

'THE GIRL HAS NO RIGHTS':
Gender-Based Violence in South Sudan

REPORT





'The Girl Has No Rights'

CARE places special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty.

ACKNOWLEDGEMENTS

This document is derived from a baseline survey of gender-based violence (GBV) affecting women and girls in South Sudan, conducted by Mary Njeri of Asilia Consulting with support from the United Nations Children's Fund. The photograph on the cover is not of a GBV survivor, but of midwife Deborah Ayor, one of three Traditional Birth Assistants at the CARE-supported Twic East County health clinic in Panyagor. None of the images in this report are of GBV survivors. They were taken, with consent, of participants in CARE South Sudan's programs. Photography and research by Dan Alder, CARE International in South Sudan's Advocacy and Communications Officer.



*ABOVE: Nyakoang Rieka walked from her village to the food distribution center in Pagak, Upper Nile State with her elderly mother and three children. On arrival, she gave birth to her fourth child, Pal Khor Lul, and then walked back with two weeks' worth of rations for her family of six.
Photo: Alder/CARE*

Gender-Based Violence in South Sudan

There are few places in the world where it is more dangerous or disempowering to grow up female than in South Sudan. In South Sudan, the vast majority of women and girls will survive at least one form of gender-based violence (GBV) — be it rape; sexual assault; physical assault; forced/early marriage; denial of resources, opportunities or services; or psychological/emotional abuse. Many categories of GBV are pervasive and engrained in the fabric of society. All tribes and geographic regions have some differences in terms of prevalence, but the thread of GBV sadly runs throughout the country, with bride price as a cornerstone of the nation's economy.¹

GBV is rooted in discriminatory social norms and power inequalities between men and women in social, economic and political spheres of life. In a number of contexts involving armed conflict globally, rape and sexual assault has been used as a tactic to humiliate, intimidate, displace and traumatize communities. The use of rape and sexual assault as a tactic of war has a deep, tacit link with the acceptability of all forms of GBV during times of peace. During armed conflict, and in other humanitarian contexts, social norms are redrawn and acts which may not have been acceptable previously may become common place — especially in contexts where one social group is psychologically

dehumanized by another. With the eruption of violence in South Sudan in December 2013, the nation has been shaken to its core. According to diverse human rights reports, surveys and rapid assessments, the people of South Sudan have faced tremendous violence including rape and murder in their communities, the bush where they have fled, and the places where they have sought shelter, including hospitals and churches. Prior to December, GBV was a widespread concern in South Sudan; now it is a crisis, and will have far reaching, long-term effects which will impact future generations — with children witnessing sexual violence, children being born of rape, or children's mothers disappearing or being murdered. We need to also keep in mind that early marriage may be used by families to try to protect their girls in times of conflict and as a means of income generation in times of extreme poverty and food insecurity — which is the case at this time.

GBV is manifested in a variety of ways during peacetime and conflict depending on context and varying over time and place. Therefore, with a focus on women and girls, this report first provides an overview of GBV in South Sudan in the current conflict, before presenting data from a baseline GBV survey conducted in October and November of last year by CARE International in South Sudan, with support from the United Nations Children's Fund (UNICEF). This latter survey found that GBV, both physical and structural, is



CARE works to improve women's access to basic services, in part by supporting clinics and health workers like Rebecca Achol Atem and Peter Maibor Kuiryardit at the Twic East County health facility in Panyagor, Jonglei.
Photo: Alder/CARE

FACTS AND FIGURES

- Only 7% of survey respondents who experienced GBV said they immediately reported it to the police
- Only 37% of respondents who said they reported GBV to hospitals or police received any psychological support
- 43% of GBV survivors said they decided to keep quiet out of fear
- 57% did nothing because they felt there was no point in reporting cases of GBV
- South Sudan has the world's highest maternal mortality rate: 2,054 per 100,000 live births
- Infant mortality rates are also high, at 69.97 per 1,000 live births

widespread and shrouded in secrecy. Sexual and physical violence, psychological abuse, and the denial of education and economic opportunity were all commonplace and seldom reported. Interviews with households, with focus groups, and with key informants illustrate how prevailing societal norms, especially in the countryside, marginalize women from participation in political activity and family decision-making and leave them vulnerable to numerous forms of violence. This survey's place-specific contextualization of GBV in South Sudan prior to the conflict can be used to inform our understanding of GBV before and during this period of crisis.

From Very Bad to Even Worse

There are no reliable figures on the number of people killed by the conflict that erupted in December of 2013. However, we do know that by the end of April 2014 almost one million people were confirmed displaced and 300,000 more had fled to neighboring countries. For the women and girls among them, already scarce or socially unacceptable basic reproductive health care services became even harder to access. Separated from the normal support structures, which have themselves been badly damaged by the conflict, they struggle to meet their

“The density of people in living spaces was 13 times the recommended humanitarian minimum, posing significant health, protection and security risks to girls and women.”

basic needs. Many have been forced to seek refuge in the bush, cut off from shelter, protection, health care and education, thus deprived of an ability to realize virtually every fundamental human right.

An interim report on the conflict published by the South Sudan government's Human Rights Commission documented “gross violations of the right to life of not only combatants but also of innocent and defenseless civilians including children, women, and the vulnerable.”ⁱⁱ These violations have been confirmed by multiple sourcesⁱⁱⁱ. Interviews conducted by various assessment teams among displaced populations in several states have revealed a disturbing pattern.

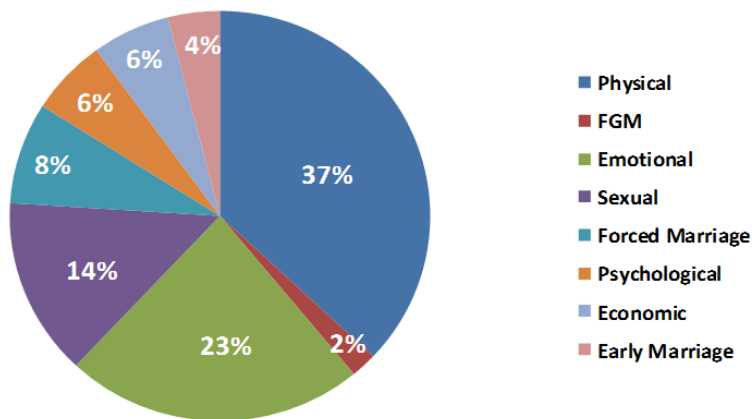


CARE-supported Community Hygiene Promoter Deborah Athock, 21, said she overcame her shyness and the traditionally passive role assigned to women in rural South Sudan and is spreading the word on good hygiene from village to village in Jonglei's Twic East County. Photo: Alder/CARE

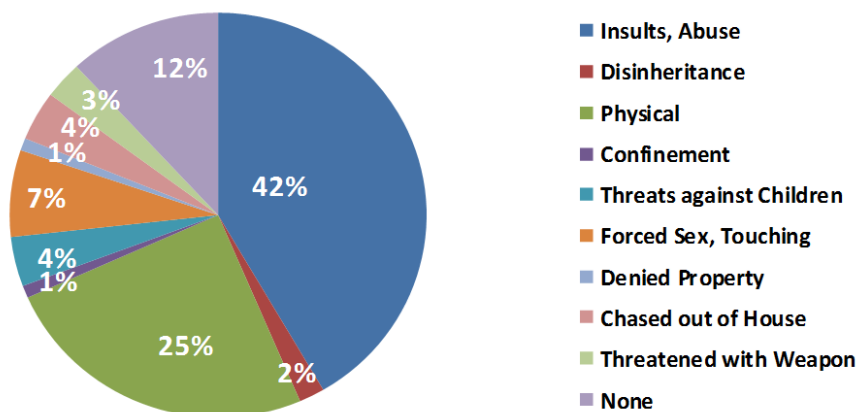
When men with guns came to raze villages, the intended victims fled into the bush with almost nothing, yet they did not always find safety. A January 14 interagency assessment report conducted in New Fangak in north Jonglei State found that, “women and girls from age 14 were raped during the attack and while fleeing.” Respondents further commented, “the ones that were only raped are lucky because they survived. Many were raped and later killed, others were just killed.”^{iv} The few cases of conflict-related sexual violence (CRSV) that have attracted media attention are unique only in the public manner in which they were perpetrated. CARE GBV and Sexual and Reproductive Health officers have encountered similar stories among the populations of Internally Displaced People (IDPs) with whom they work.

Even women and girls who have found shelter in places where the humanitarian community can access them have been forced to endure living conditions that routinely fall short of international standards. UN Women Executive Director Phumzile Mlambo-Ngcuka told the United Nations Security Council in a March 2014 briefing that she was appalled by the conditions in the Protection of Civilian (PoC) areas. “The density of people in living spaces was 13 times the recommended humanitarian minimum...These conditions pose significant health, protection, and security risks to girls and women”, she said. Latrines themselves also pose problems. The camp management cluster and IOM reported in February that there were less than half as many latrines in the Tongping and Malakal PoC areas as indicated by international standards. Women and girls often face greater vulnerabilities without sufficient spaces for privacy. Their privacy concerns have been compounded as assessments indicate that women and girls in IDP areas lack sufficient clothing, undergarments, and sanitary materials.

Types of GBV You've Heard About



Types of GBV You've Experienced



* Data from the survey respondents

In addition to a concern for privacy, overcrowding in displaced persons settlements creates other vulnerabilities. In Nimule, a town on the southern border near Uganda hosting some 30,000 people who fled fighting in the north, CARE staff heard many stories of sexual assault and intimate partner violence. Some of those consulted believed that the combination of men with too little to do and girls with too little to eat was leading to sexual exploitation. Discussions with community members brought out stories of girls resorting to transactional sexual relations as a mechanism to survive, and of families pressuring girls into early marriage due to extreme poverty and heightened risks of abuse and sexual violence within the community. In many countries in conflict, a combination of food insecurity, physical vulnerability, customs that place responsibility for family subsistence on females, and the marginal social positioning of women and girls can lead to negative coping mechanisms such as transactional sex and early marriage.

Conflict does not simply generate heightened levels of GBV in a vacuum; rather, conflict can draw upon and expose underlying prejudice and gender discrimination. The following section examines the context of GBV in South Sudan.



A woman in Nagdiar Payam, Baiet, Upper Nile State uses a thumbprint to register her participation in CARE workshop on the importance of local participation to the development of good governance. Photo: Alder/CARE

The Context of GBV in South Sudan

CARE's focus on women and girls is rooted in almost 70 years of expertise in fighting poverty across the globe. CARE's experience shows that women and girls are often disproportionately affected by poverty and that addressing gender inequality and empowering girls and women is one of the most effective ways to fight poverty – for women, girls, boys and men. Guided by this global strategy and its focus on female empowerment, during the last quarter of 2013 CARE International in South Sudan conducted a baseline survey of GBV in three states: Jonglei, Unity and Upper Nile. The assessment is based on a desk review of existing literature, interviews with key informants, and focus group discussions. Structured household interviews and observation gathered data from 368 individuals (280 female and 88 male) in Upper Nile and Unity. These states, together forming the Greater Upper Nile region, are both the focus of CARE's programming in the country and the areas hardest hit by the recent violence. The survey was based on a desk review of existing literature, interviews with key informants, and focus group discussions.

The survey revealed that 37 percent of respondents cited examples of physical violence and 14 percent knew of cases of sexual violence. Asked about personal experiences, 25 percent said they had experienced physical abuse and seven percent reported forced sex. Given the complexity of GBV, and all that it encompasses, these numbers are likely to be higher.

The government has ratified many significant international legal documents and instruments^v that address GBV and also enacted prohibitions against GBV in domestic legislation. Yet, women and girls in South Sudan continue to face systemic barriers to justice for GBV, including lack of resources, infrastructure, and personnel. The 2013 U.S. State Department Country Report on Human Rights Practices for South Sudan found that, although rape is punishable for up to 14 years' imprisonment and a fine, "the government did not effectively enforce the law, and rape was thought to be widespread." The report says that the law does not prohibit domestic violence, and notes that "both statutory and customary courts were undermined by political pressure, corruption, discrimination towards women, and the lack of a competent investigate police service." It is partly for these reasons that, among

Interview with Maternal & Child Healthcare Worker Rebecca Achol (R) and Maternity Ward Director Michael Majok (M) at the Twic East County Health Department clinic in Panyagor, Jonglei. Nov. 2013.

R: *If a girl is raped in the community they cannot bring that girl to be taken to the police or to be brought here to the clinic. They can't share it. ... If (it) is known that she had been raped, you cannot even work with the people. You can be alone.*

M: *Because that one is confidential, (if) you don't keep secret, ... then later on your girl will not be married.*

M: *This community, they just are not reporting (any) old rape cases, unless it is serious. ... If they see that one is serious and that the survivor is not eating, this is where they come and they report to the police case so that if that survivor is dead, she will be compensated. If it is normal, if there is no bleeding and there is no lacerated womb, they just keep quiet there. They don't report.*

CARE: What kind of compensation?

R: *Cows, they can pay cows.*

CARE: So how much is a girl's life worth?

M: *That one, it depends.*

R: *Sometimes they can say you have to marry this girl. Then you pay either 30 cows or 40. But if it is compensating, you can even pay 25.*

R: *They are not aware. So we need awareness within the community.*

Booking

Rebecca: *Booking sometimes it happens when the girl is growing and is still young. And a man can say, 'I am willing to marry this one later.' So, he can come with some cows or money. They start even from 5 and up. Five years can be booked. The man can come to the family and he can talk to them, but that young girl knew nothing. If you refuse they can beat you and they can even take you to the police to be put in prison. They can take you to the payams.*

R: *It is like a selling. You have your girl and you take her to the market. When she reaches the menstrual, that is the time the man can even prepare himself to come and come and make her married. But sometimes a girl can reach her menstrual this year and people may say, not yet. This year can even finish and the other one. It can even take two years or three years. It is a choice for the relatives, not for the girl. The girl has no rights.*

respondents in CARE's baseline survey, an overwhelming majority of GBV cases are never reported to authorities and in most cases, those that are reported do not result in convictions. According to the survey, only seven percent of those who said they experienced GBV immediately reported it to the police, 54 percent said they first reported the incident only to other family members, and 12 percent said they reported to the local tribal chief.

Twenty-seven percent of respondents who had experienced GBV said they eventually did go to a medical facility, but only 37 percent of respondents who said they reported to hospitals or police received any psychological support via counseling. Asked why they did not go to the hospital, 43 percent of GBV survivors said they decided to keep quiet out of fear and 57 percent did nothing because they felt there was no point in reporting. Focus group participants and key informants said that the fears of survivors stemmed from the likelihood that they would be marginalized if people found out that they had been raped. Survivors who do not attend a medical facility that has received training on clinical management of rape survivors are also at increased risk of contracting HIV/AIDS and other sexually transmitted illnesses, and of becoming

pregnant. Another issue, which may present a barrier to medical care, is the long-debated issue of 'Form 8', a procedural form which requires any victim of a crime who needs medical treatment as a result to report to a police station prior to receiving medical treatment.

While these findings reveal that there is an acute need to improve women's access to recourse, legal instruments and their implementation cannot alone address the fundamental dynamics that perpetuate violence against women and girls. An additional barrier is the shame and stigma associated with being a survivor and the high levels of acceptance of GBV that exists in many communities. Qualitative data from the survey's interviews and focus groups revealed that GBV was widely regarded as a women's issue. Many survivors of violence suffer in silence due to social norms that promote family unity or family fears that reporting will harm a girl's chances of "winning a husband." A girl's prospects in marriage are often seen as an important economic asset by her family, particularly in rural areas. CARE's baseline survey revealed that in arranging marriages for their daughters a central consideration for families was the value of the "bride price" offered by the husband or his family. The practice of considering bride price offers,



Nyajima Lony Bochok spoke at a handover ceremony of 65 family shelters. Visually impaired, she has faced many obstacles but told government officials, CARE staff and fellow returnees that she felt empowered by having a modest home of her own. Photo: Alder/CARE

called “booking”, can happen when a girl is as young as five years old with marriages potentially initiated as early as the girl’s first menstrual cycle. The social ostracizing and psychological stress that occurs as a result of GBV incidents such as rape and early marriage has other consequences as well. Key informants cited cases of girls who ran away from home because they had been raped or were facing early marriage. In Jonglei, a number of informants cited cases of girls committing suicide due to constant abuse or because they saw no other option to avoid early marriage.

Gender discrimination also contributes to the denial of opportunities to access education and can be a cause or consequence of GBV. Social acceptance of the general lack of education for girls in rural areas has a huge bearing on low literacy rates and lack of contact with or understanding of the outside world. Fears of GBV also acted as a disincentive for education, particularly as inadequate infrastructure and supplies, like feminine materials and appropriate bathroom facilities, were said to engender discrimination and violence. Furthermore, without an education, a woman who is unable to fulfill her most basic needs is less able to develop coping mechanisms to address GBV. Studies show that not only is she affected, but her children, in particular her girls, are also likely to be subject to the same dynamics, creating cyclical disadvantages that limit the entire community’s development potential.

Statistics show that the world’s newest nation is also one of the most physically hostile environments in which to come of age as a woman. According to the 2011 Statistical Yearbook for South Sudan, the country has the world’s highest maternal mortality rate at 2,054 per 100,000 live births and one of the world’s highest infant mortality rates, at 69.97 per 1,000 live births. Moreover, there is a high prevalence of obstetric fistula cases in rural South Sudan, and UNOCHA has “conservatively estimated that 60,000 women in South Sudan live with this physically and socially debilitating condition.” In November 2013, with support from aid partners, the Ministry of Health launched a campaign to tackle this epidemic yet the problem remains under-acknowledged and under-funded. Limited capacity for sexual and reproductive health (SRH) is a form of violence in itself, and these concerns are exacerbated by other factors of GBV, including early marriage, resultant early pregnancy, and frequent pregnancy.

Finally, women’s health outcomes are also influenced by the physical burdens they often confront. In South Sudan, women are responsible for the very tiring manual labor required of keeping house. This includes collecting water, scrubbing clothes, pounding raw grains into edible flour, searching across great distances to collect firewood, stooping with bundled twigs fashioned into brooms to sweep dust and leaves from the hardened dirt around their homes, and carrying heavy, recycled containers filled with water over long distances, balanced on their heads.

While survivors continue to face daunting obstacles to legal recourse, medical assistance, and social acceptance, prior to the conflict in the last quarter of 2013 some progress on this issue was in evidence. The Government of South Sudan launched a National Gender Policy in October 2013 and individual states were expected to take up the initiative. In November 2013, the legislature voted to ratify the Convention on the Rights of the Child and health services provided by both state governments and non-governmental service providers were being offered throughout the country. Unfortunately, the violent conflict that erupted in December 2013 is expected to severely erode any gains made.

CARE's Response

Before the crisis in South Sudan, CARE was implementing projects in the remote regions of Jonglei, Upper Nile and Unity States. CARE sponsored Village Savings and Loan Associations, providing a rare source of institutional support for women's economic empowerment initiatives. CARE projects also promoted local development while facilitating opportunities for greater female participation in community governance. Much of this programming was put on hold at the end of 2013 when fighting emptied towns and disrupted lives in all states where CARE operates. CARE has since shifted focus to providing emergency assistance but retains the imperative to do so in a way that fosters the efforts of women and girls to claim opportunities for empowerment and the realization of their rights. CARE is concentrating its efforts to scale up its programs in Unity, Upper Nile and Jonglei states, meeting pressing needs there to the degree that the security situation permits.

In addition, CARE is providing sexual and reproductive health services to women and girls. Unsurprisingly, having fled their homes to seek safety in unfamiliar communities, many of the recently arrived women and girls in IDP gatherings are unaware of available health services and how to access them. CARE reaches out, identifying women and girls in need of services, and ensuring that they can access them in as safe and dignified a manner as possible. Furthermore, GBV officers are conducting anti-GBV campaigns, meeting with groups of people – men, women and youths – in churches, schools and water distribution points to facilitate knowledge sharing and open dialogue about GBV, anticipating that by minimizing the silence surrounding this issue, even in a time of conflict, we can help to mitigate some of the worst manifestation of the conflict.

CARE's Recommendations

Preventing and Responding to GBV

- The GBV sub-cluster's USD 16 million crisis response plan and gender-sensitive needs analysis processes need to be fully funded.
- All actors who document GBV cases, including United Nations Mission in the Republic of South Sudan (UNMISS) Women's Protection Advisors, must adopt a survivor-centered approach that respects core international principles regarding ethical data collection while also fulfilling the obligation to provide survivors with access to survivor services.
- Support public awareness campaigns aimed at breaking the culture of silence on GBV while raising awareness of gender inequality, human rights, the rights of the child, and the importance of women's participation in public life. This requires the close collaboration of community and religious leaders as well as educators. In addition, they should incorporate not only mass media, but must be disseminated to remote communities through networks of partners.
- Engage men and boys as clients, partners and allies, as well as facilitate dialogues to reinforce positive and inclusive relationships between men and women – within and beyond households.
- Increase investment in and support for more effective GBV service delivery. This requires thoughtful, place-sensitive GBV analysis and subsequent mainstreaming in humanitarian response as well as implementation of a "Gender Marker" in humanitarian funding across design, monitoring and evaluation of emergency programs.
- Provide improved care for survivors of GBV by training health professionals, social workers, and educators and community to identify and respond to GBV survivors with medical assistance, psychological and psychosocial support, and/or referral services.
- Create safe spaces for women and girls in areas with large numbers of IDPs and foster the development of support groups.

The Political Process

- Further prioritize the inclusion of voices of all South Sudanese, including women, in the peace process and in long-term efforts to strengthen democracy in the country.

- South Sudan has signed the Convention against Torture, the Convention on the Rights of the Child, the African Charter on Human and People’s Rights, and the African Union Convention Governing Specific Aspects of Refugee Programs in Africa. In addition to international customary, humanitarian and human rights law, these processes represent important frameworks for upholding human rights and protecting civilians. Their obligations and penalties for non-compliance should be emphasized by diplomats and donors.

UNMISS

- While the current UNMISS mandate 2109 (2013) acknowledges the specific protection challenges faced by women and girls, within the framework of a comprehensive GBV strategy the mandate should incorporate specific commitments by UNMISS as well as mechanisms for accountability.
- UNMISS should have specific directives for preventing and investigating human rights abuses, including GBV, and holding perpetrators to account should draw upon global frameworks such as the IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings as well as UN Security Council Resolutions 1325, 1820, 1888 and 1960.

Improving the Humanitarian Response

- The humanitarian consequences of the crisis are potentially more severe than the conflict-related loss of life. While there are intractable issues requiring political resolutions and long-term structural changes, the humanitarian crisis can be improved. There is a great need for heightened levels of funding accompanied by more flexible approval and disbursement processes, themselves necessitating reductions of modification delays, the adoption of greater risk tolerance, and recognition of increased costs for logistics, staffing, and security.
- Staving off an even greater humanitarian crisis and promoting resilience will require maintained levels of development assistance to those geographic areas of South Sudan as yet seemingly unaffected by the crisis.

ENDNOTES

- i. *GBV is defined as any harm, structural or physical, perpetrated against a person’s will on the basis of gender—the socially constructed set of norms and expectations assigned to people based on their sex. Women and girls are the primary targets of GBV in South Sudan because of social norms and beliefs that reinforce a marginal social status. GBV includes physical, sexual and psychological abuse in the home, community and in schools; trafficking; traditional practices such as female genital cutting, early and forced marriage, and honor crimes; and widespread sexual violence and exploitation during and after conflicts and natural disasters.*
- ii. *Interim Report on South Sudan Internal Conflict December 15,2013 – March 15, 2014, South Sudan Human Rights Commission (SSHRC) p. 6*
- iii. *United Nations Mission in South Sudan – UNMISS (2014) Interim Report on Human Rights: Crisis in South Sudan; Amnesty International (2014) Breaking the Circle of Violence: US policy toward Sudan and South Sudan, Testimony by Adotei Akwei before the House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, February 26, 2014. Washington D.C.; Human Rights Watch (2014), News: South Sudan: War Crimes by Both Sides, February 27, 2014; IRNA Report: Bor, February 5, 2014.*
- iv. *Inter-agency, Initial Rapid Needs Assessment Report, New Fangak, 24-25 January 2014*
- v. *This includes the Convention against Torture, the Convention on the Rights of the Child, the African Charter on Human and People’s Rights, the AU Convention Governing Specific Aspects of Refugee Programs in Africa and other legal instruments such as UDHR, CEDAW, GA Res. 58/147, and UN Guiding Principles on Internal Displacement.*



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