HANDBOOK

HOLISTIC CARE FOR SURVIVORS OF SEXUAL VIOLENCE IN CONFLICT

HÔPITAL GR DE PANZI

PANZI FOUNDATION RDC

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FOREWORD

When I decided to become a doctor, my hope was simply to improve maternal and infant health in my country. That is why I chose gynaecology. I did not set out to repair fistulas, or start a foundation, or be an activist. I wanted to be a doctor. I wanted to care for people in need.

That was until the war. The conflict began in 1996. I founded Panzi General Referral Hospital shortly after with the intention to provide maternal care. But the first patients we treated were women and girls with extreme gynaecological injuries. As the number of life-threatening cases began to increase, and patients gradually started to reveal what had happened to them, I realised that the conflict was defined by a seemingly invisible weapon: sexual violence. Rape was employed as a weapon of war to dehumanise individuals, families and communities. Thus, we did not have a choice. My team and I began to care for as many victims of rape and sexual violence as we did new mothers and their babies.

We provided complete, high quality medical care to each victim who came to us. And our protocol was the same for the first few years. One day however,

an elderly woman was admitted into the hospital, and she changed everything. This woman had been violently raped and was left with severe medical complications. Fortunately, we were able to operate and repair her physical injuries. As time passed however, it became clear medical care was not enough. Though her body began to heal, she remained immobilised in her bed – not wanting to move, speak or eat. We came to learn that this woman, a grandmother, had been raped in front of her entire family. She felt immense shame and social stigma from this experience – so much so that the repair of her body was seemingly insignificant without addressing her other needs.

Experiences like this opened our eyes to the need for a more holistic approach to the care for victims of sexual violence. As a result of extreme sexual violence, not only are the bodies of victims destroyed, but their spirits are broken, relationships with loved ones are troubled, and their capacity to carry out livelihood activities is substantially reduced. We realised that in order to enable victims of sexual violence to fully heal, these issues need to be addressed as well. This is the reason we created the Panzi Foundation DRC. With the support of the foundation, the hospital is able to complement its health services with additional programmes that not only address the comprehensive needs of survivors, but also guide them through the long and challenging process of healing.

Faced with the terrible harm caused by sexual violence on a daily basis, year in year out, we were persuaded to do more: to use our knowledge and experiences to facilitate change, to speak out about injustices, to demand accountability and end impunity, to fight against stigma, and to challenge the norms that breed violence.

It is through a continuous process of learning, listening to survivors, and adapting care to the changing circumstances in Eastern DRC that we have created the Panzi Model. We hope that by documenting this model, others will learn from our experiences and subsequently, victims around the world will have access to holistic care. Our utmost goal is a world where both victims and society benefit from the provision of holistic care, and ultimately, there is an end to the use of rape as a weapon of war.

Dr Denis Mukwege
Bukavu, 2019

1.
INTRODUCTION

This handbook was developed to guide and support organisations when providing care to survivors of sexual violence in conflict and post-conflict zones worldwide. In particular, it is designed to assist and inform technical staff, health professionals, policy makers, and researchers interested in One-Stop Centres and the holistic care approach.

The guidelines presented in this handbook are based on experiences and protocols currently in place at Panzi Hospital in the Democratic Republic of the Congo (often referred to simply as 'Panzi'). It may be adapted for use in different contexts and cultures.

Panzi General Referral Hospital was founded in 1999 by Dr Denis Mukwege, a surgeon, gynaecologist, and women's rights activist. The hospital was initially established to offer women quality maternal and reproductive healthcare but in response to the devastating war in eastern DRC, and the high levels of rape and other types of sexualised violence brought by the conflict, the hospital soon became the epicentre of care for victims of sexual violence. Since then, Panzi Hospital has treated more than 52,000 survivors of sexual violence.

In 2008, Panzi Foundation DRC was founded to complement Panzi Hospital's services. Together, the hospital and the foundation have earned a reputation for treating survivors of sexual violence and complex gynaecological injuries through a holistic model of care. This approach includes services that meet

INTEGRATION INTO EXISTING REPRODUCTIVE HEALTH SERVICES

The One-Stop Centre at Panzi was integrated into the existing reproductive health services of the hospital in order to facilitate access for persons suffering complex gynaecological injuries *unrelated* to sexual violence and to survivors of sexual violence. This decision was made to avoid isolated services for survivors, reducing the risk of stigmatisation. The integration of the One-Stop Centre into a pre-existing area of the health care system helps ensure sustainability of the program.

the full spectrum of the survivor's needs, including physical recovery, psychological support, and legal and socioeconomic assistance to both patients and their communities. Panzi provides these services within a singular system known as: the One-Stop Centre.

In addition to the four pillars of care (medical-, psychosocial-, legal assistance, and socioeconomic reintegration), compassionate care and evidence-based programming are considered the foundation of the entire system, while advocacy unifies each individual service in the ultimate cause to change society at large.

Although Dr Mukwege and his team were initially responding to the consequences of conflict-related *sexual* violence, services for other types of gender-based violence such as intimate partner violence and harmful traditional practices are also treated in the One-Stop Centre. In the past few years, Panzi has developed several programmes to address the *causes* of sexual and gender-based violence, including advocacy for good governance, the restoration of security, and respect for the rule of law.

After explaining the theory behind the holistic approach, the handbook presents the essential conditions for the establishment of a successful One-Stop Centre, according to the team at Panzi. The central chapter of this handbook is dedicated to the typical steps of the care process at the Panzi One-Stop Centre. These steps include: intake, care plan design, fulfilling of the care plan, and case closure. Finally, this handbook highlights the beneficial outcomes that can be achieved through the application of the holistic approach at Panzi. These benefits are found to impact the individual, the care system, and the wider society. Ultimately, this handbook asserts that through the holistic approach, victims can transform into survivors, and these survivors are positioned become activists and powerful agents of change.

2.
TERMINOLOGY

Survivor, Victim & Patient

It is important to address the terminology used throughout this document with regard to the terms 'survivor', 'victim' and 'patient'. 'Survivor' reflects the resilience and empowerment of individuals who have suffered sexual violence and is more common in the psychological and social support sectors. 'Victim' is often used in reference to the incident of victimisation and the legal context, while 'patient' is most common in the medical sphere.[1] The team at Panzi uses the terms interchangeably. They see those who have suffered the worst atrocities imaginable as true heroes, as survivors. Yet, at the same time, they witness the strong feelings of victimisation that individuals experience. Ultimately, it is about how the person who has experienced violence identifies themselves, and what is appropriate in the person's own language.

Throughout this document, most of the language will correspond to our way of looking at healing (detailed below), in which patients enter the system as victims but emerge as survivors.

[1] https://bit.ly/2Da4Xjq, p. 11

Rape as a Weapon of War / Conflict-Related Sexual Violence / Wartime Sexual Violence

Sexual violence is used around the world by armies, members of a non-state armed group or terrorist organisation, or civilians, often as a tactic of war to humiliate, dominate, instil fear in, disperse and/or forcibly relocate civilian members of a community or ethnic group. In recent years, sexual violence is increasingly being used by extremist groups to terrorise the population, control its reproduction, displace civilians from strategic areas, or to generate revenue from sexual slavery.

In this handbook we sometimes refer to the use of sexual violence as rape as a weapon of war, while being well aware that other forms of sexual violence are also used as a tactic of warfare. Sexual violence includes sexual slavery, prostitution, forced pregnancy, forced abortion, enforced sterilisation, forced marriage, sexualised torture, and any other form of sexual violence of comparable gravity.[2] These various forms of sexual violence are legally qualified as *crimes against humanity* when they are committed as widespread or systematic attacks against the civilian population, as *war crimes* when they are linked to an armed conflict, and as *genocide* when they are perpetrated with the intent to destroy a national, ethnical, racial, or religious group.

Even when a conflict ends, the consequences of sexual violence persist on an individual and societal level. Victims of sexual violence are often excluded from their communities, which affects their psychological wellbeing and socioeconomic status. This adds to their increased vulnerability to more violence and exploitation. When sexual violence goes unpunished, children and young adults learn that it is acceptable, which can lead to a normalisation of sexual violence and gender-based violence after the end of a war. The UN Security Council recognises that conflict-related sexual violence is a matter of international peace and security.[3]

Gender Neutral Language

While women and girls are disproportionately exposed to, and harmed by, various forms of sexual and gender-based violence, this handbook encourages practitioners not to lose sight of the reality that men and boys are also exposed to sexual violence. In order to ensure services are accessible to, and used by, men and boy survivors of sexual violence, we must ensure that they identify themselves with these services and find them accessible. Using gender neutral language, as is done in this guide where possible and appropriate, is a first step in that direction.

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[2] Definition adapted from United Nations Action Against Sexual Violence in Conflict, "Analytical Framing of Conflict-related Sexual Violence."

[3] UNSC Resolution 2106 "Recognising the importance of providing timely assistance to survivors of sexual violence, urges United Nations entities and donors to provide non-discriminatory and comprehensive health services, including sexual and reproductive health, psychosocial, legal, and livelihood support and other multi-sectoral services for survivors of sexual violence, taking into account the specific needs of persons with disabilities."

3.
THE HOLISTIC APPROACH

The holistic approach to survivor care focuses on the needs of survivors in their entirety, recognising that these needs are interdependent. In dealing with survivors of sexual violence in particular, it is clear that for the body to heal, or for a patient to feel mentally strong enough to undergo complex surgery, psychological needs must be addressed. Furthermore, in order to fully heal psychologically, concerns about livelihood and financial security must be alleviated. Similarly, seeking justice, and bearing with the often painful processes of police reporting and testifying in court, for most victims is only possible with a strong support network.

For these reasons, Panzi's One-Stop Centre includes four pillars for medical, psychological, legal, and socio-economic support. Through these pillars, Panzi aims to address the full spectrum of survivors' needs for recovery and healing, and enable them to rebuild their lives and reintegrate in their communities.

In adopting a holistic approach, Panzi uses its experience, knowledge and data to advocate for change and to challenge systems that perpetuate or allow sexual violence to be committed.

Pillars

Medical Care

The majority of victims of sexual violence who seek care are in immediate need of medical treatment such as surgery to repair fistulas. Others need treatment for sexually transmitted diseases (STDs) or injuries. Some victims come to the hospital immediately or soon after the incident, but many victims have ignored or hidden physical complaints for a long period of time due to the shame and stigma associated with sexual violence. Yet other victims present themselves with complaints, which they do not associate with sexual violence, such as stomach aches. These symptoms can turn out to be psychosomatic manifestations of psychological trauma.

Psychological Care

Physical recovery is a complex process that goes hand-in-hand with psychological healing and support. In addition to the severe and complex injuries many victims sustain from sexual violence, the psychological consequences of violence may even be more harmful and have a lasting impact. Victims often experience depression, extreme fear, eating and sleep disorders, shame, self-blame, and guilt. They often face social exclusion from their communities and have troubled relationships with their loved ones. Psychological care is integral to the healing process – it is as essential as physical treatment. For example, only after a victim is emotionally resilient enough to undergo treatment is s/he cleared for surgery.

Psychological care interventions include psychotherapy aimed at treating severe trauma, as well as psychosocial support activities. The latter are intended to help survivors feel safe again, trust others, and gain a sense of self-worth and love for their bodies. As a result, survivors (re)build relationships with their peers, are empowered to take back control of their lives, and regain a sense of belonging in their communities.

Psychological care can be carried out one-to-one or in groups. One-to-one support seeks to provide victims with tailor-made healing pathway. Group support, on the other hand, brings patients in contact with others who have experienced similar situations of violence and social exclusion.

Legal assistance

Legal assistance is important to the care process for victims of sexual violence in conflict. Though justice means different things to different people, for many victims, the punishment of the perpetrator not only recognises the infringement of their integrity and dignity, but also the violation of their rights. Judicial procedures can support and be beneficial to the healing process in many ways. It can be a mechanism through which to channel anger and feelings of injustice, and to move beyond the feeling of victimisation. It can promote solidarity between survivors united by the intention of preventing similar incidents of violence. Additionally, judicial procedures can enable survivors to obtain reparations. Finally, the conviction of the perpetrator often helps survivors to regain their sense of security and peace.

Supporting survivors to access justice is also a crucial aspect of *prevention and community healing*. Failing to hold the perpetrators accountable sends a dangerous message that sexual violence can be committed with impunity. Ensuring that perpetrators are brought to justice, on the other hand, not only works as a deterrent, but also provides a sense of safety and justice at the community level and helps change beliefs that normalise sexual violence.

Regardless of the results, the most important aspect of the legal pillar is *supporting* survivors who wish to access justice (and *not attempting to persuade* those who do not wish to pursue legal action). Accordingly, judicial and legal services are accessed on a voluntary basis, that is, depending entirely on the survivor's desire to initiate legal proceedings.

Socio-economic reintegration

Sexual violence in conflict often has devastating socio-economic consequences for survivors. For example, physical and mental health problems may prevent them from undertaking daily tasks, which can lead to a loss of income. When rape survivors are stigmatised, they may also lose socio-economic support from their partner, relatives, and/or community members.

Socio-economic support makes an important contribution to the reintegration and recovery of survivors. This type of support may take different forms ranging from an emergency grant, vocational training, job placement, or access to micro-finance programmes. It also involves supporting survivors and their children to continue their education. It is recommended that survivors are also given training on topics such as reproductive health, household maintenance, literacy, numeracy, marketing, negotiation techniques, and leadership.

One-Stop Centres

One-Stop Centres represent one approach to the implementation of the four pillars of the holistic approach. The idea behind a One-Stop Centre is to provide all of the key components of holistic care within a *single system*. Ideally, these services, are accessible either under one roof or through one entry point. It is important that these services operate in close proximity to one another. In other words, the different service areas coordinate, collaborate, and depend on one another to provide care within a single system.

The One-Stop Centre is not a static concept. In some scenarios, the integration of all services might be possible under one roof, or within one facility. In others, different services may be offered through close partnerships with other programmes or organisations in the area. In any case, these services should be strongly linked to a hospital, whether they are offered by one organisation or by closely associated organisations.

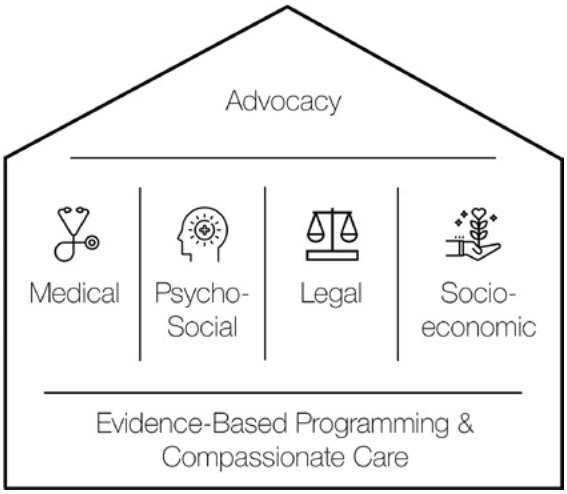
The implementation of a One-Stop Centre must recognise and adapt to the changing environment and patterns in sexual and gender-based violence. For example, at Panzi, the services are developed to address the needs of victims of extremely brutal forms of sexual violence. For most survivors, the main entry point for support is, therefore, medical care. In other scenarios and contexts, however, the main entry point to access services might be different. For example, in situations where domestic violence or child marriages are more common, legal and/or psychological services may serve as the main entry point(s).

The Panzi Model: all services integrated into a health structure

This handbook describes the One-Stop Centre at Panzi Hospital, which we sometimes refer to as the Panzi Model. While there are many interpretations of holistic approaches and One-Stop Centres,[4] the Panzi Model provides a thorough case study of a successful implementation.

Unique to the Panzi Model is that services to victims of sexual violence are *integrated into the health structure*, specifically, the reproductive health services. This means, at Panzi, survivors of sexual violence are treated alongside other patients suffering complex gynaecological injuries, such as those related to obstructed childbirth. Integrating services for survivors of sexual violence into existing structures lowers the threshold for them to access a range of services and is shown to prevent stigmatisation. Additionally, the integration of the One-Stop Centre into a pre-existing healthcare system helps to ensure the *sustainability* of the programme post-conflict.

The structure of the holistic approach at Panzi is illustrated in the image below. In addition to the four pillars, compassionate care and evidence-based programming are considered by Panzi as the foundation of the entire system. Finally, advocacy unifies the four services in the ultimate cause to change society at large and end the use of rape as a weapon of war.



[4] "Comprehensive Responses to Gender Based Violence in Low-Resource Settings: Lessons Learned from Implementation": p. 17. https://bit.ly/2Ddf3zY

Foundation & Infrastructure

Compassionate Care

Central and unique to the holistic approach of the Panzi Model is the concept of compassionate care. Compassionate care is survivor-centred, meaning that survivors are treated with the utmost respect and dignity – an experience that is too often in contrast to the harsh and unjust treatment many of them have experienced in their communities prior to seeking care. The Panzi Model welcomes victims with open arms and aims to reinforce their strength and power to return to their own communities, recovered, strong, and proud of themselves.

Although compassionate care can and should be integrated into the everyday actions of individual members of staff, this concept is not limited to staff. It is also about a compassionate *system*. Care at Panzi is based on the premise that victims should be able to access the full range of care and complementary services they need. They are *entitled* to access these services in one place. This reduces potential exposure to re-traumatisation and humiliation, in addition to unnecessary travel. For example, this system prevents them from having to tell their story multiple times.

Compassionate care for survivors is based on four essential components: quality care, confidentiality, respect, and self-determination.

- **QUALITY CARE:** Providers offer good quality and affordable care.
- **CONFIDENTIALITY:** Care and advice are always given privately and confidentially. Staff always request the consent of the patient before sharing any personal information.
- **RESPECT:** All staff, regardless their specific role, treat patients with respect. Staff listen to them with kindness and warmth.
- **SELF-DETERMINATION:** The patient determines which services she or he wishes to access. This approach encourages patients to identify their own care needs and to be active in decision-making throughout the care process.

Evidence-based programming and research

Evidence-based programming is the second foundation of the Panzi Model. Systematic data collection to measure the impact of programmes in all sectors is used to improve policies and programmes in order to enhance the quality of care offered at Panzi.

In 2013, Panzi Foundation DRC established the *International Centre for Advanced Research and Training* (ICART) in a joint initiative with the University of Michigan and the Evangelical University in Africa (UEA). The initiative focuses on research to address both gender-based violence and clinical/public health issues. ICART works in partnership with the team at Panzi to improve care for survivors by building the capacity of local researchers, ensuring that research projects follow ethical norms, and facilitating collaboration between local and international researchers.

The centre also conducts baseline and impact assessments for several projects at Panzi. On a technical level, in addition to helping Panzi digitise their data, ICART trains the staff at Panzi Hospital and Foundation on more rigorous methods of data collection and analysis. For example, ICART recently conducted training on data analysis that enabled staff to identify regions with a high incidence of fistula. As a result, doctors and staff decided to increase medical provision in these areas.

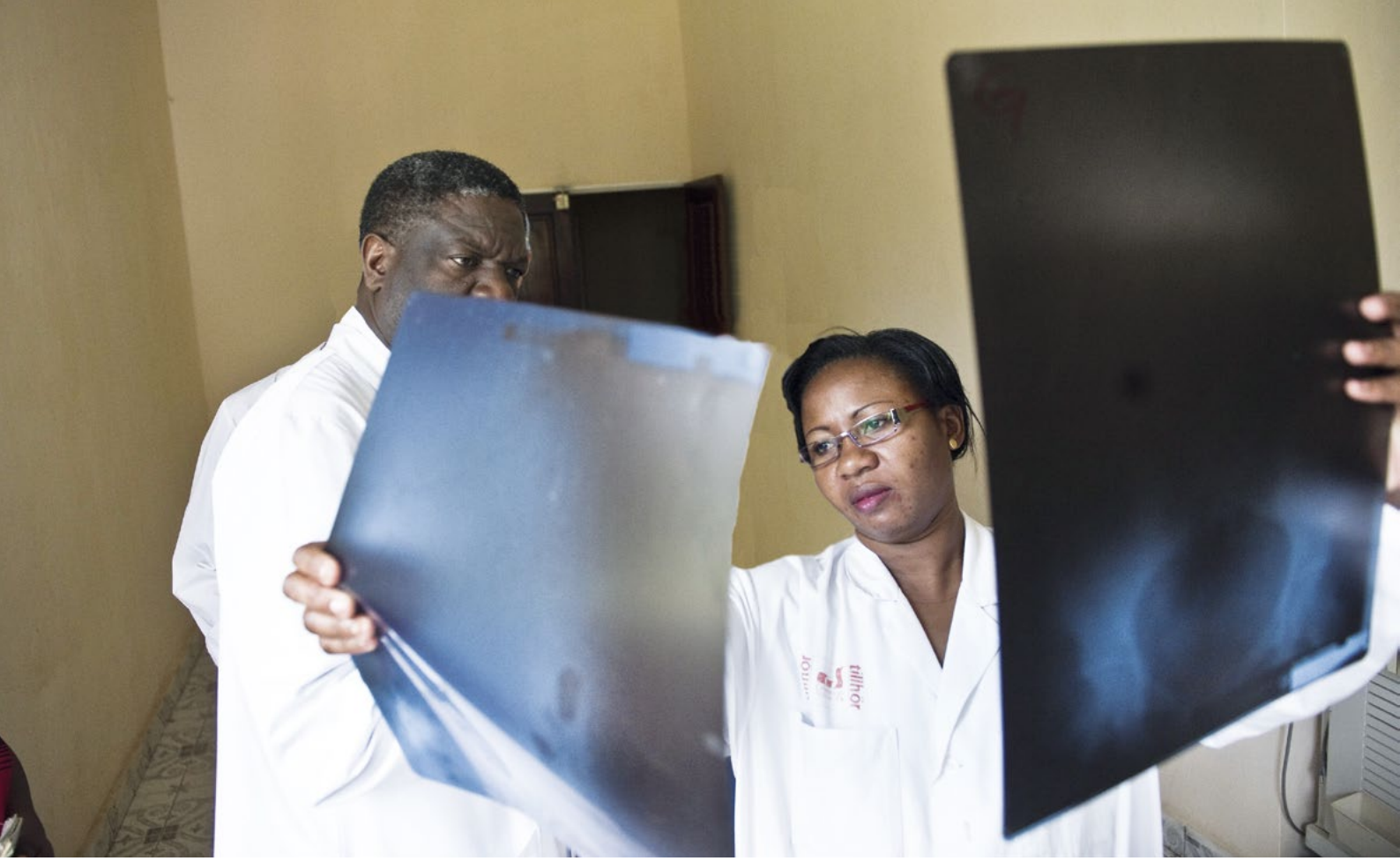
Advocacy

Professionals providing holistic care to survivors of sexual violence gain a comprehensive understanding of the scope and nature of sexual and gender-based violence. They obtain first-hand knowledge about the patterns of sexual violence and are able to see the full picture in terms of the complexity of the causes of sexual violence, as well as its pervasive consequences.

Staff working at the Panzi One-Stop Centre are confronted with the consequences of violence on a daily basis, and therefore also feel a strong sense of responsibility to take action. They seek to prevent and end the systematic use of rape as a weapon of war. For them, advocacy is an indispensable part of their work.

Panzi's advocacy work is organised around key actions at the local, national, and international levels. These actions are aimed at ending impunity, breaking the silence, making survivors' voices heard, strengthening the capacity of civil society, and subverting unequal power relations by promoting women's participation and leadership within society.

Panzi conducts advocacy on the topic of sexual and gender-based violence with a variety of actors in the surrounding communities through social media, radio programmes, awareness-raising sessions, and workshops. Through these advocacy efforts, Panzi promotes existing health services, national and international judicial mechanisms, and the rights of women and girls. Panzi organises events in a variety of locations, from village centres to university auditoriums. Discussing sexual violence with diverse audiences at many different levels advances the fight against stigma and taboos associated with sexual violence.



4.
ESSENTIAL CONDITIONS FOR THE IMPLEMENTATION OF THE PANZI MODEL

The successful implementation of the Panzi Model requires certain conditions. Detailed here are four recommended practices: active leadership, staff training and teamwork, community outreach, and efficient internal communication.

Active Leadership

Leadership within any implementation of the holistic approach should inspire a shared vision and encourage an environment that supports change. Active leadership is both informed and invested. This style of leadership ensures that the commitment to end sexual violence permeates all levels of the organisational structure and that team members across all pillars are dedicated to the shared goal. Particularly when working with personnel from different disciplines, active leadership fosters dialogue and cooperation, and allows for different perspectives to be integrated.

Although at Panzi, Dr Mukwege is the source of such leadership, this does not mean that the success of any holistic approach to care depends on a single leader. It is the role of senior team members to inspire each other, other staff members, patients, and outside communities to collectively strive for change. While individual *leaders* are incredibly valuable, it is active *leadership* that is essential to the implementation of the Panzi Model.

Staff Training and Teamwork

Working holistically means working as a team. Operating in close proximity to one another allows staff from different disciplines to communicate, formally and informally, and fosters team cohesion. This enhances the staff's capacity to collectively handle sensitive and complex issues.

Panzi conducts weekly meetings during which coordinators from each sector discuss their ongoing activities and projects. These meetings enhance internal communication among sectors by providing a safe and open space that encourages dialogue and constructive feedback.

Staff training plays a fundamental role in strengthening teamwork and providing each survivor with the best care possible. In a One-Stop Centre, staff need to be well-informed about the responsibilities and complexities of their own profession, and those of their colleagues. Therefore, team members should be regularly trained together on the key concepts of the holistic approach.

Staff should be trained on how to recognise a person who may have experienced sexual violence and to provide basic counselling. Staff should be well aware of the internal communication practices, e.g. case management, referral systems, and data sharing. More broadly, however, training must include the many factors that contribute to wartime sexual violence and the underlying causes, such a gender inequality.

Increasing staff awareness of the many facets of sexual violence, beyond those that are directly relevant to their own profession, strengthens their commitment to the cause and is likely to positively influence individual performance. For example, a lawyer who is aware of the consequences of rape on mental health will be more understanding of the inconsistencies that may appear in survivors' testimonies as a result of the trauma that they have endured. Similarly, a service provider responsible for livelihood activities needs to understand the complexity of relationship dynamics. For example, when a woman suddenly starts to make money, this may increase the risk of intimate partner violence due to her husband's feelings of shame and frustration due to no longer being the main breadwinner in the family. While this is not always the outcome, Panzi has encountered this particular situation a number of times.

Finally, awareness of the complexities and intricacies of sexual violence in conflict provides individual staff members with the foundation for a shared vision. It fuels individual passion, which in turn, helps to transform each staff member into an agent of change.

Community Outreach

Community knowledge about the wide range of services available for victims of sexual violence may be limited, which can be a barrier to accessing care. It is therefore important to raise awareness in the wider community about the services that are available in a One-Stop Centre. For example, information about the One-Stop Centre may be included in the hospital's community education programmes, which are targeted at different population groups, and address topics such as HIV prevention, family planning, and women's rights.

Other outreach activities to raise awareness about the One-Stop Centre include: meetings with community leaders, radio programmes, collaborations with NGOs and other institutions such as local authorities, police, and inter-agency working groups. Survivors who have received treatment at the One-Stop Centre can also raise awareness in their communities, which helps to break the silence on sexual violence. Furthermore, the hospital's website provides contact details and more information about the support services available for victims of sexual violence.

When distributing information about the One-Stop Centre, the following key messages are important to communicate:

- The One-Stop Centre provides more than just medical care. It also heals victims with psychosocial support, legal aid, and livelihood activities.
- All services are *free* and *confidential*.
- Everyone can be subject to sexual and gender-based violence, not only women and girls, but also men and boys.
- It is particularly important to seek care within 72 hours following an incident of rape to reduce the chances of unwanted pregnancies and STDs.

Internal Procedures

In order to effectively integrate all components of a holistic approach into a single system, coordination between staff members and sectors is essential. This includes the processes for case management, data sharing, and referral systems.

Case Management

At Panzi, each individual survivor is guided through the healing process by a case manager. Case managers are all psychosocial assistants, who at Panzi are called *Mamans Chéries*. Case management procedures include: undertaking an assessment of each survivor's needs, gathering information, making a holistic care plan with the survivor, guiding the survivor to appropriate services within Panzi (and outside Panzi when necessary), and following-up on cases throughout the healing process. The case manager also connects service providers with one another, gathers them for regular case-management meetings, and verifies that patients receive the assistance they need.

A central case management database with an individual case file for each survivor needs to be established. The database should be regularly updated by service providers. The advantage of a single case file for each survivor is that it avoids duplication of basic information, prevents survivors from repeating the same information and reliving their trauma unnecessarily. A single file for each patient also provides the case manager with an overview of all of the services that the patient has already received and is scheduled to receive. This facilitates the development and review of the care plan, in collaboration with the patient.

Finally, when a case file is closed, it is stored in the hospital's archives and is used by the statistics department. The collection of data, which is strictly anonymous, allows staff to analyse patterns of sexual violence over time.

Data Sharing and Confidentiality

Another important component is the design of a data sharing protocol to ensure confidentiality. While some information on the survivor and her/his recovery may be accessible to all service providers, other data needs to be accessible only to relevant staff. Case details should be shared on a *need-to-know basis* to those service providers who are directly involved in the case, and with the informed consent and explicit approval of the patient. Regular training is needed to ensure that everyone is aware of these procedures.

Referral System

Effective case management requires the design and implementation of an efficient internal referral pathway. The referral pathway seeks to simplify survivors' access to the various services offered within the One-Stop Centre. It is important that the process is dynamic, and that it can be adapted in response to the emerging needs of patients. Holistic care does not dictate any specific path, nor does a referral system. Both seek to create a custom-made path for each and every survivor.

5.
THE PANZI MODEL: A STEP-BY-STEP GUIDE

At Panzi, patients are guided through the care process by a *Maman Chérie*, who manages the patient's case from beginning to end. *Mamans Chéries* are professionally known as psychosocial assistants. Their primary role is to guide patients through each stage of the holistic care process. The following sections – intake, care plan design, fulfilling of the care plan (including medical care, psychosocial care, legal assistance, and socioeconomic reintegration), and case closure – detail this process. In this guide, each step of the care process is detailed in a narrative of the procedures, as well as a more detailed action list. These narratives and actions reflect a typical journey healing at the Panzi One-Stop Centre, but every journey does not necessarily follow the same path.

> *"When I have a serious issue to discuss, I turn to the Maman Chérie who was assigned to me when I arrived. She accompanies me everywhere and gives me good advice."*
>
> (patient at Panzi)

I. Welcome, Registration and Informed Consent

While many patients enter the Panzi One-Stop Centre seeking medical care, they may also be referred by other health facilities or via local women's organisations. For this reason, each pillar of the One-Stop Centre is a potential entry point and patients sometimes find their way to the centre after seeking legal assistance, psychosocial care, or socioeconomic assistance.

No matter how patients arrive at the One-Stop Centre, once they enter, the process is the same. A receptionist explains the full range of services available, and if the patient wants to utilise *any* of these services, s/he is paired with a *Maman Chérie*, who takes them to a private area for initial screening.

During this initial screening, the *Maman Chérie* first identifies any emergency needs of the survivor – be it medical, psychological, or something else. After these needs are assessed, the patient signs a *consent form* to allow personal information to be shared among staff members at Panzi. In order to protect their identity and privacy, each patient is assigned a unique code that is used in place of her/his name within the data management system.

RECOMMENDED ACTIONS

FOR THE RECEPTIONIST:

- Recognise potential survivors of sexual violence.
- Introduce them to a Maman Chérie.

FOR THE PSYCHOSOCIAL ASSISTANTS:

- Take the survivor to a private area.
- Identify emergency needs (medical, psychological, etc.).
- Explain confidentiality and discuss informed consent (+ sign consent form).
- Initiate the case management and data sharing process in compliance with informed consent and privacy policies.
- Introduce any other relevant protocols in place at the Panzi One-Stop Centre.
- Fill out the intake form.

> *"To be a Maman Chérie means to have a big heart and great empathy to cultivate strong bonds with the patients we work with. The most important part of welcoming new patients at Panzi Hospital is to show to them that they are valued and important. Even if they have been ostracised elsewhere, and feel worthless sometimes, they have a place at Panzi."*
>
> (*Maman Chérie* 'Elsa' at Panzi)

II. Intake

Once a *Maman Chérie* is paired with a patient, a case file is opened and a more in-depth conversation is undertaken to better understand the situation. An integral part of this discussion is the documentation of a patient's story. The *Maman Chérie* not only documents the survivor's description of what happened, but also identifies specifically what the survivor sees as her/his main concerns. During this discussion, the *Maman Chérie* listens, comforts, and validates the patient. They provide emotional support through the reassurance of belief in the victim's story, taking however much time necessary to do so.

During this conversation, the *Mamans Chérie* also explain her/his role in the care process, taking care to explain confidentiality, evidence collection, and the patient's rights. *Mamans Chéries* explain to the patients that they are not simply included in the care process, but that the patient is in complete control of it. It is the patient who decides which treatments to pursue, and whether or not to continue with care. The Panzi Model goes beyond patient consent and gives the patient *control* over the process. In so doing, patients begin their transformation from victims to survivors, as they are given the power to determine their future from the start.

RECOMMENDED ACTIONS

FOR THE PSYCHOSOCIAL ASSISTANT:

1) Welcome the patient:

- Listen, comfort, validate, and reassure the patient
- Discuss the role of the psychosocial assistant in the process

2) Provide emotional support:

- Reinforce that the violence the person experienced was not their fault, that the person is strong and can heal
- Emphasise support for and belief in the survivor

3) Understand the patient's situation and problems:

- Be patient, reliable, and help them recognise their own strength
- Explain confidentiality
- Document the survivor's description of what happened
- Fill out the incident form – a detailed description of the incident, including a profile or the survivor and the perpetrator, and also the services the survivor wishes to pursue *(Formulaire No2 – SVS)*

> *"Through working with survivors at Panzi, I learned that true healing comes from trust. That starts at the intake. The interviews take place in a calm and tranquil space where patients feel secure to share their stories. We speak to them in low voices and we try to reassure them that their reactions are very normal. For me the intake is not a procedure. It is a true conversation where I listen to their stories and repeat them back to make sure that the patients realise that I was indeed listening and empathise with them. I feel their pain.*
>
> (*Maman Chérie* at Panzi)

III. Designing a Care Plan

At this point, the *Maman Chérie* provides detailed information about the available services and explains how the integration of these services can help the patient. This process is informative, not coercive. The goal is to better inform the patient's choices for her/his care plan. *Mamans Chéries* provide detailed descriptions of the four pillars as well as a description of the referral system between these pillars.

Once a care plan is decided upon by the patient and her/his *Maman Chérie*, the *Maman Chérie* manages this file for the remainder of the care process. This includes updating it regularly as the patient moves through the care process.

RECOMMENDED ACTIONS

FOR THE PSYCHOSOCIAL ASSISTANT:

1) Listen to the patient:

- Assess needs, capacity, and wishes of the patient
- Explain how the available services support the healing process
- Provide details on the services comprising each pillar of the holistic model. These may include:
  - Specialized medical care, including surgery, PEP kits, emergency contraception, and HIV tests
  - Psychological support, including occupational therapy, and individual and/or groups sessions
  - Legal aid, including legal advice and representation, and support with police reporting
  - Socio-economic activities, including vocational training, and life-skills

2) Develop a care plan with the patient:

- Design the plan based on the needs and wishes of the patient
- Make sure that the patient gives her/his consent before making referrals
- Follow-up referrals, monitor progress, and the patient's satisfaction
- Manage the case file of the patient
- Maintain one single file with different sections for each pillar
- Update the file throughout the care process with the relevant documents: referral forms, intake and incident forms, and the care plan

IV. Fulfilling the Patient Care Plan

Medical Care

Most survivors of sexual violence arriving at Panzi suffer from injuries and other medical issues, so the first service they receive is typically medical care. At Panzi, an integrated team of doctors, nurses, laboratory technicians, pharmacists, and psychosocial assistants provide treatment and care to patients of sexual violence.

The delivery of medical care begins with a medical consultation. As part of this consultation, the doctor first gathers detailed information about the incident through compassionate dialogue. Following this conversation, the doctor conducts medical examinations, provides treatment for injuries, provides presumptive treatment for sexually transmitted diseases (STDs), administers post-exposure prophylaxis (PEP), and/or provides emergency contraception. During this consultation, the medical doctor usually follows what Panzi calls a 'direct patient care path'. In addition to essential medical interventions and surgery, medical staff at the Panzi One-Stop Centre also provide post-surgery care, counselling about possible long-term health consequences, and how to deal with these consequences, as well as follow-up care to ensure adherence to post-exposure prophylaxis (PEP).

The physical evidence of rape diminishes as time passes and should therefore be collected – with the consent of the patient – as soon as possible. Upon request by the patient, the doctors at Panzi collect clinical evidence that can be used if the survivor decides to take legal action. This involves performing a forensic examination and recording all findings precisely. This includes collecting biological evidence from the survivor's body and/or clothing, which may help to determine the identity of the perpetrator.

The medical team at Panzi is specialised in performing surgeries that treat the most severe consequences of sexual violence, the most common of which are fistulas.

Finally, medical professionals also collaborate with law enforcement and justice actors on evidence collection and documentation of forensic evidence. They have been trained on appropriate completion of the medical certificate, a document that holds value in court.

RECOMMENDED ACTIONS

FOR THE MEDICAL DOCTOR:

- Explain confidentiality and informed consent
- Obtain consent for the medical examination
- Conduct examination and provide clinical care
  - Offer treatment for STDs and education to prevent HIV
  - Offer emergency contraception or PEP, if needed
  - Collect forensic evidence (fill out corresponding *medical certificate for sexual assault*)
- Inform the survivor about potential health consequences of procedures
- Explain the different components of the medical care plan and procedures to the patient
- Finalise a medical care plan
- Inform the psychosocial assistant about the appointments
- Refer the patient to the psychologist

FOR THE PSYCHOSOCIAL ASSISTANT:

- Check if patient has understood the medical care plan or has questions and/or concerns
- Accompany the patient in attending medical appointments
- Monitor progress and satisfaction
- Lead case coordination and organise case management meetings

* Note: In some cases, the patient will meet with a psychologist before being referred to the medical doctor, but this depends on the specific needs of each patient. More immediate action by the psychologist may be necessary, for example, if the survivor is confused, in shock, or emotionally unfit for medical intervention (i.e. surgery).

Typical Direct Patient Care Path

1. **Ask for consent for:**
   - Medical examination
   - Collection of forensic evidence
   - Treatment of injuries

Consent can be refused at any moment, for any part of the exam, without further consequences for treatment.

2. **Complement general information** provided by the *Maman Chérie* with data such as requisition number (if applicable), date, time, and place of examination.

3. **Take medical history** in relation to obstetrics, sexually transmitted diseases (STDs) and fissures, injuries, and scars of the ano-genital area.

4. **Review the history of the incident** taken by the *Maman Chérie* and complement the history with additional details, if necessary. Important details are: the place of assault, time, nature of threats and force used, areas of contact with assailant, names of assailants if known, and potential injury marks left on the patient's body.

5. **Assess general mental condition** and note any signs of intoxication and/or injection of drugs or alcohol.

6. **Take information** regarding attempted or completed penetration and emission of semen in or outside orifices.

7. Make assessment of the case and analyse what **forensic evidence needs to be collected**. The nature of the evidence depends on the time elapsed between assault and examination:
   - Within 72 hours: all evidence
   - Within 96 hours: all evidence except swabs for spermatozoa
   - After 96 hours: evidence on body and clothes

8. **Collect bodily evidence:**
   - Preserve clothes, do not put stained parts in contact with unstained parts, and pack each piece in a separate bag, seal it, and label it
   - If assault is recent, place the patient on a large white sheet of paper while undressing to collect any evidence left on body, for example scalp or pubic hair
   - Collect bloodstains and other stains on the body with swabs
   - In case of any suspected seminal deposits on pubic hair, clip and collect the hair

9. **Inspect the body** for bruises, scratches, bites, and other injuries, particularly on face, neck, shoulders, breast, upper arms, buttocks, and thighs. Describe the type of injury (abrasion, contusion, laceration, etc.) and mark on body charts.

10. **Inspect the perineum** for evidence of injury such as bleeding, bruises, swelling, tears, discharge, seminal stains, and stray pubic hair (genital examination).

11. **Fill out medical certificate (see Annex) for sexual assault**, formulate an opinion and sign. Pay particular attention to:
    - Evidence of sexual assault
    - Evidence of vaginal, oral or anal, penetration by the assailant
    - Evidence of vaginal or anal penetration by finger or object
    - Signs of use of force based on physical and genital injuries
    - Time elapsed since incident has taken place
    - Any means by which the assailant can be identified
    - Any clinical evidence that survivor is mentally incapable or under influence of substances
    - Absence of injuries or negative laboratory results due to:
      - Inability of victim to offer resistance to the assailant because of being unconscious, under the effect of alcohol/drugs, overpowered, threatened, or use of lubricant
      - Loss of evidence as a consequence of activities such as urinating, washing, bathing, or changing clothes.
      - Healing of injuries with passage of time
      - Use of condom or vasectomy

12. **Treat any physical injuries** and provide pain relief, if necessary.

13. **Test for pregnancy** and if applicable, provide emergency contraception (within 5 days).

14. **Prevent and/or treat sexually transmitted infections** (STIs).

15. **Test for HIV and if applicable, prevent HIV** (within 72 hours). If positive, refer to HIV/AIDS programme for counselling and treatment.

16. **Offer Hepatitis-B and Tetanus immunisation.**

17. **Inform patient** about follow-up appointments.

18. **Give copies of all relevant documents to the patient**, if s/he wishes.

19. **Refer back to the *Maman Chérie*** to discuss self-care, enhance safety, and arrange support.

20. **Archive evidence** dried, packed, and sealed in separate envelopes.

Sources:

- Health care for women subjected to intimate partner violence or sexual violence
- A clinical handbook, WHO, 2014
- Manual for Medical Examination of Sexual Assault, CEHAT, 2010 (reprint: 2012)

MOBILE CLINICS

Panzi's medical team provides health care to remote communities through its mobile clinics. Each mobile clinic consists of a doctor, two nurses, a psychologist, and two psychosocial assistants. This team works with existing health facilities and local community organisations to provide medical treatments and psychological support to those who cannot travel to Panzi Hospital. However, if there is a need for survivors of sexual violence to receive more specialised care (e.g. fistula operations or prolapses), transport for the survivor to Panzi Hospital, in Bukavu, is arranged.

In addition to this, the mobile team organises awareness-raising campaigns in the communities on the protection of survivors of sexual violence, the rights of women and children, and masculinity. They also inform communities about the services that are available for survivors of sexual violence (such as legal, psychological, and socio-economic assistance). The mobile clinic follows a monthly programme covering different zones, and the team is also available upon request.

> *"The collection of forensic evidence has an important link to our pursuit of justice. It allows us to identify certain unknown perpetrators and constitute a collection of proof. A good file will always push the judicial process further!"*
>
> (Coordinator of the medical pillar at Panzi)

Psychological care

Victims who seek care at the Panzi One-Stop Centre have often endured extremely brutal forms of sexual violence, which can severely impact the victim's psychological wellbeing. To overcome such trauma, patients will meet with a psychologist at least once before making the decision to continue with psychological care (be it therapy or psychosocial support activities). This process is unique to the Panzi Model, as in many other systems, psychological care is presented only as an option. Panzi has chosen to require at least one session with a psychologist because the majority of victims seeking care at Panzi are so unfamiliar with the concept of psychological care that simply explaining it is not enough. Panzi has found that this works better to inform patients of the full range of psychological care services available.

Following this initial session with the psychologist, patients have the choice to discontinue the psychological care. If they decide to continue, however, the patient, doctor, and psychologist together develop a programme that provides the best possible path to recovery for the patient. Within the psychological care pillar of the Panzi Model, a distinction is made between psychotherapy, addressing deep trauma, and psychosocial support activities.

If the patient chooses to undergo one-on-one psychotherapy, then a minimum of four to six therapy sessions are planned. The exact number varies, depending on the type of therapy that is chosen. Psychotherapy options include brief solution-oriented therapy sessions and cognitive behavioural treatments (CBT).

In group therapy sessions, survivors exchange with other people who have experienced similar situations of violence and social exclusion, which have resulted in great psychological suffering. One example of group therapy offered at Panzi is the Kamba Moja program, detailed in the box below.

Normally, individual sessions are held at the hospital, while long term therapies such as music or art therapy (which last three to five months) take place at Panzi's transitional care facility, *Maison Dorcas*.

All therapies follow Panzi's standard psychological protocols and respect international norms on the care of victims of sexual and gender-based violence.

Psychosocial support activities include karate, dance, singing, occupational therapy, (for example knitting, embroidery and basket-making), and recreational outings.

MUSIC ACTIVITIES involve the creation of music by survivors themselves, which supports their psychological healing and empowerment. At Panzi, through the music activities implemented by the organisation **'Healing in Harmony'**, survivors work with music producers to write and record their own songs. Many of these songs have been performed at concerts and on the radio — which contributes to advocacy and societal change as well.

TRAUMA-INFORMED THERAPY PROGRAMMES AT PANZI emphasise non-verbal expression as a gateway into the complex process of working through trauma. In the **Kamba Moja program at Panzi** (Swahili for 'Common Threads'), women learn self-regulation, stabilization, and management of intense emotional states. They are provided with psycho-education and engage in somatic-based therapy to work with the consequences of trauma. They sew story cloths to tell their stories of trauma and survival, which enables them to overcome stigma, shame, guilt, self-blame, and grief.

BODY WORK programmes such as the karate and football programmes developed by **'Fight for Dignity'** support the resilience of survivors. These sports activities enable survivors to regain control over their bodies, which are at the heart of trauma. By combining specific karate techniques (like punching and kicking) with respiration and relaxation exercises, survivors can realise their strength and their capacity to impose their will, to emancipate themselves, to develop self-esteem, and to enjoy life again.

RECOMMENDED ACTIONS

FOR THE PSYCHOSOCIAL ASSISTANT:

- Ensure the patient agrees on the psychosocial care plan, and address any questions or concerns the patient may have
- Accompany the patient to appointments
- Monitor progress and the patient's satisfaction
- Coordinate case management and organise regular case management meetings
- Provide psychosocial assistance on a continual basis. This may include:
  - Listening to the patient
  - Satisfying her/his needs,
  - Encouraging her/his healing process
  - Helping the patient access and mobilise support in the community (faith based, family, or others)
- Gather information about the patient's coping mechanisms, her/his family, and social and spiritual life. Reflect on how these aspects can support the patient's healing and recovery

FOR THE PSYCHOLOGIST:

- Reiterate confidentiality and informed consent policies
- Identify patient's psychosocial care needs
- Inform patient about all available services in the realm of psychosocial care
- Design a psychological care plan together with the patient
- Inform the psychosocial assistant about how she can support the psychological care plan

> *"Bodywork is so important. Through these complementary activities such as singing, dancing, karate, and breathing exercises, girls and women rediscover their strength and spirit, find a medium for creative and emotional expression and learn to cherish their bodies again, which were destroyed by others.*
>
> (Coordinator of the psychosocial pillar at Panzi)

Legal assistance

The legal clinic at Panzi hosts weekly awareness-raising sessions for patients, which detail the services offered in addition to the legal framework and procedures pertaining to gender-based violence. Many patients come to the legal clinic as a result of one of these sessions. However, many come of their own accord as well.

During the first meeting, the lawyer and/or paralegal informs the survivor about her/his legal rights and the common legal procedures in the country. They will also provide information about what the survivor can expect in the event s/he decides to report a case to the appropriate law enforcement and/or legal authorities. This includes the possible length of legal proceedings, as well as what happens if the matter proceeds to court. The lawyer analyses the situation together with the survivor and indicates the likelihood that the case will actually proceed to trial. Based on this discussion, the survivor decides whether or not to officially start a legal process. If s/he decides not to proceed with legal action, the survivor is encouraged and supported in this decision. The staff at Panzi does not, at any point, coerce survivors into any decision – be it legal, medical, psychosocial, or socioeconomic.

If, however, s/he decides to proceed with legal action, the legal staff, in partnership with the *Maman Chérie*, guides the survivor through the legal process.

If survivors are traveling from far away, the legal clinic has a small transit house where survivors and their families can stay during a court hearing.

Panzi also runs a number of small legal clinics in rural communities. These clinics are managed by paralegals who operate in teams of two: one male and one female. They provide information on the legal framework, listen to survivors, guide them to appropriate institutions, and explain the reporting procedures. They are also involved in awareness-raising activities, and work with community leaders to enhance support for survivors who wish to pursue legal action.

RECOMMENDED ACTIONS

FOR THE PSYCHOSOCIAL ASSISTANT:

- Inform the survivor about weekly awareness-raising sessions organised by the legal clinic
- Assist the survivor in accessing the legal clinic
- Follow up on the case, monitor progress, and discuss with legal clinic staff

FOR THE LEGAL CLINIC:

- Inform the survivor about legal rights and legal procedures in the country
- Explain the different components of legal aid provided by the clinic
- Explain confidentiality
- Support the survivor in making an informed decision on whether or not to proceed with legal action
- Assist the survivor throughout the process, from the complaint, to the police station, to the courtroom
- Create a legal file for each case. This must be stored in a lockable cabinet (this is a different file from the one the psychosocial assistant keeps)
- Update the file with medical intake forms, signed referral forms, and other relevant documents

IN THE EVENT THE LEGAL CLINIC IS THE ENTRY POINT FOR THE SURVIVOR:

- Inform the patient about all services available in the One-Stop Centre
- Refer the patient to medical, psychological, and/or socio-economic services based on her/his wishes

> *"I would recommend that a legal clinic which mostly deals with sexual violence must primarily respect the victims they are working with. Seeking justice is a challenging process, and not all survivors want to take legal action. For those that do, we need to be there to support them 100%. Our greatest success is when victims rediscover their sense of security in our collective pursuit for justice."*
>
> (Coordinator of the Legal Clinic at Panzi)

Socioeconomic reintegration

From the day a patient enters the One-Stop Centre at Panzi, s/he is provided with food, clothing, and if necessary, lodging. These provisions help victims regain their dignity so that s/he can begin her/his individual healing process. Additionally, as treatment progresses, patients are also given the option to participate in an income-generating activity to facilitate their socioeconomic reintegration.

While programmes like these are offered within the One-Stop Centre at Panzi Hospital, the majority take place at *Maison Dorcas*, a transitional care facility located a few hundred meters away from the hospital itself. *Maison Dorcas* functions as the primary facility through which socioeconomic support is provided to survivors. Here they can attend literacy, numeracy, and life skills training, or professional training in small commerce (e.g. soap making, tailoring, and agriculture) and computer skills. The team at *Maison Dorcas*, in consultation with the patient and *Maman Chérie*, presents training that suits the needs and interests of the survivor best. Survivors who decide to pursue these opportunities have the opportunity to stay at *Maison Dorcas* throughout the training, whose length can vary from a few months to, in exceptional cases, a few years. Alternatively, if they decide to return home, they can commute to the facility.

At the end of training programmes, participants receive a start-up kit to initiate a small business in their home community. Alternatively, they may opt to participate in a livelihood scheme already operating in their home communities, such as mutual solidarity groups (MUSO) or village savings and loan associations (VSLA). These two livelihood programmes often have their own psychosocial assistant and paralegal staff, to monitor the safety and wellbeing of survivors who have recently returned. Finally, while participants are often referred to *Maison Dorcas* by the One-Stop Centre at Panzi, *Maison Dorcas* also gives vulnerable people in the community the opportunity to attend their courses.

> *"There is a deep change that happens inside of a survivor, when they feel strong again, physically and emotionally – but the completion of the holistic care process is truly giving them the tools to provide for themselves. Independence allows them to return to their communities with their heads held high."*
>
> (A teacher at Panzi)

RECOMMENDED ACTIONS

FOR THE PSYCHOSOCIAL ASSISTANT:

- Inform the survivor about the socioeconomic activities available
- Assist the survivor in choosing and accessing relevant training
- Maintain the interdependence and links with all of the pillars
- Follow up on the case and monitor progress

FOR THE SOCIOECONOMIC TEAM:

- Inform the survivor about the livelihood and skills training programmes available
- Identify, together with the patient, which activities are most suitable
- Refer patients to the psychosocial assistant if medical and/or psychological support is needed during their stay at *Maison Dorcas*

Case Closure

The end of a care process, where case closure would occur, is rather difficult to define, as it differs for every patient. In general, a case is closed when it is clear that the survivor has utilised all of the services s/he wishes to utilise within the Panzi One-Stop Centre.

When a case is closed, *Mamans Chéries* maintain a professional relationship with survivors for as long as necessary, in order to monitor their wellbeing and needs. To do so, they make regular home visits, maintain a dialogue with the survivor, and follow up on medical needs. In addition to these activities, when requested by the survivor, *Maman Chéries* also speak with family members, elders, and other people in the community to emphasise the degree of support survivors need, and how the provision of such support is beneficial to the entire community.

Finally, a case file may be re-opened upon request of the medical doctor, psychologist, or survivor herself/himself. Survivors are reminded that they can always return to Panzi in the case of new concerns.

RECOMMENDED ACTIONS

FOR THE MEDICAL DOCTOR AND PSYCHOLOGIST:

- Review the medical care plan and the psychosocial care plan
- Discuss the situation with the survivor
- Explain to the survivor that the treatment is complete, but reassure the survivor that s/he can always return in case of concerns or if s/he experiences abuse again

FOR THE PSYCHOSOCIAL ASSISTANT:

- Confirm that the survivor agrees there is no need to continue care
- Reassure the survivor that s/he can always return in case of new issues or if experiencing abuse again
- Update the case file with reports from the medical doctor and psychologist declaring that treatment is complete
- Review all of the forms in the survivor's file and confirm the file is complete
- Safely store the closed case file
- Complete an evaluation and fill in the *feedback form*
- Continue to make regular home visits, if the survivor wishes

> *"When we find that a young patient, who came to us has now been accepted by his/her family and community, is taken care of and is going back to school, that is when we feel most successful and satisfied."*
>
> (Staff member at Panzi)

6.
IMPACT

> *"HOLISTIC CARE NOT ONLY HEALS VICTIMS, BUT IT HEALS SOCIETY AT LARGE, AS WELL."*
>
> Dr. Mukwege

The Panzi Model provides a pathway to heal victims and enable them to achieve a healthy life. Central to the process is the view that every woman, and man, can emerge strong. By recognising the tremendous injuries of victims, and then translating this pain into power, it is possible to achieve real change at the level of not only the individual, but also the society. Through holistic care, victims are transformed into survivors, and survivors are empowered to become agents of change within their own communities.

The holistic approach generates beneficial outcomes at three different levels. At the individual level, this includes the enhancement of survivors' wellbeing, and the encouragement for other victims to seek care. At the care system level, benefits include programme sustainability and cost-effectiveness. And finally, at the societal level, this includes the promotion of communities where sexual violence is no longer tolerated and perpetrators are held accountable.

Individual Level

Enhance Survivors' Wellbeing

According to evaluations of holistic care services, one of the foremost positive findings is that patients perceive the services as both *respectful and dignified*.[5]

Applying the holistic approach can help sensitise and inform the professionals of the various disciplines (medical, legal, psychological, and socioeconomic) about the interconnected needs of victims, as well as the complexity of the causes and consequences of sexual and gender-based violence in general. It increases their ability to treat survivors with respect and helps ensure a welcoming environment. Respectful and dignified treatment by service providers helps to improve corresponding outcomes, such as psychological wellbeing and overall satisfaction with treatment.

> *"Because of the holistic nature of our work, staff feels more engaged in this topic. You can no longer look away from the complexity of the problems. You are really aware of the dramatic consequences, the consequences on mental health and on the lives of survivors, in connection with others in their communities. You are no longer just a doctor."*
>
> Doctor at Panzi Hospital:

The benefits of accessing multiple services are exponentially higher than the benefits of accessing one service alone.[6]

For example, the extent to which patients will recover physically is often influenced by their psychological state. Similarly, psychological wellbeing may influence one's ability to successfully participate in socioeconomic activities. Mental health is often positively affected by access to justice, as favourable experiences with the legal system have been shown to have a positive impact on survivors' psychological wellbeing. Finally, gaining economic autonomy promotes both mental and physical recovery. In other words, the outcome of each separate service is amplified when combined with the other services.

Encourage Survivors to Seek Care

Numerous studies have shown that victims of sexual and gender-based violence, who often face stigmatisation related to the crime, do not seek help for the abuses they suffer. Those who do decide to seek help however, rarely access more than one service, especially if these services are not interconnected and the procedures for accessing them are complicated.

Although there are victims who will never reach out to access care, for those who do seek help, having multiple services at one location is a tangible benefit. Evidence suggests that linking medical and legal services increases survivors' willingness to prosecute their perpetrator.[7] This is particularly effective because there is minimal stigma attached to entering a health centre, and health services are often the first entry point for survivors of sexual violence (as well as other types of gender-based violence). Thus, the use of health facilities as an entry point for victims has been found to be an effective option for enhancing accessibility to all services.

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5 Denis Mukwege and Marie Berg. 2016. A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care. https://bit.ly/2HXotFp

6 Chris Naylor, Preety Das, Shilpa Ross, Matthew Honeyman, James Thompson, Helen Gilburt. 2016. Bringing together physical and mental health: A new frontier for integrated care. https://bit.ly/2tttcDu.

7 Jill Keesbury, W. Onyango-Ouma, Chi-Chi Undie, Catherine Maternowska, Frederick Mugisha, Emmy Kahega, Ian Askew. 2012. A Review and Evaluation of Multi-Sectoral Response Services ("One-Stop Centers") for Gender-Based Violence in Kenya and Zambia. Population Council: Nairobi, Kenya.

Care System Level

Foster Program Sustainability

Particularly in conflict zones, there is a need for a sustainable system of survivor care. Humanitarian agencies that set up services during conflict are likely to leave when funding runs out, or when humanitarian access is restricted, leaving the services without the proper resources to survive. For this reason, a more sustainable solution is to integrate holistic services into existing public health systems.

In order to do this, donor support is crucial. However, when holistic services are integrated into existing health systems, opportunities for local funding could also be mobilised, in addition to initial donor contributions. Where possible, local support should be encouraged by appointing government officials to assist and oversee the programmes, most notably from the Ministry of Health (or the equivalent agency in the country).

Increase Cost-Effectiveness

Offering all services in one place – through the establishment of a One-Stop Centre – allows professionals to work together and respond to survivors' needs in a more coordinated, timely, and effective way.

Integrating the four pillars of the holistic approach within a health facility, when done effectively, can reduce the costs of infrastructure, support services (i.e. the use of translators, and support staff), administration (i.e. databases), and logistics. Furthermore, offering services that reinforce one another creates a virtuous cycle that increases effectiveness and efficiency, as fewer resources need to be allocated for each service. In this way, the care system itself is a beneficiary of the holistic approach.

Societal Level

Promote Societal Change

Providing holistic care to survivors of sexual violence generates benefits to society at large. First, the empowerment of survivors decreases their vulnerability to further violence. Second, offering services to survivors encourages them to break the silence and speak out, which helps to increase awareness of the consequences of these offenses within the wider community. Legal action decreases impunity *and* increases the likelihood of deterrence.

When the wellbeing and resilience of survivors improves, they are most likely to stand up for their rights. As victims transform into agents of change, they often increase their participation in decision-making processes within their households and their communities.

Finally, the provision of holistic care in combination with a thorough documentation of the systemic use of rape as a weapon of war provides the basis to advocate for change. Ensuring that sexual violence is not tolerated, at both the community and society levels, requires addressing the problem at its roots, by challenging gender norms, enforcing law reforms (and the application of the law), and creating protection measures for survivors – all of which is encouraged and often provided by holistic care systems like the One-Stop Centre at Panzi.

7.
CONCLUSION

This handbook was developed to guide and support organisations around the world in providing care to survivors of sexual violence in conflict. Although this handbook primarily details the situation in the Democratic Republic of the Congo, the message and guidelines may be adapted for use in different contexts and countries.

This handbook was designed to assist and inform technical staff, health professionals, government agencies, researchers, and others interested in One-Stop Centres and the holistic approach. We have used the example of the Panzi One-Stop Centre to explain and define the holistic approach. The description of the operations and structure of the Panzi One-Stop Centre inform not only the requirements of administering holistic care, but also illuminate realities of the consequences of the use of sexual violence in conflict. Namely, that victims require, and are entitled to, more than just medical care for their physical wounds. They need compassionate holistic care that facilitates their transformation from victims to survivors.

By the detailing the pillars, foundations, the infrastructure, and essential components of the Panzi Model, we hope to have prepared and inspired care providers to consciously evaluate, improve (when possible), and adapt existing structures to implement a holistic approach. After all, we aim to inform and encourage the *successful* implementation of the holistic approach, which requires both a dynamic system that can change with the needs of survivors, and a system that is tailored to the local context. This means that in many, if not most cases, the implementation of the holistic approach will reflect an informed adaptation of, rather than an exact replica of, the Panzi One-Stop Centre.

The impact of the Panzi Model for individuals, the care system, and Congolese society at large is evident and powerful. Our hope is that by sharing information about our way of working, a similar impact can be felt in other (post-)conflict zones around the world. In these ways, we, the staff at Panzi Hospital and Foundation hope that this handbook will guide care providers in improving the experience of care for survivors of sexual violence in conflict, and that in turn, this will contribute to the end of the use of rape as a weapon of war.

A
ANNEXES

ANNEX 1: Consent form

CONSENTEMENT A L'EXAMEN
Hôpital Général de Référence de Panzi

1. Code du/de la patient(e) | 2. Numero d'incident | 3. Date: jour mois année

CONFIDENTIAL

Note à l'attention du travailleur de la santé:

Ce formulaire devrait être lu au/à la patient(e) ou à son tuteur dans sa langue maternelle. Expliquez clairement au/à la patient(e) les détails de la procédure suivie dans le cadre de l'examen médical et invitez-le/la à choisir une, plusieurs ou aucune des options proposées. Le/la survivant(e) pourra changer d'avis à tout moment, et un nouveau formulaire sera complété.

Je soussigné(e) _____ , donne l'autorisation
(inscrire clairement en lettres capitales le nom complet du/de la patient(e)

à _____ de pratiquer les interventions suivantes
(nom et titre du prestataire médical)

(sélectionnez une option pour chacune ; n'en laissez auncun sans réponse) :

1. Un examen médical (physique de tout le corps externe) :	☐ **Oui**	☐ **Non**
2. Un examen pelvien (la sphère genitale, anale et le périné) :	☐ **Oui**	☐ **Non**
3. Un examen au speculum (la sphère genitale, anale et le périné) :	☐ **Oui**	☐ **Non**
4. La collect de preuves, notamment d'échantillons de liquides organiques, la collecte de vêtements, le prélèvement de matière dans les cheveux ou sous les ongles des mains/le prélèvement de cooupures d'ongles :	☐ **Oui**	☐ **Non**
5. Un prélèvement sanguin :	☐ **Oui**	☐ **Non**
6. La prescription mèdicale et si necessaire la chirurgie	☐ **Oui**	☐ **Non**
7. Les informations médicales me concernant soient utilisées, sans déroger aux principes de confidentialité, pour la recherche scientifique.	☐ **Oui**	☐ **Non**

Je comprends qu'il m'est possible de refuser toute partie de l'examen que je ne souhaite pas subir.

Signature du/de la patient(e) _____

Signature du tuteur, si le / la patient(e) est un mineur: _____

Code du Staff: ☐☐

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ANNEX 2: Formulaire No2 – SVS (1/3)

Formulaire No 2 - SVS
Hôpital Général de Référence de Panzi

1. Code du/de la patient(e)

2. Date: jour / mois / année

3. Code du staff:

A. Détails de l'incident

1. Date de l'incident (jour / mois / année)

2a. Heure de l'incident : ☐ Inconnu (8)

2b. Temps approximatif:
- ☐ Matin (entre le lever du soleil et midi) (1)
- ☐ Après midi (entre midi et le coucher du soleil) (2)
- ☐ Soir/nuit (entre le coucher du soleil et le lever du soleil) (3)
- ☐ Inconnu (8)

3. La survivante est-elle arrivée avant 72h? ☐ Oui (1) ☐ Non (0)

4. Pays de l'incident
- ☐ RDC (1)
- ☐ Tanzanie (2)
- ☐ Burundi (3)
- ☐ Angola (4)
- ☐ Rwanda (5)
- ☐ Ouganda (6)
- ☐ Autre (préciser) (7)

Si RDC: *(Si pas de la RDC, va à la question 5)*

a. Village/ Quartier de l'Incident

b. Commune de l'Incident

c. Zone de santé de résidence:
- ☐ Bagira Kasha (1)
- ☐ Bunyakiri (2)
- ☐ Fizi (3)
- ☐ Haux-plateaux (4)
- ☐ Ibanda (5)
- ☐ Idjwe (6)
- ☐ Itombwe (7)
- ☐ Kabare (8)
- ☐ Kadutu (9)
- ☐ Kalehe (10)
- ☐ Kalole (11)
- ☐ Kalonge (12)
- ☐ Kamituga (13)
- ☐ Kaniola (14)
- ☐ Katana (15)
- ☐ Kaziba (16)
- ☐ Kimbi-Lulenge (17)
- ☐ Kitutu (18)
- ☐ Lemera (19)
- ☐ Lulingu (20)
- ☐ Minembwe (21)
- ☐ Minova (22)
- ☐ Miti Murhesa (23)
- ☐ Mubumbano (24)
- ☐ Mulungu (25)
- ☐ Mwana (26)
- ☐ Mwenga (27)
- ☐ Nundu (28)
- ☐ Nyangezi (29)
- ☐ Nuantende (30)
- ☐ Ruzizi (31)
- ☐ Shabunda (32)
- ☐ Uvira (33)
- ☐ Walungu (34)
- ☐ Hors Sud-Kivu (35)

d. Territoire de l'incident
- ☐ Kalehe(1)
- ☐ Shabunda (2)
- ☐ Walungu (3)
- ☐ Kabare (4)
- ☐ Idjwi(5)
- ☐ Fizi(6)
- ☐ Mwenga (7)
- ☐ Uvira (8)
- ☐ Hors Sud-Kivu (9)

e. Province de l'incident
- ☐ Sud Kivu (1)
- ☐ Nord Kivu (2)
- ☐ Maniema (3)
- ☐ Katanga (4)
- ☐ Kinshasa(5)
- ☐ Equateur (6)
- ☐ Bas Congo (7)
- ☐ Oriental (8)
- ☐ Bandundu (9)
- ☐ Kasai Occidental (10)
- ☐ Kasai Oriental (11)

5. Lieu de l'incident
- ☐ Jardin/champ cultivé (1)
- ☐ Domicile du/de la survivant(e) (2)
- ☐ Chez l'auteur (3)
- ☐ Centre de santé/hôpital (4)
- ☐ Lieu de service/travail (5)
- ☐ Brousse/forêt (6)
- ☐ Carrière minière (7)
- ☐ Ecole (8)
- ☐ Chemin de l'ecole (9)
- ☐ Cours d'eau/riviére (10)
- ☐ Hôtel (11)
- ☐ Frontière (12)
- ☐ Route (13)
- ☐ Bar (14)
- ☐ Marché (15)
- ☐ Prison (16)
- ☐ Autre (préciser) (17)

6. Cet incident constituait-il une practique traditionelle préjudiciable?
- ☐ Non (0)
- ☐ Mariage précoce (1)
- ☐ Mariage forcé (2)
- ☐ Autre (préciser) (3)

7. De l'argent, des biens, des avantages et/ou les services ont-ils été échangés en rapport avec cet incident? ☐ Oui (1) ☐ Non (0)

8. Y a-t-il eu torture au cours de l'incident? ☐ Oui (1) ☐ Non (0)

9. Y a-t-il eu d'enlèvement/kidnapping au moment des faits ☐ Oui (1) ☐ Non (0)

10. Y a-t-il eu traite? ☐ Oui (1) ☐ Non (0)

11. Y a-t-il eu l'enrôlement forcé? ☐ Oui (1) ☐ Non (0)

12. Le/la survivant(e) a été stigmatisé(e) ☐ Oui (1) ☐ Non (0)

13. Le/la survivant(e) a été rejeté(e) ☐ Oui (1) ☐ Non (0)

14. Quel type de violence est survenue au cours de l'incident:
- i.). Viol (dont les viols collectifs et les viols conjugaux) ☐ Oui (1) ☐ Non (0)
- ii.) Agression sexuelle (dont les tentatives de viol, toute violence/tous sévices sexuels sans pénétration, et les mutilations génitales féminines/l'excision ☐ Oui (1) ☐ Non (0)
- iii.) Agression physique (dont les coups, les gifles, les coups de pied, les bousculades, etc., n'étant pas de nature sexuelle ☐ Oui (1) ☐ Non (0)
- iv.) Mutilations génitales / l'excision ☐ Oui (1) ☐ Non (0)
- v.) Mariage forcé (dont les mariages précoses) ☐ Oui (1) ☐ Non (0)
- vi.) Déni de ressources, d'opportunités ou de services ☐ Oui (1) ☐ Non (0)
- vii.) Violences psychologiques/ émotionelles ☐ Oui (1) ☐ Non (0)

Entrée des données effectuée par: 1. Code du staff: ☐☐ 2. Code du staff: ☐☐ 3. Unique ID (Computer) ☐☐☐☐ 4. Numéro de formulaire ☐☐☐☐

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ANNEX 2: Formulaire No2 – SVS (2/3)

15. Type de contrainte au moment de l'incident?

a. Sous contrainte d'une arme survivante ☐ Oui (1) ☐ Non (0)
b. Sous menace physique ☐ Oui (1) ☐ Non (0)
c. Sous l'effet de la drogue / Alcool donné à la ☐ Oui (1) ☐ Non (0)
d. Sous l'effet d ela drogue / Alcool pris par l'auteur ☐ Oui (1) ☐ Non (0)
e. Sous contrainte financière ☐ Oui (1) ☐ Non (0)
f. Sous contrainte familiale ☐ Oui (1) ☐ Non (0)
g. Autre - précisez: ☐ Oui (1) ☐ Non (0)

16. Statut de déplacement au moment de la déclaration des faits

☐ Résident(e) (1)
☐ Refugié/Demandeur d'asile (2)
☐ Déplacé(e) interne (3)
☐ Autre précisez (4)

17. Pour ce cas de violence sexuelle, qui a fait la déclaration?

☐ Le/la survivant(e) (1)
☐ Une autre personne que le/la survivant(e) (2)- précisez:

18. Le (la) survivant(e) a-t-il déjà répondu à un questionnaire concernant le même incident? ☐ Oui (1) ☐ Non (0)

↳ i. Si oui, dans quelle structure (code de la structure)?

ii. Quand? jour / mois / année

B. Les Précédentes de Incidents de VBG

1. Est-ce la première fois que cette personne est survivante de la violence basée sur le genre? ☐ Oui (1) ☐ Non (0)

↳ a. Si non, donnez le nombre de fois que le (la) survivant(e) a subi l'incident:

b. Lieu de l'incident le plus récent:

b. Date de l'incident le plus récent: jour / mois / année

c. Ajoutez une description concise

2. Le/la survivant(e) a-t-il/elle précédemement été soigné(e) à Panzi? ☐ Oui (1) ☐ Non (0)

↳ i. Combien des fois:

ii. Quand?

a) mois / année ☐ Inconnu (8)
b) mois / année ☐ Inconnu (8)
c) mois / année ☐ Inconnu (8)
d) mois / année ☐ Inconnu (8)

ii. Ajoutez une description concise

C. Considerations lorsque le(la) Survivant(e) est un(e) Mineur(e) (Moins de 18 ans)

☐ Si la patient est une adulte, cochez ici et continuez à la section D.

1. Le (la) survivant(e) est-il/elle accompagné(e) ☐ Oui (1) ☐ Non (0)

2. Le (la) survivant(e) vit-il/elle seul(e)? ☐ Oui (1) ☐ Non (0)

↳ a. Si non, quelle est la relation avec la personne que vit avec elle?

☐ Parents (1)
☐ Membre de la famile (2)
☐ Copain (copine) (3)
☐ Ami(e)s (4)
☐ Vit dans une famille d'accueil (5)
☐ Autre (6) préciser:

ANNEX 2: Formulaire No2 – SVS (3/3)

D. Profil du/de(s) Presume(s) Auteur(s)

1. Combien de présumés auteurs étaient impliqués ☐☐ ☐ Inconnue-multiple (50)

2. Sexe du présumé auteur principal: ☐ Homme (2) ☐ Femme (1)

4. Age du présumé auteur principal:

- ☐ 0 à 11 ans (1)
- ☐ 12 à 17 ans (2)
- ☐ 18 à 25 ans (3)
- ☐ 26 à 40 ans (4)
- ☐ 41 à 60 ans (5)
- ☐ Plus de 61 ans (6)
- ☐ Inconnue (8)

3. Relations entre le (la) survivant(e) et le présumé auteur principal:

- ☐ Partenaire intime (1)
- ☐ Membre de la famile (2)
- ☐ Autorité/ supéreur hiérachique (3)
- ☐ Camarade de classe (4)
- ☐ Enseignant (5)
- ☐ Responsable d'une structure (6)
- ☐ Voisin (7)
- ☐ Membre connu de la communauté (8)
- ☐ Inconnue (88)
- ☐ Autre (9) - précisez:

5. Auteur présumé principal:

- ☐ Fermier/Cultivateur (1)
- ☐ Commercant (2)
- ☐ Eléve/Etudiant (3)
- ☐ Chef de camp/ Communauté (4)
- ☐ Enseignant (5)
- ☐ Responsable Religeux (6)
- ☐ Personnel de N.U. (7)
- ☐ Membre d'une ONG (8)
- ☐ Militaire (9)
- ☐ Policier (10)
- ☐ Milicien/Membre d'un groupe armé (11)
- ☐ Inconnue (88)
- ☐ Autre (12) - précisez:

E. Histoire et Informations Supplementaires

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ANNEX 3: Medical certificate for sexual violence (1/4)

CERTIFICAT MÉDICAL D'AGRESSION SEXUELLE
RÉPUBLIQUE DÉMOCRATIQUE DU CONGO

Document Confidentiel

L'octori du certificat médico-légal est gratuit pour les victimes de violences sexuelles selon la note circulaire n°251/143/B.MIP/SK/2012 de l'Inspection Provinciale de la Santé.

HÔPITAL GR DE PANZI

Loi nº06/019 du 20 juillet 2006 modifiant et complétant le Décret du 06 août 1959 portant Code de Procédure Pénale Congolais, Article14 (bis) : "Conformément aux articles 48 et 49 du Code de Procédure pénale, l'Officier du Ministère Public ou le Juge requiert d'office un médecin et un psychologue afin d'apprécier l'état de la victime des violences sexuelles et de déterminer les soins appropriés ainsi que d'évaluer l'importance du préjudice subi par celle-ci et son aggravation ultérieure."

Date d'aujourd'hui / / **à** _____ **heures** | **Lieu de l'examen médical**

A. INFORMATION SUR LE / LA PATIENT(E)

1. Nom | **2. Post-nom** | **3. Prénom**

4. Adresse | **5. Sexe** ☐ Féminin ☐ Masculin

6. Âge ☐ Non connu | **7. Date de naissance** / / ☐ Non connu | **8. Lieu de naissance** ☐ Non connu

9. Etat civil ☐ Célibataire ☐ Marié(e) ☐ Veuf / Veuve

Noter: Si le patient est de sexe masculin, sauter jusqu'à la question numéro 14.

10. Date des dernières règles / / ☐ Non reglée ☐ Post-ménopausique ☐ Non connu

11. Nombre de grossesses | **12. Nombre de naissances vivantes** | **13. Actuellement enceinte** ☐ Oui ☐ Non ☐ Non connu

14. Le / la patient(e) a eu un rapport sexuel consenti au cours des 7 jours qui ont précédé l'agression ☐ Oui ☐ Non

15. Le / la patient(e) a subi des blessures anales / génitales, opérations, procédures diagnostiques ou traitement médical au cours des 60 jours qui ont précédé l'agression, susceptibles d'affecter l'interprétation du présent examen médical ☐ Oui ☐ Non *Si « Oui, » expliquer :* _____

16. La date et l'heure de l'agression / / _____ : _____ ☐ Non connu | **17. Lieu de l'agression** ☐ Non connu

18. Utilisation de force, de menaces ou d'arme(s) *(cocher tout ce qui s'applique)* ☐ Force physique ☐ Armes ☐ Menaces contre le / la patient(e) ☐ Menaces contre de tiers ☐ Non connu

19. Type de force / armes *(cocher tout ce qui s'applique)*

☐ Bâtons ☐ Couteaux ☐ Bandeau ☐ Mains ☐ Non connu ☐ Autre *(tel que la nudité forcée, la suspension, la torture électrique, témoignage ou participation dans la torture des autres, etc.)* :

☐ Pistolets ☐ Contraintes ☐ Bâillon ☐ Pieds _____

20. Intoxication chimique involontaire du / de la patient(e) *(cocher tout ce qui s'applique)* ☐ Non ☐ Drogues ☐ Alcool ☐ Non connu ☐ Autre : _____

B. INFORMATION SUR LE(S) SUSPECT(S)

1. Nombre de suspects ☐ Un (1) ☐ Deux (2) ☐ Trois (3) ☐ Plus de trois *Si « plus de trois,» préciser le nombre :* _____ ☐ Non connu

Premier Suspect: répondre aux questions 2 à 6	*Deuxième Suspect: répondre aux questions 7 à 11*
2. Relation entre le suspect et le / la patient(e) ☐ Connaissance ☐ Membre de la famille ☐ Étranger ☐ Partenaire intime / Ex-partenaire ☐ Non connu ☐ Autre : _____	**7. Relation entre le suspect et le / la patient(e)** ☐ Connaissance ☐ Membre de la famille ☐ Étranger ☐ Partenaire intime / Ex-partenaire ☐ Non connu ☐ Autre : _____
3. Sexe du suspect ☐ Féminin ☐ Masculin ☐ Non connu	**8. Sexe du suspect** ☐ Féminin ☐ Masculin ☐ Non connu
4. Âge approximatif du suspect ☐ Non connu	**9. Âge approximatif du suspect** ☐ Non connu
5. Le suspect est un policier / militaire / rebelle ☐ Oui ☐ Non ☐ Non connu	**10. Le suspect est un policier / militaire / rebelle** ☐ Oui ☐ Non ☐ Non connu
6. Langue(s) parlée(s) par le suspect ☐ Non connu	**11. Langue(s) parlée(s) par le suspect** ☐ Non connu

Si trois suspects ou plus, compléter la question 12.

12. Décrire les suspects en détail *(préciser leur relation avec le / la patient(e), leur sexe, leur âge approximatif, si les suspects sont des policiers / militaires / rebelles, la langue parlée, etc.)* : _____

Nom du clinicien _____ **NºC.N.O.M.** _____

Signature du clinicien _____ page 1 sur 4 **Date** _____ / _____ / _____

ANNEX 3: Medical certificate for sexual violence (2/4)

CERTIFICAT MÉDICAL D'AGRESSION SEXUELLE *(suite)*

C. RÉSUMÉ DES ACTES DÉCRITS PAR LE / LA PATIENT(E)

1. Pénétration de l'appareil génital féminin par :	Oui	Non	Tenté	Non connu	Commentaires :
a. le pénis	☐	☐	☐	☐	
b. le(s) doigt(s)	☐	☐	☐	☐	
c. corps étranger	☐	☐	☐	☐	

2. Pénétration de l'anus par :	Oui	Non	Tenté	Non connu	Commentaires :
a. le pénis	☐	☐	☐	☐	
b. le(s) doigt(s)	☐	☐	☐	☐	
c. corps étranger	☐	☐	☐	☐	

3. Contact oral avec l'appareil génital	Oui	Non	Tenté	Non connu	Commentaires :
a. du suspect sur le / la patient(e)	☐	☐	☐	☐	
b. d'un tiers sur le / la patient(e)	☐	☐	☐	☐	
c. du / de la patient(e) sur le suspect	☐	☐	☐	☐	
d. du / de la patient(e) sur un tiers	☐	☐	☐	☐	

4. Contact oral avec la sphère anale :	Oui	Non	Tenté	Non connu	Commentaires :
a. du suspect sur le / la patient(e)	☐	☐	☐	☐	
b. d'un tiers sur le / la patient(e)	☐	☐	☐	☐	
c. du / de la patient(e) sur le suspect	☐	☐	☐	☐	
d. du / de la patient(e) sur un tiers	☐	☐	☐	☐	

5. Attouchement des organes génitaux :	Oui	Non	Tenté	Non connu	Commentaires :
a. du suspect sur le / la patient(e)	☐	☐	☐	☐	
b. d'un tiers sur le / la patient(e)	☐	☐	☐	☐	
c. du / de la patient(e) sur le suspect	☐	☐	☐	☐	
d. du / de la patient(e) sur un tiers	☐	☐	☐	☐	
e. du / de la patient(e) sur lui- / elle-même	☐	☐	☐	☐	

6. Y a-t-il eu éjaculation :	Oui	Non	Non connu	Commentaires :
a. à l'intérieur des orifices du / de la patient(e)	☐	☐	☐	
b. à l'extérieur des orifices du / de la patient(e)	☐	☐	☐	
c. préciser la localisation de l'éjaculation :				

D. HYGIÈNE POST-AGGRESSION DU / DE LA PATIENT(E)

1. Après l'agression, le / la patient(e) *(cocher tout ce qui s'applique)*

☐ a mangé ☐ a bu ☐ s'est brossé(e) les dents ☐ s'est douché(e) ☐ a pris un bain ☐ a uriné ☐ Non connu

E. RÉCIT DU / DE LA PATIENT(E)

Résumer les éléments clés de l'agression selon le / la patient(e) *(si nécessaire, ajouter des pages additionnelles contenant le récit du / de la patient(e) de préférence sous forme dactylographiée)* :

_____

_____

F. EXAMEN PHYSIQUE GÉNÉRAL DU / DE LA PATIENT(E)

1. Tension artérielle /	2. Pouls	3. Respiration	4. Température

5. Le comportement et l'état psychologique *(cocher tout ce qui s'applique)*

☐ Peureux / peureuse ☐ Renfermé(e) ☐ Triste ☐ Honteux / honteuse ☐ État psychique altéré

☐ Fâché(e) ☐ Choqué(e) ☐ En pleurs ☐ Muet(te)

SE RAPPELER DE: RAMASSER LES PREUVES *(sécrétions humides et sèches, taches, vêtements et objets étrangers du corps du / de la patient(e))* ; **D' UTILISER LE KIT DE VIOL** *(si disponible)* **ET LE FORMULAIRE DE LA CHAINE DE TRAÇABILITÉ ; ET DE PRENDRE DES PHOTOS**

Nom du clinicien _____ **N°C.N.O.M.** _____

Signature du clinicien _____ page 2 sur 4 **Date** ____ / ____ / ____

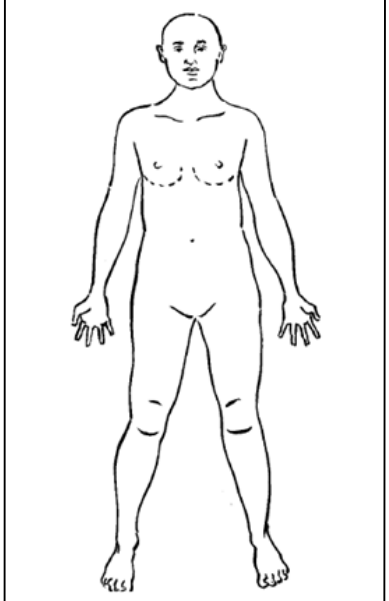
CERTIFICAT MÉDICAL D'AGRESSION SEXUELLE *(suite)*

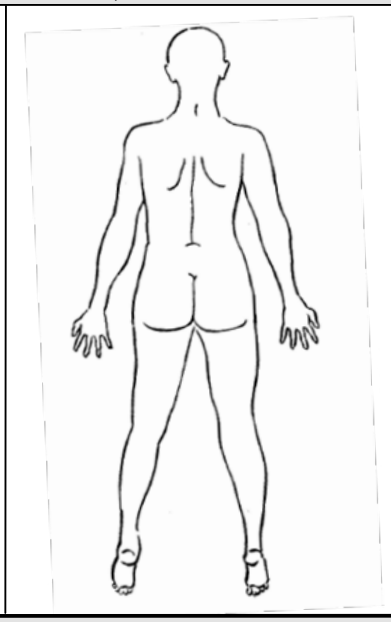
F. EXAMEN PHYSIQUE GÉNÉRAL DU / DE LA PATIENT(E) *(suite)*

Légende des éléments observés et / ou trouvés

A Abrasion	**AB** Autre blessure *(décrire)*	**AC** Autre corps étranger *(décrire)*	**BB** Blessure par balle	**BÉ** Brûlure étranger	**D** Débris	**DF** Déformation	**EC** Ecchymose *(bleu)*	**EN** Enflure
F Fibres *(y compris cheveux et poils)*	**I** Incision	**L** Lacération	**M** Morsure	**R** Érythème *(rougeur)*	**S** Sensibilité *(y compris douleur)*	**SH** Sécrétion humide	**SS** Sécrétion sèche	**V** Végétation *(y compris terre, saletés)*

Numéroter chaque blessure / élément trouvé sur les schémas ci-dessous.
Dans le tableau situé a droite des schémas, noter le numéro avec l'abréviation correspondant à l'élément observé ou trouvé.



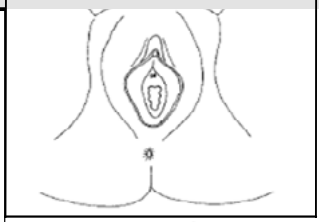


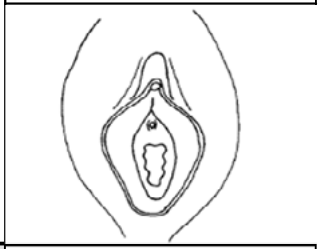
Localisation sur le corps	Éléments observés et / ou trouvés	Commentaires

G. EXAMEN GÉNITAL (FÉMININ)

Utiliser la légende figurant en haut de page pour identifier et localiser sur les schémas ci-contre les éléments observés / trouvés lors de l'examen génital. Examiner l'intérieur des cuisses, l'appareil génital et la sphère périnéale (cocher la case s'il y a des éléments relatifs à une agression).

1. **Blessure à l'intérieur des cuisses** ☐ Oui ☐ Non
2. **Blessure au méat urétral / périurétral** ☐ Oui ☐ Non
3. **Blessure au périnée** ☐ Oui ☐ Non
4. **Blessure aux grandes lèvres** ☐ Oui ☐ Non
5. **Blessure aux petites lèvres** ☐ Oui ☐ Non
6. **Blessure à l'hymen** ☐ Oui ☐ Non
7. **Blessure au clitoris / sphère alentour** ☐ Oui ☐ Non
8. **Blessure à la marge de l'anus / fesses / plis ou crêtes** ☐ Oui ☐ Non
9. **Blessure au vagin** ☐ Oui ☐ Non
10. **Blessure au col de l'utérus** ☐ Oui ☐ Non
11. **Position pendant l'examen**
    - ☐ Couché(e)
    - ☐ Genoux sur poitrine
    - ☐ Autre

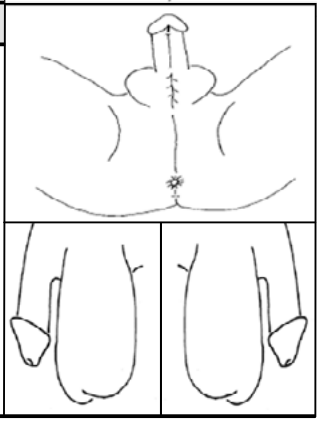




H. EXAMEN GÉNITAL (MASCULIN)

Utiliser la légende figurant en haut de page pour identifier et localiser sur les schémas ci-contre les éléments observés / trouvés lors de l'examen génital. Examiner l'intérieur des cuisses, l'appareil génital et la sphère périnéale (cocher la case s'il y a des éléments relatifs à une agression).

1. **Blessure à l'intérieur des cuisses** ☐ Oui ☐ Non
2. **Blessure au gland ou pénis** ☐ Oui ☐ Non
3. **Blessure au scrotum** ☐ Oui ☐ Non
4. **Blessure aux testicules** ☐ Oui ☐ Non
5. **Le patient est-il circoncis** ☐ Oui ☐ Non
6. **Blessure à la marge de l'anus / fesses / plis ou crêtes** ☐ Oui ☐ Non
7. **Saignement rectal** ☐ Oui ☐ Non



Nom du clinicien _____ **N°C.N.O.M.** _____

Signature du clinicien _____ page 3 sur 4 **Date** ____/____/____

CERTIFICAT MÉDICAL D'AGRESSION SEXUELLE *(suite)*

I. EXAMENS PARACLINIQUES ET AUTRES EXAMENS

EFFECTUÉS:	Oui	Non	*RÉSULTATS:*	*EFFECTUÉS:*	Oui	Non	*RÉSULTATS:*
1. Sérologie VIH	☐	☐	_____	6. Culot urinaire	☐	☐	_____
2. Syphilis	☐	☐	_____	7. Une lame pour les spermes ou infections	☐	☐	_____
3. Hépatite B	☐	☐	_____	8. Ecographie	☐	☐	_____
4. Frottis cervico-vaginal	☐	☐	_____	9. Autres examens	☐	☐	_____
5. Test de grossesse	☐	☐	_____	_____			

J. TRAITEMENT ET RECOMMANDATIONS

	Oui	Non	Commentaires :
1. Prophylaxie post-exposition (PPE)			
a. PPE	☐	☐	_____
2. Médicaments	Oui	Non	Commentaires :
a. Antibiotiques	☐	☐	_____
b. Analgésiques	☐	☐	_____
c. Contraception d'urgence	☐	☐	_____
d. Autre	☐	☐	_____
3. Renvoi vers un spécialiste	Oui	Non	Commentaires :
a. Le / la patient(e) sera envoyé(e) vers un spécialiste aujourd'hui	☐	☐	_____
4. Réquisition de la police	Oui	Non	Commentaires :
a. Réquisition de la police a été menée	☐	☐	_____
b. *Si 4a est «Non,»* est-ce que le / la patient(e) veut informer la police ?	☐	☐	_____
c. *Si 4b est «Non,»* est-ce que le / la patient(e) a été conseillé(e) sur l'utilité d'une telle information pour l'enquête de police ?	☐	☐	_____

K. ELÉMENTS DE L'ÉVALUATION

1. Récit de l'évènement : _____
2. Observations sur le comportement : _____
3. Examen physique : _____
4. Examens paracliniques : _____
5. Documents joints au présent certificat dûment complété *(cocher tout ce qui s'applique)* :

☐ Copie(s) des résultats d'analyses ☐ Écrit(s) (de préférence dactylographiés) ☐ Photographies ☐ Non applicable

L. CONCLUSIONS DE L'EXAMEN

1. **Les résultats de l'évaluation médicale sont:** *(choisir une conclusion uniquement)*
   - ☐ **COMPATIBLES** avec une
   - ☐ **TRÈS COMPATIBLES** avec une
   - ☐ **SPÉCIFIQUES** d'une
   - ☐ **NON COMPATIBLES** avec une

   agression SEXUELLE.

2. **Les résultats de l'évaluation médicale sont:** *(choisir une conclusion uniquement)*
   - ☐ **COMPATIBLES** avec une
   - ☐ **TRÈS COMPATIBLES** avec une
   - ☐ **SPÉCIFIQUES** d'une
   - ☐ **NON COMPATIBLES** avec une

   agression PHYSIQUE.

M. SERMENT DU CLINICIEN

J'ai fourni une information éclairée au / à la patient(e), afin de recueillir son consentement, concernant l'examen médical, la prise de photographie(s) et la communication éventuelle de tout document joint au présent certificat aux autorités judiciaires ou de police.

☐ Oui ☐ Non

Je jure solennellement que l'information contenue dans ce formulaire est vraie et complète à ma connaissance.

Nom du clinicien : _____

Signature du clinicien : _____

Date : _____ / _____ / _____

Nom du clinicien	_____	**N°C.N.O.M.**	_____
Signature du clinicien	_____	**Date**	_____ / _____ / _____

ANNEX 4: Psychological treatment plan (1/3)

Formulaire No 09 - Dépistage Psychologique
Hôpital Général de Référence de Panzi

1. Code du/de la patient(e)

2. Date: jour / mois / année

A. Dépistage primaire

1. Quelles sont les réactions émotionnelles (sentiments) manifestées par la survivante?

	Oui (1)	Non (0)
a. Tristesse/Découragement	☐	☐
b. Colère/Agressivité	☐	☐
c. Peur	☐	☐
d. Honte	☐	☐
e. Refus de parler	☐	☐
f. Autre (préciser)	☐	☐

2. la survivante continue-t-elle à réaliser les mêmes activités qu'avant l'incident?
☐ Pas du tout (0)
☐ Partiellement (1)
☐ Complètement (2)

3. Nous basant sur l'examen clinique initial, ce malade a-t'il besoin d'un soin mental supplémentaire?
☐ Oui (1)
☐ Non (0)

(Si 'NON' Arrêter ici)

B. HSCL

Instructions : Voici la liste des symptômes ou des problèmes que les gens manifestent souvent. S'il vous plaît lisez attentivement chaque question à haute voix et demandez au patient de décrire à quel point le symptôme le dérangeait durant la semaine dernière, y compris aujourd'hui. Cochez dans la case appropriée.

1ère Partie-Symptômes d'anxiété	**Pas du tout**	**Un peu**	**Beaucoup**	**Extrêmement**
1. Soudainement effrayé sans aucune raison	1	2	3	4
2. Se sentir craintif	1	2	3	4
3. La faiblesse ou des étourdissements	1	2	3	4
4. Nervosité ou tremblements intérieurs	1	2	3	4
5. Battement ou emballement du cœur	1	2	3	4
6. Tremblant	1	2	3	4
7. Se sentir tendu	1	2	3	4
8. Maux de tête	1	2	3	4
9. Sorte de la terreur ou de panique	1	2	3	4
10. Se sentir agité ou incapable de rester assis	1	2	3	4

Point d'Anxiété (Questions 1-10) = ☐

2ème Partie-Symptômes d'dépression				
11. Se sentir faible en énergie	1	2	3	4
12. Se blâmer (s'auto-blâmer) pour des choses	1	2	3	4
13. Pleurer facilement	1	2	3	4
14. Perte du désir et du plaisir sexuel	1	2	3	4
15. Manque d'appétit	1	2	3	4
16. Difficulté à sommeiller, rester éveillé	1	2	3	4
17. Se sentir sans espoir pour l'avenir	1	2	3	4
18. Eprouver de la tristesse	1	2	3	4
19. Se sentir seul	1	2	3	4
20. Pensées suicidaires	1	2	3	4
21. Se sentir piégé ou attrapé (pris au piège)	1	2	3	4
22. Se soucier de trop des choses	1	2	3	4
23. Se désintéresser de beaucoup de choses	1	2	3	4
24. Avoir le sentiment que tout est effort	1	2	3	4
25. Eprouver de la dévalorisation	1	2	3	4

Point de dépression (Question 11-25)= ☐

Ajoutez le score total 1-25: ☐

Entrée des données effectuée par: 1. Code du staff: ☐☐ 2. Code du staff: ☐☐ 3. Unique ID (Computer) ☐ 4. Numéro de formulaire ☐

ANNEX 4: Psychological treatment plan (2/3)

C. HTQ

Instructions : Ce qui suit est l'ensemble des symptômes que les gens manifestent parfois après avoir connu des événements douloureux ou terrifiants dans leur vie. S'il vous plait, lisez attentivement chacun d'eux à haute voix et demandez au patient de décider combien les symptômes l'ont dérangé pendant la semaine passée.

3ème Partie-Symptômes de traumatisme (trauma)	Pas du tout	Une fois la semaine ou moins/ un peu	2 à 4 fois la semaine/ beaucoup	5 fois la semaine ou plus/ Extremement
1. Pensées périodiques (récurrentes) ou souvenirs des événements les plus blessant ou les événements terrifiants.	1	2	3	4
2. Avoir le sentiment que l'événement se répète encore	1	2	3	4
3. Cauchemars périodiques (récurrents)	1	2	3	4
4. Se sentir détaché ou écarté des autres personnes	1	2	3	4
5. Incapable d'éprouver les émotions ex: engourdissement	1	2	3	4
6. Se sentir nerveux, facile à effrayer	1	2	3	4
7. Difficulté à se concentrer sur tâches quotidiennes	1	2	3	4
8. Trouble du sommeil (difficulté à dormir)	1	2	3	4
9. Se sentir en garde (rétention)	1	2	3	4
10. Se sentir irritable ou avoir un excès de colère	1	2	3	4
11. Evitant les activités qui te rappellent ce qui t'est arrivé	1	2	3	4
12. Incapacité de se rappeler une partie de ce qui t'est arrivé	1	2	3	4
13. Moins intéressé par tes activités quotidiennes	1	2	3	4
14. Se sentir sans avenir	1	2	3	4
15. Eviter les pensées ou les sentiments qui vous rappellent ce qui vous est arrivé	1	2	3	4
16. Soudaines réactions physiques ou émotionnelle (battement de coeur et transpiration) quand on vous rappelle ce qui vous est arrivé	1	2	3	4

Pointe de PTSD (Questions 1-16) = ☐

D. Consultation

1. Type de consultation ☐ Individuelle (1) ☐ Groupe (2) ☐ Famille (3) ☐ Autre (4)

↳ a. Si groupe, famille au autre, préciser:

2. Types des troubles:

	Oui (1)	Non (0)
A. Troubles de l'humeurr		
a. Trouble dépressif majeur	☐	☐
b. Trouble bipolaire I	☐	☐
c. Trouble bipolaire II	☐	☐
B. Troubles anxieux		
a. Une Attaque de panique	☐	☐
b. L'Etat de stress post-traumatique	☐	☐
c.L'Etat de stress aigu	☐	☐
C. Troubles Psychotiquex		
a. La schizophréniee	☐	☐
b. Trouble Schizo-affectif	☐	☐
c. Trouble psychotique bref	☐	☐
d. Trouble psychotique partage	☐	☐

	Oui (1)	Non (0)
D. Troubles somatoformes		
a. Trouble de somatisation	☐	☐
b. Trouble somatoforme indifférencié	☐	☐
c. Trouble psychotique bref	☐	☐
E. Autre-préciser:	☐	☐

3. Niveau de trauma
- ☐ Sans trauma (0)
- ☐ Trauma leger (1)
- ☐ Trauma moyen (2)
- ☐ Trauma profond (3)

ANNEX 4: Psychological treatment plan (3/3)

Numéro de formulaire		**Formulaire No 09 - Santé Mental page 3**

E. Suivi

1. De quel type d'accompagnement psychosocial la patiente a-t-elle bénéficié?

	Oui (1)	Non (0)
a. CBT	☐	☐
b NET	☐	☐
c. Neurofeedback	☐	☐
d. Psychoeducation	☐	☐
e. Counseling	☐	☐
h. Autre (préciser)	☐	☐

2. La patiente a-t-elle eu un rendez-vous de suivi après la sortie de l'hôpital? ☐ Oui (1) ☐ Non (0)

↳ 2.1 Si NON, pourquoi?

- ☐ Service déjà reçu (1)
- ☐ Service refusé (2)
- ☐ Survivante référée à un autre service (4) (préciser)

2.2 Si OUI, quel type de suivi?

	Oui (1)	Non (0)
a. Suivi d'evaluation IST/VIH	☐	☐
b. Suivi peur raison de stigmatisation conjugale/ communautaire	☐	☐
c. Suivi pour raison de counseling de couple après réparation (fistule, prolapsus)	☐	☐
d. Suivi de sensibilisation des couple et/ou communautaire	☐	☐
f. Autre (préciser)	☐	☐

F. Les Notes Clinique

G. Psychologue

1. Nom	2. Signature

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