



“It is always worse for the women. They would just kill the men. But if you were a women. As long as you were alive, they would just rape and torture you. This is worse than death for us.” – adult woman, Laiza camps*

Frequently Asked Questions

How many cases of GBV have been reported in Rakhine and Kachin?

Global standards on collection of gender-based violence data recognize that quantifying the issue is extremely difficult. Because of the sensitivity of the issue, and the global pattern of survivors not disclosing their status because of the risks and dangers associated with reporting (such as being accused of lying, being mistreated by police, experiencing further violence by the community or their families, or being forced to marry the perpetrator), there is very little numerical data available on GBV here in Myanmar. Global guidance on data collection and documentation of cases of GBV require that no data be collected if there are no services in place to respond to the issue and to safely meet the needs of victims and survivors. International codes and standards require that GBV data is only gathered when services are available so that, in the event that the data collection process triggers a round of survivor disclosures, those survivors will be able to safely access services to help them heal and recover.

How can we effectively address GBV if we don't have numbers and data to share?

We have enough global expertise, and crucial lessons learned from other emergency settings to know that when we don't address GBV from the immediate onset of an emergency, we compromise the safety, security, health and well-being of women and girls in the longer term. We also know that requesting numbers before there are services in place will provide an inaccurate picture of the issue. Understanding trends and patterns, and having access to information about circumstances

that contribute to an environment in which women and girls will be more at risk of violence, provides enough evidence to promote immediate and comprehensive action and attention. Most women and girls experience multiple forms of violence throughout their life cycles, from infancy, into adolescence and through adulthood. Conflict, destruction of homes and communities, flight and upheaval erode the scant protections women and girls have even in times of stability, and GBV consistently and historically escalates.

We've heard that there have been reports of incidents involving armed actors and military. How can we better understand and address this?

The anecdotal information that has come forward is alarming and indicates a dire need to provide response services to survivors, while also safely, and with a survivor-centered lens, addressing the issue of impunity. In order to effectively address the issue of perpetrator accountability, and to cultivate an environment in which women and girls can live free from violence, it is critical to ensure that it is safe for women and girls, and other survivors of gender-based violence, to access services, to report the incident without fear of further violence or repercussions and to access justice and legal support safely and effectively.

Isn't it too sensitive to work on gender-based violence here, especially considering the concern regarding the possible involvement of armed actors?

Working on GBV in most emergency and conflict settings is often challenging and sensitive. But the sensitivity of the issue is also a key factor influencing the need for confidential services, and safe and ethical collection and sharing of GBV data. We are obligated to find a way to respond

to violence against women and girls across diverse contexts, even where that violence is not easily seen, discussed or acknowledged.

How can we work with the police to ensure better response?

Working with the police is critical in ensuring safe access to justice, and to creating a more holistic set of services and support (health, emotional support, and access to legal assistance). However, we must also observe the “do-no-harm” principle and consider the real consequences for the survivor if the police are involved, given the lack of training/sensitization of police personnel in handling cases and given the highly sensitive nature of any police involvement among a population with a history of police brutality, arbitrary arrests, extortion, and lack of accountability for the abuse of power. When working with the police, it is critical to ensure that there are other response services in place. With the minimal services available in most locations, it would be difficult for the police to provide safe and confidential referrals. We would be setting them up to fail in their duties to provide comprehensive support to victims and survivors of violence. Involvement of the police can and should be considered upon completion of much more comprehensive capacity building initiatives which will promote among the police survivor-centered approaches when responding to cases. In the interim, health and psychosocial support services, which can address the more acute needs of survivors can be in place even in the absence of access to justice.

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

Violence in emergency settings affects men and boys as well as women and girls. In many emergencies, particularly in conflict settings, boys (and sometimes men) can also be the targets of perpetrators of sexual violence. However, gender-based violence, sometimes referred to as “violence against women and girls,” almost uniformly targets women and girls. Often, the violence that men and boys face in times of conflict, though alarming and inexcusable, is less likely to be sexual or gender-based. Men and boys who experience violence in conflict are targeted frequently because of their age, ethnicity, or political affiliation, and not because of their gender. Additionally, because women and girls, because of their gender, are already marginalized in society, violence against them is often overlooked, ignored, or sometimes encouraged. Although programs addressing GBV should be designed to meet and address the specialized needs of all survivors, the safety, security, and protection of women and girls should be at the forefront, and remain the priority, of any initiative.



“Because of the poverty of the conflict, girls are sold all the time.”

- Adolescent girl living near Laiza*

How can the impact of GBV programming be measured?

Measuring the impact of GBV programs (beyond the health sector) can be difficult. GBV programs are not commodity-based; they are staff-reliant. It is difficult to measure impact on safety and well-being. However, it is possible to measure the effectiveness of referral pathways, the numbers of women and girls accessing support programming, and, eventually (upon the implementation of a GBV Information Management System) to quantify the number and/or percentage of survivors who report to a service provider and who are both able to, and choose to, access further care and support. In terms of prevention, changes in community knowledge, attitudes and practices with regard to GBV can be measured over time.

Without GBV programs, survivors face continued health and psychosocial consequences of violence. At the same time, the daily threats women and girls face as they seek necessities such as water, firewood, shelter and food, often go unreported and unaddressed, compounding the issues compromising their health and well-being. Though difficult to quantify, we do know from years of lessons learned in the Tsunami response, Darfur, Congo, Haiti, Pakistan, the Horn of Africa, and most recently Syria, that by failing to address GBV at the outset, we weaken the foundation for women’s resilience and health in the medium and long term, and create barriers to reconstructing the lives and livelihoods of individuals, families and communities.

* Quotes featured were not provided by the individuals in these photos

** Women featured in this publication gave their consent to having their pictures taken