Preventing Sexual Violence Initiative:
Central African Republic Stigma Workshop

Photo taken at stigma workshop of some of the participants.

Organised by Tearfund
Bangui and the Lobaye region, 30-31 August 2017

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Summary

A workshop organised by Tearfund was held on 30 August in Bangui, Central African Republic (CAR). 27 people attended, with representatives from the national Government, United Nations (UN) agencies, and national and international non-governmental organisations (NGOs). As there were no survivor representatives present (although, given the high rate of SGBV, it is likely there were survivors present) to share their perspectives, Tearfund presented its research mapping survivors' voices in CAR.[1] The schedule of the day can be found in Annex A and participant list in Annex B.

The workshop was followed by a **group discussion with a community group** of approximately 14 women and men, **including survivors of both sexes** outside of Bangui. The initial set of recommendations that came out of the workshop were presented to the group, which in turn gave feedback on each one.

The aims of the workshop and the group discussion were to identify key gaps in tackling stigma associated with sexual and gender-based violence (SGBV) in CAR and what action is needed to address this. Overall, the key themes discussed were as follows:

- Key themes at Individual level: Detrimental effects of SGBV on the individual and their family; lack of access to services and support due to stigma and location - with most services based in Bangui and big towns; the need for specialist support to be integrated into wider community services and local staff to be trained on case management and referrals; and for survivor groups to be available - in and beyond Bangui.
- Key themes at Community level: the issue of community behaviours and attitudes in reinforcing stigma, the need for context-specific sensitisation campaigns, and the importance of engaging faith leaders.
- Key themes at National/Structural level: the need to make current SGBV laws known in CAR, the weakness of the justice system, and the need for more female police officers, including female officers specialised in SGBV.

The recommendations can be read in the 'Findings' chapter of this report. The most striking difference in perceptions was about how ready for and open to speaking out survivors are. Some survivors said they were open to speaking out and supporting sensitisation efforts on SGBV and associated stigma, whereas the Government, NGOs and UN agencies were of the opinion that this would not be possible. Even more striking was the fact that no one in the workshop championed the importance of listening to survivors. Although it was likely that there were survivors in the workshop given the high rate of SGBV in CAR and the presence of individual survivors has also been acknowledged during the workshop, no one mentioned the importance of including survivors' voices in plenary sessions, except from Tearfund's research presentation. The recommendations put forward in this report offer a starting point for knowing how to tackle stigma in CAR. More consideration and research will be needed to test their practical application.

[1] http://tilz.tearfund.org/~/media/files/tilz/hiv/make_our_voices_web.pdf?la=en

Introduction

Sexual and gender-based violence (SBGV) is highly prevalent in the Central African Republic (CAR). Against an ongoing backdrop of gender inequalities, SGBV has been exacerbated by the conflict and is one of the highest security threats for women and girls. During the reporting period of a 2015 UN Security Council report on conflict-related sexual violence (notably, January - December 2014) 2,527 cases of conflict-related SBGV were recorded in the CAR.[2] These figures only reflect the tip of the iceberg because in most cases acts of sexual violence are not reported. This is largely due to the stigma associated with SGBV and its consequences, in addition to the failure of the justice system to help bring justice.

SGBV documented in CAR is extreme and brutal, even life-threatening. In many cases, the perpetrators carried out the rape in the women and girls' homes, during door-to-door searches, or when the women and girls were sheltering in the fields or the bush.[3] We have reports of public mass rapes and gang rapes carried out by perpetrators in front of children, sometimes with more than five men raping a woman consecutively.[4]

Rape is being used by men to terrorise civilians and women and girls are being systematically targeted. According to the UN Security Council, alleged perpetrators are linked with a diverse range of groups, including armed herders from Fulani Mbarara communities and members of ex-Séléka, anti-balaka, Révolution et Justice and the Front démocratique du peuple centrafricain armed groups. UN peacekeepers and French soldiers have also been accused of perpetrating acts of SBGV.

The stigma associated with SGBV is part of the reason it is used as a weapon of war in different contexts globally.[5] Aggressors know that SGBV is a simultaneous attack on the individual and their community. The survivor will be cut off from their community and family ties holding communities together will start to disintegrate. The social impact of SGBV can even result in death as survivors do not seek the medical and psychological support they need to avoid the shame.[6]

Although stigma is recognised as a key part of the problem in CAR, greater efforts are required to understand its nature and impact - and how it can be tackled. This report explores this very topic in more depth, presenting the findings and recommendations of a stakeholder workshop and a community group feedback session that were held in Bangui area. The aim was to identify key gaps and specific activities required at the individual, community, and national/structural levels. This report focuses mainly on women but the overall recommendations can largely be applied to men survivors too - however, where possible it is best to have men's and women's support services separately. The recommendations put forward in this report offer a good starting point for understanding how best to tackle stigma in CAR. Given the short timeframe for conducting this research, more in-depth research is further recommended to test their practical application.

[2] http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2015/203
[3] http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2015/203
[4] http://tilz.tearfund.org/~/media/files/tilz/hiv/make_our_voices_web.pdf?la=en
[5] https://www.un.org/en/events/elimination-of-sexual-violence-in-conflict/pdf/1494280398.pdf
[6] https://www.un.org/press/en/2017/sc12819.doc.htm

Methods

To better understand the nature of stigma associated with SGBV in CAR and where there are gaps in efforts to tackle it, Tearfund engaged with local stakeholders as follows:

- **Hosting a workshop on 30 August in Bangui, CAR which was attended by 27 people, with representatives from the national Government, United Nations (UN) agencies, and national and international non-governmental organisations (NGOs).** During the workshop, participants divided into sector groups to discuss what the current gaps were, how their group could respond, and what they needed other groups to do in response. Each group presented their position and this was discussed in plenary. The commitments and suggestions for others were then cross-analysed alongside the discussion transcript to identify key themes and messages amongst the recommendations. A first draft of recommendations was formed to be shared with a community group, including survivors, as detailed below.
- **Hosting a follow up group discussion with a community group, including survivors in the field around Bangui.** The draft set of recommendations that came out of the workshop were presented to the group, who then gave feedback on each one. The purpose was to validate the recommendations from the workshop. This refined the recommendations and analysis, which was then triangulated with secondary sources through background research.

Limitations

The main limitations that affected this research were as follows:

- The research and preparation of the report was undertaken in a short timeframe. This limited the amount of data that could be collected, for example through further workshops.
- Although SGBV exists throughout CAR, only stakeholders based near the capital could participate in the workshop and community group discussion. This was the result of current insecurity and the limited resources to conduct this research.
- The workshop took place at the same time as a last minute emergency Humanitarian Country Team meeting, as a result, some key stakeholders were not able to attend.

Summary of Discussion

SGBV-related stigma and its impact at the individual, community and national/ structural level, were discussed, as well as potential responses. A summary of the discussion, and key themes is provided;

Individual level

At the individual level, survivors suffer the detrimental effects of SGBV, including internalised stigma, yet are unable to access services for fear of external stigma. To address this, there is a need for specialist support for survivors to be integrated into services for the wider community in and far beyond Bangui - and for survivor support groups to be made available.

Key themes raised in discussions were as follows:

- **Double trauma:** The stigma associated with SGBV has a devastating impact on survivors. It causes them to be traumatised twice: once by the perpetrator - with long-term physical, emotional, and psychological effects, potentially including HIV, internal injuries in their abdominal area, post-traumatic stress disorder (PTSD), and flashbacks; then once again by the reaction of their society.[7]
- **Internalised stigma of survivors**: Whether or not they disclose the violence, survivors carry internalised stigma, feeling deep shame and loss of dignity and worth. They perceive themselves as 'tarnished' and partly blame themselves. This is exacerbated in cases where women were raped in public, multiple times as a gang rape, and/or in front of their families.
- **Fear of rejection and reprisals:** Survivors keep silent about their experience because they fear social exclusion, as well as fearing reprisals for speaking out, such as being ridiculed or raped again as a punishment, or putting their family at risk.
- **Psychological and emotional impact**: Survivors suffer with depression, anxiety, nightmares, flashbacks, and post-traumatic stress disorder.
- **Impact on families:** Families of survivors struggle with a sense of shame and fear - and may themselves be traumatised by knowing their family member has been raped, particularly if they have witnessed it or were forced to participate. This includes fearing potential sexually transmitted diseases, such as HIV. Although this is not the focus here, it is important to note that children born of rape are also stigmatised.
- **Lack of access to services and support:** The need to remain silent and hide the fact that they have experienced SGBV means that survivors are unable to access support services and resources they need recover. As a result, survivors continue to suffer serious emotional, psychological, and physical problems. Given the detrimental consequences of stigma on survivors, it is critical to better understand this phenomenon and how to tackle it. Furthermore, most services are in Bangui or a few other big towns in CAR. Survivors who do not live nearby cannot access support services. Travel is too expensive, makes a survivor more vulnerable, and puts them at risk of stigmatisation. If they do travel, there can be tensions with their host communities in the place where they are receiving support.
- **Isolation and loss of social networks:** When survivors are rejected by their communities, they lose their social network in addition to their family, leaving them isolated and even more vulnerable.

[7] https://www.un.org/en/events/elimination-of-sexual-violence-in-conflict/pdf/1494280398.pdf

Suggested actions from the discussions in relation to the individual level were as follows:

- To prevent stigmatisation of survivors accessing services, **specialist support for survivors need to be integrated into services for the wider community**. This way, survivors can access SGBV support privately, without it being known to others. Services should be available across CAR, especially outside of Bangui. Staff of wider community services, need to be trained on case management and referrals for this to function effectively.
- Such **specialist services must be holistic**, including psychosocial, medical and legal support, as well as cash transfer programming, livelihoods programming, and literacy training. Cash, in particular, was highlighted as an important component to help survivors to rebuild their lives.
- **Interim measures are required to make services available for survivors who do not currently have access** to them nearby, such as mobile interventions or accompaniment to appointments. Again, services need to be integrated into wider services as mentioned above.
- **Survivors' groups are essential** to address isolation and enable peer support.
- Some survivors would like to speak out and support sensitisation efforts in communities. Representatives from the CAR Government and NGOs at the workshop did not seem aware of this willingness and assumed the potential stigma of speaking out would prevent them from doing so. In the workshop plenary sessions, although it is likely there were survivors amongst the participants from organisations due to the high prevalence of SGBV, nobody advocated for the voice of survivors to be included and listened. This shows a potential disconnect.

<u>Community level</u>

At the community level, stigma is upheld and reinforced through the behaviours and attitudes of community members. To bring about effective change, there is a need for context-specific sensitisation campaigns. Faith leaders need to be engaged in this and play their role influencing their faith communities.

Key themes raised in discussions were as follows:

- **Community rejection of survivors:** To end stigma, it is imperative to achieve a change behaviour at the community level. Often in CAR, survivors are abandoned by their husbands and wider family, and ostracised from their community when it is known that they have experienced SGBV. Instead of receiving empathy, survivors are blamed and considered immoral. This marginalisation renders them even more vulnerable within the already fragile context of conflict and displacement.
- **Role of faith leaders:** CAR communities are deeply religious and faith is recognised as an important part of social life. Faith communities are located across CAR, including in the most remote, insecure areas. Faith leaders know their locality well and are very influential in communities. They are uniquely placed to be able to transform attitudes and behaviours in their communities.

Suggested actions from the discussions in relation to the community level were as follows:

- **Community sensitisation on SGBV and the impact of stigma is required** in order to see a change in behaviour. Most community members are illiterate so this must be done through non-literate channels, such as the radio or drama. To be effective, sensitisation campaigns must be based on an evaluation of the community's perceptions regarding stigma and SGBV -

and led and delivered by community members. It must take place house-to-house and *en masse* - over an extended period of time. In particular, male heads of families, young people and thought leaders, like faith leaders, need to be mobilised. There is a need for capacity building of community leaders against SGBV.

- **Faith leaders have a key role to play is tackling stigma and must be engaged.** They can mobilise their communities and faith-based organisations and networks.
- **Support services need to be made much more widely available** across CAR to ensure survivors' needs are being met without great cost or risk to them.

National/Structural level

At the national/structural level, despite the weakness of the justice system, there is a strong call for national and international laws and policies on SGBV to be made known to communities through translation and public education. As a key requirement for improving access to justice, there is a particular emphasis on the need for training staff in police and judiciary on how to respond to reports of SBGV appropriately.

Key themes raised in discussions were as follows:

- **Legal framework is key:** Despite the weaknesses in legislation and the CAR justice system, a range of stakeholders, including survivors and community members underlined the importance of SGBV laws being made known as a means to address stigma and communicate survivors' rights. Survivors need to know there are laws there to protect them, at least in theory.
- **Lack of knowledge about and access to current SGBV legislation and policies:** Only a minority of the population in CAR are aware of existing national and international legislation and policies regarding SGBV. Part of the problem is that they are not all available in Sango and local languages - or through non-literate channels, which is crucial because of the high illiteracy rates. Before the current crisis, there were efforts to do this, but now it is almost a case of starting again.
- **Weakness of the justice system**: If survivors report SGBV to the police, they are likely to face abuse. Moreover, the justice system is particularly weak and dysfunctional in the current crisis, meaning that denouncing a crime is highly unlikely to result in prosecution. In such a culture of widespread impunity, it is safer not to report or speak too openly about SGBV experienced and be identified as a survivor.

Suggested actions from the discussions in relation to the national/structural level were as follows:

- **National and international laws and policies related to SGBV need to be accessible and available:** They need to be in relevant languages and made known through public awareness raising through non-literate channels and locally-led training.
- The **justice system must be strengthened** to prosecute perpetrators and send out a strong message about SGBV. This is difficult in a time of insecurity. However, key actions to be taken to move in the right direction are: training staff within the legal system about how to respond to SGBV well and document it, and recruiting more female staff (generally and those who specialise in SGBV) to aid this; making their working conditions better, and putting in place mechanisms to hold them to account in their roles.

Findings:

Recommendations for the British Government and international donors

General recommendation

Remember CAR in global efforts to prevent sexual gender-based violence (SGBV) in conflict and invest in meeting Protection components of the Humanitarian Response Plan.

CAR is a forgotten crisis. It is one of the poorest countries in the world and ranks last out of 188 countries in terms of human development. Half of its population are in need of humanitarian assistance, and only 26% of the Humanitarian Response Plan has been funded. There are 438,700 refugees from and 600,000 internally displaced people in CAR. Within this context, SGBV is common - as is the associated stigma faced by survivors. As a result of this stigma, they are often rejected by their families and communities, making them even more vulnerable in an already fragile context. Global initiatives to tackle stigma must place particular focus on the most vulnerable women in settings like CAR.

Individual level recommendations

Prevent stigmatisation by ensuring holistic integrated support services are available and accessible to survivors. Such services should include psychosocial, medical and legal support, as well as cash transfer programming and literacy training.

Integrating specialist support for survivors into services for the wider community, such as hospitals, health clinics, and counselling centres, **prevents them from being singled out and stigmatised** - and makes them **more likely to use** them as a result. This will require health staff to be trained on case management and clinical care of women and men who have experience SGBV, in addition to mental health/psychological support for survivors. Although most survivors are women and girls, it is not uncommon for men and boys to be survivors too. **Support needs to be tailored to meet the differing, specific needs of survivors**, depending on characteristics such as their gender, age, disability, ethnicity, and religion. For example, care must be taken to ensure that services are not be situated in inaccessible locations for disabled people, or only as part of women's health services that men cannot use. Moreover, such support needs to be **available across CAR, not only in Bangui**. At present, the health, education and justice systems are barely functioning. Consequently, there are great gaps in support services available to survivors and those that are in place are largely run by national and international NGOs. In addition to the standard psychosocial, medical and legal support, it is recommended that **cash transfers** and **literacy training** also be made available to enable survivors to have a 'fini duti' (a 'fresh start', in Sango) and determine their own futures. NGO workers - or other staff running services - need to know what is available so they can refer them to the right services.

Addressing gaps:

- *Establish access to specialist medical and psychosocial programming for survivors, particularly outside Bangui.*
- *A few organisations have established listening centres within hospitals to provide survivors with psychosocial support without being stigmatised. Gaps in existing services for survivors are the lack of literacy skills training (ACATBA is a rare example), cash transfer and livelihoods programming.*

- *Provide capacity building for health staff (e.g. matrons and nurses) on SGBV case management and clinical care for survivors - as well as mental health/psychological support for survivors.*

Ensure wider availability of support services for survivors across the country to reduce travel to access them, and avoid being stigmatised when making this journey.

The few support services that do exist for survivors are mainly in Bangui and run by NGOs, inaccessible to most survivors in CAR. The journey there can be too costly for them. Those who can afford it and travel to the capital risk additional stigma for doing so, as well as greater vulnerability when distant from their social network. Support for all survivors needs to be made much more widely available across CAR to ensure their needs are be met without great cost or risk to them.

Addressing gaps:

- *Provide mobile clinics/ interventions for survivors in rural areas to reach them where they are. These should be general health clinics which can also provide specialist services to avoid stigma.*
- *As an interim solution, programmes need to provide transport costs and training of staff or community volunteers, such as faith groups, to accompany survivors to support services if they are far away. E.g. In addition to their wider services, organisations like the Association Centrafricaine pour la Traduction de la Bible et l'Alphabétisation (ACATBA) which mainly provides literacy skills training, also provides basic support to survivors, such as accompanying them to medical appointments at an MSF clinic. ACATBA organises the transport and goes to the medical centre with the survivor to support them and reduce the risk of stigmatisation. There is a need for more partnerships like this so that survivors can access medical support available.*

Support survivor groups and survivor-led community sensitisation about SGBV and the impact of stigma.

Survivors can feel very alone in the community, ostracised from their family and social networks. Providing opportunities for survivors to come together and work on common problems can reduce this isolation. Where possible, space for these groups should be built into existing structures, such as faith communities, to maintain confidentiality and avoid increasing stigma. Survivors are more ready and open to speak out about SGBV and stigma than representatives from the CAR Government and NGOs realise. Where survivors are open to speaking out to support sensitisation, they should be supported by organisations to do so.

Addressing gaps:

- *Increased focus on community-based approaches and addressing stigma at community level within SGBV programming in CAR.*

Community level recommendations

Deliver programmes to sensitise communities to SGBV and the impact of stigma to promote behaviour change through non-literate channels.

Unless the community is engaged, efforts to tackle stigma will be futile. For this to be effective, sensitisation must be locally led in terms of messaging and delivery and conducted through non-literate communication channels, such as house-to-house visits, community gatherings, radio broadcasts, theatre sketches performed by community members, and image-based posters. There is a particular need to mobilise male heads of families, young people and thought leaders, like faith leaders (see following recommendation). Creating **spaces for honest dialogue** with community members in the community gatherings and house-to-house visits is crucial. Change does not happen

overnight, so long-term investment in these approaches is vital. SGBV protection committees in communities have already started to do this on a small scale, particularly in refugee camps.

Addressing gaps:

- *Help establish, train and equip more protection committees to sensitise communities to SGBV and the impact of stigma to promote behaviour change through non-literate channels.*
- *There is a need for radio broadcasts to aid sensitisation efforts. Recommended radio stations for this are e.g. radio RCA (government radio station) and radio Ndekeluka.*

Engage faith leaders in changing social norms to tackle stigma.

Faith leaders are amongst the **most effective actors in changing societal attitudes and behaviours**, and therefore play a critical role in addressing stigma. They have **in-depth local knowledge and influence** in their communities. Established **faith groups and networks already exist across the country**, even in remote conflict-affected areas that are hard to reach for other actors. Their ability to effectively tackle stigma has already been demonstrated in other humanitarian settings, as Tearfund's research has found with the Ebola and HIV health crises and in response to SGBV.[8] It is key that trusted local leaders are engaged for this process to be effective, rather than leaders at higher levels who can be remote from the communities and the problems they face.

Addressing gaps:

- *Faith-based organisations like Tearfund can provide training to faith leaders in Bangui and the Lobaye region through the 'Transforming Masculinities' approach[9] to mobilise and equip them to tackle harmful gender norms within their communities, and to facilitate a process of community dialogues around these sensitive issues from a faith perspective.*

National/ Structural level recommendations

Make national and international laws and policies related to SGBV readily available and accessible, including at language level.

Few are aware of or have access to existing national and international legislation and policies related to SGBV. Although this legislation needs to be strengthened and the justice system and national structures to tackle SGBV are weak, a range of stakeholders, such as the Government, national and international NGOs and survivors have called for SGBV laws to be made accessible to the population to help to tackle stigma and ensure survivors' rights are known. This requires **translation of these laws into Sango and local languages where this has not yet been done. Alongside translation, it is also crucial to raise public awareness of their existence** using a range of channels, including the **radio** (Recommended: Radio RCA (government radio station), and radio Ndekeluka), **posters and locally-led training**, building on the efforts of organisations already working in this area.

Addressing gaps:

- *Current laws and policies related to SBGV need to be translated into relevant languages where this has not yet been done.*
- *There needs to be training of trainers to sensitise the community about these laws and policies using methods outlined above for non-literate communication.*

[8] For example, the Ebola response in Sierra Leone and Liberia: http://learn.tearfund.org/~/media/files/tilz/research/keeping_the_faith_july_2015.pdf; tackling HIV stigma in Malawi and Chad: http://tilz.tearfund.org/~/media/files/tilz/hiv/faith_in_the_system.pdf addressing SGBV: https://gender-based-violence.jliflc.com/resources/

[9] http://tilz.tearfund.org/en/themes/sexual_and_gender-based_violence/resources_and_publications/transforming_masculinities/

Strengthen the capacity of the legal system by training its staff, supporting efforts to improve their working conditions, and helping to create accountability systems to tackle corruption.

The justice system in CAR is weak and largely ineffective. Consequently, perpetrators are not prosecuted and impunity is widespread. The insecure situation makes it too risky to denounce crimes, resulting in chronic under-reporting which in turn perpetuates the culture of silence and stigma. The justice system needs much greater sensitivity to and understanding about how to respond to SGBV cases. To tackle this, the justice system needs to be strengthened and more proactive in prosecuting perpetrators of SGBV, in order to send out a message that such offences are intolerable and will be punished. Whilst this is challenging in an insecure environment, training staff within the legal system about how to respond to SGBV crimes and improving their working conditions, whilst also establishing greater accountability mechanisms, are steps in the right direction.

Addressing gaps:

- *As a minimum standard, at the level of local police officers and other first responders, training is required to handle survivors reporting appropriately and in non-stigmatising way. Recruiting and training more female officers (including those who specialise in SGBV) to lead the process. Training should include how to document evidence collection, in liaison with health providers, and using the International Protocol on the documentation and inves*tiga*tion of SGBV in conflict.*[10]

Conduct further research to test the practical application of the recommendations.

This research was gathered in a relatively short period. The recommendations presented in this report are a strong starting point for understanding how to tackle stigma in CAR. Further time and research is needed to test how these might be implemented in practice.

Conclusions, including recommended follow up.

Sexual violence is widespread in CAR and has disastrous consequences for survivors. In addition to the trauma of the violence itself, survivors face a second trauma of being ostracised from their families and communities if this experience is discovered, owing to the powerful stigma associated with SGBV. Survivors resort to silence to protect themselves, foregoing vital support if it is available, such as medical and psychological services. Support is mostly available in Bangui and larger towns, meaning this is rarely even an option. Communities uphold and reinforce the stigma, meaning there is a great need for locally-led sensitisation through non-literate channels to change attitudes and behaviours. Community leaders, and faith leaders in particular, have a key role to play in this. There is a strong call for existing national and international laws on SGBV to be translated and made known - so that it is clear what people's rights are and what can be prosecuted, even if this cannot currently be done in the crisis. The justice system and its approach to SGBV need to be strengthened, particularly by recruiting and training more female officers, including those to specialise in SGBV. As noted, further research is required to further explore these recommendations in more depth and test their practical application.

[10] https://www.gov.uk/government/publications/international-protocol-on-the-documentation-and-investigation-of-sexual-violence-in-conflict

Stigma is not an inevitable consequence of SGBV. However, no single actor can tackle it adequately alone. Rather, a collaborative, multi-sector response is required. In each response, all actors must prioritise listening to survivors' voices and shape their responses in accordance with survivors' perspectives and experience. Where they are willing, survivors need to be equipped and enabled to speak out about their experiences.

Bibliography

Featherstone, A., 2015. *Keeping the Faith: The Role of Faith Leaders in the Ebola Response* [Online]. Report by Tearfund, Christian Aid, CAFOD, and Islamic Relief Worldwide. Available at: http://learn.tearfund.org/~/media/files/tilz/research/keeping_the_faith_july_2015.pdf [Accessed 1 September 2017].

Foreign and Commonwealth Office, 2014. *International Protocol on the Documentation and Investigation of Sexual Violence in Conflict*. Second edition. [Website]. (15 August 2016). Available at: https://www.gov.uk/government/publications/international-protocol-on-the-documentation-and-investigation-of-sexual-violence-in-conflict [Accessed 1 September 2017].

Joint Learning Initiative on Faith and Local Communities, Ongoing. Se*xual and Gender-based Violence Learning Hub* [Online]. Joint Learning Initiative on Faith and Local Communities. Available at: https://gender-based-violence.jliflc.com/resources/ [Accessed 1 September 2017].

Tearfund, Ongoing. *Transforming Masculinities.* Tearfund. Available at: http://tilz.tearfund.org/en/themes/sexual_and_gender-based_violence/resources_and_publications/transforming_masculinities/ [Accessed 1 September 2017].

United Nations, 2017. *Shame, Stigma Integral to Logic of Sexual Violence as War Tactic, Special Adviser Tells Security Council, as Speakers Demand Recognition for Survivors (SC/12819)* [Online]. United Nations. Available at: https://www.un.org/press/en/2017/sc12819.doc.htm [Accessed 1 September 2017].

United Nations Security Council, 2015. *Report of the Secretary-General on conflict-related sexual violence (S/2017/249)* [Online]. United Nations Security Council. Available at: http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2015/203 [Accessed 1 September 2017].

United Nations Security Council, 2017. *Report of the Secretary-General on conflict-related sexual violence (S/2015/203)* [Online]. United Nations Security Council. Available at: https://www.un.org/en/events/elimination-of-sexual-violence-in-conflict/pdf/1494280398.pdf [Accessed 1 September 2017].

Zengele, P. D., 2015. *To Make our Voices Heard: Listening to survivors of sexual violence in Central African Republic.* [Online]. Tearfund. Available at: <http://tilz.tearfund.org/~/media/files/tilz/hiv/make_our_voices_web.pdf?la=en> [Accessed 1 September 2017].

Ward, N., Kaybryn, J. and Akinola, K. (2010). *Faith in the System: The impact of local HIV responses on strengthening health systems in Malawi and Chad.* Tearfund. Available at: http://tilz.tearfund.org/~/media/files/tilz/hiv/faith_in_the_system.pdf [Accessed 1 September 2017].

Annexes

Annex A: Action Point

Annex B: Agenda

Annex C: CAR stigma workshop participant list

Annex A: Action Plan

Individual Level						
Issue	Action	Objective	Obstacles	Lead By	Supported By	Indicators of Success
Survivors of SGBV are recognised and stigmatised when accessing medical and psychosocial services	Integrate specialist support services for survivors into existing services for the wider community	Allow survivors to access the services without alimenting the stigma	Lack of specialist services, lack of resources	NGOs, CAR Gov.	International Donors, NGOs, CAR Government	Increased access to services for Survivors
Staff for health and other relevant services can adopt harmful behaviours in managing SGBV cases	Provide capacity building for health staff (e.g. matrons and nurses) on SGBV case management and clinical care for survivors.	Allow survivors to access relevant services without alimenting the stigma	Lack of resources, existing social norms	NGOs, CAR Gov.	International Donors, CAR Government	Increased access to services for Survivors
Survivors cannot afford to access the relevant services	Localisation and diffusion of holistic and integrated support services. Provide transport fees and other related costs as part of survivor support programmes.	Allow survivors of SGBV to access services	Lack of resources, competition with other priorities	NGOs/SCOs, CAR Gov.	International Donors	Increased access to services for Survivors

Survivors cannot access resources to sustain themselves	Integrate economic empowerment/cash transfer programming and literacy training with the available medical and psychosocial services	Allow survivors of SGBV to sustain themselves and restart their lives	Existing social norms, low level of participation	CSOs/NGOs, CAR Gov.	International Donors, CAR Government	Survivors participate in economic and training programmes
Community Level						
Issue	Action	Objective	Obstacles	Lead By	Supported By	Indicators of Success
Survivors experience exclusion and isolation from their own communities and families	Increase focus on community-based approaches and addressing stigma at community level within SGBV programming	Activate positive and supportive social attitudes towards survivors of SBGV	Existing culture, social norms and harmful behaviours	Faith Leaders/groups, NGOs	Faith leaders, FBOs, NGOs/CSOs	Survivors are active parts of their communities
Communities are not equipped to support survivors	Establish and train protection committees inside communities to promote behaviour changes towards survivors	Support existing positive social attitudes towards survivors of SBGV	Existing culture, social norms and harmful behaviours	Faith Leaders/groups, NGOs	Faith leaders, FBOs, NGOs/CSOs	Communities are able to integrate and support survivors
Low alphabetisation rates and low educational levels reduce the impact of sensitisation in communities	Increase the number of radio broadcasts to aid sensitisation efforts.	Grant access to sensitisation programmes for a bigger part of the population	Costs, engagement of media	CAR Govt, NGOs, Faith Leaders/groups	International Donors, Media, NGOs and SCOs	Media and broadcasts sensitise against harmful social norms

Faith groups have an important role in community social life in CAR and in determining and influencing social norms and behaviours	Provide training to faith leaders to tackle harmful gender norms within their communities and to facilitate a process of community dialogues around these sensitive issues	Engage faith leaders in actively tackle harmful social norms	Effective choice of leaders, existing culture	FBOs	Faith leaders, NGOs, International Donors	Stigma for SGBV survivors is included in speeches by religious leaders
National Level						
Issue	Action	Objective	Obstacles	Lead By	Supported By	Indicators of Success
The existing laws and legal tools to fight SGBV are not fully known and understood by the population	Translate and disseminate laws and policies related to SBGV into relevant local languages and for non-literate communication	Enable a bigger part of the population to access and understand existing laws around SGBV	Negative social attitudes related to SGBV	CAR Gov., NGOs/SCOs	International Donors, Media, NGOs and SCOs	Survivors are aware of and able to use the existing national tools in requesting for justice
The police and justice systems in CAR ae not effective in their response to SGBV	Train and build capacity of local police, judicial officers and other first responders to handle survivors reporting appropriately	Improve the response of police and justice system related to SGBV cases	Negative social attitudes related to SGBV, lack of resources	CAR Gov., NGOs/SCOs	International Donors, Media, NGOs and SCOs	Increased access to and response of the police and justice system against SGBV related offences

A clear understanding of the extent of the SGBV phenomenon is missing in CAR, above all because of the instability	Reinforce documentation and evidence collection among the different services (health, police, psychosocial, justice)	Improve the coordination among the different actors to collect and share evidence	Stigma for SGBV survivors, negative social attitude in including SGBV in public speech	CAR Gov., NGOs/SCOs	International Donors, Media, NGOs and SCOs	An evidence based understanding of SGBV especially in the current conflict context

Annex B: Agenda

Time	Session	Details
8.30 - 9.05	Arrival and registration /Welcome	
9.05 - 9.15	Official opening of the workshop from the Ministre des affaires sociales et de la réconciliation nationale	
9.15 - 9.20	Introduction to the workshop	Sessions, objectives, and expected outcomes
9.20 - 9.30	Presentation of Tearfund's research	Understanding stigma at the individual and community level, social norms, and listening to survivors
9.30 - 10.00	Round 1: Discussion and question and answers	Phenomenon of stigma in CAR
10.00 - 10.15	Key note speaker: religious leader	Role of religious leaders and the gaps
10.15 - 10.30	Key note speaker from CAR Government	National response and the gaps
10.30 - 10.45	Key note speaker from UNFPA	NGO response and the gaps
10.45 - 11.00	Coffee break	
11.00 - 11.30	Round 2: Discussion and question and answers	Answers and gaps
11.30 - 11.40	Introduction to the group work	Define key terms and objectives for the group discussion. Divide participants into key groups (Government officials/ religious leaders, UN officials + NGOs, and media)
11.40 - 12.30	Group discussion	Group's perspective of the phenomenon and potential commitments they could make
12.30 - 13.45	Lunch break	
13.45 - 14.35	Group discussion	Identification of remaining gaps and expectations/ suggestions for the other groups
14.35 - 15.25	Group presentations	Each group presents their analysis and recommendations
15.25 - 15.45	Coffee break	
15.45 - 16.30	Summary and plan of action	Plenary discussion and finalisation of recommended plan of action
16.30	Conclusion and closure	