

**The intersecting stigmatisation and discrimination  
experienced by trafficked survivors of conflict-related  
sexual violence (CRSV) and children born of war (CBOW)  
in Nigeria and Iraq**

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# SURVIVOR VOICES

*We witness people are killed. We lost our families. We lost everything. You cannot imagine how difficult were our experience, but we still we find ourselves we are very strong. We can face anything in this life now. Yes, we absolutely can face everything now in this life.” (Iraq)*

*They [family] were happy. When I came, they were very happy. Even at night at 2am they will always call to check on me, how are you doing, how are you feeling?  
(Nigeria)*

*My advice is that anyone who has this kind of experience they should never see themselves as something less or something weak in the community. They should see themselves as a very strong woman and they should be able to defend themselves and their rights and they should ask for their rights. (Iraq)*

*I wish that all Nigerian children, all Borno State children to be educated. It is good to be educated. Good things come through education, so that's what I wish for all Nigerian children and Borno children.  
(Nigeria)*



# OBJECTIVES

To explore and understand the barriers and facilitators to reintegration of women and girls forced into motherhood during conflict and how stigma impacts the availability, accessibility and acceptability (AAA) of services and community measures for reintegration.

- AAA services & barriers for survivors & children.
- Impact of stigma on the AAA of services promoting reintegration and reconciliation.
- AAA services of in/formal religious structures & impact on community attitudes of stigma.

*Where the military has rescued and searched...Most of the times they get the women; leaving the children behind and in that situation, there's this motherly thing. That they feel that, no, I'm not going with you. I have to stay back. My child is back there. So, the military has encountered that. And they will say no, I'm going back to my child. I cannot leave my child back there. (Service provider, Nigeria)*



# METHODOLOGY

- Qualitative, phenomenological (lived experience) research
- **Location:** North-eastern Nigeria, North-western Iraq
- **Methods:** 33 Semi-structured in-depth interviews, 7 focus group discussions (free listing/vignette)
- **Participants:** survivors, community, faith leaders, service providers, govt
- **Analysis:** NVivo, Thematic Network Analysis
- **Theory:** Social ecological framework, gender & power theory

*Some of the friends might avoid her while some will not care. They will mingle with her still. [They'll avoid her] because she ran away from the Bush and came back home, that thinking that maybe she doesn't have a clean mind. She came in to do something or observe something as a spy. (Girls FGD, Nigeria)*



# ETHICS

- Obtained necessary ethics approvals
  - Norwegian Regional Committee for Medical and Health Research Ethics (REK) 322537
  - Nigerian Ministry of Health: Health Research Ethics Committee 051/2021
  - Nineveh Governorate – JCMC (2020/00777070) and Ministry of Interior
- Followed ethics protocol, risk mitigation strategy, GBV guiding principles
- Prioritised voluntary, explicit informed consent and ability to withdraw
- Ensured confidentiality, counselling support and referrals
- Guaranteed anonymised, non-identifiable data
- Utilised data processor agreements and systems to store data (SAFE/RETTE)

*One thing that was really important for them to improve their situation is to engage them with economic empowerment and bring them out of their environment they've been living in so they can change their mentality and the way they've been living. (Service provider, Iraq)*



# FINDINGS

*It was one of the worst feelings that I cannot describe because it's caused by rape and it's caused from someone from ISIS, so I was wondering how in this situation, how my community will see me, how I can face my community in this situation. (Survivor, Iraq)*

	<b>SURVIVOR/MOTHER</b>	<b>CHILD</b>
<b>INDIVIDUAL</b>	Self-stigma, fear & perceived rejection leading to refused rescue/escape & withdrawal/ isolation on return, CRSV+++	Self-blame (as age), ambivalent treatment by mother, treated differently to children conceived prior to captivity, seen as barrier to reconciliation
<b>FAMILY</b>	Loss of family honour, fathers' fear/shame leading to rejection later, underlying stigma	Paternity, different religion (than mother's home community), stigma/fear from siblings
<b>COMMUNITY</b>	Fear, blame, anger & affiliation to armed groups, lack of trust ('spies') & 'indoctrination', derogatory name calling 'Boko Haram wives', 'ISIS wives'	Paternity, affiliation to armed groups, different behaviours/religious practices, derogatory name calling 'Sheji' child from bush, 'Eneji' bastard
<b>SOCIETY/ INSTITUTIONAL</b>	Service providers beliefs, attitudes & fear = barriers to services	Lack of legislation (statelessness), lack of & gaps in services → 'untouchable government children'
<b>GLOBAL</b>	Lack of targeted policy/legislation, gender/age blind Demobilisation, Disarmament & Reintegration processes	'Conceptualisation' of children born of war lacking (SC2467)

# FINDINGS

*She was not worried about herself because she was saying that 'if I'm not accepted, in the worst-case scenario they will kill me.' But I cannot accept for my children to be killed, so I'm going to keep my child here because at least the father, who was IS member will take care of the child. (Service provider, Iraq)*

*I left him behind, I gave him to be the armed group, and I left him and until this moment I know nothing about him. I have my daughter with me. (Survivor, Iraq)*

## **Interrelated aspects: stigma & risk to violence**

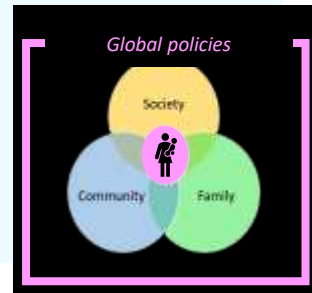
- Affiliation with armed groups (both mother/child)
- Child's paternity, mother's forced disclosure for IDs/access to services, mothers rejected
- Mother's trauma related to sexual violence along the pregnancy continuum could directly impact parenting and emotions towards the child
- Stigma related to gender norms (unwed birth, virginity & honour, 'bastard' child) contextual  
→ Challenges for marriage on return for mother / later for child
- Consequences: deteriorated mental health, return to armed groups, negative coping, risk to sexual exploitation, edges of society, compounded by on-going conflict & socio-economics



# RECOMMENDATIONS FOR PRACTICE

- Assist sources of support - particularly **mothers, sisters, grandmothers**
- Work with and utilise the significant influence of **faith leaders** for reintegration of survivors / CBOW and wider peace initiatives and community cohesion
- Ensure joint **MHPSS & income generating livelihoods** are available for survivors to support themselves and their children (especially if rejected) ‘hand up, not only hand out’
- **Do not inadvertently cause stigma by;**
  - Providing targeted support to CBOW without community children
  - Reinforcing ‘bad victim, good victim’ trope and the stigma directed towards GBV survivors

*“First is psychological support. It's very important to us and then financial support. It's very important. Education. We need all the support from everything.” (Survivor, Iraq)*





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