

It Takes a Village! (Re)inventing Shelters for Survivors of Sexual Violence in Senegal, the Experience of the Kullimaaroo Center in Ziguinchor

Cheikh Sadibou Sakho

Anthropologist and sociologist
Université Gaston Berger (UGB), Senegal
cheikh-sadibou.sakho@ugb.edu.sn

Ndèye Laïty Ndiaye

Independent researcher, co-founder of the feminist collective JAMA
ndiayelaity@gmail.com

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Abstract

This text is a contribution to knowledge about sexual violence and its effects on the lives of survivors, particularly adolescent girls, in Senegal, based on the experience of the Kullimaaroo Center, initiated by the *Plateforme des Femmes pour la Paix en Casamance* (PFPC), in Ziguinchor. The article investigates the challenges of sheltering adolescent survivors of sexual violence. It highlights the importance of a holistic, systemic and socially rooted approach, involving various community and institutional actors. Based on a monographic work, this research documents the complexity of sexist and sexual violence in the senegalese context, the “silenciation” of survivors, the victim blaming, surrounding these social realities, and the crucial role of local initiatives such as the Kullimaaroo Center in the face of the insufficiency, absence even, of dedicated public policies. The study suggests ways of strengthening and (re)inventing unwavering support for survivors.

Keywords

Sexual violence, adolescent girls, support, holistic care, Kullimaaroo, intersectionality, Senegal

Introduction

This article is based on the results of research carried out in Senegal as part of the HIRA project “Informing, supporting, sheltering, and re-socializing”¹, carried out starting 2022, for a period of thirty-six months, within the Laboratoire d’analyse des sociétés et pouvoirs / Afrique-Diasporas (LASPAD) at the Université Gaston Berger (UGB) in Saint-Louis. The project is part of the ADOS 2020-2025 initiative by the International Development Research Centre’s (IDRC). Through the funding of five innovative research projects, the purpose of this program was to contribute to the improvement of reproductive health of adolescent girls in Senegal, by promoting a better scientific understanding of the interactions between reproductive health and certain forms of gender-based violence, such as sexual violence: the gender-based violence (GBV)/adolescent sexual and reproductive health (ASRH) nexus.

As a research-action project, the HIRA project had several components, including a survey of the best practices in accompanying sexual violence² survivors, a mapping of shelters available to survivors in Senegal³, a survey of adolescent girls’ social perceptions/ of gender-based and sexual violence and SRH issues⁴, and a monographic study of the Kullimaaroo Center in Ziguinchor⁵. Other related activities accompanied the implementation of the HIRA project. These included Gender Ataya (in the form of a World Café on gender-based and sexual violence), the development of several training modules on the process of supporting survivors, and an exhibition around shelters, in addition to creative activities which engaged actors from urban cultures (graffiti, rap, slam, etc.) to help in popularizing the results of the research.

The project’s greatest distinctive feature lies in its specific focus on adolescent survivors of sexual violence and their ongoing support needs, in relation to the multiple issues at stake in the VSS/SSRA nexus. The scale of such violence is indeed striking. For example, the survey on adolescent perceptions, based on a sample of 1,332 adolescent girls across Senegal’s 14 regions, revealed, that 15.3% of the adolescent girls interviewed said they had experienced sexual violence such as sexual harassment, female genital mutilation (FGM), sexual molestation and/or rape. It is reasonable to assume that this proportion is underestimated, due to the usual, socially complex phenomenon of under-reporting and non-disclosure of sexual violence. In the contexts studied here, this phenomenon is strongly linked to factors such as fear of disclosure’s consequences, difficulty for some teenagers to recognize sexual violence as such due to lack of information, or social/familial proximity to the perpetrators who, in many cases, use symbolic violence to ensure that their acts remain undisclosed.

In all cases, whether in the public sphere (school, workplace, etc.) or private sphere (home, entourage, etc.), sexual violence, as a form of gender-based violence (GBV)⁶, primarily and specifically affects women and girls. It is defined as “any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting ...” (WHO, 2010). Highly under-reported (Trust Africa, 2019), such violence specifically affects adolescent girls, with long-term consequences on their lives; particularly their physical, mental, sexual and reproductive health, as well as their educational and school careers, among other major social impacts. They significantly affect adolescent girls’ ability to exercise their human rights and have access to the various protections provided by children’s rights in particular. This is why this type of violence is an important and urgent public health and “social health” issue (Duvoux & Vézinat, 2022).

1 The full title of the HIRA project is: “Informier, accueillir, héberger et re-socialiser: les défis sociaux et politiques de la prise en charge de la santé de la reproduction des adolescentes victimes de violences sexistes au Sénégal”. For further information: <https://www.hira-africa.org/projet>

2 <https://laspad.org/wp-content/uploads/2023/04/HIRA.22-Rapport-PRATIQUES.pdf>

3 <https://laspad.org/wp-content/uploads/2023/04/HIRA.22-Notes-de-politique-CARTO.pdf>

4 <https://laspad.org/wp-content/uploads/2023/04/HIRA.22-Rapport-ADOLESCENTES.pdf>

5 <https://idl-bnc-idrc.dspacedirect.org/server/api/core/bitstreams/fe0d38df-2243-4fdc-8bc6-8eb66461ed42/content>

6 “This violence takes various forms, such as acts [...] that may cause or result in physical, sexual, psychological or economic harm or suffering to women, or even their death, threats of such actions, harassment, coercion and arbitrary deprivation of liberty.” (CEDAW, 2017, p. 6)

While in this article the focus is on adolescent rape survivors⁷, still, we are referring to sexual violence in a broad sense, enabling us to take into account the social experiences of violence against adolescent girls globally and thus think of their entrenchment in the “continuum of violence” (Kelly, 2019). Adopting the term continuum, we attempt to “describe the breadth and variety of sexual violence [and the] large number of factors [that] affect the meaning that acts of sexual violence take on for women, and their immediate and subsequent impact” (Kelly, 2019, pp. 20-21).

In West Africa in general, and Senegal in particular, efforts over the past few decades by non-governmental organizations (NGOs), state actors and various community-based facilitators to tackle sexual violence have focused primarily on what have come to be known as “harmful practices”⁸. Although this has made it possible to address the human challenges posed by certain social practices, such as child marriage, it contributed to reducing the specific focus on gender-based and sexual violence, as well as the ways in which they can be dealt with.⁹ As a reminder, Senegal has criminalized FGM since 1999, while the law against rape and child abuse was only promulgated twenty years later, after major protests by feminist and women’s civil society¹⁰. It is therefore important to note that, despite the dramatic impacts of sexual violence on the lives of adolescent survivors, the socio-institutional and political responses to it are still very limited, and are often led and carried out by grassroots community organizations (CBOs), as for the case of most initiatives to provide shelter for survivors.¹¹

Though when it comes to responding to sexual violence and its consequences, sheltering is a crucial step. It is both practical and conceptual. Practical in that, on one hand, it consists of pragmatic measures designed to remove survivors from the context of their assault in order to ensure their protection and support. On the other hand, sheltering goes beyond immediate practical measures. It is a comprehensive system that includes accommodation, care, security, support and assistance towards justice and reparation, etc. In this respect, it is a complex, multi-level, multi-dimensional and multi-actor system for supporting survivors of violence towards physical, medical, psychological and social reconstruction. As a result, sheltering is generally based on a strategic, interdisciplinary and socially-rooted approach involving the joint participation of decision-makers (particularly the State and its legal and statutory departments), civil society organizations, grassroots community organizations, community leaders, care providers, the survivors and their families, among others.

This monographic study analyzes this complex field, which combines the societal effects of sexual violence on adolescent girls, inadequate socio-institutional/political responses and local initiatives to care for survivors in Senegal. The study was carried out at the Kullimaaroo Center in Ziguinchor, a unit which, although initially set up to offer support to women (widows, displaced persons, survivors of violence, etc.) affected by the “Casamance conflict”¹² has now specialized in providing support services to women and girls who are survivors of sexual violence. Focusing on the analysis of this problematic issue, this study contextually examines the knowledge, expertise and practices that underpin the specific features of the support model for survivors at the Kullimaaroo Center. In doing so, it reconstructs the theoretical and practical avenues of this “model” to discuss the ways and means they can inspire the (re)invention of holistic care for survivors of sexual violence in Senegal.

7 In Senegal, article 320 of the Criminal Code defines rape as “any act of sexual penetration of any kind committed on another person by violence, constraint, threat or surprise”.

8 This description is inspired by the UN terminology used to describe the Sustainable Development Goal (SDG) 5: <https://www.un.org/sustainabledevelopment/fr/gender-equality/>

9 The terms “care” and “support” are used interchangeably in the text, because those involved in shelter structures speak of ‘care’, whereas feminist literature refers more to the idea of “support” for what it brings in the way of conscious empowerment of survivors and deconstruction of power relationships on the side of those providing support.

10 Law no. 2020-05 of January 10, 2020 criminalizes rape and child molestation with a ten- to twenty-year criminal sentence. The criminalization follows numerous campaigns (protests, awareness-raising activities, strategic advocacy, etc.) led primarily by women’s rights groups, feminist groups and other human rights organizations

11 See the mapping results mentioned earlier: <https://laspad.org/wp-content/uploads/2023/04/HIRA.22-Notes-de-politique-CARTO.pdf>

12 Since the early 1980s, the Casamance region has experienced a movement of independence claims that has resulted in armed confrontations causing thousands of deaths and injuries, internally displaced persons, refugees, abandoned villages, etc. (Awenengo-Dalberto, 2008). It should also be noted that this conflict was the scene of various forms of sexual violence against women, which remain under-reported to this day (Amnesty International, 2003).

Conducted through an intersectional feminist approach, this study has produced some important results, presented across the three sections that make up the “Results and discussions” segment. The first section provides a historical overview of the Kullimaaroo Center, analyzing its dynamics and operating rationale. The second section explores the experiences of sexual violence of the adolescent girls interviewed, and discusses the problems, implications and challenges of sheltering them. It explains the complexity of their experiences and highlights the material and socio-symbolic conditions and constructs that shape them. It also analyzes the multidimensional effects of the social procedures used to care for them. The third and final section, based on lessons learned from the Kullimaaroo Center, gives a critical systematic approach of the conditions and avenues for effective sheltering and holistic support for sexual violence survivors.

Problematics and questioning

In Senegal, there is a significant gap between the proven importance of sheltering in the holistic care of sexual violence survivors and the concrete actions implemented in this direction. This is particularly true when it comes to providing shelter for adolescent survivors of rape, whether or not the rape is followed by pregnancy (in a large number of cases). For example, the map of sheltering structures done in 2022 lists only twenty-eight of them in the whole country, ten of which are in the senegalese capital, while some regions, such as Sédhiou, Matam, Kaffrine and Diourbel, have no functioning centers. Overall, the centers had a capacity of around 450¹³ beds at the time of the mapping survey. The survey also showed that 75% of accommodation structures are set up by associations and NGOs, and that most of their funding comes from their international cooperation networks. The State only funds its own centers, known as Centres de Premier Accueil (CPA). Nor is there any funding from local authorities (departments and local councils). It's worth adding that, even when the centers do exist, very few teenage girls know about them.

Indeed, the perception survey (see below) revealed a certain degree of unfamiliarity (affecting 83.8% of participants) with shelters and their role in supporting survivors of sexual violence. This lack of awareness of resources was even more pronounced among uneducated than educated teenagers (92.8% versus 82.7% of the sample, respectively). The difference in information between the two groups is a reminder, among other things, of the need for not only an intersectional approach to better understand specificities, but also a holistic support policy to disseminate socio-institutional and/or community-based responses to sexual violence.

The situation described here shows that, despite efforts to secure legal status and raise awareness on sexual violence in Senegal, sheltering facilities for survivors remain largely inadequate, dispersed and unevenly distributed across the country. Existing shelters are mainly based on humanitarian or medical considerations, and the models of care they offer only narrowly address the social, cultural and political dimensions of the processes creating vulnerability. Not to mention that they play a part in reproducing unequal social power dynamics, especially between institutions and survivors of sexual violence. The slow pace of efforts to curb these specific forms of violence and their disastrous effects on the lives of adolescent girls is linked to the constraints of a social context marked by economic insecurity, the prevalence of patriarchal norms, the persistence of sexist stereotypes, social stigmatization and the aforementioned weakness of public support services. In addition, sexual violence is relatively understudied and poorly documented scientifically in Senegal. Aside from press articles on child rape (often treated as new items that briefly occupy the public media space), there are very few research projects in the country that gives a direct voice to adolescent survivors of sexual violence¹⁴. In a way, holistic support for these survivors, and in particular their need for shelter, is something of a blind spot in Senegal, as much in the framework of care for sexual violence as in scientific research programs.

13 The mapping report points out the need to consider the number of beds in relation to the population that could use them, i.e. adolescent girls aged 10 to 19, who in 2021 accounted for 1,844,868 (ANSD, 2021) of the population.

14 We use the term “survivor” for the sake of consistency with the empowering process and the empowerment of the first parties involved. The term “victim” remains relevant to the judicial process.

In this context, how can we think of alternative, appropriate, inclusive forms of sheltering that meet the urgent, specific needs of survivors for holistic care, while respecting their rights, their own capacities and the complexity of their journeys? To answer this question, it is important, on one hand, to listen to the directly impacted about their trajectories and the issues and challenges involved in their reception in dedicated centers. On the other hand, it is crucial to explore and make the most of local experience, knowledge and expertise, which, because of their socio-historical roots, are fertile ground for community innovations that can inspire the implementation of redefined shelter arrangements. It is this kind of work, with its complex implications and impacts, that was at the core of the monographic study carried out at the Kullimaaroo Center, the results of which are presented and discussed here.

It should be pointed out that, at the time the research project was carried out, the Kullimaaroo Center was the only functional shelter in the region of Casamance offering support that took into account the SSV/SSR nexus, with a system to accommodate survivors whose pregnancy was a direct consequence of the sexual violence they had suffered. In this respect, the center was a major partner in the HIRA action-research project. The choice of this center is also justified by the fact that it positions itself as a “learning organization” whose management and leadership teams show a sustained interest in sharing knowledge, introducing survivor-centered practices, networking with other relevant centers and organizations, etc.

The main aim of this monographic study was to highlight the stories, point of views and perspectives of adolescent girls (current or former residents) welcomed/accommodated at the center, in order to help frame the necessary (re)invention of shelters for survivors of sexual violence in Senegal. Their voices were echoed by those of the center’s team, as well as the many actors involved by virtue of their function, social position and/or commitment to the community. The data collected was analyzed to answer the main research question: how can the “model” of the Kullimaaroo Center inspire the (re)invention of holistic care for survivors of sexual violence in Senegal, particularly adolescent girls? Answering this question involved exploring the following subsidiary questions:

- How does the continuum of violence shape social narratives, representations and practices around sexual violence (from the point of views of those directly impacted and the ones involved in their care)?
- How do the experiences (and perspectives on these experiences) of adolescent girls at the Kullimaaroo Center shed light on the issues and challenges involved in providing shelter for survivors of sexual violence in Senegal?
- Which knowledge and expertise are the basis of the care provided to the survivors of sexual violence at the Kullimaaroo Center?
- How can this knowledge and expertise be developed, sustained, built-on and reproduced?

Research approach, fieldwork and methods

This research is based on a theoretical and epistemological approach that can be defined as intersectional feminism. For us, intersectionality refers to a framework that analyzes simultaneity (Pelak, 2007) and interconnection of social identities, possibilities and oppressions. As such, it facilitates the visibility and consideration of aspects that, whether produced or constituted at the intersections between gender and other categories such as “race”¹⁵, class, ethnicity, languages, among others, and contribute to understanding the personal experience of social subjects. In this regard, intersectionality invites us to embed analysis in contexts, and take into account the complexity of the social articulations that help determine and structure the social realities under study. This is particularly relevant in the case of this research, when we consider the social and political complexity of the problematic on which it is focused.

15 The quotation marks here serve as a reminder that “race” as a category does not exist. So we’re referring more to the idea of racialization, as a process.

June Jordan's 'Civil Wars' (1981), Angela Davis's 'Women, Race and Class' (1983) and Audre Lorde's 'Sister Outsider' (1984), because of their profound epistemological implications, are generally considered to have "paved the way" for what would later be known as intersectionality" (Collins, 2012, p. 59). To these we must add the important work of Awa Thiam, whose 'La Parole aux Nègresses' (1978) brought African women's voices back to the center of the debate by exploring issues such as sexism, racism and classism (Kane, 2021). However, the introduction of the term intersectionality is attributed to Kimberlé Crenshaw, especially with her article 'Mapping the Margins' (1991), based on a research conducted with women survivors of domestic violence who were, at the time, housed in shelters located in Los Angeles.¹⁶

In the context of this research conducted in Ziguinchor, the intersectional feminist approach adopted was reflected and achieved, in the horizontal dynamics created with the various key persons, the thought process behind the design and review of data collection tools, the collaboration with the Kullimaaroo Center team in recruiting participants, the data collection process (languages spoken, types of questions, enhanced attentiveness to survivors' feelings, sensitivity to the socio-specificities and differences in participants' trajectories, etc.). Adopting the idea of the intertwining of oppressions as a heuristic complexity (Collins & Bilge, 2016) of, our research sought to document the experiences of adolescent survivors of sexual violence as well as the support (in terms of scope, effects, stakes, challenges, limits, sustainability, etc.) they are provided.

With this in mind, our research focused not only on the various processes of social marginalization and vulnerability to which adolescent girls are confronted, but also the characteristics and logics (including beliefs and representations) of the services provided to them by the Kullimaaroo Center; given their specific features. In this sense, we wanted to "take into account all the other compound, mundane forms of domination" (Crenshaw & Bonis, 2005, p. 50) which, through their multiple manifestations, contribute to the growing vulnerability of the adolescent girls we interviewed.

Moreover, the adoption of an intersectional approach, by pushing us more towards a bottom-up research perspective, enabled us to -on one hand- better reflect the experiences of those primarily affected. On the other hand, it led us to pay close attention to the power structures whether between researchers and survey participants, or among the women themselves (Corbeil & Marchand, 2007), be they workers (staff, volunteers from the center, etc.) or residents. In addition, our research's approach and the highly sensitive nature of the social issues surrounding the sexual violence cases that we studied, required the adoption of the "Do No Harm" principle in order to define the ethical approach of our work, reinforce its pertinence (particularly by building on the expertise of front-line workers) and minimize the effects of our investigations on the participants and their social contexts. To that end, we considered the idea of a "spectrum of harm" (Mortimer et al., 2021) because of its relevance to the analysis of potentially harmful effects, individual and collective, caused by and within the research dynamic.

Finally, it should be pointed out that the work carried out at the Kullimaaroo Center with third-party actors complied with the requirements for data collection, analysis, storage and processing in Senegal, as established by the National Health Research Ethics Committee (CNERES).¹⁷

The survey conducted in the research field provided an opportunity for residents and former residents at the Kullimaaroo Center, the work team and members of the community and institutions involved to speak up. In accordance with the norms of the qualitative approach, the choice of interviewees was based on their experience regarding the topics studied, and taking into account the nature of their involvement (by virtue of their function or social position) in the assistance of sexual violence survivors.

16 In this work, the author defines intersectionality as « [...] a conceptualization [...] that attempts to capture both the structural and dynamic consequences of the interaction between two or more axis of subordination. It specifically addresses the manner in which racism, patriarchy, class oppression and other discriminatory systems create background inequalities that structure the relative positions of women » (Crenshaw, 2000, p. 8).

17 An ethics certificate was issued by the CNERES to conduct this research. For further information on the ethical requirements in question, please refer to <https://www.cners.sn/>

Therefore, we opted for purposive sampling, adapted to the profiles of the parties involved in the survey and the contexts in which it took place. In all, the research involved 19 participants, including 10 survivors: residents (7), former residents (3). The 9 other participants were 3 members of the center's team (nurse, social worker, communications officer), 2 *bajenu gox*¹⁸, 1 imam, 1 psychiatrist, 1 district manager, 1 agent from the *Action éducative en milieu ouvert* (AEMO). There also were informal exchanges involving various members of some of the teenagers' entourage. These discussions gave a better understanding of the context of the adolescents' stories. In all, 3 semi-structured interview guides were developed for 3 categories of participants: current and former residents (and their accessible entourage), employees of the center and third-party actors involved in the center's work. The latter category includes community leaders and liaisons, health professionals and other government structures involved in the response to sexist and sexual violence in general. In addition to these tools, a participant observation grid was used to provide information on the center's operating methods and the interactions between the center and its ecosystem, and a better grasp of the center's internal dynamics.

Data collection began with a preliminary exploration phase, followed by a six-month observation phase, which preceded the conducting of qualitative interviews. The first two phases enabled informal discussions with residents and workers, participation in group activities such as discussions led by the center's social worker and an (external) midwife, weekly meetings to assign household chores, gardening and sewing activities, among others. This period of observation was necessary not only as an integral part of the anthropological work undertaken, but also to grasp potential dynamics and stakes. In this respect, the focus groups planned with the adolescent survivors were cancelled after participating in group discussions, which helped us realize the risk of focus groups producing situations of second hand trauma due to shared experiences, which could cause stress and anxiety in participants who would have been exposed to the stories of other survivors.¹⁹ From this point of view, the decision to avoid using focus groups was a way of not harming the people we worked with, and of remaining consistent with the ethical principles that have framed our research.

The fieldwork we carried out did of course face some difficulties inherent to qualitative research, such as difficulties accessing contexts of study and certain informants, or the challenges of managing interviewer/interviewee relationships. These difficulties were increased by the sensitive and socially-charged nature of sexual violence problematic and its social effects. Collecting data on the experiences of those concerned (in all their diversity) meant having to deal with taboos, fear of stigmatization, stereotyped judgments, etc., not to mention the challenges of constantly managing the risk of reviving pain and suffering (among survivors in particular). We can also add concerns about the safety of the center's residents (and the people who work there) and the institutional and political discourse surrounding the assistance of survivors in Senegal. Despite all this, a constant effort of reflexivity regarding our positions and procedures, adaptability, a willingness to comply with the ethics of scientific research, flexibility in methodology, empathy and patience, among others, enabled us to negotiate the research dynamic and collect the data required for the analyses proposed in the following section, which presents and discusses the results of the research s.

Findings and discussion

This section shows that providing shelter for adolescent survivors of sexual violence is a complex social issue that needs to be considered at the core of policies and systems for the holistic management of the material and immaterial effects of such violence, particularly in contexts where patriarchal norms prevail and access to resources is limited. Based on a critical cross-analysis of the narratives of the teenage girls involved, the social and institutional practices surrounding the sexual violence

18 "The Bajenu Gox actively participate in community development through social engagement primarily for maternal and neonatal health, but also for human rights and gender equality." (Diop et al., 2021, p. 106)

19 It's important to point out that research teams can also be affected by this type of trauma. "Physical symptoms and emotional distress have been reported as consequences of sexual violence research. The most common emotional reactions are anger, guilt and shame, fear, crying, sadness and depression. Some symptoms described by researchers are more suggestive of secondary traumatic stress, for example nightmares, fear, anger, irritability, intrusive thoughts and difficulty concentrating." (Coles et al., 2014)

of which they are victims, and the lessons learned from observations of existing care mechanisms, the analyses presented here shed light on the social and structural issues involved in sheltering survivors, as well as the local responses structured around the dynamics of resilience and action developed by practitioners in Ziguinchor.

The research shows how the holistic support provided to adolescent girls at the Kullimaaroo Center is based on dynamic and innovative knowledge and practices, rooted in the complex ecosystem of those involved in social violence and its management. The results are presented and discussed so as to have a better grasp of the complexity of the dynamics of inequality, power, violence and victimization/re-victimization, etc., as well as their articulation in the paths of the adolescent girls primarily affected. The goal is to better highlight (and have a more pragmatic approach) the issues and challenges involved in holistic and transformational care for survivors of sexual violence.

Overview of the Kullimaaroo Center

Meaning “rainbow” in Mandinka²⁰, the Kullimaaroo Center was created in 2015 in Ziguinchor in southern Senegal by the *Plateforme des femmes pour la paix en Casamance* (PFPC)²¹. Its initial mission of supporting women and girls affected by the conflict in Casamance gradually evolved from “managing the consequences of war” (Niang, 2021, p. 130) to supporting survivors of sexual violence, who mainly come from areas such as Sedhiou, Ziguinchor, Kolda, their surroundings and sometimes beyond.

“We were faced with a new audience of young adolescents and children who end up pregnant after having been victims of sexual violence. So, we had to meet the requirements of this new group and include them among our beneficiaries” (quoted from an interview with a member of the Kullimaaroo team).

The Kullimaaroo Center thus meets an essential need in the area, by helping in filling the void²² in resources for supporting women and adolescent survivors of sexual violence that affects their sexual and reproductive health and their social lives.

In terms of organization, the governance of the Kullimaaroo Center is closely linked to the PFPC's, whose projects include the center. At the time of the survey, the platform's board of directors and executive committee were the authorities in terms of responsibility and decision making for the center²³. The platform's Board of Directors is composed of 24 people, including members of civil society and representatives of the organizations members. The Executive Board also consists of several people, including the Chairwoman of the Board, the General Secretary, the Deputy General Secretary, the Treasurer, the Deputy Treasurer and the representatives. Operational management of the center is rather the prerogative of the platform's Justice and Human Rights Commission, which supervises and supports the operating team.

Generally speaking, referrals to the Kullimaaroo Center are made through the *Bajenu Gox* network, the platform's discussion leaders, AEMO or first reception center (CPA) agents, health facilities, community relays and leaders, etc. At the time of this research, the residents welcomed at the Kullimaaroo Center were aged 13 to 19 and had all experienced sexual violence (including rape, sexual molestation and other types of assault) at different times of their lives. For many adolescent girls, the primary function of a shelter is to stop the violence and remove them from the situation they are experiencing. This is all the more important when we know that the majority of rape cases reported during the survey are perpetrated by people in their close circle (family, neighborhood, school, etc.). Accommodation at the Kullimaaroo Center therefore provides a safe environment for “adolescent girls who have been victims of rape within their family structure. [...] Before Kullimaaroo

20 A national language in Senegal, spoken mainly in the south of the country.

21 The *Plateforme des femmes pour la paix en Casamance*, which currently brings together over 200 organizations, was founded in 2010 “on the 10th anniversary of Resolution 1325 [with the] purpose of bringing together all women's organizations (associations, NGOs, women's promotion groups and economic interest groups) working for peace and the promotion of women's self-sufficiency in Casamance, in order to speak as one and carry more weight at national and international levels in the ensuing peace process.” (Niang, 2021, p. 133).

22 Cf. the above-mentioned map of facilities.

23 It should be noted that the organization chart was being revised during the survey period.

was created, we relied on families for this form of support. Now with the center, it is much easier to coordinate all the care and follow-up” (quoted from an interview with a mental health professional who works with the center). The center’s team and its partners offer information, listening, active shelter, and medical care for survivors of violence. It also provides psycho-traumatic follow-up, legal support (with the help of the *Association des Juristes Sénégalais* (AJS) for adults and AEMO for minors), social and academic reintegration, and activities for economic empowerment. Former residents also have access to social reintegration services.

In addition to activities designed for residents and former residents, the Kullimaaroo Center team and its partners regularly organize activities to raise awareness on gender-based and sexual violence across the Casamance region, courtesy of the commitment of PFPC members. It is important to note that the Kullimaaroo Center meets sheltering needs, especially when institutional structures are limited by internal regulations that leave certain categories of survivors marginalized. The words of K., who found herself in an impasse to her age, are illustrative of this:

When my brother found out about the pregnancy, he told me to leave home and go back to the childcare center where I had been when I ran away two years ago. At the childcare center, I was told that I could no longer be accommodated there since I was an adult now. I did not know where else to go. A woman found me crying on the street in [my neighborhood] and took me to her house. She called a Bajenu Gox, and that is how I ended up at Kullimaaroo. I was relieved to discover a facility like Kullimaaroo. If the center did not exist, I would have ended up on the street. I had no one left. (From an interview with K., 19, resident)

This survivor’s experience highlights the center’s contribution to supporting survivors with prenatal care and childbirth. The data collected shows that the CPA, the only other functional accommodation facility operating in Ziguinchor during the period of this research, offers very limited services when it comes to needs related to the VSS/SRH nexus.

We contact the Kullimaaroo Center after the three-month stay at the CPA. We sometimes bring the child straight to the Kullimaaroo Center when she is six or seven months pregnant. The CPA is not equipped for pregnancy monitoring or to accommodate babies. (Excerpt from an interview with an AEMO agent)

Despite its important role in supporting the survivors it shelters, we can’t talk about the Kullimaaroo Center without mentioning the financial difficulties it faces, and which are currently inherent to all the structures in Senegal that offer accommodation to these survivors, as revealed by the mapping survey referred to above. Like similar organizations, Kullimaaroo operates on a project basis. This is one of the consequences of the absence of national policies (strong orientations, strategies and concrete, sustainable actions) regarding sheltering in the socio-institutional response to violence against women and girls. As already mentioned, sheltering is a blind spot, even in a document as important as the National Strategy for Gender Equity and Equality (SNEEG) 2016-2026, despite the recognition of its importance in the National Action Plan to Combat Gender-Based Violence and Promote Human Rights (2015). The absence of policies focused on sheltering affects the whole support system, making existing structures more precarious and compromising the coherence and harmonization of the services provided²⁴. In order to address the structural vulnerability resulting from the failure of public policies to take sheltering into account the Kullimaaroo team is demonstrating its resourcefulness and creativity by relying on a vast network of formal/institutional and informal/community partners to reinvent holistic support.

24 The reference model proposed by the HIRA action-research project is a response at this level, drawing on the practices and experiences revealed by the various surveys carried out to build a support system for survivors of gender-based violence. <https://www.calameo.com/read/0059168148afc788f0d2e?page=1>

The complexity of sexual violence: the experiences of those primarily impacted

This section presents and analyzes data from the experiences of sexual violence recounted by the ones primarily impacted (current or former residents at the Kullimaaroo Center), their family and friends, and those involved in their care. Their stories reflect socio-familial attitudes and responses to the challenges of disclosing sexual violence, and to the consequences of such violence on the life paths of adolescent girls, and on their sexual and reproductive health.

In fact, the testimonies of the teenage girls we met during our research, as well as those of the people assisting them, indicate that, in general, survivors of sexual violence live in some sort of family and social proximity to their abusers. The latter are not random strangers, but often family members, people in their immediate circle, teachers, Quran teachers and so on. The following interview excerpts illustrate how sexual violence is generally embedded in relationships of social proximity with multiple, interwoven socio-symbolic implications:

My mother had gone to the hospital with my aunt. I was home alone with the children. My brothers were out. I did my homework in my mother's room. When I finished my homework and blew out the candle, my cousin came into the room with a knife, threatening to kill me if I made any noise. He undressed me, laid on top of me and raped me. (Excerpt from interview with A., aged 18, former resident)

I was raped by my mother's husband's brother when I was 16. It happened several times. He'd come into my room and threaten to kill me if I said anything. (Interview extract with N., 18, former resident)

I was raped when I was 13 by an adult cousin. I was living with my paternal aunt in [another town]. I told her about it and she took me to the hospital. The midwife did a pregnancy test, which came back negative. After that, I went back to the village to live with my parents. I never told them about the rape, I don't know if my Bajen did. (Extract from interview with M., 16, resident)

I was raped several times by my elementary school teacher. I was 14 and in 5th grade. He would do it in the school toilets, the classroom and even the health center, where he would go to eat with his colleagues. (Excerpt from interview with G., aged 17, former resident)

The contexts of proximity revealed by these extracts are important to take into consideration, as they shape complex power dynamics between offenders and offended; dynamics deeply rooted in material (economic, educational, security dependence, etc.) and immaterial (symbolic, cultural, psychosocial, affective, etc.) issues linked to social representations, logics, norms and values. The data collected show that the dynamics in these cases rely heavily on the use of physical force and intimidation (death threats, in particular). In relation to the number of women surveyed, the use of physical force in these contexts represents a singular means of forcing compliance. It seems paradoxical when we consider the bond of social trust between the victims and the offenders; but it can also be explained by this very bond, as the threat from a close relative seems more compelling, due to the physical closeness of the person under threat, a consequence of social proximity.

This proximity has a significant impact on the willingness to disclose the violence endured, as well as the efforts to provide care (mainly within the family) for victims. It also has an impact on decisions to shelter victims. This explains why, in the few cases where they do exist, family attempts to shelter adolescent girls are limited to sending the victims to live elsewhere in the extended family, in the village for example. Clearly, this solves neither the problem of the victim's accessibility to her offender, nor that of assistance and support for the victim. Clearly, social proximity is problematic in that it plays a part in depriving survivors of their stories of pain and suffering, but also of their potential initiatives to get back on their feet and face up to their abusers. It traps them in the oppressive logic of social environments which, by privileging the family and community order, protects the offenders and suppresses attempts to disclose the aggressions that are viewed as threats to the moral integrity, honorability, reputation and respectability of families and the social group, as well as the preservation of established hierarchies, and so on. In some cases, the persons impacted

and their circle are simply trying to avoid the heavy burden of legal proceedings, which are often foreign to their regular lives and are perceived as complicated, lengthy, dishonourable and socially stigmatising.

In fact, the data collected highlights what appears to be a contradiction between the profound and obvious negative consequences of the sexual violence suffered and the “willingness” of both the survivors’ close circle, and the survivors themselves, to not publicly disclose these acts, hence not reporting their perpetrators, particularly to the authorities. To understand this pattern, recurrent in many contexts in sub-Saharan Africa, it is important to seriously consider the symbolic and material implications of social proximity between survivors and perpetrators, and in the same process, view the non-disclosure of sexual violence as a social construct structured around norms, socio-religious values and power relationships, among other things. The non-disclosure of sexual violence is a complex social reality, determined by various factors which, in the case of most of the survivors concerned by this research, both combine and reinforce each other.

In general, socio-cultural factors operate in the forefront, conditioning a certain culture of guilt, shame and silence. The adolescent girls with whom we’ve worked come from social backgrounds in which sex and everything connected with it, especially sexual violence, are taboo subjects (albeit with different justifications,) helping in erasing them from the visual and auditory public spheres. These taboos are based on a certain idea of personal dignity and honorability of families, which forces survivors into secrecy, which is considered a strategy for avoiding the shame that would result from the inevitable social condemnation. This strategy of secrecy is replicated and reinforced by gender stereotypes and patriarchal beliefs. It is rooted in the ideologies and logics of socialization that assign women and girls the task of preserving and conveying the honorability of families, notably by instilling in them that their social self-worth (ultimately their social identity) rests on their “purity” and reputation. Under these conditions, revealing abuse means publicly accepting that one is no longer entirely “pure”; in other words, accepting to bear and display the stigma of flaws in the honorability of one’s family and social group. Consequently, concealing the abuse suffered is much more than seemingly illogical, harmful practice. It’s essentially the practice of updating social modes of relating to the group, of implementing social anchoring schemes. It is a real “social practice” (Shove & Pantzar, 2012) that acts as one of the key structuring factors of the survivors’ social experience of pain and suffering.

In what may be referred to as the social dynamics of “silencing” victims of sexual violence, the aforementioned socio-cultural factors are consolidated by economic, psychological and institutional factors that make those directly affected vulnerable by generating a general climate of *nëpp nëppël* (Sall et al., 2024). The latter is akin to the concept of “testimonial smothering” usually associated with “silencing” techniques (Dotson, 2011; St-Denis, 2024). In the contexts studied here, *nëpp nëppël* refers to the explicit or implicit imposition of silence, as well as the weakening of survivors’, witnesses’ or families’ sense of legitimacy to report violence, mainly by dismissing the facts and blaming the survivor (victim blaming); using to this end the levers of a sexist normative framework. Under these conditions, adolescent girls and/or their families and entourage judge disclosure as “risky²⁵ and dangerous” (Dotson, 2011), particularly in their contexts of imbalanced power and resources compared to the perpetrators. As a result, victims and their entourage end up accepting violence as inherent to the normal course of social life, which is considered as a history of hardships to endure in a form of dignified resignation.

In addition, some of the survivors we interviewed pointed out that they are often accused of making up stories or exaggerating, which both discredits and dissuades them from disclosing the abuse they have suffered. These situations are exacerbated by the heavy patriarchal influence on institutions such as the police, justice and/or health services available in their contexts. As a result of the built in of patriarchal norms, these services show themselves to be institutionally insensitive, and sometimes indifferent, to the multiple specificities of sexual violence. As a result, the lack of concern for the accommodation, safety and assistance of survivors, especially adolescent girls, influences

25 The idea of “risky” testimony is also found in Crenshaw (1991), who explains the “choice” of silence by survivors of racialized domestic violence in a predominantly white American context

the fact that the victims do not systematically seek assistance from these services. Moreover, when survivors do report cases, they are exposed to standardized legal procedures that do not always take into consideration the socio-specific implications of the violence suffered. This results in additional burden, as well as heightened stigmatization and social isolation; having to deal with the law (for any reason) is not always well perceived in senegalese social contexts.

The pressure associated with not disclosing sexual violence preserves the impunity of perpetrators and deprives survivors of the right to receive a proper and holistic support. In some cases, they are totally barred from the decision-making process regarding the non-judicialization of the abuses they have suffered, as they may be regarded as objects of the mechanism of social reproduction. This is the case, among other teenagers, of A., who gave birth a few days before our interview. She reveals: “I came to Kullimaaroo because I was pregnant. A cousin raped me. My mother wanted to press charges against him, but my grandmother asked her not to.” (Extract from interview with A., 15, resident.) This sort of social reluctance to consider survivors as agents of their own lives indicates the importance of taking into account the effects of the marginalization of adolescent girls’ voices; marginalization to be thought of at the intersection of young age, lack of autonomy (economic and social) and lack of power that characterize those sheltered in the Kullimaaroo Center at the time of this research.

The analyses of the adolescents’ families and social circles reactions to the disclosure of sexual violence, reveals a certain subjection to the deep-seated dynamics dictated by what appears to be a “rape culture” (Renard, 2018). Just like the non-disclosure of abuse and the non-reporting of perpetrators, rape culture is a social construct. From the experiences of the survivors with whom we have worked, we can understand that this “rape culture” is based on the systemic mechanisms behind the institutionalization of unequal gender relations inherent to patriarchal settings. These include the trivialization (comprehension, justification and concealment) of sexual violence, victim blaming and the impunity of abusers. They are interconnected and function in a systemic way, operating well beyond proclivities, privileges, disadvantages, personal beliefs or discourses, and in this sense, corroborating, Noémie Renard who pointed out in a 2019 interview that “sexual violence is born of the way [patriarchal] society functions, of the way [patriarchal] society is structured”.²⁶

The trivialization of sexual violence experienced by the adolescent girls we interviewed, and the fact that their statements are called into question, are rooted in social constructs that normalize male domination. In a way, these said constructs ensure that the sexual violence undergone is part of the expected compliance with social norms of virility and masculinity, which is conceived in light of the standards and criteria of “hegemonic masculinity” (Connell, 2024). As a result, dynamics of social tolerance for sexual abuse are set in motion, with the implicit, socially-engineered²⁷ progressive scale leading to an explicit dilution of the collective perception of its severity.

This social tolerance is reinforced by victim blaming, a social mechanism that removes accountability from abusers and places blame on survivors. The operating principle of this singular mechanism is simple: the dress, behavior, presence in a given place of adolescent girls, etc. are all used as “provocative excuses” sufficiently strong to justify sexual violence, often in the name of hegemonic masculinist norms. In a way, these elements seem to make the perpetrators go through rituals of masculinization and virilization; in other words, they confront them with patriarchal rites of social grounding. Perhaps this explains why the practice of victim blaming surpasses the survivors themselves. Disgrace is also cast on mothers, and by extension families, whose daughters have been sexually abused. They are criticized for failing in their role as protectors, or for not passing on the “proper” social values. We can vividly read this in the words of one survivor: “My mother, who was the only person to believe me when I said that the rapist was her husband’s brother, was

²⁶ <https://www.revuepolitique.be/combattre-la-culture-du-viol/>

²⁷ Heavy insistence is not the same thing as harassment, which is not the same thing as sexual molestation, which is not the same thing as rape (you still have to prove it), which is not the same thing as..., and so on.

repudiated. Her husband claimed that *séen wërsëk yi andu ñu*.²⁸ “ (From an interview with N., 18, former resident.) Here, very clearly, the perpetration of the sexual assault is dissociated from the criminal intent of its perpetrator.

The banalization of sexual violence and the victim-blaming lead to impunity for the abusers and re-victimization of the abused. Based on the experiences of the teenage girls at the Kullimaaroo Center, this impunity can be a matter of fact, particularly in cases where the violence is not disclosed, or where the abuser and his entourage simply deny the accusations, thereby stifling any attempt at disclosure. On the other hand, this lack of accountability may be the consequence of the abusers' temporary escape, whether voluntary or organized (as is often the case). This is clearly seen in this extract: “My father tried to confront the cousin who raped me. He denied everything. So did his father. Then he ran away. There were no complaints. My child doesn't even have a birth certificate yet.” (Excerpt from interview with A., 18, former resident). Interviews with the center's staff confirm that it is not uncommon for offenders to run away, either alone or with the help of family members. In addition to the effects of the *nëpp nëppël* mentioned above, the easiness of escaping can be linked to the geographical location of Casamance, bordering Gambia and the two Guineas. Such a connection is also highly relevant if we are to believe the research of Mbacké Leye et al. (2014), which documents the negative impact on the outcome of legal proceedings when perpetrators of sexual violence flee to the countries mentioned.

It Takes a Village! Holistic support as a socio-system

The experiences shared by the participants in our surveys are, for many, consistent with the continuum of violence (Kelly, 2019). In the adolescent girls' stories, in particular, sexual molestation, harassment, rape and victim blaming are analyzed as part of a system of continuity that runs through and transcends their current experiences of sexual violence. For some participants, this continuum is expressed through the environment and patriarchal dynamics that structure social ties (particularly in the case of love interests). This can be observed in the following quotes, which reveal a series of strategies put in place by adolescent girls to avoid non-consensual sexual relations:

Even when I refused, he forced himself on me. To avoid it, I'd pretend I had a headache when he asked me to come over and I didn't feel like having sex. It's only now that I've realized that this was rape... (Extract from interview with K. aged 19, resident)

When I would tell him I didn't want to, he'd get angry and blame me for “denying myself to him”. In the end, when I wouldn't want to, I'd just tell him I had my period or had to do chores around the house, and avoid going to his place. I wasn't afraid of him; I just wanted to avoid problems. (From interview with H. 18, resident)

Clearly, these negotiations (Tabet, 2004; Deschamps 2020) and expectations regarding the other's body, and the idea of sexual debt they imply, must be considered in the light of asymmetrical gender relations and the ensuing male appropriation of women's bodies²⁹. This clearly reaffirms that we cannot scientifically address the issue of sexual violence without discussing the social constructs of masculinity and femininity, as well as the effects of gender-based socialization, which in many ways is a source of privilege and oppression.

When it comes to supporting survivors of sexual violence, the holistic approach is generally seen the most ideal. It is based on comprehensive, integrated care that is, above all, centered on survivors who are considered to have been impacted: individual dimensions (mental and psychological health, physical integrity, etc.) and social dimensions (resources, power relationships, security, beliefs, representations, etc.) included, by their experiences of sexual violence. From this perspective, holistic care is based on multi-actor and cross-sector partnerships, enabling all parties involved to work as a network, with the aim of avoiding disruptions in the support process and the possible exposure of adolescents to situations likely to make them vulnerable again.

²⁸ This Wolof expression can be translated as follows: “Our destinies are not compatible. For many, it's a statement that often has a “definitive” effect. Its use, in this context, can be seen as a way of “getting out” of the bonds of marriage with the survivor's mother.

²⁹ « À qui appartient le corps des femmes » : <https://equipop.org/conversation-avec-fatou-sow-cycle-feminismes-et-sante/>

At the Kullimaaroo Center, the support model sought for survivors is that of the One Stop Center, a type of facility in which all aspects of holistic support for survivors of sexual violence are made accessible on the same premises. According to our respondents, such a model addresses more effectively the material and immaterial challenges of sheltering adolescent girls. However, despite the commitment to a holistic approach from the managers interviewed, not all services are offered at the center. In fact, “the services we offer are based on the means at our disposal. We don’t have everything in-house. We are obliged to turn to other establishments, to work with external human resources to be able to provide all the help our residents need.” (From an interview with a member of the Kullimaaroo team). Additionally, the center only has a small support team made up of a midwife, a social worker and instructors.

These challenges, as well as the complexity (psychological, social, physical, medical, etc.) of the social situations of the teenage girls sheltered and the support they need, explain the importance for the Kullimaaroo team to rely on a vast and solid network of institutional and community partners. In this respect, the data collected suggests that the synergies built up through the collective and diversified involvement of partners constitute a truly dynamic socio-system around the sheltering of the survivors (both residents and ex-residents) supported by the center. The notion of socio-system enables us (on one hand) to express the logics of interconnectedness that flow through and give structure to the multiple “sectors³⁰” mobilized in supporting survivors at the center: the adolescents themselves (as a whole), the center and its range of available services, third-party organizations (civil society organizations, grassroots community organizations, etc.), medical and legal institutions, community networks, the beliefs and social norms represented, public policies, and so forth. On the other hand, this notion serves to explain how the interweaving of social practices from the various identified “sectors” leads to the development of knowledge and expertise that build holistic, socially -grounded and high-impact responses in the support of the adolescent girls who reside at Kullimaaroo.

The involvement of a wide range of partners (institutional and non-institutional, formal and informal, endogenous and exogenous, etc.) in the sheltering process of survivors at the Kullimaaroo Center clearly helps in mitigating the negative effects caused by shortage of human and material resources. The example of psychological care is interesting in this respect. In this area, the hospital is important as a strategic partner. The involvement of the psychiatrist ensures the provision of a service that would otherwise not be accessible within the center. This is more important when we consider that psychological support is an essential element in the care of survivors, given the impact of sexual violence on mental health. However, the need for such services exceeds the resources available in the hospital, where, despite their clear resolve to do so, caregivers are only able to organize a few sessions every three months.

We [thus] have the opportunity to give victims a platform to speak up. The work we do is to help them to express themselves... We also offer psychological support to help them cope with the trauma. (Extract from an interview with a mental health professional who works with the center)

However, the need for more resources, particularly internal resources, for psychological support is strongly expressed by members of the center’s team and by survivors who, in the absence of close therapy sessions, say they turn to the social worker when they feel the need to confide in someone. In such cases, the social worker draws on a range of knowledge and skills, which are well-suited to the active listening.

Generally speaking, in addition to members of the center’s team and institutional professionals, community partners involved in the sheltering of adolescent girls are very active in raising awareness among key persons in the communities, and are in charge of connecting survivors, their families and the Kullimaaroo Center. These include *bajenu gox*, imams, heads of districts, group discussion leaders etc. As far as they are concerned, discussion leaders are at the core of the system.

³⁰ Here, we understand the notion of sector to refer to entities made up of bodies, points of view (a system of representations and values) and resources.

They carry out activities to raise awareness at community level and facilitate management of individual cases. They provide support and take charge of the case to the limit of their abilities. They have been identified and trained by the *Plateforme des Femmes pour la Paix en Casamance* on ways of addressing violence, active listening and standard operating procedures, so as to be able to support any victim identified in their locality. These women [...] deal with these cases within the community, and if they need sheltering, they are directly referred to us at Kullimaaroo. (Extract from an interview with a member of the Kullimaaroo team).

The data collected shows that “discussion leaders” are a kind of a first-line of intervention in cases of abuse. Hence the relevance of their presence in rural areas to alleviate constraints linked to the accessibility of sheltering resources. Their role in the chain of support, though non-institutional, is acknowledged and valued not only socially, but also and above all by the institutional organizations that regularly reach out to them. In some cases, when the police, the AEMO, the district civil administrator or its deputy are aware of a case of sexual abuse, they call them directly to intervene, according to the members of the Kullimaaroo team.

Bajenu gox are also very active in referring survivors to the center. They rely on the strength of their social networks to keep them informed of situations of abuse, and on the social privileges that come with their *bajen* status to take action. Like the discussion leaders, they act at the start of the support chain. But, in addition, they continue their actions within the center, by taking part in the various activities, or by providing more or less temporary accommodation (often in their homes), when the center is out of capacity or when the situation requires it. Almost all of them advocate for expanding the center’s capacity, which will allow it to provide services to a greater number of survivors, broaden the range of current possibilities and reduce the pressure on volunteer partners.

The Kullimaaroo Center needs to be strengthened and expanded. We need to build more blocks to accommodate many more people. We know how useful it is, because we’re in direct contact with the communities, and we know what ails them (extract from an interview with a *Bajenu gox*).

In the center’s ecosystem, there are also men (district leaders and imams in particular) who, through their status in their communities and their posture, manage to support the center by making its actions more visible and legitimizing them. Such is the case with this leader, whose comments below reveal the nature of their involvement in the survivors’ sheltering process.

I direct people there. I’m a senior member on a committee of 35 district chiefs in the municipality of Ziguinchor, so if sometimes they, or even the authorities, have a case of abuse, they call on me. If there’s a case, I direct it to them. (Excerpt from interview with a neighborhood chief)

As for Imam D., a very active religious leader within and outside the center, he plays a substantial part in the popularization of Islamic religious values that promote more egalitarian treatment between the sexes, as well as the prohibition of violence against women. A rare element that makes his fight against such violence all the more remarkable is the fact that, in Ziguinchor, he is one of the men involved in campaigns in favor of medical abortion, particularly in cases of rape and/or incest. His commitment seems to stem -to some extent- from the work carried out by the PFCP in training and rallying men in the fight against gender-based violence in the area.

Because of their strong roots in the community, their status and the types of social recognition that underpin their legitimacy, the *bajenu gox*, group discussion leaders, imams and heads of districts involved in the process of sheltering survivors of sexual violence play a crucial role in reducing the social stigmatization that can hinder the work of the Kullimaaroo Center and accentuate the vulnerability of its residents. The synergy between these actors, the members of the center’s team and the institutions (AEMO, hospital, police, justice system, etc.) makes it possible for the Kullimaaroo Center to provide teenage survivors with reassuring, socially appropriate support likely to have a life-changing effect on the rest of their lives.

This is why we can say that the socio-system at work here is centered on re-socializing adolescent survivors; a purpose seen, from a systemic perspective, as a continuation of intramural support and which remains mindful of the political and representational dimensions of the dereliction triggered by experiences of sexual violence and their various impacts (early pregnancy, social exclusion, illness, schooling, economic vulnerability, among others).

In conditions marked by severe limitations on the availability of economic resources, the activities for re-socialization initiatives proposed by the Kullimaaroo Center include a reintegration into the school system (for teenage girls who were in school), professional skills training for others, and raising awareness on the stakes involved in rights and SRH. By interviewing former residents and observing their socio-economic activities, we can clearly see the impacts of the desire for continuity in sheltering by providing extramural support for re-socialization through economic empowerment activities. Analysis of our data shows that this support has a significant effect on the survivors' empowering process. This is all the more important when we know that financial insecurity is often a factor that compels mothers to remain in contact with the abusers³¹, or consider stopping any legal action that may have been initiated. This is what led this former resident to confide about her abuser: "I wish he would be released. I wish he was here to look after his child. Nobody takes care of his child. His family doesn't help us. I want to forgive him." (From interview with N., 18, former resident.) Beyond the questions they raise about judicialization, this survivor's comments reflect a certain helplessness associated with experiencing solitude in managing parenthood, despite the support of the Kullimaaroo Center.

It should also be mentioned that the results of our research indicate the importance of devoting substantial analyses and effective policies to the issue of the lack of alternative accommodation for re-socialization of survivors for whom, after a stay at the center, returning to their family is no longer a possibility. Indeed, the family may no longer a safe place for those who have experienced incest and find themselves shunned. A supportive policy must necessarily address this need, even if normative social discourse still enforces the idea that the best thing for survivors (because they are still children) is always to return to the family setting.

Conclusion

In Senegal, the absence of state-run shelters providing holistic care for survivors of sexual violence is glaring, despite the fact that these forms of violence are endemic here, as they are almost everywhere else in the world. This situation exacerbates the effects of such violence on the physical and mental health of survivors, as well as collective health issues. This study shows that, as far as adolescent survivors are concerned, this absence is even more worrisome because of the profound global impacts caused by the abuse they experienced, their limited capacity to take action (the result of the intersection of their young age, their social status, their limited or non-existent resources, etc.), and the position assigned to them in a patriarchal, adult-centered society that undermines young women's voices. Despite the urgency, the existing institutional and policy framework for dealing with sexual and gender-based violence and its effects on adolescent girls is largely insufficient, and the most impactful initiatives emerge from the local community dynamics on which they depend for their sustainability.

Considering that for the particular case of adolescent survivors of gender-based and sexual violence, holistic support organized around an effective sheltering policy is crucial, this research has pursued the main objective of defining the problematics around stakes, challenges, pillars, among others things. To that end, it highlighted the perspectives of the ones directly impacted, as well as their perspectives on their experience of violence and the responses accessible to them. On the other hand, it explained and analyzed the logics and dynamics of the shelters provided by the Kullimaaroo Center, in order to draw out avenues for developing the outlines of a holistic, socially-rooted care.

³¹ This is also true in situations of domestic violence, where the financial vulnerability of survivors can make separation difficult or contribute to maintaining an environment conducive to post-separation violence.

At the end of the analysis of the data collected, several elements can be highlighted. They all have theoretical and practical implications regarding the question of sheltering survivors of gender-based and sexual violence in Senegal. First of all, the data highlights the societal importance of the Kullimaaroo Center. Although originally established to support women affected by the impacts of the Casamance conflict, the center has now established itself as an endogenous, grounded response to the need for holistic care for survivors of sexual and gender-based violence, whereas the essential elements of this need - first and foremost the sheltering of adolescent survivors - has long remained a sort of blind spot in national public policies to eradicate violence against women and girls. In this respect, the center is widely credited for the many positive impacts it has had on its residents as well as its ecosystem.

Recognition of the positive impact of the Kullimaaroo Center is largely due to the interweaving of knowledge and professional skills (mobilizing social workers, midwives, gynecologists, instructors, psychiatrists, psychologists, etc.) with knowledge and expertise stemming from community-based practices and skills, primarily developed by women the *bajenu gox*. This recognition is also understandable in view of the increased consideration given to survivors' voices and the center's openness to the involvement, at various levels, of third-party actors such as members of institutional structures, community leaders, members of grassroots community organizations and civil society organizations. However, as the analysis of the data collected shows, the center is facing many challenges, which are heightened by the failure to effectively and pragmatically address the issue of sheltering survivors of sexual violence in national public policies.

Secondly, the data collected allowed us to identify important theoretical and practical lessons from the experiences of sexual violence shared by the ones directly impacted (residents or former residents of the Kullimaaroo Center) and the narratives of the people (entourage and PEC ecosystems) involved in their journeys. First, they reveal the social proximity between survivors and their abusers. The latter are generally members of the adolescents' family, social or educational environment. These collective living conditions shape situations with high stakes and challenges in terms of production and reproduction of sexual violence.

Then, the surveys have shown how this social proximity is one of the strong determinants of the "silencing" dynamics of survivors, who end up assimilating the non-disclosure of the abuse they have suffered as a social practice, structured around values, norms and rules of conduct. Indeed, under the conditions of social proximity described in this work, the disclosure or non-disclosure of sexual violence simply ceases to be an individual matter and becomes a collective (usually family) affair, as survivors find themselves dispossessed of their stories and experiences. Analyses of the social logics and practical modalities of "silencing" survivors have shown how they construct the impunity of aggressors whose crimes are trivialized and hushed up by subjection to the demands of a patriarchal, sexist and sexually violent social project: a certain "rape culture". Finally, the data shed light on the social production process of the continuum of sexual violence, the structuring elements of which must be taken into serious condition when offering holistic support to survivors.

Third and last, armed with lessons learned from the survivors' experiences to illustrate the conditions of social production and reproduction of sexual violence, the analyses problematize the sheltering dynamics of the Kullimaaroo Center as part of a socio-system that integrates the complexity of violence (logics, mechanisms, protagonists, etc.) and its effects on the survivors and those around them. Because it is structured by and within such a socio-system, the sheltering of adolescent girls (both residents and ex-residents) supported by the center is built in a holistic and socially-rooted manner. It is based, on one hand, on valuing the interdependent links that unite the parties involved (voluntary or otherwise) to experiences of sexual violence and, on the other, on the knowledge and expertise emerging from the entrenchment of social and/or socio-institutional practices of the actors (local or exogenous, professional or otherwise, etc.) who work to fight against violence and its overall consequences on survivors.

However, the results of this research, while interesting, do not exhaustively address the issue of sheltering survivors of sexual violence in Senegal, particularly adolescent girls. The research has demonstrated the necessity of documenting the issues and challenges involved in harmonizing

approaches (humanist, feminist, survivor-centered, rights-based, social justice, restorative, transformative, etc.) in caring for the survivors of sexual violence provided in sheltering structures, where they exist. This is all the more necessary as we know that the absence of strong public policies in this area and clear guidelines for their implementation contribute to generating unregulated and sometimes counter-productive interventions for survivors. Indeed, as we have seen from the example studied, it is generally community organizations that define their own processes, in accordance with their own needs and possibilities. However, clarification and definition of joint approaches remain an important part of the work of supporting survivors. They enable an analysis of the coherence between the needs of survivors and the services provided, while strengthening the accountability of sheltering structures. This dimension of the issue regarding sheltering survivors of sexual violence offers stimulating avenues of research. They could criticize and reinforce the results presented and discussed here, in order to help design a guideline for holistic care based on the experience of the Kullimaaroo Center.

Indeed, the construction of such a framework that builds on and valorizes local knowledge and expertise in terms of support for survivors is, today more than in the past, a top priority demand. It is a crucial step if we hope to make significant progress with socially relevant impacts in the fight against gender-based and sexual violence.

Its collective endorsement (public authorities, communities and third-party actors) and promotion will be powerful levers for making sexual violence a bygone, in the name of a joint resolve to build a fairer society. This will undoubtedly be achieved by seriously engaging feminist perspectives and (re)centering survivors' experiences, which are necessary to produce innovative and pertinent analyses that are likely to spawn transformative social policies and responses that operate beyond the status quo mandated by the patriarchal system.

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