Listening to the women of Darfur

The following is extracted by the FMR editors from a recent UNFPA/UNICEF report on The Effects of Conflict on Health and Well-Being of Women and Girls in Darfur: Conversations with the Community.1

How do the women and girls of Darfur assess the risks they face? UNFPA and UNICEF interviewed conflict-affected women and their male household members in order to better understand priority actions needed to improve women and girls' health and well-being.

The counter-insurgency strategy employed by the Government of Sudan and the Janjaweed militia appears to have been one of asset stripping and population displacement. Indiscriminate attacks on villages have not only killed and injured civilians but also destroyed or looted housing, infrastructure, community services, wells and irrigation systems, fruit trees and other property such as cattle. The result has been the large-scale movement of a highly vulnerable, traumatised population of 2.75 million people, rendered almost completely dependent on humanitarian aid for survival.

Prior to the conflict, the majority of the women interviewed primarily worked in farming and cultivation, animal raising and making handicrafts. Today most are unemployed. The little income women in camps can earn comes from collecting and selling firewood and fodder or from trading food items received from humanitarian organisations. Some girls work for foreigners in their houses or in aid organisation offices. Many men report relying on women’s income from firewood collection.

Sexual violence and abuse was mentioned in every group discussion. Women and girls have often been raped in front of male relatives who were beaten and forcibly restrained. Women reported that most rape victims did not scream during or after the rape and did not report incidents, in order to avoid scandals in the community. The majority of families of survivors of sexual violence prefer to treat them inside their homes by traditional medications, usually by washing the victims with salted hot water or tea. Due to shame, most rape survivors – especially unmarried girls – only seek medical attention as a last resort. Children born as a result of rape are not taken to hospitals as their mothers do not want doctors to ask about their babies.

Girls said that a child born as a result of rape is considered an “Arab child”: “We still look after them but they do not enter our hearts – ma be houshou al gelib.”

Incidents of sexual violence, abuse and abductions are ongoing. There is a significant lack of trust toward all armed groups, and most women would only consider returning to their villages under the protection of an international security force, preferably the African Union or the UN. Until this is possible, women and girls are left without the option of resettlement, and the security situation within and surrounding the camps remains precarious. Girls have reported incidents of military personnel entering the camps firing weapons into the air, and most incidents of rape and abduction occur when women leave the camps in search of firewood or fodder. There is general distrust toward the police. Men have reported feeling helpless and humiliated about the continuing attacks against their wives and daughters, as incidents reported to the authorities seem to have been disregarded. Men have suggested that work opportunities for women may improve the security situation. Most respondents report that family and community support, as well as belief in religion, helps them to cope.

“Most women live as if they are psychologically normal but they live with the war inside them.”

Health problems mentioned by women include physical injuries due to beatings, rape, miscarriages, excessive bleeding or injuries sustained during flight from the enemies. Sexually transmitted diseases, malnutrition, irregular menstrual cycles and nightmares were mentioned frequently. Most women are dissatisfied by health services in camps. They complain they have to queue for a long time, that medicines are in short supply and that they have to pay for medicines supposed to be free – and often only receive painkillers. Although clinic deliveries are free, obstetric complications are generally only treated in hospitals at great cost. Many women are less healthy than they were prior to displacement as they no longer eat fruit, vegetables and meat but are forced to subsist on food rations provided in camps.

“Before the war we had everything. Life was so nice but now we have nothing. We have lost everything, even our souls and life.”

The Darfurian IDPs called for:

- increased prevention and response to sexual and gender-based violence
- more consistent African Union presence in and around camps and firewood collection areas
- reduced presence of armed government police and military inside the camps/settlements
- community-based policing based on dialogue with IDPs about their needs
- ensuring legal redress is available for victims of crimes
- fuel-efficient stoves
- free provision of drugs, transport to hospital and an increased number of international medical staff
Women’s centres: spaces of empowerment in Darfur

by Carmen Lowry

Survivors of sexual assault need emotional support, safe and private spaces for healing and access to resources, information and networks.

The International Rescue Committee (IRC) operates ten Women’s Centres in Darfur to try to meet their needs. These Centres – in South, North and West Darfur – allow women to access the resources, support and referral processes vital for survivors of sexual violence. In situations where rape is used as a weapon of war, the actual experience of rape and other forms of sexual violence is one that is shared collectively. Women are often attacked in groups. Yet without recognised and accessible safe spaces – environments where disclosure and sharing are encouraged and facilitated – survivors will often not talk about their collective experience of violation.

Each Centre has a team of facilitators to explain the services available and provide immediate counselling if necessary. Trained case workers are available to listen to a survivor’s story and concerns, map out her choices and help her access the resources and services she needs.

The Women’s Centres also provide activities to help build skills and foster greater self-reliance. Each centre offers a range of activities such as literacy classes, skills-building classes, emotional support activities and opportunities for social interaction such as dancing, drumming and singing. The Women’s Centres regularly offer information sessions on topics – requested by the women – such as reproductive health, legal rights, childcare, camp management and education. By drawing on staff from different sectors and different agencies to present these sessions, they have the added benefit of encouraging collaboration among agencies and clarifying sectoral roles in the camps. Women’s Centres play a vital role in facilitating information exchange, providing women with access to resources and promoting direct linkages between the women and other actors who have the power to influence the physical environment and quality of life for IDP women and their families.

Centre facilitators engage with women to build trust and encourage them to share their experiences and to rest from the demanding tasks of daily survival in the camps. In this way, the survivor-focused and survivor-supportive Women’s Centres become spaces of empowerment. To enhance this sense of empowerment, ownership of and responsibility for the Centres must be shared among the different women involved – international and national staff, host and displaced communities, educated women from Khartoum and women with no formal education from isolated villages in Darfur.

Violence against women and children by warring groups in Darfur is reaching alarming levels. Extreme violence has been a feature of the civil conflict since it erupted in 2003. However, in the past months, attacks on women and girls, both within and outside camps for the displaced, have soared.

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