

Challenges and perspectives in the psychosocial management of gender-based violence victims

Achille Bapolisi, MD

MMS/aidsfocus.ch Annual Conference

Bern

2 May 2018



Gender-based violence in DRC and around

- SGBV: a close link to war and conflicts in the region
 - Soldiers and rebels alike
 - Civilians
 - Aid workers and peacekeepers!
- 1/3 of Congolese adolescent girls is a rape victim (Verelst et al., 2014)
- The psychiatric consequences: PTSD, depression and others



My work with refugees in the Nakivale camp

- Psychiatric clinic for refugees.
- My own experience: $\frac{3}{4}$ of women seeking psychiatric assistance reported SGBV:
 - In their home country
 - While fleeing their homes
 - In the refugee camp where they were actually living!

MY AIM IS: an overview of the challenges in mental healthcare provision and some practical hints towards improvement...



1. Challenges: can care be accepted?

- Survivors **don't think they have a mental health problem**, even though they live with highly disturbing symptoms
- The **stigma** of mental disorders:
 - Depressed or lazy..?
 - Psychotic or possessed by spirits?
 - Crazy or in need of care?
- The stigma of RAPE: raped women are ostracized by their community!



“there is no reason for me to go back there, there is no place for me there, there is no one waiting for me. I know I am suffering in this camp, but at least no one knows what happened to me.”
(36 year-old woman, survivor of rape living in Nakivale)



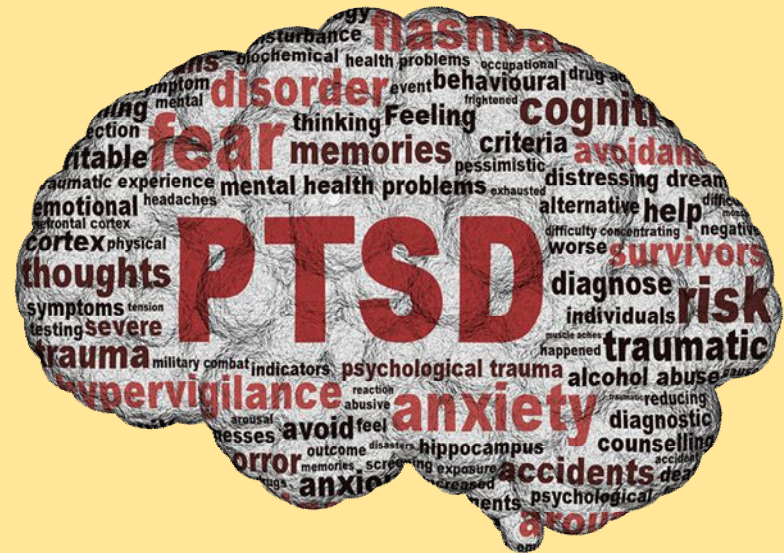
2. Challenges: is care available?

- Healthcare facilities in Nakivale: **understaffed, underequipped, overwhelmed...**
- **Priorities** are different: mental health comes second to vital emergencies
- The medicines available in the camp don't always offer the right balance between therapeutic effects and side effects
- **Language and cultural barriers** between refugees and healthcare providers



3. Challenges: the complexity of trauma-related disorders

- Typical manifestation of post-traumatic stress disorder:
 - A. The traumatic event is persistently re-experienced (flashbacks, nightmares)
 - B. Trauma-related stimuli are avoided
 - C. Negative thoughts and feelings
 - D. Increased arousal and reactivity
- Atypical manifestations that can also be linked to trauma: somatization, dissociative symptoms...



4. Challenges: Comorbidities

- Our findings in Nakivale:

The below showed the highest comorbidity with PTSD:

- A. Depression, generalized anxiety and substance abuse in the top 3
- B. Somatic comorbidities: gastritis, hypertension, HIV, urinary tract infections...



5. Challenges: Stressors in the camp

Basic needs are often unattended:

- Insufficient food
- Lack of water
- Inadequate aid
- Unavailability of healthcare
- Low income
- Precarious livelihood
- Lack of care for family members



1. Answer: education and awareness raising

For refugee communities and populations in post-conflict areas:

1. Mental health awareness raising

- Increase acceptance of trauma-related problems
- Decrease stigmatization
- Mental disturbances are normal reactions to trauma!

2. Psychoeducation

- Main symptoms experienced
- How to recognize who is in need of help?



FOR WHOM? Women, traditional and political leaders, teachers,...

2. Answer: training of healthcare professionals

The WHO also advises „Integrating mental health in the primary level of the health care system” (WHO, 2008)

Training in the following areas:

1. Basic mental health first aid:
basic interventions

2. Pharmacological tools available:
indication, dosage, side-effects

3. Psychotherapeutic methods:

Narrative exposure therapy, interpersonal therapy, CBT

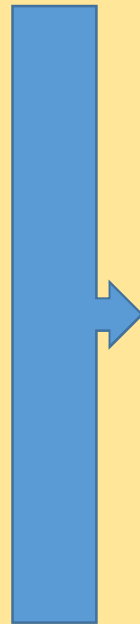
FOR WHOM? Primary health care professionals!



3. Answer: multidisciplinary collaboration

- Continuous technical and moral support has to be provided to primary care professionals and other stakeholders who were trained

- Physical health
- Justice
- Safety
- Economic development
- Social integration
- Education
- Human rights



predisposing, precipitating or
perpetuating factors for mental
disorders!

THANK YOU FOR YOUR ATTENTION!

achilami@yahoo.fr

