

South Sudan Crisis: Why we must broaden the conversation on GBV data

“How many cases have been recorded?”

When examining gender-based violence (GBV) in humanitarian crises, the discussion often turns toward how many cases there have been. Though “getting the numbers” may, at first glance, seem like the most logical and efficient way to understand any issue, placing too much emphasis on counting GBV cases can – for a number of reasons – actually be counterproductive. Focusing only on numbers not only fails to capture the true extent and scale of the GBV that is occurring, it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored.

Understanding “the tip of the iceberg” in the context of South Sudan

GBV experts often use the phrase “tip of the iceberg” to describe how GBV is under-reported in all settings and that recorded cases represent only a small fraction of the overall total. Examining the specifics of the South Sudan context helps illustrate why this phrase is true and how high the barriers that stand between a GBV incident becoming *reported* – and, therefore, *recorded* – truly are.

First, due to security and access challenges, in South Sudan GBV services are still mainly limited to those residing in Protection of Civilians (POC) sites (approximately 10% of the displaced population). This means that the majority of survivors cannot access services and, therefore, have no one *to whom* to safely report.ⁱ Secondly, across much of the crisis-affected area, women have indicated that their most pressing priority is meeting their families’ basic survival needs. With much of the displaced population facing the threat of starvation, even in the few areas where health services are available, survivors of rape have felt compelled to continue searching for food for their children rather than seek life-saving treatment for themselves.ⁱⁱ Some survivors are unaware of the health consequences of sexual violence and/or how to access care. Still others would like to seek help, but know that simply being seen or overheard discussing GBV with humanitarian actors could result in further harmful consequences – such as retaliatory attacks from perpetrators, rejection from their families and communities, or having their case sent to a traditional justice mechanism, where a common remedy to a sexual violence crime is forcing the survivor to marry her perpetrator.

As the humanitarian community, we need to broaden our collective understanding of what constitutes GBV data.

As illustrated by the examples above, the myriad reasons why survivors may report (or not report) a GBV incident make attempting to interpret the overall GBV situation through case numbers alone a nearly impossible task. However, other types of data – both quantitative and qualitative – on GBV patterns, trends and risks can help paint a fuller picture, particularly when multiple sources are reviewed and analysed together. A wide range of such data has been collected in the South Sudan crisis and the results are alarming.

Protection, GBV and multi-sectoral assessments conducted with affected communities across the country have described the horrific violence taking place, including: rape, abductions, sexual slavery, mutilation of sexual organs, forced marriage, sexual exploitation and abuse, sexual harassment, and intimate partner violence.ⁱⁱⁱ In a recent IRC assessment, 100% of focus groups with women and girls reported that rape is a common feature of the conflict and remains an ongoing threat both inside and outside the POC site. Human rights reports have indicated that gang rapes are common; some women have been raped to death; and those who try to fight back against their attackers are often raped by sharp objects instead. These reports conclude there are reasonable grounds to believe the scale and nature of sexual violence could constitute crimes against humanity.^{iv}

In short, no one can credibly say we need “the numbers” to know GBV is a central feature of the South Sudan crisis. Furthermore, pressuring service providers for case data distracts them from doing their real work and compromises their ability to provide life-saving care. Therefore, all actors involved in the South Sudan response are urged to place less emphasis on counting cases and instead employ a broader – and more constructive – definition of GBV data.

Humanitarian actors across all sectors as well as **UNMISS** are strongly encouraged to formalize the channels through which women and girls are consulted about their safety concerns and use the information gathered to improve GBV risk mitigation efforts. This can most effectively be achieved through the establishment of women’s committees for regular consultations and by increasing the number of women in existing leadership structures, which are currently dominated by men. GBV experts are also available to provide technical assistance in assessing protection risks, identifying potential GBV “hot spots” and planning prevention and risk mitigation activities, as needed.^{v,vi}

The Humanitarian Country Team and **Donors** are urged to facilitate the implementation of life-saving health and psychosocial services, regardless of the presence or absence of recorded GBV cases. If resources for GBV programming are predicated on post-hoc “proof” (recorded cases), urgent, life-saving care is denied to those who need it and lives are unnecessarily placed at risk.^{vii} These actors can also help contribute to a better overall response by promoting integration of GBV risk mitigation into interventions across all humanitarian sectors (see text box below).

A note for journalists: Media reports have been successful at capturing information on GBV in the South Sudan crisis, such as highlighting how sexual violence has been used as an ethnically-targeted weapon and how radio broadcasts/hate speech have been used to incite sexual violence across ethnic lines. However, it is critical that journalists covering GBV in emergencies always adhere to global standards for protecting both survivors and service providers, as laid out in the GBV AoR’s *Media Guidelines for reporting on Gender-Based Violence in Humanitarian Contexts*.^{viii}

The *Guidelines on Gender-based Violence Interventions in Humanitarian Settings* (IASC, 2005) state that “all humanitarians should assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue” regardless of the presence or absence of reported cases. Furthermore, the benefits of GBV risk mitigation are not limited to GBV and protection outcomes; they extend to overall effectiveness of other sectors’ interventions as well. For example, if women and girls feel safe traveling to and from water points, more clean water reaches the rest of the family and hygiene outcomes are likely to improve.

ⁱ According to global safety and ethical standards, data collection on a particular incident should only occur in conjunction with service provision. See [Ethical and Safety Recommendations \(WHO, 2007\)](#) and www.gbvims.org.

ⁱⁱ After a rape, a survivor has just 72 hours to prevent HIV and sometimes only a matter of hours to treat critical injuries.

ⁱⁱⁱ A non-exhaustive list of relevant assessments include: *Capacities and Vulnerabilities Assessment, Leer Town* (NP, June 2014); *IRNA Koch County* (June 2014); inter-agency GBV assessments in Bor and Malakal (February – May 2014); various GBV rapid assessments by IRC (February – June 2014); *Protection Trends Analysis, May 2014* (South Sudan Protection Cluster); *The Girl Has No Rights: Gender-Based Violence in South Sudan* (CARE, May 2014), multiple reports by the GenCap advisor (April – June 2014); *IRNA, Bor* (February 2014).

^{iv} “Conflict in South Sudan – A Human Rights Report” (UNMISS HRD, 9 May 2014); “Nowhere Safe: Civilians Under Attack in South Sudan” (Amnesty International, 8 May 2014).

^v See [“Guidelines on Gender-based Violence Interventions in Humanitarian Settings” \(IASC, 2005\)](#).

^{vi} Contact Fabiola Ngeruka, national GBV coordinator (ngeruka@unfpa.org) for further details.

^{vii} See “Lifesaving, Not Optional: Protecting women and girls from violence in emergencies” (IRC, 2012).

^{viii} [“Media Guidelines for Reporting on Gender-Based Violence in Humanitarian Contexts” \(GBV AoR, 2013\)](#).