WORLD HEALTH

Human Rights Barriers for Displaced Persons in Southern Sudan

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Abstract

Purpose: This community-based research explores community perspectives on human rights barriers that women encounter in a postconflict setting of southern Sudan.

Methods: An ethnographic design was used to guide data collection in five focus groups with community members and during in-depth interviews with nine key informants. A constant comparison method of data analysis was used. Atlas.ti data management software facilitated the inductive coding and sorting of data.

Findings: Participants identified three formal and one set of informal community structures for human rights. Human rights barriers included shifting legal frameworks, doubt about human rights, weak government infrastructure, and poverty.

Conclusions: The evolving government infrastructure cannot currently provide adequate human rights protection, especially for women. The nature of living in poverty without development opportunities includes human rights abuses. Good governance, protection, and human development opportunities were emphasized as priority human rights concerns. Human rights framework could serve as a powerful integrator of health and development work with community-based organizations.

Clinical Relevance: Results help nurses understand the intersection between health and human rights as well as approaches to advancing rights in a culturally attuned manner.

Violence against women is considered the most pervasive yet silent human rights violation in the world (Heise, Ellsberg, & Gottmoeller, 2002). For example, a World Health Organization study found that between 50% and 75% of women in 6 of 15 sites reported experiencing physical and/or sexual violence (Garcia-Moreno, Jansen, Ellsberg, & Watts, 2006). In particular, almost 90% of ever-partnered women in Tanzania reported one or more controlling behaviors by their intimate partners and 70.9% of female respondents in rural Ethiopia reported being physically or sexually abused in their lifetime. In a review of over 50 population-based studies in 35 countries, researchers found that between 10% and 52% of women from around the world reported being physically abused by an intimate partner, with 10% to 30% of these respondents also reporting sexual violence in their relationship (Heise & García-Moreno, 2002).

Violence against women is exacerbated in war-torn areas (Abusharaf, 2006; Chynoweth & Patrick, 2007; Jacobson, 2006; Madut, 2006; United States Agency for International Development [USAID], 2008), where sexual violence is often used as a weapon of war (African Rights, 2004; United Nations High Commissioner for Refugees [UNHCR], 2008a). Women are sometimes required to become wives or unmarried partners of combatants, forced to barter sex for food, or are raped by soldiers, border guards, police, and others in authority (UNHCR, 2008a). Surveys in Liberia, Rwanda, Sudan, Uganda, the Democratic Republic of Congo, and East Timor all reported a high incidence of rape and other
physical/sexual abuse during armed conflicts (25% to 54%), with women and girls at particularly high risks (Ahoua, Tamrat, Duroch, Grais, & Brown, 2006; Ondeko & Purdin, 2004; Swiss et al., 1998; Ward & Brewer, 2004).

Women experience violence primarily from men they know (Garcia-Moreno, 2002). The prevalence of intimate partner violence is often correlated with patriarchal ideologies (Kanyoro, 2002; Oduyooye, 2002; Petchesky, 2003; USAID, 2008), which influence political and judicial systems that establish and enforce laws and policies regarding violence against women. Although violence against women occurs in all societies, evidence suggests higher levels of violence occur where social norms support gender inequality and communities fail to punish perpetrators (United Nations [UN], 2006; USAID). Additionally, this violence is often used strategically to sustain women’s subordination. Therefore, in addition to studying individual risk factors for violence, researchers must also investigate contextual factors that perpetuate violence (UN; USAID).

The purpose of this research was to explore community perspectives on human rights and relationships among displaced and returning people in one district of southern Sudan. The guiding assumption was that many East African communities are reluctant to believe in the idea of human rights or trust the international efforts to eliminate violence against women based on the precept of women’s rights because public discourse and context consideration have not occurred (Sen, 2006; Yamin, 2005). As violence against women is often rooted in social values and mores, potential success of change efforts depends on learning more about local priorities regarding gender relationships, practices, and rights. In any effort to improve women’s health, nurses need to acquire knowledge about the forces that perpetuate health-harming practices such as violence. The project was planned in collaboration with an international nongovernmental organization (NGO) to provide context-specific information on the structural and societal factors that contribute to violence against women.

Sudan Civil Wars

Foreign rule prevailed over Sudan from 1820 to 1955, which resulted in deep divisions between northern and southern Sudan. As a result, since gaining independence from Great Britain in 1956, Sudan has experienced two prolonged civil wars, from 1959 to 1972 and from 1983 to 2005 (UNHCR, 2008b). Although often portrayed as religious conflicts, these 20th-century wars actually illustrate multiple and intersecting layers of struggles. Scroggins (2004) claimed that political, religious, ethnic, tribal, linguistic, economic, colonial, and racial divisions are portrayed within Sudan’s recent turbulent history. As the largest country in Africa, Sudan also reflects powerful international pressures for precious resources such as oil (Johnson, 2004, Madut, 2006). Civilians have been the real casualty of these wars. The World Health Organization (WHO, 2006) estimates that more than 2 million people have died and over 4 million Sudanese have been displaced.

In contrast to northern Sudan’s strong seat of governance in Khartoum, southern Sudan’s governing infrastructure is fragile. With only 6 km of paved roads, little running water, very limited energy supply, no system of payroll, and only 1% of girls graduating from primary schools (United Nations Development Programme [UNDP], 2006), southern Sudan illustrates the impact that the 40-year civil war has had on its population. For example, well over 50% of the population lives below the poverty line (WHO, 2006). Besides civilian displacement, the long-standing wars have harmed social, economic, and physical infrastructures and interrupted healthcare services.

The Comprehensive Peace Agreement of 2005 ended the civil conflict and opened southern Sudan to desperately needed development and local capacity building. The return of over 500,000 displaced persons (UNDP, 2006) increases the burden on limited resources and introduces new potential for social and political conflicts. Additionally, countries surrounding Sudan are experiencing active, civil conflicts that increase displacement, destabilize political and economic systems, and perpetuate underdevelopment and poor health in the entire region (WHO, 2006). While district health authorities are in place in southern Sudan, most healthcare services are provided by NGOs and religious institutions. Only an estimated 40% to 60% of Sudan’s population has access to health care (WHO, 2006).

The region of southern Sudan where this research was conducted serves as the major hub for United Nations security forces and development programs. The population is estimated at 40,000 people, with many small villages surrounding the district governing center. A Sudanese military camp exists on the outskirts of the city, which provides some degree of security for residents of the area. However, military presence also poses potential security threats to women. The region has only one civil hospital, and social services are virtually nonexistent, except those provided by NGOs and the donor community. Economic opportunity is very limited since support systems, in short supply even before the conflict, have further diminished during political insecurity. Increasing population is accentuating hostility between residents and returnees and among different tribal groups.
Methods

Ethnography seeks deeper understandings about meanings that people attach to everyday actions and events within a specific context (Roper & Shapira, 2000). Focused ethnography investigates local beliefs, decisions, and customs on specific topics such as human rights, and therefore served as the design for this study. Two North American institutional review boards, representatives from the NGO international headquarters, and the Country Director for the southern Sudan NGO office approved this study. No demographic data or participant identifiers were collected, and confidentiality was emphasized in all data collection sessions. In addition, participants were asked to avoid discussing personal situations and only share general community perspectives.

Three criteria for scientific rigor were observed while planning and implementing this research. First, data width refers to multiple sources and comprehensiveness of evidence (Lieblich, Tuval-Mashiach & Zilber, 1998). Data were collected from heterogeneous sources by conducting focus group sessions in town as well as surrounding villages and including key informants from public and private sectors. Both researchers separately recorded and later compared notes and observations. Participants were quoted widely to substantiate research findings. Second, analytic coherence refers to how different data parts create a complete and meaningful picture (Sandelowski, 1991). Researchers carefully detailed the deliberative circling between data parts and a larger perspective in a data audit trail. Careful attention to connections and comparisons between data parts furnished clear, logical, and internally consistent explanations for interpretations. Coherence constrains abstract theorizing and is more likely to result in a good fit between data and research conclusions. Third, utility refers to whether the research results contribute to subsequent work (Riessman, 1993). Rather than generalizing the findings to a larger population, ethnographic researchers deepen readers’ understandings of specific contexts, which can lead to transformed ways of practicing. Therefore, both context and research process were detailed to assist potential research consumers in deciding whether research results apply to their particular situations.

Participants

Five focus group sessions with 35 women and 20 men were conducted in the town and surrounding villages. Two sessions were women only, one session was men only, and two sessions were mixed gender. Community members were invited by a community health worker to attend focus group sessions, which were held on porches, under trees, and, in one case, in a small restaurant. Most participants were recent returnees from displacement sites within and outside of southern Sudan. Some participants reported that they remained in the region through the civil war.

Key informants, on the other hand, represented key district organizations and were specifically invited by the community health worker to participate because of their official positions. Nine key informant interviews with representatives from healthcare services, education, law enforcement, legal system, political structure, and community-based organizations were conducted. Four women and five men were interviewed.

Data Collection

Systematically applying a semi-structured interview template through a language interpreter, researchers asked focus group participants to reflect on the meaning of human rights, beliefs about the factors that support or diminish human rights, and ideas for integrating human rights into community experiences. After each question, the language interpreter translated participants’ responses from Arabic into English while both researchers took extensive notes. Follow-up questions for clarity and specificity were used. Researchers then collated and transcribed their notes into written research text. Two sessions permitted audio-recording which researchers transcribed.

A slightly different interview template was systematically applied during key informant interviews. Questions pertained to human rights and relationships that exist in the community and social structures that support or diminish human rights experiences. Careful and extensive notes were recorded at each session; three key informants agreed to be audio-taped. Seven sessions were conducted in English; two required language interpretation.

Data Analysis

After initial inductive coding of transcribed research text with Atlas.ti 5.2 data management software (Knowledge Workbench, 2006, Berlin, Germany), researchers sorted all text according to five broad categories: human rights definitions, abuses, structures, facilitators, and barriers. Within each category, data were then coded sentence by sentence. Using constant comparison, researchers identified detail codes, which were arranged into higher-level patterns that were finally conceptualized into themes. Remaining as descriptive as possible during data analysis, researchers often used participants’ translated words as detail codes. Themes
found in human rights structures and barriers are described in this article.

Findings

Community Human Rights Structures

Widely accepted as the formal structures that determine and/or resolve human rights situations, the traditional system, formal court system, and community police were prevalently discussed by participants (Table 1). For example, as detailed by one woman key informant who described the divorce-seeking process,

If a woman has problems with her husband, she usually consults with the clan of the in-laws. They discuss the root problems and the problems can be solved by the clan. They can also consult the woman’s parents but if that fails, it goes to the formal level which is the BOMA court. If it is the first time that the woman has requested a divorce, BOMA court gives the woman advice only and tells her to go home and stay safe. If the problem continues, then the case goes to a judge which is a separate and different level. The judge can give the woman a divorce but the problem has to be carefully documented that there has been no adjustment in the husband’s behavior and only after she has tried several times.

Community police were only notified to initiate an investigation when women experienced “severe injury” from violence. However, as noted by a physician informant, “Most women suffer alone at home.”

Informal community human rights structures also exist. According to participants, community-based organizations provide social cohesion and human rights advocacy. For example, organizations offer free legal services, provide job training and economic opportunities for vulnerable groups, and offer psychosocial counseling to mend “trauma in the heart.” Summoning community members to “seminars on human and civil rights” or dispersing human rights messages in local languages, other organizations advance community cohesion and human rights by providing human rights dialogue sessions with community members.

Table 1. Community Structures for Human Rights

<table>
<thead>
<tr>
<th>Structural Level</th>
<th>Process</th>
<th>Standards</th>
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<tr>
<td>Traditional court system¹</td>
<td>In most communities, human rights violations are first presented to the traditional chief or clan leader. This person listens carefully to all aspects of the situation, considers the “root problems and the problems can be solved with the clan.”</td>
<td>Typically, common law and traditional social norms “that are inherited by the people” are applied in determining the outcome.</td>
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<td>Police²</td>
<td>Police investigate and prosecute serious criminal cases that involve human rights violations. Police also provide safe harbor in the city jail cell for abuse survivors. However, some key informants explained that police might actually perpetuate human rights abuses. For example, a few key informants noted that police officers detain people indefinitely during a crime investigation, and women are sometimes jailed for their husband’s crimes. Another key informant indicated police “take beatings as a normal thing” and often persuade women to return to abusive husbands.</td>
<td>Police officials receive procedural training in law enforcement. Some police officers have had informal training in human rights.</td>
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<tr>
<td>Formal court system¹</td>
<td>The formal court system is reportedly “still developing” in Southern Sudan. Describing the appeal process in the formal court levels, a legal expert stated, “First we have the BOMA level, and that’s for family affairs. If they [complainants] are not satisfied with that, they can go to the Payam level. If still not satisfied, they can come to the County level, this court system. Then there is the high court, and then there is the Court of Appeals and finally, the Supreme Court.” Generally, human rights guide decisions in all formal court cases, although one legal representative acknowledged the difficulty of applying human rights law on cases involving the military.</td>
<td>According to a local legal expert, since human rights are described throughout the South Sudan Interim Constitution and the Comprehensive Peace Accord, “Formal training in the rule of law includes information on human rights. If someone violates human rights, the role of the court is to decide according to the rule of law.”</td>
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¹Key informant; ²Focus group participant.
Human Rights Barriers

Shifting legal frameworks. Several participants noted a lack of awareness about current laws that govern human relationships. Describing rapidly changing legal systems in southern Sudan, a court authority said,

During the war, the areas under control of SPLM [Sudan People’s Liberation Movement] used the 2003 laws. The area under the control of Sudan government applied the 1991 laws. Previously, Sudan was using the 1974 common law system. When they [Arabs] came to power, they applied Islamic law—but right now as part of the peace agreement Islamic law is exempt in South Sudan. But in the north, this Islamic law still applies. According to the Comprehensive Peace Accord, the two laws [2003 and 1991] must work concurrently. People in the city acknowledge the law, but people in remote areas are still using common law.

The rapidly shifting framework accentuates the challenge of creating a law-abiding, informed citizenry. For example, focus group participants frequently cited lack of knowledge about the kinds of actions that constitute human rights violations as a barrier to human rights. The physician informant said, “Ninety percent of our women are illiterate. They don’t know they deserve education, health care, family planning information. So definitely they stand to be abused. They just take it.”

As a consequence of inadequate information and rapidly changing norms, human rights violations are often viewed as “customary action” and therefore “justifiable.” Perpetrators do not know that they are committing violations; abuse survivors do not know their rights or the community mechanisms for protection; therefore, human rights violations continue. Describing violence from abusive spouses, one female participant lamented, “Women just take it [violence] because we aren’t aware of our rights.”

Mistrust and doubt about human rights. Participants reported various community responses to human rights concepts. For example, one female key informant asserted, “The community welcomes the concept of human rights. People are growing up in modern times, and they want to hear it, even men.” However, most other participants claimed that some people “still doubt” the idea of human rights, especially whether rights pertain to women and children. A legal expert noted that when men who commit violence against women appear in court, “Legal proceedings often take a long time. They [perpetrators] fail to admit their responsibility and respond to the legality of the issue.” This informant attributed court delay to inadequate education, customary gender roles, and community attitudes about human rights. A physician informant asserted, “Wives being beaten or children being abused have been acceptable norms. How do you start telling people, that’s not good, they [wives, children] have their rights?” Referring to human rights violations that are committed by military men, a court authority claimed, “Some army officers are literate and support human rights. But some army officers who were promoted during the war are illiterate and find it [human rights] hard to understand. They operate under the military way.” Explaining the difficulty of prosecuting a military man in court, this informant stated, “If I use the language of the court [law and human rights] with the military, it does not work.”

Weak government infrastructure. Noting the impact of prolonged civil war, many participants described the weak operating systems of the southern Sudan government. Two particularly weak areas were emphasized. First, inadequate provisions and social services were described by many participants. For example, residents described an urgent need for water, although food, agricultural supplies, and utensils were also emphasized. Asserting that the government favors certain ethnic groups, several rural male participants claimed that supply trucks passed through their village to deliver provisions elsewhere. A male participant said,

There is weakness in the government. Some women are becoming widows. They are getting old, or their children were killed in the war. There is nobody to care for them. The government is supposed to help, but they don’t. Sometimes a neighbor might help, but usually there is nobody.

Orphans, elders, and citizens with disabilities were other vulnerable groups encountering “oppression” and requiring social assistance. However, “because the government is young and not fully developed, these people are suffering.” Several male focus group participants discussed the lack of job opportunities. One man stated, “Now as citizens we have the right to ask the government to provide jobs and the government has the responsibility to give these jobs. But the government is not good yet.” Another participant commented that the government “requires us to send our children to school but demands school fees that we cannot pay.”

Second, some respondents described the insecurity that results from inadequate government protection for human rights. For example, a male rural resident claimed,

“Some people owned land, but armed people from other groups just take it. The government is supposed to help, but they have not done that. There is oppression.” Whether referring to the military or armed citizens, participants suggested that inadequate government protection against oppressive power posed a barrier to citizens’ human rights. Some focus group participants claimed that human rights can only thrive when “no enemies
surround us.” The civil war has ended, and yet, “tribal clashes over cattle and agriculture and major resources such as water” continue. Some participants emphasized a critical need for protection at bore holes “to release pressure on women and children” who risk being abused while competing for water.

Participants narrated specific situations when women needed police protection. For example, a United Nations security officer described an angry soldier who accused his wife of adultery when she attempted to divorce him because of alleged abuse. Throwing a grenade at his wife, he killed one bystander and injured 11 others. Seeking justice, the injured parties threatened to kill the soldier’s mother and take the children from their mother. The local jail in police headquarters was the only safe place for the soldier’s wife, mother, and children. According to some key informants, “Disarmament of militant groups” has not yet occurred, and weapons from the war are easy to get.

**Poverty.** Focus group participants laced their explanations of human rights violations with descriptions of living life in poverty. One woman sadly recalled taking her sick child to the hospital where “they demanded money and I didn’t have the money to pay the fees, and they prescribed medicine, but I don’t have the money to buy medicine, so it’s difficult.” Another young mother said,

I have no school fees for my child, no food, and this is why I come by the roadside [to sell]. But now the most difficult problem is health. I’m sick and there’s no medicine, so everything becomes difficult for me.

Poverty seemed to exacerbate people’s vulnerability to human rights abuses. For example, one female participant said,

I have two children at home, but getting school fees is a problem. They now stay home. I don’t know what to do. A lot of girls don’t have school fees and can’t go to school. Some girls go to prostitution and some girls marry a man who is not her age just to get money to live.

Young women and girls seemed particularly vulnerable to the effects of family poverty. For instance, participants described how families sometimes “choose to marry their daughters as a source of income for the dowry rather than send them to school.” According to the physician, girls who are not in school often “hang out in town and find older people with money” and are sometimes sexually exploited by being “lured into the sex industry.” Other participants described war orphans’ vulnerability in terms of hunger, poverty, and lack of educational opportunities. A male focus group participant said,

Being poor affects us a lot. During the war, many lost their lives, and they left their children behind. So there are many orphans. We have to take care of our own children and our brothers’ or sisters’ children. It is difficult to pay school fees because there are so many children. So we cannot always choose who goes to school. So in the end everybody stays home.

Poverty seemed to create conditions whereby people experience human rights abuses every day. In addition, fearing ethnic clashes over scarce resources, participants worry about local skirmishes escalating into another war.

**Discussion**

Sudan’s emergence from British rule in 1956, subsequent engagement in two prolonged civil wars, and transition to peace with the 2005 Comprehensive Peace Accord resulted in numerous changes in legal frameworks. Even though southern Sudan’s new laws are based on equality and human rights, citizens are not easily informed or swayed by the changes, and therefore, customary behavior often prevails and community acceptance of human rights has lagged. An African feminist, Kanyoro (2002) asserted that throughout Africa the legal and political instability that followed colonization has contributed to people’s mistrust and doubt about human rights.

Criticizing scholars who present human rights as originating in Western political philosophy, An-Na’im and Hammond (2002) cited evidence that human rights’ values on justice and individual dignity prevailed in precolonial African societies. The authors emphasized the need to reconceptualize human rights as a universal “expression of common struggle for social justice and resistance to oppression” (p. 19). Describing elements of violence, oppression, and discrimination as common human rights barriers, participants in this research study acknowledged their everyday struggle for social justice and human dignity in the changing social and political environment. As cultural instability often occurs as community structures transition from common law and traditional courts to human rights and formal courts, the cultural change process can be used for human rights advancement (An-Na’im & Hammond). Given their advocacy role and direct contact with communities, nurses can help educate community members regarding the health effects of human rights violations. Furthermore, by questioning social practices that violate women’s rights and harm women’s health, nurses can create opportunities for social change.

Despite legal documents such as the African Charter for Human and People’s Rights (Organization of African Unity, 1981) and the African Women’s Protocol (African Commission on Human and People’s Rights, 2003) that
clearly establish the equal rights of women and restrict social practices that harm women’s health (Gawaya & Mukasa, 2005; Mutua, 2002), this study revealed that women continue to experience violence and other human rights violations. Kanyoro (2002) illustrated similar results in her research on African women’s experiences of culture and religion and noted that even when women’s rights are protected by law, customary attitudes and values often persist, and women’s oppression continues.

Yamin (2008) partially attributes this cultural lag to the common perspective of human rights as political, moral, and legal norms that hold governments and institutions accountable for certain behaviors. Certainly civil and political rights oblige governments to refrain from dignity-violating actions, such as torture and arbitrary detention. Social rights also require governments to provide access to social goods such as education, health care, and means for an adequate standard of living (Uvin, 2004). However, contending these classic human rights definitions are too narrow, Yamin (2008) asserts that human rights analysis for marginalized and impoverished populations must not stop at security and distributive issues; it must also consider issues of justice and power. Similarly, Petchesky (2003), a women’s health advocate, offered the perspective of human rights as “discursive fields of power relations that operate within the domain of a racialized, gendered global capital” (p. 22). Thus, nurses must consider the broader historical and cultural factors that contribute to such dynamics in their work with displaced populations. Participants in this research study indicated that negotiating barriers and actualizing human rights involved recognizing social positions and power differentials. They viewed violence and other human rights issues through a structural lens and described circumstances in which weak government and economic structures impeded human rights, whereas community cohesion and economic opportunity facilitated rights realization. Participants referred primarily to human rights in terms of violations that involved structural barriers. A proactive approach to addressing structural barriers that cause human rights violations is particularly important in social contexts where lagging doubt about legal human rights protection exists (An-Na’im & Hammond, 2002).

Interestingly, research results also indicated that enacting human rights was frequently associated with a sense of connectedness and community responsibility, suggesting that nurses must work with local residents and service providers in addressing violence against women and promoting human rights. Participants’ identification of collective and cohesive strength and community responsibility suggests that human rights for one is inseparable from human rights for all. Promotion and maintenance of such rights require all community members to cooperate with each other. This idea echoes An-Na’im and Hammond’s (2002) contention that there are no rights without duties in Africa and the African Charter’s (Organization of African Unity, 1981) insistence that individual and community responsibilities accompany human rights. Several participants in this study favored community cohesion and worried about ethnic divisions. Asserting that human rights can be an instrument to promote mutual collaboration between groups of people, An-Na’im and Hammond suggested that advancing human rights in Africa must be based on promoting relationships that demonstrate respect, restraint, responsibility, and reciprocity. Therefore, nurses who encourage community members to respect human rights actually promote nonviolent relationships and community cohesion. This approach would also help community members to tackle health-harming social practices such as violence against women.

Despite a wide variety of community residents who participated in this research, the small number of participants and contextualized nature of the data preclude generalization to other postconflict areas. People in different cultural contexts and with different human rights perspectives might demonstrate important differences in their descriptions of human rights barriers.

Conclusions

Being sensitive to the effects of cultural instability while still advocating women’s rights, nurses have a profound opportunity to help women influence social structures and attitudes that affect their health. When people’s human rights are not legally protected, health suffers (WHO, 2002). Removing human rights barriers opens opportunities for people to improve not only their own health but also the health of their families and communities. Nurses are in a key position to help communities analyze and address human rights barriers. This community-based human rights research revealed new channels whereby nurses can advance women’s health and wellbeing. By recognizing the strong intersection between health and human rights, nurses can broaden their vision for change and widen their influence on preventing violence and promoting human wellbeing.

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Clinical Resources

- Ending violence against women: http://www.unfpa.org
- Prevent GBV in Africa: http://www.preventgbvAfrica.org
- Gender-based violence in conflict situations: http://www.rhrc.org

References


