



Breaking Barriers, Creating Pathways: *Understanding Help-Seeking among Survivors of Gender-Based Violence in Tanzania*

KEY POINTS

Many forms of gender-based violence (GBV) are considered acceptable within communities, including physical abuse by a husband/partner and forced sex in a relationship.

When a GBV survivor seeks help, the ultimate goal of any action taken is often to reconcile the marriage and not necessarily to address the woman's needs or concerns.

Help-seeking by survivors frequently involves bottlenecks and delays, including mandatory formal referral letters (often requiring payment) from one level of local government official to the next, before a survivor can receive services.



BACKGROUND

In response to the high prevalence of gender-based violence (GBV) in Tanzania and limited support services for GBV survivors, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) launched a multisectoral initiative in 2011 in three regions of the country: Dar es Salaam, Mbeya, and Iringa. Among its key objectives, the initiative sought to increase the availability, quality, and utilization of services for survivors of GBV. To inform the design of interventions under PEPFAR's initiative in Tanzania, EngenderHealth's CHAMPION Project, with support from the U.S. Agency for International Development (USAID), conducted a study in the three target regions. Led by the International Center for Research on Women and the Department of Sociology and Anthropology within the University of Dar es Salaam, the study aimed to:

1. Understand community perceptions of GBV¹ and related patterns of and barriers to help-seeking
2. Profile the range of services that currently exist for survivors of GBV
3. Identify gaps and opportunities in service provision

METHODOLOGY

The research team conducted 104 key informant interviews with stakeholders, service providers, and duty bearers at the national, district, and ward levels, including ministerial and local government officials, police, health care providers, and civil society leaders. Focus group discussions were held with 96 male and female community members. Data collection took place between April and July 2012 in one urban and one rural district in each of

**GENDER-BASED VIOLENCE
INTERVENTION**



GBV in Tanzania

- More than 20% of Tanzanian women aged 15–49 report having experienced sexual violence in their lifetime; nearly 40% have experienced physical violence.
- Forty-four percent of ever-married women have experienced physical and/or sexual violence from an intimate partner in their lifetime.

Source: National Bureau of Statistics (NBS) and ICF Macro. 2011. *Tanzania Demographic and Health Survey 2010*. Dar es Salaam: NBS and ICF Macro.

Table 1. Districts studied within each region

	Urban District	Rural District
Dar es Salaam Region	Ilala	Temeke
Mbeya Region	Mbeya Urban	Rungwe
Iringa Region	Iringa Urban	Mufindi

the three target regions (Table 1). Due to the study’s selection criteria, sampling strategy, and resource limitations, the results highlight the range of services offered rather than provide an exhaustive list of the services available for GBV survivors at each of the study sites. The study did not assess the quality of services. This research brief summarizes the principal findings and recommendations from the full study report.²

FINDINGS

Many Acts of Violence Are Considered Socially Acceptable

Overall, focus group participants had a relatively high awareness of what constitutes GBV, but participants described many types of violence as acceptable within their communities’ social and cultural norms. Figure 1 summarizes these findings. Unacceptable forms of GBV included rape (defined by participants as an act perpetrated by a stranger), forced anal sex, physical abuse severe enough to cause injuries, and threatening use of or actually using a weapon.

Help-Seeking from Any Source Is Very Low

Violence is infrequently reported to anyone, including medical personnel or the police. Even when a survivor does seek help, her pathway frequently begins and ends with the family. For example, a married woman who experiences GBV is expected to first speak with her husband’s family members. Moreover, the ultimate goal of any action taken is to reconcile the marriage, not necessarily to address the woman’s needs or concerns. It is only when a problem cannot be solved within the survivor’s family or immediate social network that a woman might consider seeking help from external or more formal sources of support.

Formal Support Services for Survivors Are Limited outside of Dar es Salaam

More comprehensive services for GBV survivors are increasingly available in Dar es Salaam, including through the Gender and Children’s Desks within police stations, as well as from civil society organizations. However, at study sites outside of Dar es Salaam, women’s awareness of and access to care and support services were limited, particularly in rural districts.

The range of services identified included: reconciliation; counseling; shelter; comprehensive medical care; legal aid; and police services (i.e., arresting perpetrators, issuing a Police Form 3 [PF3],³ and escorting survivors to health facilities). Each type of service has its limitations:

1. Reconciliation, which is done by local government authorities and ward reconciliation councils, tends to focus on restoring marital unions and preventing divorce rather than on meeting the survivor’s needs or wants.
2. Counseling primarily consists of offering advice rather than receiving psychosocial support from a trained counselor.
3. Shelters are few in number, with only two formal shelters identified, one in Dar es Salaam and the other in Iringa. (Local government authorities sometimes offer temporary shelter in their homes.)
4. Comprehensive medical care for GBV survivors is available only at selected health centers, District Designated Hospitals, District Hospitals, and referral hospitals.
5. A number of civil society organizations offer legal aid, including legal advice/counsel, assistance to survivors in the completion of PF3s, preparation of court documents, and legal representation (mainly available only in Dar es Salaam).
6. Police assistance through Gender and Children’s Desks is limited in rural areas.

Help-Seeking Patterns Depend on Age, Marital Status, and Type of Violence

Overall, older women relied more on traditional and informal sources (e.g., elders and religious leaders), whose responses

were frequently characterized by an emphasis on maintaining silence and “enduring” the violence. In contrast, younger women reported receiving more support and encouragement from their friends to seek help from formal sources. Unmarried women’s options were more restricted, given that their relationships are not formally recognized. However, even in the case of rape,

Figure 1. Community definitions of GBV

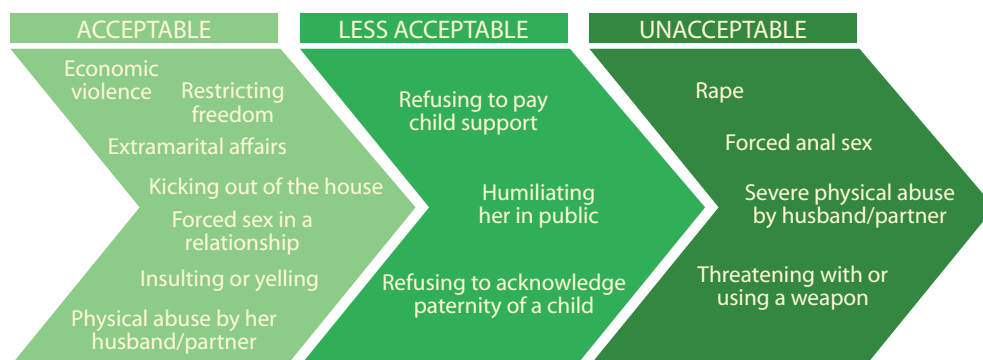
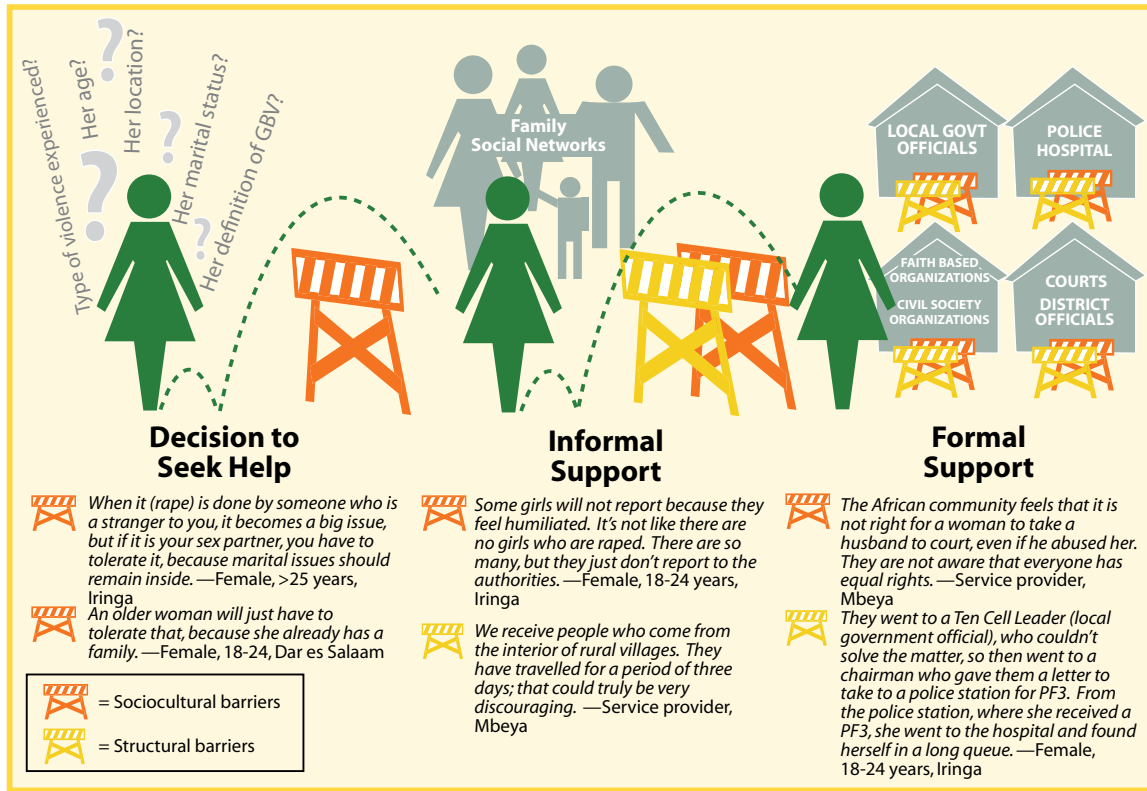


Figure 2. Pathways and barriers to help-seeking



because of shame and stigma, the help-seeking pathways may still end at the level of family or social networks.

Help-Seeking Frequently Follows a Circuitous Pathway

Formal referral networks that integrate services across sectors are also virtually nonexistent, making it extremely difficult for survivors who do seek care to navigate the system. Focus group discussions and key informant interviews revealed that referrals through formal letters, which commonly require payment for their preparation, are mandatory at every step—from the 10-cell leader, to the village executive officer, to the ward executive officer, who then refers a case to the ward reconciliation officer and/or social welfare officer and/or police. This pathway creates bottlenecks and lengthy delays in obtaining care, which exposes survivors to potential retraumatization, as they are required to narrate their experience repeatedly.

Sociocultural and Structural Barriers Impede Receipt of Adequate Care, Support, and Justice

Participants identified many sociocultural and structural barriers to help-seeking by GBV survivors. Sociocultural barriers include women's lack of awareness of their fundamental right to live free of violence and to seek justice in cases of violence, community acceptance of violence as "normal," and women's fear of being blamed for reporting rape. Women also fear the social and economic consequences that may result from reporting their husbands to local authorities, including the escalation of violence or being left without financial support in the case of divorce.

Structural barriers to help-seeking include direct and indirect costs to receiving support, distance to formal providers (particularly for women in rural areas), and corruption, which

can prevent a woman from accessing justice if the perpetrator has the means to pay off police or local government officials. Lack of quality care and support due to delays in service provision, lack of proper health care protocols, and inadequate training of service providers in providing GBV-related assistance are additional structural barriers. Finally, there is a notable gap in the availability of psychosocial services for GBV survivors across all provider types and sources of support. Figure 2 provides a visual depiction of the pathways and barriers that GBV survivors commonly face in seeking help, along with quotes from study participants that highlight the types of sociocultural and structural barriers encountered by survivors in accessing appropriate care.

RECOMMENDATIONS

The study revealed a number of critical gaps in providing appropriate support to women who have experienced GBV. These gaps were found across geographic sites, but barriers to help-seeking and access to care were especially prevalent at rural sites outside of Dar es Salaam. Five key recommendations from the research are summarized below.

Recommendation 1: Address sociocultural barriers to help-seeking by GBV survivors.

- Carry out targeted awareness-raising and mobilization initiatives to address community norms that constrain women from seeking and receiving help. Campaign messaging should emphasize that:
 - o Violence is a violation of rights and a misuse of power.
 - o Neither physical nor sexual violence should be tolerated, even within relationships.
 - o Women who experience violence should be supported, not blamed or stigmatized.

- o Members of the social network need to speak out against GBV, encourage help-seeking by survivors, and demand that perpetrators of violence be held accountable.
- o Services and support for survivors are available.
- To provide more comprehensive care for GBV survivors:
 - o Expand the basic components of GBV services to include a holistic response to the physical, psychosocial, and economic needs of survivors.
 - o Integrate screening for and response to GBV into HIV testing and counseling, family planning services, and antenatal care and maternal and child health visits.
 - o Ensure that the new *National Policy and National Management Guidelines for the Health Sector Prevention of and Response to GBV* are disseminated throughout the lowest tier of the health care system.

Recommendation 2: Reduce structural barriers to help-seeking by GBV survivors.

- To bring services closer to survivors:
 - o Introduce a model that integrates GBV screening and support into the care provided by community health workers; however, GBV screening should be introduced only when adequate support services are in place for survivors.
 - o Develop a model using survivor advocates to accompany and support help-seekers.
 - o Establish more short-term safe havens to provide accommodations for GBV survivors.
- To reduce the number of steps in the help-seeking process:
 - o Locate GBV services at one readily accessible place.
 - o Establish a network of trained people who can help survivors to access health care, seek reconciliation (if desired), and/or pursue legal action.
 - o Create a uniform reporting format to replace or contain the multiple referral letters required from survivors by local government officials at different levels.
- To eliminate corruption within the service provision system:
 - o Enforce penalties for providers or authorities who request bribes to provide GBV services.

Recommendation 3: Improve the quality of care for GBV survivors.

- To strengthen the capacity of authorities and providers:
 - o Provide training courses for service providers that promote supportive attitudes toward survivors and educate them on the technical aspects of services.

Suggested citation: The CHAMPION Project. 2014. Breaking barriers, creating pathways: Understanding help-seeking among survivors of gender-based violence in Tanzania *CHAMPION Brief No. 16*. Dar es Salaam: EngenderHealth/CHAMPION Project.

¹ For this study, GBV was defined as violence perpetrated against women and was limited to physical and/or sexual violence by an intimate partner and sexual violence perpetrated by anyone, including strangers, acquaintances, neighbors, and/or family members.

² See McCleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Steven, E., and Salvatory, A. 2013. Help-seeking pathways and barriers for survivors of gender-based violence in Tanzania: Results from a study in Dar es Salaam, Mbeya, and Iringa regions. Dar es Salaam, Tanzania: CHAMPION Project.

³ Police stations are responsible for issuing a PF3 when an act of violence or a criminal offense has occurred. This form is required if the victim of a crime intends to take legal action against the alleged perpetrator.

This research brief was previously published by the CHAMPION Project in March 2013 under a different title and is based on a longer report written by the International Center for Research on Women under a subagreement with the EngenderHealth's CHAMPION Project.

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the CHAMPION Project led by EngenderHealth, and do not necessarily reflect the views of USAID or the United States Government.

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