

PUTTING SURVIVORS AT THE CENTER



Data Findings from Phase 1

OVER THE COURSE OF PHASE I, data was collected on the challenges and barriers preventing survivors from accessing specialized GBV services in the Democratic Republic of Congo (Bukavu), Iraqi Kurdistan (Erbil) and Iraq (Mosul), and South Sudan (Yei River State). Data was collected using in-country design workshops with key stakeholders; focus group discussions with women and girls; key informant interviews with stakeholders; and a secondary literature review. This brief provides an overview of the findings.

In-Country Design Workshops

The GWI and Women for Women International (WfWI) collaboratively hosted three in-country design workshops in the DRC, Iraqi Kurdistan, and South Sudan to explore the challenges and barriers to survivors seeking specialized GBV services. Each workshop spanned a total of three days: Day 1 included only GBV specialists; Day 2 included only non-GBV specialists; and Day 3 brought together attendees from both days to participate in consensus-building activities about the key barriers that prevent survivors from accessing GBV services and to brainstorm potential strategies or solutions to reduce or remove these barriers and to improve survivors' access to high-quality GBV services.

Focus Groups Discussions & Key Informant Interviews

Focus group discussions (FGDs) and key informant interviews (KII) were conducted in all three countries with women and girls and key stakeholders including community leaders, GBV service providers and specialists, and non-GBV specialist organizations. Participants were asked about existing barriers and challenges to service provision as well as any recommendations for strengthening service provision and facilitating survivor access to specialized GBV care. In total, 384 participants were interviewed.

Literature Review & Consultations

The GWI conducted a review of existing literature on barriers and challenges to accessing specialized GBV services in low- and middle-income countries. The review also presented an overview of different initiatives that have helped to improve survivors' access to specialized GBV services. Alongside the literature review, global and local technical advisory groups (TAG) were organized and consulted with on the barriers and challenges to accessing specialized GBV services and recommendations to facilitate access to these services.

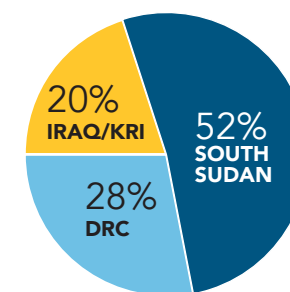


FIGURE 1 Number of Research Participants by Country

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Findings

Findings suggest that survivors are most likely to seek support if (1) they needed outside intervention, (2) they were in immediate danger, and (3) if they had supportive families. Factors that facilitate a survivor's decision to seek services include supportive family and community members, "especially [male] relatives." Survivors seek support from a variety of actors across all three countries. Findings show that survivors often received the most "positive" support from nongovernment organizations (NGOs); NGOs were also the place where survivors most frequently sought support from largely due to their positive reputation in the community and because survivors were often more aware of the services offered by NGOs. Survivors also seek informal forms of support—such as advice or informal family or spousal mediation—from their families, community leaders, and religious organizations.



FIGURE 2 FGD
visual notes
- Community
Mapping Data
Collection Tool

Primary barriers to accessing specialized GBV services fall under the following thematic areas:

- ✓ Accessibility issues
- ✓ Fear (of retaliation, exacerbation of violence, etc.)
- ✓ Legal Barriers
- ✓ GBV is not considered a priority (politically, within the community, individually, etc.)
- ✓ Husband (any/all reasons associated with pressure from or fear of a spouse)
- ✓ Lack of Awareness
- ✓ Lack of Confidentiality (fear that confidentiality will be broken if a survivor seeks services)
- ✓ Limited Service Provider Capacity
- ✓ Social and Cultural Norms

Social and cultural norms—for example, community stigma that often prevents women from pursuing specialized GBV services—were most cited, followed by a lack of awareness on the part of the survivor about the existence of GBV services, limited provider capacity (e.g., service providers claiming to provide GBV services but who lack specialists and/or resources to provide the services), and accessibility issues. Other commonly cited barriers include overall fear of reporting (due to, for example, a fear of retaliation or further violence), legal barriers, and the fear that confidentiality will be broken if a survivor seeks support from a specialized provider.

Several key recommendations also emerged under the following thematic areas:

- ✓ Strengthening Provider Capacities
- ✓ Empowering Community-level Advocates and Resources
- ✓ Responding to Accessibility Issues
- ✓ Awareness-Raising on GBV and Gender Equality
- ✓ Strengthening Legal Systems and Legal Response to GBV
- ✓ Increasing Women's Socioeconomic Empowerment
- ✓ Providing Safe Spaces for Women and Girls