



***“If she tells, her family will beat her because she has taken dignity away from them.”***  
**- Adult woman living in Rakhine\***

Gender-based violence, including sexual violence, intimate partner violence, trafficking, forced and early marriage, and exploitation, have been widespread in Myanmar even prior to the conflicts in Rakhine and Kachin. There is almost no data collected of pre-conflict levels of GBV in Myanmar to establish a baseline (not unusual in developing countries). Despite the reports of GBV during the conflicts in Rakhine and Kachin, there are very few actual cases of survivors reporting to authorities in either of those states or in Myanmar as a whole, due in large part to the shortage of services available, and fears of further risks they may face by reporting what happened to them.

In February of 2013, the Women’s Needs Assessment in IDP Camps, Kachin State stated that “violence against women and girls (VAWG) emerged as one of the most critical concerns, and connects with the serious inadequacies found in several...sectors.” VAWG was also reported as being pervasive by the Women’s League of Burma in January of 2014, who reported over 100 cases of sexual violence were documented in Kachin between June 2011 and now, but which “represent only a fraction of the actual number of abuses” that have taken place.

During focus groups conducted by UNFPA in January of 2014 in Kachin, women identified “rape by soldiers” as the key reason women and girls decided to leave their homes during the conflict, also confirming an increase of violence in the home, and exploitation of women and girls by strange men since moving to the camps. During the same round of focus groups, adolescent girls identified trafficking as the most common form of violence experienced by children their age. Groups conducted in Sittwe, among both Rakhine and Rohingya populations,

produced similar findings, with both adolescent girls and adult women identifying rape as a feature of the conflict period. While adolescent girls among both populations affected by the conflict felt that they were at significant risk of being raped or assaulted when traveling outside their camps, or even when trying to access the latrines (particularly at night), adult women reported a significant increase in intimate partner violence, identifying it as the most pervasive form of violence currently being experienced by adult women. As in Kachin, women and girls in Rakhine State are also at tremendous risk of being trafficked or exploited, due to their vulnerable status within their communities.

### **Progress in GBV Programming and Coordination**

To date, gender-based violence (GBV) programming has been extremely limited, implemented by agencies with limited scope and with minimal work done on actual response (particularly targeted and life-saving emotional support, safe referrals, and availability of appropriate health care). However, with dedicated funding, significant progress has been made in the GBV field. With the support of the global GBV Area of Responsibility, the CERF, Department for International Development (DFID), and Department of Foreign Affairs and Trade (DFAT), dedicated GBV Coordinators have been based in Yangon, Sittwe, and Myitkyina to lead the GBV field-based working groups, provide technical guidance and assistance to service providers, to identify geographical and programmatic gaps, and to ensure the implementation of promising practice and activities that are consistent with international standards.

\* Quotes featured were not provided by the individuals in these photos  
 \*\* Women featured in this publication gave their consent to having their pictures taken

With this funding, organizations such as Metta Development Foundation, IRC, UNFPA, and Kachin Women's Association have been able to build and open several Women's and Girls Centers in and around the camps in Sittwe, Rakhine, and in both the government and non-government controlled areas of Kachin. Though some of these centers are not yet constructed, among those centers that have been established and have opened their doors, WGC center staff have seen a marked increase in the number of women and girls accessing individual case management, group-based emotional support, and referrals offered within the centers (See below: "GBV Progress in 2014").



Staff from women and girls centre in Laiza, practice survivor-centered case management

## GBV Progress in 2014:

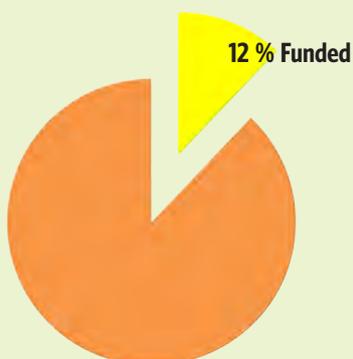
- GBV technical specialists stationed in Yangon, Sittwe, and Myitkyina
- Establishment of GBV Sub-sector at Yangon level, and GBV working groups in both
- Construction of 6 Women's and Girls' Centers in camps around Sittwe
- Opening of 8 WGCs in GCA and NGCAs of Kachin
- Since opening of centers in January of 2014:
  - ☑ Number of women and girls visiting the centers doubled between February and March, and quadrupled between March and April
  - ☑ Over 2,000 woman and girls accessed support, either in the centers or during outreach activities
  - ☑ In the second month, saw a 10 fold increase in number of cases opened in the centers. This caseload again doubled during the third and fourth months of service provision

## Recommendations for Action

Violence against women and girls in Kachin must be placed on the international community's agenda as a top priority. Women and girls in Kachin are at constant risk of being assaulted, but have extremely restricted access to safe, comprehensive, and appropriate life-saving care and support. The following actions are strongly recommended:

- **Increased provision of survivor-centered, life-saving health and emotional support response services** for survivors of sexual assault: Access to life-saving health care (including the provision of post-rape treatment kits) and psychosocial services should be considered primary and secondary priorities, with support in documenting the incident, accessing justice or taking legal action as part of the tertiary follow-up support (if safe, and appropriate).
- **Target prevention activities to address the acute and immediate risks faced by women and girls:** Identify the acute risks faced by women and girls and employ strategies to reduce those risks immediately, such as those faced within the numerous camps (many of which are "managed" by small, faith-based local organizations).
- **Safe and ethical collection and sharing of data and information:** Capture critical and relevant information without compromising the safety or confidentiality of the survivors, and which minimizes any risk or backlash potentially faced by those few service providers responding to the needs.
- **Advocacy with police and service providers on ensuring faster access of survivors to services:** Community, service providers, and police alike need support in recognizing the importance of ensuring survivors can life-saving health and emotional support immediately, even without informing the police or completing a First Incident Report (FIR).

GBV Funding Received - Kachin



GBV Funding Received - Rakhine

