

ARE WE LISTENING TO SURVIVORS?

A qualitative research summary

☛ Stigma means that survivors are often rejected by their families and communities, leaving them isolated and more vulnerable, especially in conflict contexts like CAR. Photo: Andrew Philip/Tearfund

Tearfund's baseline research seeks to ensure that the needs and perspectives of survivors of sexual violence remain central to project design. In total, 485 women survivors were interviewed through a participatory research process undertaken in six countries between 2013 and 2016. These countries were Democratic Republic of Congo (DRC), Central African Republic (CAR), South Africa, Burundi, Myanmar and Colombia.¹

This report presents a summary overview of the key themes that emerged consistently across these conversations: the survivors' perspective on their experiences, what they need to recover and the role they see for faith communities to support them.

Survivors' experiences

Stigma and shame

Stigma was highlighted by survivors in all contexts as one of the most devastating impacts of sexual violence. Most

survivors spoke about the sense of shame they felt. In conflict situations, some survivors were raped by multiple men in front of their own families or in public, to deliberately humiliate.

'It makes you dirty. You are ashamed. You have lost your dignity, your personality.' (CAR)

In all contexts, rape was considered shameful, and the shame attached to the survivor. Survivors described experiencing blame and judgment by society. Many survivors reported that members of their family and community shame and reject them, treating them as 'loose women', leaving them feeling disgraced and alone.

'You can't tell anyone for fear, for shame, because people say that you went looking for it, that you're a "slut".' (Colombia)

'Then people point fingers at you and gossip about you, and as a result they would not associate with you. You become ostracised within the community...' (CAR)

¹ Full reports can be found at tilz.tearfund.org/survivormapping. *Lifting our voices, building hope: listening to survivors of sexual violence in Colombia* (2016); *Our daughters' voices: working in faith communities to heal the wounds of sexual violence in Myanmar* (2016); *To make our voices heard: listening to survivors of sexual violence in Central African Republic* (2015); *Breaking the silence: a needs assessment of survivors of sexual violence in Burundi* (2014); *If I speak out, will it change? Listening to survivors of sexual violence in Eastern DRC* (2014); *Waiting to speak: a needs assessment of survivors of sexual violence in the Western Cape, South Africa* (2014); *Breaking the silence: a needs assessment of survivors of sexual violence in KwaZulu Natal, South Africa* (2013).

Rejection, abandonment or punishment

Survivors overwhelmingly said that they do not disclose rape because they fear being stigmatised and rejected by their husband, family or community. Many survivors spoke of their experiences of abandonment. Where a woman is financially dependent on her husband, this has severe social and economic consequences. Some unmarried women shared their fear of not being approached for marriage if they were to speak out.

'My husband came back from the fields and untied me. He told me that if I reported it, they would come back – and in any case I had clearly enjoyed it. Then he left: he abandoned me with four children.' (Colombia)

'I was raped and I didn't cry out. [...] If my in-laws find out what has happened they will force their son to divorce me.' (DRC)

The pervasive stigma also attaches to children born of rape. Mothers expressed their experience and fears that the child will be rejected or stigmatised by the family and community.

'I am a widow and had no right to stay with the in-laws with another family's baby, the children will not accept the baby as one of them.' (Burundi)

📷 Survivors face economic, social, and practical barriers to accessing medical services. Tearfund's partner HEAL Africa is one of the few hospitals in DRC providing specialist treatment. Photo: Aubrey Graham/Tearfund

Physical and emotional trauma

All survivors interviewed said that they had experienced physical problems including being infected with HIV, suffering from fistula and incontinence, and facing unplanned pregnancy, infertility and miscarriage. Some survivors were suffering with multiple ailments as a result of the violence:

'I experienced a miscarriage. I am now infected with HIV. I had tears everywhere which are not healed yet. I am suffering and it is difficult for me to forget these events. I am very much traumatised.' (CAR)

These physical ailments can also have social consequences, compounding stigma and contributing to rejection by their family if they are suspected to be HIV positive or because of their incontinence. Several participants also expressed a fear of being hurt or raped again if they spoke out, especially where their attacker was in a position of power or status in the community.

In all countries, survivors shared how they suffered severe emotional trauma, including nightmares, flashbacks and depression. Several survivors had considered or even attempted suicide.

'My life was destroyed because of what happened to me. I feel only pain, anger, depression and loneliness.' (Colombia)

'I feel sad. I even tried to kill myself.' (Myanmar)



Need for a holistic response

Survivors described how sexual violence has physical, emotional, social and economic consequences, and expressed their desire for support that meets these different needs.

Access to medical services

Many survivors suffer from gynaecological problems and general ill-health and need access to adequate health services to help them heal from the physical trauma and be free from pain. In CAR and DRC they highlighted geographical and financial barriers to accessing medical treatment and the need for easily accessible, free medical services with staff trained in responding to sexual violence. Survivors in Colombia and Burundi echoed these needs while adding the need for medical staff to be non-judgmental. Fear of stigma was also a barrier to accessing services and support.

'We need good health services. Many of us suffer the effects of violence on our bodies and we do not have specialist medicine to treat our illnesses or the difficulties that physical violence has left us with.'

(Colombia)

Financial and livelihood support

Sexual violence aggravates survivors' poverty, with many unable to meet their basic needs, especially when a woman is rendered unable to work due to physical or emotional trauma, or loses economic support by being abandoned by her husband. The need for economic empowerment to provide for themselves and their children, and also as a means of healing, was emphasised by most survivors. Many requested access to training to enable them to start up a small business and earn an income, to be financially independent.

'Being active, working, this helps me keep busy and survive.' (Colombia)

'I need prayer and financial assistance to be able to set up a business in order to meet the needs of my children.' (CAR)

Psychosocial support

Most survivors spoke of the need for psychosocial support to help them heal from their trauma, with requests ranging from professional counselling and peer support from other survivors to effective pastoral support from churches.

'I need psychological help to overcome my fear and stop the nightmares.' (Colombia)

'We need prayer, counselling, assistance and support from relatives.' (CAR)



Survivors emphasised their need for economic empowerment, but stigma remains a barrier to participating in economic opportunities in many contexts, including Myanmar. Photo: Alice Keen/Tearfund

Fair and accessible legal system

In many contexts, lack of effective laws or a weak judicial system hinders survivors from accessing justice. Many survivors expressed a fear of re-victimisation and shame when accessing services such as the justice system. Perhaps in consequence, legal justice was less often the priority for survivors.

'The government should focus on impunity and the attackers should be brought to justice.' (CAR)

Survivors spoke of a sense of distrust towards police and service providers and stressed the need for better training for staff in handling cases sensitively and effectively, and addressing impunity.

A survivor network

The majority of survivors interviewed were interested in getting involved in sympathetic, non-judgmental peer support groups, where they could feel safe to speak about their experiences and help each other to heal. However, some survivors spoke of being too ashamed to talk, or fearful of being identified as a survivor and stigmatised by belonging to such a group.

'In such a movement, we could raise together as one the voices to claim our rights...' (Burundi)

'In the beginning, I couldn't console myself because I thought I was the only one who suffered... [then] I realised that this didn't only happen to my daughter. We share our feelings and experiences together, we console each other.' (Myanmar)



Survivors in all contexts, including Colombia, shared hopes that faith groups could become a place of safety and support for them. Photo: Sonia Luz Osorio Fabra (Colombia)

Role for faith communities

The survivors who participated in the research belonged to different faiths. In all contexts women highlighted that faith groups could be a source of support. However, throughout the discussions, it was clear that all too often this had not been the survivors' actual experience.

In many cases faith leaders were described as conservative and judgmental, as perpetuating myths that sexual violence did not occur within their community, or as rejecting and blaming survivors. Some survivors spoke of being labelled as sinners and cast out by their faith communities.

'There is a tradition in a certain region where faith communities drive the women who experience violence out and don't protect and care for them. They say it is embarrassing for the village. Not only for the faith leader but also for the community members – they do not accept survivors.' (Myanmar)

Despite this experience, there was still a consensus among survivors that faith groups can have an important – and in many ways unique – role in meeting their needs and supporting them to heal. Survivors emphasised the need for faith leaders to use their position of influence in communities to break the silence around sexual violence and raise awareness, to prevent re-victimisation and stigma, and to advocate for survivors.



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'I usually go to the female pastor to get help. She organised a meeting with the elders. As I am young, I couldn't solve the problems I faced. So I asked for help from my female pastor. She prays for me. She mediates when problems occur.' (Myanmar)

The sense of belonging and community that faith groups could provide was important for survivors who face social rejection. In particular, survivors repeatedly emphasised the need for prayer, counselling and spiritual support as a vital component in their healing.

'By prayer, and in sharing with others in prayer, I can be healed. Other brothers and sisters could also pray for me.' (CAR)

'Spiritual support is necessary for the mourning process, telling your story until you no longer feel pain, in order to heal.' (Colombia)

Conclusion

This research overview summarises some of the key themes consistently highlighted by survivors of sexual violence across six countries. It hopes to enable key stakeholders, including government, policy makers, programme managers, faith leaders and other actors, to better understand the experiences and priorities of survivors, and to work together to support meaningful engagement with those most affected, and to ensure a more effective response.

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Full reports can be accessed at www.tearfund.org/survivormapping