

*"If you are a woman, as long as you are alive, they would rape and torture you. This is a fate worse than death for us" – adult woman, Laiza camps**

Why is there an absence of quantitative data on Gender-Based Violence?

Collecting quantitative data on gender-based violence (GBV) is fraught with difficulties. Not only is it difficult to obtain the information initially, it is also problematic to capture all the cases of GBV in any given study. The proclivity of survivors not to report or disclose any incident of GBV because of the associated risks and dangers they may face, (including being re-victimised, accused of lying, being mistreated by police, experiencing further violence by the community or their families, being stigmatised or being forced to marry the perpetrator) means that the quantitative data available on GBV represents only a small fraction of the total cases of GBV.

In addition, international guidance, recommendations and standards require that GBV data is only gathered where services exist to ensure that appropriate referrals and support can be provided in the event of GBV related disclosures. Data is also reported in the form of trends and patterns instead of individual cases in order to protect the confidentiality of the identity of survivors.

How can we effectively address Gender-Based Violence if there is no available data?

Globally, there is a strong evidence base for providing GBV response programmes in the absence of data. Most women and girls experience multiple forms of violence throughout their life cycle, from infancy into adolescence and adulthood. Conflict, destruction of homes and communities, flight and upheaval erode the scant protections afforded to women and girls thereby escalating the incidence of GBV. In the same respect that there is a need for water and sanitation and food distribution programmes, the need for GBV response programmes is ever present but often not evident. Without GBV programmes,

survivors continue to face the consequences of violence. The daily threats women and girls face as they seek everyday necessities, such as water, firewood, shelter and food often go unreported and unaddressed. Though difficult to quantify, it is clear from lessons learned from humanitarian responses, that the failure to address GBV at the outset weakens women's health in the medium and long term and creates barriers to reconstructing the lives and livelihoods of individuals, families and communities.

Once services are operational and accessed by survivors, data can be collected to identify trends and patterns to target and adapt programmes to meet the specific needs of women and girls. Any attempts to collect data prior to service provision results in an inaccurate understanding of the seriousness of the issue.

How do we manage the issue of GBV committed by armed groups and forces?

Anecdotal information highlighting the commission of sexual violence by armed groups and forces against women and girls is alarming. What is critical and must be at the forefront of any GBV response is a survivor-centred approach that provides immediate medical, psycho social and legal confidential services. This approach ensures that women and girls are at the centre of the response and not the perpetrator. This is not to say that perpetrator accountability is unimportant but in order to cultivate an environment in which women and girls can live free from violence, it is critical to ensure safe access to services which will permit survivors to report an incident without fear of further violence. This in turn increases and enables access to justice for women and girls without fear of any consequences. It is only then that perpetrators can be brought to justice.

How does the sensitivity of GBV affect the programmatic response?

Providing a GBV response and prevention programme in any emergency and conflict setting is fraught with challenges. GBV programming is almost always sensitive, particularly when perpetrators are armed groups or forces. This is no reason to withhold a programmatic response. The sensitivity of providing a GBV response is what drives the need for confidential services that protect the identity of the survivor as well as ensuring the safe and ethical collection, sharing and storage of GBV data. In turn, an increase in confidential service provision decreases sensitivity around the issue and empowers survivors. There is an obligation on the international community to respond to violence against women and girls, even where that violence is not discussed or acknowledged.

Do the police have a role to play in a Gender-Based Violence response?

It is critical to work with the police to ensure that survivors have safe access to justice. However, in referring a survivor to the police, it is important that the survivor is aware of the difficulties they may encounter proceeding through the justice system, including that police often have limited capacity to respond to and support the survivor with any degree of sensitivity. GBV programmes should include a focus on building the capacity of police and prosecutors to provide appropriate support for survivors. This includes supporting female police officers to focus specifically on cases of GBV. The police may be just one of the services within the network available to the survivor. It is therefore critical to ensure that there are other response services in place to enable police to make safe and confidential referrals.

What about violence (including sexual violence) against men and boys?

Violence in emergency settings affects men and boys as well as women and girls. In many emergencies, particularly in conflict settings, men and boys may also be targeted by perpetrators of sexual violence. Often the violence that men and boys face in times of conflict, although alarming and inexcusable, is less likely to be sexual or gender-based. Men and boys who experience violence in conflict are targeted because of their age, ethnicity or political affiliation and not because of their gender. Programmes generally target women and girls, who because of their gender, are already marginalised in society. This makes women and girls more vulnerable to violence as it



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"Because of the poverty caused by the conflict, girls are sold all the time." - Adolescent girl living near Laiza*

is often overlooked, ignored and sometimes even encouraged. Although programmes addressing GBV should be designed to meet and address the needs of all survivors, the safety, security and protection of women and girls should be at the forefront, and remain the priority, of any response.

How can the impact of GBV programming be measured?

Measuring the impact of GBV programmes (beyond the health sector) is difficult. GBV programmes are not commodity-based; they are staff-reliant. It is difficult to measure any improvement in the safety and well-being of women and girls. However, it is possible to measure the effectiveness of referral systems, the number of women and girls accessing support programmes and, upon the implementation of a GBV Information Management System, to quantify the number and percentage of survivors who report their case to a service provider and who are both able to, and choose to, access further care and support. Likewise changes in community knowledge, attitudes and practices with regard to GBV are difficult to measure in a quantifiable way. However, over time, changes in social norms may become apparent through attitudinal assessments.

* Quotes featured were not provided by the individuals in these photos ** Women featured consented to publication of their photos.

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