



# Trauma

## Accompaniment report

At the request of multiple church leaders, We Will Speak Out SA (WWSOSA) included in the Solidarity Fund project a training programme to equip the faith sector to accompany a GBV ‘victim’ through the journey of becoming a survivor, this project has equipped members of churches, faith institutions and FBOs as First Responders and to offer ongoing counselling and pastoral support to GBV survivors. This GBV Trauma First Responder and Accompaniment Training for faith leaders has sparked much interest in these organised faith groupings and has begun a process of reflection and practical application of learnings in faith spaces.

This project has built on a 2-day face-to-face pilot training programme hosted together by the Evangelical Lutheran Church in Southern Africa (ELCSA) and WWSOSA in KwaMashu, Kwa Zulu Natal, in November 2020, which was attended by 25 participants from across the province and from multiple church denominations and FBOs. After a review of this pilot, the second pilot phase has been implemented in partnership with ELCSA, who has acted as Project Lead throughout.

During this project, face-to-face trainings were planned in North West, Gauteng and Western Cape, and follow-up mentoring was planned for KZN. COVID delayed the plans considerably, and at one point we feared we would not be able to proceed. We Will Speak Out SA then piloted two online training sessions with participants from five different provinces. However it became clear that the online medium is inadequate, as much of the training involves practical counselling practice and peer feedback, which was not easy to achieve online. Therefore, the KZN team decided to offer a further face-to-face training in Durban, KZN, which was attended by some of the online participants as well as others. We have received requests to offer online or face-to-face follow-up trainings in at least 2 other provinces, which we plan to include in further fundraising proposals for Phase 3 of this project.

We have also begun to develop a manual based on the materials already produced during the first two pilots, which we expect will further assist in rolling out this programme to meet the huge need expressed by faith communities to be equipped to respond meaningfully to GBV survivors in their midst in ways that avoid accidental secondary abuse and are consistent with a human rights approach.

The following are the statistics for the Pilot 2 Trainings that took place between November 2021 and end February 2022.

North West Province	<ol style="list-style-type: none"> <li>1. Time period: 2 days</li> <li>2. Format: face-to-face</li> <li>3. Registrations: 20</li> <li>4. Attendance: 25</li> </ol> <ul style="list-style-type: none"> <li>● Men: 5</li> <li>● Women: 20</li> <li>● Race: African Black 25</li> </ul>
---------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Gauteng	<ol style="list-style-type: none"> <li>5. Time period: 2 days</li> <li>6. Format: face-to-face</li> <li>7. Registrations: 20</li> <li>8. Attendance: 25</li> </ol> <ul style="list-style-type: none"> <li>● Men: 10</li> <li>● Women: 15</li> <li>● Race: SA Black 25</li> </ul>
Western Cape	<ol style="list-style-type: none"> <li>1. Time period: 2 days</li> <li>2. Format: face-to-face</li> <li>3. Registrations: 35 (discovered 4 not from WCape)</li> <li>4. Attendance: 21</li> </ol> <ul style="list-style-type: none"> <li>● Men: 11</li> <li>● Women: 10</li> <li>● Race Classification: SA Black 15, White 6</li> </ul>
Online	<ol style="list-style-type: none"> <li>1. Time period: 2, 4-hour sessions</li> <li>2. Format: Online</li> <li>3. Registrations: 82</li> <li>4. Attendance: 30 (gender and race not clearly defined online)</li> </ol>
KwaZulu Natal	<ol style="list-style-type: none"> <li>1. Time period: 1 day (7 hours)</li> <li>2. Format: face-to-face</li> <li>3. Registrations: 35</li> <li>4. Attendance: 25</li> </ol> <ul style="list-style-type: none"> <li>● Men: 0</li> <li>● Women: 25</li> <li>● Race Classification: African Black 24, White 1</li> </ul>

Total church leaders reached: 126

Men: 26 Women: 70 Unknown: 30

Race: White: 7; African Black: 49; SA Black: 40; Unknown: 30



## 1. North West, Gauteng and Western Cape trainings

### Highlights

Participants were encouraged by visits from ELCSA senior leadership, including bishops, to some of the trainings, which showed that their work is highly valued.

The North West Training was opened by the newly Consecrated Bishop of ELCSA Western Diocese, Bishop NE Mogorosi. In his opening devotion from Matt 26 v 17, he mentioned the importance of the fellowship of believers responding to survivors with the message of love, breaking down anything that divides us and ensuring that we remain sisters and brothers and not turn a blind eye when confronted with abuse.

Participants were asked to share their highlights during the reflective evaluations. A key point was that the work of the church is to bring good news to the people but this good news may not be good news for everyone. At this time in our history, the church must take a stand, drawing from God's Word and speak with authority. It's about letting the prophetic voice be heard.

It was noted with appreciation that "survivor stories set the tone for the training". Participants felt they had time to reflect about their own lives and openly talk about GBV. Some even shared that they were abused but thought that it was "just a normal part of life". It was raised that violence against women and dominant masculinity has been a trend in the African community, passed down generation to generation, with mothers and grandmothers supporting this and playing a subservient role.

It was noted that while we hear and read a lot about GBV, the participants had not interrogated the root causes and how people feel so this was an eye-opener.

They spoke of learning about secondary victimisation and how they have to be careful of the language and tone of voice used as this could lead to further trauma. Of importance, participants said they now know to allow the survivor to be the one to tell his or her side of the events. "You can prompt but not give a statement on behalf of someone else."

There was a realisation that when assisting to report a case of GBV or domestic violence, one should give as much information as possible and it must be verified so that the survivor understands their options.

It strongly came through that there was a realisation that justice should be the same for everyone, irrespective of your standing in the church or community. "We are quick to judge others, but we see things differently when it comes to ourselves or prominent people." In reflections they put forward that Jesus should be our role model of the right conduct. "The church needs to be a safe space and restore the dignity of all." This means we also have to address cases when our leaders and preachers are abusing people. But how to go about this is very challenging.

Finally, the contextual Bible study on the Emmaus road was mentioned as teaching us as trauma counsellors that:



Accompaniment in simple terms is walking with people in our community and Church. This means addressing GBV 365 days a year and not just for the 16 Days of Activism, and we need concrete plans to achieve this - *“our prayers must have hands and feet”*.

## Learnings

Some specific learnings from evaluation reports included:

- We need to be good and active listeners.
- We need to be listening with empathy.
- We need to ask relevant questions that do not create a sense of blame.
- One must believe and journey with survivors.
- We need to gain the trust of people who have suffered a trauma; in this way we can be of more assistance.
- GBV is not an isolated topic that can be dealt with by the church alone.
- Preparators need to be educated.
- Not everyone wants to be helped.
- GBV is not just physical but there are many forms of abuse.
- There are important differences between counselling and accompanying. It is possible to refer someone for counselling and continue to accompany them by offering ongoing support.
- Networking is very important, as churches cannot work in isolation and often lack the skills to meet the diverse needs of survivors – and so referrals are critical.
- We need to approach our scriptures differently and not just preach the way we were taught.

## Structured question follow-up

In our follow-up exercise, we requested feedback from 10 participants and received response from 4. We used structured questions:

### Gauteng

1. *What did you learn during the workshop?*

- I have learned that we all need to be involved in eradicating GBV
- So much! I have learned to listen without judging, and to look beyond the obvious
- I learned about the different kinds of abuse. And how to work with ‘victims’ of abuse cases

2. *What was the most important learning?*

- Healing is continual
- The motivation by a survivor for justice and to heal
- How to interact with ‘victims’ of abuse cases

3. *How did you implement your learnings?*

- I am still in the planning phase
- Not yet
- It has assisted me to always reflect on experiences

4. *How did you report back to your church/organisation?*

- I have shared with three individuals and am in the process to share with the Bible study group as soon as we meet



- So far, I've shared it with my fellow students
  - As a group that attended the training, we have not done a formal report back but spoke about the training with three different groups: Fellowship, Prayer Women's League and the Church Council
5. *Did you start a group to work on trauma response and counselling together? If yes, share the experience?*
- No, not yet
  - I am trying to get a few people or as many as I can together for the prayer day on the 4th of March. Men and women
  - We haven't started a formal group but have discussed the possibility
6. *Have you counselled trauma survivors and how has this been?*
- No. I feel that I still need to learn from others
  - Not yet
  - As part of my work experience, I have dealt with trauma victims and survivors and can now refer them to the relevant people or departments
7. *Have you referred trauma survivors and how has this been?*
- No, but I have a list of people to approach
  - Not yet
  - Yes. I have referred trauma survivors and it was very emotional
8. *What is the highlight of what you have done since the course?*
- I have no highlight yet
  - What I realised is that I look at people differently. I am eager to help. It's like I understand life better in a way
  - Planning a women's event where we are going to include GBV to be part of the discussions. We are looking at a date close to the International Women's Day, that is the 8 March
9. *What type of support do you still need?*
- How to put systems, structure and strategies in place if you're starting on your own
  - I realised after the training that I want to go into counselling. I want to finish my studies and get further training in counselling. This training opened my eyes to a whole new world of abuse
  - More courses on how to deal with GBV cases, particularly at local congregational level, as we need to form response teams at that level

### Western Cape

1. *What did you learn during the workshop?*
- I have learnt to speak up or speak out. That the voiceless can speak for themselves. The procedure of how to handle when a victim informs you what happened to you. What the difference between pastoral care and crisis counselling
  - I had an eye opening experience and have taken for granted that places like the church, houses/homes and the police station are safe spaces
2. *What was the most important learning?*
- That I am not a trained counsellor. Important was the skills to handle a situation but mostly to listen and not give advice



- The issue of \_\_\_\_\_ victims was the most important learning. I have always been focusing so much on the awareness about statistics and the brutality of GBV but in the process, I have neglected the 'victim'. The workshop made me realise that it is time that we listened to the victims and that we do not speak for the victims. We usually say that victims are voiceless however they are not - we silence them so that we can speak for them.

*3. How did you implement your learnings?*

- I have tabled a report to the leadership of the church. In the report I have recommended that the group must come to present the workshop to the full clergy and leadership of the district. I am a principal of our church's early childhood development centre. I had a session or two with parents who were verbally abused. My training then came in handy
- I have not arrived at the stage of implementation however I have many plans for the youth in Atlantis which happens to be a GBV hotspot.

*4. How did you report back to your church/organisation?*

- I tabled a report to my local church. Also had a session one Sunday morning to give feedback to the congregation. I also spoke to the parents of our creche during a Parent Teacher meeting
- Myself and the two vicars who attended the workshop have not reported back to the church yet but we have informed the elders

*5. Did you start a group to work on trauma response and counselling together? If yes, share the experience?*

- Not yet. I have discussed it and have been advised to wait a while
- Not yet. We actually plan to do a lot of things especially in partnership with the local police.

*6. Have you counselled trauma survivors and how has this been?*

- My skills could be utilised when I had a session with my parents.
- As a pastor I have counselled trauma survivors before this training. I have been trained in healing and counselling however the training was for one year and it was short.

*7. Have you referred trauma survivors and how has this been?*

- Parents did not go that route. They have just needed an ear to listen
- Yes I have before but it was not as professional as it ought to have been but I know better now

*8. What is the highlight of what you have done since the course?*

- Informing congregants and parents that are part of the community
- The presenters knew their business that made the training lively and very energetic. I enjoyed it

*9. What type of support do you still need?*

- I need ongoing support. I am at times still unsure of my own capabilities
- I would need assistance in creating digital workshops, among other things.

### **3. Online**



There was a high number of registrations for the online course (84), but only 36,6% of those who registered, actually attended the training. This can be attributed to overall online fatigue that has swept the whole world since the beginning of COVID-19. What also must be taken into account is that online etiquette is not the same because non-arrival in an online room is not the same as in a physical training room. It is seen as impolite to respond and then not attend a physical training, and in fact rude as the host would have incurred costs in preparation for your attendance. There is no such equivalent in online trainings. Further, during lockdown and now beyond, it became difficult to ascertain which of the hundreds of trainings on offer could be credible, valuable and worthwhile. It is so easy to just 'click yes' and leave it to the Google calendar which pops up 30mins before the session to remind you - and just as easy to click 'x' and dismiss. Thus it is difficult to assess the drop out rate, especially as this is a new and unknown pilot.

Much of being able to assist in a GBV setting, and to support a survivor concerns rapport and building trust, reading body language and responding to non-verbal cues. This is something that the course material covers, so it was something we needed to highlight much more in our online training.

After the contextual Bible study, the participants drew some lessons for counsellors:

- Begin by listening
- Remain in the background – their life is not about you
- Do not judge, and only give information when they ask for it
- Listen to their tone, body language and other signals to help them gently move to the next level of their growth
- Allow them to discover their own way forward
- Leave them to take their own steps – it is their journey

Participants reflected on their role in two important ways:

- To be aware of and manage their own triggers, and not impose one's own story on someone whose story may be very different;
- To be open to referring the person they are counselling, as survivors have many diverse needs that no one person can meet. It must not be seen as a failure - it is about their role in understanding what is best for the person.

### **Focus group discussion**

A focus group discussion was held during the Durban face-to-face training with participants who had been on the online sessions for the trauma accompaniment training. The premise for selecting these participants was that they had found the online course valuable and were doing the face-to-face training to broaden their knowledge and training experience.

Participants by profession and faith:

Zola – Doctor, Christian

Thandi – Sports Coordinator for girls, Christian

Mbali – Lecturer, Christian

Hailey – Runs the Ubuntu Wellness Centre, Bahai



Three key areas were discussed:

- A reflection on the learnings
- Putting the learnings into practice
- Reasons for attending the further training through face-to-face

### **Reflection on the learnings**

The central thread to how participants reflected on the learnings was that of storytelling. Through the discussion it was felt that there is so much power in sitting with a survivor and giving them the space to tell their story. And in the process of listening, to actually hear them at a deep level. They said this was important not only for the survivor but also for them to ensure an authentic process.

Mbali spoke of the importance of not placing yourself in the survivor's story as this will twist her story and her reality and her healing. "I learnt that it is so important not to interject, suggest something new or make your questions too probing."

Zola echoed this by saying it is important to know and show that "you don't own the client's story" as it is about them and "not about me". She says also for her was that she learnt the importance of suspending all judgement, no matter the story.

Hailey reflected on how storytelling is an art form: "I love the arts and my take-away is that this type of art creates a healing of the heart. And that is where abuse is – in the heart."

For Thandi, she said that the very fact that the survivor is telling her story takes such bravery. She raised the issue of being composed at all times when with the survivor is telling their story, so as to hold a non-judgemental and hospitable space open that frees the survivor to be themselves.



### **Putting the learnings into practice**

There was much animated discussion on putting the learnings into practice. Again there were some commonalities. What strongly came through was the importance of rapport, body language and congruency. And this applied to 'reading' the survivor as well as in how they portrayed and held themselves in their role as first responder.

They spoke of how they have changed the way they do things by making small but impactful changes such as: sitting squarely when facing a client or survivor, doing away with barriers such as a table in between them and the person, keeping arms open and not folding them over their body as a sign of openness.

Mbali spoke of the importance of eyes in the process: "Eyes say a lot! And now with masks it is even more important to have that connection. I have learnt to look with compassionate eyes and to use and follow the lead of the survivor's eye contact."



Again they raised the issue of listening. Zola remarked that as she deals with people as a doctor who are experiencing GBV, she is now “better than before as I am using silence – to listen.” Hailey said that part of the power of active and deep listening was that you “don’t have to have the answers.”

Again bringing it back to rapport, Mbali spoke of how useful it had been to follow a process of listening, gathering data, reflecting and paraphrasing before putting options to the client.

This led to talk about how much more confident they are now that they have a “resource referral pathway.” They said their yellow bookmark of referral resources published by WWSOSA and KZN Network on Violence Against Women has been very useful but that they also are looking at gathering more local referral resources.

Zola explained how she is now working with her patients: “When I see physical symptoms like a headache or chest ache that persists but there is nothing wrong physically, I now pause. I am able to now say, ‘Would you like to have a chat if you feel comfortable.’” In this way, she gently offers a safe space. Her challenge now is to build up a referral system for counselling or care in her area that covers public and private personnel and facilities.

Thandi spoke of how the resources from the course had been so beneficial. She says she used the case study of Tamar during a girls’ camp and how the girls really opened up in response to this. She said they felt much stronger to go back into their environments and spaces having had this dialogue.

Hailey shared a couple of case scenarios where she took an ecosystem approach to trauma accompaniment, dealing with the emotional and practical and legal with all parties involved in the situation. She raised the importance of talking with the perpetrator in a way that opens them up to consider how as a person they are not benefitting from abuse and how instead they could grow and develop and feel good about themselves.

### **Reasons for attending the further training through face-to-face**

All participants said they needed a follow-up training to give them more knowledge, to share and discuss, and to reflect on how they had applied the online learnings and get and give advice with the group. They said that while they had benefited from the online course, they all much prefer the contact face-to-face experience. They reflected that physical places and spaces of meeting are so much more appreciated now, post-lockdown, as the difference is felt in sharings, learnings and networking, as well as from a personal knowledge perspective.

Thandi said she needed more support in how to practically create safe spaces in her church. Hailey spoke of the importance of comparing notes, breaking down silos and creating networks. She said she had signed up to find ways to partner with other organisations to uplift women in African societies which is important in her role as Coordinator of the African Women’s Faith Network.

Both Mbali and Zola are involved in establishing Gender Desks. Zola has been asked by her Bishop in the Methodist church to establish one. Opening up, she said she felt somewhat “inadequate” so her aim was to come to the contact training to gain more knowledge and confidence to “go back, report,



encourage and set up.”

Mbali has spearheaded the establishment of a Gender Desk in her Anglican church and has the challenge of integrating this across the board but there is a definite split in congregants who attend the English service and those who attend the isiZulu service – she is up for the challenge!

#### 4. KwaZulu-Natal

The Durban training exceeded all expectations. It comprised facilitation, group discussion and practicals. The energy and excitement of the group was palpable. We share some comments from their evaluation responses.

##### Participant evaluation

The responses to what was most valuable included:

- The contextual Bible study (Rape of Tamar); and integrating scripture and putting it in today's context.
- Practical insights through stories shared and input from the facilitators - Thank you!
- Gathering knowledge, as well as seeing things from different perspectives
- The discussion on Tamar's story.

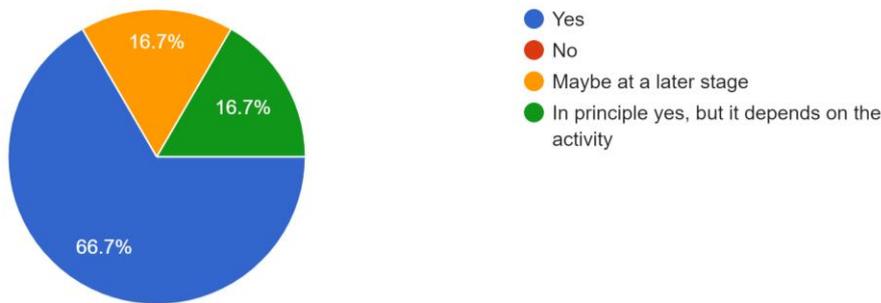


Looking at how the course could be improved, participants said they would like more practicals in the workshops but also in the field. Connected to this, participants said that face-to-face trainings were more preferable to online sessions.

An important question was asked: “How do you see yourself applying what you learnt yesterday in your work and ministry? (eg. What are you doing already and how will you do it differently now? What new activities are you planning?)”

Some responses included:

- Applying to individuals and families in these kinds of crises as they arise.
- I plan to share at church with my pastor and get feedback from them regarding this ministry.
- listen more actively to support more fully.
- Taking it back to my young adults group at church, and engaging our Rector in campaigning for a more safe space within the church.
- While I wait and discuss what a counseling office or space will look like in our church, I can start having conversations with my family in questioning and challenging the status quo about gender roles.
- This was my first encounter with GBV training, I hope to create awareness in my church community first through our families' programme.



When asked for ideas on follow-up and how to shape them to be most worthwhile, what came out strongly was quarterly debriefing in-person session, more practicals in the field with survivors and setting up support services for survivors.

**Facilitator evaluation**

As for the informal reaction and feedback, an interview was held with one of the facilitators. She said that what came out organically was the concept of the ‘wounded healer’. So often and so many people, especially women, who are survivors of GBV are drawn to help others who have or are experiencing.

*“We dance through the five stages of healing in relationship to being the victim, the survivor, the healer, the transformer, and eventually the one who rests in compassionate service. Our sacred task in life is to transform the most difficult things we have been through into our greatest strengths.”*

- Lucia Horan, Buddhist healer from the Esalin Website

**Ongoing Mentoring:**

The facilitator said that the training took an unexpected turn in terms of the ‘wounded healer’ and she says she thinks that from the training, a “movement of survivors has begun.” At the time of writing this report, she said 12 out of the 20 of the participants have asked for support and mentoring to set up small groups in their areas. A comment from one of the participants is that we are “longing to be heard”. She has already begun this work, which will continue and hopefully grow if further funding can be found.



She says the idea is that these participants set up small groups in their area which “will create safer spaces for healing and learning more about SGBVF and advocacy group counseling.”

As the facilitator of the workshop and through the Faith Action to End GBV Collective, she sees her role will be to support and ‘mentor’ the leaders of these groups (who are the training participants). As this plan unfolds, it will be organic but initial plans are that they will monitor on a monthly basis and have check-ins with the participant leaders and perhaps a group get together of these leaders to share learnings and go deeper into GBV and facilitation. Hosting a large meeting once a quarter or half-yearly for all



member of the groups is also an option to have a large group facilitated workshop for all the members of the groups.

“This is exciting as through this training, as facilitators we have been pushed and challenged to apply the learnings and honour the needs of the participants, but we accept this challenge and will journey with them.”

## 5. Survivor referrals

One of the aims of the Trauma Accompaniment training programme was to have the participants as first responders actively supporting survivors to the point of referral to professional support, and then ongoing.

There are some major learnings from this as to attempt this in a short project is not practical. Further, many survivors may take months of talking to a first responder to then be referred, or may never want to be referred, or may just keep staying in an abusive relationship for many different reasons.

We took a look at the reasons for this in the faith sector by having an in-depth interview with a leader of the Phephisa Survivors Network which is an active official partner with We Will Speak Out SA and a partner in the Faith Action to End GBV Collective. We have not used her name in keeping with her need for anonymity due to the sensitive nature of the discussion.

First off, she made a clear point that an episode of GBV, in particular rape, by a stranger/s, saying this person was more likely to seek justice and report a case and go through the justice system.

And she said this goes to the heart of the matter as to why others do not want to report or take a long time even to go to an organisation or person just to talk or seek support to cope and perhaps leave the situation, with no intention of ever reporting. This is because of the relationship with the perpetrator.

To paint a picture of this she said: “When you know a person and have a relationship with them, it is very rare that someone will report it the first time. Especially if it is a family member or a close friend or person to the family. The ‘victim’ interprets this as thinking maybe the perpetrator made a mistake. They wonder if it really did happen. They ask themselves: *Did I do something to make it happen? Was it my fault?*”



She went on further to explain that they try to deal with it and try to make sense as they attempt to work out the behaviour. In doing so, they develop coping mechanisms.

“They tend to defend the perpetrator as while they feel the abuse is a betrayal, they in turn believe that it will be a betrayal if they report this officially or even try to find support through organisations.”

And she emphasised that it is very rare that someone will seek help the first time it happens when there is a relationship.

We then moved on to discuss GBV in the faith sector and focused on it happening in the church.



“The faith leader wields the power as in almost all cases, the abuse has been thought through and planned out by the perpetrator.”

She explained that it is really difficult for someone in the church to mediate, such as a trained trauma accompaniment person as they are working with both their faith leader and a fellow congregant.

The faith leader wields the power as in almost all cases, the abuse has been thought through and planned out by the faith leader which then in a big way works against the survivor. So he will have back up and evidence to show he did not engage in GBV. She said: “Because it is planned, there is less evidence and the perpetrator is believed. The faith leader actually traps them.”

She also commented that many times the faith leader will portray it as a relationship. He will manipulate the situation by asking them to meet at a specific place for religious prayer or blessing, then saying things like: *Why did you come to my office or my home, if you were not interested in a relationship?*

She says that in some instances, the faith leader would target an “outgoing or loud” woman as they would not come across as a ‘victim’ so will not easily be believed.

She shared an incident of when she was called in to mediate within her church setting between a woman and the pastor she alleged had abused her. She raised an important point: “How can the church be neutral and supportive to both sides in cases of allegation and also when the case is not finalised formally.” In that instance the case did go to court and it was dismissed as there was not enough evidence.

“So here there is a woman who was brave enough to report and the justice system failed her. And we have the faith leader who was not found guilty in a court of law.”

She says that as forgiveness and reconciliation is foundational to the church, the faith leader then went through a process of character building and restoring of his character. Even though the survivor went through a counselling process, she eventually left the church “so we lost her.”

“What does this then mean for the perpetrator as a leader? He gets emboldened to do it again. And so do other men in the church. And what of other survivors – they will keep quiet. Survivors are silenced and feel betrayed.”

She said that there are perpetrators in church who are also raping people outside of the church and this is a huge issue to try to tackle.

Through working with We Will Speak Out SA, and now aligned with the Faith Action to End GBV network, she said she has realised just how patriarchal churches are as men dominate and are the overall decision-makers. Through this partnership, she works in the Rapid Response Teams as the church leaders are key stakeholders in the multi-stakeholder approach.

“We get the church involved in stakeholder networking and involvement so now I know the pastors in the area and that means there is a certain sense of accountability.”

So how do we do prevention work? “It’s difficult in church – if we do it just for the individual perpetrator it is only one life. And we shouldn’t ask them to go outside of church to deal with it. Church is about love and restoration, learning and growing together.”



On the flip side, she said there was a man who was part of gender training and then he went and raped his grandchild. He used the information that he was trained on to empower the survivor, to actually help him cover up and get rid of the evidence. “And we thought we had a positive man for change who was part of the movement.”

Her final comment was so powerful.

*“We can’t push women to report because if the justice system fails them,  
if the church fails them and if the community fails them,  
then YOU have failed them in encouraging them to speak out.”*