



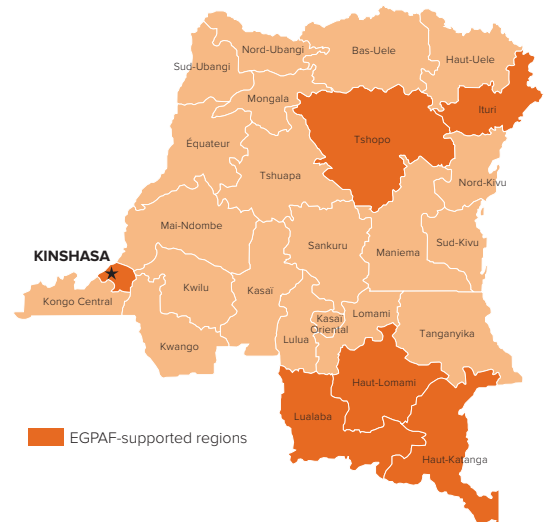
**Elizabeth Glaser
Pediatric AIDS
Foundation**

SEXUAL AND GENDER-BASED VIOLENCE: EGPAF/DRC's response to a national problem

Years of civil war in the Democratic Republic of the Congo (DRC) have destroyed its infrastructure, limited its economic potential, and torn its people apart. The civil wars that started in 1996 have led to ongoing sexual violence against women in the years that followed, particularly in the eastern region of the country according to the BBC, leaving DRC with one of the highest rates of sexual and gender-based violence in the world. As stated in a study published in the American Journal of Public Health in 2010, approximately 1.7-1.8 million women in DRC reported having been raped in their lifetime. In the eastern region of DRC alone, nearly 40 percent of women and more than 23 percent of men reported having suffered sexual assault, particularly rape, according to IRIN News. Despite laws to punish those who perpetrate sexual crimes, this form of violence has become one of the greatest health risks faced by Congolese women. Health and other risks that are associated with sexual violence and rape include:

- Fistula (obstetric) – a hole between the birth passage and an internal organ such as the bladder or rectum, preventing a woman from controlling her urine, and sometimes bowel content as well;
- Sexually-transmitted infections, such as HIV;

- Unwanted pregnancy;
- Unsafe abortions;
- Psychological disorders, sometimes leading to suicide;
- Stigmatization of victims and their children by communities, families, and health care providers.



EGPAF'S RESPONSE

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is working with government staff, other health organizations, and clinics and hospitals in DRC to mitigate the affects of sexual and gender-based violence.

As part of EGPAF-DRC's *Malamu Project*, health care providers screen and treat women for sexual and genderbased violence, and provide counseling and advice. EGPAF works to provide selected hospitals and clinics with resources, such as rape kits, to screen women for sexual violence when they come in for care. The kits include rapid HIV tests, emergency contraceptives, and ARVs. Women also receive referrals to legal services, psychological services, and higher levels of surgery if needed. Additionally, EGPAF assists

hospitals and clinics in collecting data on the sexual and gender-based violence services provided and reporting it to the Ministry of Health, which can help improve the quality of the services that women receive. Programs that offer health care and other necessary services to women who have experienced sexual and gender-based violence are the first step in helping to change the adverse health outcomes that Congolese women may otherwise experience. Many women in DRC who have experienced this kind of violence have not had access to comprehensive women's health services after the fact. EGPAF is working to offer women in DRC the resources that they need to cope and move forward with their lives in healthy and positive ways.

A GLOBAL PERSPECTIVE

Almost 50 percent of all sexual assaults worldwide were against girls 15 and younger.

(United Nations Population Fund; 2005)

More than one in three women worldwide have experienced physical or sexual violence. Intimate partner violence is the most common type of violence against women, affecting 30 percent of women worldwide.

(Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence; World Health Organization, London School of Hygiene and Tropical Medicine, South African Medical Research Council 2013)

Sexual violence is also often used as a tactic of war during conflicts. Civilian women and children are often the most vulnerable to exploitation, violence, and abuse because of their gender, age, and status in society.

PARTNERS

The activities described above are made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and through the generous support of other EGPAF supporters. The content included here is the responsibility of the Elizabeth Glaser Pediatric AIDS Foundation and does not necessarily reflect the views of CDC, the United States government, or other EGPAF sponsors. The 2014 budget for EGPAF's DRC program totals \$6.8 million.



To find out more about EGPAF's work to eliminate pediatric AIDS, visit www.pedaids.org.

Elizabeth Glaser acquired HIV in 1981 through a blood transfusion and unknowingly passed the virus on to her daughter Ariel and her son Jake. Following Ariel's death in 1988, Elizabeth joined with two close friends with one goal: to bring hope to children with AIDS. The foundation that now bears Elizabeth Glaser's name has become a global leader in the fight to eliminate pediatric AIDS, working in 15 countries and at more than 7,300 sites around the world to prevent the transmission of HIV to children and to help those already infected with the virus. EGPAF's global mission is to implement prevention, care, and treatment; further advance innovative research; and give those affected by HIV and AIDS a voice - bringing dramatic change to the lives of millions of children, women, and families worldwide.