ACQUIRE technical update

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# Traumatic Gynecologic Fistula as a Result of Sexual Violence

## Overview

While global awareness about obstetric fistula—a vaginal tear resulting from prolonged obstructed labor—has increased, less is known about traumatic gynecologic fistula, a condition that can occur as the result of sexual violence, often in conflict settings. Brutal rape (including the use of gun barrels, beer bottles, or sticks) can result in a tear or fistula between a woman's vagina and bladder or rectum, or both. Due to the fistula, these women are unable to control the flow of their urine and/or feces and find it impossible to keep clean. As survivors of violent sexual assault, women with traumatic fistula may have sustained additional physical injuries and are at an increased risk for unwanted pregnancy and sexually transmitted infections (STIs), including HIV. Often divorced by their husbands, shunned by their communities, and unable to work or care for their families, survivors must also cope with the psychological trauma caused by rape.

Frequently, a surgical procedure is all that is needed to repair the physical injury. More long-term and comprehensive counseling, rehabilitation, and advocacy services are also critical to ensuring that a woman's psychological wounds are healed and that her perpetrator is brought to justice.

## Knowledge and Developments

An estimated one in three women worldwide will experience physical or sexual abuse by one or more men at some point in their lives.[1] Sexual violence is frequently worse during times of conflict and forced migration, as there is decreased accountability for acts of brutality, and rape is often used as a means of humiliation and dominance.

The first-ever conference on traumatic fistula, held in Addis Ababa, Ethiopia, in September 2005, revealed a wealth of information on the issue, while highlighting the many gaps in concrete data and knowledge.[2] Exact numbers of traumatic fistula cases and the geographic scope of the problem are difficult to assess, due to the shame surrounding sexual assault and the isolation and stigma caused by fistula. The Democratic Republic of Congo (DRC) has the largest number of documented cases of traumatic fistula. Reports have also emerged from Chad, Ethiopia, Guinea, India, Rwanda, Sierra Leone, Sudan, and Uganda, but there is little information to confirm the extent of the problem.[3]

Rape survivors often suffer psychological side effects, including constant fear, shame and aggression. In addition to these emotional consequences, health facilities must deal with the many other potential effects of sexual violence, including STIs, HIV/AIDS, and unwanted pregnancy. Where possible, facilities must also be able to refer a client to legal services, should she wish to prosecute the perpetrator(s).

A number of barriers hinder women's access to traumatic fistula services. Financial costs and a lack of awareness that services exist often keep women with traumatic fistula from seeking this essential care, and it is difficult to reach out to sexual violence survivors in insecure, war-torn areas. Women who have been raped also often remain silent for fear of retaliation from the aggressors.

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[1] Heise, L., Ellsberg, M., and Gottemoeller, M. 1999. Ending violence against women. *Population Reports,* series L, no. 11. Baltimore: Johns Hopkins University School of Public Health, Population Information Program.

[2] The meeting was organized by the Addis Ababa Fistula Hospital, EngenderHealth/The ACQUIRE Project, the Ethiopian Society of Ob/Gyns (ESOG), and Synergie des Femmes pour les Victimes des Violences Sexuelles (SFVS).

[3] More country-specific information on traumatic fistula can be found in: EngenderHealth. 2005. *Traumatic gynecologic fistula as a consequence of sexual violence in conflict settings: A literature review.* New York: The ACQUIRE Project. This publication was prepared as background material for the meeting Traumatic Gynecologic Fistula: A Consequence of Sexual Violence in Conflict Settings, which was held in Addis Ababa, Ethiopia, in September 2005.

Weaknesses in facilities' capacity to manage traumatic fistula often limit women's access to timely and quality services. Many countries lack the strong political will and the financial support needed to address fistula. Critical shortages in skilled staff, training opportunities, referral systems, equipment, and supplies present serious challenges to implementing quality traumatic fistula programs. National insecurity and conflict make accessing the necessary equipment and supplies that much more difficult. In most conflict settings, the rule of law and national judicial systems are paralyzed, allowing sexual and gender-based violence to be carried out with impunity.

## Programmatic Considerations

The ACQUIRE Project and EngenderHealth are currently working in eight countries,[4] with regional programs in East and West Africa, to build the capacity of health facilities to provide comprehensive fistula treatment and prevention services, including counseling for clients. Other programs—notably in countries such as the DRC and Chad—are working to develop a holistic approach to traumatic fistula. Programs emphasize links between clinical repair and other health services, such as contraception (emergency contraception immediately postrape), HIV/STI services, and counseling, emotional and legal support for survivors of sexual violence, literacy, and vocational training.

Working with men to challenge discriminatory practices and address the root causes of sexual violence and traumatic and obstetric fistula is also crucial. For instance, in South Africa, EngenderHealth has been collaborating with local institutions and government agencies to implement a successful Men As Partners (MAP) program, aimed at shifting the attitudes and behavior of men, promoting changes in social norms, mobilizing men to take action in their own communities, and advocating for increased governmental commitment to positive male involvement.

In developing programs to address traumatic fistula, partnership is crucial, at both the service-delivery and advocacy levels. Refugee camps can provide a venue for coordination between health facility staff, nongovernmental organizations, and other refugee and relief agencies. Advocacy efforts should be targeted among all sectors of the population, with clear roles established for government, nongovernmental organizations, and communities. In countries with national fistula strategies already in place, information about the different types and causes of fistula should be incorporated into the overall strategy and into existing obstetric fistula programs, where appropriate.

## Takeaway Lessons

Addressing traumatic gynecologic fistula requires a holistic and multisectoral response, with important roles for emergency relief agencies, health care service-delivery organizations, counseling experts, legal aid organizations, and human rights groups. To adequately address traumatic fistula, there is a great need to increase the capacity of health care facilities to provide surgical repair, as well as to address other health issues, provide psychological counseling, protect the legal rights of women, and work with communities to change harmful attitudes and practices. Whenever possible, these services should be integrated into already existing service-delivery systems.

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[4] EngenderHealth and ACQUIRE are currently implementing fistula programs in Bangladesh, Ethiopia, Guinea, Niger, Rwanda, Sudan, Tanzania, and Uganda, in addition to two regional programs in East and West Africa.