

**The Preventing Sexual Violence Initiative (PSVI): Stigma
Workshops**

May 2017

South Sudan

Executive Summary

Since the outbreak of South Sudan's internal armed conflict in Juba in December 2013, many South Sudanese experience stigma due to being subjected to sexual violence mostly rape.

In this report, different stakeholder's focus group discussions (FGD) and a consultative workshop were conducted to understand how stigma is being manifested post sexual violence in conflict (SVC) at individual, community and national level and proposes recommendation.

At individual level, survivors experience stigma through rejection, humiliation, isolation and blame. These effects manifest at internal and interpersonal level. Survivors mostly suffer from psycho social disorders like isolation and depression. These post SVC trauma make survivors susceptible to be denied access to social services. To address stigma at individual level it is recommended that (i) mental health and psychosocial support should be strengthened, (ii) Community awareness and behavioral change program be intensified and (iii) Informal justice systems be strengthened.

At community level, stigma was discussed along four themes namely (i) media and communication: where some media interventions are escalating survivor's exposure to more violence. This report recommends that the journalists and relevant stakeholders be trained in Gender Based Violence and the key safety & ethical considerations in investigating and reporting on sexual violence in conflict. (ii) Education: SVC and the associated stigma negatively affect the participation of children and youth in education. Survivors of sexual violence (girls) end up dropping out of school. The report recommends that government and other stakeholders initiate school-based counseling and referrals for survivors who will refer survivors for medical and other appropriate services. (iii) Faith and religion: It is believed that faith groups have a unique ability to promote positive social change; and maintaining stability and solidarity within the society. The report recommend that faith leaders be mobilized and trained to speak out against stigma and sexual violence and to provide psychosocial support for survivors. (iv)access to services: most areas have little or no access to psycho social, mental and legal services. The report recommends that available services be strengthened and review the legal regulatory system.

At national /structural level, stigma was discussed along the following themes namely accountability, legal definitions and barriers to justice. The state legal structural system is so weak that it needs to be strengthened to make sure that justice is delivered fairly.

1.0 BACKGROUND

1.1 Overview

Sexual violence causes pain, suffering and [trauma](#). Survivors can be male, female and trans-gender. They endure physical and mental suffering as well as the subsequent psychological effects. Furthermore, survivors and children born as a result of sexual violence have to deal with added consequences, arising from the stigma-laden reactions of others. They are often ostracised from society, treated differently by family members, cut off from support networks and denied justice.

Tackling stigma is a PSVI priority. To comprehensively understand and address stigma related to post sexual Violence, the FCO office launch consultations meetings and workshops in PSVI focus countries to on this issue

In May 2017, FCO in collaboration with UNFPA conducted 1 workshop at Juba level and a total of 7 focus group discussions (FGD) from the following areas Wau, Malakal PoC, Equatorial Region, Pakwu, Bor, Juba and Langbar. 20 participants were expected to patronize each FGD expecting a total of 140 to have attended all the 7 meetings. The participants were drawn from survivor networks, representatives from key stakeholders from civil society, religious/community leaders, human rights activists, media activists and practitioners.

1.2 Objectives

The main objectives of the Stigma workshops were as follows:

- Develop understanding of how stigma (or equivalent dynamic in-country) is understood locally;
- Develop understanding of how stigma (or equivalent dynamic in-country) is manifested in victims'/survivors' lives at the structural, community and individual levels, including limitations are experienced; and
- Identify the recommended areas for action at the individual, community and national/structural levels to address these challenges, and suggest how these could be achieved.

The FGD's and the workshop managed to uncover how stigma is understood in the context of sexual violence in conflict (SVC), especially rape which affects mostly women and girls. The onset of conflict in South Sudan increased the vulnerability of women to SVC who are blamed by the community at large for being the causative agents¹.

The FGD's and workshop uncovered that different levels at which individuals interact i.e. personal, community and national level have a role to play to reduce and mitigate the psycho-socio and mental impacts that SVC related stigma brings on individuals and society at large. There was a consensus during the FGD's that SVC related stigma can be mitigated through multi sectoral approaches.

This report analyzes the dynamics of stigma that is caused by SVC on individuals at different levels and spells out recommendations on how effects of stigma can be reduced by different stakeholders.

2.0 KEY THEMES

2.1 General understanding of stigma

Focus group participants described the stigma associated with sexual violence in conflict (SVC) as a negative perception about oneself - feeling of shame, dishonor, unworthiness, disgrace and humiliation, as well as the social isolation and rejection as a result of the experience of sexual violence. Survivors of sexual violence mostly suffer from self-blame, shame and post-traumatic trauma which has serious negative psychological effects. They live in fear of the consequences of public shaming and social exclusion which seriously affects their wellbeing and their ability to function well in the society.

Participants revealed that it is very difficult for survivors to report sexual violence and seek help from family and other community members due to shame and fear of exclusion.

¹ FGD with women Wau

Although participants believed that all survivors of sexual violence including women, men, girls and boys face stigma regardless of their ethnic and other socio-cultural background, they were quick to point out that the level of stigma might vary across the different groups. For example, in Wau, it was mentioned that unmarried women and girls face stigma of sexual violence in a different manner. For girls and unmarried women losing virginity before marriage is a shame and in most cases the survivor is forced to marry the perpetrator, who will be required to pay compensation/bride price to the family of the survivor.. In Malakal PoC community which is a confined camp, Community leaders' FGD revealed that survivors of rape tend to be viewed as the ones who enticed the perpetrators and therefore deserved to be raped hence the self-blame feeling of the survivors.

In cases where children are born out of the SVC, the children tend to be rejected by the family. The child lacks identity as s/he may fail to identify with the rapist as their father. These children grow up with low self-esteem and in long run fail to fit in school and society at large.

In most cases stigma prevents survivors from reporting GBV cases, seeking medical care, disclosing diagnosis and adhering to treatment and follow up.

As a result of stigma and fear of the repercussion of speaking out, many of the survivors of sexual violence prefer to keep quiet and live with the harsh life-threatening effects of sexual violence.

Most cases of SVC is perpetrated by men who take advantage of the physical and cultural weakness of women and girls within their society. **2.1.1 Experiences of Stigma at individual level**

2.1.1.1 Internal level

- ***Psycho social impact***

Isolation: Most stigmatized people tend to isolate themselves to avoid the shame that is associated with the sexual abuse that they went through. It is very common that those that have been exposed to SVC tend to suffer from self-blame. Isolation may also deny the survivors to access services like medical and psycho care due to the fact that survivors are ashamed of being blamed to have caused the ordeal.

Depression: Survivors, who isolate themselves because of fear of being judged by community due to SVC, tend to develop depression which may lead to suicide. Women and girls are mostly committing suicide due to lack of coping mechanisms post SVC exposure (*Bor FGD*).

2.1.1.2 Interpersonal level

- **Exposure to more GBV**

Due to family and peer pressure, survivors (especially women and girls) of conflict related sexual violence are at risk of being rejected, and blamed by family/ community. In some cases, their husbands beat or abandon them after they disclose their sexual abuse experiences. Some survivors end up being married off, to be gotten rid of, as such presented as a societal and family reject/burden/embarrassment, most ofwhom end up in abusive relationships.

Malakal FDG narrated that raped married women are blamed, abandoned by their husbands for enticing the perpetrators. The weak customary law support system further exposes the survivor to rejection which cause psychological trauma.

The shame, stigma and rejection contribute to long term societal oppression of the survivors of sexual violence, by creating an obstacle for them to report crimes and seek medical and psycho social support.

Survivors who are minors, who opt to continue with their education, end up being bullied by their peers and even teachers blaming them for whatever negative sexual violence exposure that they went through.

RECOMMENDATIONS

- ***Strengthen the mental health and psychosocial support-*** There is high need for strengthening the existing psychosocial support for conflict-related sexual violence by different partners such as IMC, IOM and Women Development Group, in addressing the psychosocial impacts of stigma and sexual violence. This should give more focus to specialized mental health and psychosocial support along with Community based psychosocial interventions. The interventions should engage family members, friends and community members in tackling stigmatization and re-building the positive family and community support systems.
- ***Design and conduct intensive community awareness and behavioral change program to address stigma associated with sexual violence*** – interventions should aim at changing the attitudes towards rape, stigma and blaming the survivor and transforming social norms and systems that fuel sexual violence. The awareness should also target the community at large on the ills of SVC to ensure that survivors report the cases and that perpetrators are easily punished.
- ***Strengthening of informal justice systems*** to protect survivors from being prosecuted of being sexual violence exposures. All stake holders should be trained on GBV case management skills.
- ***Provide livelihood training and income generating*** initiatives to provide alternatives to the survivors to reduce their exposure to further abuse i.e. forced marriages.

2.1.2 Experiences of Stigma at Community level

The discussion on the experience of stigma at the community level was done in relation with the four categories: communications and the media, Faith and religion (+ faith and religious leaders), Access to services and Education.

- **Media and Communication:** Some of the information and programs, which have been presented in the media, such as the local radio stations are unintendedly increasing stigma and doing more harm to survivors. Some radio stations are even mentioning the names and identity of survivors. Another example stated was about printed IEC materials produced by NGOs with pictures showing acts of rape and domestic violence in a manner violating the dignity of women and girls.

- **Education:** Conflict-related sexual violence and the associated stigma negatively affect the participation of children and youth in education. Participants mentioned cases of survivors of sexual violence (girls) who drop out of school due to stigma. Those who are going to school suffer from the feeling of being ostracized and find it very difficult to concentrate. With the ongoing conflict, displacement and economic hardship (which result in increasing demand of families for bride price), many girls have been pushed into early/forced marriage, which cuts short their education.

In addition, the fear of rape on the routes to schools, and gender-based violence in schools, including sexual harassment, physical violence and bullying, make most girls to drop out of school.

- **Access to services**

Health and psychosocial: While some areas like Wau enjoy the existence of several GBV service providers with health, psychosocial, protection and referral services for the local community and the IDPs in the UNMISS POC and other collective sites, other areas outside are still inaccessible. In areas where services are available, survivors still have the fear of being exposed, while seeking services. For instance, women of Pakwu complained that medical personnel are always in breach of patient's privacy, communities are able to access information of patient's sero status. Furthermore, the absence of same-sex service and specialized mental health service providers in health response was also raised as one barrier for survivors in accessing services.

Lastly, the GBV services by humanitarian partners just focus on the immediate health and psycho-social services and awareness creation on GBV.

Legal services: There is a gap in the area of justice and legal services, both in terms of access to the formal justice sector for the purpose of having a case effectively investigated prosecuted or convicted as well as protective legal actions which prevent sexual violence.

- **Faith and religion:** It is believed that faith groups have a unique ability to promote positive social change; and maintaining stability and solidarity within the society. They can also play a vital role in dealing with the harmful norms and practices that contribute to sexual violence. Participants stated a number of activities by the faith-based institutions are in support of IDPs and vulnerable groups in Wau and the surrounding area. These include providing emotional, spiritual and materials support for survivors of sexual violence. As religious leaders are well aware of the culture of the community and have the trust of the people, they are potentially in a strong position to address stigma and sexual violence issues in a contextually appropriate ways.

RECOMMENDATIONS

- **Media and communication:** Provide training to journalists and stakeholders working on communications on the Gender Based Violence and the key safety & ethical considerations in investigating and reporting on sexual violence in conflict. Engage with existing local media (including with those who are already doing awareness raising on sexual violence, such the 'Voice of Hope' radio, Mingkaman radio) for more awareness raising in preventing and addressing stigma and sexual violence; and information dissemination on available services for survivors of sexual violence. The media should also capitalize announcing the radio programs in both vernacular (dinka and English). Develop and disseminate (IEC) materials, like drawings, films, drama, videos, etc cultural appropriate and in line with GBV guidelines.

- **Faith and community leaders:**
Mobilize and empower faith and community leaders to speak out against stigma and sexual violence and to provide psychosocial support for survivors.
Establish Women and Girls Friendly spaces to have a platform where women/girls can exchange ideas and empower each other.
- **Education:** Conduct school-based awareness raising educational activities on sexual violence, including peer education and life-skills training on topics of gender equality and GBV. Engage with teachers, parents and the community. Initiate school-based counseling and referrals for survivors through trained social workers or trained volunteers in school, who can provide counseling (psychological first aid) and refer survivors for medical and other appropriate services. Engage with protection and security actors to improve girls' safety at and on route to school.
- **Access to services:**
Advocate for mobilizing resources (donors) and humanitarian access (relevant authorities) to expand the availability of GBV services, mainly health and psychosocial services for conflict-affected populations in the hard-to-reach areas.
Formal and informal legal regulatory frameworks should be reviewed to allow prosecution of perpetrators and enhance protection of women and girls and survivors.
Support health providers in promoting confidential, safely and non-stigmatizing services to survivors of sexual violence. This includes continuous training for medical and non-medical personnel on GBV and ethical principles. Increase IEC materials development and dissemination on issues of stigma and confidentiality of services that boost the communities' confidence to seek services. In areas that are inaccessible to health facilities, mobile health services should be introduced and provided. This will reduce the vulnerability of survivors en route to facilities.

2.1.3 Experiences at national / structural level

Judicial, Legal, Human rights

- **Accountability:** There are weak judicial /legal systems in the country and therefore perpetrators are not easily brought to book for their acts. Men in uniform including the military and the militia have been the main perpetrators of sexual violence with widespread impunity. Weak formal justice is failing to address SVC cases and end impunity. In general, weak formal justice system, lack of awareness, under-reporting of sexual violence, and corruption were among the main points raised during discussion in relation to lack of accountability.
- **Legal definitions and recognition:** There is lack of clear definition as to what acts constitute "sexual intercourse" in the 2008 Penal code to be considered as rape. The term "consent" is also ambiguous, open for different interpretation, which creates loopholes in the actual practice of the law. One of the challenges mentioned in relation to the practice of the justice system in handling sexual violence cases is the requirement of evidence by the court to determine whether a rape has happened. Not only survivors of rape have difficulties in getting proper medical evidence (forensic evidence) but also it is very difficult for them to prove that the sexual intercourse was not consensual. In most cases if the survivor is not able to prove this, with at least four witnesses, chances are high that the case will backfire on her and that she could be accused of adultery. Adultery is a crime in South Sudan which has a penalty of imprisonment or fine. In practice, medical evidence is mostly sought by

the family of the survivors only if the survivor is under the age of 18 or if she is unmarried. This is because the family wants the compensation payment (cash/cattle) from the perpetrator. Survivors are mostly forced to marry the perpetrator. Besides, the fact that marital rape is not considered in the law of South Sudan, many women are still in forced sex and child bearing within marriage.

- **Barriers to Justice:** Lack of evidence in courts of law, poor legislative infrastructure and human resource, the fear of further harm inflicted on survivors by the perpetrators when cases are before court of law; including slow nature of response from the international community to end impunity greatly contribute to barriers from getting appropriate justice by survivors.

RECOMMENDATIONS

- Advocate to review the gaps in current statutory legislation (penal code), to clear misconception of certain definitions of sexual violence and criminalization of other criminal acts to reflect the international standard reality and stigmatization faced by survivors of sexual violence.
- Strengthen legal and judicial institutions, such as the prosecution, criminal law department, legal assistance, court administration, policing and penal reform through capacity building and also recruiting and training female personnel.
- Train justice and law sector officers and other legal practitioners, including judges, lawyers, prosecutors, court clerks and administrators, police, prison officials, paralegals, traditional authorities and customary court members on GBV, judicial responsibilities, ethics and human rights
- Advocate for harmonization of customary laws with statutory laws to conform with international human rights standards
- Support the revitalization of the special protection unit (SPU) to provide first psycho social aid to survivors. These Centre's could also provide opportunities to serve as post counselling Centre's.
- Provide capacity building and security for Human rights defenders to ably collect SVC evidence to facilitate accountability of perpetrators.

3.0 Conclusion

The FGD's that were conducted at different levels of different communities managed to unearth how SVC is influencing stigma at different level. Analyzing stigma effects at individual, community and national level has provided enough evidence that there is need for concerted efforts to ensure that survivors of SVC are not exposed to more stigma.

It is the responsibility of all stakeholders ranging from government, donor community, CSO's, local influential leaders and the media to join forces to combat SVC.

Through different programs that the government can roll out with the help of other stakeholders, survivors will be guaranteed justice and perpetrators be accountable to their actions.

The legal system should be reviewed and strengthened so that it is aligned to international human rights standards.

All these efforts will be futile if government and the rebels do not initiate cease fire.

Annexes:

Annex A: Action plan

Action plan to tackle stigma at individual level		
Short Term Interventions	Medium Term Interventions	Long Term Interventions
In urban areas with existing services ; improve access to services	Increase economic empowerment programs for girls.	Implementation of existing national laws
Where possible, establish GBV Hot line services [depending on phone reception]	Scale up girls education.	Awareness of national laws [ongoing]
Expanding on communication methods for referral pathways, e.g. translated to local languages, using pictures [high illiteracy].	Establishing gender desks/ strengthening	Scale up GBV services in all states in South Sudan.
Awareness- raising [community mobilization radio]	Mainstreaming of GBV in the political and judiciary curriculum.	Increase the participation of women] ongoing]
Raising awareness and importance of education, especially sending girls to schools.	Put in place a secondary statute dealing with GBV.	Capacity building of services providers on treatment of attitudes to survivors.
Self-defense course[empowerment]	Available of legal aid.	Behaviour and attitude change programs
Scaling up women friendly spaces ensuring quality including confidentiality.	Address GBV	Strengthen justice system prosecution of perpetrators.
Increase awareness on the services available.	Training on the process of information sharing.	
Scale up PSS, CMR, Legal and livelihoods in a sustainable manner.	Empowering local structures in advocacy	
Establish a national GBV hotline	Strengthening the linkages in GBV services.	
Capacity building for services providers.		

Action Plan to Tackle Stigma at Community Level		
Short Terms Interventions	Medium Term Interventions	Long Term Interventions
Media training	Human rights education	Internal accountability mechanism
Community awareness initiative	References	Reporting system
Drama programs	Training centre	Data collection.
Human rights clubs in schools.	Train services providers	
Action Plan to Tackle Stigma at National Level		
Short Terms Interventions	Medium Term Interventions	Long Term Interventions
Mapping out existing services providers and services	Provision of checklist/SGBV/Stigma related/SOP	Advocating and lobbying funds for implantation processes.
Capacity assessment	Raising Awareness	Provision of functional institutions
Raising campaigns awareness	Advocacy and lobbying	Mainstreaming SGBV/Stigma into other programs'
Protection concerns and existing services /structures	Strengthening protection services and establishing protection where its non-existing	Special protection units
Provision of toll free line		Decentralization of services to grassroots
Emergency protection units		Peace building
		Monitoring and reporting.



British Embassy
Juba

"Tackling the stigmas associated with conflict-related sexual violence"



23rd May 2017

Time: 08:45 – 17:30

Time	Activity
08:45am	Arrival, registration, with tea/coffee provided
09:30 – 10:00	Welcome and introduction: <ul style="list-style-type: none"> - Facilitator overview (5 mins) - Introductory remarks from HMA (5 mins) - Introductory remarks from UNFPA Country Representative (7 mins) - Introductory remarks from Baroness Anelay (Minister of State for the Commonwealth and the UN at the Foreign & Commonwealth Office and Prime Minister's Special Representative on Preventing Sexual Violence in Conflict) (10 mins)
10:00 – 10:45	Presentation of regional focus group findings at each 'scale' (3x 15mins): <ul style="list-style-type: none"> - Individual - Community - National/structural
10:45 - 11:45	Session 1: Understanding stigma in South Sudan
11:45 – 12:45	Session 2: Experiences of stigma at the individual level
12:45 – 13:30	Lunch
13:30 – 14:30	Session 3: Individual experiences of stigma at the community level (including reference to the family as a unit)
14:30 – 15:30	Session 4: Individual experiences of stigma at the national/ structural level
15:30 – 15:45	Tea break
15:45 – 16:15	Session 5: Considering the agenda for action Participants split into three groups which reflect their own areas of interest or expertise: individual, community and national/structural to reflect on discussions. Each group prepares a 15 minute presentation on the key areas for action which should be taken to improve the response for survivors, and how plans could be developed to progress these.
16:15 – 17:00	Session 6: The agenda for action - presentations (3x 15mins) <ul style="list-style-type: none"> - Individual - Community - National/structural
17:00 – 17:30	Opportunity to comment on presentations and closing remarks from Baroness Anelay