

TO MAKE OUR VOICES HEARD

Listening to survivors of sexual violence
in Central African Republic

tearfund



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Tearfund is a Christian relief and development agency building a global network of local churches to help eradicate poverty. Tearfund has 10 years' experience working through church-based partners in the response to sexual violence.

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www.tearfund.org/sexualviolence

Front cover photo: Woman in internally displaced persons camp in Bangui, Central African Republic

Credit: Niek Stam / Tearfund

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'Our country is in a time of war, and the first victims of this war are women.'

Rev. Nicolas Guerekoyamé-Gbangou, President, Evangelical Alliance in Central African Republic (AEC).

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1 EXECUTIVE SUMMARY

This qualitative research project focussed on mapping the experience and priorities of survivors of sexual violence in six areas in and around Bangui, in Central African Republic (CAR). These areas were Zones 3, 4, 5, 7 and 8 in Bangui, and Begoua district in Ombela M'poko. The field research took place in April and May 2015. **In total, 151 adult women survivors of sexual violence participated** in focus group discussions and interviews. Among the participants a range of ages, income levels and religious backgrounds were represented, with 36 women (24%) identifying as Muslim and 115 (76%) as Christian, from different denominations.

The brutality of the sexual violence described by the survivors who participated in this research is harrowing. Nearly all the women discussed sexual violence specifically in terms of the armed conflict in CAR, and the level of violence described was extreme. Survivors reported violent gang-rape and sodomy by multiple armed perpetrators, often in public in front of witnesses, and often accompanied by other violence, including murder of family members. All the women were speaking from direct personal experience, which gives an indication of the pervasive extent of these crimes. Overshadowed by such extreme examples of rape being used as a weapon of war, there was little mention of other forms of sexual and gender-based violence such as intimate partner violence, or domestic violence; except for the heartbreakingly common theme of **rejection and abandonment by husbands and family of rape survivors.**

The poisonous impact of stigma, which isolates and shames survivors, increasing their vulnerability and compounding their suffering, is painfully highlighted throughout this research. **Fear of stigma keeps survivors silent, and creates additional barriers to accessing essential services. There is an urgent need to address these underlying attitudes at community level if survivors are going to be able to get the support they need.** It is hoped that this report may go some way to breaking the silence, and allowing the perspectives and priorities of survivors in CAR to be heard, and responded to.

Throughout the discussion groups, the survivors emphasised the devastating and multi-faceted impact of sexual violence, including long-term physical, emotional, and psychosocial wounds. They made it clear that **their healing and recovery requires a holistic response that meets these material, physical, psychological, social and spiritual needs. Many required medical treatment. Economic support for income generation was a key concern** for most survivors. They need to be able to meet basic needs for themselves and their children, as the violence had often exacerbated existing vulnerabilities and left them without material support. **Nearly all reported symptoms of trauma, and highlighted the need for counselling, prayer and psychosocial support.** Some spoke of despair.

While the scale of this research cannot be considered representative of the whole of CAR, or of all survivors of sexual violence within the current conflict, it is hoped that this study will provide a greater understanding of survivors' actual experiences and requirements within this context. **With more detailed contextualised evidence on how sexual violence affects survivors, and their specific priorities and needs, policy makers and service providers can design more effective responses.**

Most survivors identified themselves as belonging to a religion, and there was agreement throughout the discussions that **faith groups have an important, and in many ways unique, role in meeting some of the survivors' needs and supporting them to heal. Faith leaders could thus be key catalysts in speaking out against sexual violence, addressing stigma, and supporting survivors within their communities.**

It is clear, given the scale and variety of needs identified even within this sample of survivors; that no single actor can respond adequately; a collaborative, multi-sectoral response is required. **The government in CAR, local and international NGOs, UN agencies and service providers could work together with faith communities to ensure stronger referral pathways at community level, and to meet the different needs and gaps, for a more effective and comprehensive response.**

The weakness of the judicial system and rule of law in CAR is seen as a contributing factor to the culture of impunity which facilitates this ongoing, dehumanising violence. Survivors felt discouraged from reporting or seeking justice, yet many expressed a desire to see a change. **Government, police and legal systems need to be strengthened, and frontline staff specially trained, to enable more effective access to justice for survivors.**

Through this mapping process, a peer movement for survivors of sexual violence was discussed, and cautiously welcomed by participants. **A survivor movement could provide a forum for mutual support and sharing experiences. This could help empower individual survivors and facilitate advocacy for a more survivor-led focus in policy development and humanitarian interventions.** Such a movement has to be contextualised to meet the specific needs and vulnerabilities of survivors in CAR, so should be informed by their own perspectives and priorities - of which this research is a first step.

This research has been a very demanding and challenging exercise for all involved, but participants feel **it is important to break the silence that surrounds sexual violence and try to ensure that the voices of survivors are heard and their experience and perspectives made known, in order to galvanise and shape the response.** With this report, Tearfund urges all stakeholders and decision makers to use their influence to end sexual violence, to advocate for improved support for survivors, and increased protection of human rights for all those at risk in CAR, particularly women and girls.

Please be aware that some of the accounts in this report describe sexual violence in graphic detail and may be distressing to some readers.

Definition of sexual violence

The World Health Organization (WHO) *World report on Violence and Health* defines sexual violence as:

'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. Coercion can cover a whole spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation. Sexual violence includes rape, defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape... Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus.'

2 INTRODUCTION

2.1 Background to research

In May 2014, Tearfund facilitated a workshop in Bangui on sexual and gender-based violence (SGBV), with the support of the Gender-based violence (GBV) sub-Cluster and the Interfaith Platform. This gathered local and international NGOs, faith groups, UN agencies and representatives of government and judiciary to discuss the response to SGBV in CAR.

This research took place in April – May 2015, and follows on from needs identified in action planning during that initial stakeholder workshop. This study was designed to create a more tangible evidence base on the experiences of sexual violence and its impact on the lives of survivors within the context of conflict in CAR, so that the voices of those affected are heard and can influence and shape responses.

Since 2010, Tearfund has been working to mobilise and equip faith leaders and faith communities to prevent and respond to SGBV. In partnership with the Anglican Communion and UNAIDS, they have launched an international coalition of faith leaders committed to ending sexual violence, called 'We Will Speak Out'. (www.wewillsspeakout.org). National coalitions have been developed in the Great Lakes countries of Rwanda, Burundi, DRC, Liberia and South Africa. Tearfund also supports a growing movement of survivors and advocates for more meaningful engagement of those most affected. It is hoped that through sharing the findings of this mapping process, the voices of survivors will become central to the collective work by all stakeholders to prevent and respond to SGBV in CAR.

2.2 Context

Since its independence from France in 1960, Central African Republic (CAR) has suffered instability, several coups and often brutal dictatorships. The legacy of this turbulent history is a proliferation of weapons, high rates of violence and large numbers of internally and externally displaced people. The current crisis in CAR was sparked in early 2013, when the mainly Muslim Seleka rebels seized power in a campaign characterised by widespread violence, killing of civilians, burning and looting of homes. In mid-2013, groups calling themselves the Anti-Balaka organised to fight the Seleka and began large-scale reprisal attacks against Muslim civilians. Thousands of civilians, from both Christian and Muslim communities, were killed and hundreds of thousands displaced during the conflict. The conflict continues between Seleka, Anti-Balaka, and international forces – MINUSCA and French troops – in the Northern and Eastern parts of the country. UNOCHA (25 June 2015) estimates there are currently around 400,000 internally displaced people (IDPs) in CAR, while over 33,000 IDPs remain in Bangui.

2.2.1 Sexual violence in Central African Republic

It is recognised that sexual violence existed in communities in CAR before the crisis, supported by underlying gender inequalities within communities. However, it is exacerbated by the current violent conflict, in which sexual violence against civilian populations by combatants is used as a weapon of war. Survivors face severe and long-lasting physical, emotional, social, and economic consequences. Sexual violence is under-reported as the pervasive social stigma means that survivors are often rejected by their families and communities. This social marginalisation leaves them even more vulnerable within the wider context of conflict and displacement. State and judicial services are weak, enabling widespread impunity for perpetrators. During the conflict, many displaced communities have sought refuge within faith institutions such as churches or mosques, which highlights a need to equip faith leaders as more effective first responders for survivors of sexual violence.

- According to the UN Security Council report on conflict-related sexual violence during the reporting period of January to December 2014, 2,527 cases of conflict-related sexual violence were documented in the Central African Republic, including rape perpetrated to terrorise civilians, with many victims being assaulted in their homes, during door-to-door searches and while sheltering in fields or the bush.

- Data from CAR Multi-Cluster/Sector Initial Rapid Assessment reports that out of all violent incidents targeting women, communities estimated that rape was the most common form, representing 44% of all incidents, while physical violence accounted for 36% of incidents. Similar figures were given for incidents affecting girls, with 40% of incidents being rape, 23% physical violence and 6% summary execution. Perpetrators of these incidents were predominantly armed groups.
- An International Organisation for Migration (IOM) report in July 2015 highlighted that a year and a half after the onset of the crisis in CAR, rape and other forms of SGBV remain one of the highest security concerns of women and girls caught up in the recent conflict. Through its Displacement Tracking Matrix (DTM) system, IOM has observed and reported several cases of sexual violence targeting returnees in their area of return, confirming reports from NGOs, and furthermore affirming that the reasons for continued displacement are directly linked to security concerns in the areas of return. These concerns are caused among others by the inadequate response by police forces to survivors of SGBV and the general lack of law and order in the neighbourhoods of return.

2.3 Purpose of the research

The purpose of the research is to explore the experiences and the needs of survivors of sexual violence in CAR, and to ensure more meaningful engagement of those most affected by this violence, to shape a more effective response.

While SGBV and ending sexual violence in conflict are becoming key focus issues for policy makers globally, the stigma suffered by survivors most often keeps them silent. The prevalence and severity of SGBV often goes without notice as the majority of these cases are not reported. Armed conflict, weak justice systems, underlying social norms supporting gender injustice and ingrained cultures of impunity fuel the violence. The findings of this mapping process aim to serve as a tool for creating awareness about the realities of SGBV and its impact on individuals, as well as for influencing policy and mobilising effective responses from decision makers. From previous mapping processes in other countries Tearfund believes that there is potential for a movement of survivors to come together and advocate for urgent responses, which put the most affected communities at the heart.

This research has been conducted in collaboration with local partners working with survivors, providing them with safe spaces to share their experiences, perceptions and vocalise their own priorities. The report aims to strengthen the survivor's advocacy role. In this case faith communities took the lead in supporting the mapping exercise. The data gathered will enable faith communities and other key stakeholders in Bangui and across CAR to better understand the experiences and priorities of survivors, which can help them to respond effectively. The report provides substantive evidence and insight into the lives of survivors and their needs. Tearfund hopes it will help facilitate appropriate responses from faith community and key stakeholders. The voices of survivors have been lacking in CAR and this research hopes to facilitate this process and empower survivors to champion change and affect current policy and interventions.

2.3.1 Specific Research Objectives

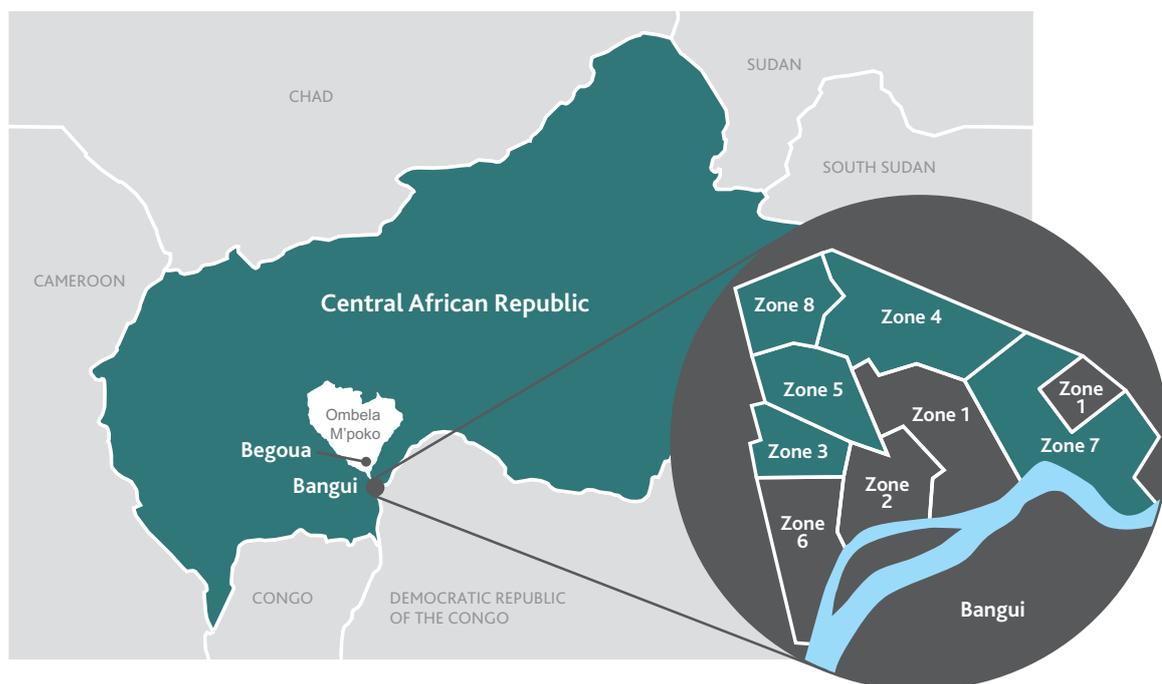
The questions that framed the focus group discussions were designed to achieve the following objectives:

- To explore survivors' understanding of sexual violence
- To understand why survivors remain silent about their experience
- To explore the impact of sexual violence on the lives of individual survivors
- To map the priorities of survivors and begin understanding from their perspective the process and requirements for healing and recovery
- To determine whether survivors feel they would benefit from a survivor movement
- To explore what the role of faith communities can be in supporting survivors.

3 METHODOLOGY

3.1 Research locations

This research project focussed on mapping the experience and priorities of survivors of sexual violence across six geographical areas. These are Zones 3, 4, 5, 7 and 8 in Bangui and the Begoua district in Ombela M'poko, within Central African Republic (CAR). The areas were selected based on considerations of the scope of research, access and security issues, the presence of Tearfund partners, and faith groups' willingness to engage. The focus group discussions took place in safe and quiet locations, which the women were able to reach easily, and where the groups would not be observed or interrupted.



3.2 Research participants

There were 151 women survivors of sexual violence who participated in this research. Purposive sampling was used, focused on a limited geographical scope (above), and the criteria specified for participation in the focus group discussions were:

- Female
- Survivors of sexual violence
- Over 18 years old¹
- Willing to participate in focus group discussion / individual interview on this subject.

Among the participants there was a range of ages, religious backgrounds, and different income levels represented. In total, 36 (24%) identified as Muslim and 115 (76%) as Christian, from different denominations. The breakdown of the number of survivors participating in discussion groups by different geographical areas is given in the table below:

¹ Although the criteria for selecting participants specified they should be over 18, one participant was identified during the discussion group as being 16 years old. She was keen to participate and for her voice to be included.

Location	Specific area (District / Arrondissement)	Number of survivors participating
Bangui	Zone 3	36
Bangui	Zone 4	21
Bangui	Zone 5	8
Bangui	Zone 7	3
Bangui	Zone 8	17
Ombela M'poko	Begoua	66
TOTAL		151

3.3 Qualitative research approach

In order to explore the experiences and needs of survivors of sexual violence, a qualitative research approach was chosen. With this approach, a more in-depth understanding of the depth and breadth of sexual violence on individual lives can be elicited. The qualitative approach takes its point of departure as the insider's viewpoint on a social issue or condition in question, with the goal of both describing and understanding the participants' views (Babbie and Mouton, 2001). A qualitative model was therefore followed throughout the study, drawing data from focus group discussions and from in-depth interviews (with four survivors who were unwilling to discuss in a group). Focus group methodology emphasises the perceptions of the participants and encourages a synergistic effect through the conversational process, as participants react to what others say and ideas are developed in the interaction. This research used a semi-structured interview schedule as a framework, but allowed the participants to then express themselves and shape the discussion within each topic. This qualitative research approach thus provides an open forum for exploring and better understanding the needs, challenges, experiences and priorities of the survivors of sexual violence from their own perspectives.

3.3.1 Research team

A team of 12 female research assistants were trained by the lead researcher on how to administer the questionnaires and effectively facilitate the focus group discussions. The intensive training covered data collection, empathy, ethics and confidentiality in dealing with the highly sensitive issue of sexual violence and working with survivors who are still traumatised. Listening skills and basic counselling skills were covered. It is noted that several of the research assistants who attended the training had personal experience of knowing survivors within their own family, and most are already involved in counselling and caring for traumatised girls and women in their areas. The research assistants are all members of faith communities, including three Muslims, three Catholics and six Protestants from different denominations, and are all involved in leadership (primarily leaders of women's ministry within their church or mosque).

The research assistants worked in pairs, with two researchers for each focus group. This was to make the research and documentation process more manageable, enable mutual support, and improve accountability and verification of data.

3.3.2 Data collection

The research took place in April and May 2015. The focus groups and interviews were conducted in French or Sango language, depending on the participants' preference, and the data collection and collating information from the focus groups was done in French by the research assistants. The content of this research was very sensitive, so the research assistants were not using audio recording equipment, but taking notes from the

respondents' discussions, by listening attentively and writing down key quotes shared by each participant during the focus group session. As far as possible quotes were recorded verbatim, but respondents were not identified and the quotes are not attributed to individuals to maintain confidentiality. The research assistants worked in pairs, so that one could facilitate discussion while the other listened and took notes.

The specific questions used to structure the discussion were:

- What do you understand by sexual violence? How would you define it?
- Why do survivors of sexual violence not want to speak about it?
- How has sexual violence affected your life?
- What does a survivor need to be healed, to recover? (Acute needs and ongoing needs)?
- What could be the impact of a survivor movement?
- What role could faith communities play in responding to sexual violence?

Each of these topics were discussed within the group, allowing different participants to respond, with the research assistants facilitating further probing of issues raised, so as to allow the details of their stories, thoughts and experiences, and key mutual themes to emerge, and noting these down. The participants were notified before the focus group session began that notes would be taken to ensure that the key information, thoughts and stories were recorded for the mapping research study. The advantage of transcribing all these interview notes is that it provides the lead researcher (who was not present) with an opportunity to engage and interact with the data directly (De Vos, 2002).

The research team conducted a data verification process, in which the transcripts were read back to the participants at the end of each of the focus group discussions, for the participants to approve, and have the opportunity to amend the notes taken during the session. Participants were also given an opportunity to withdraw from the research process if they wanted to do so at any point. In two areas some of the participants withdrew from the research.

After each focus group session, the participants were offered the opportunity to speak to a counsellor to provide a space to deal with emotional pain they have been carrying for some time that could have been triggered by the discussion.

3.3.3 Data analysis

Through data analysis the raw data is synthesised and key findings identified in order to develop a framework to disseminate and communicate the significance of the research discovery (Patton, 2002). After the focus groups were completed, the Tearfund staff involved in the mapping process then gathered the team of local research assistants, and together they worked on verification of the key narratives and concepts emerging. The quotes and stories were translated into English to enable the lead researcher to gather common themes from the data and analyse these.

The research team adopted Tesch's (1990: 154–156 as cited in De Vos, 2002) approach of analysing data that was informed by the semi-structured interview schedule. Data analysis steps included the following:

- The research team studied the transcripts and identified common themes that emerged.
- Thematic analysis was used, in which for each of the key questions, main themes were summarised, including non-verbal cues. A concept map was derived from the focus group sessions.
- Analysis and interpretation was conducted by the lead researcher, returning to the data, and utilising those main themes for identifying final categories and sub-categories, considering the interrelationship between categories and common language, and assembling the data into these categories

- The research team provided analytical discussion by illustrating and interpreting the data. Although this analysis can be subjective, the interpretations are also useful as the research team was local and fully involved in every step of this research.
- The researchers then compared the analysed themes with transcripts to check if any key data was left out.

3.3.4 Data management

The process and purpose of the research and all data collection was explained to all focus groups, and signed consent forms were gained from all research participants. Hard copies of all transcripts and related information are kept in a secure place by Tearfund. This data will remain stored for two years upon conclusion of the research. The research team signed a confidentiality agreement with Tearfund prior to their involvement in this research. All electronic data is stored on a password protected personal computer that only the research team has access to. In addition no names or personal information appeared on any transcripts or in the report. Each type-written transcript of the research was assigned a code, and the transcripts were saved safely in password protected files on the researcher's computer.

3.4 Ethical principles

For this mapping research project, all of the research team adhered to key ethical requirements throughout, as specified by the Medical Research Council of South Africa (2003), to ensure protection and respect for all participants. This was especially important given the sensitive nature of the research and the vulnerability of the participants. The ethical principles followed included:

3.4.1 Voluntary participation and informed consent

The research team clearly explained to all the respondents the nature and process of the research in advance and what it would be used for. They made clear that their participation in this research was entirely voluntary. Participants were reminded they were free to withdraw at any time, including at the end of the groups when the discussion notes were read back to participants for verification. The research team also informed the respondents that they had a right not to answer certain questions if they did not wish to. The research team obtained the informed consent of all respondents. Contact details were provided to the participants so that they could contact the research team with any questions.

3.4.2 Confidentiality

The participants were asked to keep all information confidential and not to disclose anything discussed within the group. The research assistants also signed a confidentiality agreement. The respondents were assured that neither their names nor those of their organisations would appear in the research report. The right to anonymity was respected and all the research data collected by the team was kept anonymous and confidential, as none of the responses were linked to the participants' names or place of safety. The interviews were held in a private space and only the research team and participants were present. The participants were also aware that data was going to be safeguarded and stored privately and only accessed by the research team.

3.4.3 Do no harm

Discussing traumatic events has the potential to exacerbate trauma for the survivors. Concerns were also raised by the research team that, given the recent nature of the conflict and the crimes suffered by the survivors, some disclosure during the focus groups could be dangerous if perpetrators are known or in positions of power. Ensuring that no harm happens to research participants was a central concern in this research. Participants were informed about the content and potential impact of the research, so that they were at liberty to decide whether to participate in the research or not. The option of individual interviews was given for those who were not comfortable sharing in a group setting. During the discussions, no one was forced to answer or participate on

any particular topic. All focus groups took place in a safe and secure place, where they would not be overheard or interrupted. Partners arranged for referrals in cases where participants would need psychological support.

3.5 Challenges and limitations

There were several challenges experienced in implementing this research study and limitations applicable to the findings.

3.5.1 Access

The methodology followed was for each group of women researchers to make contact with the local and religious authorities in the allocated area. These authorities would then help facilitate the research assistants' access to survivors of sexual violence within their community. This worked well in most locations, but in Zone 4 they initially faced opposition from the mayor who did not feel he had been adequately consulted in advance. The team were able to solve the difficulty by working with religious leaders and the other traditional leaders in the neighbourhood to enable access. In Begoua, the work of the team was suspended temporarily due to local insecurity, as there were protests against energy suppliers for better treatment in the programme of electricity distribution, which disrupted traffic and led to some shooting incidents. The work continued after this but another challenge was the large geographical area which could not be fully covered in the timeframe.

It was agreed in the researcher training that the Muslim research assistants could only go into Zone 3 and Zone 7 due to the security risks, as in all the other areas, due to the conflict, people would be hostile to them.

3.5.2 Availability

In Zone 5, one of the research assistants was unavailable for some time due to a death in the family, while in Zone 7, one of the research assistants experienced a medical crisis during the field research, which limited the work in this locality.

3.5.3 Inclusivity

While every effort was made to reach a broad range of participants representing different populations, it is acknowledged that in many cases Muslim women were not willing to participate, so a reduced number of Muslim women are represented within the participant sample.

3.5.4 Raised expectations

A further challenge identified, especially by survivors in Begoua, was the complaint that there are many NGOs coming and doing surveys and needs assessments, but this had not led to provision or long-term benefit for the affected population. They emphasised in particular an urgent need for material support for vulnerable survivors who are living with HIV. Although the purpose and the limits of the research were clearly explained to all potential participants in each case before the focus groups began, to avoid raising expectations, this is a concern which Tearfund takes seriously. Following this research, Tearfund intends to work with local partners and local faith groups, in collaboration with other stakeholders and local service providers, to encourage and support a holistic response to the needs of survivors within their communities.

3.5.5 Representativeness

It is acknowledged that given the limited sample of participants and geographical area covered, this research cannot be considered as automatically representative of all of CAR or of all survivors of sexual violence in CAR. It is noted that men and boys, as well as girls, may also be victims of sexual violence, but this study focused only on adult women. However, given the scope of what was possible within the practical limitations of time and cost for this project, it is felt that the research findings do give a valuable if subjective insight into the situation and perspectives of survivors within the current crisis. It is noted that the findings are quite consistent across the different focus groups, which included women of all different ages, economic positions, and faith denominations.

4 RESEARCH FINDINGS

4.1 Introduction

A total of 151 women survivors of sexual violence, from both Christian and Muslim religious backgrounds, participated in this research study. The focus group discussions were facilitated by trained research assistants, who are representative of the different religious communities in the area. Several are already involved in supporting survivors. Working with local researchers from the affected communities helped to facilitate openness among participants on these very sensitive and taboo issues.

The research findings have been arranged according to the discussion topics and the common themes emerging, which were drawn out through analysis of the data from all the groups. Wherever possible, comment and analysis has been kept to a minimum and direct quotes from the discussion groups used in order to allow the survivors' own words to speak for themselves.

Please note: these testimonies are often graphic and brutal, reflecting the realities of the experience and impact of the violence on the women who spoke.

4.2 Survivors' understanding of sexual violence

4.2.1 Extreme and life-threatening brutality

When asked to define or explain their understanding of sexual violence, all the women who were in the focus groups and individual interviews expressed that it is a very painful and traumatic form of brutality imposed on women by force. Most described violent rape by strangers and many emphasised that sexual violence could be fatal.

'Sexual violence is forced sex that occurs without your consent.' ZONE 5

'It is an unforgivable crime.' ZONE 3

'This is a cruel act and humiliation... a person can even die.' ZONE 7

'It is a moral and physical torture that tries to destroy another's life.' ZONE 5

'Seven men from Seleka attacked me in my home. They made me suck their penis. When I refused, one of them forced his penis into my mouth while another was raping me. Then they turned me over and raped me in the anus. My life is completely destroyed. I am simply waiting to die.' BEGOUA

Perpetrators were often described as 'executioners' or 'assassins'. Some participants explicitly emphasised the humiliating and dehumanising nature of the violence for both perpetrators and survivors, using the image of an animal.

'During sexual violence, the woman is treated like a dog and her body is not respected.' ZONE 8

'The murderers have sex with other peoples' wives like dogs.' ZONE 5

'You feel as if you are like an animal because the man who abuses you does whatever he likes and he seems like an animal too.' ZONE 8

4.2.2 Conflict-related: rape by multiple armed combatants

Most of the women explicitly linked the sexual violence they had experienced to the current conflict in CAR, with the perpetrators most often described as armed soldiers from both Seleka and Anti-Balaka fighters. In all six areas where the focus groups were held, many women described rape not as the act of a single individual, but the experience of being gang-raped by multiple armed assailants. Many survivors shared stories of gang-rape and sodomy, with up to eight men raping one woman repeatedly in public view. Many reported that the rapes took place in a wider context of violence, as the soldiers who raped them also killed their family members.

The number of survivors participating in the research and the severity of the rapes so frequently described by this sample gives an indication of how common this level of sexual violence has become during the conflict in CAR. Some of the survivors who shared their stories mentioned that their rapes were not a one-off event but that they had been raped more than once, at different times.

'I am a Muslim girl. My dad had fled and the neighbours indicated to Seleka where I was hiding in the house. Seven Seleka men raped me; where three men penetrated my genitals, two men forced their penises into my mouth and two men penetrated me by the anus.' BEGOUA

'I am married with four children and a pregnancy of seven months. Three Anti-Balaka came and raped me. One of them raped me by the anus and the other two raped me by the genitals.' BEGOUA

'They killed my son and grand-children and all seven men gang-raped me, taking turns brutally sodomising me. They inserted their penis into every opening in my body including ears, mouth, forcing me to suck the penis while others were penetrating my anus. They would ejaculate on me, laugh at me, calling me names, insulting me and I was bleeding profusely. There was no one to help.' BEGOUA

'The Anti-Balaka attacked her and accused her of giving information to Seleka. Then they beat her. Then they raped her.' ZONE 8

'Women are taken, as if a target of the conflict... We are the victims even though we are not the cause of this crisis.' ZONE 3

As well as violent attack and gang-rape by the armed groups, there are also reports of abduction and sexual slavery. One participant shared that she was kidnapped by Seleka and held for a year in the forest and used as a sex slave, where all the men were raping her day and night and there was no help for her. She is devastated and carries so many scars of this brutality in her life.

4.2.3 Shameful

In defining sexual violence, most of the participants described not just a physical impact, but emphasised the severe shame felt and long-term trauma for survivor, particularly as many of the rapes happened in front of family members or in public.

'This is an evil act that falls upon an innocent woman and strips her of all innermost dignity and sacredness!' ZONE 3

'Rape is a moral and physical torture that slowly and systematically destroys the life of a victim.' ZONE 5

'During rape a woman's body is violated and is not given a respect she deserves and this leaves not only physical damage but emotional scars that are very difficult to heal. Sexual violence shatters the survivor's life and this experience cannot be erased from your memory, all these traumatic experiences become alive in your head for the rest of your life.' ZONE 8

'It makes you dirty. You are ashamed. You have lost your dignity, your personality.' ZONE 3

'It brings shame to you as an individual and to your children because the mass rapes were taking place in the presence of our children, and we were helpless and destroyed.' ZONE 4

In one focus group, older women expressed their experiences of rape as a dehumanising act that is especially disgusting because the perpetrators are young men who are in the same age as their children or grandchildren.

'When we are raped by the boys who are of the age of our children, what does it mean?' ZONE 3

Related to this pervasive sense of shame, many survivors described sexual violence as something which isolates them from other people and from support.

'It is something which shatters the life of the survivor and gives the impression of being in a world where people are not listened to or helped.' ZONE 8

'Sexual violence separates you from others. You are marginalised, without rights and without protection.' ZONE 8

4.3 Why do survivors remain silent?

In all focus groups, women expressed that they were angry because what happened to them is wrong and they are not protected in their own country, where they should be secure. Yet very few were willing to speak to others about their rape or to seek formal justice. For most, the reasons they kept silent were due to shame and fear and a lack of faith in the justice system in CAR.

4.3.1 Shame

Most of the survivors spoke about the terrible sense of shame they felt, as an internal emotion and sense of humiliation after what has happened to them. They also felt disgraced because of the way that other people respond to them as survivors of sexual violence, and this often prevents them speaking out.

'We are afraid to talk about it because we feel humiliated and hurt... We are demoralised. We have no courage to speak out!' ZONE 7

'It is shameful. I cannot forget. I am traumatised.' BEGOUA

'Because if you speak of it you lose your dignity.' ZONE 4

'I am afraid to go to the hospital out of shame because I am already infected. I am traumatised. I will die soon.' ZONE 7

'Feelings of shame, and humiliation, of self-hatred.' ZONE 5

4.3.2 Fear of reprisals

Several participants expressed a sense of insecurity and fear of speaking out because they do not know what will be done to them if they disclose the atrocities that were inflicted on them during conflict. Some women are afraid of being raped again as a punishment for speaking out. Some are afraid of being ridiculed, laughed at, and judged. Some stated that these mass rapes were performed in public, which means that anyone who starts to speak out about rapes will be in danger for herself and her family, as people know who was involved. Some survivors said that their perpetrators are in positions of power now, which makes it more complicated to accuse them. Many people were killed, so the fear is very deep-rooted for survivors who want to live happily with their loved ones now without further conflict.

'The perpetrators of this violence are free, they are everywhere, you are afraid of being raped or abused a second time.' ZONE 3

4.3.3 Fear of stigma, social exclusion and abandonment

In general there is stigma attached to a woman who has been raped in CAR, so this makes it very difficult for survivors to speak out. The stigma is so strong that many survivors are abandoned and rejected by their families and communities. Respondents in the Zone 8 area mentioned that when a woman is known to have been raped, the community often puts the blame on her and in most cases she is treated like a 'loose woman' or prostitute. There is no support or empathy in the community.

'Because I am afraid and ashamed of being stigmatised.' ZONE 5

'You are referred to as a 'woman of Seleka'. 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 and this can even affect your children as well.' ZONE 8

'It's difficult to talk about it to others for fear that they will point fingers at me.' ZONE 4

'My family don't want anyone outside the family to know what has happened to me. They will mock me.' ZONE 5

Many respondents reported that due to the stigma and trauma, husbands reject their wives if they are raped and, as a result, there is a high number of women who are deserted by their husbands. This makes it even more difficult for other women to speak out against rape, if disclosing will mean that they will lose their family and husband as well. In Zone 4, one respondent described how her husband and several of her other relatives had forsaken her, unable to relate to her because of what she had gone through, and she feels abandoned.

'It is difficult to talk about these experiences because it is shameful and dehumanises you as a human being. In the beginning I did not want to talk about this but finally I disclosed it to my husband who became very angry and left me.' ZONE 4

'My husband left me because I was gang-raped by the Seleka group in his presence.' BEGOUA

In Begoua, a woman shared that her sister had chased her away after hearing that she was gang-raped by Seleka. She said her sister was afraid of the Seleka group who may come back looking for her and thought that her life would also be in danger. This experience left her even more devastated, as she has been abandoned by her family member and now she has no place to go for safety.

4.3.4 Futility: weak justice system and lack of support services

The survivors' sense of anger and helplessness is exacerbated by the knowledge that nothing will be done to the perpetrators, since they see the justice system in CAR is very lenient in dealing with cases of rape. They expressed the fact that since these rapes took place at the time of conflict, it makes it even more complicated to deal with because there are no clear structures for reporting so that justice can be done. Some raised a concern that it seems as if the justice system in CAR has let them down. In one area there was also frustration on the part of the survivors who know that they have been violated and exposed to very traumatic rapes and many other forms of sexual violence, but they know that the sentence for rape is no more than three years. By the time the perpetrator returns back to the village there is no support for the survivor and the perpetrator's presence is then tormenting the survivor on a daily basis. The survivors expressed that more often the life of a survivor is more in danger after reporting a rape than before and, as a result, the survivors are afraid to talk about sexual violence.

'Because the justice system does not do its work.' ZONE 3

Yet there is a strong feeling to see the hands of justice work for them as survivors. A key need was identified in the discussion group that there should be female police officers who are specialised in dealing with cases of rape and sexual violence so that they can be more empathic in dealing with traumatised women to avoid further victimisation. The women said that survivors of rape are not treated with dignity and encounter a variety of abuses from police and other service providers relating to the case they are reporting, and for some this is the main reason that leads to women not to report cases of sexual violence.

There are no clear structures that provide much-needed support to survivors of sexual violence, and as a result they prefer to remain silent about what they have gone through. It is important to note that their silence does not mean that pain, trauma and frustration go away; all the survivors said that they are still feeling these pains, but that they do not feel it is worth speaking up. The lack of justice allows the perpetrators to remain free and fuels a culture of impunity.

4.4 How are survivors' lives affected?

All the survivor groups described the multiple and holistic impacts of the sexual violence they had suffered, not just severe physical, but also deep psychological, emotional and social consequences. They emphasized the long-term and devastating nature of these traumas.

'It's an act which completely destroys someone's life.' ZONE 5

'It is a great evil which affects your life like a sickness that can never be cured.' ZONE 8

'I feel as if part of my life has been removed from me... I am bleeding inside...' ZONE 8

4.4.1 Physical impact

Many of the survivors described severe and life-limiting long-term physical consequences of the sexual violence, including pregnancy, miscarriage, HIV infection and other sexually transmitted diseases, and vaginal and anal fistulae. Several respondents in Zone 7 and Zone 8 areas disclosed that they had tested positive for HIV after their rape and some are now on treatment.

'Two men broke down the door, found me in bed and abused me. Months later I had an HIV test and got a positive result.' ZONE 4

One survivor described how she was gang-raped and her husband then left her so now she has the task of raising five children as a single parent, struggling with chronic ailments, including hypertension and post-traumatic stress disorder as a result of the rapes. Another woman shared that she developed stomach ulcers, palpitations and nightmares, constantly reliving the traumatic experiences she had been exposed to.

Some of the women got pregnant as a result of the rape, and in most cases the father is not known. In this context where sexual violence often means violent gang-rape by multiple assailants, with women in the focus groups describing up to eight men gang-raping one woman relentlessly, the physical damage inflicted is often devastating. Some of these gang-rapes damaged the woman's uterus and the womb to such an extent that where conception took place the unborn baby died before birth and these miscarriages and severe internal injuries mean many of the survivors will never be able to bear children again. Many of the women suffered vaginal or anal fistulae as a result of the violence of the attack – internal tearing which leaves the woman permanently incontinent, unable to control bowel movements and so smelling bad. This chronic disability contributes to further social exclusion and rejection.

'I am married with four children and was seven months pregnant. Three Anti-Balaka came and raped me, one of them raped me by the anus, and the other two raped me vaginally. Three days later, 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.' ZONE 7

4.4.2 Psychological trauma

Survivors described how they are living in constant shock and are overwhelmed by depression, confusion, frustration and desperation because of the traumatic experiences they had gone through. Many find it hard to be hopeful because they feel a lack of direction and purpose in life, and a sense of despair. Several expressed thoughts of death. Many described nightmares, insomnia, flashbacks and other symptoms of post-traumatic stress disorder.

'This has affected my life in that, since the event happened, I cannot sleep from 1am in the morning, the time at which the three assailants broke into the house and one of them raped me.' ZONE 5

'It is a deep shame, I am traumatised, I cannot forget about this very painful act which prevents me from living my life.' BEGOUA

'They killed two of my little brothers. I am a widow, but one day seven Seleka men came into my house and all seven raped me taking turns. Since my husband died 10 years ago, I have not known another man in my life. I am already of an advanced age, but every time I pass, everyone says, "Here is the woman who was raped by seven Seleka men". I have nightmares every day. I want to die.' BEGOUA

'They came into the compound of the church and they were looking for my husband who was a pastor. When they asked me where he was, I said that he was not there. But they entered the house and searched everywhere. He was found hidden under the bed. The other took me and said they are going to show that one must not lie. They raped me in the presence of my husband and children, then they killed the pastor. As there was everywhere the crackling of bullets and in the rain, the children and I with the support of old neighbours we buried my husband. I am really traumatised, I can never forget this.' BEGOUA

'Being sick these days I have not been able to finish my studies like the others, my future is broken.' ZONE 4

'Life has no meaning any more.' ZONE 3

4.4.3 Sense of shame

Again and again in the focus groups and interviews, the survivors expressed a deep sense of shame, a sense they had been stripped of their dignity. Although they were innocent victims of terrible violations of their human rights, they now carry a sense of shame for themselves and their families, reflecting the cultural attitudes around rape and the terrible injustice of the pervasive stigma, which attaches to the survivor rather than the perpetrators of such brutality.

'I am no longer worthy of me.' ZONE 3

'I am ashamed of what has happened to me.' ZONE 4

'My husband was away from home, six men entered, they decided to rape my mother-in-law. When I told them to leave, two of them came toward me and raped me. It is a great shame for the family.' ZONE 4

'Survivors are no longer like other women, they have lost their dignity, they have a tarnished image.' ZONE 8

Heightening the sense of shame and trauma is the fact that the rapes often took place in public, and in front of family members. Almost all focus groups shared stories of brutal rapes that were witnessed by children, and many women particularly expressed their sense of shame at having their children witness their violation and humiliation.

'The Seleka broke into my house, in the presence of my four children and they raped me. Now, I am suffering from gonorrhoea, I am always anxious, it is a deep shame to me.' ZONE 4

'My husband was in the military, they tore his picture in the lounge and then brutalised and raped me. I was attacked at home. In front of my two children I was raped. It is a great shame.' ZONE 4

The impact on these children, who have been exposed to such extreme violence, and have suffered the trauma of witnessing the murder and rape of loved ones, and seeing their parents and protectors abused and powerless, cannot be underestimated.

4.4.4 Loss of husband and family

The respondents from all six areas of research that were interviewed agreed with one voice that a major challenge they are facing is abandonment as a result of being raped, especially as some of their husbands are unable to cope with the trauma of rape of their spouses. Many of the survivors did not have a choice about remaining silent or hiding what has happened to them, because so many of the rapes took place in front of family members, or in public. The participants shared that the real challenge is to face your family after these horrific experiences as a family or in the neighbourhood. Some people prefer to flee and start a new life somewhere, but this is not easy because of the enormous socio-economic challenges. In many cases, the husbands and male family members were forced to witness, and even coerced to participate, and then killed if they refused, or after the attack, so the survivors are also dealing with bereavement.

'They killed my son because he challenged them not to rape his mother.' BEGOUA

'They took my husband, tied him up with rope, so that they could rape me in his presence. Eight of them raped me, one after the other. I lost consciousness and finally they took my husband away to kill him. My life and my children's lives are in a terrible condition, I can do nothing.' ZONE 8

'I had an eight-month old daughter, when the Seleka came. They asked me to lay down my child. They forced my dad to have sex with me, my dad refused and all of a sudden they killed him. Then, they asked my husband to begin to have sex with me in their presence, my husband refused, they also killed him. Then, one of them took his penis and introduced it into the baby's mouth, while the other raped me brutally. While I shouted, the child also was crying, until the baby fainted and died. I suffered tears everywhere. With the death of my father, my husband and my baby, and myself unwell, I will never forget what happened to me, I wonder why I must continue to live. I fled to my big sister who also chased me away with my other two children after some time, saying that she does not want to have problems with the Seleka because of me.' BEGOUA

4.5 What do survivors need to heal?

Despite their horrific experiences, survivors in all groups were able to discuss a journey towards healing, and express hopes for the future rather than simply despair. They discussed personal needs to be able to start afresh on their lives. Such courage and strong determination among these women provides hope and new possibilities of rebuilding communities in CAR despite the devastation of conflict. All of the survivors wish for peace; they expressed in many different ways how it is the conflict in CAR that is destroying their own and their children's present lives, and the future. They also spoke of practical assistance for individuals.

'The government and the justice system need to retake their responsibilities... so that we can find peace again.' ZONE 3

4.5.1 Financial support

Many of the survivors are in great need and lack financial support, often as a direct result of the rape and violence. Survivors mentioned clearly that a healing process needs to be accompanied by tangible economic support to meet basic needs and to enable them to move on with their lives. The desire mentioned by several survivors to set up small businesses and so be able to support themselves financially indicates a positive desire to build a future for themselves and their families, rather than feeling powerless or giving in to despair. Many want to get back to school to finish their studies or support their children's school fees.

'We need a centre which would provide medical services free to survivors and financial support for income-generating activities.' ZONE 3

'I need financial support to be able to do some trading to afford school fees.' BEGOUA

'I have difficulty in going back to my studies. I have courage, but because I live far away, and I am always stigmatised while I am on the road, I decided to stay at home.' ZONE 3

'I need prayer and financial assistance to be able to set up a business in order to meet the needs of my children.' ZONE 5

'I don't dare to ask my husband for the things I need since he doesn't want to have anything to do with me because of the rape.' ZONE 5

Studying and working represents a form of healing, because it is an investment in the future, and when a survivor is able to work and earn income she will be supporting herself and others, and in contributing to the community, she will often be more accepted. However, some survivors also highlighted that they wanted financial support to be able to move away and start a new life.

'Because of lack of financial means I have to stay in my family home, otherwise I would prefer to move to another area. So I am always tense.' ZONE 4

'I need to leave this area because every time I pass people point fingers at me.' BEGOUA

4.5.2 Access to services: medical and legal

Most participants mentioned the need for medical treatment, and that they need support in getting the medical care they need following the attack. Most mentioned lack of financial means, but for some, the barrier to accessing essential medical services was not merely financial. Survivors also mentioned fear or shame as barriers and need someone to help support and accompany them to access these services.

'I would like to go to hospital.' ZONE 7

'I need medical follow-up, but the medical examinations and the drugs are expensive.' BEGOUA

'We need medical care, thorough medical examination, and financial assistance because as well as the rape we lost everything.' ZONE 8

'If I have something to buy food, medicines and with prayer I could feel healed.' BEGOUA

'Up till now I have not gone to a medical centre due to lack of courage, I need your assistance for moral and physical healing.' ZONE 4

Several survivors also mentioned access to justice. Although they know the justice system in CAR is currently weak, they want to see change, and for those who have committed these atrocities to be brought to account.

'The Government should do its job to punish people who have done me wrong.' BEGOUA

'The government should focus on impunity and the attackers should be brought to justice.' ZONE 5

4.5.3 Psychosocial support: counselling and prayer

It was clear from all the discussion groups that practical support such as financial or medical help is not enough for healing, given that the impacts of the violence are more than just physical, as noted above (4.3). One survivor described sexual violence as:

'An open wound which is still bleeding. Even if they gave us money and medical care, the bleeding will continue forever.' ZONE 3

Given the severe psychological trauma they have suffered and the ongoing impact of this, most of the survivors mentioned psychosocial support in discussing what they need to heal. Psychological counselling is required as given the severity of their experiences, there are clearly clinical issues that need support from professionals in the field of trauma counselling to enable these women to process the traumatic experiences.

'I want to get over my trauma.' ZONE 3

'I need counselling and health care.' ZONE 4

'To be healed, we want psychosocial, medical and judicial support.' ZONE 3

A common thread emerging from all the groups was the specific need for spiritual support, in the form of prayer. Many participants emphasised the need for prayer, counselling and healing from the faith community, for their healing to begin.

'I need lots of prayer.' ZONE 7

'I need both spiritual and physical healing. That God can give me strength to forgive.' BEGOUA

'We need prayer, counselling, assistance and support from relatives.' ZONE 8

'By prayer, and in sharing with others in prayer, I can be healed. That other brothers and sisters could also pray for me.' BEGOUA

'It is only prayer which can help me to heal.' BEGOUA

4.6 Would a survivor movement be of benefit?

The idea of a survivor movement was welcomed by the majority of participants, across all the discussion groups, although there were also some negative views and fears expressed about such a movement.

4.6.1 Risk of exposure

Some of the participants did not think a movement would be beneficial to them as they were concerned that by being identified as survivors, by belonging to such a group, they will be more exposed to ridicule and stigmatised.

'To gather in a movement of survivors of sexual violence is very difficult. I prefer to remain hidden to avoid being ridiculed and stigmatised.' ZONE 3

'A movement of survivors is a shameful thing, we would be very stigmatised.' ZONE 3

'The movement is good but I hesitate because lots of people have started groups but they fail because of lack of leadership.' BEGOUA

4.6.2 Solidarity: sharing our experiences and helping each other

Most of the survivors mentioned a survivor movement would be positive in providing community and mutual support both practically and emotionally.

'The movement would help us not to be alone and especially to have friends with whom we can share our concerns.' BEGOUA

'A movement of survivors is essential; it would permit them to get out of their loneliness and their silence, because it would be an opportunity to share experiences.' ZONE 5

'It will help us to develop mutual support, to forget and to overcome what has happened to us.' BEGOUA

'With this movement we can have peace, because we will pray together and do income-generating activities.' BEGOUA

'In a group or movement, a survivor is much more motivated by the fact that she is able to share her difficulties with others.' ZONE 3

4.6.3 Therapeutic role: healing for survivors

The survivors see a movement would help create safer spaces for emotional healing to take place. The fact that this would be a group formed of survivors means there will be more mutual respect and a sense of therapeutic support from being able to share traumatic experiences of rape with others who can understand and sympathise, and will not judge them.

'Being in a movement of survivors is very necessary. Being traumatised, I have tried to approach the other victims to share experiences, and little by little I cling to life.' ZONE 3

'I'd prefer to be in a group, to share my worries.' ZONE 4

'It would help us to regain our dignity.' ZONE 5

'Being in a group would allow me to release my thoughts and ideas about the atrocities I have suffered.' ZONE 4

'It's very important that survivors can be together to share their experiences, it's important to help us get out of our shame.' ZONE 7

'That will help us, to be with the others, to share our pains and our tears.' BEGOUA

'It would help us to have the taste for life again.' ZONE 5

4.6.4 Advocacy: to make our voices heard

Survivors viewed the creation of a survivor movement as a tool for advocacy, as a way of breaking the silence and mobilising stronger support in the fight against SGBV. They see the group as creating awareness about their needs and advocating on behalf of all survivors, including connecting with survivors in other countries.

'To get out of loneliness, share our experiences and make our voices heard.' BEGOUA

'This movement would gather survivors and help create a network of support and counselling to encourage those who do not want to express themselves, to speak out. This movement will allow us to communicate with other survivors around the world.' ZONE 8

'A movement of survivors can help young people like me, who are weak, to defend themselves.' ZONE 8

'Allows us to gather together people with the same experience, to listen to their voices, help them learn some experiences which can help them to fight this plague.' ZONE 8

'The voice of the survivors will be heard much more from this movement.' ZONE 3

'Survivors should group together to make their voices, and their cries, heard.' ZONE 3

4.7 What could be the role of faith groups in responding to sexual violence?

Survivors in all the groups identified that faith groups could play a key role in supporting them. Firstly prayer is seen as a starting point by both Christian and Muslim survivors, that anchors and supports those in pain, looking for help from God. They all saw that there was a potential for religious leaders to play an important role towards helping them to heal from trauma. They mentioned spiritual counselling and healing as unique responses from faith groups, that could help ensure recovery and restoration of survivors.

4.7.1 To provide prayer, counselling, healing and to support restoration of survivors

Survivors in all focus groups, both Christians and Muslims, were convinced that there is a special role to be played by faith groups to support and comfort those who are suffering. Despite the pain and traumatic experiences they had gone through, the survivors still have hope there is a way out, and they see faith groups as important

partners for healing and social reconciliation, as a source of confidential prayer and counselling essential for healing emotional and spiritual pain.

'They play a very important role for survivors, because they are there to pray for us and to give us counselling.' ZONE 7

'Don't reject survivors, because that is a great danger in the community.' ZONE 3

'They can help a lot in counselling, making reference to the passages from the Bible or the Koran.' ZONE 3

'The counselling from the religious community has helped me a lot.' ZONE 4

Several survivors especially mentioned that the religious community was particularly specialised or mandated to support people who suffer, and their words reflected a high level of trust in these groups by the most vulnerable.

'Their mandate is to continuously encourage those who have difficulties.' ZONE 5

'These are the people who by their religious obligation will not divulge the secret, they have learned to endure the suffering in their heart, and they can help and mentor us.' ZONE 8

'These are the people who know what suffering is all about and how to deal with it.' ZONE 8

4.7.2 Practical support and accompaniment

Many survivors also mentioned the practical ways that religious communities are already perceived as places of support and solidarity.

'They can help the survivors to go to the place of worship so that they can be healed spiritually and physically, and direct them to the support services, hospital.' BEGOUA

'They play an important role by providing moral and spiritual support, and even financial support.' ZONE 5

'The faith communities are there to assist survivors in their pain, both spiritually and materially.' BEGOUA

'They are counsellors to pray for us and to help us morally, spiritually, financially and materially.' ZONE 7

4.7.3 Advocacy

Some survivors also raised the capacity of faith leaders to advocate at a higher level for survivors and to help speak out against sexual violence.

'They have a responsibility to bring the issue to the attention of the political leaders to ensure the population respects human life, because human life is sacred.' BEGOUA

'They should support the government in assisting the most vulnerable victims.' ZONE 3

4.7.4 Responding to perpetrators

One unanticipated response to this question was the fact that despite their suffering, several survivors also spoke about forgiveness, and specifically saw a role for the religious sector as the one that also needs to take a lead in enabling reconciliation and healing for perpetrators.

'The communities must support us by prayer and give a lot of counselling to perpetrators of rape.' ZONE 3

'To preach the word of God, forgiveness, and acceptance, and to teach us how to forgive the soldiers, because it's too hard to forgive them.' ZONE 7

5 CONCLUSIONS AND RECOMMENDATIONS

The research findings presented in this report should enable key stakeholders, including government, policy makers, programme managers, faith leaders and other actors, better to understand the realities and priorities of survivors of sexual violence in CAR. The research provides qualitative evidence and insight into the experiences of survivors in communities in and around Bangui, highlighting the devastating impact of sexual violence on their lives, and what they need for healing. It aims to help to mobilise a more comprehensive and coordinated response to meet these needs.

The voices of survivors have so often been silenced in CAR. This report hopes to break that silence, and to help empower survivors and those who support them to champion change, affect current policy and improve interventions. It documents the perspectives of those most affected, their needs and what government and faith groups in particular could do to support them, and the potential for a movement of survivors. It is hoped that through sharing the findings of this mapping process, the voices of survivors will become central to the collective work by all stakeholders to prevent and respond to sexual violence in CAR.

Recommendations

An effective response to sexual violence in CAR will require both commitment and action from a variety of actors including the national authorities, donors, the international community, faith leaders, UN agencies, and humanitarian organisations. Based on the research findings, this report is calling for the following actions:

The transitional and future elected government of CAR

- To commit to implementing the cessation of hostilities agreement negotiated in July 2014 in Brazzaville in which sexual violence was identified as a violation to be monitored.
- To ensure the process of implementation of the decree to establish a joint rapid response unit to combat sexual violence takes place immediately, as recommended in the UN Security Council report in March 2015.
- To consult and engage with local communities and faith leaders to address the causes and consequences of SGBV, including discriminatory social norms faced by survivors.
- To implement the Special Criminal Court, recently established through national legislation, to investigate and prosecute grave human rights violations committed in the country since 2003, including conflict-related sexual violence.
- To scrutinise and strengthen the judicial system to hold perpetrators accountable and end the culture of impunity. This includes supporting survivors by enabling them to access justice without fear, intimidation or abuse from their communities.
- To support increased recruitment and training of technical specialists, including female police officers, who specialise in dealing with cases of SGBV in CAR.

The United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA)

- To expand the pilot training of trainers to all MINUSCA police and military commanders on the protection of civilians, including prevention of and response to conflict-related sexual violence.
- To adopt robust reporting structures to ensure strong data collection of SGBV incidents that are respectful of survivors' needs and dignity.

- To comply fully with the independent commission inquiry into the UN's handling of sexual abuse by peacekeepers. The investigators must be given complete access across MINUSCA to ensure all necessary measures are taken to find the truth and that perpetrators are brought to justice.

The international community in particular donors and policy makers

- To fulfil the political commitments and pledges made at the Global Summit to End Sexual Violence in Conflict convened by the Government of the United Kingdom in June 2014.
- To fund and support the delivery of multi-sectoral assistance for survivors of sexual violence, including the full range of medical health services; SGBV awareness and response measures; and psychosocial, legal, economic and livelihood support.
- To make a clear commitment to more proactively address SGBV in their CAR programmes. Programmes need to engage with survivors themselves, putting them at the heart of any response.
- To promote meaningful engagement of and partnership with local civil society, including survivor networks, faith leaders and groups, and conflict-affected communities, in the analysis, design and implementation of programmes and service delivery.

Faith leaders

- To continue to be unified working across religious barriers in denouncing SGBV, and supporting survivors, acting as role models who lead by example to confront the stigma that survivors face.
- To show leadership and use their position to challenge the prevalence of SGBV by speaking out against the negative values, behaviours and attitudes at the root of SGBV, including where faith teachings have justified or condoned these, and to promote gender justice in communities.
- To work with other faith-based organisations and stakeholders to build a robust evidence-base of the impact and added-value of faith-based responses to SGBV. This will help strengthen advocacy and facilitate greater collaboration with donors and policy makers.

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Tearfund is a founding member of We Will Speak Out, a global coalition of faith-based NGOs, churches and organisations, supported by an alliance of technical partners and individuals who together commit themselves to see the end of sexual violence across communities around the world.

www.wewillsspeakout.org



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www.bmsworldmission.org/dignity

TO MAKE OUR VOICES HEARD

Listening to survivors of sexual violence in Central African Republic



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