIO-ECONOMIC STATUS AND FAMILY WELLBEING

GUINEA

Before the implementation of IRM, survivors established a clear relationship between their financial situation and the abandonment, stigmatisation and physical and mental health issues following their victimising experiences.

Subsequently, participants reported that their financial status had improved as a result of IRM, and they also reported improvements in relation to family wellbeing and social status. One important aspect is survivors' ability to send their children to school. Improvements in their financial situation are attributed to the financial support and budget training provided.

Moreover, participants feel confident that they will become financially independent as a result of IRM.

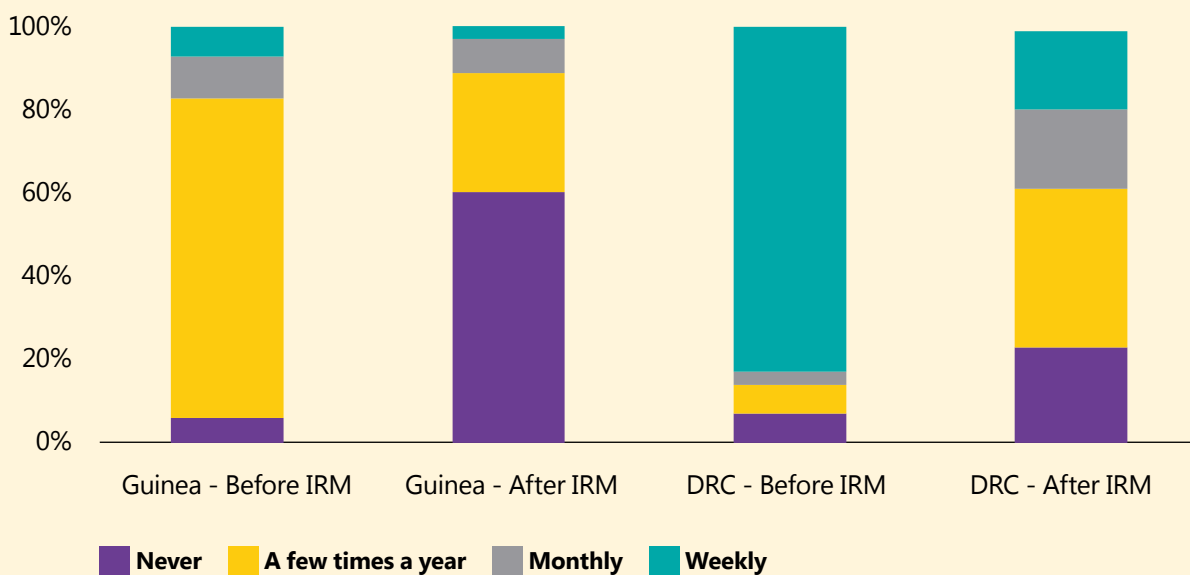
DRC

During qualitative research conducted before the project, survivors argued that poverty and lack of financial resources were the most pressing challenges in their lives due to their victimising experiences. This was mirrored in the quantitative research, which showed that survivors felt little financial independence.

The overwhelming majority of survivors subsequently reported that IRM helped them become financially independent, and greatly increased their financial and social status. Survivors are now able to provide multiple meals a day, send their children to school, and attend family events.

Overall, participants strongly believe they will become financially independent as a result of IRM. They also feel they will be more accepted in society if their financial situation continues to improve.

SURVIVORS' AWARENESS OF BEING GOSSIPED ABOUT AND/OR EXCLUDED



INDIVIDUAL WELLBEING

GUINEA

Before the project, survivors mentioned feeling insecure, unprotected, and ashamed about the CRSV.

Following implementation of IRM, survivors reported feeling mentally and physically better, which they saw as important changes. These positive changes made it easier for them to carry out an economic activity, and gave them the energy to take care of themselves and their family and to participate in social activities. Survivors mentioned feeling more confident and beautiful, once more investing in the way they look and dress.

Results from the wider sample show that overall quality of life ratings almost doubled. Large improvements in particular areas, such as social relationships and physical, psychological, and environmental health, were also documented.

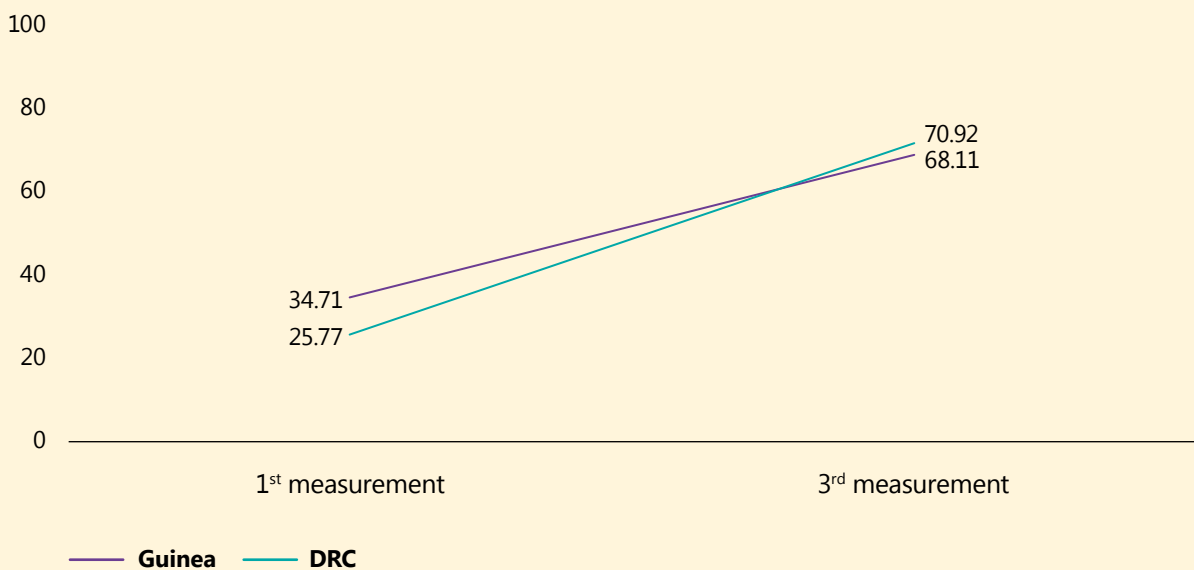
DRC

Before the project, survivors noted that the multi-directional violence they had experienced had impacted their social status, health, and financial wellbeing.

As a result of the project, survivors felt more confident thanks to improvements in their mental and physical health. 'Respect' and 'feeling worthy' were key concepts in their descriptions of how they felt. Survivors associated these positive changes to their improved ability to take care of themselves and invest in themselves as a result of the different IRM activities.

The quantitative research demonstrated that the overall quality of life ratings almost tripled by the end of IRM implementation; large improvements in psychological health, physical health, environmental health and social relationships were also evident.

CHANGES IN MEAN SCORES FOR OVERALL PERCEPTION OF QUALITY OF LIFE ON A RANGE OF LOW TO HIGH (0-100) BETWEEN THE FIRST AND THIRD MEASUREMENTS



COMMUNITY COHESION AND STIGMA

GUINEA

Before the project, survivors mentioned that they had social contacts through their kin, broader family, and participation in the local survivors' organisation, AVIPA. However, abandonment had indeed taken place after the CRSV.

Following IRM, survivors felt they were seen and approached 'as a person' now by community members. Their improved individual physical and psychological wellbeing, and the positive changes in their financial situation, made it possible for them to live up to the standards and expectations of attending social events and ceremonies. Quantitative findings reinforce that contact between survivors and family, friends, and community members alike begun to increase significantly during IRM implementation and kept increasing.

For survivors, interacting with family and the community had reportedly become less negative and anxiety provoking, and involved more trust than before the implementation of IRM. Survivors also reported experiencing less stigma.

DRC

Before the project, the survivors explained how discrimination, rejection and stigma led them to constantly feel excluded because of their victimising experiences. As a result of CRSV, they were also often mentally and physically unable to work.

Already during the interim measurement, survivors reported being more regularly approached by family and community members, being asked more often for their opinions, and feeling less dependent on others.

Although there was no difference in friendships, findings from the wider sample demonstrated a significant increase in contact with others in the family and community, in comparison to before the project implementation. Moreover, interacting with family and community had become less anxiety provoking, and survivors reported experiencing less stigma.

ACTIVE PARTICIPATION

GUINEA

Results show that participants were happy with the possibilities they had to express their opinions throughout the project, as well as the incredibly high degree of value and respect afforded to them. Mutual communication was strong, reflected in good awareness of the project from an early stage. Substantively, an extremely high degree of satisfaction with the outcomes of IRM was reported by survivors.

99% of participants felt that participating in this process has changed their lives in some way; 1% declined to answer.

97% of participants were satisfied with the results, while 2% reported being somewhat satisfied and 1% declined to answer.

DRC

Overall, the results show an incredibly high degree of participation afforded to survivors through the process. Participants, who displayed good knowledge of the project even prior to implementation, felt included in the process in a mutually respectful manner. Survivors were mostly satisfied with the results, becoming increasingly so throughout the course of the project implementation.

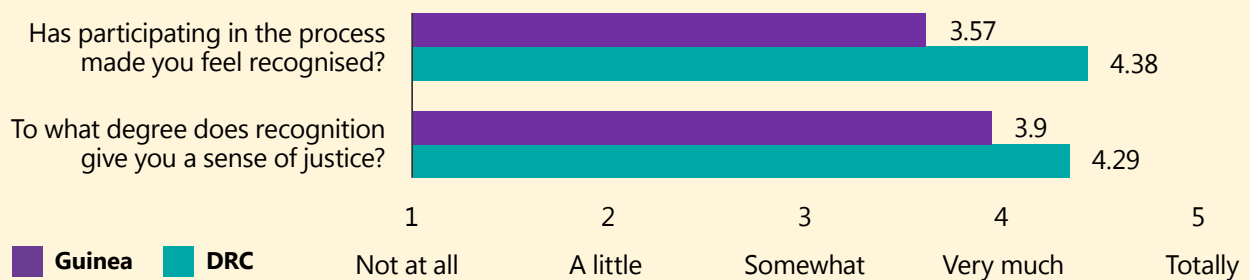
98% of participants felt that participating in this process has changed their lives in some way; 1% answered somewhat and 1% declined to answer.

69% of participants were satisfied with the results, while 26% were somewhat satisfied and 5% reported being not dissatisfied with the results.

The IRM-project in DRC had not yet reached the same point of fruition as in Guinea, which may explain the difference in satisfaction with results between the two contexts.

RECOGNITION AND SENSE OF JUSTICE

In both Guinea and the DRC, survivors feel they have received recognition through their participation in the IRM project, both through the process itself and as a result of the outcomes of IRM. Survivors emphasised the significance of having had important aspects of their experience recognised, including in particular the actual events and consequences on their lives. Combined with IRM, this recognition provided many survivors with a sense of justice. Survivors also reported having experienced an increase in their sense of dignity as a result of IRM, in particular due to the monetary compensation received. Nonetheless, survivors in both Guinea and the DRC stressed the continued responsibility of the State to provide justice and reparation.



CONCLUSIONS

The evidence suggests that the provision of multilevel interim reparative measures to survivors, actively including them in the process as equal partners, does generate significant effects on the lives of survivors on an individual, family, and social level. Results indicate that the effects have been influenced by the combination of multiple reparative interventions rather than any single measure, and by the participation of survivors in the reparations process itself, as they felt respected and recognised.

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