



**International Rescue Committee
Côte d'Ivoire Program: Emergency Response**

**Impact of the Post-Election Crisis on Gender-
Based Violence among Women and Girls in
Côte d'Ivoire**

Situation Analysis

June 2011

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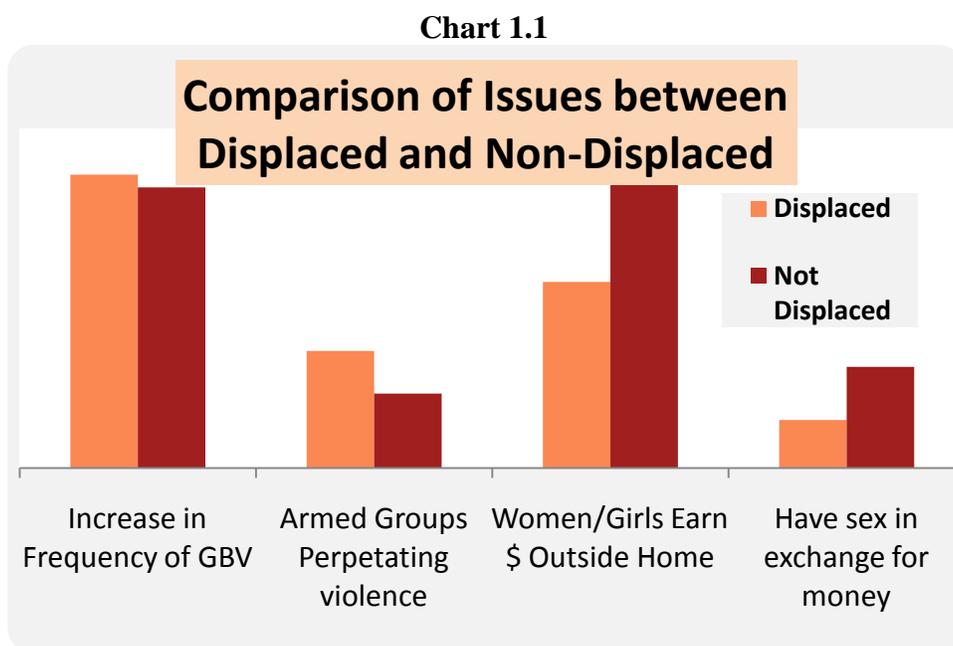
ACRONYMS USED

CdI	Cote d’Ivoire
DCAF	Democratic Control of Armed Forces
EC	Emergency Contraception
FGD	Focus Group Discussion
FGP	Focus Group Participant
FRC	Force Républicaines de Côte d’Ivoire
GBV	Gender-Based Violence
IGA	Income Generating Activities
IPV	Intimate Partner Violence
IRC	International Rescue Committee
PEP	Post-Exposure Prophylaxis
PSS	Psycho-social Support
UNCivPol	United Nations Civilian Police
UNFPA	United Nations Fund for Population Activities
UNOCI	United Nations Operation in Côte d’Ivoire

1. Executive Summary

Following months of political instability, outbreaks of violence on February 24, 2011 ended a ceasefire between ex-rebel members of the Forces Nouvelles, who support Alassane Ouattara and government forces that supported the incumbent, Laurent Gbagbo. Reports estimate that up to 1,000,000 Ivoirians were internally displaced and over 100,000 fled into neighboring Liberia, generating significant humanitarian needs.

Gender-based violence has proven to be a defining feature of the recent crisis in Côte d’Ivoire. During 128 individual interviews in 16 communities, held with men, women and adolescent girls and boys between the ages of 15 and 45, 50% of all respondents reported having been displaced as a result of the crisis. 66%, or 85 of all respondents, reported an increase in gender-based violence since the crisis, and 22% of respondents reported that women and girls are having sex in exchange for money to meet basic needs. Among displaced respondents, over 40% reported that a girl would most likely be forced to marry by her family if they had lost their home. Reports of sexual violence and violence perpetrated by armed groups was higher among displaced populations, although non-displaced respondents reported a higher incidence of survival sex:



Of the 85 respondents reporting an increase in GBV, 41% were from the Man region¹, 32% from Yamoussoukro², and 27% from Abidjan. Displaced respondents were two times more likely to report an increase in sexual violence against adult women than non-displaced respondents, and three times more likely to report it against girls under the age of 18.

Twenty-two percent of all respondents report that women and girls are having sex in exchange for money to meet basic needs. Of those respondents, 72% were from the region of Yamoussoukro.

¹ Included in the Man region are the localities of Western Côte d’Ivoire: Man, Danané, Zouan-Hounien, Bangolo, and Duékoué

² Localities visited in Yamoussoukro region, in Central Cote d’Ivoire included Tiebissou, Yamoussoukro, Bouaflé, Daloa, and Zoukougbeu

In response to questions about the presence of armed groups (military, informal militia, police and peacekeepers) near various communities, respondent rates were highest among survey participants from Yamoussoukro region. Interestingly, though the proximity of armed groups to communities was reportedly lowest in Man region, it was in this region that reports of these groups perpetrating violence against women and girls was highest.

Availability of services was reportedly lowest in Yamoussoukro, and highest in Abidjan. Respondents most frequently identified “lack of resources,” “stigma,” “fear of reprisal by the perpetrator,” and “presence of armed group nearby” as the most common reasons that survivors are unable to access health services. Barriers to survivors accessing psychosocial support services cited by the respondents included “lack of resources,” “stigma,” “fear of reprisal by the perpetrator,” and “services no longer exist.”

Subsequent to the one-on-one surveys, 18 focus groups were facilitated in the same 16 communities in Man, Abidjan, and Yamoussoukro, all of which were either directly or indirectly affected by violence, and had IDPs enter, flee, or return. In all focus groups in all regions, among both male and female participants, rape and sexual violence was a defining feature of the discussions. This predominance of the issue of rape in the focus group discussions was not reflected in the survey results. The comparatively lower levels of rape in the one-on-one surveys may be attributed to individuals’ preference to discuss sexual violence in the voice of “the other:” presenting the topic as something they have “heard about happening to someone else,” whereas one-on-one surveys are typically designed to collect first person accounts of experiences.

In discussions addressing rape, a majority of focus group participants across regions, reported that most survivors would choose not to report to anyone and highlighted barriers to reporting such as stigma, shaming the family, rejection by family or community, and fear of reprisal. Further discussions indicated that women and girls either had no services in proximity to their communities, or were unaware of the support available to them where services did exist.

Participants suggested that reinstating formal police structures, and minimizing the military presence, would greatly contribute to increase security both in general, and specifically for women and girls. This issue was most commonly raised among respondents in Abidjan focus groups, though was featured, in varying degrees, among focus groups in all three regions. Lack of accountability of perpetrators was identified as a common occurrence by focus groups in all three regions, with some groups referencing “total impunity” for perpetrators, particularly those who are armed. Focus groups in Abidjan particularly highlighted the need to minimize the presence of armed groups in their neighborhoods and to increase the presence of the police to minimize risk, while respondents in Man reported higher levels of comfort with relying on armed groups, such as the FRCI, for support with security.

Focus group participants in all three settings asserted that for the most part, neither women nor the communities are actively engaged in activities that protect women and girls from violence. In fact, participants in more than one group stated that those who are the least safe are “every woman and girl, without exception.” One strategy for women and girls to protect themselves, throughout all three regions, was to restrict their movement: suggesting they leave their homes only when necessary, and avoid walking or traveling anywhere at night. None of the groups appeared to

recognize that restriction of women and girl’s freedom of movement and choice is another form of violence, or that protecting women and girls from violence should focus on preventing the violence from occurring.

The focus groups were concluded with discussions relating to four different scenarios:

- Scenario 1: Intimate partner violence
- Scenario 2: Rape
- Scenario 3: Survival sex/Sexual exploitation³
- Scenario 4: Denial of access to services

It was not until the discussion focused on these four scenarios that the participants acknowledged some personal experiences, and provided more anecdotal information from the period of the post-election crisis. After specifically asking about the four forms of GBV highlighted in the scenarios, the FGD participants reported that all four scenarios were occurring with increased regularity since the onset of the crisis, though frequency of occurrence of each did vary among regional responses.

All of the focus groups reported having heard of, or directly witnessing, women who had experienced types of violence similar to those presented to them as scenarios in the discussions.

“Women and girls have never thought of taking action to protect against violence, they know that violence against them is common.”

- Female focus group participant, Yamoussoukro

The final element of the assessment tool was a service mapping exercise, during which 45 service providers were interviewed in Abidjan, Man, and Yamoussoukro. Among those service providers interviewed, the vast majority were part of the government infrastructure, while the rest were either NGO, UN, or private clinics. Most communities included in the assessment were in fairly close proximity to service providers, the majority falling within 1 to 5 kilometers of the communities.

In Man, 50% of service providers experienced a decrease in service provision, 28.5% experienced an increase, and 21% reported no change in frequency of services provided.

In response to questions regarding reasons for service decrease or obstruction, the most common motivations identified by service providers were “proximity to fighting,” “presence of armed men to the service site,” and “lack of resources.” These factors were most frequently cited in Man and Abidjan, which is consistent with feedback from services providers that services decreased in those two regions more significantly than in Yamoussoukro.

Of the 13 service providers who had to decrease or stop service provision since the post-election crisis, 89% have been able to restart. Those that have not yet restarted services have not been able to do so due to a lack of resources.

³ During the focus groups, this scenario was sometimes interpreted as “forced marriage.” It is unclear if the distinction between sexual exploitation and forced marriage was made by the facilitator or the respondents.

2. Gender-Based Violence in the Cote d’Ivoire

“In Cote d’Ivoire, when there is war...there is rape.”

- Ivorian refugee woman in Liberia

Any intervention addressing GBV amongst the crisis-affected population in Côte d’Ivoire must take into account the complex and sensitive nature of the problem. Women and girls have been direct victims of the country’s post-electoral violence, and displaced women and girls are at heightened risk of sexual violence, intimate partner violence, abandonment, forced marriage, and survival sex.

Côte d’Ivoire Context

Strong patriarchal traditions and a history of violence against women and girls indicate that they have faced issues of marginalization and GBV prior to the conflict in 2002, the civil war in 2004-2006 and during the recent post-election crisis. Based on a recent study conducted by the IRC and its partners in Côte d’Ivoire, 60% of interviewed women had experienced violence in their lifetimes; 75% of the women who had experienced violence identified their partners as the perpetrator, 50% of had never disclosed it to anyone, and only 1% reported to a service provider⁴. Moreover, in Côte d’Ivoire, 21% of women and girls had been victims of sexual violence the year prior to the conflict in 2002, according to a 2008 UNFPA survey that covered the eight municipalities most affected by the 2002 crisis.

Conflicts in Côte d’Ivoire contribute to the nation’s already hostile environment for women and girls. According to Democratic Control of Armed Forces (DCAF), gender-based inequality and GBV that existed before conflicts are exaggerated and reinforced by the violent breakdown of social norms and responsibilities during and after significant conflict.⁵

Additional research suggests that protracted violence and human rights abuse are issues that impact women and children disproportionately.⁶ The forced displacement of women and girls generates specific protection risks including rape and other forms of sexual violence, and consequently exacerbates factors that contribute to domestic violence. A number of extenuating circumstances exist in Côte d’Ivoire that perpetuate violence against women and girls: a breakdown in social structures and living conditions due to displacement, limited access to food and other resources, restricted access to sources of income, separation of families and communities, and political uncertainty.

Though there is limited formal documentation of the issue, it is generally recognized and reported that in addition to IPV, traditional practices of early marriage, rape, denial of access to services, and sexual exploitation are common. Though GBV as an issue, particularly sexual violence, has become normalized among the women and girls of Côte d’Ivoire, it remains an unrecognized and under-resourced humanitarian crisis.

⁴ Hossain M, Zimmerman C, Kiss L, Watts C. *Violence against women and men in Côte d’Ivoire: Results from a community survey*. London, UK: London School of Hygiene & Tropical Medicine (LSHTM). 2010.

⁵ Consortium of Irish Human Rights, Humanitarian and Development Agencies and Development Cooperation. *Gender Based Violence Study*, Ireland, July 2005.

⁶ “Security and safety are not enjoyed equally by men and women. The victims of...conflict and an unreformed security sector are to a large extent civilians and very often women and children.” *Women in an Insecure World: Violence Against Women – Facts, Figures & Analysis*, Vlachova & Biason (Eds.), DCAF, September 2005.

2010-2011 Post-Election Crisis

According to the Côte d'Ivoire Interagency Humanitarian Team report (7 March 2011), “UNOCI has documented at least 28 cases of rape linked to the post-election violence, some involving young girls between 6-16 years [and] dozens of women are among the persons detained in cells with no regards to their special needs.” An April 2011 IRC GBV Rapid Assessment among Ivoirian refugees in Liberia also indicated alarming levels of sexual violence among women and girls affected by the recent crisis: during 8 focus groups conducted in Nimba county, 28 survivors disclosed that they had been raped and 3 survivors disclosed that they were gang-raped during the fighting or while fleeing.⁷

General consensus among GBV experts is that the number of cases reported is indicative of only a very small percentage of the problem due to the dangers and fears associated with reporting GBV. The IRC's work during the post-electoral period indicates that GBV has increased as a result of the current crisis. The IRC has observed a dramatic increase in the number of women seeking assistance in Côte d'Ivoire: a four-fold increase between December 2010 and February 2011.⁸ The IRC has received reports of women being raped in their homes by armed men and being assaulted at checkpoints. Such reports are likely to be indicative of a much larger problem, and many of the survivors who have come forward inform service providers of other women who have been raped but are unable to report and access support.

Previous experience among IRC GBV staff in Côte d'Ivoire provides long-standing evidence of survivors' high reluctance to seek assistance. Reasons include limited information, inadequate services, fear of breaches in confidentiality, shame, and acceptance that violence is an inevitable part of women's lives.

3. Methodology

The goal of the assessment was to collect both quantitative and qualitative data providing an overview of the impact of the post-election crisis on gender-based violence among women and girls, and on service providers. Specific aims included:

1. To conduct a quantitative and qualitative assessment of the existing GBV context among Ivorian women and girls
2. To increase understanding of the different types of violence experienced by refugee women and girls, as a result of the post-election crisis
3. To increase understanding of the availability of and access to survivor support and services
4. To develop community-driven recommendations for prevention of and response to GBV as part of the IRC's post-crisis emergency response.

In an effort to access both quantitative and qualitative information about gender-based violence in Côte d'Ivoire, the assessment methodology included focus group discussions (FGDs) and one-on-one individual surveys.

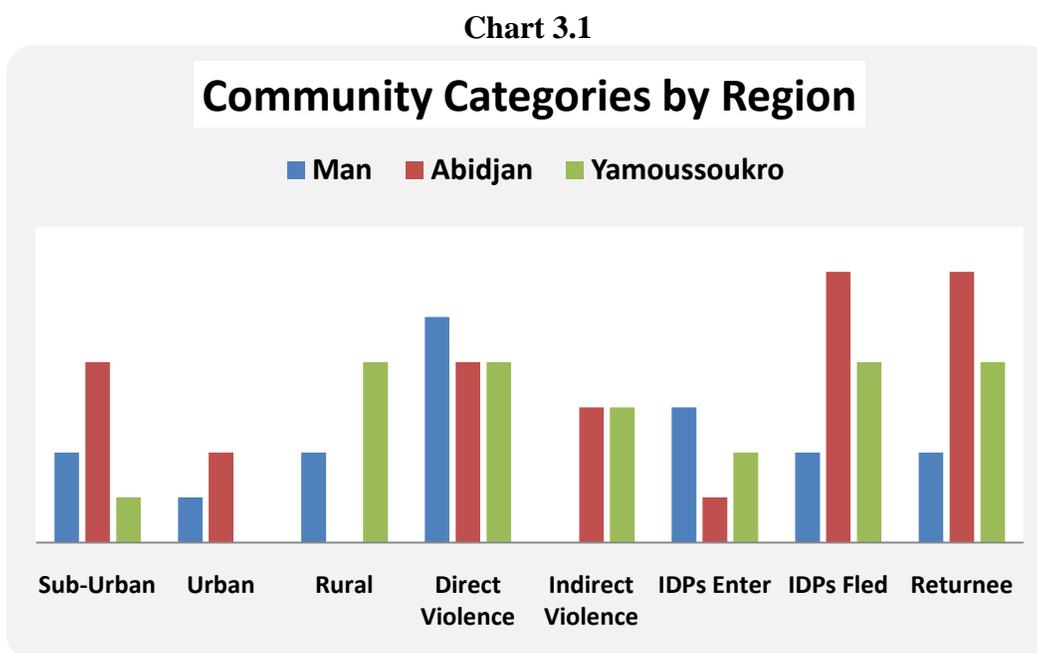
⁷ International Rescue Committee, *Gender-Based Violence Rapid Assessment: Nimba County*, April 2011

⁸ In December 2010, 21 women and girls had been assisted. As of February 2011, the number had reached 85. From December to March 2011, IRC staff assisted 203 women and girl survivors, including 59 cases of sexual violence.

Subsequent to the FGDs and individual surveys, a mapping assessment was conducted among service providers in the affected areas. This included interviews with health, psychosocial and legal/protection actors to determine the scope of available services, and the scale of the impact the post-election crisis on service provision.

Selection of communities was both targeted and random. The regions were selected based on IRC’s existing program areas of Man, Yamoussoukro, and Abidjan. Within those program areas, 15 localities were identified by the IRC GBV team by factors such as being either directly or indirectly affected by violence, recent or current presence of IDPs, and the context of the IDP environment (entering, leaving, or returning). Within each of the localities, a list of communities was compiled. From the larger list of communities, 16 were randomly selected to be included in the assessment. The final list of communities was further categorized as urban, rural, or sub-urban. It was determined that communities could fall into multiple categories (for example, an urban community could be both directly and indirectly affected by violence, and have had IDPs flee and return).

The final breakdown of selected communities can be seen in Chart 3.1:



The facilitation teams included one supervisor and 4 enumerators per region. Prior to the 5-day data collection process, each team developed a breakdown of responsibilities and a daily schedule covering all three types of data collection. Preceding the formal onset of data collection, all three assessment tools (one-on-one interview guide, service mapping questionnaire, and focus group discussion guide) were pilot tested in Abidjan, adapted and further contextualized as per the feedback of the pilot team.

Focus Group Discussions

A total of 18 focus groups were conducted over a one-week period: 6 in each of the three regions. The discussions were facilitated within 5 communities in Man, 5 communities in Yamoussoukro, and 6 communities in Abidjan.

The demographic breakdown and criteria for discussion participants were established to ensure a comprehensive cross-section of the population from the environment in which women and girls live, and the primary issues they face. The goal was to select a random, yet representative, sample of both male and female respondents from within affected areas. Groups were broken down by gender and age (15-18 years of age, 18 - 25 years of age, and 25 - 35 years of age, and 35 and older).

Table 3.1. Focus Group Breakdown

Type of Interview		# of Discussions per Team			Total
		Abidjan Team	Yamoussoukro Team	Man Team	
Focus Group Discussions	Male age 14-18	1			1
	Male age 18-25		1	1	2
	Male age 25-35		1		1
	Male over age 35	1		1	2
	Sub-Total Male Focus Groups				6
	Female age 14-18	1	1	1	3
	Female age 18-25	1	1	1	3
	Female age 25-35	1	1	1	3
	Female over age 35	1	1	1	3
	Sub-Total Female Focus Groups				12
Total		6	6	6	18

The Focus Group Discussions were conducted in French (and local languages as determined necessary by the facilitators⁹). Male and female participants were interviewed in same-sex groups, and, when possible, interviewed by same-sex facilitators. At the onset of each of the discussions, FGD participants were informed that participation was voluntary and they were free to leave as they felt necessary. They were instructed that all information was confidential, and that they could respond to the queries based on their comfort level. Discussions were held over a 1 - 1 ½ hour period.

As part of the introduction of each of the focus groups, it was explained that the information being discussed was intended to provide insight for the facilitators on the emotional and physical health and well-being of women and girls in their communities. The facilitators made no direct references to, nor provided any definitions of, gender-based violence until the scenarios were presented towards the end of the discussion.

Using the post-election crisis as a constant reference point, the participants were asked a series of general questions related to women's and girl's safety and security and available support and services.

⁹ Local languages were used when FGPs were having difficulty understanding questions as they were presented in French: local languages included Yacouba, Baoule, Guere, Dioula, and Bete.

The participants were then asked targeted questions about safety, security, types of violence experienced by women and girls, protocols for reporting, barriers to reporting, risk mitigation actions, and availability of, and access to, specialized services.

Upon completion of the primary and secondary set of questions, facilitators read scenarios presenting four types of GBV reportedly common since the crisis¹⁰: Intimate Partner Violence, rape, survival sex/sexual exploitation, and denial of access to services¹¹. Facilitators asked participants a sequence of questions that addressed their familiarity with the types of violence mentioned in the scenarios, the likelihood of reporting, barriers to reporting, types of support available to the survivors referenced in the scenarios, and actions designed to protect women and girls from these scenarios.

Focus group discussions are not designed to collect first person accounts of experiences, therefore sharing of personal experiences with VAW were not necessarily encouraged. However, in anticipation of possible disclosure by survivors either during, or after, the discussions, each facilitation team had a referral protocol in place for each location, and was equipped with at least one team member who could provide on-site case management and emotional support to any survivors who may have presented themselves over the course of the discussions.

Selection of focus group participants was done as randomly as possible, and only in consultation with community leadership structures when absolutely necessary. Discussions were conducted in private locations organized by the team either a few days or immediately prior to the discussions.

The focus group discussion guide was based on the global IRC GBV emergency toolkit assessment tool and was adapted for the context in consultation with IRC Côte d'Ivoire GBV program staff.

One-on-One Interviews

One hundred and twenty-eight surveys (86 female, 42 male) were conducted in the 3 regions: 40 in Man, 40 in Yamoussoukro, and 48 in Abidjan. Survey participants were asked a cycle of 31 questions (see Annex A or B); the survey process was facilitated in French (or local language as needed), and was conducted in private settings. Same sex interviews were conducted whenever possible. All survey participants were volunteers.

One-on-one interviews were conducted with a cross-section of ages among males and females. To contribute to a more random selection of respondents, the enumeration teams broke each community into quarters, with each member of the four-person team assigned to one quarter of the community.

The one-on-one interview questionnaires were designed to gather information complementary to those issues addressed in the FGDs. Consistent with the FGD process, the composition of the survey questionnaire included general questions related to education levels, occupation, marital status and statutory and customary legal practicalities. In addition to this general information, survey participants were asked to provide more detailed information on displacement, availability of services, frequency and types of GBV, and contexts in which various forms of GBV might occur.

¹⁰ These were drawn from the scenarios used in the assessment conducted among Ivoirian refugees in Liberia, were pilot tested in Abidjan, and were determined relevant by the assessment team.

¹¹ These 4 types of GBV were suggested by IRC Liberia staff familiar with the GBV context in the region.

The one-on-one interview guide was based on the global IRC GBV emergency toolkit assessment tool and was adapted for the context in consultation with IRC Côte d'Ivoire GBV program staff.

Respondents were broken down by gender and age (14-18 years of age, 18 - 25 years of age, and 25 - 35 years of age, and 35 and older). The age and gender breakdown of the survey respondents, by region, can be seen in Table 3.2.

Table 3.2 One-on-One Interview Breakdown

Type of Interview		# of Interviews per Team			Total
		Abidjan Team	Yamoussoukro Team	Man Team	
Individual Interviews	Male age 14-18	4	3	3	10
	Male age 18-25	4	5	2	11
	Male age 25-35	4	3	4	11
	Male over age 35	5	3	2	10
	Sub-Total Male				42
	Female age 14-18	8	6	7	21
	Female age 18-25	8	6	8	22
	Female age 25-35	8	7	7	22
	Female over age 35	7	7	7	21
	Sub-Total Female				86
Sub-Total		48	40	40	128

Service Mapping:

Though the original intention was to conduct 48 interviews with service providers, only 45 were completed due to proximity of service providers in the selected communities. Service providers were categorized as health, psychosocial support, or legal/protection. Teams were encouraged to interview both male and female service providers, but were not restricted to an equal breakdown if one gender was not available for an interview (see Table 3.3).

Table 3.3 Breakdown of Service Provider Interview

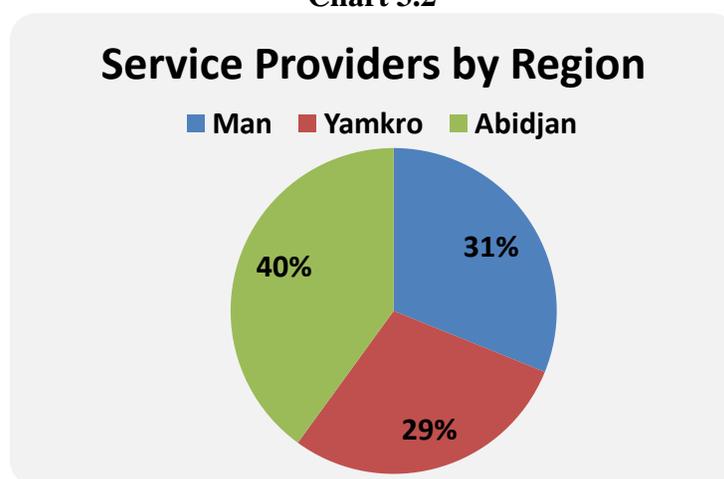
Type of Interview		# of Interviews per Team			Total
		Abidjan Team	Yamoussoukro Team	Man Team	
Service Mapping	Female Health	3	2	3	8
	Male Health	3	3	2	8
	Female PPS	3	2	3	8
	Male PPS	3	3	2	8
	Female Legal	3	3	2	8
	Male Legal	3	2	3	8
Total		18	15	15	48¹²

¹² Only 45 interviews were conducted: 18 in Abidjan, 13 in Yamoussoukro, and 14 in Man.

Respondents were asked a set of generic questions regarding service provision prior to the post-election crisis, and basic types of services provided. Depending on the services provided, each respondent was then asked sector-specific questions providing a further breakdown of services, staffing structures and capacity, targeted age groups, change in frequency of service provision since the crisis, reasons for any disruption, and whether services have been restarted since the disruption.

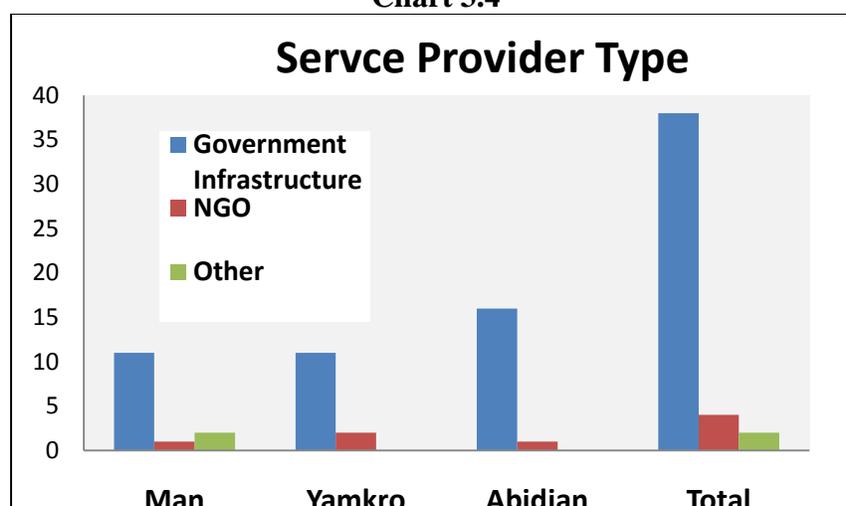
Unlike the other elements of data collection, the breakdown of targeted service mapping respondents was designed as a guideline. In the event that the enumeration team members were unable to identify service providers from each category in their locations (or within reasonable proximity to their location), it was understood that they would not conduct an interview for that specific sector and community. The final breakdown of service mapping respondents can be seen in Chart 3.2.

Chart 3.2



Collection teams were encouraged to interview a random selection of service providers, including government structures, rural facilities, NGO-run services, and private clinics. Completion of the service mapping exercise indicated a shortage of non-government run facilities and service providers in the targeted locations. Final breakdown of service providers included in the mapping exercise is in Chart 3.4:

Chart 3.4



4. One-on-One Interview Results

General Findings

Of the 128 individuals interviewed, 66.4% were female and 33.6% were male.

Table 4.1: Gender of Respondents

Gender of person being interviewed	Frequency	Percent	
Female	85	66.4%	<div style="width: 66.4%; background-color: yellow;"></div>
Male	43	33.6%	<div style="width: 33.6%; background-color: yellow;"></div>
Total	128	100.0%	<div style="width: 100%; background-color: orange;"></div>

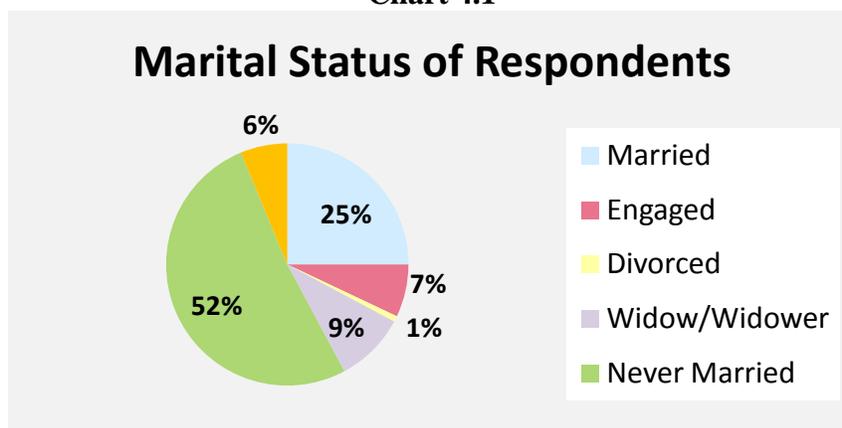
Most survey participants were either between the ages of 15 and 25 (45.3%) or were between the age of 25 and 35 (approximately 26%). Only 3.9% were under the age of 15. This disparity in ages is due in large part to the time of day during which interviews were conducted: most girls under the age of 18 were in school at the time the interviews were conducted (see “Challenges” section for additional feedback).

Table 4.2: Age of Respondents

How old are you today?	Frequency	Percent	
Between 15 and 25	58	45.3%	<div style="width: 45.3%; background-color: yellow;"></div>
Between 25 and 35	33	25.8%	<div style="width: 25.8%; background-color: yellow;"></div>
Between 35 and 45	18	14.1%	<div style="width: 14.1%; background-color: yellow;"></div>
Less than 15 years old	5	3.9%	<div style="width: 3.9%; background-color: yellow;"></div>
Older than 45	14	10.9%	<div style="width: 10.9%; background-color: yellow;"></div>

The majority of survey participants fell into either “never married” (52%) or “married” (25%). Only 1% of individuals identified themselves as “divorced” and 9% as “widowed.” Nine individuals (7%) were engaged at the time of the interview, and 6% identified themselves as “other,” which, after further questioning, often indicated that the respondent was “single” or “living with a partner.”

Chart 4.1



The majority of female respondents, of all ages, who were earning income outside of the home, were employed at “petty trading,” (over 63%), followed by 12% working in a salon. The remaining 12% of respondents were split between “agricultural labor,” “other” (at a little over 10% each), “house help” and “artisan,” at 25% each.

Table 4.3 Female Respondents Occupations

At which occupation are you currently employed?	Frequency	Percent	
Agricultural labor	5	10.2%	■
Artisan	1	2.0%	■
House help (cook, clean, etc.)	1	2.0%	■
Other	5	10.2%	■
Petty trading	31	63.3%	■
Teacher	0	0.0%	
Work in a salon	6	12.2%	■

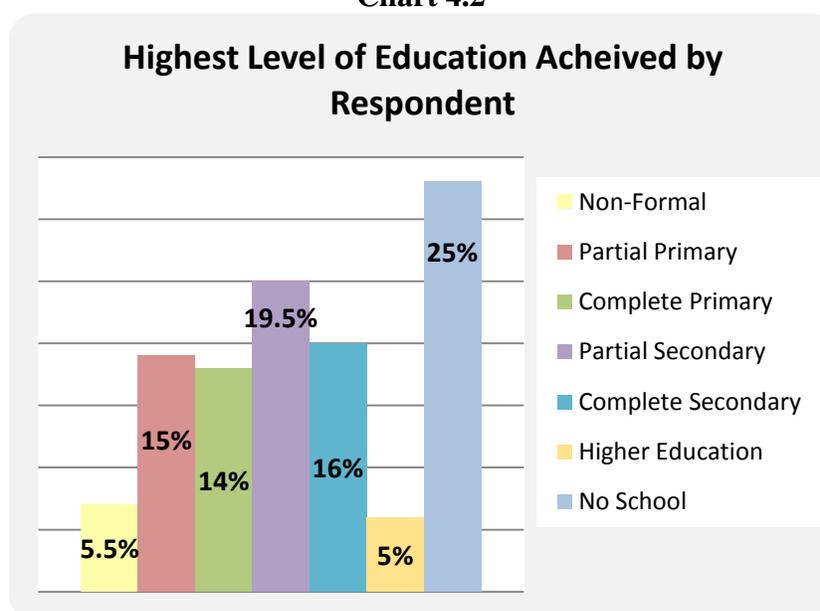
Occupations among male respondents were distributed somewhat more equitably across categories, though differed significantly from the categories identified by women. Unlike female respondents, male respondents reported working as “artisans” (30.8%) and “agricultural laborers” (15.4%). Only 11.5% identified themselves as “petty traders,” and 7.7% as “teachers.” Nearly 34.6% of male respondents reported their occupation as “other,” which included “retired,” “business owner,” or “driver.”

Table 4.4 Male Respondents Occupations

At which occupation are you currently employed?	Frequency	Percent	
Agricultural labor	4	15.4%	■
Artisan	8	30.8%	■
House help (cook, clean, etc.)	0	0.0%	
Other	9	34.6%	■
Petty trading	3	11.5%	■
Teacher	2	7.7%	■

As per Chart 4.2, many respondents (25%) surveyed had not completed any school. Of the remaining 95 people surveyed, 19.5% reported having not completed secondary school, 16% had completed secondary school, 15% had an incomplete primary education, 14% had completed primary school, 5.5% had accessed some non-formal education, and 5% of respondents reported having had higher education.

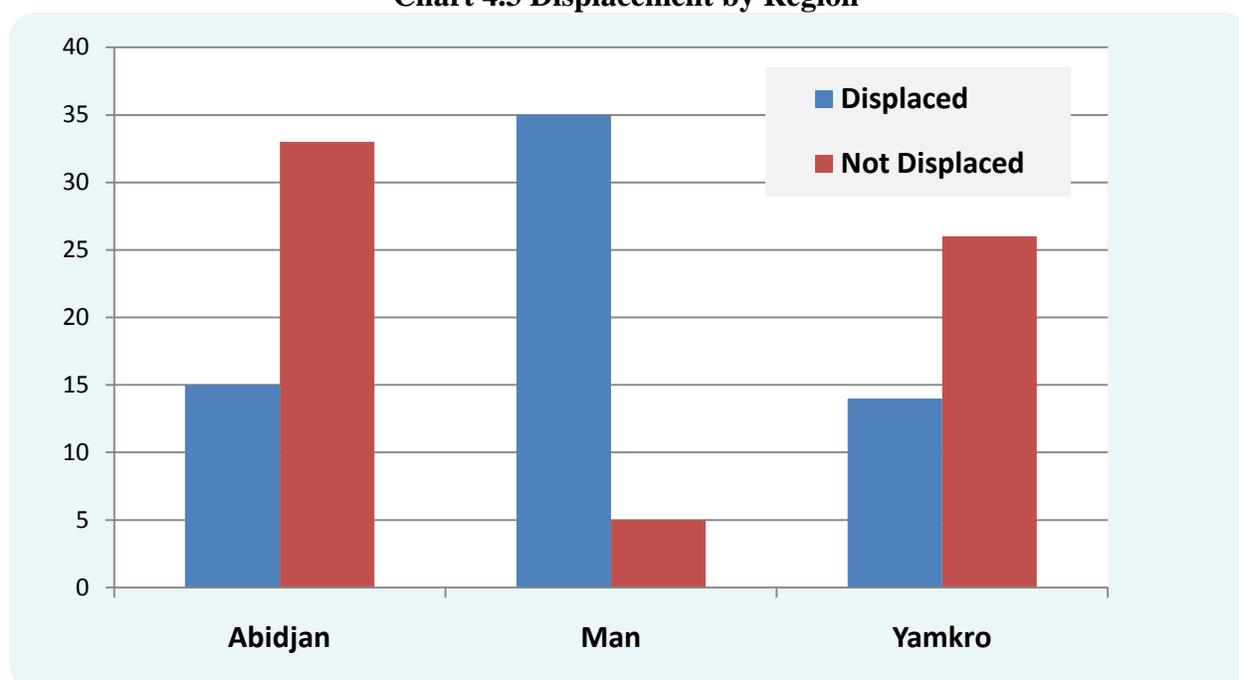
Chart 4.2



Of the thirty-three respondents reporting having had no access to education, 88% of them were female.

Sixty-four respondents (50%) reported having been displaced as a result of the post-election crisis. Of those reporting being displaced, 55% of them were from the Region of Man. Among all respondents from Man region, over 87% of them reported being displaced (Chart 4.3).

Chart 4.3 Displacement by Region



In the region of Yamoussoukro, through the majority of respondents overall reported having not been displaced as a result of the crisis, when further broken down, there is one community reporting a displacement rate of 100%. In Man, 80% (4) of the communities interviewed reported a 100% displacement rate. The one remaining community in Man that did not have a displacement rate of 100%, had 62.5% of its respondents report that they were not displaced. Over 68% of the respondents in Abidjan reported experiencing no displacement as a result of the crisis. This breakdown was fairly consistent across all communities.

Charts 4.4, 4.5, and 4.6 provide further information on how those respondents who were displaced are currently living:

Chart 4.4
Context Displaced Currently Live - Man

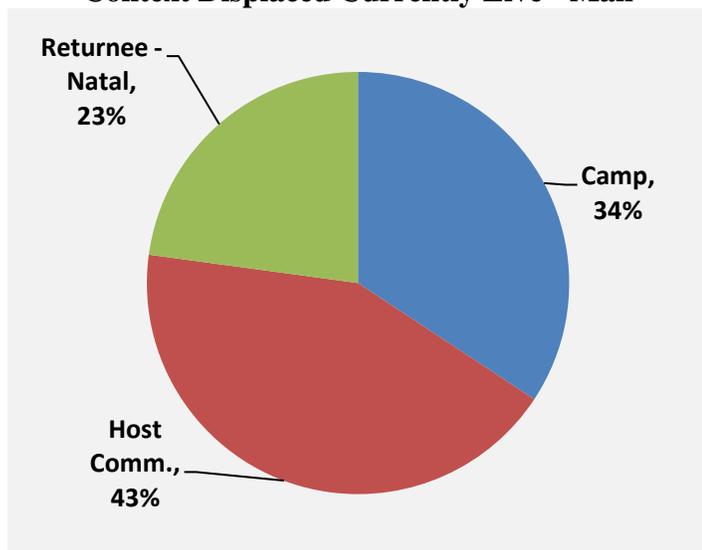


Chart 4.5
Context Displaced Currently Live - Yamkro

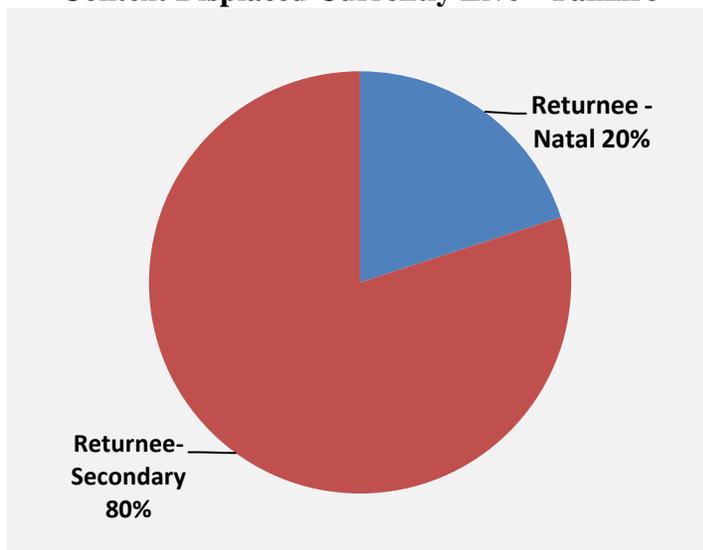
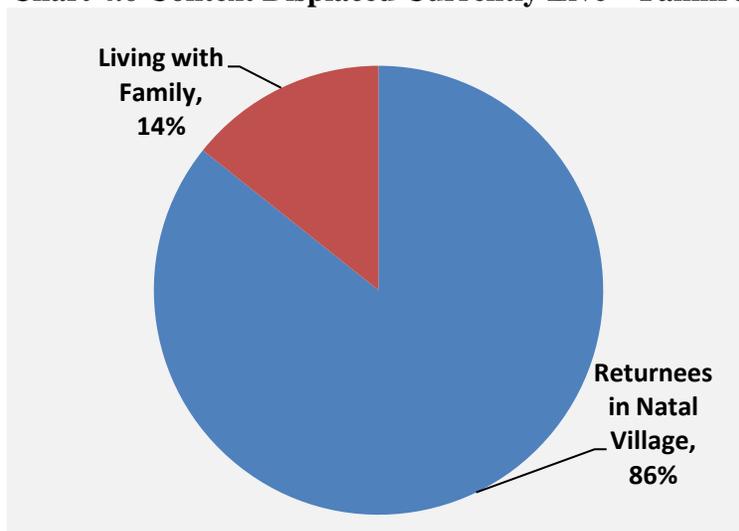


Chart 4.6 Context Displaced Currently Live - Yamkro



Types of GBV, Frequency, and Context

Among the 128 respondents interviewed, 66% reported an increase in gender-based violence since the crisis. Of the 85 respondents reporting an increase, 41% were from the Man region, 32% from Yamoussoukro, and 27% from Abidjan.

Chart 4.7

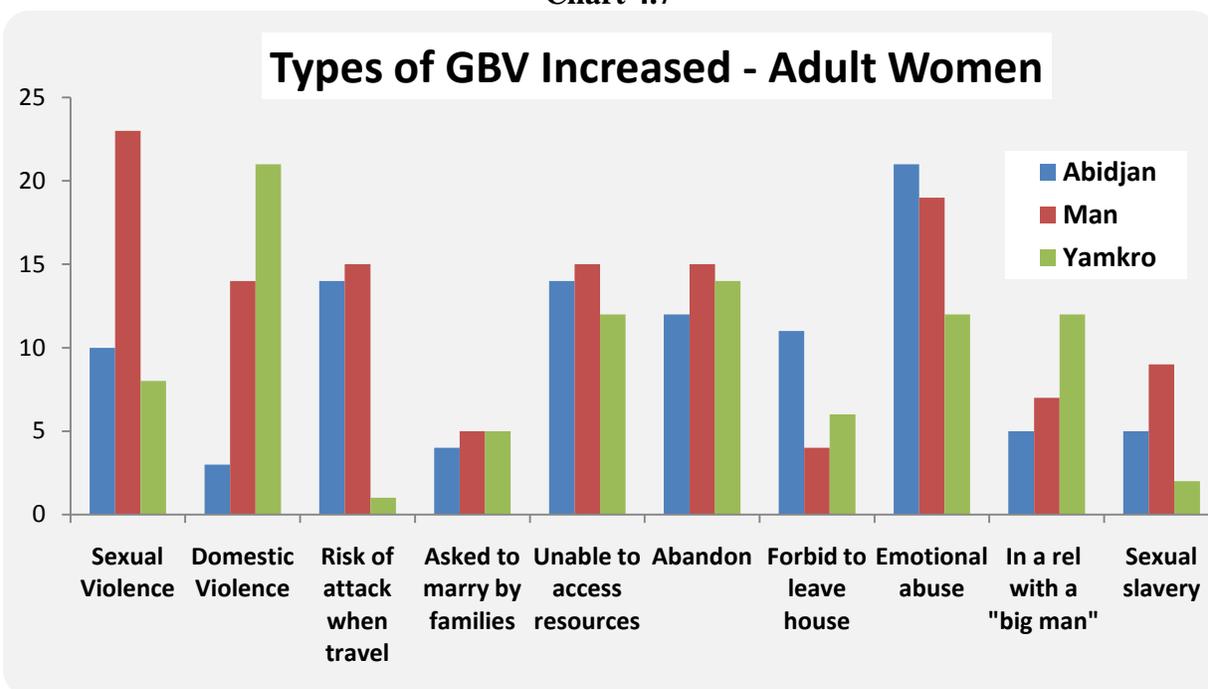
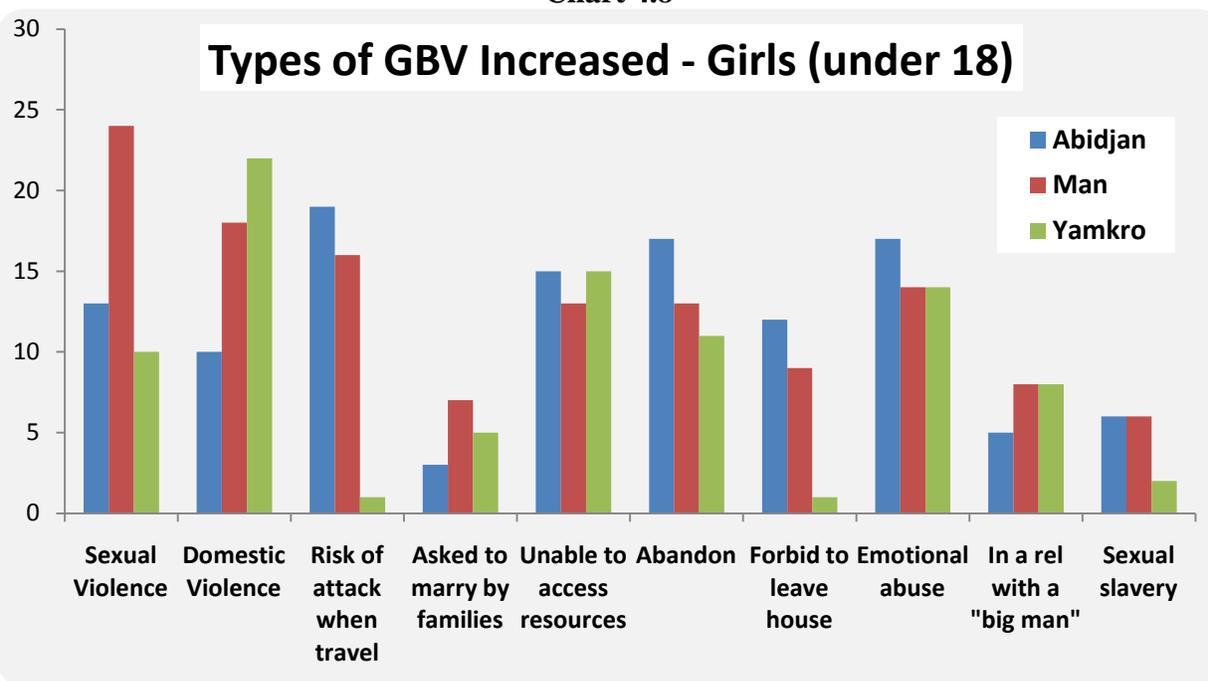
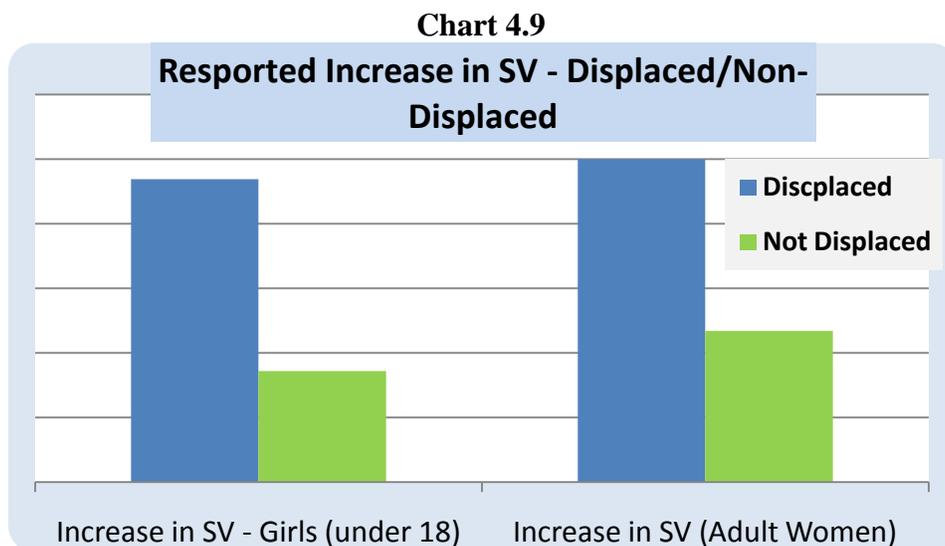


Chart 4.8



Reported increases in various forms of sexual violence were highest in Man, with 57.5% of respondents reporting an increase in SV among girls under the age of 18, and 60% of respondents reporting an increase of SV among adult women. Approximately 22% of Man respondents reporting an increase in GBV identified sexual slavery among girls under 18.

According to Chart 4.9, there is a marked difference among displaced respondents versus non-displaced respondents when reporting increases in sexual violence since the crisis. Displaced respondents were two times more likely to report an increase in sexual violence against adult women than non-displaced respondents, and almost three times more likely to report it against girls under the age of 18.

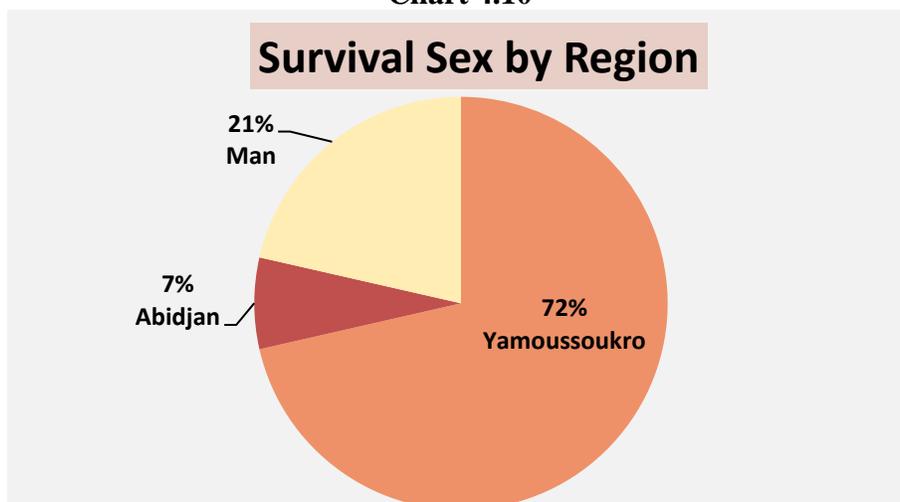


Among respondents from Abidjan and Yamoussoukro who had reported an increase in GBV, 21% from Abidjan and 20% from Yamoussoukro identified sexual violence among girls under 18. Almost 28% of respondents from Abidjan and 21% of respondents from Yamoussoukro reported an increase in sexual violence against adult women.

Other types of GBV reported as increasing since the post election crisis include domestic violence among both girls under 18 (52.5% of respondents from Yamoussoukro) and adult women (55% of respondents from Yamoussoukro), emotional abuse among girls under 18 (43.7% of respondents from Abidjan), risk of being attacked among adult women (40% of respondents from Abidjan), and sexual slavery among girls under 18 (20% of respondents in Man reported an increase).

Twenty-two percent of all respondents reported that women and girls are having sex in exchange for money to meet basic needs. Of those respondents, 72% were from the Yamoussoukro region (Chart 4.10).

Chart 4.10



Eleven percent of all respondents confirming an increase in GBV since the beginning of the crisis identified forced marriage of girls under age 18 as an issue: 12.5% of these respondents were from Man respondents, 12.5% from Yamoussoukro, and 8% from Abidjan.

The context in which a women or girl is most likely to experience physical violence since the crisis was fairly consistent among regional responses. The most significant disparity was in the category of “at a checkpoint.” Thirty-five percent of the respondents from both Man and Abidjan, those regions in which displacement was respectively highest and lowest, identified this as a context in which a women or girl would be likely to experience physical violence, compared to only 10% of respondents from Yamoussoukro.

Chart 4.11

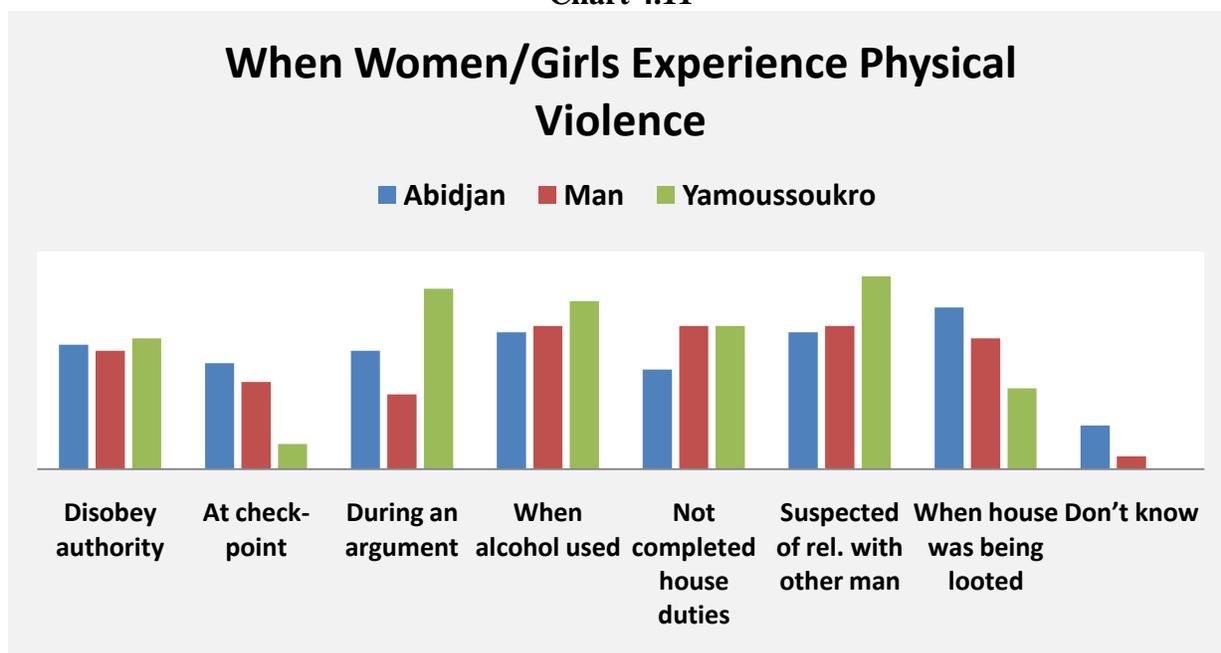
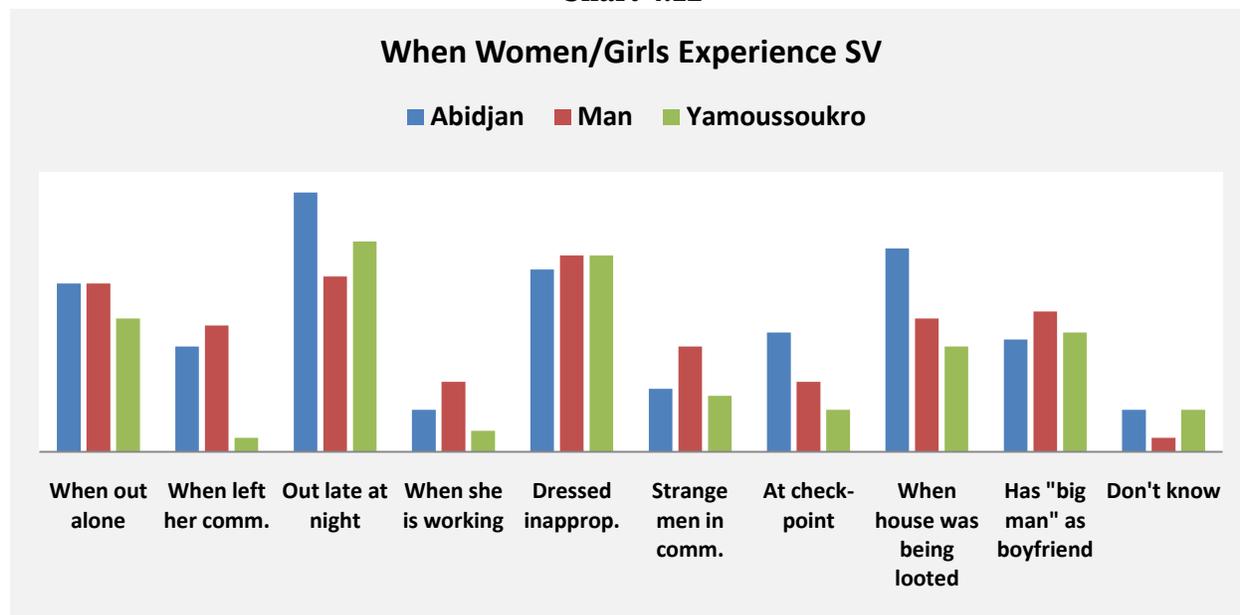


Chart 4.12 highlights the context in which a woman or girl is most likely to experience sexual violence. Thirty-five percent of respondents from Abidjan identified “checkpoints” as a context in which a women or girl is likely to experience sexual violence, as did 20% of respondents from Man, and 15% of respondents from Yamoussoukro.

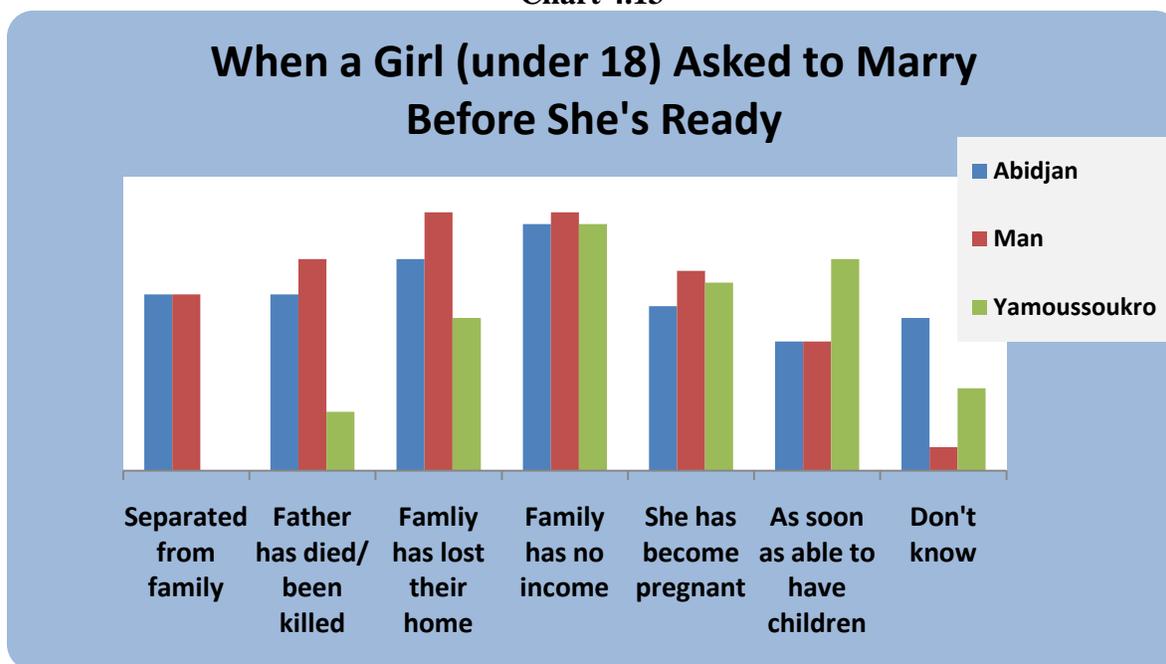
Sixty percent of respondents from Abidjan reported “when the house is being looted” as a context in which women and girls would be likely to experience sexual violence, followed by 47.5% of respondents from Man, and 37.5% of respondents from Yamoussoukro.

Chart 4.12



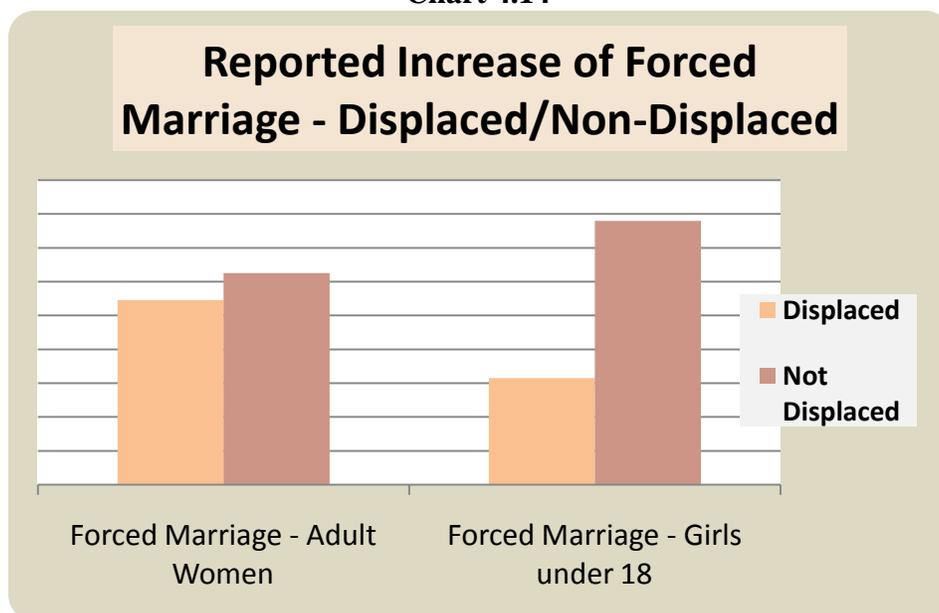
Approximately 12% of all respondents reported that forced marriages had increased among adult women, and 11% reported an increase in forced marriages for girls under age 18. When asked further questions related to context, 50% of all respondents reported that a girl would be asked to marry if her family had no income, 41% if the family had lost their home, and 23% if the family had become separated. Nearly 44% of all respondents in Abidjan reported that a girl would most likely be asked to marry by her family if they had no income, 55% of all Man respondents reported that a girl would most likely be asked to marry if her family had no income or had lost their homes. Twenty-one respondents from Yamoussoukro (52.5% also identified “family had lost their income” as a likely scenario in which girls would be forced to marry, with another 45% of respondents identifying “once she is able to have children.”

Chart 4.13



Reported increases in forced marriage among adult and women and girls under the age of 18 were higher among non-displaced respondents than they were among displaced respondents (Chart 4.14).

Chart 4.14

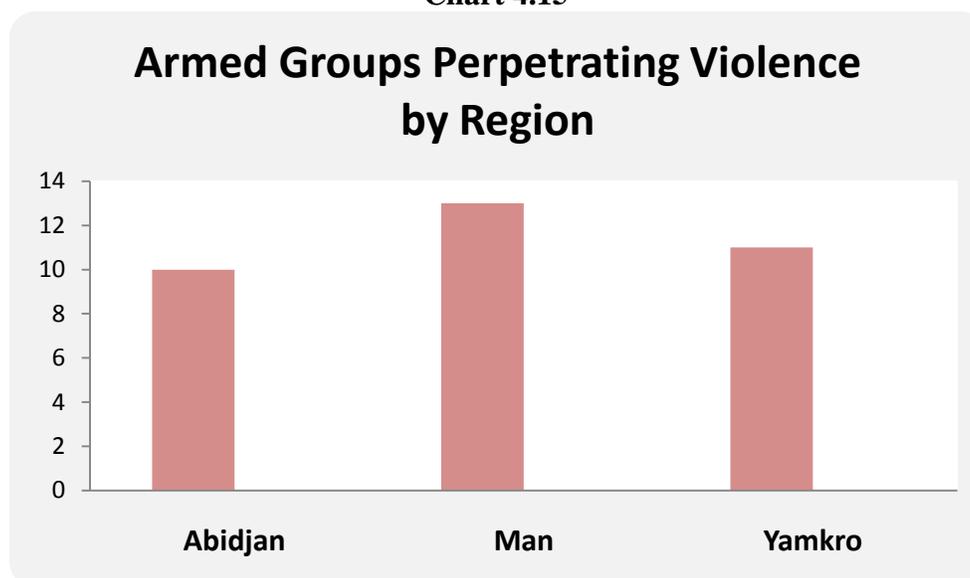


In response to questions about the presence of armed groups (military, informal militia, police and peacekeepers) near various communities, respondent rates were highest from Yamoussoukro (92.5% reported presence of military, 35% reported presence of peacekeepers and 32.5% reported presence of police near their communities) and Abidjan respondents (62.5% reported presence of military, 50% reported presence of peacekeepers, and 48% reported presence of police nearby). Man

respondent rates were lower with 37.5% reporting nearby presence of military, 42.5% reporting peacekeepers, and 27.5% reporting presence of “informal militia groups”.

Though the proximity of these groups was reportedly lowest in Man region, it was in this region that reports of armed groups perpetrating violence against women and girls was highest:

Chart 4.15

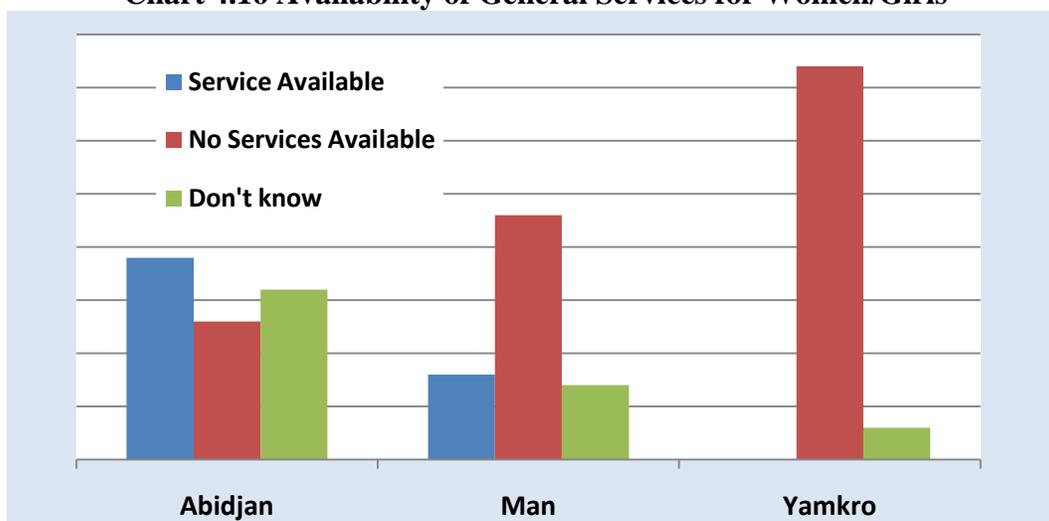


Of the 34 respondents reporting that armed groups had perpetrated violence against women and girls, 38% of them were from Man, 32% were from Yamoussoukro, and 29% were from Abidjan.

Access and Availability of Services

Survey participants were asked several questions about access to, and availability of, services for women and girls, both in general and specific to survivors of GBV. Over 92% of respondents from Yamoussoukro reported that there were no services for women and girls available. The remaining 8% (3 respondents) reported that they simply “didn’t know” if there were services for women and girls. Among Man respondents, 57.5% also reported that there were no services for women and girls, compared to 27% of respondents in Abidjan (see Chart 4.16).

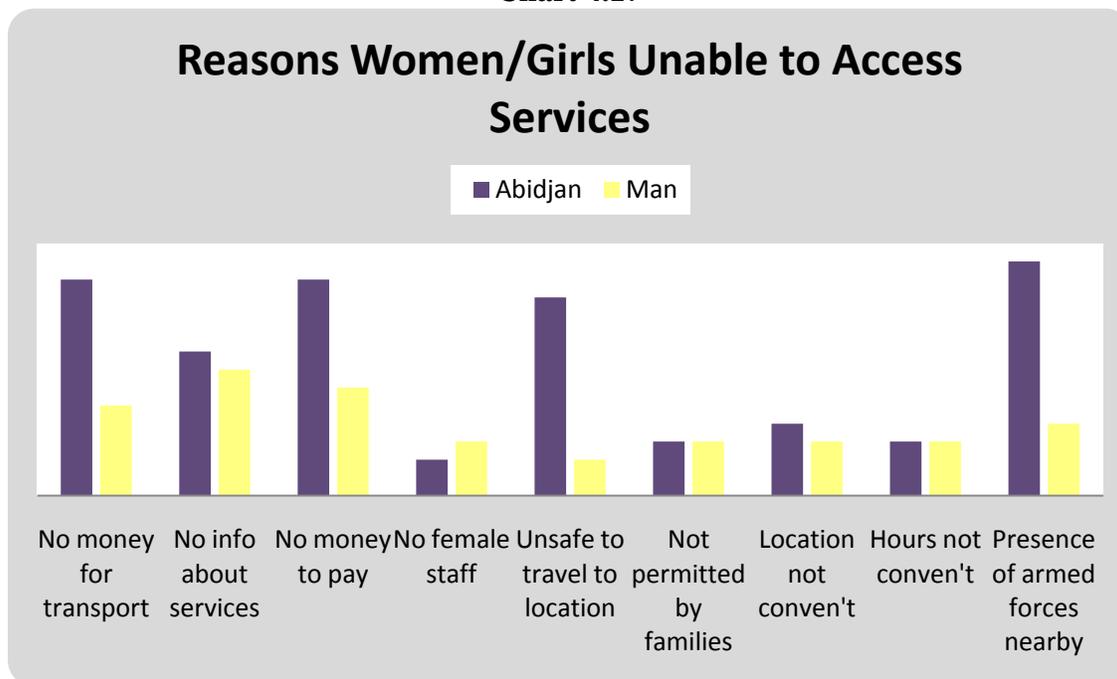
Chart 4.16 Availability of General Services for Women/Girls



According to the 27 Man and Abidjan respondents reporting that women and girls were not able to access services, over 66% identified “no money to pay” or “no money for transport,” 55.5% identified “no information about services,” 63% reported “the presence of armed forces” reason, and 48% reported it was “unsafe to travel to location” as reasons. As no respondents from Yamoussoukro reported that there were services available, none of them were asked this as a follow up question. Breakdown of these issues by region can be found in Chart 4.17:

Chart 4.17

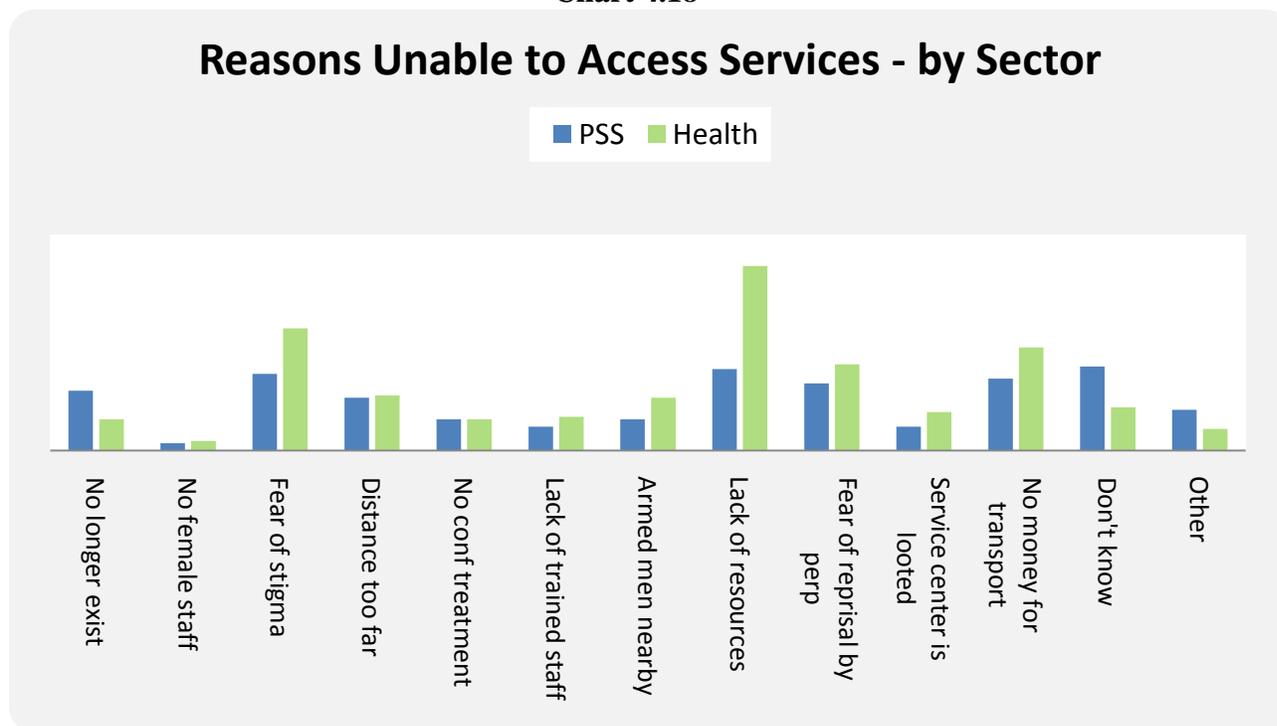
Reasons Women/Girls Unable to Access Services



Further questions about accessing health and psychosocial support services specific to survivors of GBV identified additional barriers faced by women and girls. Some reasons that survivors are unable to access health services include “lack of resources” (66% of total respondents), “stigma”

(40% of respondents), “fear of reprisal by the perpetrator” (28%), and “presence of armed group nearby” (17%). Barriers to survivors accessing PSS services among all the respondents included “lack of resources” (26.5%), “stigma” (25%), “fear of reprisal by the perpetrator” (22%), and “services no longer exist” (19.5%).

Chart 4.18



5. Focus Group Results

A total of 18 focus groups were conducted in the three regions: 6 in Man, 6 in Yamoussoukro, and 6 in Abidjan.

Responses to Questions about Safety and Security

Focus groups participants in all three regions consistently reported that there were multiple locations both within, and nearby, their respective communities where women and girls feel unsafe, and where they may be at pronounced risk of violence. Respondents in Man often referenced areas in which there was fighting, claiming the presence of “*dozos*”¹³ still patrolling the area: “we are afraid of being mugged or raped by them,” stated a participant in one village. In response to general feelings of compromised safety and security, respondents in Man stated they will typically remain indoors after dark. Participants from Yamoussoukro also highlighted general insecurity when on the road or in the fields, “because of men carrying guns and raping.” Many of the insecure areas identified by groups in Yamoussoukro are poorly lit, remote locations, or isolated roads. Among the focus group discussions in Abidjan, respondents identified police stations occupied by FRCI as sources of

¹³ Historically considered to be traditional hunters, these armed men are now seen as “traditional militia” groups.

insecurity because, “they scare everybody, visit late at night and threaten all of us.” One participant reported that girls are “often raped near there,” though did not provide a causal link.

When faced with a security issue, respondents in Yamoussoukro state that security issues would typically be reported to community leaders, village chiefs, or family leaders. In Man, respondents report that they are typically inclined to go to the village chiefs, security forces (though without specifying which security forces), or to UNOCI “soldiers.” In Abidjan, there were consistent reports among focus group respondents of resisting reporting to the police, due to the presence of the FRCI.

“Everybody used to go to the police station, but now we’d rather stay home
and try to settle the problem with the family.”

- Focus Group Respondent in Abidjan

In focus group discussions in all three regions, participants suggested that reinstating formal police structures, and minimizing the military presence, would greatly contribute to increase security. Respondents in Man also suggested the establishment of various non-militarized patrol groups, such as ONUCI CivPol, or youth community groups to increase safety and security. Said one participant in Man, “the soldiers must go back to the barracks.” Compared to participants from Yamoussoukro and Abidjan, respondents in Man appeared to have an increased level of comfort with the presence of military and security forces in their respective communities, suggesting army and FRCI security patrols as a safety measure.

Respondents in Yamoussoukro suggested lighting of dark locations such as isolated roads and latrine areas, and the provision of services nearer to communities, “so our women don’t have to travel such long distances to get help.” Yamoussoukro focus group participants also reinforced the need for the “return” of the police and the establishment of security patrol groups, and identified the need to increase economic opportunities for women “to protect them from doing bad things like...prostitution.”

In Abidjan, numerous focus groups highlighted the need to minimize the presence of armed groups in their neighborhoods and to increase the presence of the police. “We want the FRCI to stop moving around our neighborhood with their weapons,” said one respondent from Abidjan. The benefit of having community-based patrol and security groups was also identified as a potential risk mitigation strategy

When describing the types of violence experienced by women and girls either during or since the post-election crisis, there were multiple references in focus groups in all three regions to an increase in rape and sexual violence. One woman in Man stated:

“We fled our village at the beginning of the crisis and were hiding in the bushes until the FRCI asked us to come back. Then the *dozos* made us line up as they looted and burned our houses. One woman was raped and another cut with a machete. Both died. Some of us were abducted and forced to cook for them in their camp.”

Other respondents in Man reported increased incidents of looting, rape, physical violence, women abandoned by their husbands, and humiliation if they were not considered to support the “right” political group. Many of the female focus group participants in Man reported restricted movement during, and since, the crisis, fearing for their safety at all times. One participant reported that a woman in her village was raped by soldiers, and died soon after.

Respondents in Yamoussoukro also identified rape as one of the main types of violence faced by women as a result of the crisis, but also highlighted an increased in physical violence (by both strangers and family members), restricted movement in their communities, being abandoned, and facing humiliation and battering by their husbands.

In Abidjan, one respondent reported that “it’s difficult for girls to know what is going on because they have to stay home all the time.” In addition to the rapes, physical violence and abandonment that was also identified in the other regions, focus group participants in Abidjan reported that some women and girls “abandoned themselves” to men in the market and local cafes in order to get food and to meet other basic needs.

Lack of accountability of perpetrators was identified as a common occurrence by focus groups in all three regions. Groups in Man, Abidjan, and Yamoussoukro all report that perpetrators are rarely punished or held accountable for their actions.

“It’s total impunity. They can do anything and we don’t know who to go to because we are not in a position of strength.”

- Male FG Participant from Man

Respondents in one focus group in Man report that perpetrator impunity is due to the fact that they are often armed.

Further questions about actions taken to hold perpetrators accountable revealed that agreements between families are facilitated by village leaders, chiefs, or FRCI, and typically in a manner that will minimize any further “division” within the family or village.

In Abidjan, one participant reported, “in the past, when someone beat or raped a girl, he was sent to the police to be tried and sentenced. But now, it is not the case, we cannot go to the police station any longer.” There are some actions taken against perpetrators, but none of the reported actions are within the aegis of rule of law: perpetrators have been beaten, killed, or “brought to an unknown location.

When asked about women and girls who are “least safe,” respondents in Man responded, “every woman and girl, without exception.” Respondents in Man particularly reported that women exposed to armed groups are at heightened risk: they are forced to “support” the armed groups, have been separated from their families due to the insecurity, or are used by soldiers for “sexual contacts.” The only women Man focus group participants could identify as safest were “very old women.”

Respondents from Yamoussoukro reported that working women (those who go to the market or fields for income or food, or who work in the market as petty traders), girl students as they travel to

school, and women who are required to travel long distances to collect water are most susceptible to rape, kidnapping and physical assault. Like respondents in Man, these focus group participants consider older women, or women who are sick are less likely to experience GBV.

According to participants in the Abidjan focus groups, girls are the least secure as they are often “targeted by the FRCI” and are more at risk of sexual assault and physical assault when a house is being looted, and kidnapping of women. Participants in Abidjan report that women and girls who are the safest are those who remain indoors as much as possible.

Treatment of survivors of gender-based violence by their families varied across regions. Participants in Man report an environment that is more supportive, and less punitive towards survivors: “We say, ‘what happened does not put an end to your life. It is because of the war’.” Participants in many of the groups report that survivors are encouraged to access services, are treated well by their families, and receive emotional support. Participants in one group, however, did report that survivors will be stigmatized by the community, and are forced to “manage by themselves.”

Treatment of survivors as reported by focus group participants in Yamoussoukro differs from the feedback from Man. In some cases, survivors are held responsible for being raped or attacked, and are expected to accept whatever “arrangement” is made by their families and village leaders with the perpetrator. One participant reported, “In some families, they will think she has no more value.” Some participants reported that families will support the survivor and take them to the police to report, or to a hospital for treatment.

There were more references to traditional medicines and support structures among the Abidjan focus groups. While some participants did acknowledge that survivors will be supported by their families and communities (“We give the victim our support because she’s a sister and she is desperate. We cannot reject her.”), for the most part, participants in Abidjan reported that “victims’ families hold back cases of rape because it is disgraceful for them.”

According to most respondents, women and girls are able to protect themselves only by restricting their own movement. This protective measure was reported frequently in focus groups in all three regions. In almost all cases, focus group participants provided examples of what women can do to protect themselves, but very few examples of how communities can protect them. The onus of responsibility for ensuring women’s and girls’ safety was placed on the shoulders of women and girls themselves.

Respondents in Man state that they call on UNOCI or FRCI for protection and security patrols. Others report that women are forced to rely on themselves. One group confirmed that women and girls, to protect themselves, “must not walk at night,” “must not practice prostitution,” and “must get married.” Some participants suggested that men must be with women to protect them, or that women should travel in groups, avoid going out at night, and have access to money as protective measures.

Yamoussoukro respondents report that women and girls should be cautious about where they travel, at what times of day, and to whom they speak throughout the day. Participants suggested that women and girls return early from the market and from school, that they “dress decently,” and that they “avoid hazardous places.”

As in Yamoussoukro, respondents from Abidjan suggest that women and girls restrict where they travel, and at what times of day. One female focus group participant reported that she stays home as “this is the only way to lower the risk of violence.” Abidjan focus group participants also confirm that community leaders have done very little to protect women and girls from violence and danger.

Responses to Questions about Available Services and Support

When asked where a survivor is most likely to go for medical treatment, focus group participants in all three regions report that she is most likely to go to the nearest hospital or rural clinic. Man respondents also report that survivors will seek out support from “NGOs working on GBV” for additional support. In Yamoussoukro, some focus group participants claimed that survivors would seek medical treatment from traditional healers, particularly those survivors with limited resources to cover the costs associated with accessing treatment at the general hospitals.

Among focus group participants in Abidjan, there were some references to survivors seeking medical support at private health clinics, in addition to the general hospitals discussed in the Man and Yamoussoukro focus groups. Those participants who identified private clinics as a possible source of medical care, reported that treatment at private clinics is sometimes less expensive, and nearer in proximity than general hospitals.

Aside from accessing health care, with the exception of those focus group participants in Man who mentioned survivors seeking support from “NGOs working on GBV,” very few focus group participants in any of the three regions was able to identify any other additional services available to women and girls if they are victims of violence. Several focus groups in Yamoussoukro mentioned the police and social centers as sources of support for survivors, while among Abidjan respondents no services outside the medical sector were identified.

Responses to Questions in Relation to Several Scenarios

As final discussion guidelines, each focus group was read 4 scenarios presenting different types of gender-based violence occurring among women and girls in communities affected by the post-election crisis. The focus group participants were then asked a series of questions using the scenarios as a point of reference.

Respondents in Man felt that the scenario presenting rape was the most common, followed quickly by resource denial. In one group, 6 participants reported knowing women or girls who had experienced sexual violence since the crisis. Respondents in Man also confirmed an increase in intimate partner violence and physical assault by strangers, often armed, in recent months.

These same respondents stated that survivors of various forms of GBV would not report to anyone for fear of shaming themselves or their families, being expelled from their homes, or, if they were raped, not being able to “get a husband.” Survivors of physical assault, intimate partner violence, or denial of services do not report in order to avoid causing additional distress within the household or because they love their husbands.

“Women bear the suffering because they do not want to break the household.”

- Female FG participant in Man

According to respondents in Man, survivors would be most inclined to report to their mothers, older sisters, aunties, or some other family member. Those survivors who would report outside of the family would likely seek out an NGO or other organization that “takes care of women.”

Though respondents in Yamoussoukro did not identify which of the types of GBV referenced in the scenarios was most common within their communities¹⁴, many participants did confirm that they had heard of these kinds of things happening since the crisis: 5 participants in one group and 10 participants in another group reported having heard of these types of GBV occurring often among women and girls.

The focus groups in Yamoussoukro, like those in Man, identified “shame” and “fear of being blamed, stigmatized, or rejected” as the reasons why a survivor would be inclined not to report. They also reported that survivors of intimate partner violence would be expected by their families “to bear everything her husband does to her.” Yamoussoukro also identified fear of reprisal by the perpetrator as a possible deterrent to reporting by a survivor.

Unlike respondents in Man, many focus group participants in Yamoussoukro reported that survivors would be likely to report incidents to the police, hospitals, social centers, or NGOs. In the focus group responses from Yamoussoukro on the issue of who a survivor would go to for help, there is only one reference to family members or parents. All other references are hospitals, police, NGOs, or community leaders.

The focus groups in Abidjan identified intimate partner violence, forced marriage, and sexual violence as most common, but among all the groups, participants identified all four scenarios as common in their communities. One participant in Abidjan reported, “Two parents forced their 3rd grade daughter to marry a man who had money. She tried to refuse, and they threw her out of the house.” Another participant reported, “Here men don’t beat, but they rape because they are unemployed.”

As happened with the Man and Yamoussoukro focus groups, the Abidjan focus group participants confirmed that shame and fear were the leading disincentive to survivors reporting to anyone. Participants report that survivors fear being rejected (if they have been raped), beaten by their husbands or other family members, or having the community in its entirety learn what happened to her. “Rape is disgraceful for women, so they keep their mouths shut in order to protect their lives,” said one respondent in an Abidjan focus group.

Participants’ responses in Abidjan to the question regarding who a survivor in these scenarios would go to for help were consistent with those responses from the Man focus groups. Abidjan participants also reported that survivors would go to mothers, older sisters, aunts, or female friends:

“The women prefer to tell their mothers and sisters rather than their friends.

There’s no specific place where they can disclose. If there was such a place they would readily go there to seek comfort.”

- Female focus group participant, Abidjan

¹⁴ The assessment supervisor team recognizes that this absence of information on this particular issue is likely a reflection of how the question was asked by the facilitation team. This will be addressed in future data collection activities.

Participants in Abidjan did confirm, however, that survivors would also go to a doctor, a social center, or an NGO that works with women. Survivors who wish to seek an “amicable” solution would report to village chiefs or community elders for support.

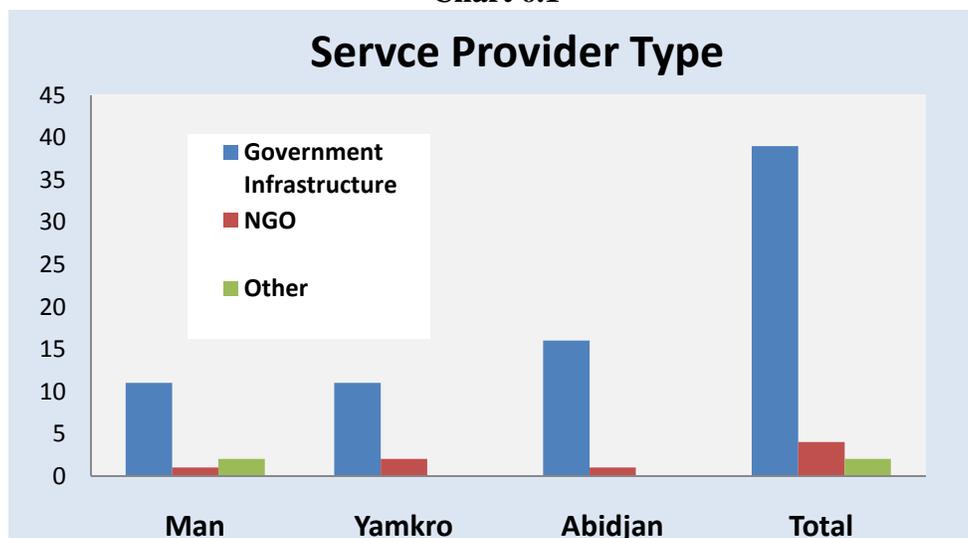
6. Service Mapping Results

In each of the 16 communities visited by the data collection teams, a total of 45 service mapping interviews were conducted with representatives from the health, psychosocial support, and legal sectors to determine available services, any disruption in service provision, and whether or not services that were disrupted had since restarted.

The teams attempted to ensure equal gender representation within the service providers, though in many cases, particularly within the legal sector, there were few female respondents available. In the event that no service provider from a respective sector was within reasonable proximity of the community, no interview was conducted for that sector.

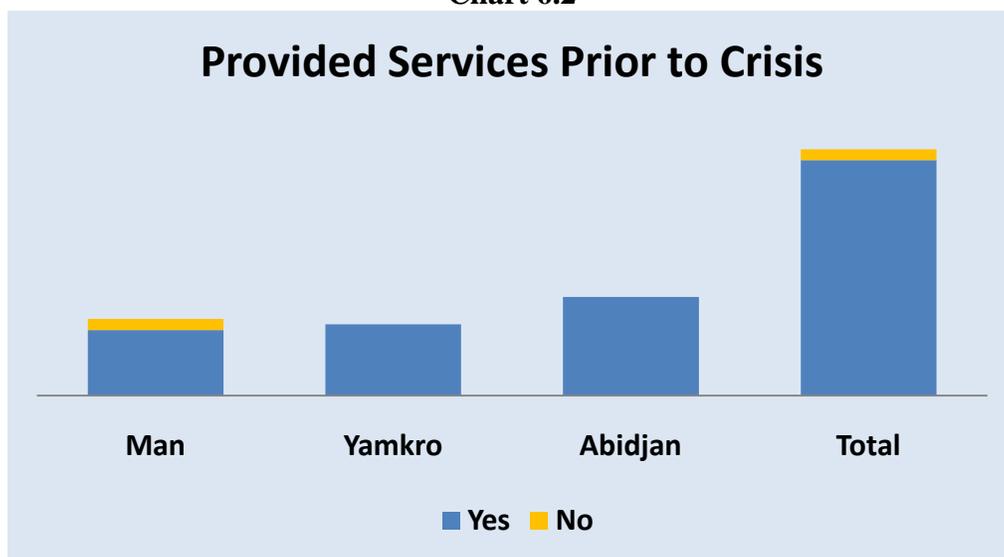
Data collection teams were encouraged to pursue interviews with a varied cross-section of service providers from within the public, private, and NGO spheres. Of the 45 service providers interviewed, almost 87% (39) were part of the government infrastructure, 8% (4) were NGOs, and 4% categorized themselves as “other”.

Chart 6.1



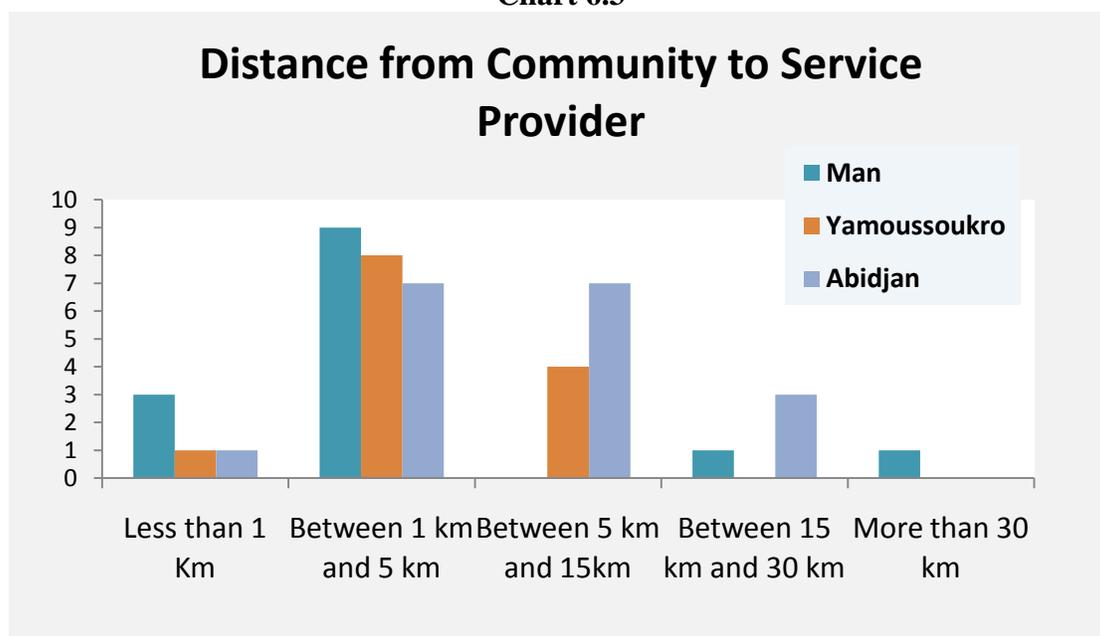
All the service providers interviewed, with the exception of 2 (4%), were providing services prior to the post-election crisis. Those that did not provide services (both in Man region) were in the legal sector, and were both self-identified as FRCI.

Chart 6.2



As outlined in Chart 6.3, most communities included in the assessment were in fairly close proximity to service providers, with 53% of respondents reporting their offices were within 1 to 5 kilometers of the communities. Those communities that were located 15 kilometers or more from available services were located in Man and Abidjan: 2% of service providers in Man were between 15 and 30 kilometers, or were more than 30 kilometers from communities, while 6% of service providers in Abidjan were between 15 and 30 kilometers from communities.

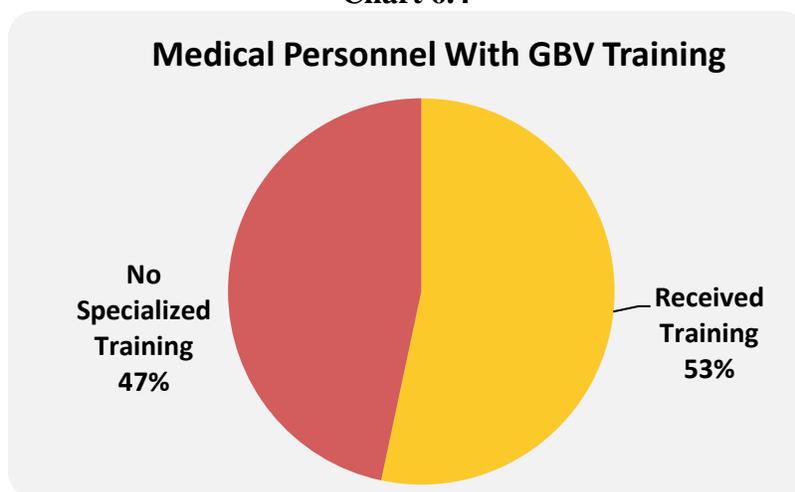
Chart 6.3



Within the health sector, 53% of health service providers reported having received GBV-specific trainings. Fifty percent of those having received GBV training were from the region of Man (80%

of Man health service providers reported having received GBV training), 37.5% were from Yamoussoukro, and only 12.5% were from Abidjan (see Chart 6.4).

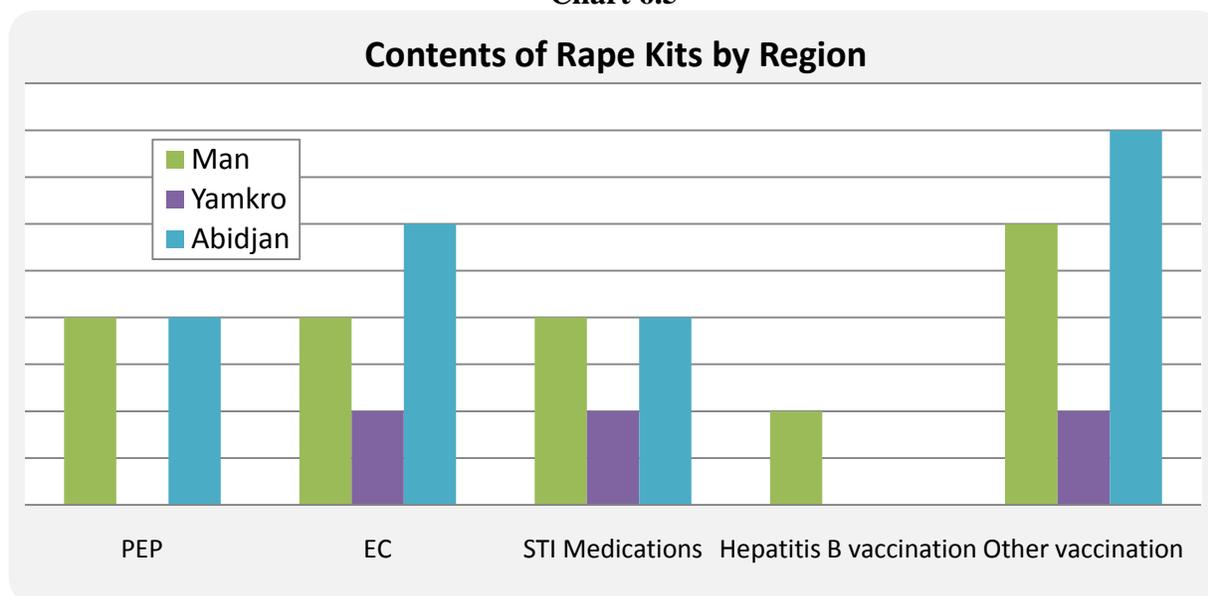
Chart 6.4



When asked if their health staff had received training on the provision of specialized services for child survivors of gender-based violence, 100% of respondents in Man reported that they had (this contradicts with the answer to the previous question regarding training on GBV services, to which only 80% of Man respondents answered “Yes.”). In contrast, 100% of service providers in both Yamoussoukro and Abidjan reported that they had not received any specialized training for working with child survivors.

Data collectors asked subsequent questions on the content of the rape kits. Responses from service providers indicated that, of the 16 health service providers interviewed only 6% (1) had fully “complete” rape kits.

Chart 6.5

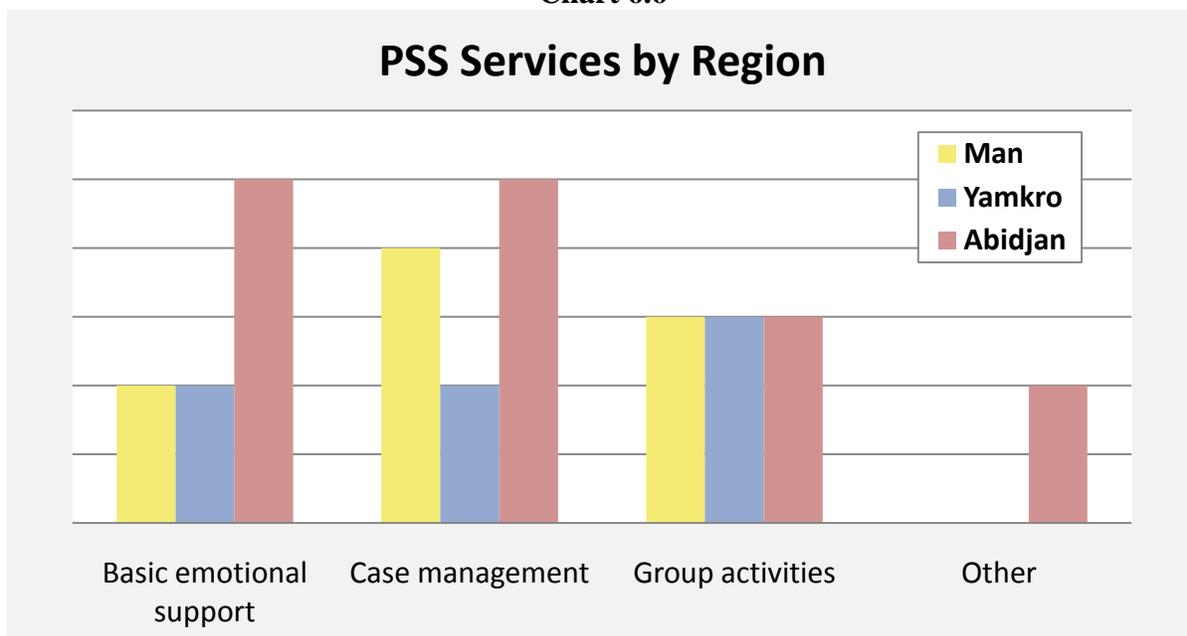


Interviews with psychosocial support (PSS) service providers included questions about safe spaces for interviewing, target age groups, and specific services provided. Sixty-nine percent of PSS service providers reported that they provide a safe, confidential space for interviews with survivors (100% of PSS service providers in Man, 83% in Abidjan, and only 50% in Yamoussoukro).

Eighty-one percent of the 16 PSS respondents reported that their support services are provided by organization staff, 31% reported providing support through partners, and 31% reported providing support through trained volunteers.

The majority of PSS service providers focus on the provision of basic emotional support and case management services in their repertoire of services, followed closely by group support activities. Those respondents who reported providing “other” services indicated that most of these “other” services are linked to referrals to other organizations.

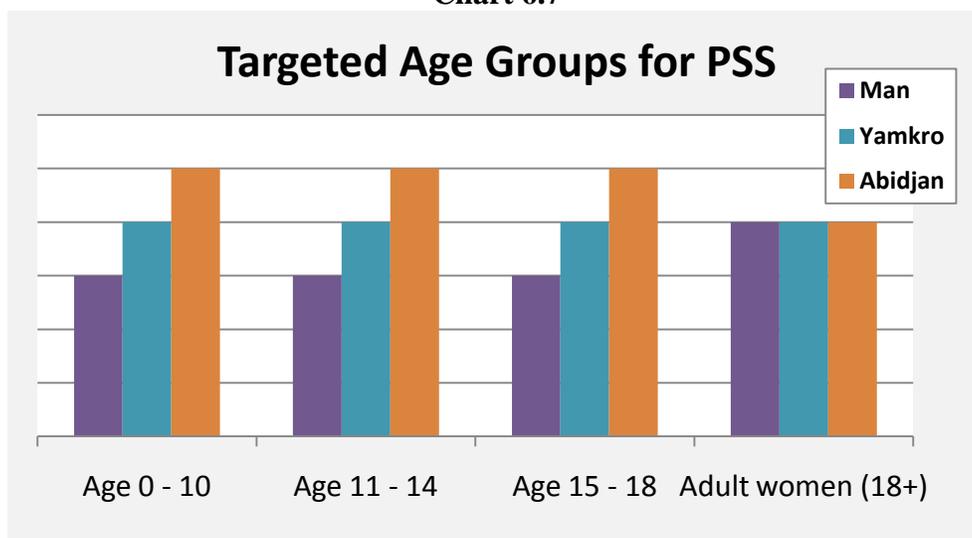
Chart 6.6



The majority of PSS service providers reported having the capacity to serve survivors of varying ages. Seventy-five percent of PSS respondents in Man, 100% in Yamoussoukro, and 100% in Abidjan reported their activities were designed to serve children between the ages of 0 to 10, young adolescents between the ages of 10 and 14, and older adolescents between the ages of 14 and 18. In response to questions about appropriateness of services for adult women, 100% of respondents in Man, 100% in Yamoussoukro, and 80% in Abidjan answered in the affirmative (see Chart 6.7).

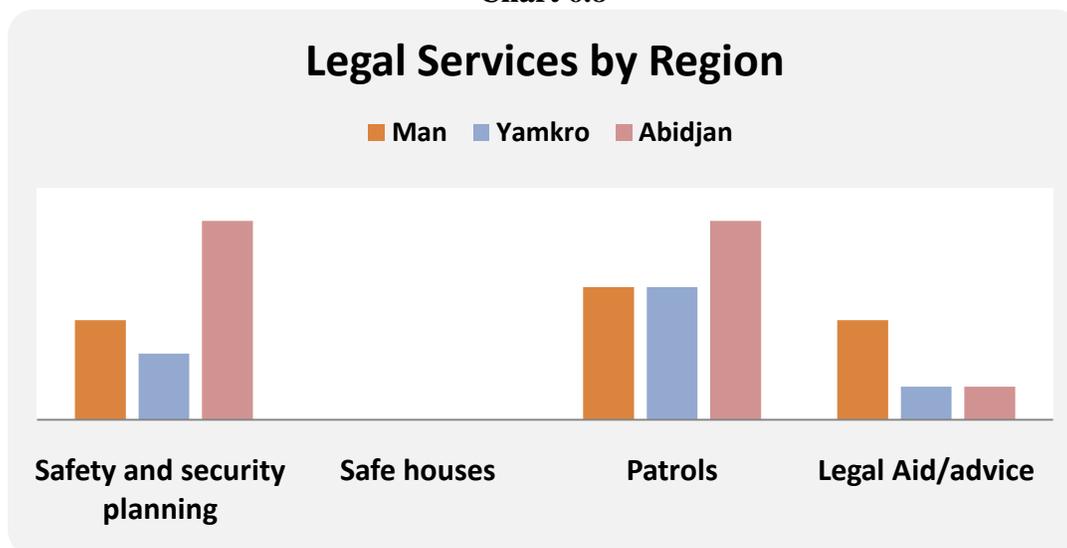
In response to questions about specialized training received by service providers on either GBV or working with child survivors of GBV, only 25% of PSS respondents had received any GBV-specific training, and 6% (1 out of 16 respondents) had received training on working with child survivors.

Chart 6.7



Sixteen interviews were conducted with service providers from the legal sector: 6 in Abidjan, 5 in Man, and 5 in Yamoussoukro. Among the legal service providers, the majority reported providing safety and security planning and patrols. None of the service providers interviewed reported providing safe houses or safe shelter for survivors of GBV. This may be a reflection of the make-up of the respondents interviewed: 100% of them were either police or UNCIVPOL, and none were NGO.

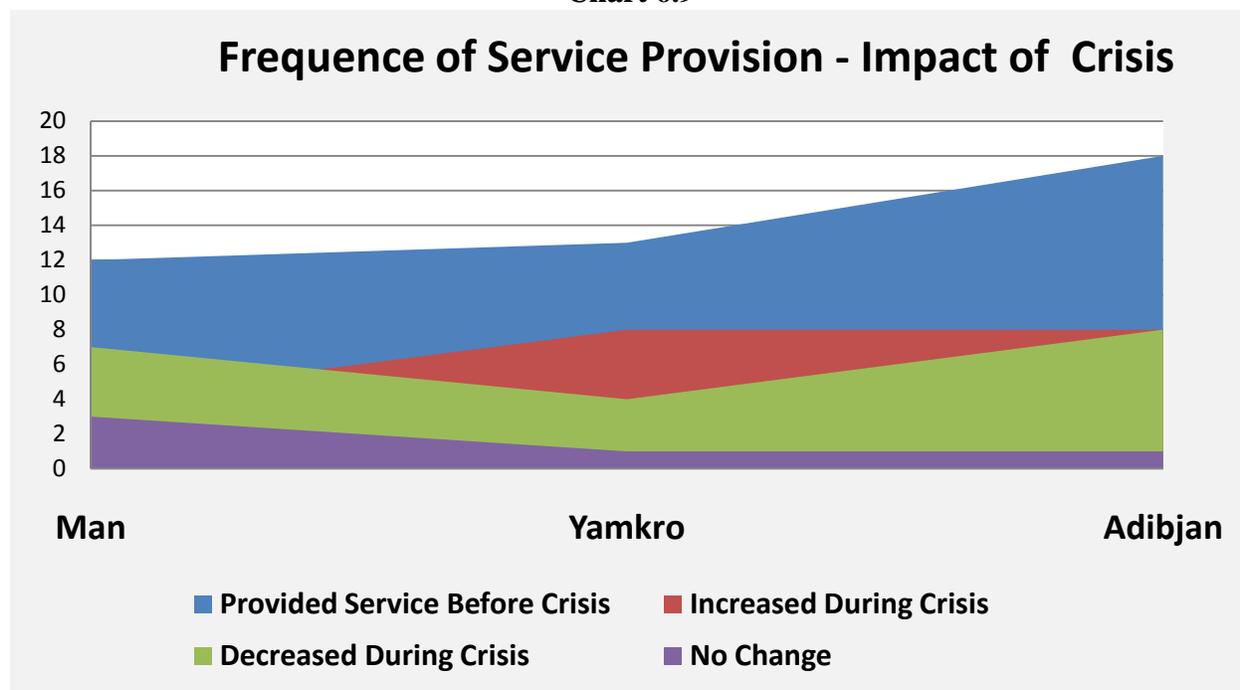
Chart 6.8



One hundred percent of the respondents in the legal sector reported having services designed to meet the needs of adult women, 94% reported being able to meet the needs of children between the ages of 0 and 10 and older adolescents (between the ages of 14 and 18), and 87.5% reported having activities designed to meet the needs of younger adolescents (between the ages of 10 and 14).

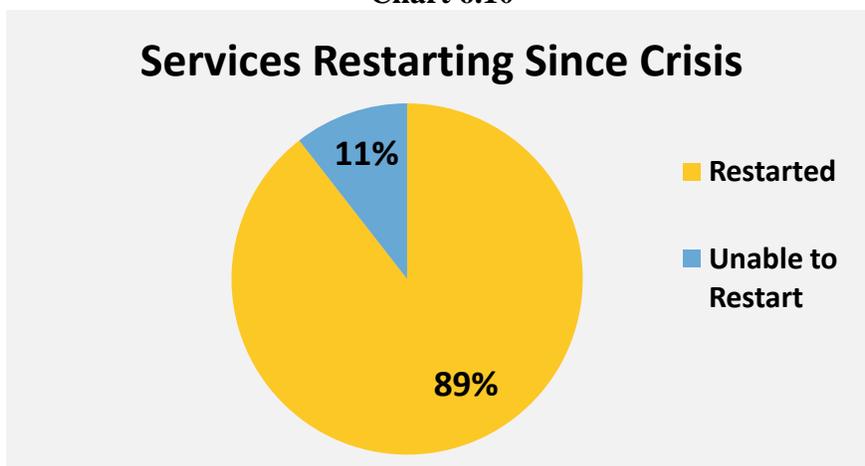
Among the 43 respondents who provided services prior to the post-election crisis, most experienced a decrease in service provision, with some, particularly those in Yamoussoukro, experiencing an increase in provision. In Man, 50% of service providers experienced a decrease in service provision, 28.5% experienced an increase, and 21% reported no change in frequency of services provided. Service providers in Abidjan reported a 44% decrease in service provision. Fifty percent of service providers in Abidjan reported an increase in service provision, and 5% reported they experienced no change in frequency. In Yamoussoukro, 63.5% of those interviewed reported that they had increased their services, while 30% reported a decrease, and 7% reported no change.

Chart 6.9



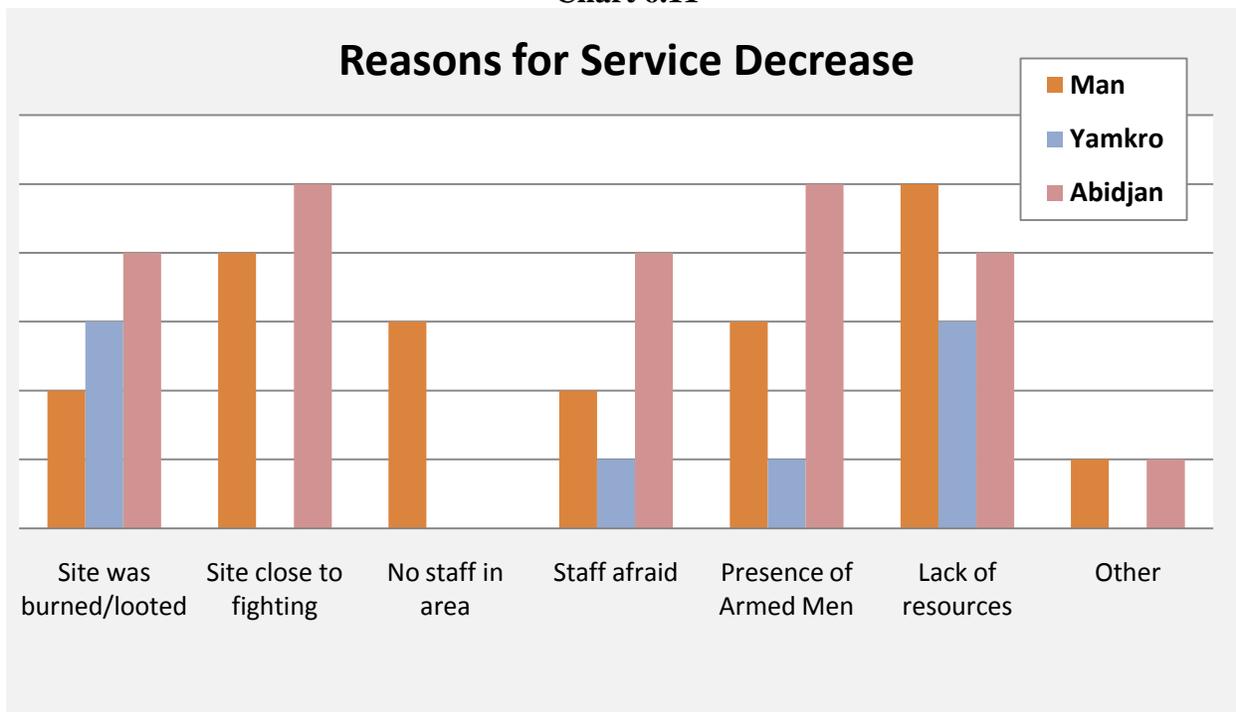
Of the 13 service providers who had to decrease or stop service provision since the post-election crisis, 89% have been able to restart, or go back to normal frequencies of service provision.

Chart 6.10



In response to questions regarding reasons for service decrease or obstruction, the most common motivations identified by service providers were “proximity to fighting,” “presence of armed men to the service site,” and “lack of resources.” These reasons were most frequently cited in Man and Abidjan, which is consistent with feedback from services providers that services decreased in these two regions more significantly than in Yamoussoukro. Twenty-eight percent of respondents in Abidjan and 28.5% of service providers in Man reported that services decreased due to their immediacy to fighting. This same percentage of respondents in Man (28.5%) also highlighted shortage of resources, and in Abidjan the presence of armed men near the service center. The two most common reasons identified by service providers in Yamoussoukro for decreased service provision included “site was burned/looted” and “lack of resources,” both identified by 23% of service providers in that region.

Chart 6.11



7. Conclusions

7.1 Challenges

The following points should be noted before reading the report’s final conclusions:

- Due to time, staffing, and logistical constraints, there was not an opportunity to pilot test the assessment tool in all three regions, though it was field tested in Abidjan, and subsequent adaptations were made. Some questions were altered and adapted, as needed, in Man and Yamoussoukro regions after data collection had already been initiated, to ensure the quality and relevance of each interview and focus group discussion.

- Many of the focus groups and interviews were conducted in translation. The questions were written in French and were translated verbally into multiple local languages by the respective facilitator. Due to the variation of local languages relevant to each region, it was impossible to ensure consistency of translation by each facilitator, in each region. It is possible that secondary and tertiary translation may have compromised the meaning of some of the questions, and had an impact on the quality of the answers received.
- As is the case with most rapid assessments, this was a relatively small sample size, particularly for the Abidjan region. Though efforts were made to have higher representation of respondents from Abidjan in the sample (consistent with the higher population density), findings from Abidjan should be considered a “snapshot” of the affected population.
- The facilitators made a concerted effort to engage with girls under the age of 18 (though no younger than 14) in both the focus groups and the individual surveys. However, as the interviews and focus groups were typically conducted during hours when girls were in school, it was difficult to interview any girls under the age of 18 who were still in school. It was also evident through the course of the one-on-one surveys that the youngest girls interviewed (between the ages of 14 and 15), were observed to be particularly uncomfortable with some of the questions (such as those asking about types of GBV increased, presence of armed actors, etc.).
- In those communities that were more rural, facilitators were required to dedicate a significant amount of time to consulting and meeting with community leaders, providing an overview of the assessment, the organization, and the target group with whom the data collection team was hoping to meet. In some cases, the community leaders insisted on “creating” the focus groups themselves (following the age and gender guidelines), compromising the neutrality and randomness of the selection process.
- Though the data collection teams were tasked with interviewing both genders during the service mapping exercise, it was difficult in many communities to identify a female service provider. In those cases, interviewers noted that they were unable to identify a female, and proceeded with the interview of a male participant. This was particularly true within the legal sector, where NO female respondents were identified.
- Engagement with the police in all regions was a source of multiple challenges. In some cases, the police staffer selected for the interview would not proceed without the permission of his supervisor. In other cases, police officials insisted that the data collection teams provide a formal “report” explaining the purpose, objective, and activities associated with the assessment process. In these cases, the data collection teams did not include the names of the villages included in the assessment.
- There were many locations in which FRCI would self-identify as “police.” Data collection teams did not feel comfortable requesting clarification on whether the person being interviewed was police or FRCI. Those teams that were able to make the distinction did so when possible, and in a manner that did not compromise their own safety or security.
- In some regions, facilitators were challenged by the presence of multiple ethnic groups in the same focus group discussion. In some cases the discussions were either limited in scope, or difficult to control.

7.2 Final Conclusions

The post-election crisis was experienced in varying degrees and contexts by the focus group and survey respondents. All communities were selected because they were affected, either directly, or indirectly, by violence, but also by displacement: either as host communities, hosting an influx of IDPs, returnees, or experiencing an exodus of IDPs. There were motifs across regions, but also several disparities, reflective of the range and array of experience. The findings of this report should not be mistaken for either prevalence or incidence data: though a certain percentage of respondents reported an increase in GBV during the post-election period, this is not to say that that percentage of respondents *experienced* GBV. Nonetheless, a reported increase of GBV among 66% of total respondents, though not necessarily considered an increase in incidence, is still alarming information.

There was overwhelming agreement that rape and sexual violence were pervasive features of the post-election crisis in Côte d'Ivoire, as indicated by the findings from both the focus group discussions and the one-on-one surveys. Though quantitative data indicates that reporting rates of an increase in violence experienced by women and girls as a result of the crisis were highest in Man, significant increases were reported from all three regions.

Information from the focus groups reinforces the data collected during the one-on-one surveys, and in some cases expands on it: as a result of the post-election crisis, all three regions in the assessment experienced a marked increase in gender-based violence (particularly rape); impunity of perpetrators is a pervasive issue across all three regions; shame, fear of reprisal, and lack of access to resources remain the dominant barriers to women and girls accessing services; and both male and female community members report that a return to rule of law, and the minimization of the presence of armed groups in their communities, will contribute to the increased security of women and girls. Although rape and sexual violence among women and girls was a defining characteristic of the discussions, respondents in both interviews and focus groups identified an increase in domestic violence, emotional violence, denial of access to resources, forced marriage (for both women and girls), abandonment, and sexual slavery, with the increases of all types linked to the post-election crisis.

Of particular note is that, though reports of increased GBV, particularly among one-on-one survey participants, were lowest in Abidjan, the size of the population indicates that the scale of the problem may be greater in that region than in Man or Yamoussoukro. This is further evidenced by the information collected in the focus groups in Abidjan during which rape, sexual violence, violence perpetrated by armed groups, and compromised rule of law were consistently identified by participants.

There were some interesting disparities between groups throughout data collection. Displaced populations were more likely than non-displaced populations to report an increase in sexual violence and violence perpetrated by armed groups. However, those regions in which displacement was lowest were also those areas in which the presence of armed men was highest. Notwithstanding displacement status, the region that most frequently reported the presence of armed groups (including military, informal militia groups, peacekeepers, and police) is also the region in which reports of survival sex were 3 times higher than the other two regions.

Access to and availability of services for women and girls in general, and for survivors specifically, differed in each region, though all reported a shortage of services and service provision for survivors. Ignorance on the part of the participants on support services for survivors is not necessarily reflective of an actual absence of the services themselves. It is rather indicative of a lack of awareness of the services. In Yamoussoukro, for example, almost 100% of respondents in the one-on-one surveys reported that there were no services available to women and girls, while in the focus group discussions, respondents from Yamoussoukro were more inclined than respondents from Man or Abidjan to identify “NGOs working with women,” “social centers,” or other support services as places survivors could go for assistance. In all three contexts in which the focus groups were conducted, there were GBV-specific services (of varying degrees) available in fairly close proximity to the participants’ living environments. In many cases, few of either the survey respondents or focus group participants were aware of these specific services.

As consistent with cultural doctrines, the importance of the communal hierarchy, and the prioritization of the needs of the family over the needs of the individual, was consistently reinforced, particularly in the focus groups. Those FG participants who reported that some women would report violence, either to a family member, or a community leader, confirmed that these survivors would typically be expected to accept an “amicable” solution with the perpetrator which would minimize further disruption to the family, or compromise the “marriageability” of the girl. This expectation was lowest in the region of Man (also the region in which the reported increase in sexual violence was highest), where focus group participants reported higher levels of survivor support and minimal stigmatization, likely due to the increased prevalence, and subsequent normalization, of sexual violence among women and girls in that region.

It is interesting that the protective or preventative measures implemented in many communities focus primarily on further restricting the freedom and autonomy of women and girls. Perhaps because communities feel disempowered to address violence often perpetrated by armed groups in which impunity is common, it became evident in several focus groups, particularly in Man and Abidjan, that the most effective means of protecting women and girls from violence is to restrict them from leaving their homes. The focus was not on prevention of violence, but rather on protecting women and girls by placing further restrictions on an already marginalized group.

Though not always directly confirmed by the respondents, it can be extrapolated, considering the existing context, that the increase in GBV, impunity of perpetrators, fear of reporting, and limited access to support and services, are directly linked to the post-election crisis. Although these practices are not restricted to the post-crisis context, it is evident that an already unsafe and insecure environment for women and girls has been further exacerbated.

Programmatic approaches addressing the existing context will require a comprehensive approach that encapsulates response, prevention, social cohesion, and rule of law. Risk mitigation and violence prevention activities must be implemented concurrently with the provision of increased health and psychosocial support service provision.

Based on the findings of this assessment, the following actions are recommended:

- Any GBV programming will need to include a component that works with the community and, more specifically, with the family structure to ensure a survivor-friendly approach in the

immediate. The longer term goal would be to work towards the creation of an environment in which women and girls are able to live in safety and security by developing the sustainability of the family and community support structures to be strengthened.

- In response to the post-election crisis, and the insidious nature of GBV, programmatic approaches will have to focus on immediate response and support initiatives, implemented in conjunction with pronounced primary prevention activities, to mitigate potential for risk and further exposure to harm, and accounting for heightened levels of trauma, distress, and anxiety among a population that has recently, and very directly, experienced conflict.
- Though the sexual violence reported in the focus groups was alarming, any programmatic approaches must focus on a broader framework of GBV response needs: addressing the specialized needs of adult women, older and younger adolescent girls, and girl children who have experienced a variety of forms of GBV including intimate partner violence, denial of access to resources, emotional violence, survival sex, and forced marriage.
- An effective GBV programmatic approach must emphasize the provision of, or access to, holistic, comprehensive services. A holistic, multi-sectoral GBV emergency response program encompasses the following elements: health care, psychosocial support (including IGA), legal aid/justice, and safety and security. All program approaches should also link closely with civil society organizations and social cohesion programming to minimize internal strife and to increase rule of law.
- Further targeted assessments are recommended, including: a follow up assessment in locations and times appropriate for girls under the age of 18, using an appropriate assessment tool addressing types of GBV among girl children, younger and older adolescent girls, the context in which they are likely to occur, and the capacity of various service providers to meet the specialized needs of each of these groups.
- Facilitation of frequent safety audits in targeted communities to further identify community-specific risk factors and measure change in frequency of GBV among women and girls.
- All program approaches must emphasize the survivor-centered approach and will prioritize survivor confidentiality, dignity, and respect. No action should be taken without the informed consent of the survivor.