

**PHR**

Physicians for  
Human Rights



# **NOWHERE TO TURN:**

**Failure to Protect, Support and Assure Justice  
for Darfuri Women**

A Report by  
Physicians for Human Rights  
in partnership with Harvard Humanitarian Initiative

May 2009





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# PHYSICIANS FOR HUMAN RIGHTS

PHR was founded in 1986 on the idea that health professionals, with their specialized skills, ethical commitments, and credible voices, are uniquely positioned to investigate the health consequences of human rights violations and work to stop them.

PHR mobilizes health professionals to advance health, dignity, and justice and promotes the right to health for all. PHR members have worked to stop torture, disappearances, political killings, and denial of the right to health by governments and opposition groups. Using evidence-based methods, PHR investigates and exposes violations, including deaths, injuries and trauma inflicted on civilians in armed conflict; suffering and deprivation, including denial of access to health care caused by political differences as well as ethnic and racial discrimination; mental and physical anguish inflicted on women by abuse; loss of life or limb from landmines and other indiscriminate weapons; harsh methods of incarceration and interrogation and torture in prisons and detention centers; and poor health stemming from vast inequalities in societies.

PHR is a non-profit, non-sectarian organization funded through private foundations and by individual donors. Membership is open to all, not only health professionals. PHR is a 1997 co-recipient of the Nobel Peace Prize.



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ISBN: 1-879707-57-8

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# HARVARD HUMANITARIAN INITIATIVE

The Harvard Humanitarian Initiative (HHI) is a university-wide center involving multiple entities within the Harvard community that provide expertise in public health, medicine, social science, management and other disciplines to promote evidence-based approaches to humanitarian assistance.

In 2005, the Harvard Humanitarian Initiative was established as a University-wide academic and research center, a direct offshoot of a program on humanitarian crises and human rights established at Harvard in 1999. The demand on the program for technical expertise and educational and training opportunities from NGO partners, professionals and graduate students resulted in the creation of HHI.

The mission of the Initiative is to relieve human suffering in war and disaster by advancing the science and practice of humanitarian response worldwide. HHI fosters interdisciplinary collaboration in order to:

- Improve the effectiveness of humanitarian strategies for relief, protection and prevention;
- Instill human rights principles and practices in these strategies;
- Educate and train the next generation of humanitarian leaders.



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# PREFACE

“Zeinab”<sup>1</sup> lived with her husband, seven children, a son-in-law, a grandson and a granddaughter in her Masalit village in Darfur. She owned 11 goats, 15 cows and two donkeys. Every morning she had breakfast and worked on the farm all day until evening, except when the sun was too hot. She grew peanuts, sesame, and okra. She brought food and tea with her family to the field. She and her family did this each day, unless it rained, when they returned early. When she came home, she made dinner, and they went to sleep. She lived off the land and was content and unafraid.

In 2003, her life became a nightmare. She was forced to flee her home to escape mass violence and crossed an international border to seek shelter in a camp where she feels neither safe nor welcome.

That nightmare continues today for Darfuri refugee women and their families in Chad, where it has been more than five years since most of them fled their burned villages, ransacked homes and ruined fields, and streamed across the Sudan border. They have suffered prolonged and unimaginable traumas and losses and are now effectively trapped in a place of perpetual insecurity and tenuous survival.

*Nowhere to Turn* amplifies the voices of some 88 women in the Farchana refugee camp, some of them breaking their silence for the first time. They spoke about the sexual assaults visited upon them both in Darfur and in the environs of the refugee camps in Chad, and about their lives and difficulties in the camp. The report reveals the profound stigma and physical

violence to which many women have been subjected as a result of sexual assault. It portrays the tenacity and courage of these women who have protested gender discrimination and violence in a declaration they wrote proclaiming their lack of freedoms entitled the “Farchana Manifesto,” discussed in this report and available at [www.Darfuriwomen.org](http://www.Darfuriwomen.org).

These refugees yearn for the lives they have lost. They long to return to their villages, to regain their livelihoods and the daily routines that gave their lives dignity and purpose. Most now live in despair and fear – sexual assault is a continual threat, their future is dim, and their hope is vanishing.

Each day they wait sees a further unraveling of their health and well-being. Their precarious grip on survival may be further imperiled by the possible influx of new refugees from Sudan in the wake of Sudanese President Omar al-Bashir’s expulsion of major humanitarian agencies from Darfur in March 2009.

As the authors indicate, comprehensive justice for these survivors most certainly includes holding al-Bashir’s regime accountable. But it must also entail a commitment by the international community to protect these women from sexual assault now, and to effectively care for those who have already been victimized.

Most of all, the findings in this report should work to compel a just solution to the crisis in Sudan that allows these survivors to return home.

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<sup>1</sup> As PHR/HHI did not collect any names in this study, this is a pseudonym.

# TABLE OF CONTENTS

<b>Physicians for Human Rights</b> .....	<b>ii</b>
<b>Harvard Humanitarian Initiative</b> .....	<b>ii</b>
<b>Preface</b> .....	<b>iii</b>
<b>Acknowledgements</b> .....	<b>v</b>
<b>Executive Summary</b> .....	<b>1</b>
<b>Background</b> .....	<b>8</b>
<b>Research Methods</b> .....	<b>11</b>
<b>Findings</b> .....	<b>14</b>
<b>Discussion</b> .....	<b>35</b>
<b>Recommendations</b> .....	<b>47</b>
Prevention And Protection .....	<b>47</b>
Justice And Accountability .....	<b>47</b>
Support To Survivors .....	<b>48</b>
<b>Appendix A: PHR / HHI Methods – Background</b> .....	<b>50</b>
<b>Appendix B: A Snapshot of the Current Aid Operation in     Darfur, Sudan</b> .....	<b>51</b>
<b>Appendix C: Rape in Darfur: A Weapon of War</b> .....	<b>52</b>
<b>Appendix D: MINURCAT’S Mandate</b> .....	<b>53</b>
<b>Appendix E: International Criminal Law and the Darfur Crisis</b> .....	<b>54</b>
<b>Appendix F: Survey Instrument</b> .....	<b>57</b>
<b>Glossary</b> .....	<b>64</b>
<b>Acronyms</b> .....	<b>65</b>

# ACKNOWLEDGEMENTS

Karen Hirschfeld, MA, Director, Physicians for Human Rights' (PHR) Sudan Program, was the lead author of this report. Co-authors include Jennifer Leaning, MD, SMH, Co-Director, Harvard Humanitarian Initiative (HHI) and Principal Investigator of this research project; Sondra Crosby, MD; Linda Piwowarczyk, MD, MPH; Julie VanRooyen, MD; Gregg Greenough, MD, MPH, Research Director, HHI; Susan Bartels, MD, MPH, Research Coordinator, HHI; Adrienne Fricke, MA, JD; Susannah Sirkin, Deputy Director, Physicians for Human Rights; Lynn Black, MD, MPH; Vincent Iacopino, MD, PhD, PHR Senior Medical Advisor and Kevin Lanigan, JD. It was reviewed by PHR Board Members Frank Davidoff, MD, and H. Jack Geiger, MD, MPH and also Rebecca Hamilton, JD, MPA; and Eric Reeves, PhD. Irit Tamir, JD, LLM; Breese McIlvaine, BA; and Josephine Lee, PHR's Communications Associate, assisted with the editing. Gurukarm Khalsa, PHR's Web Editor, prepared the report for publication.

The survey instrument was developed by Iacopino, Greenough, Leaning, Bartels, Crosby, Hirschfeld, Fricke, VanRooyen, Black, and Piwowarczyk. The study was implemented in the field by Hirschfeld, Crosby, Piwowarczyk, and VanRooyen. The PHR field team took most of the photographs published in this report. Richard Sollom, MA, MPH, prepared the team for deployment into the field, conducted background interviews in Chad and assisted in training interpreters in the field. Eleanor Benko prepared the assessment team for deployment to the field and assisted in background research. The quantitative and qualitative data analysis team, headed by Bartels, included Robert Lipton, PhD, and Nina Joyce, MPH, of Beth Israel Deaconess Medical Center, Boston; and Nomthandazo Malambo of Harvard College.

PHR and HHI are especially grateful to the Darfuri women and other Sudanese in the diaspora who reviewed our instrument and provided valuable advice about the research design and strategy. PHR and HHI would like to thank the offices of the United Nations High Commissioner for Refugees for its logistical support as well as the many NGOs in Chad who took time from their busy schedules to host the field team and respond to our many questions. We have enormous respect for the humanitarian workers who serve in this remote and insecure environment, overcoming logistical and environmental obstacles to provide life-saving assistance to refugees.

PHR would like to thank our donors for their generous financial support and their constant encouragement: Humanity United; The Pond Foundation; Carol Richards; Sudan Aid Fund; the MacArthur Foundation; the Harvard Humanitarian Initiative (also a partner on this project) and the Global Fund for Women. We would especially like to acknowledge PHR Board member Justice Richard Goldstone, who generously donated a portion of his 2009 MacArthur Award for International Justice to support this project.

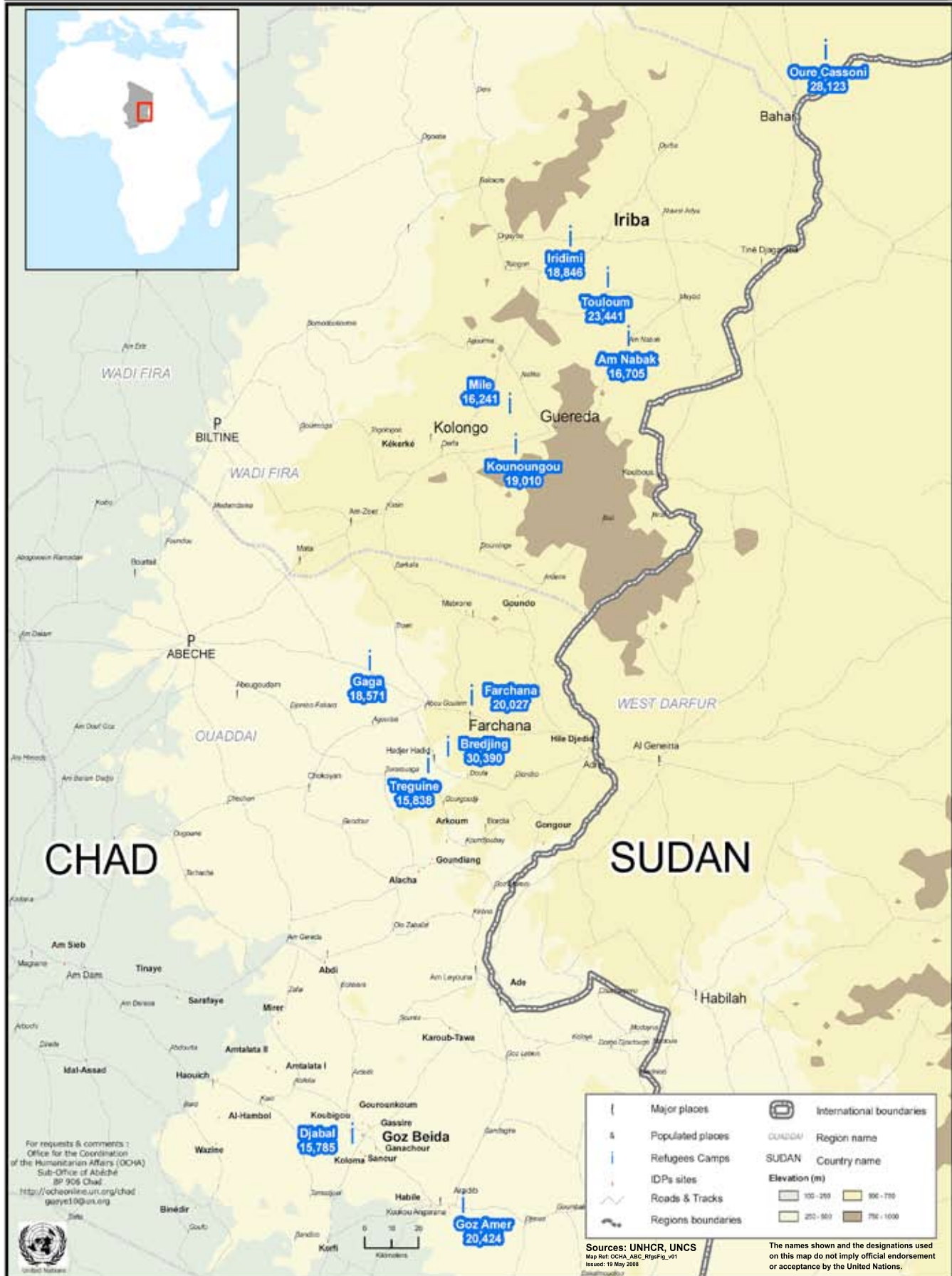
We owe a deep debt of gratitude to the women of the Farchana Camp who sat with us and took the time to tell us their stories of the horrific violence and devastation they experienced when their homes were attacked and their families were assaulted. They are profiles in strength and courage who carry on taking care of their children, providing for their families and supporting each other despite the myriad difficulties of life in the camps and the dangers lurking outside their borders.

We dedicate this report to them, having taken to heart their plea:  
*"Tell the world what happened to us in Darfur and what our lives are like here."*



# Populations of Refugee Camps in Chad

Total number registered refugees, April 08: 243,041





# EXECUTIVE SUMMARY

## Purpose

Physicians for Human Rights and the Harvard Humanitarian Initiative (PHR/HHI) set out to conduct a systematic assessment of sexual assault and other human rights violations suffered by Darfuri women who had been subjected to sexual violence in the course of attacks on their villages in Darfur and forced flight to camps on the Chad/Sudan border. The effort was part of a continued commitment to assuring that crimes against humanity, including sexual assault, be documented and exposed, and their mental, physical and social consequences understood so that increased protection, prevention, healing and comprehensive justice can be delivered to the survivors. The PHR/HHI study was conducted in Chad as security conditions precluded such an assessment in Sudan.

Rape in Darfur has been documented by the United Nations, by human rights organizations, and by the International Criminal Court. The United Nations International Commission of Inquiry, whose findings led to the referral of the Darfur situation to the International Criminal Court, found that rape and sexual violence had been used by the Sudanese Army and Janjaweed as “a deliberate strategy with the aim of terrorizing the population, ensuring control of the movement of the IDP population and perpetuating its displacement.”<sup>1</sup> Sexual violence has also been reported in and around the camps in Chad in recent years.<sup>2</sup>

Few studies have looked at the effects of such war-related sexual violence or documented how resulting trauma is exacerbated by current conditions of life. PHR and HHI have worked extensively over the past 15 years, and in preparation for this study to develop methods to document this “silent crime” and its consequences in a safe and respectful manner. PHR/HHI undertook to overcome the obstacles inherent in such research and developed a plan to interview survivors of sexual assault in refugee camps in Chad and to corroborate accounts of assault with evaluations by clinical experts.

Limited in its access to all refugee camps due to security and logistical constraints, the team of four field researchers from PHR and HHI conducted in-depth interviews with 88 women in one refugee camp. As they were concerned about the risk for women who report sexual violence in this context and were restricted in the framework of questioning by the guidelines and regulations of camp officials, the researchers did not specifically seek out women exposed to such violence, but instead asked any women interested in being interviewed to discuss their health and lives in the camps. In order to assess the reliability of allegations of rape and physical assault, medical

and psychological evaluations were conducted on a subset of 21 individuals. These evaluations were carried out according to international medico-legal standards to assess the extent to which physical and psychological evidence corroborated testimonial accounts.

Although the sampling methods do not permit generalizations to larger populations, the 88 cases demonstrate the effects of crimes against these women and their communities in the form of systematic attacks characterized by murder, rape, looting, destruction and burning of property, and forced displacement in Darfur, but also in Chad where sexual assaults are perpetrated with utter impunity. The nightmare therefore continues in refugee camps in Chad through the constant threat of rape (when women forage for firewood to cook their food), chronic hunger, and a lack of essential needs to support their families. Many of the women expressed the feeling that they would be better off anywhere else and even, some said, better off dead. The report provides recommendations which aim to prevent further assaults on women, meet their current needs for support in the camp, and provide a foundation for the safe return of women and their families to Darfur to begin the lifetime challenge of rebuilding their lives.

## Background

The women interviewed in the Farchana Camp in eastern Chad are but a few of the millions whose lives have been indelibly altered by the crisis which erupted in Sudan’s Darfur region in 2003. In April of that year, the Sudanese Armed Forces and the Janjaweed, the proxy militias that they armed and funded, responded to an attack on military and police installations in the North Darfur town of El Fasher by systematically bombing, then burning and looting thousands of villages in Darfur, killing men, raping women and looting livestock. The attackers chased villagers out into the desert where temperatures regularly top 115 degrees Fahrenheit and there is little potable water or food.<sup>3</sup> The conflict has left between 200,000 and 400,000<sup>4</sup> dead of violent injuries, starvation or disease, and has displaced nearly three million people; 2.7 million are displaced within Darfur itself and over another 268,500 refugees in eastern Chad. Nearly 3.5 million people are dependent on the international community for food aid as a result of this conflict.<sup>5</sup>

3 This is the pattern of attack described to PHR investigators in visits to the Chad/Sudan border in 2004, 2005 and 2008.

4 Physicians for Human Rights. Darfur – Assault on Survival: A Call for Security, Justice and Restitution. January 2006, at 13. Available at <http://physiciansforhumanrights.org/library/report-sudan-2006.html>. Accessed April 15, 2009.

5 UNHCR estimates this to be the number of registered and non-assisted Sudanese refugees in Chad as of January 2009. There are 251,713 registered refugees in the camps. From the “*Statistiques Mensuelles Des Refugies Soudanais Et Centrafricains Au Tchad*”, an Internal UNHCR memo. At press time, UNHCR was conducting a verification exercise in all camps.

1 “Report of the International Commission of Inquiry on Darfur to the United Nations Secretary-General”, January 25, 2005, at 94. Available at [http://www.un.org/News/dh/sudan/com\\_inq\\_darfur.pdf](http://www.un.org/News/dh/sudan/com_inq_darfur.pdf). Accessed April 28, 2009.

2 The field team heard firsthand accounts of such violence during its interviews in the Farchana Camp.

## The Farchana Camp

UNHCR established the Farchana Camp in January 2004 to house 2,000 Darfuri refugees<sup>6</sup> fleeing violence across the border 55 kilometers away. In November 2008, the population of Farchana was 20,650, with 5,643 families.<sup>7</sup> Movement into and out of the camp is fluid, with refugees leaving the camp regularly to collect firewood, graze animals or go to the market several miles from the camp and on the outskirts of Farchana village. At the time of the PHR/HHI investigation, approximately 2,000 Chadian soldiers were present around the Farchana camp and team members saw several dozen armed soldiers inside the camp.

As of November 2008, there were three doctors to care for the 20,000 refugees in Farchana Camp and the villagers from Farchana who come to the camp to seek medical care. Many women must obtain permission from their husbands to receive any services at the clinic. In spite of provisions of a limited supply of firewood by one NGO, many women must still make the dangerous and often lengthy journey outside the camp to gather fuel for cooking from scarce firewood and brush.

<sup>6</sup> "Chad: Pre-Registration of Sudanese Set to Begin," UNHCR Briefing Notes, January, 2004. Available at <http://unhcr.org/news/NEWS/4003d4410.html>. Accessed May 6, 2009.

<sup>7</sup> This figure was obtained from an operational NGO in the camp.

Refugees suffering depression or trauma are encouraged to talk to refugee mental health workers who have received a three-month training by the international staff of the NGO in basic concepts of mental health such as sexual violence, trauma and family dynamics and who are available for refugees with mental health needs. Many of the women interviewed by PHR/HHI investigators had not taken advantage of these services.

## Methods

A team comprised of three physicians (an internist, a urologist, and a psychiatrist) and a human rights researcher used quantitative and qualitative data from a non-probability sample of 88 women refugees in the Farchana Camp. The field investigation consisted of a questionnaire with 42 questions about the respondent's life in Darfur, the events that caused her to leave Darfur, her life in Chad and her self-reported health status. Clinicians also conducted physical and psychological evaluations of 21 of the women who had reported physical or sexual assault. These evaluations were based on the *Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*



View of the Farchana Camp from a nearby hill. (PHR)

(also known as the “Istanbul Protocol” or “IP”).<sup>8</sup> Interviews were conducted in Arabic or Masalit, with interpreters who were trained for two days by the team.

To protect their safety and privacy, the team did not ask for respondents’ names or record their interviews. The average age of interviewees was 35 years with a median age of 30 years and an age range of 18 to 75 years. Almost half (43%) of the interviewees did not have a husband living with them in the camp.

While this sampling method does not permit the generalization of study findings to women in Darfur or those living in Farchana Camp, it nonetheless provides broad insights into the experiences and suffering of a larger group. Additional information was derived from interviews with a wide range of stakeholders internationally and in the region.

## Findings

### *Rapes in Darfur and Chad*

In Darfur and Chad, a total of 20 confirmed rapes were perpetrated against 17 of the 88 women interviewed, with one woman suffering two assaults in Chad and two women suffering an assault each in Darfur and Chad. An additional 12 instances were considered highly probable by the interviewers. This assessment was based on behaviors and verbal responses to signaling interview questions that were designed to allow expert interviewers to deem a sexual assault likely. Eight of the 88 respondents had witnessed sexual assaults and 30 respondents stated that they were aware of rape incidents occurring in either Darfur (16 respondents) or Chad (14 respondents). For 19 of the women, the interview was the first time they had discussed the sexual assault with anyone.

“There were three Janjaweed in my house. They hit my mother. We [she and her sister] tried to fight them, but we fell down. They took off my clothes. Then they raped me – two of them – one at a time. Then they raped my sister, one at a time.”

In each case of rape, Istanbul Protocol-based medical evaluations provided physical and psychological evidence that was highly consistent with women’s specific allegations of rape and other physical abuse. There were no cases in which allegations were either unsupported or inconsistent with the physical and/or psychological evidence observed. These clinical evaluations indicate a very high level of reliability of allegations of rape among the overall sample of women in the PHR/HHI study. The Istanbul Protocol-based medical evaluations not only cor-

roborate women’s accounts of rape and other crimes against humanity that they have experienced in Darfur, but accounts of rape and ongoing deprivations of basic needs in refugee camps in Chad.

### *Darfur Violence*

Of the 32 instances of confirmed and highly probable rape, 17 occurred in Darfur (17 of the 88 respondents). Of these, nine were confirmed rapes and the majority of them (7) were gang rapes. Additionally five women reported that they had witnessed gang rape in Darfur. Three of the nine confirmed rapes resulted in pregnancies. Of these pregnancies there were two live births and one miscarriage. One rape was described as being committed in the presence of family members. The narratives indicate that rapists frequently beat women with guns and/or attacked them with knives before or during the rape. One woman described being raped during the attack on her village. She was 13 at the time:

“One of the Janjaweed pushed me to the ground. He forced my clothes off and they raped me one by one vaginally. No objects were inserted. When they shot my father, they saw I was a little girl. I did not have any energy or force against them. They used me. I started bleeding. It was so painful. I could not stand up ... I was sick for seven days. No one helped me ...”

After being raped, women reported excessive bleeding, not being able to walk well, and general body aches.

### *Destruction Witnessed*

Respondents described similar patterns and characteristics of methods and behaviors by perpetrators during the attacks in Darfur. Assailants were typically described as fair-skinned and wearing green or khaki uniforms with head wraps. Interviewees noted that the assailants often spoke Arabic and rode horses or camels. The village was usually surrounded by a large number of perpetrators and attacks often occurred in the early morning. Concurrent air strikes were another common feature.

“There were many – [unable to quantify] — followed by Sudanese in planes and horses wearing official Sudanese army clothes. They entered into the village and were shooting and people started running. Those that remained were rounded up and made to lie down. They covered them with wood and branches, and set the wood on fire. Sixty-five died that day.”

Darfuri women were sometimes called “slaves” by their assailants and Darfuri males were targeted to be killed. Assailants typically burned their villages and confiscated their livestock.

“We were in the pasture with our animals and we saw the Arabs coming and they shot my brother and my husband and they took all our animals. We couldn’t do anything....”

<sup>8</sup> The IP became a United Nations official document in 1999 and is available in a number of languages on the United Nations web site. The Istanbul Protocol provides a set of guidelines for the assessment of persons who allege torture and ill treatment, for investigating cases of alleged torture, and for reporting such findings to the judiciary and any other investigative body. Vince Iacopino, MD, PhD, PHR’s Medical Advisor, was one of the Protocol’s leading authors. Available at <http://physiciansforhumanrights.org/library/istanbul-protocol.html>. Accessed April 1, 2009.



Many of the women reported that family members were killed during the attacks on their village. Some witnessed the shooting or beating of close family members including husbands, fathers, brothers and cousins.

Few women said that they reported either the rape they had suffered or the attacks on their villages because, they said, the attacks were committed by the government itself. They declared that this fact left them without any options for reporting the crimes.

### ***Physical Injury Experienced in Darfur***

One-third of the respondents suffered direct physical harm as a result of the attack on their villages in Darfur. Women reported acute symptoms including pain, swelling, bleeding, bruising, lacerations, difficulty walking, and loss of consciousness; rape victims reported vaginal bleeding, discharge and pelvic pain. Chronic complaints included headaches, hip pain and chronic pelvic inflammatory disease. Few women had sought and received medical attention from a doctor, clinic, hospital or traditional healer and few had been evaluated for sexually transmitted diseases or HIV.

### ***Previous Life***

When asked to describe their lives in Darfur, most women said that they were farmers who grew a variety of crops and also owned animals. While their descriptions of wealth differed (in the amount of animals owned or land owned), most women stated that they had had everything they needed in Darfur and that life was good there.

### ***Sexual and Other Physical Violence in and Around Camps in Chad***

Of the 32 instances of confirmed and highly probable rape, 15 occurred in Chad, with one woman assaulted twice there. Of these, eleven were confirmed rapes and four were highly probable rapes. Of the eleven confirmed rapes, eight were reported to have resulted in a pregnancy. There was one confirmed gang rape. The majority of confirmed rapes (10/11) occurred when women left the camps in search of firewood or to pasture their livestock. Respondents identified the rapists as Chadian soldiers and civilians. While NGOs acknowledge that rape and sexual assault of refugee women in camps is occurring, it is likely that the extent of the problem is substantially underreported due to stigma and repercussions following divulgence of a sexual assault.



*The Sheiks (male leaders) of Farchana Camp gather to hear PHR investigators explain the project. (Karen Hirschfeld)*

One woman related,

*“I went out alone to bring my animals to pasture. A man came up to me and threatened me with his gun. Then he did everything he liked.”*

The incident occurred approximately nine months prior and the respondent was pregnant.

One quarter of the respondents reported suffering physical harm since living as refugees in Chad. One respondent stated,

*“The first year I was here, two men beat me when I went to collect wood. They beat me on my arm and head with wood. Six of us were there. They beat two of us. I told my mother and father, and we reported it to the president of the camp, but nothing was ever done.”*

### ***Fear, Insecurity and Impunity in Chad Camps***

The lack of safety and the ongoing fear of sexual violence were a concern of virtually half (46%) of the women interviewed in the Farchana Camp. As one lamented,

*“This is not my country. We get raped when we leave the camp. In my village, we could do what we wanted and there was enough food. I want to go back to my village, but it’s still not safe.”*

Women reported a general insecurity and unhappiness about life in the camp. Many reported being terrified of going out of the camp to graze animals or collect wood for fear of being beaten or raped. Women noted that though they had reported assaults to camp authorities, there was no response. Some feared that their families would find out if they reported the rapes. Women said that they preferred to suffer in silence rather than risk repercussions.

### ***Food Insecurity***

A strong majority of the women interviewed, nearly 60%, reported insufficient food as a problem. Many said they were always hungry; that the diet and quantities of food were inadequate and that rations were continuing to be cut. Food rations consisted of 2,100 calories in the form of sorghum, oil, salt, sugar and a corn-soy blend. corn-soy blend, oil, salt and sugar.<sup>9</sup> Refugees had to pay or give a portion of their ration to have the sorghum ground, and many sold their sorghum rations for milk or meat, thereby diminishing their total caloric intake.

### ***Physical and Mental Health***

Researchers asked women to rate their physical and mental health status in Darfur and now in Chad on a 1-5 scale with 1 being “very good” and 5 being “poor.” Women reported a marked deterioration in their physical health status since leaving Darfur, with an average ranking of 3.99 for health in Chad versus 2.06 for Darfur. The Istanbul Protocol medical evalu-

ations indicated that women experienced multiple acute and chronic physical symptoms and disabilities. Acute symptoms included pain, swelling, bleeding, bruising, lacerations, difficulty walking, and loss of consciousness. Those who were raped also reported vaginal bleeding, discharge and pelvic pain. Some went on to develop scars which were consistent with allegations of injury or bony deformities from fractured bones that were documented by visual inspection by the clinical evaluators.

The study indicated a marked deterioration in self-reported mental health, where the average score in Chad was 4.90. *“I am sad every day (since leaving Darfur). I feel not well in my skin,”* explained one respondent. Few women felt comfortable using the mental health services in the camp. One refugee, who herself had been trained as a counselor had not told anyone that she had been raped at knifepoint in Chad. Other women said that they felt ashamed and did not want to tell anyone about the violation. Women who experienced rape (confirmed or highly probable) were three times more likely to report suicidal thoughts than were women who did not report sexual violence.

*“I am very sad, especially when I am alone.”*

*“How can I feel happy? They raped me. They killed my family. They raped me here.”*

She reported marked sleep disturbances and frequent nightmares about “what happened.” She also experienced frequent exaggerated startle reactions and constant hypervigilance:

*“I always think someone is following me and wants to rape me. It is better to die.”*

Of the 21 women examined on the basis of the Istanbul Protocol, all 21 women experienced one or more of the following conditions, Major Depressive Disorder (MDD), Depressive Disorder Not Otherwise Specified (DD-NOS),<sup>10</sup> Post Traumatic Stress Disorder (PTSD), or some symptoms of PTSD. Nineteen of the 21 (90%) women interviewed demonstrated diagnostic criteria for MDD (15/21, 71%) or DD-NOS (4/21, 19%). In addition, diagnostic criteria for PTSD or some symptoms of PTSD were noted in 16 (76%) of the women. Women commonly reported feelings of persistent hypervigilance and a state of being easily startled, routine sleep disturbances, generalized feelings of sadness and dysphoria, decreased energy and generalized feelings of weakness and anhedonia, and recurrent flashbacks of the attacks in Darfur and murdered relatives.

### ***Social Stigma/Physical Repercussions***

Rapes resulting in pregnancies carried significant physical and social consequences, particularly for familial and communal relationships. Women with confirmed rapes were six times more likely to be divorced or separated than those who were not raped and some women described community rejection and physical violence by family members. One woman stated,

<sup>10</sup> Disorder Not Otherwise Specified (DD-NOS) is designated by the Diagnostic and Statistical Manual of Mental Disorders as, “any depressive disorder that does not meet the criteria for a specific disorder.”

<sup>9</sup> This was told to the investigators by an NGO.

*“After the man raped me, they (my family) would not eat with me. They treated me like a dog and I had to eat alone.”*

## **The Camps in Chad**

The PHR/HHI investigators found that after five years, the Darfuris living in the camps are reaching a “tipping point” of physical misery, depression, and dissatisfaction in the camps. This is due to a variety of reasons, including the lack of physical security outside the camps, insufficient food rations, a yearning to return home and a lack of opportunities for adults to earn money.

The twelve refugee camps in Chad are ‘federalized’, with different NGOs providing services in different camps. As the lead agency, UNHCR attempts to set minimum standards in health services and psycho-social services. However, based on the research team’s conversations with UN staff familiar with camp operations in Chad, there appears to be difficulty in standardizing mental health services.

Due to the physical insecurity and environmental extremes, eastern Chad is an extremely difficult place in which to work. This leads to high staff turnover and difficulty finding qualified staff which in turn creates tremendous challenges to provision of high-quality services, including psycho-social support.

### ***Longing to Return***

A majority of the women interviewed expressed a strong desire to return to their villages in Darfur. They dream of the comfortable, secure routines of their past lives in Darfur before the attacks.

### ***Farchana Women Protest for Dignity and Rights***

Following an incident on June 5, 2008 where seven women accused of prostitution for working outside the camp were tied-up, whipped, and beaten with sticks of firewood by camp residents, a group of eight Darfuri women reacted by writing a one-page document in Arabic. They appealed for their rights and for recognition by the outside world of the plight of women refugees in Chad. The document made its way to PHR, which published it as the *Farchana Manifesto*. It calls for freedom of expression, movement, property ownership, the right to education and opportunity for employment, the right to determine age of marriage and to be free from violence and exploitation. The document is included in this report, with more details presented at *Darfuriwomen.org*.

## **Conclusions**

### ***Insecurity and Perpetual Vulnerability for Refugee Women***

Darfuri women fled a war and yet have not found safety in Chad. They are compelled by the basic need of survival to leave the camp to obtain the fuel to cook food for their families, and in doing so, risk being raped and subsequently rejected and ostracized by their husbands and families. The war crimes of killings, destruction of livelihoods and forced expulsion from Darfur have also left them in a state of perpetual vulnerability and need for the most basic elements of human survival. The violence that occurred in Darfur persists as a terrible memory but what most concerns the women interviewed in the Farchana Camp is the oppressive environment of insecurity they must endure on a daily basis.

### ***Heavy Psychological Burden: Women Feel Trapped***

The cumulative emotional experience of previous attacks is now combined with the impact of current insecurity and ongoing fear of new assaults. Women express lack of trust in camp leadership, a sense of being trapped in a place that is not safe, and fear of speaking out lest they risk retaliation. This heavy psychological burden shows up in the high levels of depression and anxiety expressed in interviews and may explain their described deterioration in general health and constrained use of other services. The study revealed a general innate feeling of hopelessness in living under current camp conditions. The psychological consequences of such experiences are likely to have a marked, adverse impact on women’s overall health and well-being, their family and social interaction, and potentially their capacity to work in the future if their time in Chad continues to be prolonged. In addition, the stigma of having been raped will likely have significant discriminatory effects for the women and their families and consequently exacerbate and prolong their psychological symptoms and disabilities in part because disclosure is so taboo.

### ***Failure to Institute Adequate Protection in Chad Refugee Camp***

The results of this study indicate that the protection regime built by international, national and local authorities still has many gaps and insufficiencies for women in the camps. The women report that along with Chadian civilians, Chadian soldiers are among the assailants; they are allowed to come into the camp and evidently are insufficiently trained in their protection obligations.

### ***Absence of Accountability Mechanisms***

The absence of accountability mechanisms of any efficacy – reporting channels, investigations, arrests, or trials – reinforced the prevailing sense of marginalization and insecurity expressed by these women. Not only were they under constant threat as they saw the situation, but no one seemed to care.



## ***Lack of Legal Recourse***

Darfuri survivors of rape and other sexual violence have little to no legal recourse in either Chad or Sudan.

Chad has international treaty-based legal obligations to protect women from sexual and gender-based violence including through its ratifications of the International Covenant on Civil and Political Rights (ICCPR), the African Charter, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).<sup>11</sup>

Moreover, under the 1951 Refugee Convention, which Chad has also ratified, refugees must be given all legal recourse extended to Chadian citizens.<sup>12</sup> Unfortunately, the lack of meaningful enforcement of the rule of law and the absence of an independent and functioning judiciary in Chad hamper any recourse that may in theory be extended to refugees under Chadian law.

Chad's Penal Code governs punishment for rape and gross indecency.<sup>13</sup> But Chadian law criminalizing rape and sexual violence suffers from serious deficiencies. Human rights advocates report that necessary implementing decrees (*décrets d'application*) for laws protecting women from violence have not been promulgated. In addition, traditional tribal courts which apply customary law often hold sway in rural areas such as in eastern Chad.<sup>14</sup>

Serious structural problems with Chad's justice system also result in a judiciary that is widely reported to be ineffective, weak, and suffers from a profound lack of public trust.<sup>15</sup> A recent initiative to bring mobile courts to eastern Chad has been hampered by insecurity and lack of political will.

## ***Failure to Protect***

Among UN agencies, the United Nations High Commissioner for Refugees (UNHCR) has the lead responsibility for the well-

being of refugees in Chad largely through its operational and implementing partners. As UNHCR has recognized, important aspects of protection include ensuring the safety and well-being of refugees in countries of asylum; meeting the needs of refugees including, in particular, the special needs of victims of violence, and especially women who are single heads of household; ensuring the prompt investigation of allegations of sexual abuse and exploitation; enhancing women's meaningful participation in decision-making processes related to refugee protection; empowering women so that there is equitable camp governance; ensuring accessible and confidential complaint and redress mechanisms for victims of sexual abuse; and ensuring the existence of adequate remedial measures for victims of such abuse. Unfortunately, this study reveals that refugees in Chad suffer from woefully inadequate protection from rape and other forms of sexual and gender-based violence.

The Chadian government has, with the assistance of the UN, begun to take a more prominent role in attempting to provide protection to women and girls living in refugee camps. It is hoped that a new specialized Chadian police force, bolstered by the UN Mission in the Central African Republic and Chad (MINURCAT), will increase protections for refugees in eastern Chad. There is concern, however, that the low numbers of the force and the magnitude of the security vacuum mean that it is unlikely to have an immediate or significant change in the lives of women and girls. As to reports of rape of refugee women by Chadian army soldiers, crimes committed by members of the military are supposed to be tried in military court; as of February 2009 such courts had not been established.<sup>16</sup> Local authorities and refugee camp leaders also appear to be in a state of formal denial, as one local Chadian official indicated:

*"It is our responsibility to protect these refugees, and I can tell you that there is not rape happening here—it's all consensual."*

11 Convention on the Elimination of All Forms of Discrimination against Women, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46), U.N. Doc. A/34/46, entered into force Sept. 3, 1981. Available at <http://www1.umn.edu/humanrts/instr/e1cedaw.htm>. Accessed April 30, 2009.

12 United States Committee for Refugees and Immigrants. *World Refugee Survey 2008 – Chad*. June 19, 2008. Available at <http://www.unhcr.org/refworld/docid/485f50c98a.html>. Accessed April 5, 2009. As noted above, Chad is party to the 1951 Refugee Convention, as well as the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa, ("OAU Convention"), September 10 1969. 1001 U.N.T.S. 45. Available at <http://www.unhcr.org/refworld/docid/3ae6b36018.html>. Accessed April 30, 2009. Article 16 of the 1951 Convention provides in relevant part that "A refugee shall enjoy in the Contracting State in which he has his habitual residence the same treatment as a national in matters pertaining to access to the courts." The 1996 Chadian Constitution provides for asylum and forbids the extradition of "political refugees." In 2005, Chad signed a Memorandum of Understanding (MOU) with UNHCR, reiterating the Government's commitment to protecting asylum seekers against refoulement.

13 Ordonnance N°12-PR-MJ du 2 juin 1967 portant promulgation d'un code pénal, on file with PHR.

14 International Commission of Jurists (ICJ). *Chad - Attacks on Justice*, Eleventh Edition. August 27, 2002 at 71. Available at <http://www.icj.org/IMG/pdf/chad.pdf>. Accessed April 30, 2009.

15 *Id.* at 1, 8.

16 United States Department of State. "2008 Country Reports on Human Rights Practices - Chad," February 25, 2009. Available at <http://www.unhcr.org/refworld/docid/49a8f19ca1.html>. Accessed March 23, 2009.

## Recommendations

The PHR/HHI study of the women interviewed in Farchana identified three major areas in which important measures could be taken to improve the lives of the women affected by sexual violence and displacement

1. Prevention and Protection;
2. Justice and Accountability; and
3. Support to Survivors.

Above all, the refugees should be allowed to return home in safety and peace.

**Prevention and Protection** includes holding the Chad government and MINURCAT accountable for protecting women in and around the camps and adopting expanded risk-reduction measures such as alternatives to collecting firewood. Ending impunity for sexual violence both in Sudan and Chad is also essential for long-term prevention. In Chad, this will necessitate robust support from the international community to train law enforcement officers and reform police systems.

**Justice and Accountability** are essential to redress the severity of these crimes and to end the cycle of impunity surrounding mass rape in war. A critical element of such justice is to return the survivors, as much as possible, to the “status quo ante.” Three key actions required for comprehensive justice are to: return the refugees safely to their villages; provide appropriate compensation for them to regain their livelihoods, their communities and their dignity; and prosecute those responsible for crimes against them. Thus, PHR and HHI recommend that relevant departments of the International Criminal Court take appropriate action to ensure that prosecutions for crimes committed in Darfur lead not only to criminal convictions of the guilty, but to reparations for the survivors. In addition, the international community must assist Chad in strengthening its legal system so that the perpetrators of crimes in Chad are held accountable.

**Support to Survivors** includes the provision of accessible and culturally appropriate mental health assistance to women and the elimination of discrimination against these victims. It is critical to ensure that the psycho-social services available in the camps are actually utilized. Because PHR/HHI found that food subsidies and cultivation directly impact the health and well-being of the women we interviewed, we recommend that the refugees be provided with better rations and that opportunities be explored to allow women to farm and graze animals safely.

## BACKGROUND

### Physicians for Human Rights and Harvard Humanitarian Initiative: A History of Work on Rape in War

**Physicians for Human Rights** was founded in 1986 on the idea that health professionals, with their specialized skills, ethical duties, and credible voices, are uniquely positioned to investigate the health consequences of human rights violations and work to stop them. PHR mobilizes health professionals to advance health, dignity, and justice and promotes the right to health for all. PHR has investigated, documented, and advocated to stop sexual violence in the conflicts in former Yugoslavia, Liberia, Sierra Leone and Sudan.<sup>17</sup> PHR experts have trained health professionals from many countries, including Sudan, in methods for documenting these crimes and supporting survivors. PHR has published pioneering reports along with articles in leading medical journals on the use of rape as a weapon of war, on the importance of holding perpetrators accountable, and on the prevalence of and the medical and psychological consequences of sexual violence in armed conflicts. In 1993, PHR researchers produced “*Rape as a Crime of War*,” a landmark article published in the *Journal of the American Medical Association*. In subsequent studies, PHR’s methods have been vital to disseminating knowledge about the impact of armed conflict on women, and also to developing services and approaches to meeting their needs.

**The Harvard Humanitarian Initiative** maintains a program on Gender-based Violence in War, which through the Initiative’s core mission, applies interdisciplinary research and analytical technical support to non-governmental organizations in determining patterns of mass rape in internal wars and identifying key factors of opportunity, vulnerability, and impunity that promote the ongoing practice of mass rape in conflict and post-conflict settings. HHI’s research also offers an assessment of current approaches taken by relief agencies, highlighting avenues for further efforts that can reduce the future incidence of these atrocities and relieve the suffering of current survivors, their families, and their communities. HHI faculty participate in ongoing work that includes population-based and registry-based studies of sexual assault in the eastern Democratic Republic of Congo and systematic dialogues with women and men in conflict areas. These field efforts, along with other research and policy undertakings aim to increase the reporting of acts of gender-based violence committed in war-affected regions and to provide insights that might assist in altering norms and reducing impunity. Other HHI faculty members specialize in women’s health, female genital circumcision, and women’s human rights issues. HHI assists in training NGOs and media on communicating about gender-based violence in conflict and convenes expert panels on gender and war at the Radcliffe Institute for Advanced Study at Harvard.

<sup>17</sup> For more information on the details of the specific PHR reports, refer to Appendix E.

## PHR's Commitment to Documenting Health Implications of the Darfur Crisis

Physicians for Human Rights has been engaged in documenting the crisis in Darfur, Sudan since 2004. PHR deployed delegations of medical, public health, and war crimes experts to the region in 2004 and 2005 to interview Darfuri survivors of attacks. The resulting investigation documented atrocities committed by the Government of Sudan (GOS) and its proxy forces, the Janjaweed militia, including not only killing but also the systematic destruction of an economic infrastructure, food production, wells and irrigation systems, homes, farming capacity, and household structures and the looting of household goods, money and livestock. The findings indicated that the Government of Sudan and Janjaweed intentionally and systematically set about in Darfur to destroy the population's means of survival and then chased the survivors of attacks into the harsh desert environs where, without outside assistance and little food or potable water, they would risk accelerated morbidity and mortality. The analysis invoked Article 2c of the *Convention on the Prevention and Punishment of the Crime of Genocide* to argue that the crimes rose to the level of genocide.<sup>18</sup> PHR published these findings in

<sup>18</sup> Article 2 defines the crime of genocide as including the intent to destroy, in whole or in part, a national, ethnic, religious or racial group by (a) killing members of the group; (b) "causing serious bodily or mental harm" and (c) "deliberately inflicting on a group conditions of life calculated to bring about its physical destruction in whole or in part," to argue that these crimes

its report, *Assault on Survival: A Call for Security, Justice and Restitution* (January 2006).<sup>19</sup>

In the course of the study, PHR investigators asked several questions about rape. Thirteen of 36 people interviewed said they had been subjected to or observed rape or sexual assault. Some described women and girls being raped in front of family members or out in public.<sup>20</sup> These findings support those of other human rights organizations which found high levels of sexual violence perpetrated by the attackers (usually the Janjaweed militia) against Darfuri women at the time of attack on their village.<sup>21</sup>

rose to the level of genocide. From the "Convention on the Prevention and Punishment of the Crime of Genocide". Adopted by Resolution 260 (III)A of the United Nations General Assembly on December 9, 1948. Available at <http://www.hrweb.org/legal/genocide.html>. Accessed April 15, 2009.

<sup>19</sup> The report called on the international community for:

1. Adequate protection of civilians – including the strengthening of the African Union force and the deployment of a robust hybrid force;
2. Increased awareness of and humanitarian response to the use of rape as a weapon of war and its vast consequences to the health and well-being of victims and the society;
3. Justice and accountability for Darfur, including eventual adequate compensation for victims. PHR has also pressed for US support of the International Criminal Court's case in Darfur.

<sup>20</sup> Physicians for Human Rights. *Darfur – Assault on Survival: A Call for Security, Justice and Restitution*. January 2006, at 29-31. Available at <http://physiciansforhumanrights.org/library/report-sudan-2006.html>. Accessed April 15, 2009.

<sup>21</sup> Amnesty International and Human Rights Watch. *Sudan/CHAD 'No one to help them' Rape extends from Darfur into eastern Chad*. December 7, 2006, at 1. Available at <http://www.amnestyusa.org/document.php?id=ENGAFR540872006&lang=e>. Accessed April 15, 2009.



*Some huts in eastern Chad. The country's east is extremely poor and environmentally fragile, and the presence of the refugees exacerbates tensions. (Dr. Lin Piwowarczyk)*



The 2006 report signaled the high number of women ‘heads of household’ who were solely responsible for the care of their families: 21 of the 46 heads of household interviewed by PHR on the Chad/Sudan border in 2005 were women. Seven had been widowed during the attacks on their village.<sup>22</sup> Female-headed households face unique challenges, including physical protection, access to goods and services, and the ability to take care of their children while also accomplishing basic daily tasks.

Against this background, PHR decided to launch the current study in order to learn how rape survivors and female-headed households were coping in the Chadian refugee camps several years on.

## Rape in Darfur

Reports from the period indicate that the incidence of rape in 2004-2006 in Darfur, when Sudanese and Janjaweed attacks on non-Arab Darfuri villages were most concentrated, was intentional and systematic.<sup>23</sup> The assaults were part of the campaign of violence and a longer-term strategy to break down community bonds by instilling fear and shame.<sup>24</sup> The United Nations International Commission of Inquiry, whose findings led to the referral of the Darfur situation to the International Criminal Court, found that rape and sexual violence had been used by the Sudanese army and Janjaweed as “*a deliberate strategy with the aim of terrorizing the population, ensuring control of the movement of the IDP population and perpetuating its displacement.*”<sup>25</sup> For additional discussion of rape used as a weapon of war in Darfur, refer to Appendix C.

## Background to the Darfur Conflict

The conflict in Darfur is now in its seventh year and while the wholesale burning and looting of thousands of villages has subsided, lower-level violence continues. Sudanese Armed Forces and the Janjaweed are still engaged in fighting Darfuri rebel groups,<sup>26</sup> continuing occasional bombing raids

on villages<sup>27</sup> and camps for the Internally Displaced.<sup>28</sup> The Janjaweed still roam the towns and villages and areas around Internally Displaced People’s (IDP) camps, raping women with impunity.<sup>29</sup> The Government of Sudan harasses and arrests members of civil society and has arrested and intimidated aid workers.<sup>30</sup> The recent expulsion of aid groups and dissolution of three Sudanese NGOs has not only left a major gap in the ability to provide provision of adequate services for the Darfuri IDPs, but may well lead to a sharp increase in violence as there is no one to ‘bear witness’ to violence and atrocities.<sup>31</sup>

Nearly 4.7 million people have been affected by the conflict in Sudan and surrounding countries; there are 2.7 million displaced within Darfur itself and another 268,500 refugees in eastern Chad. Nearly 3.5 million people are dependent on the international community for food aid.<sup>32</sup> For more information about the humanitarian situation in Darfur, including the consequences of the expulsion of 13 humanitarian aid agencies in March 2009, refer to Appendix B.

## Effects of the Darfur Crisis on Chad

More than a quarter of a million Darfuris are now living in twelve refugee camps that run along Sudan’s north-south border. Chad is one of the world’s least-developed countries, with extremely poor infrastructure and limited arable land (3%).<sup>33</sup> There is little electricity or running water outside of the capital (even there, these are extremely expensive and in limited supply), and only 550 miles of paved roads. Roads are often impassable during the 3-5 month-long rainy season. The refugee camps lie in a Sahelian belt which is extremely arid. The country suffers from frequent droughts.<sup>34</sup>

27 “Rebels Say Sudan Bombed Two Villages,” VOA News, January 15, 2008. Available at <http://www.voanews.com/english/archive/2008-01/2008-01-15-voa32.cfm?CFID=134990336&CFTOKEN=49266136&jsessionid=883069df4450eeca7fa072605b24e6c1d5b8>. Accessed April 15, 2009.

28 “Sudanese Forces Bomb Town in Darfur – UN, rebels.” Reuters, January 24, 2009. Available at <http://www.reuters.com/article/latestCrisis/idUSLO582190>. Accessed April 15, 2009. “Sudan militia attack displaced camp in West Darfur,” Sudan Tribune, December 8, 2008.

29 “Sudan Militia Attack Displaced Camp in West Darfur,” Sudan Tribune, December 8, 2008.

30 “Sudan Arrests Aid Workers for ‘Crimes Against the State,’” BMJ, June 11, 2005. Available at <http://www.bmj.com/cgi/content/extract/330/7504/1350?rss=>. Accessed April 29, 2009.

31 For more information on the background of the conflict, see Appendix D. 32 UNHCR estimates this to be the number of registered and non-assisted Sudanese refugees in Chad as of January 2009. There are 251,713 registered refugees in the camps. From the “Statistiques Mensuelles Des Refugies Soudanais Et Centrafricains Au Tchad” an Internal UNHCR memo. At press time, UNHCR was conducting a verification exercise in all camps.

33 The United Nations Development Program’s Human Development Index ranks Chad 170 out of 179 countries. The HDI provides a composite measure of three dimensions of human development: living a long and healthy life (measured by life expectancy), being educated (measured by adult literacy and enrollment at the primary, secondary and tertiary level) and having a decent standard of living (measured by purchasing power parity, PPP, income). Available at [http://hdrstats.undp.org/en/2008/countries/country\\_fact\\_sheets/cy\\_fs\\_TCD.html](http://hdrstats.undp.org/en/2008/countries/country_fact_sheets/cy_fs_TCD.html). Accessed April 29, 2009.

34 CIA. *The CIA World Fact Book: Chad*. April 23, 2009. Available at <https://www.cia.gov/library/publications/the-world-factbook/print/cd.html>. Accessed April 10, 2009.

22 *Id.* at 28.

23 Reports from this period include: Amnesty International. *Sudan: Darfur: Rape As A Weapon Of War: Sexual Violence and Its Consequences*. July 18, 2004. Available at <http://www.amnesty.org/en/library/info/AFR54/076/2004/en>. Accessed April 20, 2009; Tara Gingerich, JD, MA and Jennifer Leaning, MD, SMH, *The Use of Rape as a Weapon of War in the Conflict in Darfur, Sudan*. Prepared for USAID, Harvard Program on Public Health. October 2004. Available at [http://pdf.usaid.gov/pdf\\_docs/PNADB249.pdf](http://pdf.usaid.gov/pdf_docs/PNADB249.pdf). Accessed April 15, 2009; Human Rights Watch. *Darfur in Flames: Atrocities in Western Sudan*. April 2004. Available at <http://www.hrw.org/reports/2004/sudan0404/sudan0404.pdf>. Accessed April 20, 2009.

24 Tara Gingerich, JD, MA and Jennifer Leaning, MD, SMH, *The Use of Rape as a Weapon of War in the Conflict in Darfur, Sudan*. Prepared for USAID, Harvard Program on Public Health. October, 2004 at 17. Available at [http://pdf.usaid.gov/pdf\\_docs/PNADB249.pdf](http://pdf.usaid.gov/pdf_docs/PNADB249.pdf). Accessed April 15, 2009.

25 “Report of the International Commission of Inquiry on Darfur to the United Nations Secretary General”, January 25, 2005, at 94. Available at [http://www.un.org/News/dh/sudan/com\\_inq\\_darfur.pdf](http://www.un.org/News/dh/sudan/com_inq_darfur.pdf). Accessed April 28, 2009.

26 “Government Forces Repel Darfur Rebel Attack,” The Associated Press, January 27, 2009. Available at <http://www.sfgate.com/cgi-bin/article.cgi?file=/n/a/2009/01/25/international/i065929S68.DTL>. Accessed April 15, 2009.

The crisis that has spilled over from western Sudan into Chad's eastern border has exacted a heavy burden on that country. With expanding desertification, eastern Chad grows ever-more environmentally fragile, and the arrival of so many people has created competition over scarce resources such as firewood and water.<sup>35</sup> Growing instability, cross-border raids by the Janjaweed, conflict between the Chadian government and rebel groups, and inter-communal fighting has displaced approximately 170,000 Chadians.<sup>36</sup> In 2007, some Chadians actually crossed the border to seek refuge in Darfur.<sup>37</sup> Recently, aid workers have become the targets of this violence, largely as victims of robberies (of cash, vehicles and communications equipment).<sup>38</sup>

A sizable rebel population in Chad continually attempts to destabilize Chad's government which claims that the rebel groups are funded by Sudan's president. Sudan's president in turn accuses Chad's president, Idriss Déby, of supporting the Darfuri rebels engaged in fighting the Sudanese Armed Forces. This concern has led to intermittent suspension of diplomatic ties between the two countries, and Déby has, on occasion, threatened to expel the Sudanese refugees who have sought refuge in his country's east.<sup>39</sup>

## RESEARCH METHODS

Conducting research on rape in conflict settings presents many methodological challenges including: the reluctance of women to speak about it due to the associated stigma; frequent rejection of women by their spouses, family and community; possible reprisals from perpetrators, family and community members; the difficulty of establishing trust in the course of limited interactions with interviewers; the difficulty of ensuring privacy and anonymity in the "fishbowl" setting of a refugee camp; and the effects of psychological symptoms of PTSD and Major Depression which often preclude discussions of painful experiences.

Since the purpose of this study was to document sexual assault and other crimes against humanity/war crimes and their effects on women's lives, the study consisted of two primary components:

1. a survey which included quantitative and qualitative questions on women's experiences in Darfur and subsequently in refugee camps in Chad, and
2. medical evaluations of a subset of these women using international standards to assess the extent to which physical and psychological evidence corroborated self reports of rape and determinations of highly likely cases.

These medical evaluations were conducted to gauge the reliability of allegations of rape.

PHR and HHI, knowing from previous studies and from individual interviews that many women want to share their experiences of trauma and suffering and have their voices heard and needs recognized, sought to develop a method to document sexual violence and its consequences in a safe, respectful, and anonymous manner. The two organizations have pioneered efforts to overcome the significant obstacles to documenting rape and sexual violence in conflict situations. The continued effort to develop research methodologies and best practices is based on a commitment to assuring that this "silent crime" be exposed, its mental, physical and social consequences understood, and protection, prevention, healing and comprehensive justice delivered to the survivors.

A wide range of sampling methods were considered and planned, including variations of the snowball technique and the respondent-driven sample (RDS) approach. In the end, the investigators employed a non-probability sample, whereby they used a range of safe and appropriate outreach modes to recruit respondents from a number of different sources.

The study described here used quantitative and qualitative data derived from a non-probability sample of 88 women refugees in the Farchana Camp. This sample was in part obtained by explaining the survey to Sheikhs and Sheikhas, traditional birth attendants (TBAs), the camp's sexual and gender-based violence 'focal point' and several international NGO staff, and asking them to refer women interested in participating to the location where investigators were conducting the interviews. Participants also self-selected as word spread that the investi-

35 "Sudan: Climate Change Escalates Darfur Crisis," The Christian Science Monitor, July 27, 2007. Available at <http://www.reliefweb.int/rw/RWB.NSF/db900SID/EK0I-75H3R9?OpenDocument>. Accessed April 29, 2009.

36 The worsening security situation in eastern Chad caused the number of Chadian IDPs to nearly triple in one year, from 60,000 in 2006 to 173,000 in 2007. *Internal Displacement Monitoring Center; Internally Displaced in Chad: Trapped between civil conflict and Sudan's Darfur Crisis*. July 2007, at 4. Available at [http://www.internal-displacement.org/8025708F004CE90B/\(httpCountries\)/69BB2800A93D1374C12571560029544F?OpenDocument](http://www.internal-displacement.org/8025708F004CE90B/(httpCountries)/69BB2800A93D1374C12571560029544F?OpenDocument). Accessed April 29, 2009.

37 United Nations Family Planning Agency. *Chad Consolidated Appeal, 2008*. Available at [http://ochadms.unog.ch/quickplace/cap/main.nsf/h\\_Index/ MYR\\_2008\\_Chad/\\$FILE/MYR\\_2008\\_Chad.doc?OpenElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/ MYR_2008_Chad/$FILE/MYR_2008_Chad.doc?OpenElement). Accessed April 29, 2009.

38 Bandits, or "Coupeurs de Route", often hijack NGO vehicles and rob compounds for valuable communications equipment or cash. These bandits have shot and killed Chadian national staff and have assaulted international staff. "A Wide Open Battle for Power in Darfur," The Washington Post. June 20, 2008. Available at [http://www.washingtonpost.com/wp-dyn/content/article/2008/06/19/AR20080619033552\\_pf.html](http://www.washingtonpost.com/wp-dyn/content/article/2008/06/19/AR20080619033552_pf.html). Accessed April 29, 2009.

39 "Sudan and Chad Accuse Each Other of Helping Rebels." Reuters. January 29, 2009. Available at <http://www.alertnet.org/thenews/newsdesk/LT234643.htm>. Accessed April 29, 2009.

gators were in the camp; they would arrive at the site where the interviewers were working and wait for their turn. While this sampling method does not permit the generalization of study findings to women in Darfur or those living in Farchana Camp, it nonetheless provides broad insights into the experiences and suffering of a larger group. Additional information was gathered from interviews with a wide range of stakeholders internationally and in the region.

The report captures the women's demographic information and lengthy narratives regarding their lives in Darfur pre-displacement, the violent attack that led to the displacement, and their current situation in the camp.

The investigation consisted of a questionnaire with 42 questions about the respondent's life in Darfur, the event that caused her to leave Darfur, her life in Chad and her self-reported health status. Women who reported having been sexually assaulted were asked if they would be willing to participate in a longer evaluation which included a psychological evaluation. (See below for description of this in-depth evaluation.) The questionnaire, or 'survey instrument' was a combination of quantitative and qualitative questions, including open-ended questions, questions with prompts, and several narratives. It concluded with a final open-ended question, "Is there anything else you'd

like to tell me?" (Instrument can be found in Appendix F). Prior to implementation, PHR/HHI asked a range of stakeholders internationally and in the region, including Darfuri women, to review the survey instrument. Based on suggestions received in this way, it was modified to enhance specificity and reduce ambiguity. The original questionnaire was interpreted into Arabic and then back-interpreted into English by professional translators. The questionnaire was then modified in the field to respond to worries by humanitarian personnel about the sensitive nature of some of the questions and whether they might pose risks for the respondents. The questionnaire was further modified in response to suggestions by the interpreters, two of whom were Darfuri women.

The interviews were conducted in the private courtyard of a gated distribution center. Passersby were at least 25 feet away from where the interviews were held and the respondents were seated with their backs to the outside so their faces could not be seen and the interviews could not be overheard. Interviews were conducted through four interpreters hired and trained for two full days by PHR/HHI. All spoke Arabic and English. All four lived in Chad; one was Chadian (and had previously worked in two of the refugee camps), two were Darfuri and one was from Kordofan (to the east of Darfur). When respondents spoke limited Arabic, a secondary interpreter of the respondent's choice,



*Sheikhas (female leaders) listen to PHR/HHI researchers explaining the project. (Karen Hirschfeld)*



usually a friend or a Sheikha, was used to interpret from the tribal language (predominantly Masalit) to Arabic.

The field investigators included Karen Hirschfeld, MA, Team Leader and Director of PHR's Sudan Program; Sondra Crosby, MD, Director of Medical Services at the Boston Center for Refugee Health and Human Rights; Dr. Lin Piwowarczyk, MD, MPH, Psychiatrist and Co-founder of the Boston Center for Refugee Health and Human Rights, and Julie VanRooyen, MD, OB-GYN, Fellow at the Harvard Humanitarian Initiative.

## **Medical and psychological evaluation**

If, during the course of the interview, the respondent revealed that she had been physically or sexually assaulted in either Darfur or Chad, she was asked for her consent for a medical and psychological evaluation. These evaluations were based on the *Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (also known as the "Istanbul Protocol" or "IP"),<sup>40</sup> the first set of international guidelines for documentation of torture and its consequences. Two of the physicians on the investigation, trained and experienced in the use of the IP, conducted abbreviated IP evaluations<sup>41</sup> on 21 women they interviewed who had reported physical or sexual assault. Physical assessment consisted of observation and documentation of injuries that were accessible without removing clothing. Documentation consisted of descriptions of the injuries in writing and sketching them on an anatomical drawing of a female. Psychological assessment included taking a psychological history and a cataloging of any past or current psychological symptoms and signs either reported by the respondent or observed by the physician.

### ***Human Subject Protections***

All interviews were anonymous; the respondent's name was never asked or recorded. Respondents were given a can of juice and a small packet of biscuits for their participation. The study methodology and plan was approved by the Harvard School of Public Health's Institutional Review Board and the United Nation's Sexual and Gender Based Violence Task Force in Abéché, Chad.

PHR limited case selection of respondents to individuals who are currently eighteen years of age or older. The evaluation team obtained oral consent from each subject for both the interview and the physical and psychological evaluation. No woman who was eligible and consented to an interview or evaluation was excluded.

PHR made every effort to ensure protection and confidentiality and to reduce any potential adverse consequence to women for having participated in the evaluations. Evaluations were conducted in the most private setting available. Efforts were made to ensure that the assessments were conducted in a culturally sensitive manner. Participants did not receive any material compensation for participating in the evaluations and were informed of this in the consent process.

Women, particularly rape victims, face some risk in being evaluated, including social stigma and humiliation and the risk of re-traumatization. The evaluators took measures to minimize these risks by consulting with individual participants. The study was described as one in which people from Darfur were asked about the impact of war on their health and families, so as to minimize the association of being involved in the study with sexual trauma. As needed and where available, the evaluators made referrals as necessary for survivors of rape or other physical injuries to existing health or psycho-social services in the camp.

### ***Analysis***

Quantitative data was entered into an Excel database (Microsoft Excel 11.5.3) and analyzed using the Statistical Package for Social Sciences (SPSS) 16.0. Narrative transcripts were coded and queries analyzed using NVivo 8 (QRS International, Ltd).

### ***Pre-Deployment Preparations***

For additional information about how the team prepared for the project, refer to Appendix A.

<sup>40</sup> For more information on the IP, see footnote 8.

<sup>41</sup> A full Istanbul Protocol evaluation includes a full physical examination and psychological history. PHR/HHI investigators did not conduct physical examinations for a number of reasons: the Harvard School of Public Health's Institutional Review Board did not allow for physical contact with the patients; as a non-operational NGO, PHR/HHI did not want to be seen as giving medical treatment; and there were no sufficiently private and sanitary facilities for physical exams. Therefore, investigators limited the physical evaluation to observing and sketching injuries visible without removing any of the respondent's clothing.

# FINDINGS

In order to understand the quantitative and qualitative data, it is important to appreciate the context of the aid operation in Chad and how the women's lives are directly affected by it.

## The Organization of Humanitarian Assistance to Darfuris in Eastern Chad

In conducting this study, investigators traveled extensively throughout eastern Chad in April 2008<sup>42</sup>, visiting six of the twelve refugee camps and met with UN and NGO officials as well as the refugees themselves. The refugee camps in Chad are 'federalized,' with different NGOs providing services in different camps. As the lead agency, UNHCR attempts to set minimum standards in health services and psycho-social services. However, based on investigators' conversations with UN staff familiar with camp operations in Chad, there appears to be some difficulty in maintaining international standards relating to health and protection.<sup>43</sup>

Of the six camps PHR/HHI visited in April, all provided basic medical services, primary education, food and 'non-food items' (soap, jerry cans, kerosene, cleaning powder, firewood, etc.), sanitation services, psycho-social services and potable water. Many camps have vocational training services, women's centers, and adult education/literacy programs. As of November 2008, UNHCR was planning radio-based secondary education programs whereby they recorded lessons and broadcast them which students would listen to on solar-powered radios.

The provision of psycho-social services varies among camps. In some camps, international psychiatrists prescribe anti-depressants and anti-anxiety medications (but do not necessarily provide concurrent psychotherapy). In other camps, no psychotropic medications are available. Some camps provide a space where women can come and do sewing, basket weaving, and other handicrafts (not as income generation). These centers are said to provide a safe environment where women can feel comfortable to talk and support each other.<sup>44</sup> In other camps, literate refugees are trained in basic concepts of mental health (such as trauma, stress, loss and grieving) and post traumatic stress disorder (PTSD) and are hired as 'mobilizers'. These 'mobilizers' work on the block level (camps are divided into blocks—a grouping of several dozen houses) to identify and refer individuals who are having problems to NGOs providing protection, legal or medical services. Some NGOs have sexual and gender based violence (SGBV) focal points (aid workers assigned responsibility for this topic) who refer victims of SGBV to available services. Finally, in other camps, refugees

are trained in mental health concepts and refugees with problems are encouraged to go speak with them.

Several camps have "*sensibilizations*," (a French term) or awareness raising sessions, on a block level on a variety of topics including stress, non-violent conflict resolution, SGBV (including destigmatization of rape), and domestic violence. Other camps educate the 'chefs du bloc' (block chiefs) on these topics with the understanding that they, in turn, will educate the people in their blocks.

There are a variety of groups mandated to provide physical protection to refugee women in eastern Chad, including international (United Nations) peacekeepers, Chadian police and refugee patrols. The European Union force (EUFOR), mandated by UN Security Council Resolution 1778 (in September 2007) was deployed for one year—from March 2008–2009 and was comprised of 3,300 soldiers; nearly half of them French. EUFOR's mandate was to help protect civilians in danger, in particular, refugees and displaced persons; to facilitate the dispatch of humanitarian aid by improving safety in the operation zone; and to help protect UN staff and infrastructures.<sup>45</sup>

EUFOR was replaced in March 2009 by the UN Mission for the Central African Republic and Chad (MINURCAT), also established by UN Resolution 1778. MINURCAT is to number 300 police officers, 25 military liaison officers, 5,200 military personnel and an appropriate number of civilian personnel. Its mandate includes civilian protection; promoting human rights and the rule of law; and supporting regional peace.<sup>46</sup> (MINURCAT's full mandate is included as Appendix D). By the end of March, 2009, MINURCAT was only at 40 percent of its authorized strength of 5,200 and was not due to be at full strength until the end of 2009 (it is due to withdraw in March 2010).

MINURCAT was also mandated to select, train and advise the *Détachement Intégré de Sécurité (DIS)*, a UN-trained Chadian force of police and gendarmes responsible for providing security inside refugee and internally displaced person (IDP) camps in eastern Chad.<sup>47</sup> Of the 850 officers trained for the DIS by MINURCAT, 530 have been deployed. The UN plans to review a request by the Chadian government to increase the total number of deployed DIS to 1,700.

In addition to these international forces, there are *comités de*

45 France Diplomatie, "EUFOR/Chad Operation," January 15, 2009. Available at [http://www.diplomatie.gouv.fr/en/france-priorities\\_1/conflicts-and-crisis\\_1959/darfur\\_3538/eufor-chad-operation\\_6013/index.html](http://www.diplomatie.gouv.fr/en/france-priorities_1/conflicts-and-crisis_1959/darfur_3538/eufor-chad-operation_6013/index.html). Accessed April 16, 2009.

46 MINURCAT Mandate. Available at <http://minurcat.unmissions.org/Default.aspx?tabid=859>. Accessed April 29, 2009.

47 MINURCAT Press Release, "Launch of the Training of the *Détachement Intégré de Sécurité* in Chad," April 9, 2008. Available at [http://minurcat.unmissions.org/Portals/MINURCAT/Press%20Releases/PR%20009%20-%202008-04-09.%20Launch%20of%20the%20Training%20of%20Chadian%20Commanders%20\(EN\).pdf](http://minurcat.unmissions.org/Portals/MINURCAT/Press%20Releases/PR%20009%20-%202008-04-09.%20Launch%20of%20the%20Training%20of%20Chadian%20Commanders%20(EN).pdf). Accessed April 29, 2009. The release explains that the DIS will promote human rights and tackle impunity as follows: MINURCAT will also contribute to the mentoring and to the promotion and protection of human rights, and recommend action to the competent authorities, with a view to fighting impunity. In this regard, MINURCAT will assist the Governments of Chad and Central African Republic in the promotion of the rule of law, including the support for an independent and strengthened legal system.

42 During a three and a half week assessment trip in April, 2008, PHR/HHI investigators visited the following camps and met with camp leaders and NGO workers: Goz Amer, Koukou, Farchana, Gaga, Trejing, Breijing and Oure Cassoni.

43 This was explained to PHR/HHI investigators by UN personnel.

44 This was explained to PHR/HHI investigators by several NGO staff.

vigilance, or groups of refugee men (and increasingly, women), which patrol some of the camps at night.<sup>48</sup> PHR/HHI investigators did not hear of any operational ‘firewood patrols,’ whereby police or soldiers accompany groups of women to gather firewood, an intervention that has been used in some IDP camps within Darfur.

## The Farchana Refugee Camp

The PHR/HHI interviews with women refugees were conducted exclusively in the Farchana Camp, one of the oldest refugee camps in eastern Chad. To gain an overall sense of the camp’s history and current stressors, the investigators also conducted interviews with stakeholders (NGO staff and Chadian officials) in the Farchana Camp and in other camps near Farchana.

UNHCR first established the Farchana Camp in January 2004, in order to house 2,000 Darfuri refugees fleeing violence across the border, 55 kilometers away. The camp was built to receive a maximum of 9,000.<sup>49</sup> By October of 2004, the camp population had grown to 14,000.<sup>50</sup> In November 2008, the population of Farchana was 20,650, with 5,643 families. The average family size was four people, the average numbers of births per month was 69 and average number of deaths was 10 per month (0.48 deaths/1000 persons/month). Women and children comprised approximately 60% of the camp’s population.<sup>51</sup> The Masalit were the most populous tribe in the camp, comprising approximately 90% of the population, followed by the Zaghawa (approximately 5%) and others (approximately 1%).<sup>52</sup> (See the map, “Ethnicities in the Chadian Refugee Camps”, next page.)

Farchana camp is located approximately three miles from Farchana village, home to several thousand Chadians. The camp’s borders are porous, with several entry points and no physical barriers around the camp. Movement into and out of the camp is fluid; refugees leave the camp regularly to collect firewood, graze animals or go to the market several miles from the camp and on the outskirts of Farchana village.<sup>53</sup>

48 Relayed to the field team by a civilian MINURCAT officer and an NGO official.

49 UNHCR Briefing Notes, *Chad: Pre-registration of Sudanese Set to Begin, January 13, 2004*. Available at <http://unhcr.org/news/NEWS/4003d4410.html>. Accessed May 12, 2009.

50 “UNHCR Moves Refugees to Chad Camp; Border Incursion Reports Continue,” UNHCR News Stories, October 5, 2004. Available at <http://www.unhcr.org/news/NEWS/4162a44e4.html>. Accessed April 29, 2009.

51 Information given by an NGO on the ground in November 2008.

52 This is according to a 2004 UNHCR map which has a pie chart of ethnic compositions of each of the refugee camps. As there are no figures on the chart, the percentages are approximate. It was originally obtained online but is no longer accessible on the internet.

53 While there is a small market set up in the Farchana Camp, many women walk the approximately three miles each way to the Farchana village market on market days, as there is a wider variety of food and goods available there. PHR/HHI investigators noted how the camp was considerably quieter and emptier on market days.

Soldiers apparently have free access to the refugee camps; at the time of the PHR/HHI investigation, approximately 2,000 Chadian soldiers<sup>54</sup> were present near and in the Farchana camp, and the team witnessed several truckloads of armed soldiers within the camp. The soldiers had commandeered the medical facility for military use.

At the time of the investigation, there were three doctors to care for the 20,000 refugees in Farchana Camp and the villagers from Farchana who come to the camp to seek medical care. Some women must obtain permission from their husbands to obtain any services at the clinic. There is a pharmacy, a vaccination room, an observation room and a delivery room. Reproductive and sexual health services are available. Representatives from the camp’s medical NGO said that there were three rape cases in October 2008, and that, in general, there were very few requests for contraception. In addition to medical staff, there are approximately 20 traditional birth attendants (TBAs); refugee women who learned basic concepts of delivery in Sudan. At any one time, two of the TBAs sleep at the maternity center in case of a night-time delivery. Complicated deliveries, including cesarean sections, must be sent to the hospitals in either Adré or Abéché, which are several hours away over difficult roads.

One NGO distributed 7 kilograms of firewood per person per month in the Farchana Camp. While this assistance reduces the number of trips a woman must take outside of the camp to gather firewood, it is unfortunately not sufficient to meet the average household’s need, and many women must still make the dangerous journey outside the camp-- sometimes as many as 30 kilometers each way --to gather scarce firewood and brush.

Food is distributed once a month to refugees holding registration cards. The following foodstuffs are given to the refugees: sorghum, oil, salt, sugar and a corn-soy blend. Refugees are given the equivalent of 2,100 calories a day, the recommended minimum amount of both the Sphere Standards and the UNHCR/World Food Programme Guidelines.<sup>55</sup> The sorghum is given to the refugees as whole grain and they must pay – either money or a portion of the ration – to have it ground into a form they can use for cooking. The camp also has a program on maternal and child care and a supplementary feeding program for moderately malnourished children. Severely malnourished children who require therapeutic feeding are transferred to these programs in Adré or Abéché.<sup>56</sup>

Psychosocial counseling at the Farchana Camp was a system of *accompagnement*, French for “accompanying.” Refugees with issues are encouraged to come talk to refugee mental

54 The Chadian soldiers were in the far east of Chad to respond to a large number of Chadian rebels across the border in Sudan who were rumored to be planning an offensive into eastern Chad.

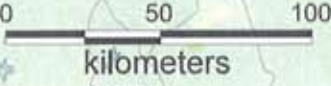
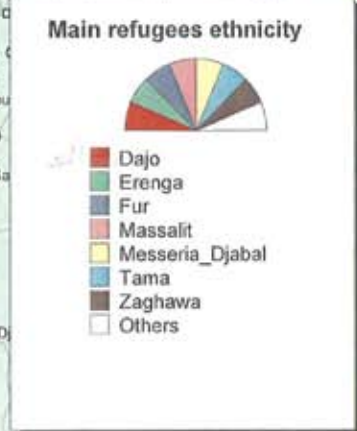
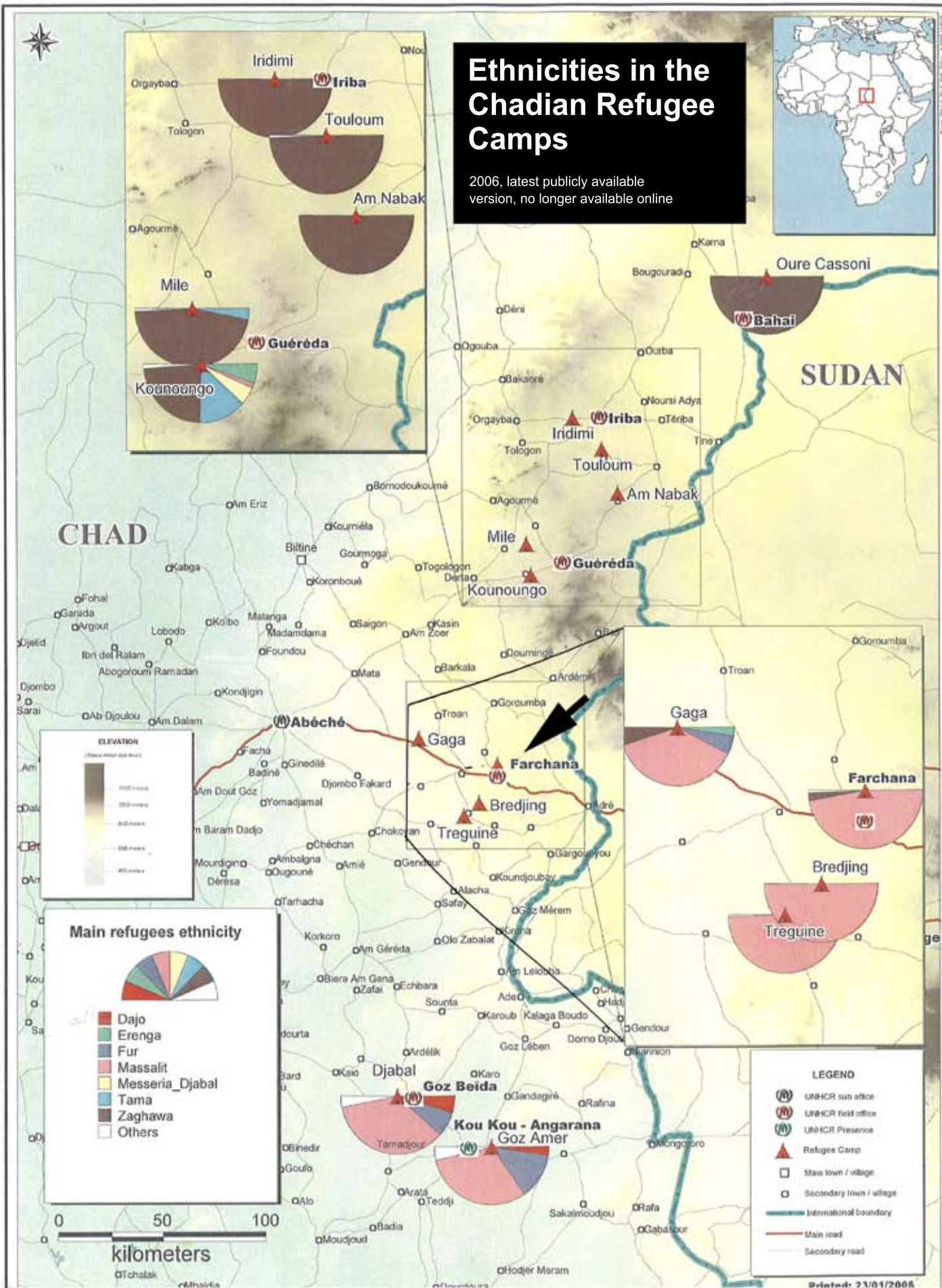
55 Information given by an NGO. Sphere Standards. Available at [www.sphereproject.org](http://www.sphereproject.org). Accessed April 26, 2009. WFP/UNHCR, Guidelines for Estimating Food and Nutritional Needs in Emergencies, 1997. <http://www.helid.desastres.net/?e=d-010who--000--1-0--010--4---0--0-101--11en-5000--50-packa-0---01131-001-110utfZz-8-0-0&a=d&cl=CL1.9&d=Jwho27e>. Accessed April 26, 2009.

56 Information gathered in meeting with NGO staff.



# Ethnicities in the Chadian Refugee Camps

2006, latest publicly available version, no longer available online



Printed: 23/01/2006

health workers who have received a three-month training by the international staff of the NGO in basic concepts of mental health such as sexual violence, trauma and family dynamics, and who are available for refugees with mental health needs. In addition to seeing refugees anonymously in a room at the health clinic, the counselors also go into the camps once a week to conduct meetings with camp residents on different mental health topics.<sup>57</sup> There were some psychotropic medications available; however, we were told there were no antidepressant medications. Considering the fact that many of the women interviewed by PHR/HHI investigators had not taken advantage of these services and that one respondent, herself trained to be a counselor, had not told anyone that she had been raped twice since arriving in Chad, it would appear that some issues of access, outreach or quality may still pertain.

## Quantitative Findings

### *Demographic profile of women interviewed*

Eighty-eight interviews were completed with Darfuri women between November 9 and November 20, 2008. The average age of interviewees was 35 years with a median age of 30 years and a total age range of 18 to 75 years. Almost half (43%) of the interviewees did not have a husband living with them in the camp.

**Table 1: Demographics**

Demographic	Number	%
Age:		
18 – 24	22	25.0
25 - 39	42	47.8
40 - 53	8	9.1
> 54	15	17.0
Not Specified	1	1.1
Total	88	100
Marital Status:		
Currently married	51	58.0
Widowed	16	18.1
Never married	11	12.5
Separated / Divorced	9	10.3
No Response	1	1.1
Total	88	100
Tribe:		
Masalit	79	89.8
Zaghawa	6	6.8
Dajo	1	1.1
No Response	2	2.3
Total	88	100
Literacy:		
Able to Read	20	22.7
Able to Write	19	21.6

<sup>57</sup> One of the refugee staff at the clinic told PHR/HHI about the services.

### *Overall incidence of rape*

For the purposes of this report, a confirmed rape is taken to be a rape in which the woman openly admitted during the interview that she was sexually assaulted. A highly probable rape is one gleaned from interviewees through their behaviors and responses to embedded signaling questions during the interview process, designed to allow expert interviewers to deem an assault likely. For instance, a rape was considered highly probable if an interviewee initially stated that she had been raped but when asked details about the assault she retracted her statement; if a woman described an initial non-sexual attack in which she noted loss of consciousness and then subsequent awakening to find her clothes torn and/or blood around the genital area or physical trauma to the inner thighs; or if the woman denied a sexual assault but conflicting information from other sections of the interview instrument strongly suggested otherwise. Gang rape was defined as two or more perpetrators but for the purpose of analysis was considered as one confirmed rape event.

**Table 2: Rape in Darfur and Chad**

Rape	Number of Reported Incidents
Rape in Darfur*	9
Rape in Chad*	11
Highly probable rape in Darfur	8
Highly probable rape in Chad	4
Aware of rape in Darfur	16
Aware of rape in Chad	14

\*There was a total of 17 women who were raped. Two women were each raped twice, once in Chad and once in Darfur. A third woman was raped twice in Chad, thus giving a total of 20 confirmed rapes.

In Darfur and Chad, a total of 20 confirmed rapes occurred among 17 of the 88 women, with one woman suffering two assaults in Chad and two women suffering an assault each in Darfur and Chad. An additional 12 instances were considered highly probable by the interviewers. Eight of the 88 respondents had witnessed sexual assaults and 30 respondents admitted to being aware of rapes occurring in either Darfur (16 respondents) or Chad (14 respondents). The women who experienced the combined 32 instances of confirmed and highly probable rapes were more likely to be younger than those who had not (mean age 25 years versus 39 years). For 19 of the women, this study provided the first time the woman had discussed the sexual assault with anyone.

### *Darfur Rapes*

Of the 32 instances of confirmed and highly probable rape, 17 occurred in Darfur (17 of the 88 respondents). Of these, nine

were confirmed rapes and the majority of these (7) were gang rapes. Additionally, five women reported that they had witnessed gang rape in Darfur. Three of the nine confirmed rapes resulted in a pregnancy. Of these pregnancies there were two live births and one miscarriage. One rape was described as being in the presence of family members.

*"I was raped vaginally by three men in front of my children. The children were forced to witness the rape...."*

*"One of the Janjaweed pushed me to the ground. He forced my clothes off, and raped me. When they shot my father, they saw I was a little girl. I did not have any energy or force against them. They used me. I started bleeding. It was so painful. I could not stand up."*

*"They did it [rape] ... each man, many times."*

At the time of the assault she was eight months pregnant.

*"It was very painful and much blood came ... I was really suffering. The next day I gave birth to a dead baby."*

Of the nine confirmed rapes in Darfur, five were reported to an official (military or police in Sudan, military police near Farchana, or an administrative official within the Farchana Camp); of these, only one resulted in an investigation. Reasons respondents cited for not reporting either a sexual assault or an attack on a village included not knowing where to report the attack and/or perceiving that reporting would have no benefit. All the confirmed and highly probable Darfur rapes occurred in the setting of attacks on the respondent's village. Respondents described similar patterns and characteristics of perpetrator methods and behaviors during the Darfur attacks. Assailants were typically described as fair-skinned and wearing green or khaki uniforms with head wraps.

*"They attacked us at [dawn]. I saw them kill nine people. They were Janjaweed: fair skinned people, wore khaki and spoke Arabic. I couldn't understand them."*

*"I was on the farm when the Janjaweed came—I heard people screaming and saw people running away. They wore Sudanese government uniforms and their heads were wrapped."*

Interviewees noted that the assailants often spoke Arabic and rode horses or camels.

*"They were killing people with guns."*

*"They were beating people ... and shooting people and burning the houses. The men were wearing green uniforms. They were speaking Arabic. I couldn't understand them."*

*"... These people were red people, brown people and even their Arabic was different. They were wearing uniforms. They were riding horses, camels, and even cars."*

The village was usually surrounded by a large number of perpetrators and attacks often occurred in the early morning. Concurrent air strikes were another common feature.

*"They attacked us in the early morning. The villagers said 12,000 came, but I think it was more than that. When they attacked, the women ran but they chased us."*

*"There were many—[respondent was unable to quantify]—followed by Sudanese in planes and horses wearing official Sudanese army clothes. They entered into the village and were shooting and people started running. Those that remained were rounded up and made to lie down. They covered them with wood and branches, and set the wood on fire. Sixty-five died that day."*

*"Then a bombing plane came and dropped (bombs) four times... and then it dropped boxes of supplies (guns) for the Janjaweed."*

Darfuri women were sometimes called "slaves" by their assailants and Darfuri males were targeted to be killed.

*"They came back in the early morning and they were shooting and screaming, 'Kill the slaves!' (in language we could understand) and they were also speaking Arabic, which we couldn't understand."*

*"They said to us, 'If you have a baby on your back, let us see it.' ... The soldiers looked at the babies and if it was a boy, they killed it on the spot (by shooting it). If it was a girl, they dropped or threw it on the ground. If the girl died, she died. If she didn't die, the mothers were allowed to pick it back up and keep it."*

The interviewee stated that she had a girl on her back. The child did not suffer any injuries when they dropped her and she is fine now ... her grandmother had a boy on her back –

*"She refused to show the boy to the soldiers so they killed both the grandmother and the baby."*

*"There was only one man with us (the rest were women and children). When they saw the man, they killed him in front of us."*

Assailants typically burned their villages and confiscated their livestock.

*"The Janjaweed set fire to our village. I was lucky to escape with my daughters... the Janjaweed were acting happy – 'Haa Hoo, we kill you!'"*

*"We were in the pasture with our animals and we saw the Arabs coming and they shot my brother and my husband and they took all our animals. We couldn't do anything ..."*



*“In the early morning at 6 AM on a Wednesday, the Janjaweed attacked. They came by cars, wearing official Sudanese military uniforms ... They attacked us by shooting guns. I saw them burn the houses and kill so many people I could not count. They burned my house and I ran to the river.”*

The women often stated that “Arabs” were to blame for the village attack and sometimes specified that the Government of Sudan or Omar al-Bashir was responsible.

*“Omar Bashir and Arab people did this. They were wearing military uniforms. They came to our village. The Janjaweed came by horses and camel and the military came by car and by plane. It was early morning, at 7am. We were drinking tea. They were shooting and killing people in my village. We were afraid and we all ran away ... They killed 35 men around our village.”*

*“It was Bashir, the government. I saw them, it was Sudanese government military. They were wearing uniforms. They were bombing from the plane and the soldiers were shooting the villagers.”*

One-third of the respondents suffered direct physical harm as a result of the attack on their villages in Darfur (see Table 3).

**Table 3: Physical harm in Darfur**

Were you physically harmed in Darfur?	%
Yes	34.4
No	61.1
No response	4.4

The respondent shows [the physician] a right arm injury with a large circumferential scar and a large scar on her right flank also. Her right eye has a visible droop. She presents multiple x-rays of her injuries which show a large metal plate in her right arm, shrapnel in her neck and multiple broken ribs.

*“I was in my home when the Arab, the Janjaweed attacked me (and my family). I was standing in front of my house (when) they shot me in the arm and in the chest. A piece of metal from my right arm flew up into my eye. I fell down. All the ground was covered with blood and the bone was sticking out.”*

*“During the attack I was shot. I had my grandson on my back. I was shot twice by the Janjaweed and fell to the ground. My daughter grabbed her son and ran. The*



*Women returning from the market in Farchana village. (Dr. Lin Piwowarczyk)*

*bullet also hit him and broke his right arm. I could not walk. I was bleeding. I was in severe pain.”*

*“They wanted to take my things and I refused so they beat me. One of them beat me with a large piece of wood. They beat [me about] my body and shoulder; I was bleeding. They broke my arm. Even now I have pain in my arm and cannot use my hand.” (65-year-old woman)*

### **Chad rapes**

Of the 32 instances of confirmed and highly probable rape, 15 occurred in Chad, with one woman assaulted twice. Of these, eleven were confirmed rapes and four were highly probable rapes. Of the eleven confirmed rapes, eight were reported

to have resulted in a pregnancy. There was one confirmed gang rape. The majority of confirmed rapes (10/11) occurred when women left the camps in search of firewood or to pasture their livestock. One woman reported that she was raped within the camp. Most assailants were described as Chadian villagers; one woman reported being raped by a soldier although she did not specify to which military group the soldier belonged. Although no one described a confirmed rape by a soldier within the camp, several women reported being aware of instances of Chadian soldiers entering the camp and raping women.

*“I went out alone to bring my animals to pasture. A man came up to me and threatened me with his gun. Then he did everything he liked.” [This happened approximately nine months prior and the respondent was pregnant at the time of the interview.]*

#### **Ms. Z’s STORY: A BRIEF SUMMARY OF AN ISTANBUL PROTOCOL EVALUATION**

*Ms. Z is a 19-year-old married woman of a Masaelit tribe from the village of Zaghawa Hilla, Darfur. She lived with her father and five siblings. Her mother died in 2001 from illness. As the youngest, she would accompany her father to the farm while her siblings brought the animals to the pasture ... Her health was good. She did not have the opportunity to attend school. This is her story of the attack on her village in 2002.*

*“It was a Thursday afternoon. Four Janjaweed came to the farm. They were riding horses and camels, and had guns. They were not wearing military wear. One was wearing black clothes, another brown, one wore a jacket and the fourth had greenish clothing. They also wore greenish shawls on their head. I was at the farm with my father ... At that time they came near me. My father saw them, and came running to protect me. They shot my father in the head. He fell down. After they shot my father, they attacked me. I was thirteen.*

*“One of the Janjaweed pushed me to the ground. He forced my clothes off and they raped me one by one vaginally. No objects were inserted. When they shot my father, they saw I was a little girl. I did not have any energy or force against them. They used me. I started bleeding. It was so painful. I could not stand up ... I was sick for seven days. I could not stand up. No one helped me ...*

*“The Janjaweed came on camels and in cars, and then the planes started bombing. We ran. There were more than 200. They set the village on fire. My paternal uncle came and helped us (all my brothers and sisters) to run away. They put my nine-year-old brother on a donkey and we ran. They (the armed forces) took all our animals and set the village on fire. Many people were killed. I do not know how many...*

*“I did not have the chance to go to the doctor as the Janjaweed ten days later attacked the village again...”*

#### **SUMMARY OF PHYSICIAN’S ASSESSMENT**

##### **Physical symptoms:**

*Acute symptoms: Ms. Z experienced bleeding and pain for one week to the point that she had trouble walking. In addition for a period of 40 days, she reported having vaginal discharge and infection.*

*Chronic symptoms: none. She does not have pelvic pain or discharge now. She was able as an adult to have a non-complicated delivery at the camp. She complains of headaches.*

##### **Psychiatric symptoms:**

*The day of her rape and her father’s death, Ms. Z felt suicidal. It resolved spontaneously ...*

*Ms. Z reported that when she thinks about what happened, she feels sad. She is able to enjoy herself. Her appetite is good. She is not forgetful. She has no problem with sleeping.*

*She does not have nightmares now of the rape. She did have them in the past, but could not quantify. When she has sex, she remembers what happened to her, but remains sexually active without problems. She is still startled, but is no longer hypervigilant. She says she gets irritable when she thinks of what happened to her ... She says she cannot forget what happened. She tries not to think about it, but she cannot help it...*

##### **Impression:**

*She has some symptoms of Post Traumatic Stress Disorder secondary to the rape which relate to triggering during intimacy with her partner, and is still startled.*

*Generally speaking, she has shown great resilience.*

*Her headaches should also be evaluated. They may represent somatic symptoms of distress.*

*“I was alone and a man jumped out of the woods and grabbed me. He threw me on [the ground] and then he raped me. His head and face were totally covered – only his eyes showed. He was Chadian; not from the camp.”*

One-fourth of the respondents have suffered physical harm since living as refugees in Chad (see Table 4).

**Table 4: Physical harm in Chad**

Attacked since in the camp?	%
Yes	23.3
No	67.8
No response	8.9

*“Once, [Chadian villagers] threw rocks at me [when outside the camp gathering wood]. They hit me in the inside of my right foot [near the ankle]. It’s painful to walk long distances.”*

*“One day, many militaries came (wasn’t able to determine which ones) and took people in cars down to the (Farchana) market. I was taken too. They killed one man who had a knife and refused to give it to the soldier—another soldier shot him from afar. They also killed a woman—she was shot right in front of me.”*

*“They [Chadian villagers] beat my children twice when they went to get wood. They hit my son in the head with a rock.”*

*“The first year I was here, two men beat me when I went to collect wood. They beat me on my arm and head with wood. Six of us were there. They beat two of us. I told my mother and father and we reported it to the president of the camp, but nothing was ever done.”*

### **Life in Chad**

Respondents were asked about current worries and concerns in regards to daily life in the Chadian camps. Table 5 elaborates the priorities of respondents, as they could choose several options from the survey.

**Table 5: Respondents’ current concerns in Chad**

Current concerns	%
Food insecurity	58.9
Safety and sexual violence	46.7
No employment / money	12.2
Lack of non-food items	12.2

The primary concern for Darfuri women living in the Farchana Camp was food insecurity; nearly 59% reported lack of food.

*“There’s not enough food. Before 2004, they gave everyone millet and rice. Now, only sorghum—it isn’t good.”*

*“The food in Darfur was healthy. It’s not here. They give us sorghum—it doesn’t taste good—we didn’t eat it in Darfur.”*

*“Here, the food is not good and not enough. So I’m not happy. In Darfur, we had animals—we could eat meat.”*

Safety and ongoing fear of sexual violence was the second biggest concern (46%) of the women living in the Farchana Camp.

*“This is not my country. We get raped when we leave the camp. In my village, we could do what we wanted and there was enough food. I want to go back to my village, but it’s still not safe.”*

*“I worry about leaving the camp to get wood. People hurt women when we leave to get wood—sometimes they are raped.”*

The lack of employment and no money to purchase necessities (such as milk, meat, etc.) was the third largest worry of the women.

*“I have no job and no way to make money.”*

*“I have no money to buy milk or meat for my children.”*

The suffering of women living in the camp was remarkable and almost every interviewee asked for either improved living conditions or a return to Darfur.

### **Physical and mental health status**

The women ranked their physical health in Darfur and Chad. On a five-point scale with “1” being very good and “5” being poor, the average physical health score in Darfur was 2.06 (standard deviation 0.88) and the average physical health score in Chad was 3.99 (standard deviation 1.21). This 1.93-point deterioration in physical health between Darfur and Chad was statistically significant using the Student’s t-test at the P<0.05 level. Furthermore, women who experienced confirmed rape or highly probable rape were three times more likely to report suicidal thoughts than were women without sexual violence (OR [Odds Ratio] = 2.97, 95% CI = 1.17 – 7.54).

Using the same five-point scale, respondents ranked the average mental health score in Darfur at 1.67 (standard deviation 0.52) and the average mental health score in Chad at 4.90 (standard deviation 1.14). This 3.23-point deterioration in mental health was also statistically significant using the Student’s t-test at the P<0.05 level



*“I am sad every day (since leaving Darfur). I feel not well in my skin.”*

*“I do not enjoy any times in the camp—there is nothing. When I am with my family, we only speak about Sudan and feel sad.”*

While 83% of the women accessed health services, only a few (5.6%) sought out mental health and counseling services. Table 6 illustrates the discrepancy in utilization and the seeming under-utilization of current psychosocial services. Respondents could select from all options and thus percentages reflect the choices of the 71 respondents who answered.

**Table 6: Health services accessed by respondents**

Services Accessed	Numbers	%
Health Clinic	59	83.1
Maternity	6	8.5
Counseling	4	5.6

### **Familial Breakdown**

Rapes resulting in pregnancies had significant physical and social consequences, particularly for familial and communal relationships.

*“Two of them slept with<sup>58</sup> me ... at least twice. I had a baby from the rape—a ‘baby of Janjaweed.’ People said, ‘The Janjaweed expelled us from our village and now you bring this baby here.’ I said, ‘I didn’t choose this—they forced me... I can’t kill my baby.’”* (Woman reporting rape in Darfur)

*“They cut me and they raped me.”*

When the interviewee told the story of the rape [and resultant pregnancy], her mother called her brother and told him to come beat her. He did and beat her severely with a large piece of wood and took all her clothes and left her naked. He then sold her clothes. The interviewee was literally dressed in rags. (Woman reporting rape in Chad.)

Women with confirmed rapes were six times more likely to be divorced or separated than those who were not raped (OR 6.3, 95% CI 1.39—28.15.) Some women reported that their husbands divorced them as a result of the rape.

*“ ... They found me and raped me. I told my family but they didn’t believe me. They didn’t believe I was raped until I got pregnant. But they were nice to me except for my husband.... When I confirmed that I had been raped and was pregnant, he said, ‘I divorce you.’”* (Woman reporting rape in Darfur)

<sup>58</sup> There are any number of euphemisms for intercourse and rape in Arabic. “Slept with” is the English phrase the PHR/HHI interpreters used. That terminology, therefore, is repeated here for accuracy rather than using our own vocabulary for rape to convey the gravity of the act more vividly.

Women also described other consequences, including community rejection and physical violence by family members, as a result of being raped and becoming pregnant thereafter.

## **Qualitative Analysis**

Inductive coding, or open-coding, was conducted on the 88 individual narratives allowing the data to determine which codes were most significant. All narratives were first reviewed and initial codes were derived through an open coding process. Categories were then constructed based on those codes most relevant to the study research questions. Subcategories were developed to capture variations within a category and axial coding was used to examine relationships between categories. A codebook was created using the NVivo 8 qualitative analysis software which was applied and refined as subsequent interviews were added; one coder did all qualitative coding. Themes emerging from each narrative were identified and compared across individuals.

### **Theme: Life in Darfur was Peaceful, Families were Self-sufficient**

Respondents were asked to describe their lives in Darfur before the onset of conflict in 2003. Nearly all of the women were farmers who grew a variety of fruits, vegetables and grains. Most owned animals, including donkeys, cows, horses, chickens and camels; almost to a woman, they knew exactly how many of each animal they had. The animals were a source of transportation and food (milk, meat and eggs). While the amount of crops and numbers of animals differed, most women said that they were self-sufficient and had everything they needed to take care of themselves and their families. Some women had attended several years of school.

*“Life in Darfur was very good. I farmed, took care of the family and sold things in the market. I was very happy”*

*“I was a farmer. I grew millet, okra, peanuts, watermelon, sesame, tomatoes, peppers and onions. I sold my vegetables in the market. I had eight cows, 30 goats and two camels. In the evening I would visit friends and talk about the farm.”*

### **Theme: Attacks on the Villages in Darfur by Government of Sudan and Janjaweed**

Women reported that attackers mostly came in the morning (during or shortly after morning prayers) and rarely in the afternoon; they described them as coming on horse, camel, or in cars and on planes dropping bombs. Women identified attackers as “members of Janjaweed” consistently noting them as fair-skinned, Arab-speaking and armed with guns or knives.

Sometimes the Janjaweed surrounded the village and stayed for some days. The attacks were consistently characterized by bombings, mass shootings, forced house entry, stealing, confiscation of livestock (especially cattle) and burning of homes,





*PHR/HHI Chad Team members at a gathering in the US. (PHR)*

crops, entire villages and sometimes burning of human bodies. The attackers specifically targeted men for death and women for rape: the women reported that men were shot, stabbed and killed more frequently than women, especially when the men tried to intervene and/or protect women during these attacks.

*“I saw them killing people when we were running away. They were killing only the men, not the women. They were using guns.”*

*“I left Darfur because the Janjaweed came and killed people. The plane came and bombed, and they came on horses and camels. Some walked, some by car. They took all of the cattle. Killed people, shot people. Set crops on fire. Their skin was light. They were wearing a Sudanese government uniform. Some were wearing regular clothing...”*

*“It was terrible. They killed our men and they burned many men and they took our girls and women and they raped them.”*

### ***Theme: Death of family members in Darfur***

Many of the women reported family members killed during the attacks on their village. Some witnessed the shooting or beating of close family members.

*“The Janjaweed shot my father in the head and my brother in the stomach – his stomach fell out onto the ground. They killed my uncle and my sister’s husband who tried to escape on horseback. They shot my cousin. They took two of my stepbrothers and cut their heads off with a knife. They shot my husband in the head. They beat my grandfather with a gun and then shot him.”*

*“They went to the mosque where my husband was praying. They shot him between the eyes.”*

*“My father was cutting millet. I was collecting peanuts. At that time they came near me. My father saw them, and came running to protect me. They shot my father in the head. He fell down [dead]. After they shot my father, they [raped] me.”*



*Examining table at the health clinic. (Dr. Sondra Crosby)*

### **Theme: Rape in Darfur**

Women reported multiple incidents of rape occurring during the Janjaweed or Sudanese soldier attacks on their villages. The patterns of the attackers' behaviors were similar across the narratives: rapists frequently beat women with guns and/or attacked them with knives before or during the rape. The Darfur rapes often took the form of gang rape, with women being raped by more than one man; women also consistently described incidents of public rape, where women were raped in front of other community or family members, often in large numbers. Women reported some cases of (other women) being abducted and raped or gang raped. Some of these women came back. Others disappeared.

*"While we were running, they grabbed me. They brought me near the mountain. I was with another girl. There were four men. Two of them slept with me. I had never slept with a man. They both slept with me at least twice."*

*"In another village—Masmaji—the Janjaweed took pregnant women, old women and women with children, raped them and threw them into the fire. I saw what they did in Masmaji with my own eyes."*

*"Three Janjaweed found me [hiding in the field]. One pointed a gun at me and two others took off my clothes. They beat me with wood and held me down. The two men slept with me [vaginal rape], each man twice. I was bleeding and hurt. The man with the gun was watching us."*

*"A relative of mine (age 30) was taken and raped for one night; then they let her go."*

*"One girl was kept by the Janjaweed and raped for 10 days and another woman was kept for one day and one night."*

After being raped, women reported excessive bleeding, not being able to walk well, and general body aches.

*"We couldn't walk. They beat us before they raped us - they used their gun to beat us."*

*"I was bleeding, hard, for one day. My body hurt and was swollen." The respondent was so injured that she needed help returning to the village.*

*"After I was raped, I couldn't walk. They brought me to another village on a donkey."*



Women described running away from their homes and villages in the wake of a Janjaweed attack. In flight for days to weeks afterwards, they reported that it was difficult to see the doctor or seek medical attention until they could find refuge in other villages that had not been attacked or were eventually helped by an NGO to get to the Farchana Camp. There was little mention of assistance from the government in Darfur.

***Theme: Witnessing Rape of Other Women in Darfur***

Some women said that they saw other women, sometimes their sisters, mothers or daughters, being raped.

*“I saw the Janjaweed raping women. Many men—six to seven—raped each woman. The men had guns so the women couldn’t get away.”*

*“There were three Janjaweed in my house. They hit my mother. We [she and her sister] tried to fight them, but we fell down. They took off my clothes. Then they raped me—two of them—one at a time. Then they raped my sister, one at a time.”*

***Theme: Physical Injury of Women in Darfur***

Some women who were not raped reported being beaten, shot or injured by shrapnel (from bombs dropped by airplanes) during the attack on their villages.

While trying to escape, the Janjaweed chased them, overtook them, and stole their belongings including animals, clothes and dishes.

*“They beat me until I fell from the donkey onto my back. I was pregnant, and I started bleeding and lost the baby.”*

*“They beat me with a stick until I fell down. All of my body was hurting me and my hand was wounded.”*

***Theme: Nowhere to turn for accountability or to report the crime***

Few women said they reported the rape they had suffered or the attacks on their village because, they said, the attacks were committed by the government itself. They declared that this fact left them without any options for reporting the crimes.

*“Where would I report this? It was the government who did this to us.”*

Women who did report the crimes were turned away. *“We told the police about what happened to us. They said, ‘We can’t do anything against the plane [that dropped bombs] or what the government is doing. The only thing you can do is go to Chad. There’s no place for you here.’”*



*Very sick patients are brought to the clinic on this ‘ambulance’. (Karen Hirschfeld)*

### ***Theme: Nowhere to Turn for Medical Care***

Women who were raped, beaten or injured during the attacks in Darfur often had no immediate access to medical care and were dependent upon the kindness of villagers or relatives to take them to care.

*“The Janjaweed beat us and said, ‘It’s you who gave birth to these wicked men.’ They beat us with wood and broke my hand. I spent that night in the bush. My daughter finally found us and brought me to [another village]. There [a local faith healer] used traditional treatment to splint my arm.” [Respondent was 70 years old]*

### ***Theme: High Risk of Rape When Leaving the Camp (Chad)***

The women consistently reported incidents of rape occurring when they went out of the camp in search of firewood. These rapes were often accompanied by violence, with women being attacked with knives, beaten and/or threatened with guns. They identified the rapists as Chadian soldiers and civilians. Consequently, women are terrified of leaving the camp for any reason.

*“Any pretty girls who leave the camp will be raped if getting grass for animals or firewood ... The perpetrators are in the desert. We don’t know them. Some have guns. Young girls [are raped], too. Some are pregnant. I don’t let my daughter out of the house.”*

*“I worry about leaving the camp to get wood. People hurt women when we leave to get wood—sometimes they are raped.”*

Women noted that though the rape was reported to the sheikha [camp authority], nothing was done and rapists were never caught. Some women were afraid to report the rape for fear their families would find out. The prevailing tendency not to report rape was based on the belief that nothing would or could be done. The women said that they preferred to suffer in silence, since the risk of reporting outweighed any possible potential benefit.

*“Three of us were outside of the camp. Some people—four men—from the village, raped us. My friend was raped by two men. I was raped by one man. We both got pregnant. I told the sheikha and my family what happened to me, but nothing ever happened. I don’t have enough food for my baby.”*



*Dr. Sondra Crosby conducts a psychological assessment. Interpreters are seated on either side of the respondent. (Dr. Lin Piwowarczyk)*



## **“EARLY IN THE MORNING, THE JANJAWEEED CAME...”**

*This is the story of an 18-year-old single Masaelit woman who has lived in the Farchana Camp for approximately five years; this is the first time she has told anyone her story.*

*Prior to Farchana, she lived in the village of Gokor, in Darfur. She lived with her mother and father and four brothers ... She would get up at 6AM to make tea and breakfast for the family, and then go to work on her family's farm ... She described being happy, and that both her physical health and mental health were very good.*

*“Early in the morning, on a Wednesday, the Janjaweed came into the village riding horses. Many men (wearing green Sudanese army uniforms) entered our house ... They shot my father with a gun right in front of us in our house and he died. We ran away.*

*“They (the Janjaweed) caught me and beat me. They used sticks and horsewhips ... They grabbed me and pulled my clothes.” She described that they ripped off her shirt. “They raped me, many men, one by one.” She could not quantify how many. “I was bleeding, I was sick for four days, all of my body was sick.”*

*She saw her mother beaten, three of her brothers beaten, and one brother was beaten and shot with a gun, but not killed, all by the Janjaweed soldiers. She reported that she saw more than 20 young girls being raped and more than 30 people killed (by gunshot).*

*“They burned our village (including her house) and took all of our animals.” She, her mother and four brothers went into the forest and stayed for four days.*

*She was “sick” with bleeding, vaginal pain, and bruises and swelling from the beatings, which were very painful. Her mother and brother were also injured, but there was no medicine for anyone. From the forest, they walked to Chad, which she thinks took about three days.*

*“No one to help”*

*They encountered Janjaweed soldiers along the way who stole their food, but did not attack or injure them. They arrived and stayed in the village of Wendelou for four months. There were no attacks while in Wendelou, but there was no food for them to eat and she reports they were always hungry. There was no place for her to seek medical care. An organization (she does not know which one) came to Wendelou and brought her, her mother, and brothers to Farchana.*

## **SUMMARY OF PHYSICIAN’S ASSESSMENT**

### **Physical Symptoms:**

*She reported vaginal bleeding for four days after the rape, then a vaginal discharge that persisted for about four months, daily pelvic pain, she described headaches daily, and “a pain in my heart every day.”*

### **Mental Health Symptoms:**

*Alert, appears younger than stated age. Affect is blunted and sad. She answered questions appropriately, was engaged in the interview, made good eye contact, and would frequently grab my arm or touch me while talking. She cried twice during the interview.*

*She sometimes thinks she would be better off dead, but has no active suicidal ideation and no suicide attempts. “I have sadness in my heart every day ... Nothing I can do in this camp brings me happiness”*

*Difficult to sleep: “Sometimes I am thinking and sometimes I dream about my father being shot.”*

*“Sometimes I have no appetite”*

*“I am worried I cannot get married because of what happened (the rape).”*

*She describes feeling afraid in the camp, and relates that girls will be beaten and raped by villagers if they leave the camp. She is frightened of the Chadian soldiers, who beat people and rape young girls. “I know three girls who were raped by soldiers”.*

*She is easily startled, especially when seeing soldiers, and hypervigilant during the night and day.*

*Her level of energy is markedly decreased, she reports that she is “too sick” to either go to school or work during the day, and that her symptoms prevent her from participating in normal activities.*

### **Impressions:**

*Chronic Pelvic Inflammatory Disease (PID) resulting from the sexual assault (gang rape) and high risk for HIV infection.*

*Major Depressive Disorder and some symptoms of post traumatic stress disorder (PTSD) resulting from traumatic experiences in Darfur, and ongoing stressors in the Farchana Camp. Her depressive symptoms started after she was gang raped and assaulted in Darfur, although the symptoms of PTSD are probably a result of a combination of experiences in Darfur and in the Farchana Camp.*

*She needs psychiatric treatment, including medication. She was counseled to ask the Sheikah to take her to mental health services.*



*These children have grown up in the camp. (Karen Hirschfeld)*

### ***Theme: Life in the Camp in Chad: Persistent Insecurity Breeds Fear***

Women reported a general uneasiness, insecurity, and unhappiness about life in the camp. They are terrified of going out of the camp to graze animals or collect wood for fear of being beaten or raped. Women said that they had also heard about many incidents of Chadian soldiers breaking into homes in the camp and raping women, a dark cloud which gives them a persistent feeling of insecurity within the camps.

*“I am afraid in the camp – girls will be beaten and raped if they leave the camp. I’m afraid of Chadian soldiers – I know three girls who were raped by soldiers.”*

*“Chadian soldiers come into our homes – they try to rape women. They came into my house but didn’t hurt me.”*

*“I have a neighbor, a woman who’s divorced. A man came into her home and raped her. People did nothing because he had a soldier outfit on. [But] he was not a soldier. He was a refugee. He was put in prison for two months. He’s left the camp. This was three months ago.”*

Women also reported that the local people did not make them feel comfortable.

*“The Chadian people don’t like us. They yell at us and tell us not to take their wood.”*

### ***Theme: Yearning to Return Home***

Their general expressed desire was to return to their villages in Darfur, supported by good memories and night-time dreams of the comfortable, secure routines of their past lives in Darfur before the attacks.

*“I have dreams about my husband [killed by the Janjaweed as he was praying] and my prior life [in Darfur].”*

*“Tell the world that life in the camp is not good. Tell them to bring us back to Darfur. If they can’t, they should bring us somewhere else. Wherever is better than here. Because the refugees are suffering – there’s not enough food, no money ...”*

### ***Theme: Stigma, Rejection and Physical Violence by Family as a Result of Rape***

Women reported that members of the community were generally willing to assist victims of rape by taking them to the doctor. However, women mentioned stigma, rejection and physical violence towards victims of rape from family mem-

bers, especially husbands. Permanent abandonment, divorce and the general fear that divorce might be “automatic” if the husband found out was a persistent threat for the women.

*“Discussing rape (is) a shameful thing.”*

*“My new husband doesn’t know that this happened to me.”*

*“After the man raped me, they (my family) would not eat with me. They treated me like a dog and I had to eat alone.”*

*“When I got back to my brother’s house I told him what had happened. My brother said to me, ‘If you stay in my house, I’m going to shoot you (to kill you).’ After that, I was afraid and I came to Farchana. My mother doesn’t speak to me.”*

A woman who had been raped outside the Farchana camp while pasturing her animals told her family about the incident. They became very angry with her; when they realized she was pregnant as a result of the rape, they kicked her out of the house. Her uncle followed her to the pasture one day and cut off all her hair.

Women who became pregnant after rape experienced more rejection and/or stigma from both community and family members; this was more common for women raped by Janjaweed than for women who were raped in the camp.

*“My husband knew it was a Janjaweed baby and insulted me sometimes about it. So my mother took the baby. But he wouldn’t leave me alone about it – he kept bothering me. Then he divorced me. I was five months pregnant.”*

### **Theme: Differential Use of Medical and Mental Health Services**

Although most women interviewed accessed health services, only a few sought out mental health and counseling services. There was a mixed reaction to the efficacy of services offered at the health clinic with some people saying their complaints were resolved and others saying that the intervention had not helped.

*“The medicine here is not good. They only have one kind of tablet for all problems – head, stomach, etc.”*

*“I have pain in my heart, and I have a headache because of the pain in my heart. They gave me medicine [for my headache]. I feel better.”*

Few women felt comfortable using the mental health services. Women said that they felt ashamed, and didn’t want to tell anyone about the rape.

*“I feel ashamed – I don’t want to tell anyone what happened to me.”*



*A girl carries water back to her tent. (Karen Hirschfeld)*



## Theme: Pressing Welfare Needs

The women in the Farchana Camp reported a constant lack of food. They said they were always hungry; that the diet was insufficiently diverse (no milk for themselves or their children, no meat, beans, millet, or vegetables); that the actual quantities of food supplied were insufficient and that rations were continuously being cut.

This theme overlapped with another consistent theme relating to the absence in the camp of ways to earn money (jobs) or opportunities for developing livelihoods. Women stated that they would like to attend literacy classes and be provided with employment opportunities and/or micro-credit so that they could provide for themselves and their children.

*“There’s a shortage of everything in the camp—sorghum, salt, sugar, flour. I can’t take care of the children. There’s no work here.”*

*“I’m not happy – there’s not enough food, no money to buy food. Not enough millet, rice, sugar, salt, beans or soap.”*

*“There’s not enough food. We don’t have enough money to buy what we need. My mother’s at the border now looking for a job. She’s been gone one month.”*

*“We only eat meat every two months.”*

## Summary of Medical Evaluations

As mentioned in the Methods section of this report, a number of medical evaluations were conducted in accordance with the Istanbul Protocol (IP) to assess the extent to which physical and psychological evidence corroborated accounts of rape. Drs. Crosby and Piwowarczyk, together, were randomly assigned 42 of the total 88 interviews. The doctors conducted a medical evaluation when the interviewee reported that she had been physically or sexually assaulted in Darfur or in Chad or when the doctors assessed that she was highly likely to have been sexually assaulted by the description provided and/or emotional presentation. The doctors completed 21 such evaluations (approximately one quarter of the total sample).

In each of the 21 cases, the IP-based medical evaluations demonstrated physical and/or psychological evidence that was highly consistent with women’s specific allegations of rape and other physical abuses. Physical evidence was limited to visual observations (such as obvious fractures and scars) due to field conditions and IRB restrictions. There was no case in which allegations were either unsupported or inconsistent with the physical and/or psychological evidence observed. These clinical evaluations indicate a very high level of reliability of allegations of rape and other physical assaults among the overall sample of 88 women in the PHR/HHI study.

Among the 21 IP evaluations, there were 15 cases (72%) of rape and 6 (28%) additional cases of physical assault without

rape (see Table 7). In Darfur, 18 of the 21 women identified Janjaweed militia as the perpetrators of physical and/or sexual assaults. In the remaining three cases, Sudanese soldiers, as well as the Janjaweed, were reported as the perpetrators of abuses in Darfur. Most attacks in Darfur occurred at night or in the early morning with homes and villages being raided. In some of the attacks, racial slurs were expressed. One half reported destruction of their property through burning, and two thirds spoke of property (food, animals, belongings) that was taken, often before a village was set on fire. Four of the women also reported being attacked by planes from above.

During these raids, families were also targeted. More than half (11/21, 52%) of the women reported that family members were shot and killed, often in front of them, and an equal number of women (11/21, 52%) reported physical assaults of family members. Perpetrators usually used pieces of wood to beat their victims - to such an extent that two women suffered broken arms. In addition, 17 of the women (81%) witnessed others murdered (some mass murders) and 4 women (19%) witnessed rapes.

**Table 7: Women’s Experiences of Sexual Assault and other Abuses in Darfur and Chad (N=21)**

Abuse	Total No. (%)
All rape cases in Darfur and Chad	15 (72%)
Reported rape in Darfur	5 (24%)
Reported rape in Chad	4 (19%)
Reported rape in Darfur and Chad	9 (43%)
Likely raped in Darfur	5 (24%)
Likely raped in Chad	1 (5%)
Likely raped in Darfur or Chad	6 (28%)
Physical assault in Darfur and Chad (excluding sexual assault)	6 (28%)
Family members shot and killed	11 (52%)
Family member assaulted in Chad or Darfur	11 (52%)
Witnessed others murdered	17 (81%)
Witnessed rape	4 (19%)
Bombing of village	4 (19%)

Among the 21 IP evaluations, 72% of the women reported being raped (5/21 or 24% in Darfur and 4/21 or 19% in Chad) or were very likely raped (5/21 or 24% in Darfur and 1/21 or 5% in Chad). See Table 7. All of the rapes in Darfur were reportedly perpetrated by Janjaweed militia. Fourteen (67%) of



the rape cases occurred in Darfur while 5 (24%) occurred in Chad, 3 by villagers and 1 by a Chadian soldier. Rapes were often perpetrated by two or more men. After the sexual assaults one woman experienced a traumatic fetal death, and two women became pregnant. One of the women had an arranged marriage after her rape.

These women experienced multiple acute and chronic physical symptoms and disabilities. Acute symptoms included pain, swelling, bleeding, bruising, lacerations, difficulty walking, and loss of consciousness. Those who were raped also reported vaginal bleeding, discharge, and pelvic pain. Some went on to develop scars which were consistent with allegations of injury or bony deformities from fractured bones that were documented through visual inspection by the clinical evaluators. Symptoms of chronic pain, hip pain, and chronic pelvic inflammatory disease were also documented. The IP evaluations also identified chronic non-specific body pain which manifested as headaches, irregular abdominal discomfort, and musculoskeletal aches as the common somatic symptom complex, a finding which the qualitative analysis also clearly identified. One rape respondent suffered from signs and symptoms of chronic pelvic inflammatory conditions. It was unlikely for the women to have an evaluation for sexually transmitted diseases or HIV and only a few women sought and received medical attention for any of their injuries from a doctor, clinic, hospital or traditional healer. Medical evaluation was recommended for ongoing symptoms in the majority of cases.

None of the women reported having psychological problems prior to the attacks on their villages. However, they often reported having significant sadness since that time as well as anxiety. Almost one quarter (5/21) reported suicidal ideation subsequent to the attacks on their village. Although none of the women reported being acutely suicidal, one third (7/21) described having current or recent passive suicidal thoughts (wishing they were dead), without any plan or intent.

Using western taxonomy, all of the 21 women experienced one or more of the following conditions, Major Depressive Disorder (MDD), Depressive Disorder Not Otherwise Specified (DD-NOS),<sup>59</sup> Post Traumatic Stress Disorder (PTSD), or some symptoms of PTSD (see Table 8). Fifteen of the 21 (71%) women interviewed demonstrated diagnostic criteria for MDD and 4 (19%) had DD-NOS. The diagnosis of MDD was noted in 6 (40%) of the 15 rape cases and 6 (40%) had DD-NOS. In addition, diagnostic criteria for PTSD were noted in 5 (24%) of the 21 women and in 3 (20%) of the 15 rape cases. Some symptoms of PTSD were noted in an additional 11 (52%) of the 21 women and 9 (60%) of the 15 rape cases.

**Table 8: Psychological Diagnoses and Symptoms along with Physical and/or Sexual Assault in Darfur and Chad**

Psychological Diagnosis or Symptoms	Sexual Assault Only (N=15) No. (%)	Physical or Sexual Assault (N=21) No. (%)
Major Depression	6 (40%)	15 (71%)
Depressive Disorder NOS	6 (40%)	4 (19%)
PTSD	3 (20%)	5 (24%)
Some symptoms of PTSD	9 (60%)	11 (52%)
Major Depression and Post Traumatic Stress Disorder	1 (7%)	3 (16%)
Major Depression with some symptoms of PTSD	4 (27%)	8 (38%)
Depressive Disorder NOS and PTSD	2 (13%)	2 (10%)
Depressive Disorder NOS and some symptoms of PTSD	4 (27%)	2 (10%)

In many cases, women experienced a combination of comorbid psychological symptoms and diagnoses (see Table 8). The overall prevalence of psychological symptoms and diagnoses and co-morbid states speak strongly for the need to address women's psychological health.

It was not uncommon for women to talk about feeling very sad, not being able to enjoy themselves, having "pain in their heart," or feeling that their "heart is uncomfortable," trouble sleeping, poor energy, being unable to experience pleasure. Women also commonly reported feelings of persistent hyper-vigilance and a state of being easily startled; routine sleep disturbances; generalized feelings of sadness and dysphoria; decreased energy and generalized feelings of weakness and anhedonia; and recurrent flashbacks of the attacks in Darfur and murdered relatives.

In many cases though the posttraumatic symptoms have decreased over the years, depressive symptoms remain. This may in part relate to the unresolved losses, homesickness, the ongoing hardships and threats in daily life, as well as food insecurity.

Many wished to go home. Notwithstanding their symptoms, they tried their best to care for their families. They spoke of food insecurity and fear of leaving the camp, and in some cases the lack of feeling safe in the camp.

<sup>59</sup> Disorder Not Otherwise Specified (DD-NOS) is designated by the Diagnostic and Statistical Manual of Mental Disorders as, "any depressive disorder that does not meet the criteria for a specific disorder."

In many cases, the experience of sexual assault appeared to be directly related to subsequent psychological symptoms because of the temporal relationship between the onset of symptoms and the alleged rape, and/or content-specific symptoms such as: nightmares of the assault or specific triggers of intrusive recollection, reliving experiences, avoidance reactions such as the sight of soldiers. It is impossible to attribute the exact cause of the women's psychological symptoms to sexual assault in the setting of multiple traumatic experiences and losses. Nonetheless, content-specific symptoms and observations of affective, emotional responses during the course of the interviews serve to corroborate individual allegations of sexual assault.

*"I am very, very, very sad every day. I become scared when I see soldiers around the camp. I cannot sleep because I am thinking all the time, and when I do, I have bad dreams about what happened in Darfur. (referring to sexual assault)"*

A woman raped by a villager in Farchana while collecting firewood stated:

*"I am very sad, especially when I am alone ... How can I feel happy? They raped me. They killed my family. They raped me here." She reported marked sleep disturbances and frequent nightmares about "what happened." She also experienced frequent exaggerated startle reactions and constant hypervigilance: "I always think someone is following me and wants to rape me. It is better to die."*

**"I WENT OUT TO GET WOOD AND I FOUND THREE MEN..."**

*The day the 18-year-old respondent arrived at the Farchana camp, "I went out to get wood and I found three men, and they had a camel and one had a gun. They asked me what I am doing here and I told them I am getting wood to cook."*

*They told her, "You don't need to take this wood from here." She reported the three men went on ahead and then one returned and forcibly raped her. He raped her multiple times over what she estimates was about one hour. He was wearing a Chadian Army uniform. She experienced bleeding and pain. She told her parents what happened, but not officials, because the man was wearing a Chadian army uniform and she was fearful.*

*The rape resulted in pregnancy, and she has a 10-month-old child as a result of the rape. Subsequently, her parents arranged a marriage to avoid stigma.*

## Assessment of IP Findings

Based on their knowledge and extensive experience investigating and documenting medico-legal evidence of torture, including sexual assault, the examining clinicians determined that in each of the 21 case of rape and/or physical assault that allegations of abuse were highly consistent with and supported by physical and psychological evidence documented in the IP evaluations.

The findings of these medical evaluations not only corroborate women's accounts of rape and other crimes against humanity that they have experienced in Darfur, but accounts of rape, and ongoing deprivations of basic needs in refugee camps in Chad. The physical and psychological consequences of such experiences are likely to have a marked, adverse impact on women's overall health and well-being, their family and social interaction, and potentially their capacity to work in the future if their time in Chad continues to be prolonged. In addition, the stigma of having been raped will likely have significant discriminatory effects for the women and their families and consequently exacerbate and prolong their psychological symptoms and disabilities in part because disclosure is so taboo. Medical and psychological care was recommended by the clinicians in the majority of cases, but addressing women's basic needs such as food security and personal safety are also critical factors in improving the women's current physical and mental health.

## Women respond to violence, oppression and stigma in the camp: The Farchana Manifesto

On June 5, 2008, seven women were rounded up in the Farchana Camp for public humiliation and torture: tied-up, whipped, and beaten with sticks of firewood. Their supposed "crime" was working outside of the camp to earn money for their families. The women were shamed as prostitutes and "fined"—forcibly deprived of goods, money, and food ration cards.

After the brutality, a group of eight Darfuri women gathered to give voice to their shared lament. They wrote a one-page document in Arabic, in hopes of shedding light on the plight of women refugees and opening a dialogue with the world. This document made its way from the Farchana Camp into the hands of Physicians for Human Rights (PHR). PHR has called it the Farchana Manifesto. The manifesto speaks of the challenges and fears faced by women refugees from Darfur. It is reprinted on the next page in its entirety.

Tuesday, June 10, 2008, The Farchana Camp

Subject of the Discussion: Freedom for Women in the Farchana Refugee Camp

“We, the women of Farchana Camp, have many concerns and problems with the lack of freedom and having the opportunity to speak about freedom.

We can assign these problems to a number of items, including the following:

1. Lack of opportunity for freedom of speech, and no one to listen to what women say.
2. Lack of freedom to go to work or engage in life’s activities. If a woman is working in some occupations, responsibility is left to the woman alone in all cases, such as: illness, home activities, and responsibility for the children. While the man does what he wants with money, the responsibility is left to the woman.
3. Lack of women’s equality. One man, if he has the notion, can have one wife or two or more wives.
4. Lack of freedom for women even with their own private property; for example: money, gold, household pots and pans, and livestock.
5. Women are not allowed to make contact with people outside the community. For example: visiting neighbors, family, and friends. And women are not allowed [illegible] to travel far, and if he allows her, he does not give her money, and he tells her, “This trip is of your own accord.”
6. Lack of acceptance of higher education and universities to enable women to get ahead.
7. Failure to encourage girls in the schools and leaving the responsibility to the mothers.
8. Failure of fathers to take responsibility for girls. If something happens, the mother is blamed, and they make her hear harsh words from the family, and sometimes divorce even takes place.
9. Outside chores, such as: [illegible], provisions, construction, and feeding livestock—that is, all physical demands—are the responsibility of the woman.
10. Failure to show confidence in women, such as leaving the house without the man’s knowledge and he tells her, “You went out to commit adultery.”
11. Failure to value the life of the woman. They only value her in bed. They like a lot of births, but they do not like raising sons and children.
12. Early marriage for girls and compulsory marriage without consent.





## The Organization of Humanitarian Assistance to Darfuris in Eastern Chad

In conducting this study, investigators traveled extensively throughout eastern Chad beginning in April, 2008, visiting six of the twelve refugee camps and met with UN and NGO officials as well as the refugees themselves. The refugee camps in Chad are ‘federalized,’ with different NGOs providing services in different camps. As the lead agency, UNHCR attempts to set minimum standards in health services and psycho-social services. However, based on investigators’ conversations with UN staff familiar with camp operations in Chad, there appears to be some difficulty in maintaining international standards relating to health and protection.<sup>60</sup>

Of the six camps PHR/HHI visited in April 2008,<sup>61</sup> all provided basic medical services, primary education, food and ‘non-food items’ (soap, jerry cans, kerosene, cleaning powder, firewood, etc.), sanitation services, psycho-social services and potable water. Many camps have vocational training services, women’s centers, and adult education/literacy programs. As of November 2008, UNHCR was planning radio-based secondary education

programs whereby they recorded lessons and broadcast them which students would listen to on solar-powered radios.

The provision of psycho-social services varies among camps. In some camps, international psychiatrists prescribe anti-depressants and anti-anxiety medications (but do not necessarily provide concurrent psychotherapy). In other camps, no psychotropic medications are available. Some camps provide a space where women can come and do sewing, basket weaving, and other handicrafts (not as income generation). These centers are said to provide a safe environment where women can feel comfortable to talk and support each other.<sup>62</sup> In other camps, literate refugees are trained in basic concepts of mental health (such as trauma, stress, loss and grieving) and post traumatic stress disorder (PTSD) and are hired as ‘mobilizers’. These ‘mobilizers’ work on the block level (camps are divided into blocks—a grouping of several dozen houses) to identify and refer individuals who are having problems to NGOs providing protection, legal or medical services. Some NGOs have sexual and gender based violence (SGBV) focal points (aid workers assigned responsibility for this topic) who refer victims of SGBV to available services. Finally, in other camps, refugees are trained in mental health concepts and refugees with problems are encouraged to go speak with them.

Several camps have “sensibilizations,” (a French term) or awareness raising sessions, on a block level on a variety of topics including stress, non-violent conflict resolution, SGBV (including destigmatization of rape), and domestic violence. Other camps educate the ‘chefs du bloc’ (block chiefs) on these

<sup>60</sup> This was explained to PHR/HHI investigators by UN personnel.

<sup>61</sup> During a three and a half week assessment trip in April, 2008, PHR/HHI investigators visited the following camps and met with camp leaders and NGO workers: Goz Amer, Koukou, Farchana, Gaga, Trejing, Breijing and Oure Cassoni.

<sup>62</sup> This was explained to PHR/HHI investigators by several NGO staff.



*Woman returning to the camp with firewood. (Dr. Lin Piwowarczyk)*



topics with the understanding that they, in turn, will educate the people in their blocks.

There are a variety of groups mandated to provide physical protection to refugee women in eastern Chad, including international (United Nations) peacekeepers, Chadian police and refugee patrols. The European Union force (EUFOR), mandated by UN Security Council Resolution 1778 (in September 2007) was deployed for one year—from March 2008–2009 and was comprised of 3,300 soldiers; nearly half of them French. EUFOR's mandate was to help protect civilians in danger, in particular, refugees and displaced persons; to facilitate the dispatch of humanitarian aid by improving safety in the operation zone; and to help protect UN staff and infrastructures.<sup>63</sup>

EUFOR was replaced in March 2009 by the UN Mission for the Central African Republic and Chad (MINURCAT), also established by UN Resolution 1778. MINURCAT is to number 300 police officers, 25 military liaison officers, 5,200 military personnel and an appropriate number of civilian personnel. Its mandate includes civilian protection; promoting human rights and the rule of law; and supporting regional peace.<sup>64</sup> (MINURCAT's full mandate is included as Appendix D). By the end of March, 2009, MINURCAT was only at 40 percent of its authorized strength of 5,200 and was not due to be at full strength until the end of 2009; it is due to withdraw in March 2010.

MINURCAT was also mandated to select, train and advise the *Détachement Intégré de Sécurité (DIS)*, a UN-trained Chadian force of police and gendarmes responsible for providing security inside refugee and internally displaced person (IDP) camps in eastern Chad.<sup>65</sup> Of the 850 officers trained for the DIS by MINURCAT, 530 have been deployed. The UN plans to review a request by the Chadian government to increase the total number of deployed DIS to 1,700.

In addition to these international forces, there are *comités de vigilance*, or groups of refugee men (and increasingly, women), which patrol some of the camps at night.<sup>66</sup> PHR/HHI investigators did not hear of any operational 'firewood patrols,' whereby police or soldiers accompany groups of women to gather firewood, an intervention that has been used in some IDP camps within Darfur.

63 France Diplomatie, "EUFOR/Chad Operation," January 15, 2009. Available at [http://www.diplomatie.gouv.fr/en/france-priorities\\_1/conflicts-and-crisis\\_1959/darfur\\_3538/eufor-chad-operation\\_6013/index.html](http://www.diplomatie.gouv.fr/en/france-priorities_1/conflicts-and-crisis_1959/darfur_3538/eufor-chad-operation_6013/index.html). Accessed April 16, 2009.

64 MINURCAT Mandate. Available at <http://minurcat.unmissions.org/Default.aspx?tabid=859>. Accessed April 29, 2009.

65 MINURCAT Press Release, "Launch of the Training of the *Détachement Intégré de Sécurité* in Chad," April 9, 2008. Available at [http://minurcat.unmissions.org/Portals/MINURCAT/Press%20Releases/PR%200009%20-%202008-04-09.%20Launch%20of%20the%20Training%20of%20Chadian%20Commanders%20\(EN\).pdf](http://minurcat.unmissions.org/Portals/MINURCAT/Press%20Releases/PR%200009%20-%202008-04-09.%20Launch%20of%20the%20Training%20of%20Chadian%20Commanders%20(EN).pdf). Accessed April 29, 2009. The release explains that the DIS will promote human rights and tackle impunity as follows: MINURCAT will also contribute to the mentoring and to the promotion and protection of human rights, and recommend action to the competent authorities, with a view to fighting impunity. In this regard, MINURCAT will assist the Governments of Chad and Central African Republic in the promotion of the rule of law, including the support for an independent and strengthened legal system.

66 Relayed to the field team by a civilian MINURCAT officer and an NGO official.

## DISCUSSION

### Patterns of Rape in Darfur

The respondents in this study described similar patterns of assaults on villages by the forces of the Government of Sudan and the Janjaweed. Their descriptions are consistent with those found in previous reports by human rights investigators and humanitarian aid workers,<sup>67</sup> in terms of timing (early morning), uniforms, modes of transport and weapons used. A significant consistency can be found as well in the stigmatizing language the assailants reportedly used; in the preferentially lethal actions directed at men and boys; and in the modes of rape inflicted on the women (individual and gang rape, and sometime beatings occurring before, after or during the rape). The team did not inquire directly about sex slavery, although several women, in recounting attacks on their villages, mentioned that women and girls had been abducted during these attacks; that some had not been seen to return; and that some of those who had been returned were rumored to have been used as sex slaves.<sup>68</sup>

Although NGOs acknowledge that rape and sexual assault of refugee women in camps is occurring, it is likely that the extent of the problem is substantially underreported. In its "Annual Report on Sexual and Gender Based Violence in Sudanese Refugee Camps, Eastern Chad 2007,"<sup>69</sup> UNHCR reported a total of 52 rapes (26 adults and 26 minors) in all twelve refugee camps, which, the organization noted, almost certainly represents significant underreporting. The report states that:

*"due to both the individual trauma and public stigmatization related to sexual violence, many (or most) survivors do not come forward. The data on reported SGBV incidents collected in the camps therefore only partly represent the extent of the risks and violence refugee women and children face in and outside the camps. Survivors are less likely to report on sexual violence they were subjected to if there were no witnesses (and therefore no risk of exposure and stigmatization). The statistical information (reported cases) of rape outside the camp is therefore probably an underestimation of the extent of violence they are subjected to when leaving the camps."*<sup>70</sup>

67 Reports from this period include: Amnesty International. Sudan: Darfur: Rape As A Weapon Of War: Sexual Violence and Its Consequences, July 18, 2004. Available at <http://www.amnesty.org/en/library/info/AFR54/076/2004/en>. Accessed April 20, 2009; Tara Gingerich, JD, MA and Jennifer Leaning, MD, SMH, The Use of Rape as a Weapon of War in the Conflict in Darfur, Sudan. Prepared for USAID, Harvard Program on Public Health, October 2004. Available at [http://pdf.usaid.gov/pdf\\_docs/PNADB249.pdf](http://pdf.usaid.gov/pdf_docs/PNADB249.pdf). Accessed April 15, 2009; Human Rights Watch. Darfur in Flames: Atrocities in Western Sudan, April 2004. Available at <http://www.hrw.org/reports/2004/sudan0404/sudan0404.pdf>. Accessed April 20, 2009.

68 *Id.*

69 Annual Report on Sexual and Gender Based Violence in Sudanese Refugee Camps, Eastern Chad 2007, United Nations High Commissioner for Refugees, December 2007.

70 *Id.* at 4.

The UNHCR report notes that there was only one case of unwanted pregnancy or abortion (the two are aggregated) in the Farchana Camp in 2007. This number most likely also represents a marked under-reporting of the real figure. In the PHR/HHI study, the fact that 11 confirmed rapes reportedly resulted in eight pregnancies seems higher than what has been stated in the scant published literature on pregnancy outcomes from rape. Much of what we understand to be the case is anecdotal.

It is possible that the women respondents attributed a pregnancy to a rape when a separate, intervening act of consensual intercourse may have been the cause. The pregnancy outcome from the nine confirmed rapes reported for Darfur (three pregnancies) seems more consistent with what is said to be the case in this region for this conflict: low rates of pregnancy from rape by one man, somewhat higher rates in the context of gang rape or sex slavery. Much more needs to be known and written on this question.

The study reported here finds that half of the rapes reported by this sample of women occurred after they had fled Darfur and arrived in the Chad refugee camps (some came directly to Farchana, some came via other camps first). The 15 rapes reported by the 88 women in the Farchana Camp, covering the years they have been

in Chad, cannot be directly compared to the 2007 UNHCR study, whereby 52 rapes were reported for all years in all 12 camps, since ascertainment methods were very different. (The UNHCR data refer to rapes that were reported to medical or camp authorities; the PHR/HHI data are for rapes that in general were not reported to authorities.) Yet the point made in the UNHCR study is precisely the one made here: it is very difficult to get Darfuri women to talk about rape. Issues of fear of reprisal and stigma in an insecure environment proved determining. Even in a study where reporting might be assumed to be more likely, skilled women clinicians spending days in one camp and listening carefully and sympathetically, still appeared to be high thresholds to overcome.

## Impact of Rape and Other Forms of Violence and Insecurity

Women in this sample reported that the ever-present threat of rape was a constant source of fear but it was augmented by an omnipresent sense of latent gender-based violence and abuse. Unaccompanied women felt at greatest risk in general, but certain necessary behaviors (foraging for firewood) placed all women in known jeopardy. The field team heard reports of women who had been physically or verbally abused by



*Women carry home firewood and water. (Dr. Kirsten Johnson)*

Chadian villagers and had themselves experienced instances of sexual intimidation in meetings with authorities and in moving just outside the camp.

What comes across most strongly in this study is that Darfuri women fled a war and yet have not found safety in Chad. They are compelled by the basic need of survival to obtain the fuel to cook food for their families, and in doing so, risk being raped and subsequently rejected and ostracized by their husbands and families. The war crimes of killings, destruction of livelihoods and forced expulsion from Darfur have also resulted in a state of perpetual vulnerability and need for the most basic elements of human survival. Darfur persists as a terrible memory but what most concerns the women interviewed in the Farchana Camp is the oppressive environment of insecurity they must endure on a daily basis.

The cumulative emotional experience of previous attacks is now combined with the impact of current insecurity and ongoing fear of new assaults. The researchers sensed women's lack of trust in camp leadership, a sense of being trapped in a place that is not safe, a fear of speaking out lest they risk retaliation. This heavy psychological burden shows up in the high levels of depression and anxiety expressed in interviews and may influence their described deterioration in general health and constrained use of other services.

## Failure to Institute Adequate Protection in Chad Refugee Camps

The results of this study indicate that the protection regime built by international, national, and local authorities still has many gaps and insufficiencies for women in the camps. Women are molested inside the camp as well as outside, so several sources of incursion and assault need to be examined and remedied. The women report that Chadian soldiers are among the assailants; they are allowed to come into the camp and evidently are insufficiently trained in their protection obligations. These violations are occurring under the presiding authority of the international NGOs and ultimately UNHCR.

The interview structure did not permit time to inquire in detail about possible security lapses, such as inadequacies in camp surveillance, issues with physical security presence, problems in training and supervision of militia, or shoddy screening and oversight of local camp authorities. What is incontrovertible is that these instances of attack and threat violate the Sphere cross-cutting protection standards:

*“assistance and protection are the two indivisible pillars of humanitarian action ... in the context of armed conflict, the paramount humanitarian concern is to protect people against (threats to people's well-being ... (Sphere) refers to protection aspects or rights issues – such as the prevention of sexual abuse and exploitation ...”<sup>71</sup>*

71 “The Sphere Project. Humanitarian Charter and Minimum Standards in Disaster Response, 2004” at 12. Available at <http://www.sphereproject.org/>

## Absence of Accountability Mechanisms

Women reacted with weariness to questions from the interviewers about whether and how they had told authorities about the attacks they had experienced. The common response was that there were no safe routes for reporting assaults; nor was there any investigative action taken in the few instances where a report had been given; nor did the women see any evidence of sanctions or punishments meted out against their alleged assailants. The frequently-expressed concern about safety in reporting mechanisms revolved around issues of confidentiality (would their own confidentiality be protected) as well as issues of reprisal. (As long as the alleged perpetrator was in or around the camp, the woman submitting the complaint felt that she had no certainty of protection from retaliatory action.)

The fact that there were no accountability mechanisms of any perceived efficacy reinforced the prevailing sense of marginalization and insecurity expressed by these women. Not only were they under constant threat, as they saw the situation, but no one seemed to care.

The impression garnered from these interviews was that the women felt their welfare needs were deeply unappreciated and even disregarded. It made perfect sense to them that when outside support was drying up (as with diminished rations) that they might be allowed to supplement their diet by doing the things they had always done back home and were very good at doing. Their overall effect of depression and inanition, as noted by the interviewers, might have something to do with being chronically underfed and malnourished.

## Psychosocial Concerns

The reported high prevalence of depression and striking deterioration in mental health since leaving Darfur speak to at least two major contributing factors: the terror and violence these women experienced in the attacks and flight from Darfur; and the ongoing insecurity and inadequacies in camp life in Chad. The fact that they accessed health services for physical complaints but not mental health services for, arguably, the more disabling symptoms of chronic depression and anhedonia (the absence of pleasure or the inability to experience it) betrays a general innate feeling of hopelessness in living under current camp conditions. It would appear that at least to some extent what the women describe as oppressive and empty about their current situation should and could be addressed by the responsible authorities. Certainly, as noted, it is completely unacceptable for these women to persist with such constant fear and anxiety about their own personal security. Additionally, however, measures could be taken to create a safe environment in which it would be possible for women to talk about their experiences more often and to generally engage in productive mental health support.

<http://www.sphereproject.org/content/view/97/65/lang.english/#A1>. Accessed April 26, 2009.



An underlying concern of these women is not only that they are trapped but that they are warehoused—without respect for their needs to feed their families and themselves in ways that they consider acceptable and without access to and support for engagement in productive activities, ranging from education to work or employment. This concern is what was conveyed to the interviewers; there are certainly responses to be gained from the authorities that might explain why particular issues are difficult to address or that might provide explanatory context, even facts to counter what was heard from these women. Yet such consistent testimony from 88 women presents a picture to the camp authorities and to the international community that demands at least a response, if not responsive action.

## Desire to Return to Darfur

Without a systematic poll of all refugees in Chad, it would be impossible to generalize about what they as a group seek for the future. Yet among these 88 women in the Farchana Camp, their desire to return to Darfur is unanimous and palpable. It is important to note that a desire to leave their current circumstances was a strong contributor to their expressed interest in returning. A push as well as a pull was at work. The women acknowledged that conditions in Darfur were still too unsafe and unstable. Yet certainly the fear and alienation they felt in Chad had not abated over their years in the camp; the data are not sufficient to state these negative feelings had increased from their time of arrival.

It is generally understood, however, that refugees from war become increasingly despondent and critical as their chances of return home seem to dim or at least keep moving to some distant point on the horizon. The feelings expressed by the women in this sample are without question influenced by the protracted and unsettled nature of the conflict in Darfur. A sign of hope is that the women definitely want to go home, rather than seek permanent resettlement in Chad or a third country of asylum.

## Study Strengths and Limitations

As in any research project, there were limitations to conducting the project as envisioned. The initial field assessment provided information that contributed to accommodations in the study design, particularly as it related to sampling concerns and sample size, based on assessments of the rudimentary physical infrastructure and the sensitive nature of the study topic. Further adjustments relating to access and sample size were introduced by the survey team, as they encountered increased physical insecurity in the field.

Nevertheless, PHR/HHI believe that the research provides valuable information about the violence experienced by these 88 women in the attacks on their villages in Darfur and about the very insecure situation they face in their refugee camp in Chad.

### *Study strengths*

**Generalizability:** Farchana is one of the oldest and presumably best established camps in Chad. If the issues identified in this study are present in Farchana, they are highly likely to pertain in other camps as well. It is also the case that stakeholder interviews with NGOs and others working in camps throughout the region raised similar concerns of insecurity and diminished resources. Perhaps equally significant, some NGOs evinced reluctance to talk about these matters.

The findings from this report should also be seen in the oft-described larger context from which they arise: an overstretched humanitarian community; the long duration of refugee stay; the ebbing flow of resources from the international community; and the ongoing degradation of the Chadian environment (making the search for firewood ever more difficult and wide-ranging). In this context, therefore, the findings from this study cohere and make sense.

**Validity and veracity of reports by these refugee women:** No studies exist, as determined, that provide such extended and in-depth exploration of the lives and trauma of such a large number of Darfuri refugee women in Chad; the careful and professionally grounded findings derived from women interviewed in real privacy by highly skilled clinicians. The fact that a number of them were willing to speak of their pervasive sense of insecurity within Chad and the sexual attacks they had experienced in the camp itself, underscores the level of confidence these clinicians were able to create in the interview sessions.

An independent and unexpected verification of the high level of gender-based insecurity present in the area was the experience of the interviewers themselves. As expatriate professional women, they had assumed that with sufficient attention to dress and deportment on their part they would be granted some measure of distance and respect by the camp authorities and Chadian militia. Such professional space, if not humanitarian neutrality, can still be granted in many conflict and refugee zones in the world. It was absent in Chad, where the team members felt threatened by the level of sexual innuendo and threat delivered by local Chadian civilian and military officials. This level was sufficiently intense that the team decided not to begin work in a near-by camp, which would have required traveling under the protection of local authorities who had persisted, despite complaints and reproof from the team members, in issuing menacing sexual overtures. (see sidebar, next page.)

### *Study Limitations*

**Sample is not representative.** Because of insecurity within and around the environs of each refugee camp and because of marked logistic difficulties, the study is based on a non-probability sample of 88 women in the Farchana Camp. This sampling method means that the results cannot be generalized to the Farchana Camp or to Darfuri women in other refugee camps. As a mixed method quantitative and qualitative study, however, a sample size of 88 is a relatively robust number for coming to conclusions about these particular 88 women.



**Communication barriers:** The use of interpreters necessarily affects the information conveyed to the investigator, as there are issues of interpretation, bias, understanding, and tone, with even the most skillful interpreters. In this survey, there were two layers of language interpretation introduced by the fact that the study team members spoke English (and some French) but no Arabic and the interpreters spoke Arabic and English but no Masalit, the predominant tribal language of the women. Consequently, if the responses of the women were given in Arabic, there was translation back into English for the study team members by the interpreters. If, as was often the case, the women spoke only Masalit (and little or no Arabic), then she chose a Masalit speaker from the camp who also spoke Arabic (usually a friend or one of the Sheikhas) to interpret the question from Arabic to Masalit and the response back from Masalit to Arabic. These layers of language interpretation may have impaired the overall conveyance of meaning. Further, the presence of someone else from

the camp, even a sheikha (who holds a position of authority in the camp and can be trusted with confidential information), may have kept some women from sharing information they might have otherwise told the interviewers.

**Outside interference:** NGO/UN fears of re-traumatization of respondents and stigmatization of rape victims necessitated widening the target population to any woman who wanted to participate. This diffusion meant that PHR was not able to concentrate solely on interviewing its target group – victims of sexual violence and rape – but had to interview a wider population.

**Long-term recall:** Most of the attacks that occurred in Darfur were between four and six years ago, which raises concerns about the accuracy of the respondent's recall of details. The consistency of reports received by the study team could be challenged as the result of shared conversations refugees had after they arrived in Chad. However, the events being re-

### ATMOSPHERE OF INTIMIDATION

*The PHR-HHI investigators experienced two very specific incidents of intimidation by Chadian authorities and felt a general lack of welcome from some of the NGOs. In the first case of intimidation, two members of the team and two interpreters drove to the Brejing/Treguine Camps to meet with the Sous-prefet (local administrator) there in an attempt to gain access to additional camps. He invited the investigators into his compound where there were a number of other Chadians – among them armed guards and gendarmes. He kept the investigators there for at least an hour, asking inappropriate personal questions, belittling them and speaking in Arabic to the others around him. The members of the team were seated so that their backs were literally to the wall, while the Sous-prefet, his armed guard and an armed gendarme sat between them and their vehicles. When asked to specify what the team was doing, the team leader described their interest in understanding the extent that sexual assault was occurring outside of the camps. The Sous-prefet became very defensive, stating, “It is my responsibility to protect these refugees, and I can tell you that there is no rape happening outside of the camps. Any sex that is happening is consensual.” He then spoke disparagingly of the refugees, accusing them of continually violating the ‘law’ that requires them to stay within two kilometers of the camp’s borders,<sup>1</sup> and he said that they were destroying the environment.*

*The conversation became increasingly more tense, and finally the PHR-HHI investigators stood up to leave. They were permitted to leave without incident. However, the team members felt very threatened by that incident and determined that it might not be safe to extend the study to other camps, which entailed driving nearly an hour each way over treacherous roads, notoriously plagued by banditry, given the overt and subtle messages delivered to them by the Chadian authorities. This interaction directly affected the survey methodology, as the team spent the entire investigation exclusively at the Farchana Camp rather than traveling to other camps.*

*The following day brought another uncomfortable encounter with a Chadian official. A mid-level official from the Chadian Refugee Agency (CNAR)<sup>2</sup> entered the guesthouse where the team was staying on a Sunday afternoon<sup>3</sup> and asked to see the PHR-HHI team leader. He was visibly intoxicated and stood in the doorway of the leader’s residence speaking loudly in French and, with menacing gestures, accused her of willfully not registering the interpreters.<sup>4</sup> He claimed that he had never been treated so disrespectfully and threatened to deny the PHR-HHI access to the camp. He finally left of his own accord, but it left team members shaken. He had come unannounced on a day off, drunk, to their residence. It was also worrisome that UNHCR guards had allowed him to enter the residential section of the compound without first seeking the approval of the person he was coming to visit.*

*The team was concerned that these expressed attitudes of Chadian officials reflected a profound disregard for the safety and dignity of the people they were charged to protect.*

1 The existence of such a ‘law’ was disputed by UNHCR protection officers who said that Darfuri refugees were entitled to travel anywhere within a *Sous-prefecture* and, if they crossed that boundary, they then required a *laissez-passez*.

2 The group that controls access into the camps.

3 As Sunday is the NGO staff’s day off, they do not go to the camps. The PHR-HHI team did not travel to the camps on Sundays.

4 PHR-HHI had not registered their interpreters with CNAR as their ‘fixer,’ a Sudanese refugee himself, tasked with finding accommodations, arranging access to the camps, etc., has been working in this capacity for several years and said that he has never had to register Chadian citizens with CNAR.

called are such traumatizing encounters (being raped, watching family members be killed, etc.), that it is unlikely that women would forget the significant details.

**Logistical difficulties:** The security situation and poor infrastructure make operating in eastern Chad extremely difficult. There are few places to stay that are sufficiently secure for international team members, restricting the number of destinations sites where lodging would be available for the team of ten (4 researchers, 4 interpreters, 1 driver and 1 fixer/driver). Restrictions on lodging imposed restrictions on survey areas. Roads in Chad are notoriously insecure,<sup>72</sup> especially for long distance travel, and the team was not permitted to use humanitarian air services. Because of these issues, the team was unable to access camps in the north or south, as originally intended.

**NGO reluctance to see human rights groups in the camps:** In several cases, NGOs tried to obstruct the team's access to the camps. One NGO requested that the team not visit the two camps where it was the operational authority.

**Security constraints:** All of eastern Chad is at "UN Security Level 4," the highest security level before evacuation. The past year has seen a dramatic increase in the numbers of car jackings and ambushes of NGO vehicles in eastern Chad, and the UN does not travel on roads between Abeché and the camps in the east without armed escort.<sup>73</sup> The team attempted to travel with this escort but after waiting three hours for it, the escort truck drove so quickly over the dirt track that the four-wheel drive cars were unable to keep up. Without a reliable escort, the team decided that it was not safe to travel the one hour each way from the Farchana Camp to the Treguine Camp.

**Limited space for interviews:** All of the structures in the camps were built by NGOs for their own use, so it was difficult to find a suitable place to conduct interviews. Ultimately, the team settled on a semi-public place—the periphery of a distribution center which was surrounded by a chain-link fence. The investigators, interpreters and respondents could be seen by passersby, but at such a distance that the identity of the respondent was not apparent.

## Frameworks for Prevention of Sexual Violence and for Protection in Chad

PHR has addressed elsewhere the legal responsibility of the Government of Sudan and its officials, including those under the Genocide Convention, for the systemic rapes and violence perpetrated by its forces and the Janjaweed against Darfuri

women in Darfur.<sup>74</sup> Regrettably, after arriving in Chad, many women who survived and escaped the violence in Darfur have only been met with more rape and sexual violence. Darfuri survivors of rape and other sexual violence have little to no legal recourse in either Chad or Sudan.<sup>75</sup>

As the lead UN agency in Chad overseeing the relief effort to the Darfur refugees, UNHCR has a vital role to play in caring for and protecting refugees in the camps. However, neither UNHCR nor other UN agencies has the personnel or resources in Chad necessary to guarantee the security and protection of the refugees, either in camps or going to and from them. Ultimately, the Government of Chad is primarily responsible for providing rule of law for its own citizens and the refugees it hosts. Under the 1951 Refugee Convention—to which Chad has acceded—refugees must be afforded all legal recourse available to Chad's own citizens.<sup>76</sup> This includes protecting the Darfuri refugees from violence and criminal conduct where possible, and investigating and prosecuting offenses committed against the refugees when protection is not possible.

The Government of Chad, however – with a weak judicial system and lack of capacity to adequately try or imprison criminals – is falling far short of its responsibilities in these respects. And while Chad must commit to fulfilling its responsibilities to its own citizens and its refugee populations, including the Darfuri refugees, the UN and other members of the international community must recognize that Chad, a poor country with limited legal capacity, requires substantial and urgent assistance in rule of law reform and development in order for the government to meet its international and national legal obligations. In particular, providing access to justice and protection for Darfuri refugees in eastern Chad requires the support of international actors.

### *The International Legal Framework*

Chad has international treaty-based legal obligations to protect women from sexual and gender based violence. Chad acceded to the International Covenant on Civil and Political Rights (ICCPR) on June 9, 1995,<sup>77</sup> and several of the Covenant's pro-

74 Physicians for Human Rights. Darfur – Assault on Survival: A Call for Security, Justice and Restitution. January 2006, see Chapters IV and V. Available at <http://physiciansforhumanrights.org/library/report-sudan-2006.html>. Accessed April 15, 2009.

75 For a detailed discussion of problems with Sudanese laws affecting survivors of rape in Darfur – which is outside the scope of this report – see Adrienne Fricke and Amira Khair, *Laws without Justice: an Assessment of Sudanese Laws Affecting Survivors of Rape, Refugees International*, June 2007. Available at <http://www.refugeesinternational.org/sites/default/files/Lawsoutjustice.pdf>. Accessed May 11, 2009. For ongoing initiatives to reform the rape laws in Sudan, see Redress and Kchred. *Time for Change; Reforming Sudan's Legislation on Rape and Sexual Violence*, November 2008. Available at [http://www.redress.org/country\\_sudan.html](http://www.redress.org/country_sudan.html). Accessed May 11, 2009.

76 Chad is party to the 1951 Convention Relating to the Status of Refugees, 189 U.N.T.S. 150, entered into force April 22, 1954 ("Refugee Convention") without reservation. Available at <http://www1.umn.edu/humanrts/instreet/v1crs.htm>. Accessed May 11, 2009. Article 16 of the Convention requires that refugees "shall enjoy in the Contracting State in which he has his habitual residence the same treatment as a national in matters pertaining to access to the Courts, including legal assistance . . ."

77 International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force Mar. 23, 1976. Available at <http://www1.umn.edu/humanrts/instreet/b3ccpr.htm>. On June 9, 1995, Chad also acceded to the

72 "UN Delegation Visits Refugee Camp in Eastern Chad," San Francisco Chronicle, June 7, 2008. "Aimee Ansari, an Oxfam U.K. spokeswoman, said there had been a rise in insecurity and banditry in eastern Chad since February, when rebels attacked the Chadian capital. 'That's really affecting our ability to operate. We have to be very careful. We have to travel in convoys and be careful where we go,' she said, speaking on behalf of non-governmental organizations." Available at <http://www.sfgate.com/cgi-bin/article.cgi?f=/n/a/2008/06/04/international/i222910D56.DTL&type=politics>. Accessed May 11, 2009.

73 These escorts are Chadian gendarmes.

visions relate directly to the rights of women. Article 3 requires signatories to “undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights” contained in the Covenant. Article 4 further provides that the right to gender equity regarding the enjoyment of these rights is non-derogable even in times of emergency.<sup>78</sup> The list of rights protected by the ICCPR includes “equal and effective protection against discrimination on any ground,” including sex, and requires the law to prohibit any such discrimination.<sup>79</sup>

Also important is Chad’s ratification of the African Charter, which protects the rights of women.<sup>80</sup> In that regard, Article 18(3) provides that “the State shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions.”

On June 9, 1995, Chad acceded to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)<sup>81</sup> without any reservations. CEDAW imposes an obligation on member states to establish the legal protection of women’s rights through competent tribunals, as well as to ensure that neither public authorities nor private institutions discriminate against women; and to take measures to modify or abolish all civil or penal laws that constitute discrimination against women.<sup>82</sup>

Under the 1951 Refugee Convention, refugees must be given all legal recourse extended to Chadian citizens.<sup>83</sup> Unfortunately, as described below, the lack of enforcement of the rule of law and an independent and functioning judiciary hamper any benefits that may in theory be extended to refugees under Chadian law.

First Optional Protocol to the International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 59, U.N. Doc. A/6316 (1966), 999U.N.T.S. 302, entered into force March 23, 1976. Available at <http://www1.umn.edu/humanrts/instree/b4ccprp1.htm>. Accessed May 11, 2009.

78 Id., ICCPR, Art. 4.

79 Id., ICCPR, Art. 26.

80 African [Banjul] Charter on Human and Peoples’ Rights, adopted June 27, 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force Oct. 21, 1986. Chad signed the African Charter on May 29, 1986, and ratified it on October 9, 1986. Available at <http://www1.umn.edu/humanrts/instree/z1afchar.htm>. Accessed May 11, 2009.

81 Convention on the Elimination of All Forms of Discrimination against Women, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, entered into force Sept. 3, 1981. Available at <http://www1.umn.edu/humanrts/instree/e1cedaw.htm>. Accessed May 11, 2009.

82 Id., CEDAW, Art. 2.

83 United States Committee for Refugees and Immigrants, World Refugee Survey 2008 – Chad, 19 June 2008. Available at <http://www.unhcr.org/refworld/docid/485f50c98a.html>. Accessed 5 April 2009. Chad is party to the 1951 Convention relating to the Status of Refugees without reservation, as well as the 1969 Convention governing Specific Aspects of Refugee Problems in Africa. Article 16 of the 1951 Convention provides in relevant part that: “A refugee shall enjoy in the Contracting State in which he has his habitual residence the same treatment as a national in matters pertaining to access to the courts.” The 1996 Chadian Constitution provides for asylum and forbids the extradition of “political refugees.” Chad signed a Memorandum of Understanding with UNHCR, reiterating the Government’s commitment to protecting asylum seekers against refoulement.

## ***Chad’s National Legal Framework: Deficient Laws and Institutions***

The Preamble to the Chadian Constitution states that it incorporates the Universal Declaration of Human Rights, the UN Charter and the African Charter on Human and People’s Rights.<sup>84</sup> Chad’s Penal Code governs punishment for rape and gross indecency.<sup>85</sup> In that regard, Article 275 provides that those found guilty of rape shall be punished with a period of hard labor.<sup>86</sup> Where the victim is under thirteen years of age, or where the crime is committed with “the help of one or more persons,” or by a relative, the sentence is hard labor for life.<sup>87</sup> Where a rapist knows that he is HIV-positive, the sentence is life imprisonment.<sup>88</sup> Chadian law criminalizing rape and sexual violence suffers from serious deficiencies. The code neither provides a definition of what constitutes rape nor does it explain the criteria for consent.

Chad has other laws that appear to provide protection to women from violence; however activists report that necessary implementing decrees (*décrets d’application*) have not been promulgated.<sup>89</sup> According to a recent article, “*Chad has laws on the books [that could benefit women], including those on reproductive health, but the implementing decrees were never published.*”<sup>90</sup>

Compounding the challenge of applying Chadian law in rural areas like eastern Chad is the fact that traditional tribal courts, applying customary law, often hold sway in these

84 See Constitution of Chad. Available in French at [http://www.icrc.org/ihl-nat.nsf/162d151af444ded44125673e00508141/f53b3f1871db6abcc125707b004c77e8/\\$FILE/Constitution%20-%20Chad%20-%20FR.pdf](http://www.icrc.org/ihl-nat.nsf/162d151af444ded44125673e00508141/f53b3f1871db6abcc125707b004c77e8/$FILE/Constitution%20-%20Chad%20-%20FR.pdf). Accessed May 11, 2009.

85 Ordonnance N°12-PR-MJ du 2 juin 1967 portant promulgation d’un code pénal (Penal Code of Chad), on file with PHR.

86 Penal Code of Chad, Titre VI, “Des attentats aux mœurs et atteintes à la morale publique,” Art. 275: “Le coupable de viol, sera puni des travaux forcés à temps.”

87 Penal Code of Chad, Article 276 reads: “Lorsque le viol aura été commis sur la personne d’un enfant au-dessous de l’âge de treize ans ou avec l’aide d’une ou de plusieurs personnes ou par un ascendant de la victime, la peine sera celle des travaux forcés à perpétuité.”

88 Article 59, HIV/AIDS Law No. 019-PR-2007, November 15, 2007.

Available at <http://www.cefod.org/spip.php?article1826>. Accessed May 11, 2009.

89 Implementing decrees (“*Décrets d’application*”) are administrative decrees that specify how a law will be enforced. As one Chadian legal commentator explains: “Most of the laws adopted by the legislature and promulgated by the President of the Republic contain articles referring to decrees that clarify how they should be implemented....The following formula is often found at the end of the article in question: “The mode of enforcement of the present article will be specified by a decree...” The term for this type of regulatory text is an implementing decree.” (“La plupart des lois adoptées par le législateur et promulguées par le président de la République comportent des dispositions renvoyant à des décrets qui précisent les modalités d’application....L’on retrouve la formule suivante à la fin de l’article concerné : « les modalités d’application du présent article seront précisées par un décret ... ». Le décret d’application est le terme usuel pour désigner ce type de texte réglementaire.”)(author’s translation), Banhouel Mékondo Frédéric, Que valent les lois sans leurs décrets d’application? T&C n°268, August 8, 2008, Centre d’Etude et de Formation pour le Développement (CEFOD). Available at <http://www.cefod.org/spip.php?article1881>. Accessed May 11, 2009.

90 “Chad: Fighting violence against women – but how?” IRIN News Report, April 3, 2009. Available at <http://www.irinnews.org/Report.aspx?ReportId=83790>. Accessed May 11, 2009.



areas.<sup>91</sup> In addition to the potential evidentiary and procedural defects in these proceedings, the ability to enjoy meaningful redress by women who are members of ethnicities other than that of the presiding tribal chief may be limited.<sup>92</sup>

Beyond these issues, there are serious structural problems with Chad's justice system. The main judicial officers in the formal system are magistrates, individuals who are supposed to have law degrees who may serve as both judges and prosecutors.<sup>93</sup> Although there are technical requirements for entering the judiciary, international and Chadian observers indicate magistrates are often political appointees without adequate training or even the requisite degrees.<sup>94</sup> In addition, the salaries of magistrates and other court officials are extremely low, making it hard to attract qualified candidates and providing an incentive for corruption. There is a documented shortage of such judicial officers, and international observers have noted that when the country becomes more insecure, threats, assaults, and even murders of judicial officials also rise,<sup>95</sup> making these positions even harder to fill. In addition, the judicial police responsible for enforcing judgments are said to often require bribes in order to carry out court decisions.<sup>96</sup> As a result, the Chadian judiciary is widely reported to be ineffective, weak, and to suffer from a profound lack of public trust.

91 International Commission of Jurists (ICJ). Chad - Attacks on Justice, Eleventh Edition, August 27, 2002, at 71. Available at: <http://www.icj.org/IMG/pdf/chad.pdf>. Accessed May 11, 2009.

92 One member of civil society noted that outsiders are extremely vulnerable in tribal courts: "Traditional chiefs are the ones who impede justice, because they render judgments based on their local customs. Non-locals are often oppressed when conflicts with locals arise." ("Ce sont les chefs traditionnels qui entravent la justice à cause des jugements qu'ils rendent sur la base de leurs coutumes locales. Les allogènes sont souvent opprimés lorsque survient un conflit avec les autochtones.") (author's translation). Madame Foulda Abdoulaye of l'Association jeunesse anti-clivage (AJAC), as quoted in Ralanger N'Diekhor Daniel, "Le Tchad Cherche une Bonne Justice," in N'djamena Bi-Hebdo, l'Institut Panos Paris, n° 640, January 12, 2003. Available at <http://www.panosparis.org/fichierProdFR/fichierProd1236.doc>. Accessed May 11, 2009.

93 The role of the magistrate is divided into the "magistrat du siège," who sits as a judge and renders judicial opinions, and the "magistrat du parquet," who represents the State's interests as a prosecutor, and may travel to different courts. When there is a shortage of judicial officials, "a magistrat can be both the sitting judge and the prosecutor in the same case, which poses a major problem for fair trial and due process." International Commission of Jurists (ICJ), Chad - Attacks on Justice 2005, July 11 2008 at 3. Available at: <http://www.unhcr.org/refworld/docid/48a928120.html>. Accessed April 24, 2009. For an analysis of the role of the High Council of the Judiciary (Le Conseil Supérieur de la Magistrature) and the regulations governing the judiciary, see "Le statut particulier des magistrats et le régime de la magistrature au Tchad," Juriscope, 1997. Available at <http://www.juriscope.org/publications/etudes/pdf-magistrats/OK-TCH.pdf>. Accessed May 11, 2009. For a discussion of the structure of the national court system and the 1998 law reorganizing the judiciary, Law N°004/PR/98 of 28 May 1998, see United Nations, REPUBLIC OF CHAD, Public Administration Country Profile, Division for Public Administration and Development Management (DPADM)/Department of Economic and Social Affairs (DESA), November 2004, at 7-9. Available at <http://unpan1.un.org/intradoc/groups/public/documents/un/unpan023258.pdf>. Accessed May 11, 2009.

94 Maître Djékodjimgogo Mbañadjiel Constant, "Chronique judiciaire et juridique: La corruption menace la Justice tchadienne," T&C n°253 January 2007, CEFOD. Available at <http://www.cefod.org/spip.php?article858>. Accessed May 11, 2009. See also Attacks on Justice 2005, supra.

95 Chad - Attacks on Justice-2005, supra. See discussion of specific attacks against members of the judiciary, pages 6-8. ("Growing insecurity in the country also affects judicial actors who are regularly threatened, assaulted or killed.")

96 *Id.*, at 2-3.

During its assessment mission in April 2008, PHR learned of an initiative to bring mobile courts, known in French as Audiences Foraines, to eastern Chad. However, PHR was told that the mobile courts could not function in the east during periods of insecurity, and that there were few, if any, enforcement mechanisms for implementing their decisions.

In addition to the two recognized legal systems of customary courts and national courts, a third, informal system of conflict resolution with no right of appeal is widely used, given the mistrust of the formal judicial regime.<sup>97</sup> A report on the Chadian judiciary by the International Commission of Jurists articulated the concern that "there are increasing signs that a parallel justice system, operating outside of the ordinary system or customary traditional tribal courts, is being implemented by the police, including the judicial police, and traditional leaders, especially outside the capital."<sup>98</sup> Because rural areas, (like the eastern part of the country where the vast majority of Darfuri refugees are located), have especially limited access to well-functioning judicial institutions, these informal mechanisms are more likely to be used there.

## Protecting Female Refugees in Chad: the roles of UNHCR and the Government of Chad

The severity and scope of sexual violence affecting Darfuri women and girls in Chad demand immediate attention. As will be discussed below, the need for improved protection, prevention and prosecution poses serious challenges to those responsible for addressing them: the UN agencies and the Chadian Government.<sup>99</sup>

97 *Id.* at 8. ("Lack of clarity about the applicable law, given that the customary law used to supplement written law has not been written down, together with the lack of public trust in the judiciary, has led to the emergence of a parallel justice system...in which there is no right of appeal.")

98 *Id.* at 3.

99 While protection and prevention of rape and other sexual violence are often the focus of SGBV field services, PHR/HHI believes prosecution is key to achieving justice for those survivors of rape in Chad. This is true whether the crime occurred during the conflict in Darfur, in the course of displacement, or while in Chad. In the long-term, PHR and HHI are convinced that justice for victims is critical to ensure post-conflict peace and security in Darfur. For the victims of rape and sexual violence, successful prosecutions not only acknowledge that rape is a crime, but they enable them and their families to see the perpetrators punished. Failure to prosecute the crimes of widespread rape in Darfur successfully may give license to would-be perpetrators of such crimes in Sudan and in other conflict settings. Prosecuting sexual violence that occurred in Darfur under the Rome Statute presents major challenges in terms of investigation. The ad hoc criminal tribunals for Yugoslavia and Rwanda (the ICTY and the ICTR, respectively) both had difficulty collecting evidence in a safe and effective manner. The International Criminal Court, like the ICTY and the ICTR, has faced great obstacles gathering evidence of the perpetration of rape as a weapon of war. These obstacles have included limited access to the affected populations, difficulty building trust with the survivors, and ensuring the security and confidentiality of investigations. Regardless of the challenges, based on its long experience documenting sexual violence by speaking with survivors, PHR/HHI believes it vital for the ICC Prosecutor to continue to investigate and pursue allegations of rape and other sexual violence.

## A. The Role of UNHCR

The United Nations High Commissioner for Refugees (UNHCR) is primarily responsible for the well-being of refugees in Chad, and largely occupies the field of direct service provision to refugees from Darfur through its administration of camps and through its operational and implementing partners.<sup>100</sup>

The Office of UNHCR was established by UN General Assembly Resolution 428(v) on December 14, 1950.<sup>101</sup> The Resolution specified that the work of the High Commissioner is to be “humanitarian and social and of an entirely non-political character.” The Statute of UNHCR, which was adopted as an annex to the General Assembly Resolution, provides that UNHCR:

*shall assume the function of providing international protection, under the auspices of the United Nations, to refugees who fall within the scope of the present Statute and of seeking permanent solutions for the problem of refugees by assisting Governments and, subject to the approval of the Governments concerned, private organizations to facilitate the voluntary repatriation of such refugees, or their assimilation within new national communities.*<sup>102</sup>

Under Article 8(b) of the Statute, the High Commissioner is required to provide for such protection of refugees by, among other things, “promoting through special agreements with Governments the execution of any measures calculated to improve the situation of refugees and to reduce the number requiring protection.”

UNHCR’s role is also governed by the 1951 Refugee Convention,<sup>103</sup> which reconfirms that it is “charged with the task of supervising international conventions providing for the protection of refugees” and emphasizes that “effective co-ordination of measures taken to deal with this problem will depend upon the co-operation of States with the High Commissioner.”<sup>104</sup>

UNHCR conceives of the protection of refugees in the following terms:

100 UNHCR, Chad 2008 Country Overview. Available at <http://www.unhcr.org/cgi-bin/texis/vtx/home/openssl.pdf?tbl=SUBSITES&id=486b94102>. Accessed May 11, 2009.

101 UN General Assembly Resolution 428(v). Resolution available at <http://www.unhcr.org/excom/EXCOM/3ae69ee64.html>. Accessed April 22, 2009.

102 *Id.*

103 Convention relating to the Status of Refugees, 189 U.N.T.S. 150, entered into force April 22, 1954 (“Refugee Convention”). Available at <http://www1.umn.edu/humanrts/instr/v1crs.htm>. Accessed May 11, 2009. Chad acceded to the Convention and the Protocol Relating to the Status of Refugees, 606 U.N.T.S. 267, entered into force Oct. 4, 1967 (“1967 Protocol”) on August 19, 1981. The Refugee Convention was created to deal with the problem of refugees in Europe after World War Two, and was limited to refugees displaced prior to 1951. The 1967 Protocol Relating to the Status of Refugees broadened the definition of a refugee to include all geographical locations and individuals displaced after January 1, 1951. Protocol Relating to the Status of Refugees, 606 U.N.T.S. 267, entered into force Oct. 4, 1967. Available at <http://www1.umn.edu/humanrts/instr/v2prsr.htm>. Accessed May 11, 2009.

104 *Id.* at Preamble to the Refugee Convention.

*The international protection of refugees begins with securing their admission to a country of asylum, the grant of asylum and respect for their fundamental human rights, including the right not to be forcibly returned to a country where their safety or survival are threatened (the principle of non-refoulement). It ends only with the attainment of a durable solution. International protection can be defined as “all actions aimed at ensuring the equal access to and enjoyment of the rights of women, men, girls and boys of concern to UNHCR, in accordance with the relevant bodies of law (including international humanitarian, human rights and refugee law.”*<sup>105</sup>

UNHCR has further expressed the view that international protection includes, among other things:

- Ensuring, with and through national authorities, the safety and well-being of refugees in countries of asylum;
- Ensuring the needs of refugee children, refugee women and refugee men are met, including in particular the special needs of victims of violence, women who are single heads of household, elderly refugees, and child refugees who have been forcibly recruited as child soldiers and/or separated from their families; and
- Promoting, with governments and with other United Nations and international bodies, measures to remove the causes of refugee flight so as to establish conditions that permit refugees to return safely to their homes.<sup>106</sup>

UNHCR Statute contemplates an advisory body the opinions of which are intended to guide UNHCR’s operations.<sup>107</sup> This body is constituted as the Executive Committee (“ExCom”) and consists of representatives of states appointed by the ECOSOC that have “a demonstrated interest in and devotion to the solution of the refugee problem.”<sup>108</sup> The ExCom has made clear that it considers protection of women and girls from sexual and gender based violence to be of vital importance to UNHCR’s mandate. For instance, in 2003, it called upon UNHCR and its partners to “ensure that appropriate systems to prevent and respond to sexual and gender-based violence, including sexual abuse and exploitation, are in place, ensuring the needs of women and children, as well those of vulnerable persons, are addressed at all times.”<sup>109</sup> It further recommended that “measures to combat sexual abuse and exploitation of refugees and

105 UNHCR, Self-Study Module 1: An Introduction to International Protection. Protecting Persons of Concern to UNHCR, Aug 1, 2005. Avail at <http://www.unhcr.org/refworld/docid/4214cb4f2.html>. Acc Mar 27, 2009.

106 *Id.*

107 Article 4 of UNHCR Statute states: “The Economic and Social Council may decide, after hearing the views of the High Commissioner on the subject, to establish an advisory committee on refugees, which shall consist of representatives of States Members and States non-members of the United Nations, to be selected by the Council on the basis of their demonstrated interest in and devotion to the solution of the refugee problem.” Available at <http://www.unhcr.org/cgi-bin/texis/vtx/excom/openssl.htm?tbl=EXCOM&id=3ae69ee64>. Accessed April 22, 2009.

108 *Id.*

109 UN High Commissioner for Refugees, Office of the United Nations High Commissioner for Refugees, Thematic Compilation of Executive Committee Conclusions (“Thematic Compilation”), No. 98 (LIV) – 2003 – Protection from Sexual Abuse and Exploitation, 3rd edition, August 2008 at 371. Available at <http://www.unhcr.org/publ/PUBL/3d4ab3ff2.pdf>. Accessed April 22, 2009.

asylum-seekers be guided by the importance” of, among other things:

- Ensuring the prompt investigation of allegations of sexual abuse and exploitation;
- Ensuring that actions undertaken on behalf of refugees and asylum-seekers, including women, children and vulnerable persons, enhance their meaningful participation in decision-making processes; that they are provided with sufficient information to form their opinions, and channels for communicating their concerns to humanitarian agencies, and are provided with full information about refugee protection and available assistance;
- Ensuring that camp governance is conducted in an equitable manner that empowers women, children and vulnerable groups and that the physical layout of camps is designed in such a way as to make such individuals less vulnerable to sexual abuse and exploitation;
- Ensuring that easily accessible and confidential complaint and redress mechanisms are in place for victims of sexual abuse and exploitation, and that they appropriately apply sanctions to perpetrators and ensure that such mechanisms respect due process rights of the accused, and safeguard the security and rights of the victim or witnesses; and
- Ensuring the existence of adequate remedial measures in order to appropriately care for victims of sexual abuse and exploitation.

Similarly, in 2004, the ExCom emphasized the importance of the “particular protection needs of refugee women” including “protection from sexual and gender-based violence.”<sup>110</sup>

In addition, UNHCR’s internal guidelines and manuals reflect the central importance of protecting women and girl refugees from sexual violence. For example, UNHCR has published *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, which are “intended to be used by the staff of UNHCR, UN agencies, inter-governmental and non-governmental organisations and host government agencies which provide protection and assistance to refugees and persons of concern to UNHCR.”<sup>111</sup> According to this report, “the Guiding Principles that should underpin all programme activities” include the need to:

- Engage the refugee community fully; ensure equal participation by women and men, girls and boys in planning, implementing, monitoring and evaluating programmes; ensure co-ordinated, multi-sectoral action by all actors; strive to integrate and mainstream actions; and ensure accountability at all levels.

It further states that the “Guiding Principles that should underpin all actions with individual” include:

- Ensuring the physical safety of the victim(s)/survivor(s); guarantee confidentiality; and respecting the wishes, the rights, and the dignity of the victim(s)/survivor(s), and considering the best interests of the child, when making any decision on the most appropriate course of action to prevent or respond to an incident of sexual and gender-based violence.

Despite these abundantly elaborated policy obligations, however, the findings from this study indicate that regardless of UNHCR’s current programming, the protection needs of refugees in Chad are not being met.

### ***B. Ineffective Action by the Government of Chad to Protect Women and Girl Refugees***

While UNHCR plays an important role in preventing sexual violence from occurring, and for supplying services for survivors of rape, ultimately the Government of Chad is responsible for providing safety and access to justice for them, as well as for its own citizens. The Chadian government has, with the assistance of the UN, begun to take a more prominent role in attempting to provide protection to women and girls living in refugee camps. In 2004, Chad entered into a Memorandum of Understanding (MOU) with UNHCR that guaranteed a national police presence in refugee camps in the southern and eastern parts of the country.<sup>112</sup>

Under the reported terms of the MOU, UNHCR, through the National Refugee Authority (CNAR), financed approximately 18 Chadian gendarmes per camp.<sup>113</sup> On September 25, 2007, the UN Security Council passed Resolution 1778, establishing a UN Mission in the Central African Republic (CAR) and Chad<sup>114</sup> (“MINURCAT”) that assigned to MINURCAT responsibility for providing “logistical and financial support” to a Chadian police force that would specialize in humanitarian protection. Under the terms of the Security Council Resolution, MINURCAT’s mandate expressly includes contributing “to the monitoring and to the promotion and protection of human rights, with particular attention to sexual and gender-based violence, and to recommend action to the competent authorities, with a view to fighting impunity.”<sup>115</sup>

112 UNHCR’s division of responsibilities with Chad as regards the welfare of refugees is set forth in multiple MOUs. It is important to recognize that MOUs, unlike treaties, as a general matter are not “legally binding,” although they may set forth obligations of a political nature. The authors of this report were not able to obtain copies of the MOUs signed by UNHCR and Chad outlining their respective commitments.

113 United States Committee for Refugees and Immigrants (USCRI). World Refugee Survey 2006—Chad, 2006. Available at <http://www.refugees.org/countryreports.aspx?id=1988>. Accessed April 22, 2009 .

114 The French spelling of “Chad” is Tchad.

115 Security Council Resolution 1778, Article 2(e), S/RES/1778 (2007). Available at <http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/CAR%20SRES1778.pdf>. Accessed April 22, 2009.

110 Id. at No. 100 (LV) – 2004 (d) at 61. Available at <http://www.unhcr.org/refworld/docid/48b6c62f2.html>. Accessed April 22, 2009. See also, e.g., ExCom Conclusion No. 105 (LVII) – 2006 – Women and Girls at Risk at 312.

111 UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, May, 2003, at 4. Available at <http://www.unhcr.org/refworld/pdfid/3edcd0661.pdf>. Accessed April 22, 2009.



On August 14, 2008, the UN entered into an MOU with Chad regarding policing of the refugee and IDP camps,<sup>116</sup> giving effect to Security Council Resolution 1778. Shortly thereafter, Chadian President Idriss Déby signed a decree formally establishing the Détachement Intégré de Sécurité (DIS), the humanitarian police force contemplated by the Security Council resolution.<sup>117</sup> Although it is hoped that this new force, bolstered by MINURCAT, will increase protections for refugees in eastern Chad, the low numbers of the force and the magnitude of the security vacuum mean that it is unlikely to effect an immediate or significant change in the lives of women and girls.<sup>118</sup>

As discussed above, the legal system in Chad is deficient and functionally prevents access to justice for survivors of rape, despite its numerous national and international legal obligations to protect the rights of women and prevent impunity.

<sup>116</sup> The MOU was signed on August 14, 2008. Report of the Secretary-General on the United Nations Mission in the Central African Republic and Chad, S/2008/601, September 12, 2008. Available at <http://minurcat.unmissions.org/Portals/MINURCAT/SG%20Report%2012%20September%202008.pdf>. Accessed April 22, 2009.

<sup>117</sup> On October 16, 2008, the UN Secretary General reported that Déby issued a second decree appointing the Commander and Deputy Commanders of the DIS. Report of the Secretary-General on the United Nations Mission in the Central African Republic and Chad, December 4, 2008 (S/2008/760). Available at <http://minurcat.unmissions.org/Portals/MINURCAT/SG%20Report%204%20December%202008.pdf>. Accessed April 22, 2009.

<sup>118</sup> See Appendix E for a discussion of MINURCAT's rule of law initiative.

In addition to the legal and infrastructural problems for pursuing justice for survivors of rape, the very forces meant to protect refugees sometimes pose additional threats of sexual violence. There are documented reports of rape of refugee women from Darfur, including by Chadian Army soldiers.<sup>119</sup> Crimes com-

<sup>119</sup> Amnesty International. No protection from rape and violence for displaced women and girls in eastern Chad, AFR 20/008/2007, July 27, 2007. Available at <http://www.amnestyusa.org/document.php?id=ENGAFR200082007&lang=e>. Accessed April 29, 2009. "Women and girls are being assaulted and raped by members of militias, armed groups and even by Chadian government soldiers." See also United States Department of State, 2008 Country Reports on Human Rights Practices - Chad, February 25, 2009 at 19. Available at: <http://www.unhcr.org/refworld/docid/49a8f19ca1.html>, Accessed April 23, 2009. ("Women were raped in and near refugee camps, including by ANT soldiers."). The general problems of excessive force, torture and rape by the Chadian military were addressed in a National Commission of Inquiry into the events of January 28-February 8, 2008: "The Commission concludes that soldiers serving in the Chadian military were responsible for 24 cases of rape and attempted rape in two neighborhoods of N'Djaména." National Commission of Inquiry report, at 39-41, documenting acts of rape and attempted rape in the neighbourhoods of Chagoua and Pont Belilé, cited in Amnesty International. Double Misfortune: Deepening Human Rights Crisis in Chad, December 18, 2008 at fn 93. Available at <http://www.amnesty.org/en/library/asset/AFR20/007/2008/en/7060dfb4-bd46-11dd-857f-c5541b902dd7/af200072008en.pdf>. Accessed April 29, 2009. Soldiers have free access to the refugee camps and can intimidate even the humanitarian aid workers. During PHR's research mission-HHI's investigation, a large contingent of soldiers were present near and in the Farchana camp, and the team witnessed several truckloads of armed soldiers within the camp. The soldiers commandeered the medical facility for military use.



*Women wait for water. (Karen Hirschfeld, PHR)*

mitted by members of the military are supposed to be tried in military court; however, as of February 2009, such courts had not been established.<sup>120</sup> Regrettably, local Chadian authorities and refugee camp leaders themselves are sometimes part of the problem. Prevailing Chadian cultural beliefs condone violence against women, according to local women's rights activists.<sup>121</sup> Moreover, some Chadian officials who are responsible for protection of refugees deny that sexual violence is a problem. Members of PHR's team were told by one such local Chadian official,

*"It is our responsibility to protect these refugees, and I can tell you that there is no rape happening here—it's all consensual."*

In the absence of a functioning legal regime, refugee camp leaders have been known to impose draconian extra-judicial measures on women accused of sexual impropriety, as witnessed by the public beating of women accused of prostitution that led to the Farchana Manifesto.<sup>122</sup>

## The Way Ahead

The severity and scope of sexual violence affecting Darfuri women and girls in Chad demand immediate attention. Although the current situation in Chad presents serious challenges to both the Government of Chad and the UN agencies deployed in Chad to support the Darfuri refugee operation, these challenges must be met.

While protection from and prevention of rape and other sexual violence are properly the focus of SGBV field services, PHR and HHI believe that criminal prosecution also is key to achieving justice for those survivors of rape in Chad. This is true whether the crime occurred during the conflict in Darfur, in the course of displacement, or while in Chad. In the long-term, PHR and HHI are convinced that justice for victims is critical to ensure post-conflict peace and security in Darfur. For the victims of rape and sexual violence, successful prosecutions not only acknowledge that rape is a terrible crime, but they

enable victims and their families to see the perpetrators punished. Failure to prosecute the crimes of systemic rape in Darfur and further widespread rapes in Chad may give license to would-be perpetrators of such crimes not only in Chad and Sudan but in other conflict settings as well.<sup>123</sup>

<sup>123</sup> Prosecuting sexual violence that occurred in Darfur under the Rome Statute presents major challenges in terms of investigation. The ad hoc criminal tribunals for Yugoslavia and Rwanda (the ICTY and the ICTR, respectively) both had difficulty collecting evidence in a safe and effective manner. The International Criminal Court, like the ICTY and the ICTR, has faced great obstacles gathering evidence of the perpetration of rape as a weapon of war. These obstacles have included limited access to the affected populations, and difficulty building trust with the survivors, and challenges to ensuring the security and confidentiality of investigations. Regardless of the challenges, based on its long experience documenting sexual violence by speaking with survivors, PHR-HHI believes it vital for the Prosecutor to continue to investigate and pursue allegations of rape and other sexual violence.

<sup>120</sup> United States Department of State. 2008 Country Reports on Human Rights Practices - Chad, February 25, 2009. Available at <http://www.unhcr.org/refworld/docid/49a8f19ca1.html>. Accessed April 23, 2009

<sup>121</sup> "Chad: Fighting Violence Against Women – but How?" IRIN News Report, April 3, 2009. Available at <http://www.irinnews.org/Report.aspx?ReportId=83790>. Accessed April 23, 2009. "Women are at the bottom of the [social] ladder and are seen as property," said Delphine Kemneloum Djiraibe, national coordinator of the Monitoring Committee to Call for Peace and National Reconciliation in Chad. "People can do whatever they want to a woman."

<sup>122</sup> See PHR's website, <http://darfuriwomen.org>. Team members were told that the camp leader responsible for organizing the beatings of the women felt he was beyond the reach of law enforcement, a belief reinforced by the fact he was released multiple times after being detained for presiding over similar kinds of abusive behavior.



*Woman leaving distribution center. (Karen Hirschfeld)*

# RECOMMENDATIONS

The PHR/HHI study of the women interviewed in Farchana identified three major areas in which important measures could be taken to improve the lives of the women affected by sexual violence and displacement

1. Prevention and Protection;
2. Justice and Accountability; and
3. Support to Survivors.

Above all, the refugees should be allowed to return home in safety and peace.

**Prevention and Protection** includes holding the Chad government and MINURCAT accountable for protecting women in and around the camps and adopting expanded risk-reduction measures such as alternatives to collecting firewood. Ending impunity for sexual violence both in Sudan and Chad is also essential for long-term prevention. In Chad, this will necessitate robust support from the international community to train law enforcement officers and reform police systems.

**Justice and Accountability** are essential to redress the severity of these crimes and to end the cycle of impunity surrounding mass rape in war. A critical element of such justice is to return the survivors, as much as possible, to the “status quo ante.” Three key actions required for comprehensive justice are to: return the refugees safely to their villages; provide appropriate compensation for them to regain their livelihoods, their communities and their dignity; and prosecute those responsible for crimes against them. Thus, PHR and HHI recommend that relevant departments of the International Criminal Court take appropriate action to ensure that prosecutions for crimes committed in Darfur lead not only to criminal convictions of the guilty, but to reparations for the survivors. In addition, the international community must assist Chad in strengthening its legal system so that the perpetrators of crimes in Chad are held accountable.

**Support to Survivors** includes the provision of accessible and culturally appropriate mental health assistance to women and the elimination of discrimination against these victims. It is critical to ensure that the psycho-social services available in the camps are actually utilized. Because PHR/HHI found that food subsidies and cultivation directly impact the health and well-being of the women we interviewed, we recommend that the refugees be provided with better rations and that opportunities be explored to allow women to farm and graze animals safely.

## Prevention And Protection

### *To the UN Security Council:*

In order to utilize available international resources more effectively and to promote the security of Darfuri refugees in eastern Chad:

- Ensure that MINURCAT cooperates with the competent Chadian authorities to support the disarming, arrest and detention of criminals and assist in their prosecution.
- More directly support rule of law reform in Chad, by independently monitoring, investigating and reporting on human rights abuses committed in eastern Chad.
- Ensure MINURCAT has all necessary troops and equipment to fulfill its mandate.

### *To the UN Agencies in Chad:*

Ninety percent of the sexual assaults in Chad reported in this study occurred outside the camp when women were gathering firewood. To minimize risk of sexual assault:

- MINURCAT or the Détachement Intégré de Sécurité (DIS) should be assigned the mission of conducting firewood patrols with the women in the refugee camps in Chad. These soldiers should be trained in human rights and gender relations, and the forces conducting the patrols should consult with the women on a regular basis about the appropriate timing of patrols and other issues of importance to the women.
- Firewood, or adequate fuel substitutes, should be provided regularly so women are not compelled to leave the camp to address a basic humanitarian need. Women should be included in fuel policy reforms to ensure their success. These may include expanded and more effective provision of solar-powered or fuel-efficient stoves and training on their use.

## Justice And Accountability

### *To the International Community:*

The International Community must support the International Criminal Court’s efforts to bring perpetrators of international crimes, including sexual violence in Darfur, to justice. Parties to the Rome Statute should meet their international legal obligations by carrying out arrest warrants, offering continued material and financial support, and providing information that will assist the court in its work.

Donor governments should contribute generously to the ICC Trust Fund for Victims, which was established to provide support to victims in the form of reparations and material support such as rehabilitation. The fund to date contains a paltry total of under \$2 million.

The International Community must commit substantial additional resources to provide badly needed technical expertise and support to the Government of Chad so that it may improve access to justice by:

- Providing human rights and gender training to actors in both the formal and informal justice system.
- Supporting and strengthening legal services outside of the capital city, N’djamená, including in remote areas



with refugee, displaced and local populations; and supporting development of the court system in these areas, including mobile courts (audiences foraines).

- Supporting revision of Chad’s Criminal Code and the Code of Criminal Procedure so they reflect Chad’s international legal obligations, particularly with respect to women and children.

### ***To the International Criminal Court***

To bring justice to the victims of systemic rape and sexual violence in Darfur, it is critical that the Office of the Prosecutor (OTP) vigorously pursue the charges of rape and other sexual violence pending in each of the cases before the International Criminal Court. Recognizing the specific challenges of prosecuting rape as a war crime, PHR recommends the following:

- The OTP should develop, staff, and resource an action plan designed to address the challenges of locating victims and witnesses in Chad and other conflict areas to ensure that the Court is provided an accurate and comprehensive understanding of the scale and impact of these crimes. The court should make use expert witnesses who can testify to the use of rape as a weapon of war in Darfur as well as the long-term harms caused by these crimes..
- The Court should make use of, to the greatest extent possible, its authority under Article 75 of the Rome Statute to order “reparations to, or in respect of, victims, including restitution, compensation and rehabilitation.” In seeking these reparations, it should consider the long-term health impact of rape on women refugees and other forms of SGBV perpetrated in Darfur.
- The Registry should continue to make use of relationships with partner organizations, intermediaries and victim communities, and carry out affirmative outreach strategies about the Court, including the right of victims to participate in proceedings, and to seek an order for reparation, should an accused be convicted by the Court. The Registry should also provide proactive assistance to ensure that victims are able to fill in application forms to participate in the proceedings if they wish to do so, and to ensure completeness of such applications.

### ***To the Government of Chad:***

Victims of rape and other forms of sexual violence in Chad will continue to be denied justice until the Chadian legal system is significantly reformed. To this end, the Government of Chad should:

- Issue implementing decrees for all relevant laws concerning rape and other sexual and gender-based violence; the protection of women; and reproductive health.
- Amend the existing rape law to conform to international standards through adoption of the definitions of rape and consent contained in the ICC Elements of Crimes.
- Enact additional legislation and implementing decrees, where applicable, to implement Chad’s international legal obligations with respect to the rights of women.
- Enlarge and accelerate the deployment to eastern Chad of the Détachement Intégré de Sécurité (DIS), the Chadian

humanitarian police force created under Security Council Resolution 1778 and trained by MINURCAT.

- Invest in broad improvements to the national judicial system.
- Improve the access of both Chadian citizens and Darfuri refugees to formal justice mechanisms in eastern Chad.
- Provide adequate training to officials and law enforcement officers in eastern Chad on enforcing laws that impact the health and well-being of women.
- Create effective accountability mechanisms for the military and police.

## **Support To Survivors**

### ***To the UN Agencies in Chad and the Humanitarian Assistance Community:***

Protection, food security and livelihoods are daily concerns for the women interviewed in this study. Underlying these basic needs are chronic physical and mental health trauma which affect these women’s ability to care for themselves and their families and to be productive members of society. In this context, we recommend that:

- The World Food Programme (WFP) design and conduct a coordinated initiative with its implementing and local partners to increase quantity and quality of rations;



*The wall in the area where interviews were conducted provided privacy when the parties were seated. (Dr. Sondra Crosby)*



*Tents in the living area of compound. (Michael Wadleigh)*

- UNHCR, the WFP and the NGO community design and implement new livelihood programs that:
  - Explore opportunities that would enable women to raise food and animals safely (as much of this must be done outside of the camp environs), which in turn would allow them to re-establish their traditional roles while providing a culturally appropriate diet for themselves and their families;
  - Initiate and sustain literacy classes for women and education for girls;
  - Provide support for camp health services and women's access to those services through targeted primary and reproductive health programs that provide confidential HIV and STD testing and treatment; and
  - Work with camp leadership and refugee women to create an exclusive and effective forum for women to voice their concerns to the UN and NGOs.
  - The NGO community should probe and overcome the factors contributing to the underutilization of existing mental health services and rape survivor groups as in-

dicated by this study, including why there is a perception among some survivors that these services are of little or no benefit; and address potential fears of stigmatization, abandonment, or other forms of retaliation that may make victims reluctant to use these services;

- The UN should ensure coordination among all UN agencies in designing and implementing a referral system among UNDP, UNHCR, UNICEF and UNFPA on sexual and gender-based violence, to enhance a comprehensive approach to providing psycho-social, medical and legal services in eastern Chad and throughout the region.

### ***To the International Criminal Court***

- The ICC Trust Fund for Victims should immediately make use of its powers to solicit and use resources for programs providing physical or psychological rehabilitation or material support to benefit victims and their families, including meeting the needs of Darfuri survivors of sexual violence.

## **Appendix A: PHR / HHI Methods – Background**

### ***Pre-deployment Preparation***

The team spent nearly one year developing the methodology; arranging logistics on the ground; communicating with UN officials in Chad; working with psychologists, legal experts and Sudan experts to develop a questionnaire; developing a security protocol; and training the team members in interviewing techniques, field security, document management and the use of the communications equipment. Three members of the team traveled to Philadelphia to speak with Darfuri women in the Diaspora about Darfuri culture and elicit their feedback about the proposed methodology and survey instrument.

Prior to deployment, PHR investigators received intensive training in interviewing techniques, particularly with traumatized patients and the importance of avoiding re-traumatization, document management and field security.

### ***Field Assessment – April 2008***

In April 2008, PHR/HHI sent an assessment team to eastern Chad to evaluate the feasibility of the contemplated research study, focusing particularly on vetting its proposed methodology and evaluating whether the study could be conducted in a manner that protected the security of both the investigators and the interviewees. To accomplish these objectives, the team presented the goals and methodology of the study to UN representatives in N'djamena and Abéché and to their protection and community services officers in local field offices. The team also held in-depth discussions with a broad range of operational and implementing partners, including those organizations that provide psychosocial and health care services to survivors of rape. In addition, the team met with male and female camp leaders (sheikhs and sheikhas, respectively) to explain the purpose and methodology of the study, in order to ascertain the level of interest in the study among the refugee population and their willingness to speak with PHR/HHI's physicians about difficult matters such as sexual violence. In addition to meetings with international and NGO administrative officers in N'djamena and Abeche, the assessment team visited six refugee camps in eastern Chad: Goz Amer, Djabal, Oure Cassoni, Farchana, Brejing, and Gaga.<sup>1</sup>

The assessment team found a significant willingness among many refugees – both male and female – to speak with the PHR/HHI team about sexual violence and its repercussions, despite the long-entrenched cultural norms that proscribe public discussion of these issues. Based on the feedback the PHR/HHI team received during its assessment mission from UNHCR, its partners, and the refugees themselves, the team refined its strategies and methodologies, and modified its plans to operate more effectively within the onerous logistical constraints of eastern Chad.

### ***Field Investigation – November 2008***

The team leader and logistician traveled to Chad in late October, 2008, several days prior to the deployment of the medical team, to lay the groundwork for the fieldwork. They met with staff from various UN agencies to explain the project, and specifically present PHR/HHI's plans for protection of respondents. Humanitarian staff explained that a number of factors - including the recent visit to the camps of representatives of the International Criminal Court, the massing of Chadian soldiers in eastern Chad responding to the build-up of Chadian rebels across the border and the arrival of gender advisors for both MINURCAT<sup>2</sup> and EUFOR<sup>3</sup> who also wanted to interview victims of rape – made PHR/HHI's proposed project increasingly politically sensitive. PHR made modifications to the questionnaire to reflect these sensitivities.

Investigators met with members of the Task Force on Sexual and Gender Based Violence (SGBV), a group made up of representatives from different UN agencies present in Chad which has been established to ensure that programs related to SGBV are complementary and non-duplicative, as well as to oversee and regulate projects such as that proposed by PHR/HHI. Members of the Task Force expressed concerns that rape victims might be further stigmatized if they were seen to be the only ones coming to meet with the researchers. They requested that PHR/HHI not target a specific population (rape survivors). PHR/HHI modified the sampling methodology accordingly to allow for interviews with any woman who wanted to speak with investigators.

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<sup>1</sup> The team was unable to visit Mile, Kounoungo and Touloum camps due to UNHCR's logistical and security concerns relating to a large influx of newly arrived refugees from Darfur.

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<sup>2</sup> The UN's police training force for Chad and the Central African Republic.

<sup>3</sup> The European Union force deployed to protect refugees and aid workers.



## Appendix B: A Snapshot of the Current Aid Operation in Darfur, Sudan

Since the expulsion of 13 international aid agencies and the dissolution of three Sudanese NGOs in March of 2009, the UN estimates the numbers without access to lifesaving assistance as follows:

<b>NUMBERS AT A GLANCE</b> <sup>Table Footnote</sup>		<b>SOURCE</b>
Total Affected Population in Darfur	4.7 million	OCHA(1) – March 2009
Internally Displaced Persons (IDPs) in Darfur	2.7 million	OCHA – March 2009
Population with Reduced Access to Health Care due to Expulsions	1.5 million	OCHA – March 2009
Population with Reduced Access Adequate Water, Sanitation, and Hygiene Services due to Expulsions	1.16 million	UNICEF (2) - March 2009
Population with Reduced Access to Food Aid due to Expulsions	1.1 million	OCHA – March 2009

Table Footnote: United States Agency for International Development. Sudan: NGO Expulsions Fact Sheet #04 (FY 2009), April 2, 2009. Available at <http://www.reliefweb.int/rw/rwb.nsf/db900SID/MUMA-7QR2EC?OpenDocument>. Accessed April 5, 2009. “Sudanese, Rebels Sign Peace Plan for Darfur,” Washington Post, May 6, 2006. Available at <http://www.washingtonpost.com/wp-dyn/content/article/2006/05/05/AR2006050500305.html>. Accessed April 30, 2009.

More than 100 camps for IDPs in Darfur are meant to provide basic services including food, shelter, potable water, sanitation, health care and primary education (some camps also provide additional programs, such as psycho-social counseling, women’s centers, literacy programming, and vocational training.). The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) is the lead agency coordinating humanitarian services in Sudan and for IDPs in Chad, while the United Nations High Commissioner for Refugees (UNHCR) is the lead agency in Chad.

The relief effort in Darfur has been greatly hindered by insecurity. In the first nine months of 2008, 225 humanitarian vehicles had been hijacked or stolen during the year, 32 convoys attacked, 144 humanitarian compounds broken into, and 11 humanitarian workers killed—all constraining the provision of vital services.<sup>4</sup> Despite signing the peace agreement in 2006<sup>5</sup> with one of the major Darfur rebel factions (Minni Minawi’s arm of the Sudanese Liberation Army); Sudan’s Armed Forces have continued to bombard villages and camps for the internally displaced in Darfur.<sup>6</sup>

4 “Sudanese, Rebels Sign Peace Plan for Darfur,” Washington Post, May 6, 2006. Available at <http://www.washingtonpost.com/wp-dyn/content/article/2006/05/05/AR2006050500305.html>. Accessed April 30, 2009.

5 The Darfur Peace Agreement was violated by both sides shortly after it was signed, and has been roundly deemed a failure. The Enough Project, Sudan: Opportunity in the Midst of Crisis, September 23, 2008. <http://www.enoughproject.org/publications/sudan-opportunity-midst-crisis>. Accessed April 8, 2009. There is currently no viable peace agreement or peace process underway between the Sudanese Government and the Darfuri rebels, which weakens the argument by critics of the International Criminal Court’s investigation in Darfur who claim that justice will come at the expense of peace.

6 “UN Reports of Fighting, Bombing in Darfur,” CNN, November 18, 2009. Available at <http://edition.cnn.com/2008/WORLD/africa/11/19/un.darfur.ceasefire/index.html>. Accessed April 30, 2009.



*A dwelling in the camp. (Karen Hirschfeld, PHR)*

## Appendix C: Rape in Darfur: A Weapon of War

After Médecins Sans Frontiers reported in 2005 that its staff had treated 500 survivors cases of rape in less than four months<sup>7</sup>, the former UN Undersecretary for Humanitarian Affairs, Jan Egeland, stated his belief that that number was “only a fraction of the total victims,” and that the problem was compounded by Sudan’s failure to acknowledge the scale of the problem and to act to stop it. “In Darfur,” Mr. Egeland said, “rape is systematically used as a weapon of war.”<sup>8</sup>

Refugee women from Darfur – from different geographic regions and different ethnic groups – describe similar patterns of attacks on their villagers. When the Janjaweed entered villages, the attackers would split into groups with different tasks. Some shot men, others set fire to homes, others rounded up livestock and still others raped women. This seeming chaos was in fact well-organized. The Janjaweed often raped women in front of their children or families,<sup>9</sup> likely to humiliate the men who were unable to protect their wives, sisters and daughters from the armed attackers. Darfuri women report that rape victims are considered by their families and the communities to have brought great shame upon their families. Mass rape frays the tightly woven fabric of a community. The crimes instilled fear in the general population during the attacks and as word of the assaults spread to other villages.<sup>10</sup>

Some women reported that the Janjaweed yelled racial slurs, announcing their intention to exterminate the non-Arabs of Darfur as well as their intent to take their land and their intent to make the women give birth to Arab children. Women from different ethnic groups and different parts of Darfur note that the Janjaweed taunted them calling them “Slaves” or “Nuba,” “We will kill all of the slaves!” “This is not your land – it is ours!” and “We will make you have Arab children!”<sup>11</sup>

Frequently, rapes were accompanied by violent beatings, which left women with physical injuries. Some women were branded by their attackers, leaving a permanent physical reminder. Still others became pregnant and were forced to bear

the child of their attacker, which left both woman and the child open to stigma and discrimination.<sup>12</sup>

For a variety of reasons, it is impossible to know the full extent of the rape that occurred in Darfur. Following an attack, most villagers fled into the desert where there was no access to initial treatment. And when women did congregate in IDP camps in Darfur or in refugee camps in Chad, these rapes often went unreported, at least in part because in this community, rape victims are often seen to bring shame upon their families; most women did not report sexual assault.<sup>13</sup> Anecdotal reports of rape victims and women who observed rape occurring during the attacks on their village indicate, however, that rape during the attacks on villages in Darfur was widespread.

As a violent and unwanted act, rape can lead to severe psychological distress. Many rape survivors suffer from depression, suicidal ideation and posttraumatic symptoms that can include nightmares, pictures of what happened, fearfulness, hyper-vigilance, being easily startled by loud noises, sleep problems, difficulties with concentration, feeling numb, irritability, feeling distressed when reminded of what happened, avoidance, trouble enjoying things they used to enjoy, and feeling disconnected from people.

In Darfur, the trauma of rape is compounded by prevailing cultural attitudes: women who have been raped are often divorced by their husbands or are considered ‘unmarriageable’ if they are unmarried when the rape occurs, and a rape survivor may be exiled from her village.<sup>14</sup>

Given the possible serious social consequences, many Darfuri survivors of rape have not only hid their secret from family members, but also have failed to seek medical or psychological care. According to Amnesty International, this shame may have been so intense that it kept some women from following their families across the border into the relative safety of Chad.<sup>15</sup> It is likely that these women, living alone as IDPs without the support and protection of their families, are extremely vulnerable to additional physical violence.

7 Médecins Sans Frontières, *The Crushing Burden of Rape - Sexual Violence in Darfur*, March 8, 2005 at 2. Available at <http://doctorswithoutborders.org/publications/reports/2005/sudan03.pdf>. Accessed April 21, 2009.

8 “UN says rape is systematic weapon of war in Darfur,” Reuters Foundation, June 21, 2005. Egeland further explained, “Not only do the Sudanese authorities fail to provide effective physical protection, they inhibit access to treatment.” He said in some cases, unmarried women who became pregnant after being raped had been treated as criminals and subjected to further brutal treatment by police. Available at <http://www.reliefweb.int/rw/RWB.NSF/db900SID/VBOL-6DLBVV?OpenDocument>. Accessed April 21, 2009.

9 Amnesty International. *Sudan: Darfur: Rape As A Weapon Of War: Sexual Violence And Its Consequences*, July 18, 2004, at Sec 3.1. Available at <http://www.amnesty.org/en/library/info/AFR54/076/2004/en>. Accessed April 20, 2009.

10 Tara Gingerich, JD, MA and Jennifer Leaning, MD, SMH, *The Use of Rape as a Weapon of War in the Conflict in Darfur, Sudan*, Prepared for USAID, Harvard Program on Public Health. October, 2004 at 13-15. Available at [http://pdf.usaid.gov/pdf\\_docs/PNADB249.pdf](http://pdf.usaid.gov/pdf_docs/PNADB249.pdf). Accessed April 15, 2009.

11 These quotes were told to PHR by respondents during various trips to the region between 2004 and 2008.

12 Information gathered in interviews by PHR investigators with Darfuri refugees in Chad in 2004, 2005 and 2008.

13 Tara Gingerich, JD, MA and Jennifer Leaning, MD, SMH, *The Use of Rape as a Weapon of War in the Conflict in Darfur, Sudan*, Prepared for USAID, Harvard Program on Public Health. October, 2004 at fn 73 interview. Available at [http://pdf.usaid.gov/pdf\\_docs/PNADB249.pdf](http://pdf.usaid.gov/pdf_docs/PNADB249.pdf). Accessed April 15, 2009.

14 Physicians for Human Rights. *Darfur – Assault on Survival: A Call for Security, Justice and Restitution*. January 2006, at 13. Available at <http://physiciansforhumanrights.org/library/report-sudan-2006.html>. Accessed April 15, 2009.

15 Amnesty International. *Sudan: Darfur: Rape As A Weapon Of War: Sexual Violence And Its Consequences*, July 18, 2004. Available at <http://www.amnesty.org/en/library/info/AFR54/076/2004/en>. Accessed April 20, 2009.

## Appendix D: MINURCAT'S Mandate

The United Nations Mission in Central African Republic and Chad (MINURCAT) was established by Security Council Resolutions 1861 (2009), 1834 (2008) and 1778 (2007) in consultation with 4 Legal Background to the authorities of Chad and the Central African Republic.

Security Council Resolution 1861 authorizes the deployment of a military component of MINURCAT to follow EUFOR in both Chad and the Central African Republic at the end of EUFOR's mandate.

MINURCAT shall include a maximum of 300 police officers, 25 military liaison officers, 5,200 military personnel and an appropriate number of civilian personnel.

MINURCAT shall have the following mandate in eastern Chad and the north-eastern Central African Republic, in liaison with the United Nations country team and, as appropriate, in liaison with the United Nations Peacebuilding Support Office in the Central African Republic (BONUCA) and without prejudice to the mandate of BONUCA:

### *Security and protection of civilians*

- To select, train, advise and facilitate support to elements of the Détachement Intégré de Sécurité (DIS);
- To liaise with the national army, the gendarmerie and police forces, the nomad national guard, the judicial authorities and prison officials in Chad and the Central African Republic to contribute to the creation of a more secure environment, combating in particular the problems of banditry and criminality;
- To liaise with the Chadian Government and the Office of the United Nations High Commissioner for Refugees (UNHCR) in support of their efforts to relocate refugee camps which are in close proximity to the border, and to provide to UNHCR, on availability and cost-reimbursable basis, logistical assistance for that purpose;
- To liaise with the Sudanese Government, the African Union/United Nations Hybrid Operation in Darfur (UNAMID), BONUCA, the Multinational Force of the Economic Community of Central African States in the Central African Republic (MICOPAX) and the Community of Sahelo-Saharan States (CEN-SAD) to exchange information on emerging threats to humanitarian activities in the region;
- To support the initiatives of national and local authorities in Chad to resolve local tensions and promote local reconciliation efforts, in order to enhance the environment for the return of internally displaced persons;

### *Human rights and the rule of law*

- To contribute to the monitoring and to the promotion and protection of human rights in Chad, with particular atten-

tion to sexual and gender-based violence, and to recommend action to the competent authorities, with a view to fighting impunity;

- To support, within its capabilities, efforts aimed at strengthening the capacity of the Government of Chad and civil society through training in international human rights standards, and efforts to put an end to recruitment and use of children by armed groups;
- To assist the Government of Chad in the promotion of the rule of law, including through support for an independent judiciary and a strengthened legal system, in close coordination with United Nations agencies;

### *Regional peace support*

- To continue to play a role as observer with UNAMID in the Contact Group that was established under the 13 March 2008 Dakar Accord to monitor its implementation and assist, as necessary, the Governments of Chad, the Sudan and the Central African Republic to build good neighbourly relations;
- Acting under Chapter VII of the Charter of the United Nations,
  - Decides further that MINURCAT shall be authorized to take all necessary measures, within its capabilities and its area of operations in eastern Chad, to fulfil the following functions, in liaison with the Government of Chad:
    - To contribute to protecting civilians in danger, particularly refugees and internally displaced persons;
    - To facilitate the delivery of humanitarian aid and the free movement of humanitarian personnel by helping to improve security in the area of operations;
    - To protect United Nations personnel, facilities, installations and equipment and to ensure the security and freedom of movement of its staff and United Nations and associated personnel;
  - Decides further that MINURCAT shall be authorized to take all necessary measures, within its capabilities and its area of operations in the north-eastern Central African Republic, to fulfill the following functions, through establishing a permanent military presence in Birao and in liaison with the Government of the Central African Republic
    - To contribute to the creation of a more secure environment;
    - To execute operations of a limited character in order to extract civilians and humanitarian workers in danger;
    - To protect United Nations personnel, facilities, installations and equipment and to ensure the security and freedom of movement of its staff and United Nations and associated personnel;



## Appendix E: International Criminal Law and the Darfur Crisis

From the beginning of the Darfur crisis, PHR and HHI have paid particular attention to two issues: rape and other forms of sexual violence, and the intentional destruction of livelihoods by the Government of Sudan and associated armed forces. This appendix provides an overview of certain key international legal developments as they relate to these issues. It also highlights possible ways in which the International Criminal Court (ICC) may begin to investigate and prosecute crimes that have taken place in Chad, in addition to those that have taken place in Darfur.

### *Government of Sudan*

As discussed in PHR's report "*Darfur—Assault on Survival*," the violence against the people of Darfur has been marked by murder and rape, the burning of homes, crops, mosques and the looting of livestock and possessions. It is well-established fact that the perpetrators of these acts are the Sudanese Armed Forces (SAF) acting in coordination with the Janjaweed militias which were trained by the SAF and funded by the Sudanese government. The Sudanese government has conducted, and continues to undertake, this campaign of violence,<sup>16</sup> in violation of its international treaty obligations, including the International Covenant on Civil and Political Rights (ICCPR),<sup>17</sup> the Convention on the Elimination of All Forms of Racial Discrimination (ICERD),<sup>18</sup> the Convention on the Rights of the Child (CRC)<sup>19</sup> and the African Charter on Human and Peoples Rights (African Charter).<sup>20</sup> These treaties contain prohibitions against unlawful killing, torture and ill-treatment. The African Charter contains provisions protecting the health and human rights of women and girls. Additionally, Sudan is obligated to

16 While the level of destruction is far less now than in 2003-2005, some say because there are few villages left to destroy in Darfur, Sudanese Armed forces and Janjaweed continue to attack villages and camps for the internally displaced, with at least 43 attacks in 2008 alone. "UN Reports of Fighting, Bombing in Darfur," CNN, November 19, 2008. Available at <http://edition.cnn.com/2008/WORLD/africa/11/19/un.darfur.ceasefire/index.html>. Accessed April 22, 2009.

17 International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force Mar. 23, 1976. Available at <http://www1.umn.edu/humanrts/instrree/b3ccpr.htm>. Accessed May 12, 2009. Sudan acceded to the ICCPR on March 18, 1986.

18 International Convention on the Elimination of All Forms of Racial Discrimination, G.A. res. 2106 (XX), Annex, 20 U.N. GAOR Supp. (No. 14) at 47, U.N. Doc. A/6014 (1966), 660 U.N.T.S. 195, entered into force Jan. 4, 1969. Available at <http://www1.umn.edu/humanrts/instrree/d1cerd.htm>. Accessed May 12, 2009. Sudan acceded to the CERD March 17, 1977.

19 Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force Sept. 2 1990. Available at <http://www1.umn.edu/humanrts/instrree/k2crc.htm>. Accessed May 12, 2009. Sudan signed the CRC on July 24, 1990, and ratified it on August 3, 1990.

20 African [Banjul] Charter on Human and Peoples' Rights, adopted June 27, 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force Oct. 21, 1986. Available at [http://www.achpr.org/english/info/charter\\_en.html](http://www.achpr.org/english/info/charter_en.html). Accessed April 22, 2009. Sudan signed the African Charter on September 3, 1982, and ratified it on February 18, 1986.

follow Common Article 3 in the Geneva Conventions which provides for the protection of non-combatants in war.

Beyond the fact that Sudan's armed forces and affiliated militias have actively participated in rape and sexual violence of women and girls in Darfur, Sudan's laws concerning rape effectively prevent access to justice for rape victims.<sup>21</sup> The law as written defines rape as the Shari'a crime of adultery (zina), or intercourse between a man and a woman who are not married to one another, or anal sex, that is performed without consent.<sup>22</sup> The reference to zina in the definition of rape in article 149 of the Criminal Act makes it extremely difficult to prosecute because heightened evidentiary standards may be applied. Many judges require the sexual act to have been witnessed by four adult Muslim men.<sup>23</sup> If a woman who claims she was raped is unable to prove that she did not consent to intercourse, she may be charged with the crime of zina, which entails corporal punishment, because she has confessed to sexual penetration outside of marriage. In addition to these serious evidentiary hurdles, members of the military, security services, police, and border guards enjoy broad immunity for their actions and permission to file a legal complaint against an alleged rapist in any of these categories must be granted by the individual's superior officer. Janjaweed are integrated into the Popular Defense Forces, which is also exempt from prosecution.

### *Rape and Sexual Violence under the Rome Statute*

The rape and other forms of sexual violence to which Darfuri women have been subjected are prohibited under international criminal law. Under the Rome Statute of the International Criminal Court,<sup>24</sup> which codifies international criminal law,

21 Sudanese and international activists are currently pursuing reform of the rape law and related laws that grant immunity to members of the armed forces. For an overview of the debate see Redress/KCHRED, *Time for Change: Reforming Sudan's Legislation on Rape and Sexual Violence*, November 2008. Available at <http://www.redress.org/reports/Position%20Paper%20Rape.pdf>. Accessed May 12, 2009.

22 Article 149 of the Penal Code of 1991 defines rape:

(1) There shall be deemed to commit the offence of rape, whoever makes sexual intercourse, by way of adultery (zina), or sodomy, with any person without his consent.

(2) Consent shall not be recognized, when the offender has custody or authority over the victim.

(3) Whoever commits the offence of rape, shall be punished, with whipping a hundred lashes, and with imprisonment, for a term, not exceeding ten years, unless rape constitute the offence of adultery, or sodomy, punishable with death." For an English version of Sudanese penal code provisions relevant to the prosecution of rape, see Appendix 1: Sudanese Law Related to Rape from Section 15 of the Criminal Act of 1991, *Laws Without Justice*. Available at <http://www.refugeesinternational.org/sites/default/files/Lawswojustice.pdf>. Accessed May 12, 2009.

23 Article 62 of the Evidence Law of 1994 (Law No. 31 of 1994) provides the evidentiary requirements for establishing rape. The law was first published October 13, 1993, but was later published in Official Gazette 1580 on January 5, 1994. See Qawanin As-Sudan 1901-2003, issued June 2005, Ministry of Justice: Khartoum (digital copy in Arabic); See also SOAT Press Release, "Man Convicted of Rape in Darfur," August 8, 2006, for a discussion of Article 62 of the Evidence Act of 1994 in the context of Darfur. Available at <http://www.sudantribune.com/spip.php?article16985>. Accessed May 12, 2009.

24 Rome Statute of the International Criminal Court, 2187 U.N.T.S. 90, entered into force July 1, 2002. Available at [http://www.icc-cpi.int/NR/rdonlyres/EA9AEFF7-5752-4F84-BE94-0A655EB30E16/0/Rome\\_Statute\\_English.pdf](http://www.icc-cpi.int/NR/rdonlyres/EA9AEFF7-5752-4F84-BE94-0A655EB30E16/0/Rome_Statute_English.pdf). Accessed May 12, 2009.

rape and sexual violence may constitute war crimes (as defined by the Geneva Conventions and incorporated into the Rome Statute), crimes against humanity, and genocide.

Rape and other sexual offenses may be war crimes under the Rome Statute when committed as “part of a plan or policy or as part of a large-scale commission of such crimes.”<sup>25</sup> In that regard, the Statute defines war crimes as including “rape, sexual slavery, enforced prostitution, forced pregnancy ... enforced sterilization, or any other form of sexual violence also constituting grave breach of the Geneva Conventions.”<sup>26</sup>

Under the Rome Statute, “rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity” also give rise to criminal liability as a crime against humanity when committed as part of a “widespread or systematic attack directed against any civilian population, with knowledge of the attack.”<sup>27</sup>

In addition, rape and sexual violence can constitute genocide under Article 6(b) of the Rome Statute, which provides that genocide may be perpetrated by “causing serious bodily or mental harm to members of the group” when “committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such.”<sup>28</sup> The ICC Elements of Crimes makes explicit that “this conduct may include, but is not necessarily restricted to, acts of torture, rape, sexual violence or inhuman or degrading treatment.”<sup>29</sup>

The ICC Elements of Crimes define rape as a situation in which “the perpetrator invaded<sup>30</sup> the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body.”<sup>31</sup> It requires that the “invasion was committed by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or another person, or by taking advantage of a coercive environment, or the invasion was committed against a person incapable of giving genuine consent.” The ICC Elements of Crimes also clarify that it is “understood that a person may be incapable of giving genuine consent if affected by natural, induced or age-related incapacity.”

25 *Id.* at Article 8(1).

26 *Id.* at Article 8 (2) (b) (xxii). Article 8(e)(vi) governs rape that occurs in the course of a non-international conflict. The Geneva Conventions are considered customary international law binding upon all states, and are embodied in Article 8 of the Rome Statute governing War Crimes. Article 8 includes attacks against civilians in both international and internal conflicts, and therefore applies to rape and sexual violence perpetrated both in Darfur and in eastern Chad by Sudanese militia or Janjaweed.

27 *Id.* at Article 7(g).

28 *Id.* at Article 6.

29 *Id.* at 113. ICC Elements of Crimes, Article 6(b), fn 3. Available at <http://www.icc-cpi.int/NR/rdonlyres/7E4B0531-190F-4BD4-8A77-EC619B514CB3/248415/372572.PDF>. Accessed April 23, 2009.

30 The concept of “invasion” is intended to be broad enough to be gender-neutral. ICC Elements of Crimes, *Id.* at Article 7 (1) (g)-1, *Id.* at fn 15.

31 *Id.* at Article 7 (1) (g)-1.

Sexual violence is defined by the ICC Elements of Crimes as an instance where:

- The perpetrator committed an act of a sexual nature against one or more persons or caused such person or persons to engage in an act of a sexual nature by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or persons or another person, or by taking advantage of a coercive environment or such person’s or persons’ incapacity to give genuine consent.<sup>32</sup>

### ***International Prosecution of Government of Sudan and Janjaweed Leaders***

In January 2005, the United Nations Security Council referred the situation in Darfur to the International Criminal Court. In May 2007, the Court issued an arrest warrant for Ali Kushayb and Ahmed Haroun, a Janjaweed leader and former Sudanese state minister, respectively.

The 2007 arrest warrant charged Haroun and Kushayb with, among other things, counts of rape and contributing to “outrage (*sic*) upon personal dignity of at least 10 women and girls” as a war crime.<sup>33</sup> They have also been charged with counts of rape and “other inhumane acts” as a crime against humanity.<sup>34</sup>

Sudan refused to arrest Kushayb and Haroun: indeed, Haroun became the Minister of State for Humanitarian Affairs<sup>35</sup> before being appointed by al Bashir as the Governor of South Kordofan province in Darfur, in May, 2009.<sup>36</sup>

As Minister for Humanitarian Affairs, Haroun continued the Government of Sudan’s policy of obstructing the delivery of humanitarian assistance to the camps, denying visas to aid workers and saddling NGOs with bureaucratic hurdles.<sup>37</sup>

32 *Id.* at Article 7 (1) (g)-6 (1), “Crime against humanity of sexual violence”; and Articles 8 (2) (b) (xxii)-6(1) and 8 (2) (e) (vi)-6(1), “War crimes of sexual violence.”

33 Count 46 of Warrant of Arrest for Ahmad Harun, No. ICC-02/05-01/07, April 27, 2007 at 15. Available at <http://www.icc-cpi.int/iccdocs/doc/doc279813.PDF>. Accessed April 23, 2009; Count 46 of Warrant of Arrest for Ali Kushayb, No. ICC-02/05-01/07, April 27, 2007 at 15. Available at <http://www.icc-cpi.int/iccdocs/doc/doc279860.PDF>. Accessed April 23, 2009.

34 The count of “other inhumane acts” specifies that the accused acted “as part of a group of persons acting with a common purpose, contributed to the infliction of great suffering, or serious injury to body or to mental or physical health by means of an inhumane act upon civilians.” See fn. 154, above; See also Article 7(l)(k) of the Rome Statute. Rome Statute of the International Criminal Court, 2187 U.N.T.S. 90, at Article 7(1)(k) entered into force July 1, 2002. Available at [http://www.icc-cpi.int/NR/rdonlyres/EA9AEFF7-5752-4F84-BE94-0A655EB30E16/0/Rome\\_Statute\\_English.pdf](http://www.icc-cpi.int/NR/rdonlyres/EA9AEFF7-5752-4F84-BE94-0A655EB30E16/0/Rome_Statute_English.pdf). Accessed April 23, 2009.

35 Haroun also was given three additional titles: joint chairman of the committee to control media discourse, joint chairman of a fact-finding committee on human rights violations and member of the U.N.-African Union Mission in Darfur (UNAMID) force-monitoring group. “How Sudan was Brought to Court,” *Time*, July 22, 2008. Available at <http://www.time.com/time/world/article/0,8599,1825508,00.html>. Accessed April 23, 2009.

36 Reported by Reuters, May 8, 2009. Available at <http://www.reuters.com/article/africaCrisis/idUSL8968856>. Accessed May 27, 2009

37 “Darfur aid groups face harassment – UN Officials,” Reuters, November 30, 2008. Available at <http://www.alertnet.org/thenews/newsdesk/LU438258.htm>. Accessed April 23, 2009.

In August 2008, the ICC's Chief Prosecutor, Luis Moreno-Ocampo, requested an arrest warrant for Sudan's President, Omar al-Bashir, for war crimes, crimes against humanity and genocide, based on his control of the Sudanese state apparatus and its proxies.<sup>38</sup> The prosecutor described rape as "an integral part of the pattern of destruction that the Government of Sudan is inflicting upon the target groups in Darfur ... [T]hey use rape to kill the will, the spirit, and life itself. Particularly in view of the social stigma associated with rape and other forms of sexual violence among the Fur, Masalit and Zaghawa, these acts cause significant and irreversible harm, to individual women, but also to their communities."<sup>39</sup>

On March 4, 2009, the three-member Pre-trial Chamber I of the International Criminal Court issued an arrest warrant for President al-Bashir, charging him with five counts of crimes against humanity and two counts of war crimes.<sup>40</sup> Among the charges that the pre-trial chamber approved against President Al-Bashir was a charge of rape as a crime against humanity for attacks that took place in several locations over a period ranging from 2003 – 2008.<sup>41</sup>

38 The Prosecutor based his charge of genocide on the following: (a) killing members of the Fur, Masalit and Zaghawa ethnic groups, (b) causing serious bodily or mental harm to members of those groups and (c) deliberately inflicting on those groups conditions of life calculated to bring about their physical destruction. For crimes against humanity, committed as part of a widespread and systematic attack directed against the civilian population of Darfur with knowledge of the attack, the acts of (a) murder, (b) extermination, (d) forcible transfer of the population, (f) torture and (g) rapes. See Ocampo, Luis Moreno, Chief Prosecutor. "Prosecutor's Application for Warrant of Arrest under Article 58 Against Omar Hassan Ahmad Al Bashir. International Criminal Court. The Hague. at 1. Available at: <http://www.icc-cpi.int/library/organs/otp/ICC-OTP-Summary-20081704-ENG.pdf>. Accessed April 23, 2009.

39 *Id.* at 5.

40 For example, the Pre-trial Chamber granted an arrest warrant for President Bashir based on reasonable grounds to believe that he committed the crime against humanity of forcible transfer. In that regard, the Court found that "(b) based on analysis of material submitted by the prosecution that "there are reasonable grounds to believe that hundreds of thousands of civilians belonging primarily to the Fur, Masalit and Zaghawa groups were subject, throughout the Darfur region, to acts of forcible transfer by GOS forces between the start of the GOS counter-insurgency campaign soon after the April 2003 attack on El Fasher airport and 14 July 2008." Pre-Trial Chamber I, Decision on the Prosecution's Application for a Warrant of Arrest against Omar Hassan Ahmad Al-Bashir, Paragraph 100, ICC-02/05-01/09, March 4, 2009. Available at <http://www.icc-cpi.int/iccdocs/doc/doc639096.pdf>. Accessed April 23, 2009.

41 Warrant of Arrest for Omar Al-Bashir, No. ICC-02/05-01/09, March 24, 2009 at 6 fn. 9. Available at <http://www.icc-cpi.int/iccdocs/doc/doc639078.pdf>. Accessed April 23, 2009.

"Including in inter alia (i) the towns of Bindisi and Arawala in West Darfur between August and December 2003; (ii) the town of Kailek in South Darfur in February and March 2004; and (iii) the towns of Sirba and Silea in Kulbus locality in West Darfur between January and February 2008." The three-member pre-trial chamber was divided on whether to include the charge of genocide in the arrest warrant. The two-judge majority looked first at whether the specific intent required for the crime of genocide could be inferred to Al Bashir from the facts presented by the Prosecution. The majority stated that the legal standard they would use for inferring specific intent was whether "the materials provided by the Prosecution in support of the Prosecution Application show that the only reasonable conclusion to be drawn therefrom is the existence of reasonable grounds to believe in the existence of a GOS's (sic) dolus specialis/specific intent to destroy in whole or in part the Fur, Masalit and Zaghawa groups." (Paragraph 158). When assessing the facts that the Prosecution alleged could be used to infer specific intent, the majority found that while these facts could be used to infer the intent to destroy, they could also be used to infer other intentions, such as the intent to conceal the

Al-Bashir rejected the arrest warrant, denouncing it as a "western conspiracy,"<sup>42</sup> and responded by expelling thirteen international humanitarian aid agencies and dissolving three Sudanese NGOs.<sup>43</sup>

### ***Potential ICC Involvement in Chad***

Darfuri refugees in Chad continue to face sustained threats of violence from elements in Sudan. Currently, the ICC's involvement in the Darfur case is limited to acts that have taken place in Darfur itself, and does not extend to acts that occur, or have occurred, in Chad.<sup>44</sup>

International Criminal Court proceedings could be initiated for crimes in Chad committed by Sudanese militia or Janjaweed, or local Chadian forces, in one of three ways:

- 1) through the referral by Chad as a State Party to the Rome Statute to the Prosecutor under Article 14 of the Statute;<sup>45</sup>
- 2) a UN Security Council referral to the Prosecutor under Chapter VII of the UN Charter; or
- 3) if the Prosecutor decides to initiate an investigation of his own accord.<sup>46</sup>

commission of war crimes and crimes against humanity, or the intent to discriminate. Pre-Trial Chamber I, Decision on the Prosecution's Application for a Warrant of Arrest against Omar Hassan Ahmad Al-Bashir, Paragraphs 165, 167, ICC-02/05-01/09, March 4, 2009. Available at <http://www.icc-cpi.int/iccdocs/doc/doc639096.pdf> Accessed May 12, 2009. They therefore concluded that the specific intent to destroy was not the only reasonable inference that could be drawn from the evidence (paragraph 201). As such, the majority found the specific intent requirement was not satisfied and so they did not go on to address the underlying acts that the Prosecution alleged were committed under Articles 6a, 6b and 6c. The Prosecution is currently pursuing an appeal of the PTC I's decision.

42 "Khartoum Rejects ICC Arrest Warrant Against President Bashir," Voice of America, March 5, 2009. Available at <http://www.voanews.com/english/Africa/2009-03-05-voa4.cfm>. Accessed April 1, 2009.

43 These organizations, between them, delivered nearly 50% of the aid to Darfur. As a result, over 1.1 million people are at risk of being left without sufficient food, shelter, medical care. Government of Sudan – United Nations, "Joint Assessment Mission to Darfur". March 23, 2009. Available at [http://reliefweb.int/rw/RWFiles2009.nsf/FilesByRWDocUnidFilename/SODA-7QFT8D-full\\_report.pdf/\\$File/full\\_report.pdf](http://reliefweb.int/rw/RWFiles2009.nsf/FilesByRWDocUnidFilename/SODA-7QFT8D-full_report.pdf/$File/full_report.pdf). Accessed April 23, 2009.

44 "Security Council Refers Situation in Darfur, Sudan, to Prosecutor of International Criminal Court", U.N. Security Council Resolution 1593 (2005). Available at <http://www.un.org/News/Press/docs/2005/sc8351.doc.htm>. Accessed April 23, 2009

45 On November 1, 2006, Chad deposited its instrument of ratification to the Rome Statute, which entered into force for Chad on January 1, 2007. Available at <http://www.icc-cpi.int/Menu/ASP/states+parties/African+States/Chad.htm>. Accessed April 30, 2009.

46 Rome Statute of the International Criminal Court, 2187 U.N.T.S. 90, at Article 13 ("Exercise of Jurisdiction") entered into force July 1, 2002. Available at [http://www.icc-cpi.int/NR/rdonlyres/EA9AEFF7-5752-4F84-BE94-0A655EB30E16/0/Rome\\_Statute\\_English.pdf](http://www.icc-cpi.int/NR/rdonlyres/EA9AEFF7-5752-4F84-BE94-0A655EB30E16/0/Rome_Statute_English.pdf). Accessed April 23, 2009



# Appendix F: Survey Instrument

PLEASE NOTE: The following is the list of questions used in the survey, but not the actual form itself. Spaces for answers and notes by the interviewers have been deleted.

## SCREENING TOOL

Questionnaire # \_\_\_\_\_ ID \_\_\_\_\_

Sample Method \_\_\_\_\_ SAMP

Probability/Random = 1

Community Leader Ref = 2

Participant Ref = 3

Health Provider/NGO Ref = 4

Other \_\_\_\_\_ = 5

Survey Type \_\_\_\_\_ SUTY

General Public Abridged = 1

General Public Long = 2

IP Abridged = 3

IP Long = 4

Other: = 5

Date of interview \_\_\_\_\_ - \_\_\_\_\_ (2008) DATE

(month) (day)

Interviewer Code \_\_\_\_\_ (K, A, S, LP, ) ICD

Interpreter Code \_\_\_\_\_ (Interpreters' Initials)

Language Code \_\_\_\_\_ (Fur, Zaghawa, Masalit, Jebel, Etanga, Dajo, Tama, other \_\_\_\_\_) LACD

Camp location code \_\_\_\_\_ (1=Farchana, 2=Breijing, 3=Gaga, 4=Djabal 5=Goz Amer 6 = Kounoungo 7 = Mile) LOCD

Interviewee is over 18 years old \_\_\_\_ yes \_\_\_\_ no EIGH

Participation outcome \_\_\_\_\_ [Circle ONE and record] OUTC

Eligible/Survey Complete = 1	Refusal:	Unable to Complete:	Unable to conduct inter view due to language =5
Not Eligible = 2	3a =No Time;	4a =Interrupted;	
	3b =Fear of Reprisal;	4b =Emotional;	
	3c =Oppose Study;	4 c=Safety;	
	3d =No explanation;	4d = Lack of privacy;	
	3e =Other (explain)	4e =Request to stop;	
		4f =Other (explain)	

**Read ONLY text that IS IN italics. For a response of 'don't know' code DK.If no response to a question, code NR**

Hello, my name is \_\_\_\_\_, and this is \_\_\_\_\_ (interpreter's name) who will be helping me to speak with you. I work for a public health organization in America. We are not part of any government or political group. We have come to Chad to ask people from Darfur about the impact of the war on their health and families. I will not ask you your name.

Would it be okay for me to ask you some questions today? (1) Yes \_\_ (2) No \_\_

If no, ask why, note answer \_\_\_\_\_

Do you have any questions before we start?

How old are you? \_\_\_\_

To what tribe do you belong?

- a. Fur \_\_\_\_\_
- b. Zaghawa \_\_\_\_\_
- c. Massalit \_\_\_\_\_
- d. Jebel \_\_\_\_\_
- e. Aranga \_\_\_\_\_
- f. Daio \_\_\_\_\_
- g. Other specify \_\_\_\_\_

4. How is your physical health now? (1) Good \_\_\_\_ (2) OK/fine \_\_\_\_ (3) Bad \_\_\_\_

5. Where did you live in Darfur?

Village

District

State if known

6. Why did you leave your village?  
 7. Were you physically harmed in Darfur? (1)Yes \_\_\_ (2) No \_\_\_

**If yes, please go on to INTERVIEW AND DO INFORMED CONSENT.  
 If no, do questions 8 – 10 and END.**

8. Has your health changed since you left Darfur? a. (1)Yes \_\_\_ (2) No \_\_\_  
 b. If yes, is it better or worse? (1) Better \_\_\_ (2) Worse \_\_\_  
 c. Why?  
 9. Have you gotten any help for your health problems here at the camp?  
 (1) Yes \_\_\_ (2) No \_\_\_  
 If yes, what services? Please check all that apply but do not ask.  
 1. NGO clinic \_\_\_ 5. Comite de vigilance \_\_\_  
 2. Local healer \_\_\_ 6. Legal services \_\_\_  
 3. Psycho-social services \_\_\_ 7. Other \_\_\_\_\_  
 4. Women's groups \_\_\_  
 10. Can we tell you about the services that are here?

**DARFURI SURVEY FINAL INSTRUMENT**

FILE #: \_\_\_\_\_ INTERVIEWER INITIALS: \_\_\_\_\_

REFER TO INFORMED CONSENT SHEET (Separate)

	YES	NO		
1. <i>Do you have any questions before we start?</i> <i>Note the question and answer</i>	1	2	2	QUEST
2. <i>Would you like to participate?</i> <i>If no, ask why, note answer</i>	1	2	2	PART

**[PLEASE NOTE: ALL QUESTIONS SHOULD BE REVIEWED FOR APPROPRIATE USE OF ITALICS (Read Aloud).]**

**Demographics**

*Let's start by asking you some questions about your background.*

1. What language do you speak at home? LANG  
 Fur.....1  
 Zaghawa.....2  
 Massalit.....3  
 Jebel.....4  
 Eranga.....5  
 Dajo.....6  
 Tama..... 7  
 Other [Specify]: \_\_\_\_\_ 8
2. *Are you married, widowed or divorced?* [Circle ALL that apply] MARY  
 Never married .....1 (GO TO Q 9)  
 Married .....2 (GO TO Q 6)  
 Widowed.....3 (GO TO Q 6)  
 Divorced/separated .....4 (GO TO Q 6)  
 [IF SHE IS OR WAS EVER MARRIED]
3. *How old were you when you were married?* \_\_\_\_\_ AGMR  
 4. *Are you the only wife?* WIFN  
 YES.....1  
 NO.....2
5. [IF SHE IS OR WAS EVER MARRIED, ASK] *If so, is your husband here in the camp with you?* HBCP  
 YES.....1  
 NO.....2  
*If No, where is he?* \_\_\_\_\_

6. Do you know how to read and write?

READ

READ

WRITE

YES.....1

YES.....1

NO.....2

NO.....2

**Life in Darfur**

Now I'd like to ask you some questions about your life in Darfur – before you came to Chad.

7. How many adults and children were living in your household before you were forced to leave?

Adults \_\_\_\_\_ Children \_\_\_\_\_ Total \_\_\_\_\_

8. Tell me about life in your village.

RESP

9. How was your physical health?

10. How was your mental health?

11. Were you able to do all you needed to take care of your family?

12. At this point, I would like to ask more about the people who were living in your household in Darfur when the attack happened. Later, we would like to ask you more about yourself.

**These questions may be very difficult to talk about. Remember that I will keep what you tell me secret – I will not tell anyone here what you told me.**

Sometimes when a village is attacked, many things can happen – women can be hurt, taken as slaves. We know that many women in Darfur have experienced physical or sexual violence.

Did any of your household members experience any violence? Let's discuss the experiences of one person at a time. [fill in first 3 columns for each person, THEN READ COLUMN HEADINGS. do not read choices; list all codes that apply.]

Relation to you	Gender	Adult vs. Child	Was he/she hurt by combatants? [DO NOT READ CHOICES; list all codes that apply for each household member]	Who was responsible for the violence?	Who saw this? [DO NOT READ CHOICES; list all codes that apply]
PERS 1=Husband 2=Mother 3=Father 4=Son a, b.... 5=Daughter a, b.. 6=Sister a, b.. 7=Brother a, b.. 8=Sister-in-law a, b 9=Brother-in-law a, b 10=Other wife a,b. 11=Child of other wife 12=Other Relative 13=Non-relative	GEND 1=F 2=M	CAGE 1=Adult (>=15) 2=Child  Do not list if deceased	ABU 1. Threatened harm/death 2. Verbally insulted 3. Beaten 4. Killed 5. Abducted 6. Disappeared 7. Gunshot injury 8. Machete injury 9. Sexually assaulted (9a. forced nudity, 9b. molestation, 9c..Other [Specify]) 10. Raped 11. Attempted rape 12. Forced marriage 13. Genital mutilation 14. Sexual slavery	WHOM 1. Sudanese army soldier 2. Janjaweed militia 3. Rebel soldier 4. Bandit (no specific affiliation) 5. Family member 6. Chadian army soldier 7. Other village resident (none of above) 8. Multiple (list number and type/person) 9. Community authority (ex. police) 10. Community member (ex. neighbor) 11=Other [Specify] DK=Don't know NR=No response	WITN 1=No one 2=Self 3=Other Household member 4=Non- Household member 5=Other perpetrators 6=Other [Specify] DK=Don't know NR=No response



13. So, you told me there were X number of people in your house before you left Darfur. How many are with you here, and what happened to the others? HAPP

Who is no longer with you?	What happened to them?
RELA 1=Husband 2=Mother 3=Father 4=Son a, b.... 5=Daughter a, b.. 6=Sister a, b.. 7=Brother a, b.. 8=Sister-in-law a, b 9=Brother-in-law a, b 10=Other wife a,b. 11=Child of other wife 12=Other Relative 13=Non-relative	SPRS 1=War-related Death 2=Non-war-related Death 3=Forced Separation 4=Separated unintentionally during flight 5=Unable to flee 6=Chose to remain 7=Living in another household in this camp 8=Other [Specify] DK=Don't know

ASK RESPONDENT IF SHE WOULD LIKE TO TAKE A BREAK AT THIS POINT (IF RELEVANT)

**Physical Assault Narrative**

14. Now we are going to ask what happened to you when you were attacked in Darfur. Remember, that I will keep what you tell me secret. I will not tell anyone here what you tell me. I know that these things are very difficult to talk about, but I hope that you will because it is very important. I know that it may be difficult to remember some of these things and to talk about them. So we will take the time you need. Please tell me if you need to take a break, or if there is a question you don't want to answer.

PROBES	BY WHOM? HOW MANY? WHERE?	Vaginal Penetration Anal Penetration
Removal of clothing Loss of Consciousness Physical Beating Other physical injuries Threats	Others forced to Watch Verbal Remarks: intent Sexual Slavery	Objects in Vagina Objects in Anus OTHER

ARE YOU OK?

TALK

15. What happened after you were hurt?

AFTR

16. Did anyone help you?

Yes                      No  
1                              2

HELP

Record Details

17. Were you pregnant before the attack occurred? How many months?

PPRG

18. Did the attack result in ...? (READ ALL; circle YES or NO for each Q)

	YES	NO	Don't Know	
Pregnancy .....	1	2	DK	PREG
Miscarriage or Abortion .....	1	2	DK	MCAB
Live Birth.....	1	2	DK	LVBR
Vaginal pain [ infection or discharge].....	1	2	DK	VINF
Other [Specify] .....	1	2	DK	REOT

19. After the attack, did you seek help for [READ RESPONSES; Circle Yes or No for each Q]

SKHP

	YES	NO
19a. Problems with your body – pain.....	1	2 [Go to Q 21]
19b. Problems with your head – sadness.....	1	2 [Go to Q 21]

20. *Where did you go for problems with your body?* HLSK  
 Medical clinic – affiliated with the Sudanese government.....1  
 Medical clinic – Sudanese but not affiliated with the government .....2  
 Medical clinic – International organization.....3  
 Traditional medicine/healer .....4  
 Other [Specify]: \_\_\_\_\_.....5
21. *Who have you spoken to about the attack that happened to you? (Circle all that apply)* SPOK  
 No one (until this interview) .....1  
 Husband .....2  
 Other family .....3  
 Friend .....4  
 Village leader .....5  
 Religious leader .....6  
 Health care provider .....7  
 Aid worker .....8  
 Other [Specify] \_\_\_\_\_.....9
22. *Did you report the attack to an official?* RPRT  
 YES .....1 Go to Q 27  
 NO .....2 [Go to Q 28]
23. *What official did you tell? [Circle all that apply]* RPWH  
 Military or police, in Sudan [Specify] \_\_\_\_\_.....1  
 Military or police in Chad but NOT within the refugee camp [Specify] \_\_\_\_\_.....2  
 Military or police within the refugee camp [Specify] \_\_\_\_\_.....3  
 Administrative official (Chadian) within the camp [Specify] \_\_\_\_\_.....4  
 International NGO in the camp [Specify] \_\_\_\_\_.....5  
 Other [Specify] \_\_\_\_\_.....6
24. *Was there an investigation into the attack?* INVT  
 YES .....1  
 NO .....2  
 Don't know .....DK
25. *If you did not report the attack, what were your reasons for not reporting it? (DO NOT READ: Circle all that apply)* NORP  
 Did not know where to report it .....1  
 No use/ would not do any good.....2  
 Feelings of shame or social stigma.....3  
 Afraid of physical retaliation by perpetrator(s).....4  
 Afraid of physical violence by husband or family.....5  
 Afraid of physical abandonment by husband or family.....6  
 Would not be believed / taken seriously.....7  
 Violence normal – no need to complain.....8  
 No one asked .....9  
 Other [Specify] \_\_\_\_\_.....10  
 Don't know .....DK  
 No Response .....NR

<b>Flight from Darfur</b>
---------------------------

*I would like to ask you some questions about what made your family leave Darfur. I know that this may be very difficult, but your story will be very helpful.*

26. *Now I would like to ask you the name of each of those places that you lived and why you left. Let's start with the name of the village you were living in when you first left your home in Darfur...Then what happened..... [Record relevant information for each displacement (pre-displacement to current camp in Chad. Let the women tell their stories, and fill in the blanks as they tell their stories – do not read as a list. DO NOT READ CHOICES UNLESS IN ITALICS; list all codes that apply for each response.]*  
 FLHT

Village Name/or camp	When did you leave?	What was the reason?	What happened to the vil- lage and the people living in it? [Record # Indiv (2-8) or HH (9-13) Affected]	Who did this?
			[# ____ I/HH]	
			[# ____ I/HH]	
			[# ____ I/HH]	
			[# ____ I/HH]	
			[# ____ I/HH]	
DPLC	DTLV Approx. Date	RSLV 1. Violence to self and/or HHM 2. Violence to others (not im- mediate family) 3. Damage to personal prop- erty but not self/HHM 4. Threatened with violence 5. Ordered to leave by perpe- trators 6. Instructed by chief or elder 7. Fear of violence 8. Other – [Specify]	HRVS 1=NONE 2= Killing 3= Beating 4= Gunshot injury 5= Machete injury 6= Abduction 7= Sexual assault 8= Rape 9=Attempted Rape 10=Mutilation 11= Burning Homes 12= Burning crops 13= Killing livestock 14= Loot/Destroy Property 15=Destroy School/Clinic/ Hosp 16=Destroy Wells 17=Destroy stored food 18=Other [Specify] DK=Don't know NR=No response	WHOM 1. Sudanese military 2. Janjaweed 3. Rebel soldier(s) 4. Bandit (no specific affiliation) 5. Family member 6. Chadian army soldier 7. Other villagers 8. Other [Specify]

**Your Life Now**

*Thank you for talking about such a difficult subject with me. You have gone through so many difficult experiences. You are very courageous to be able to share this with me.*

*I'd like to ask you some questions about your life now, and how the experiences you've lived through have affected you.*

27. Please tell me about your physical health now, and your mental health. How is your functioning? HART

*How is your physical health now?*

*How is your mental health now?*

*Are you able to do all you need to take care of your family?*

28. Have you accessed health or counseling services here in the camp?

YES .....1 [Go to Q 63]

NO .....2 [Go to Q 62]

29. What services have you accessed?

30. If not, why haven't you accessed health services?

NOCN

Not available in current location .....1

Available but cannot afford .....2

Available but fearful of telling health provider personal information .....3

Available but not something that is done culturally .....4

Available but afraid family members or community members will find out ...5

Other [Specify] .....6

Don't know .....DK

No Response .....NR



31. Since your experience of “the bad thing”, have you had thoughts that you were better off dead?		SUII
YES .....	1	
NO .....	2	
Don’t know .....	DK	
No Response .....	NR	
32. Since this happened to you, have you tried to take your own life?		ASUI
YES .....	1	
NO .....	2	
Don’t know .....	DK	
No Response .....	NR	
33. What are your biggest worries right now?		WRRY
34. Now that you are here, in this camp, do you feel that you or your family are in danger?		DNGR
YES .....	1	
NO .....	2	
If yes, please tell us what you mean.		
35. Have you been attacked since you have been in the camp?		AGAI
YES .....	1 (GO TO Q 36)	
NO .....	2 (GO TO #39)	
36. I know this must be difficult, but please tell me, in as much detail as you feel comfortable with, what happened		SECN
37. Have you told anyone that this happened?		TOLD
YES .....	1	
NO .....	2	
38. Did you report this to any officials?		OFFL
YES .....	1	
NO .....	2	
39. Are there other services that you would like here but do not have?		WANT
Someone to listen to my feelings.....	1	
Job Training.....	2	
Education/literacy.....	3	
Places to make crafts.....	4	
Women’s Groups .....	5	
Other [Specify] .....	6	
40. Do you want to return to Darfur?		RTRN
YES .....	1	
NO .....	2	
DK .....	DK	
41. Why or Why not?		YRTN
42. Is there anything you would like to tell me that I have not asked you?		CMMT

**[IF YOU BELIEVE SHE NEEDS FOLLOW UP – HEALTH CARE AND/OR COUNSELING:]** Some examples:

- Current suicidal thoughts and/or recent attempt.
- High level of psychological symptoms (interfere with activities of daily living).
- Interviewee requested assistance
- She is physically very sick – needs medical care and probably will not go on her own

--Explain to her about services available in this camp – health care, counseling services.

--BE SURE she understands that help is available and where to go for that help.

Time at end of interview \_\_\_\_\_ EINT

READ THE SECTION ON CONFIDENTIALITY ON BACK OF INFORMED CONSENT

THEN, IF THIS IS AN IP CANDIDATE, READ IP CONSENT AFTER THE CONFIDENTIALITY STATEMENT

	Y	N
Do you have any questions about this part?	1	2
Note the question _____		

Would you like to participate?	1	2	IPPA
--------------------------------	---	---	------

# GLOSSARY

- Anhedonia:** Absence of pleasure from the performance of acts that would normally be pleasurable.
- Audiences Foraines:** French term for mobile courts.
- Comités de Vigilance:** French term that refers to groups of refugee men (and increasingly, women) that patrol some of the camps at night.
- Dysphoria:** Disquiet; restlessness; malaise.
- Détachement Intégré de Sécurité:** Humanitarian police force contemplated by a United Nations Security Council Resolution and established by formal decree.
- Fulbe, Peul or Fulani:** An ethnic group of people spread over many countries, predominantly in West Africa, but found also in Central Africa and Sudanese North Africa. They are traditionally a nomadic, pastoralist, trading people, herding cattle, goats and sheep across the vast dry hinterlands of their domain, keeping somewhat separate from the local agricultural populations.
- Fur:** The largest non-Arab ethnic group in Darfur, the Fur historically have been concentrated in central and south Darfur. Darfur means “land of the Fur.” The fur, largely pastoralists, own livestock as well.
- Gendarmes:** French term for a body of soldiers serving as an armed police force for the maintenance of public order.
- Janjaweed:** The armed militia group composed of Arab Muslims. Janjaweed have reportedly been involved in most of the attacks on villages in Darfur and have received financial and military assistance from the Government of Sudan. [*Loosely translated from Arabic to mean ‘Devil on Horseback.’*]
- Magistrats:** The main judicial officers in the formal Chadian system who serve as both judges and prosecutors.
- Major Depressive Disorder:** A mood disorder characterized by the occurrence of one or more major depressive episodes and absence of any history of manic, mixed, or hypomanic episodes.
- Masalit:** One of the major non-Arab ethnic groups that lives in West Darfur and in eastern Chad. While largely crop cultivating, the Masalit also raise livestock and other animals.
- Nuba:** “Nuba” is a derogatory term used by Sudanese Arabs to describe the non-Arab, black Africans. The term originates in “nub” meaning “black,” used in variant forms to refer to black people (hence Nubians, Nuba, Nubi, who are unrelated but considered “black” by dominant Arabized groups).
- Post Traumatic Stress Disorder** Refers to the development of characteristic symptoms, including re-experiencing the event(s), avoidance symptoms, and anxiety and increased arousal following exposure to an extreme traumatic stressor.
- Sheikh:** Local tribal chief (usually village level).
- Sheikha:** Female chief leader (usually village level).
- Suicidal Ideation:** Psychological term for thoughts of taking one’s own life. Suicidal ideation can be active: the person has a plan to die – or passive: in which the person has the desire to die but no plan to take his or her own life.
- Zaghawa:** One of the major non-Arab ethnic groups in Darfur who historically have lived in northern Darfur and in Chad. The Zaghawa are mainly camel herding but many cultivate crops as well.

# ACRONYMS

CAR	Central African Republic
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CNAR	Chadian National Refugee Authority
COI	International Commission of Inquiry on Darfur, also known as the ICID. Established by the United Nations Secretary-General Annan on October 7, 2004 to investigate the situation in Darfur.
CRC	Convention on the Rights of the Child
DIS	Détachement Intégré Sécurité
ECOSOC	Economic and Social Council
EUFOR	European Union Force
ExCom	Executive Committee; an advisory body intended to guide the United Nations High Commissioner for Refugees' operations.
GOS	Government of Sudan
HHI	Harvard Humanitarian Initiative
ICC	International Criminal Court. Established by the "Rome Treaty" in 2002 as a permanent tribunal to prosecute and try individuals for the crimes of genocide, crimes against humanity and war crimes.
ICCPR	International Covenant on Civil and Political Rights
ICERD	Convention on the Elimination of All Forms of Racial Discrimination
ICTR	International Criminal Tribunal for Rwanda
ICTY	International Criminal Tribunal for the former Yugoslavia
IDP	Internally Displaced Persons. People who have left or are forced to leave their homes and have not crossed an international boundary.
INGO	International Non-Governmental Organization
IP	Istanbul Protocol, formally, Manual for the Effective Investigation and Documentation of Torture and Cruel, Inhuman or Degrading Treatment, published by the United Nations in 2001.
JEM	Justice and Equality Movement. A non-Arab rebel group involved in the Darfur conflict fighting against the government and the government-supported Janjaweed militias.
MINURCAT	United Nations Mission for the Central African Republic and [T]Chad
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PDF	Popular Defense Forces
PHR	Physicians for Human Rights
PTSD	Post Traumatic Stress Disorder
SAF	Sudanese Armed Forces
SGBV	Sexual and Gender Based Violence
SLM/A	Sudan Liberation Army/Movement. A rebel group in Darfur fighting against the government and government-supported Janjaweed militias.
UNAMID	United Nations-African Union Mission in Darfur
UNAMSIL	United Nations Assistance Mission in Sierra Leone
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Programme



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ISBN: 1-879707-57-8

**NOWHERE TO TURN: FAILURE TO PROTECT, SUPPORT AND ASSURE JUSTICE FOR DARFURI WOMEN**