



International Peace Support Training Centre Nairobi, Kenya

An Analysis of Sexual and Gender Based Violence (SGBV) Interventions in South Sudan



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CAROLYNE GATIMU

Changing Trends of Conflicts and Response Strategies in Eastern Africa

An Analysis of Sexual and Gender Based Violence (SGBV) Interventions in South Sudan

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SERIES 6, N°3

Carolyn Gatimu
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Foreword

The International Peace Support Training Centre (IPSTC) has made considerable contribution in research and training on peace support operations in the Great Lakes region and Horn of Africa. The Centre is a training and research institution focussing on capacity building at the strategic, operational and tactical levels within the African Peace and Security Architecture and has developed to be the regional centre for the African Standby Force (ASF) in Eastern Africa. It addresses the complexities of contemporary UN/AU integrated peace support operations through exposing actors to the multidimensional nature of these operations. The research conducted covers a broad spectrum ranging from conflict prevention, management, and post-conflict reconstruction.

The Peace and Security Research Department (PSRD) of the IPSTC presents Occasional Paper Series 6 No. 3 of (2015) on various themes on peace and conflict situations in Eastern Africa. IPSTC produced six Occasional Papers in 2015. Three of them focussed on Kenya while the others covered South Sudan, Uganda and Rwanda. This publication titled: **An Analysis of Sexual and Gender Based Violence (SGBV) Interventions in South Sudan** explores the formal and informal/customary prevention and response mechanisms employed by various actors to address the problem of SGBV in South Sudan.

These papers provide insight into pertinent peace and security issues in the region that are useful to policy makers. These publications also provide significant contribution to the security debate and praxis in the region. The research products from IPSTC have been developed by researchers from Kenya, Burundi, Uganda and will inform the design of training modules at IPSTC.

This Occasional Paper is an important contribution to the vision and mission of IPSTC. The research and publication of this paper has been made possible by the support of the European Union.

Brigadier R.G. Kabage

Director, IPSTC

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Abstract

There are few places in the world where it is more disempowering to grow up female than in South Sudan. The vast majority of women and girls in South Sudan will survive at least one form of gender based violence – be it rape; sexual assault; physical assault; forced/early marriage; denial of resources, opportunities or services; or emotional abuse among many others. Many forms of SGBV are pervasive and engrained in the fabric of South Sudan society. There are some differences in tribes and geographical regions in terms of prevalence but sadly the thread of GBV runs throughout the country.

Various mechanisms and processes are in place to address SGBV by the Government and Civil Society Organisations (CSOs) working in South Sudan. However, most incidents of GBV are discussed and solved through customary mechanisms, either at the family level or in the customary courts. These two mechanisms (customary vs government and CSOs interventions) most of the time conflict with each other. This study therefore sought to understand the variety of interventions from various actors and the interplay/friction between the formal and informal. To achieve this, the research team conducted key informant interviews and focus group discussions in Juba and environs targeting those institutions that were engaged in matters of GBV. Twenty two institutions comprising of International NGOs, UN Agencies, local NGOs and CBOs, government representatives and customary courts were reached by the study, as well as a total of 21 citizens at the grassroots.

The study confirmed that SGBV is a serious problem in South Sudan. Government and civil society organisations are trying to address the problem despite immense challenges. However, customary mechanisms of interventions are employed widely but they conflict with the formal. In addition, in addressing the problem of GBV, programmers face various challenges including: negative social and cultural practices that enhance GBV; culture of silence due to shame and stigma which hinders reporting; weak law enforcement institutions which do not take matters of GBV seriously; and impunity of perpetrators among others. The study concludes that the civil society and government efforts have only “scratched the surface” and there is much more that needs to be done to address GBV in South Sudan.

The study recommends, among others, more awareness raising especially to those in the rural areas to address negative cultural practices, beliefs, perceptions and inhibitions to reporting. In addition, a lot of training and capacity-building is needed for law enforcement institutions including the police, judiciary and customary courts. The government also needs to increase budgetary allocations for GBV programs and parliament should lobby for the enactment of the family and sexual offences laws.

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Acronyms

AIDs	Acquired Immune Deficiency Syndrome
ARC	American Refugee Committee
CPA	Comprehensive Peace Agreement
CAR	Central African Republic
CBOs	Community Based Organisations
CSOs	Civil Society Organisations
CEPO	Community Empowerment for Progress Organisation
CMR	Clinical Management of Rape
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
DRC	Democratic Republic of Congo
EIO	End Impunity Organisation
FGDs	Focus Group Discussions
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IRIN	Integrated Regional Information Networks
IGAD	Intergovernmental Authority on Development
IGADD	Intergovernmental Authority on Drought and Development
IDPs	Internally Displaced Persons
ICC	International Criminal Court
IPV	Intimate Partner Violence
INGOs	International Non-Governmental Organisations
IRC	International Rescue Committee
KIIs	Key Informant Interviews
NGO	Non-Governmental Organisations
ONAD	Organisation for Non-violence and Development
PTSD	Post-Traumatic Stress Disorder
POC	Protection of Civilians
SGBV	Sexual and Gender Based Violence
STIs	Sexually Transmitted Infections
SANU	Sudan African National Union
SPLM	Sudan People's Liberation Movement
SPLA	Sudan People's Liberation Army
SRG	Southern Regional Government
SSHRC	South Sudan Human Rights Commission
SSWLA	South Sudan Women Lawyers Association

SSLS	South Sudan Law Society
SPU	Special Protection Unit
TCRSS	Transitional Constitution of the Republic of South Sudan
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNSCR	United Nations Security Council Resolution
UNMISS	United Nations Mission in South Sudan
WHO	World Health Organisation

1. Introduction

Since Sudan gained independence from the British rule in 1956, Sudanese communities have experienced ongoing civil war, ethnic conflicts and displacement. South Sudan, which seceded from Sudan in a referendum in July 2011, has been home to some of the most extreme violence and insecurity within what was once a united Sudan. Decades of civil and political strife prior to its independence, and the recent eruption of violence in December 2013 have left South Sudanese in a desperate situation affecting all, but mostly women. Prolonged conflict has exacerbated and created new security risks, especially for women and children. These include but are not limited to: disruption of community and family structures; breakdown in conflict resolution mechanisms; prevalent trauma; increase in alcohol consumption; weak security institutions; poor law and order; and tensions between those who have been displaced and those who have stayed put.

Owing to years of instability, almost all of South Sudan's key development indicator levels are among the lowest in the world. Severe gender disparity is evident in access to education, health, employment and differential life expectancy. In the words of the late John Garang, decades of under-development and conflict have left Sudanese women "the poorest of the poor and the marginalised of the marginalised". Only five percent of births are attended by skilled health staff and consequently, South Sudan has the worst reported maternal mortality rate in the world (2,054 maternal deaths per 100,000 live births) (IRIN, 2015). Illiteracy rates are also high in the country. In 2011, it was estimated that more than 80 percent of the South Sudanese population cannot read or write. According to UNICEF, less than one percent of girls' complete primary education and only one school child in four is a girl. Female illiteracy in South Sudan is the highest in the world. Additionally, in contrast to common demographic patterns around the world, and despite the impact of war on the male population, there are more elderly men than women. These statistics point to the existence of sexual and gender based violence that affect women disproportionately. Few reputable studies on gender based violence have been carried out in South Sudan. Although most have been limited in terms of sample size and statistical analysis, they have nevertheless produced evidence of extensive domestic violence, early/forced, marriages, forced wife inheritance, child custody problems, arbitrary incarceration,

rape, gang rape, abduction and sexual slavery, female genital mutilation, sexual harassment and assault among others (Murungu, 2010; IRIN 2015; IRIN 2012; CARE 2014; Scott *et al.*, 2013; Gross *et al.*; 2010).

With the eruption of violence in December 2013, just less than three years after gaining independence from Sudan, South Sudan has been shaken to its core. According to various human rights reports, surveys and rapid assessments, women and girls have faced tremendous violence including rape and murder within their communities or, in the bushes where they have fled, and other places where they have sought shelter, including hospitals and churches. Prior to December 2013, SGBV was a widespread concern in South Sudan, but now it is a crisis with far reaching and long term effects which will impact future generations. Children have witnessed sexual violence and childrape. Some have witnessed their mothers disappearing or being murdered. In addition, early marriage has been used by families to try and protect their girls in times of conflict and as a means of income generation in times of poverty and food insecurity (CARE, 2014).

The government of South Sudan has ratified many significant international legal agreements¹ and instruments that address GBV, and has also enacted prohibitions against GBV through domestic legislation. Yet, women and girls in South Sudan continue to face many interlocking barriers to justice. Some of these barriers are cultural and have to do with the marginalised role of women in their families and a social stigma attached to survivors of sexual violence. Other barriers are in the law itself, including the formal and customary laws, processes, and procedures that discriminate against women and afford them few legal rights. Finally, broader systemic barriers darken the outlook for individuals seeking redress for SGBV. These obstacles include a lack of infrastructure and government resources and personnel. The 2013 U.S State Department Country Report on Human Rights Practices for South Sudan found out that, although rape is punishable by up to 14 years imprisonment and fine, “the government did not effectively enforce the law, and rape was thought to be widespread.” The report also 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

1 Some of the instruments ratified include Convention on the Rights of the Child (CRC) and Convention on Elimination of all forms of Discrimination Against Women (CEDAW). Article 16 of the Transitional Constitution of the Republic of South Sudan also provides for the rights of women.

the lack of a competent investigative police service” (Gross *et al.*, 2010; CARE, 2014). Together, these barriers make it very difficult for a survivor of GBV in Southern Sudan to seek and obtain justice.

SGBV in armed conflict and disasters has gained increasing attention over the past 10-15 years. Recent UN Security Council Resolutions (e.g. UNSCR 1820, 1888, 1889, 1960 & 2106) have raised the profile of the issue even further, and conflict-related GBV – particularly sexual violence – is now viewed as a serious security and protection concern at the highest levels of international policy. It is under this background that local as well as international NGOs and UN agencies have tried to design and implement GBV prevention and response programmes in South Sudan, despite immense challenges related to infrastructure and local capacity among others. In their own different programmes, they have tried to intervene in all key GBV response sectors such as health, psychosocial sector, legal sector, and security sector in almost every part of the country. In addition, most if not all GBV programmers are engaged in some form of prevention activities mostly in the form of community-based sensitization targeting men, women, and youth (Ward, 2011).

Despite the presence of such formal institutions and mechanisms in place to address SGBV in South Sudan, most incidents are discussed and solved through customary mechanisms, and issues of SGBV remain generally unspoken due to taboo and fear of stigmatisation. Customary courts are overwhelmingly responsible for the administration of justice throughout the 10 states in South Sudan and application of customary law remains the primary mechanism. However, many of these customary and local institutions including the courts are seemingly ill equipped to deal with complex cases such as SGBV. In addition, customary traditions are often in conflict with international human rights principles and the rights of women and children under the Transitional Constitution of the Republic of South Sudan (TCRSS, 2011; Haki, 2011). This study seeks to understand and evaluate both the formal and informal/traditional mechanisms and processes in place to prevent and respond to the problem of SGBV in South Sudan and the interplay and/or friction between the two.

1.1 Problem Statement

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 and early marriage; denial of resources, opportunities or services; or psychological/ and/ or emotional abuse. Many categories of Sexual and Gender Based Violence (SGBV) are pervasive and engrained in the fabric of South Sudan society. All ethnic groups and geographic regions have some differences in terms of prevalence, but the thread of SGBV sadly runs throughout the country.

Various mechanisms and processes are in place to prevent and respond to the problem of SGBV in South Sudan. On the one hand, there are those responses from government and civil society organisations working in South Sudan, and on the other hand, there are customary processes and mechanisms. These two processes and mechanisms are most of the time in conflict with each other. Few GBV studies carried out in South Sudan and especially those highlighting the prevention and response mechanisms in place, have examined how these two processes interact with each other and the possible friction encountered when the two mechanisms are applied at the same time. This study therefore seeks to understand and describe the SGBV prevention and response mechanisms implemented by various actors in South Sudan, as well as the interplay between formal and informal/customary mechanisms and the challenges faced by various actors in addressing SGBV in South Sudan.

1.2 Research Objectives

Overall

The overall objective of this study is to evaluate the formal and informal/customary prevention and response mechanisms and processes (interventions) implemented by different actors in South Sudan to address the problem of SGBV

The specific objectives are to:

- i) Understand the extent of the problem of SGBV in South Sudan
- ii) Describe the formal SGBV prevention and response mechanisms and processes implemented by various actors in South Sudan
- iii) Identify the customary/informal mechanisms and processes currently in place to respond to SGBV and their interaction with formal mechanism and processes
- iv) Identify the challenges faced by various actors in addressing SGBV in South Sudan

1.3 Research Questions

Overall

The overall question that this study hopes to answer is “What are the formal and informal/customary prevention and response mechanisms and processes (interventions) implemented by various actors in South Sudan to address the problem of SGBV?”

The specific research questions are:

- i) What is the extent of the problem of SGBV in South Sudan?
- ii) What are the formal SGBV prevention and response mechanisms and processes implemented by various actors in South Sudan?
- iii) What are the customary / informal mechanisms and processes currently in place to respond to SGBV and how do they interact with formal mechanisms and processes?
- iv) What are the challenges faced by various actors in addressing SGBV in South Sudan?

1.4 Justification

South Sudan is home to over 60 ethnic groups and over 600 sub-groups. Although the various ethnic groups and geographical regions have differences in terms of prevalence, the thread of SGBV runs throughout the country. SGBV is therefore pervasive in South Sudan and it is detrimental to women's health and life. Not much attention has been paid to this problem in recent times. Few SGBV studies have been carried out in South Sudan and those conducted have been limited in terms of sample size and statistical analysis. Specifically, none of the studies have focused on the interplay between formal and customary prevention and response mechanisms to SGBV.

Furthermore, men have been ignorant about SGBV hence the vice has been difficult to prevent. SGBV is rooted in discriminatory social norms and power inequalities between men and women in social, economic and political spheres of life. This discrimination is culturally entrenched in South Sudanese communities, including among the educated. The mechanisms in place to deal with the same are still half hearted. With the eruption of violence in December 2013, SGBV is now a crisis and will have far reaching effects on future generations in South Sudan.

This study contributes to knowledge on the interventions implemented by various actors to address SGBV in South Sudan as well as the interplay between formal and customary methods and processes. The findings of the study are expected to influence policy in South Sudan and other contexts where such mechanisms operate parallel to each other.

1.5 Definition of Key Terms

1.5.1 Gender

Gender is the term used to denote the social characteristics assigned to men and women. These social characteristics are constructed on the basis of different factors, such as age, religion, national, ethnic and social origin. Gender is learned through socialization.

1.5.2 Violence

Violence is a means of control and oppression that can include emotional, social or economic force, coercion or pressure, as well as physical harm. It can be overt, in the form of physical assault or threatening someone with a weapon; it can also be covert, in the form of intimidation, threats, persecution, deception or other forms of psychological or social pressure.

1.5.3 Abuse

Abuse is the misuse of power through which the perpetrator gains control or advantage of the abused, using and causing physical or psychological harm of inflicting or inciting fear of that harm. Abuse prevents persons from making free decisions and forces them to behave against their will.

1.5.4 Coercion

Coercion is forcing, or attempting to force, another person to engage in behaviours against his/her will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.

1.5.5 Power

Power is understood as the capacity to make decisions. All relationships are affected by the exercise of power. When power is used to make a decision regarding one's own life, it becomes an affirmation of self-acceptance and self-respect that, in turn, fosters respect and acceptance of others as equals. When used to dominate, power imposes obligations on, restricts, prohibits and makes decisions about the lives of others.

1.5.6 Consent

A person consents when he or she makes an informed choice to agree freely and voluntarily to do something. There is no consent when agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation.

1.5.7 Perpetrator

A perpetrator is a person, group, or institution that directly inflicts, supports and condones violence or other abuse against a person or a group of persons. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims.

1.5.8 Gender Based Violence (GBV)

The term “gender based violence” refers to violence that targets individuals or groups on the basis of their gender.

1.5.9 Sexual and Gender Based Violence (SGBV)

Sexual violence includes sexual exploitation and abuse. It refers to any act, attempt, or threat of a sexual nature that result, or its likely to result in, physical, psychological and emotional harm. Sexual violence is a form of gender based violence.

2. Literature Review

This section looks at empirical as well as theoretical literature. It starts by analysing the history of the conflict in Sudan before independence, through the two civil wars, South Sudan independence from the North and the current crisis. This history allows us to understand and appreciate the present conditions in South Sudan, and to put into context, matters of SGBV in south Sudan.

SGBV in conflict and in peace time is also discussed in this section as well as what is being done to address it. Customary mechanisms and processes in place to address GBV in South Sudan are also discussed in detail. The section ends with a theoretical framework and a conceptual model.

2.1 History of the Conflict in South Sudan

This section looks chronologically at the history of the conflict in South Sudan from the 1950s to the present crisis.

2.1.1 Sudanese History Before and Through Independence

Sudan, once regarded as the largest country in Africa broke up into two on July, 9, 2011 after decades of conflict. After independence from colonial rule, Sudan went through two prolonged civil wars only ending after a Comprehensive Peace Agreement signed in 2005. Under this agreement, South Sudan was given a six year interim period before exercising a referendum on whether to secede from the rest of the country or confirm unity on a new basis.

In 1930s, Sudan was still under British rule. During the same period, the British administration declared its “Southern Policy”, which meant that it would administer the Southern part of Sudan as an “African” rather than “Arab” colony, through African indigenous structures of authority. The government restricted movement into the South and discouraged Southerners from adopting Islam, making the South more isolated and religiously diverse than the North. Disparities in education, economic development, and participation in government between Southern and Northern Sudan grew sharply during this period. After World War II, the British realised that Egypt’s claim to Sudan was

stronger, on the basis of international law. To counter Egypt's strong case, they invoked the principle of self-determination in Sudan as a tactic to keep Egypt out.

In the 1950s, as independence approached, northern politicians excluded southerners from all negotiations regarding the kind of government Sudan would have upon independence. After the elections to Sudan's first self-governing legislature in late 1953, southern representatives proposed a federal system in which the South would have substantial autonomy, but northern parties ignored their proposals. Dissatisfaction with the northern dominance of government led to a mutiny in the Sudanese army in 1955, causing the British to hastily set the date for independence on January 1, 1956. Because the Sudanese did not have to push for independence, achieving it did not require the building of a national consensus. Sudan's fasttracked independence set a precedence of circumventing popular will and procedures, a precedent that the new government later followed when it addressed major issues of nationhood (Gross *et al.*, 2010; Wuor, n.d).

2.1.2 The First Civil War 1963 -1972

When Sudan became independent in January, 1956, the colonial state was replaced by the northern tribes who had enslaved South Sudanese in the past. The Arab tribes that inherited colonial institutions saw to it that the South remained underdeveloped in terms of education, economy and infrastructure. Although there was disparity in development between the North and South prior to independence, the independent state of Sudan was not interested in promoting development due to the fear that Southerners would challenge the cultural dominance of the North in the long run. The new rulers of Sudan introduced a policy of Sudanization, but which could be regarded more as the northernization of the Sudanese state because all the civil service jobs were filled by northern Sudanese (Johnson, 2003).

Consequently, Southern politicians started building a broad coalition pushing for federalism by forming alliances with representatives of underdeveloped regions in Sudan's East and West. In response, the government, fearing the momentum for federalism, ceded power to the army in 1958. The military government launched an Islamization program in the South that was characterized by an extreme level of racial insensitivity

and provocation. In 1963, a group of Southern politicians in exile in Uganda formed the Sudan African National Union (SANU); About 400 volunteers formed a guerilla force, known as *Anyanya* in the Sudanese state of Eastern Equatoria.

In 1964, after a protest in Khartoum against the government for failing to subdue an insurgency, the military government dissolved and was replaced with a Transitional Government. The latter convened a conference in 1965 on the “Southern Problem.” Northern delegates rejected any form of southern autonomy, and the conference ended with no agreement. From 1965 to 1969, fighting intensified such that the 1965 elections were held only in the North. In May 1969, army Colonel Jaafar Nimairi staged a coup and announced a commitment to reaching a political solution to the war, but fighting continued to intensify. With the *Anyanya*’s troop’s military success, the government accepted *Anyanya*’s demand for negotiation in a neutral African country (Gross *et al.*, 2010).

2.1.3 Addis Ababa Agreement

Worn out by years of civil war, South Sudanese welcomed the peace agreement of 1972, which brought about an autonomous South. The parties to the conflict signed the Addis Ababa Agreement in February 1972. The created Southern Regional Government (SRG) had the authority to tax, but lacked power to legislate. Within eleven years, both the North and South repudiated the agreement. Most Southerners deemed it a failure even earlier, because the agreement failed to resolve many contentious issues. For example, the delegates in Addis Ababa never discussed national development policy and the central government allotted only a small percentage of its development budget to the South. Also, few projects were undertaken in the South such as the construction of the Jonglei canal, which primarily benefitted the North. Oil and borders were also critical issues which were left unresolved.

2.1.4 The Second Civil War 1983 -2005

The second civil war begun in 1983 with the Sudanese Army Battalion 105 defecting to the *Anyanya*. After Col. Nimairi abolished the SRG, a series of defections took place, and by July, the opposition force numbered about 2,500 soldiers. The Late John Garang became

the leader of this group, which established a political arm, the Sudan People's Liberation Movement (SPLM), and a military arm, the Sudan People's Liberation Army (SPLA). The SPLM/A for several reasons, did not advocate for outright southern secession; its views were directed towards Socialism which the leader of the movement, John Garang, believed would create unity of Sudan without the possibility of secession. Nevertheless, many in the movement saw independence as the ultimate goal, leaving open the potential for a future internal split over the movement's objective (Gross *et al.*, 2010).

The SPLM top ranks were divided, because of both ideological differences and internal disputes. Col Nimairi exploited these tensions by supplying arms to a group of dissidents known as the new *Anyanya -2*. The new *Anyanya -2* attacked SPLA supply lines and targeted civilians in SPLA areas. The SPLA retaliated against civilians perceived to have aided the new *Anyanya -2*. In April 1985, the Sudanese army overthrew Nimairi, and when nationwide elections took place a month later, Sadiq al Mahdi became prime minister. Between 1986 and 1987, the SPLA took cities in the South and inflicted heavy losses on the northern army. Sadiq unleashed militias in the Bahr-al Ghazal region of Southern Sudan to contain the SPLA. The militias attacked Dinka villages, killed the men, raped women, enslaved children, poisoned wells, burned villages and stole cattle. The strategy of arming militias was not new, but Sadiq increasingly relied on them. In 1988-89, the SPLA was on the offensive, and northerners agitated for peace. In 1989, the army issued an ultimatum, insisting that Sadiq negotiate a peace agreement, but just before Sadiq was to negotiate with Garang, Brigadier Umar al-Bashir led a successful coup with Muslim officers in the army. The SPLA maintained the military advantage throughout 1990 but it also had its turmoil. For example, Riek Machar and Lam Akol, two SPLA commanders in the town of Nasir who felt marginalised, announced the "overthrow" of Garang in August 1991 and formed a new "SPLA-Nasir" faction which received arms from Khartoum.

2.1.5 The Peace Process

In the 1990s, foreign governments, both regional and international, took interest in mediating the conflict in Sudan. Talks in 1992 and 1993 in Abuja failed. A 1994 initiative by a group of East African governments known as IGAD (Intergovernmental Authority on Development), originally IGADD (Intergovernmental Authority on Drought and

Development) led to a Declaration of Principles (DOP) between the SPLA and the SPLA-Nasir factions. In a 1998 round of IGAD talks, the parties made progress on the issue of self-determination for the South, accepting that it could be decided by a referendum in the South. After several years without significant progress, the US and EU harmonized their policies, enabling a major breakthrough, the signing of the Machakos Protocol in July 2002. Khartoum and the SPLM agreed that *Shari'a* would govern in the North, but that the South would have a secular administration. Khartoum agreed to a 6.5 year transition period leading to a Southern referendum on independence. The SPLM agreed to give unity a chance.

On January 2005, the Sudanese Vice President and John Garang signed the Comprehensive Peace Agreement (CPA). The CPA called for a government of national unity that would conduct national elections after three years. Oil revenues were to be divided evenly between the North and South. There was to be an internationally monitored ceasefire and demobilization of parts of both armies, and new joint military units were to be created. This CPA ended the second Sudanese civil war and it is considered one of the longest negotiated peace agreements in Africa to restructure the centre of the state. Each party involved in the conflicts recognised the strength of the other side in terms of political and military might. As a result of this agreement, the South was able to set up an autonomous government in which it had its own army (Wour, n.d).

2.1.6 South Sudan Independence

The separation of South Sudan was a foregone conclusion because the Sudanese state was not structured in a way that could accommodate diversity in the country. The CPA did not resolve the question of religion and state. The SPLM/A had hoped, before the CPA, that the unity of Sudan should have been based on secularism to accommodate South Sudanese, but the CPA left *Sharia* law intact in the North. A fierce debate took place among South Sudanese before the exercise of the referendum on whether separation would be in the economic interest of the South, but eventually they decided to vote overwhelmingly for separation on July 9, 2011.

2.1.7 The Current Crisis in South Sudan

Within three years of its independence, the state of South Sudan is already experiencing the same fate which befell the old Sudan. As a state with more than sixty ethnic groups, the South is already experiencing more ethnic clashes than North Sudan. Prior to independence in 2011, rebellion broke out against the ruling SPLM government and the rebels, who accused the Dinka ruling clique of practising the same discrimination South Sudanese experienced from Northern Sudanese prior to independence of South Sudan.

In December 2013, growing political tensions among key leaders in South Sudan erupted in violence, just three years after the country gained independence from Sudan in an internationally – supported public referendum. While the political dispute that triggered this crisis was not clearly based on ethnic identity, it overlapped with pre-existing ethnic and political grievances that sparked armed clashes and ethnic based killings in the capital, Juba, and beyond. The fighting, which has occurred between forces loyal to President Salva Kiir and forces loyal to former Vice President Riek Machar, and among armed civilians, has caused a security and humanitarian emergency that maybe drawing the world’s newest country into another civil war (Blanchard, 2014).

Over 1 million people have been displaced by these clashes especially in Central Equatoria, Upper Nile, Jonglei and Unity States which have been most affected by the conflict. The main Internally Displaced Persons (IDP) camps are UN bases in Bentiu, Bor, Juba, Malakal, Awerial, Mayom and Twic Counties. Of the 130 IDP camps that currently exist, only 60 (less than a half) are accessible to humanitarian agencies due to their remoteness and insecurity. Approximately a third of the displaced persons have been reached with some assistance, but the basic needs of around two thirds remain unmet. In addition to IDPs, there are large numbers of refugees, ninety percent of which originate from Sudan with several thousands more coming from the Democratic Republic of Congo (DRC), Ethiopia and Central African Republic (CAR). These refugees are located in camps in the same states hardly hit by the recent conflict and share the same challenges as IDPs (International HIV/AIDS Alliance, 2014).

IGAD is currently mediating the South Sudan conflict in Addis Ababa, Ethiopia. In January 2014, the two parties to the conflict – the government of South Sudan and SPLM

in opposition – signed an Agreement on Cessation of Hostilities and Status of Detainees which was followed by the May 2014 Agreement on the Recommitment on Humanitarian Matters of the Cessation of Hostilities. In June 2014, the parties committed to the formation of a transitional government of national unity, which was intended to have happened within 60 days. On August 2014, the two parties reached their fourth agreement aimed at ending the violence. The last accord is called the Implementation Matrix of Hostilities agreement, and gave the two parties 45 days to form a unity government. The time period for the latter expired in Feb 5 2015. Amongst the critical issues which were under discussion in this accord are the structure of the executive of the transitional government of national unity, the power sharing ratios, the composition of the National Assembly and transitional security arrangements (Kisiangani, 2014; Office of the IGAD Special Envoys for South Sudan, 2015).

Most of these agreements have however been violated within hours after being announced. It therefore remains to be seen which actions IGAD will take now that the two parties have failed to form a transitional government of national unity.

2.2 Sexual and Gender Based Violence (SGBV) in Conflict

Sexual violence – often examined under the umbrella term SGBV - is widespread in conflict and post-conflict environments. It has been described as a ‘hallmark’ of recent and continuing intrastate conflicts. Reports from conflict areas such as Syria, Democratic Republic of Congo (DRC), Somalia, Mali, Sudan, South Sudan, Myanmar and Chad, among others, reflect this characterisation. Conflict-related sexual violence is active and constantly evolving and expanding. There has been much activity by civilian, military and police personnel, non-governmental organisations, UN humanitarian organisations, UN peacekeeping operations, regional organisations, policymakers, practitioners and scholars at many levels to prevent and respond to sexual violence. New tools, research and on-the-ground initiatives and approaches are being developed regularly, resolutions are being negotiated and adopted in the UN Security Council, and cases relating to sexual violence are being heard at the International Criminal Court (ICC) and in the ad hoc International Criminal Tribunals. Workshops, seminars, debates and conferences are being held, and new data and analyses are constantly emerging (Shteir, 2014).

The complexity of conflict-related SGBV is increasingly acknowledged through recent research. This trend reflects a shift away from simplified narratives in which sexual violence is portrayed as predominantly a tactic of war (the incidence of which is increasing) to narratives which show that the perpetrators are predominantly uniformed men and the survivors are disproportionately women. Although some of these assertions are correct, they don't tell the complete story. Instead, recent data, research and analysis demonstrate considerable variation in the perpetration of sexual violence between and within conflicts. They also point to the need for a more inclusive understanding of experiences and perpetration of sexual violence in conflict-affected environments. For example, a more inclusive understanding acknowledges that men can be survivors and that women can be perpetrators. It recognises, too, that some armed groups explicitly prohibit sexual violence.

In addition, it is commonly assumed that most perpetrators of sexual violence in conflict-affected environments are armed men. This assumption is, however, being challenged by the growing focus and awareness on the perpetration of SGBV by non-combatants. Domestic violence, including intimate partner violence, is one example. The 2012 Human Security Report revealed that even in countries with the worst rates of 'combatant-perpetrated sexual violence' such as the Democratic Republic of Congo, evidence indicates that the nationwide incidence of domestic sexual violence is higher than rape by rebels, militias, government troops, or other strangers (Human Security Report, 2012).

There is also a growing understanding of the variation in the causes of and motivations for SGBV. Although sexual violence has been and continues to be used as a 'deliberate strategy' and a tool 'to serve specific purposes' many other 'less strategic' and 'more complex' factors can influence the perpetration of this form of violence. Among these factors are entrenched and widespread beliefs and norms about the subordinate status of women, a breakdown in law and order, poor relations between armed forces and the civilian population, and post-traumatic stress disorder and other conflict-related trauma.

Despite the proliferation of activity at the local, national, regional and international levels to prevent and respond to SGBV in conflict-affected environments, a number of major gaps and weaknesses remain. Some important progress has been made in recent years at

the international and national levels but most conflict-affected countries continue to be characterised by widespread impunity for perpetrators of sexual violence and limited access to justice for survivors of sexual violence. Although the UN has reported progress in efforts to support survivors, overall, the lack of support services remains a serious weakness especially in rural and remote areas. Furthermore, where support services and structures do exist, survivors often face a variety of obstacles when seeking help. Additionally, despite the prevalence of sexual violence in conflict, there is a serious dearth of data on the matter (Shteir, 2014).

2.2.1 Sexual and Gender Based Violence in South Sudan

There has been little reporting on SGBV during Sudan's wars. Notwithstanding the end of the two long civil wars, women in South Sudan have continued to suffer from widespread rape and other forms of GBV. As stated in the introduction, few reputable GBV studies have been carried out in South Sudan and although most have been limited in terms of sample size and statistical analysis, they have nevertheless produced evidence of extensive domestic violence, early/forced marriages, wife inheritance, child custody, arbitrary incarceration, rape, gang rape, abduction and sexual slavery, female genital mutilation, sexual harassment and assault among others.

SGBV might not be a new phenomenon in South Sudan, but analysis of the crisis after December 2013 and the near absence of protection for civilians has exacerbated it. For example, on 8 May, 2014, Amnesty International released a report which documented atrocities against civilians, including rape and sexual violence perpetrated by both government and opposition forces in the South Sudan's five month conflict. The report observes that the current militarized environment, where armed men are ubiquitous and civilian law enforcement is virtually absent, places women and girls at a heightened risk of sexual violence. In addition, many women and girls are living without husbands or fathers because they are fighting, have been killed, or are in hiding, afraid of being targeted. Persistent reports of sexual violence perpetrated by both government and opposition forces strongly indicate that conflict-related sexual violence is widespread. UNMISS also noted in its interim report that sexual violence has been a "consistent characteristic" of the conflict in all affected states (Amnesty International, 2014).

UNMISS report notes that all parties to the conflict have committed acts of rape and other forms of sexual violence against women of different ethnic groups. The report suggests that sexual violence took place in connection with the occurrence of human rights and humanitarian law violations before, during, and after heavy fighting, shelling, looting, and house searches. Women of nationalities of neighbouring countries were also targeted. The forms of sexual violence used during the conflict include rape, sometimes with an object (guns or bullets), gang-rape, abduction and sexual slavery, and forced abortion. In some instances, women's bodies were mutilated and, in at least one instance, women were forced to go outside of their homes naked (UNMISS, 2014).

In addition, in the areas/states most affected by conflict (Central Equatoria, Jonglei, Upper Nile and Unity), hospitals and primary care clinics were attacked while security forces exerted a strong presence in health care centers that remained operational, such as Juba Teaching Hospital. The ability of survivors of sexual violence to receive services in this environment was severely diminished. Consequently, most incidents of sexual violence could not be reported to health care personnel or documented or verified through medical reports. Also, alleged perpetration of sexual violence by security forces undermined the credibility of these institutions to receive reports of sexual violence. Social stigma also prevented reporting. Even when incidents were reported, investigations often could not proceed in order to protect the survivor. While some incidents have been verified, many remain under investigation (UNMISS, 2014).

Even those women and girls sheltered in UN bases are not safe. In the camps, women and girls are harassed at night. Many are too fearful to bathe at night or go out to the toilet. Women who are living alone are constantly harassed by young men. Alcohol and drug abuse has made cases of sexual harassment in the camps even worse. Men are idle, but they have access to alcohol. When they take alcohol or abuse other drugs, they become unruly, husbands abuse their wives while girls are constantly chased in the dark (IRIN, 2015).

According to UNFPA, fear to report rape within the community, and insecurity, have made it harder to reach or treat survivors. UNFPA also reported that awareness of the benefits of early reporting of rape cases is still low among community members, and often

cases are reported well after the 72 hours required for administering lifesaving treatments such as antiretroviral and emergency contraception. According to Amnesty International (2014), there are NGOs which are providing medical and psycho-social assistance to those survivors of sexual violence who are accessible, notably in the camps for displaced people in UN bases. The majority are sheltering in remote rural areas, with little or no access to humanitarian assistance of any kind. Over 1 million people have been displaced since the conflict began in December, 2013.

2.3 Factors Contributing to SGBV

Research has identified factors associated with GBV at the individual, situational and societal levels. Various academic disciplines and practitioners weigh each level differently in their theories and the design of interventions. For example, clinical psychologists and legal scholars have often focussed on the individual level, specifically on the pathological personality traits of GBV perpetrators. Sociological and feminist scholarly perspectives traditionally focus on situational and societal levels, such as gendered power asymmetries in a society or in organizations. On the other hand, a social psychological perspective focuses on interaction between individual characteristics and the immediate situation in which GBV occurs (Cooper *et al.*, 2013).

2.3.1 Societal and Situational Causes of SGBV

From a social psychological perspective, societal factors will be most predictive of an SGBV event when they are salient in the immediate situation. Such societal factors include power asymmetries, gender norms, roles, scripts, societal representations of women, and armed conflict or other crises, among others. Across many different literatures, SGBV is understood as partially arising from power inequity. Violence then becomes a mechanism for the social control of the less powerful and serves to maintain male dominance and female subordination. Men enjoy greater economic, political, and social power in the vast majority of human societies, but there also exists variability in these power inequities. Feminist and evolutionary accounts describe violence as a by-product of motivation to maintain status quo and control of economic resources.

Power and power differences, as described above, translate directly into explicit and

implicit expectations of gendered behaviour – called roles, scripts, and norms which are in turn associated with SGBV. Gender roles are shared expectations about behaviour that apply to individuals on the basis of socially identified sex. For instance, as men are more likely to occupy roles that wield power, individuals often expect and socialize males to behave in dominant and assertive manner. As women are more likely to occupy roles as caretakers, individuals often expect and socialize women to be passive, communal, and responsive. Societal gender roles have been linked directly to SGBV, serving to justify behaviour or define relationships. Social norms on the other hand are socially shared perceptions of where a social group is or ought to be on some dimension of attitude or behaviour. Descriptive norms imply a perceived consensus about a descriptive pattern of behaviour, for example, “in our group, men typically hit their wives” or “in our group, hitting your wife is not acceptable.”

Alcohol consumption is an example of societal phenomenon that influences SGBV directly, for example, Intimate Partner Violence (IPV) was said to be more likely on days when alcohol was consumed than on days when it was not. Alcohol consumption often interacts with other situational and individual factors to facilitate SGBV. War and other humanitarian crises or societal violence also facilitates SGBV. Societies pervaded by violence and disruption are more conducive to sexual violence.

2.3.2 Individual Causes of SGBV

Societal and situational factors alone cannot explain SGBV; they likely combine with individual stressors and attributes to fuel SGBV. Literature in this area focuses on pathological as well as non-pathological predictors of SGBV perpetration. While psychopathology partially explains sexual aggression, many perpetrators exhibit no extreme or abnormal personalities or social profiles. Men who for example gain gratification from controlling or dominating women or who are distrustful of women often display the following pathological personality traits: callousness, disinhibition, narcissism, and antisocial personality disorder colored by impulsivity. On the other hand, qualities that are deemed to be non-pathological predictors of SGBV perpetration include: low self-esteem, impulsivity, and sexism, among others (Malamuth, 2003 in Cooper *et al.*, 2013).

2.4 Impact and Consequences of SGBV on Victims

Sexual violence has profound physical, psychological and social consequences for survivors. For women and girls, sexual violence can lead to both genital and non-genital physical injury such as traumatic fistulas and chronic incontinence. Among other physical consequences are an increased risk of Sexually Transmitted Infections (STIs), including HIV/AIDS, reproductive health problems such as infertility, unwanted pregnancy, self-induced and unsafe abortion, and death as a result of pregnancy or delivery complications. Young survivors whose bodies are not yet fully developed are especially vulnerable. For men and boys, sexual violence can cause genital and rectal injury, sexual dysfunction and STIs (WHO, 2003).

Survivors of sexual violence can experience a wide range of psychological effects, including PTSD (post-traumatic stress disorder), rape trauma syndrome, depression, anxiety, feelings of rage and shame, self-blame, memory loss and suicidal ideation. Male survivors of sexual violence are often particularly concerned about their masculinity, their inability to prevent the sexual attack, and the opinion of others. They can also become confused about their sexual orientation (Johnson *et al.*, 2010).

Child survivors of sexual violence experience physical and psychological consequences similar to those experienced by adults, as well as consequences that are more unique to their age. These consequences can include learning problems, cognitive impairment, low self-esteem and body image concerns, inappropriate sexual behaviour and a long term sense of insecurity (Save the Children, 2010). Also, the social stigma associated with sexual violence has far-reaching consequences for both female and male survivors. Both can face rejection and ostracism by their families and communities

2.5 What is being done to Prevent and Address SGBV?

Bott *et al.* (2005) summarise what is known about more and less effective - or at least promising - approaches to prevent and respond to gender-based violence all over the world. Their review also highlights cross-cutting lessons that have emerged from research and programs over the last 30 years. In addition, they observe that the knowledge base about effective initiatives is relatively limited; only few approaches have been rigorously

evaluated, even in high-income countries. As a result, evidence about effectiveness is often lacking, and the most that can be said about certain approaches is that they appear more or less promising. Below are their conclusions on various GBV sectors

Justice Sector Initiatives

In many low and middle-income countries, penal and civil law codes fail to criminalize certain kinds of physical or sexual violence against women and include provisions that make convictions unlikely. Over the last 30 years, international human rights agreements combined with advocacy by women's groups have successfully convinced many governments to revise penal and civil legislation in regards to gender based violence. These changes include criminalizing domestic violence and marital rape, eliminating provisions that allow perpetrators of rape to escape criminal sanctions by agreeing to marry the victims, and revising criminal procedures to make it easier to prosecute offenders.

These reforms represent a significant symbolic achievement in the effort to strengthen women's rights and reduce violence against women. However, the overwhelming lesson from research on legislative reform in low and middle-income countries is that legislative reform is just the first step in a long and complex process. In many settings, law enforcement institutions are under-funded, inaccessible, incompetent or even corrupt, making it impossible for them to enforce criminal law more generally. Governments often fail to budget resources for implementing changes in law and policies. Police and judges are often unwilling or unable to enforce laws related to gender-based violence. And, in many settings, girls and women remain unaware of the law or face social and economic barriers that make it impossible for them to exercise their rights. To make laws work more effectively, a number of initiatives have shown promise which include:

- Educating law enforcement and the public about new laws
- Broad investment in strengthening the law enforcement response to gender based violence
- Reorganising the police and the judiciary (e.g. special police cells, family courts, etc.)

- Comprehensive medico-legal system reform (e.g. introduction of forensic nursing)
- Building networks and alliances between legal, social and health organisations
- Reform of informal justice systems (e.g. traditional courts and councils) etc.

Health Sector Initiatives

Bott *et al.* (2005) observe that historically the health sector was slow to recognise the public health implications of violence against women. For example, reproductive health programmes for young people have often assumed that sexual activity was voluntary, despite evidence that many young women experience sexual coercion. Many universities do not prepare health professionals to recognise the health consequences of domestic violence, rape or sexual abuse; providers often view violence against women as a social issue rather than a health problem; and many organisations do not equip their staff to respond appropriately to girls and women who disclose that they have experienced violence.

In recent years however, health care organisations around the world have tried to improve the care they provide to survivors of gender based violence. In addition, public health programs, which have a long history of working to change sexual attitudes, practices and behaviours, have begun applying those strategies to gender based violence. Few have demonstrated an impact on levels of violence or measured quantitative outcomes among survivors, however, a number of approaches appear promising which include:

- National, regional and municipal policies that facilitate women's access to emergency contraception, high quality forensic exams, prophylaxis for STIs/HIV and safe abortion
- Government policies that clarify providers' roles and responsibilities regarding GBV
- Broad institutional reforms to improve the health care response to GBV (e.g. protocols and policies, providers training, written resources, and alliances with referral services)

- Efforts to integrate the issue of GBV into the training of health care professionals
- Efforts to raise awareness of and reduce violence against women as a public health problem
- Integrating attention to GBV into reproductive health/HIV education for youth
- Mass media ‘entertainment education’ programs, including prime time television soap operas that address GBV, among others.

Education sector initiatives

Evidence suggests that high levels of education can reduce women’s vulnerability to GBV, though the link between education and violence is not necessarily linear. In theory, schools could play a proactive role in prevention by promoting greater respect for women’s human rights. Indeed, fuelled largely by concern about the HIV/AIDS pandemic, schools in most regions of the world now offer some kind of reproductive health education, and many of these programs address gender issues, including sexual coercion.

Unfortunately, evidence from many middle and low-income countries suggest that schools and universities have a long way before they can play a positive role in preventing violence against women. For one thing, sexual harassment by educators and students appears to be widespread in many parts of the world. Schools and universities cannot be positive agents of change as long as the school environment tolerates or condones discrimination and violence against girls. Moreover, the lack of school safety appears to reduce the enrolment of girls relative to boys in some settings. Fuelled by evidence of sexual harassment in schools as well as the role that sexual coercion plays in the spread of the HIV/AIDS pandemic, many governments, schools, and universities have increasingly begun to address GBV through policies, awareness campaigns and curriculum changes. Little is known about the impact of these efforts, but the following approaches seem to hold promise:

- Institutional reforms to reduce sexual harassment in schools, e.g. by educating staff about gender, human rights, and nonviolence and by developing sexual harassment policies that include clear reporting mechanisms and sanctions for

staff who violate such policies

- Improving school infrastructure (e.g. building schools to reduce the distance that girls travel to school, providing safe latrines for girls, hiring more female teachers, and establishing single sex schools for girls)
- School-based counseling and referrals
- School-based programs for students that promote nonviolence, human rights and more equitable gender roles, among others.

Multi-sectoral initiatives

Bott *et al* (2005) argue that multi-sectoral collaboration is important for most GBV initiatives, regardless of sector, but those that aim to improve women's lives through social services, economic empowerment and infrastructure improvements require a multi-sectoral approach – almost by definition. Compelling evidence suggests that in the long run, economic and social empowerment of women may reduce women's vulnerability to GBV. This category includes a highly diverse group of approaches, objectives, and lessons learned. Similar to education, however, the relationship between empowerment and violence is not necessarily linear; some “successful” efforts to empower women may increase the risk of violence in the short run, by challenging traditional gender roles and increasing conflict in the household. Some key approaches have shown long-term promise however, including:

- Efforts to strengthen women's right to property, inheritance, labor force participation, divorce etc.
- Expanding social services for women and children (e.g. counseling, legal aid, shelters, etc.) through public-private partnerships that include government ministries and NGOs
- Integrating the issue of GBV – particularly sexual violence – into policies and services that serve refugees and displaced populations
- Micro-credit programs for women that explicitly address the implications of GBV

- Attention to women’s needs and priorities within transport and infrastructure projects
- Community-based and mass media campaigns to reduce tolerance for violence against women, among others.

Ward (2011) observes that South Sudan presents significant challenges in terms of designing and implementing GBV prevention and response programmes. In fact, the challenges related to infrastructure and local capacity cannot be overstated. In addition, GBV programmers must be prepared to address ongoing emergencies –where the focus is on basic services for sexual violence – as well as an emerging development context – in which programming is shifting to more comprehensive approaches. In almost all areas of South Sudan, the levels of SGBV are apparently quite high, and yet multi-sectoral programming is virtually non-existent. Nevertheless, some efforts are being made in all the key GBV response sectors such as health, psychosocial, legal and security sectors. In addition, most if not all organisations implementing GBV programmes are engaged in some form of community-based sensitization targeting all.

2.6 Customary Interventions towards SGBV in South Sudan

South Sudanese culture emphasizes the “cohesion and strength of the family as a basis of society.” Since the male is the undisputed head of each household, the role of women in this social pattern is that of cementing family ties through ‘bride wealth’ and of producing children. As a result, women are often marginalised in their own families. South Sudanese families exchange women for various benefits during the formation of marriages. Families arrange marriages across ethnic groups and send women to live with their husbands to solidify relationships between clans through the bearing of children. As a result, families often view young unmarried girls as economic burdens. When a man marries, his family pays the bride’s family “bride wealth” in the form of cows or other livestock like donkeys, sheep, and goats. In a place where extreme poverty is common, bride wealth can be critical to a family’s wellbeing; families marry their girls out early and feel as if they have no choice in the matter (Gross *et al.*, 2010).

Again, the bride-wealth system acts to prevent divorce even where marriage is violent or otherwise unbearable. Most young men need their family members to contribute to their

bride wealth. Upon marriage, the bride wealth is distributed among the members of the bride's family. Thus, many family members benefit from and rely upon the couple's marital success. Although this helps fortify family ties, it also discourages divorce, since divorce requires the collection, return, and redistribution of the bride wealth. This is a complicated and cumbersome process, bound to anger many family members. In addition, many of the assets the bride's family members received in bride wealth may no longer exist at the time of divorce; the cattle from bride wealth may have died, been slaughtered for food, or been stolen. The pressure women face to preserve family cohesion makes them more likely to stay in abusive marriages than to end them. This all leaves women in a vulnerable position that makes them target for GBV and unlikely to even seek justice when they suffer it.

Even the death of a husband does not free a woman from marriage. In South Sudan, child bearing is prized and respected. Men fear "complete" or "true death" – that is a man dying without having fathered children or without children having been assigned to him. For this reason, South Sudanese society has developed ways to ensure that men have heirs. For example, social paternity (assigning children to a man) takes precedence over physical paternity (biological paternity). A man can assign his children to a relative to ensure that the relative has heirs. In the Nuer and Dinka communities, a woman may continue to give birth to children in the name of her dead husband by having sex with one of his surviving male relatives. This practice is called a "leviratic marriage". A man may also marry a woman in what is known as a "ghost marriage" to produce children in the name of a dead male relative. South Sudanese society expects women to be responsible for the care of their children, but men retain control over major decisions about child rearing. As described in the preceding discussion, assignment of a woman's children may be out of her hands after her husband's death. The ability of South Sudanese men to control this practice gives them great bargaining power in any dispute with the woman and puts any woman who seeks justice in a vulnerable position (Gross *et al.*, 2010).

In South Sudan, customary and traditional justice systems composed of chiefs and elders handle the vast majority of SGBV cases. However, many of these customary and local institutions including the courts, are seemingly ill equipped to deal with complex cases such as GBV that result from the breakdown of traditional community and family

structures. Very little has been researched about GBV and the customary courts in South Sudan. However, a detailed systematic analysis on current justice practices in the customary courts, particularly of SGBV cases by Haki (2011) reveals a lot.

First, In South Sudan, SGBV falls at the nexus of criminal and family law. Family law is inextricably intertwined with customs and traditions and is the purview of the customary courts. Criminal law currently exists in a jurisdictional limbo with some cases going exclusively to customary courts. Even serious cases such as rape are brought with greater frequency for adjudication according to customary law.

In the Dinka customary law for example, rape cases are punished primarily by compensation to the victim's family. In the case of a married woman, cows are paid to the husband and in the case of an unmarried woman to her parents. Therefore, women survivors are sidelined while perpetrators and survivor's families handle the dispute. A cow will be sold to pay for the woman's treatment. Rape cases are not punished severely in terms of imprisonment. Men are only sentenced to three months prison for rape, unless the woman is married, in which case there is additional punishment for adultery with another man's wife. Furthermore, in the formal courts, if a woman is raped by a man who is not her husband, she may be prosecuted for adultery if she cannot prove that the sex was not consensual. The penalty for this is imprisonment or a fine or both.

In Juba, amongst the Bari and Mundari speakers, rape cases that are brought to the customary courts normally have already reached a consensus that the man must be punished. Where a woman is not yet married, the rapist will often be forced to marry the girl before the case is ever brought to the court. This is often a preferred alternative for both parties, as the man does not receive jail time or have to pay a large fine and the woman and her family do not face the public stigma of having an abused and now, unwanted or "tainted" daughter who would be difficult to marry. Where the woman or family does not agree to marriage or where the woman is already married and abused by a stranger, the courts will punish the man on multiple counts.

Secondly, wives are almost universally considered the property of their husbands. This is largely due to the "dowry" paid for wives universally throughout South Sudan as

mentioned in the preceding discussion. Men consider the dowry as giving them a right to discipline the woman as they please. Families always reinforce this perception. Wife beating, however, still occurs when no dowry has been exchanged, suggesting a deeper cultural practice not linked entirely to financial considerations. As a result and largely a reflection of these cultural norms, wife abuse is tolerated by customary courts. In Juba, in the Bari and Mundari speakers' customary courts, tolerance of spousal abuse is higher. The chiefs do reprimand husbands for beating their wives, even when there was an apparent reason, but punishment of the man does not go beyond a small fine, even when severe beatings occurred and the wife was pregnant. In most cases, there is always a legitimate reason for the beating that places the blame on the woman rather than the man. There are varying degrees and contextual considerations within each tribe, but in all the regions, some amount of discipline or wife abuse is accepted.

Lastly, corporal punishment is also a regular practice across the courts and tribes of South Sudan. Lashings are given as punishment to both men and women. Women, however, are often given lashings in addition to beatings they already received at home. Lashings given as discipline to women in the courts reinforce the acceptance of violence against women for misbehaviour (Haki, 2011).

2.7 Theoretical Framework

Sexual and gender based violence is one of the most controversial topics in general social sciences discourse as well as different schools of thought which seek to implement their own perspective in the issue. Despite more than three decades of scholarly work and activism against gender based violence, little consensus has yet been reached on the etiology of the subject. The task of coherent theory building has been hampered by the narrowness of traditional academic disciplines, and by the tendency of both academics and activists to advance single-factor theories rather than the explanations that reflect the full complexity of the subject. To date, the theories of gender based violence have been strongly influenced by either the biases of psychology, sociology, and criminology, or the ideological and political agendas of feminist activism. The issue has also been skewed towards western countries and lacked the global concern which has preoccupied the field only very recently. Two discourses are central in explaining sexual and gender based

violence in South Sudan. They are:

2.7.1 Normative Support of Violence

This position suggests that it is norms and values, surrounding masculinity, femininity, family, and heterosexual relationships within the culture at large that constitute the problem of gender based violence, and inform its widespread prevalence. This view, propagated by the disciplines of sociology and anthropology, challenges the biological approaches to individual and collective behaviour. Violence in this discourse is seen as a logical extension of the broader cultural norms and social practices. The occurrence of GBV therefore, whether in its more crude forms (violent homophobia, gang rape, domestic abuse) or in its more structural expressions (polygamy, dowry/bride price/FGM/Male circumcision), becomes accepted ‘norm’ of life, and part and parcel of how societies perceive and recognise themselves (O’Neill, 1998). Even if the reality of life for women in South Sudan is harsh, it has been observed that the greatest challenge they experience is the social acceptance of gender based violence.

In this discourse, the emphasis is placed on how individuals act within the ideological constraints of the social system. The rationality of the system is positioned as a more powerful determinant of violent behaviour than the purely instrumental purposes of the individual. Feminist position in this discourse strongly argue that male to female violence cannot be separated from the patriarchal ideology, normative foundations, and institutional arrangements in society, sexist norms, and historical legacy of male dominance, which socialize men, support and legitimate their violent behaviour towards women (Dobash & Dobash, 1992).

Sex-role socialization theory also has a big explanatory value in this context. It highlights the masculine socialization practices that encourage men to be competitive, tough, aggressive, unemotional, and/or objectifying. The appropriate sex role stereotypes as well as men’s perceived right to control and dominate in the family also bears directly on the socialization process. Women’s socialization also has a prominent meaning in this discourse. Being taught to be obedient and submissive to their husbands, they are often prone to self-blaming and long term suffering within the violent relationship. This is maintained within and supported by the misogynist cultural traditions that devalue

women and often overtly regard them with contempt (Bograd & Kersti, 1988; Dobash & Dobash, 1979).

2.7.2 Social Theory of Gender and Power

Developed by Robert Connell (1987), the theory of gender and power is a social structural theory based on existing philosophical writings of sexual inequality and gender and power imbalance. This theory is important because it allows for an understanding of the complex interplay between gender and power beyond the individual perspective. A central emphasis in the theory is the three major social structures that characterise the gendered relationships between men and women: the sexual division of labour (e.g. financial inequality), the sexual division of power (e.g. authority), and the structure of effective attachments (e.g. social norms). These three structural models are the major elements of any gender order and operate with a logical complexity. Furthermore, these structural models exist at different levels (e.g. family, societal and institutional) and are maintained by social mechanisms. This theory provides good analytical lenses in explaining gender based violence in South Sudan.

2.8 Conceptual Model

In the conceptual model, in figure 1 below, the existence/ occurrence and perpetration of SGBV in South Sudan is explained by such factors as: gender inequality/power asymmetries; legacy of male dominance; gender/sexist norms; gender roles and values; and breakdown in law and order. SGBV especially in the conflict-prone Upper Nile Region has also been used to serve a “specific purpose”. It has been used as a weapon of war and for ethnic cleansing

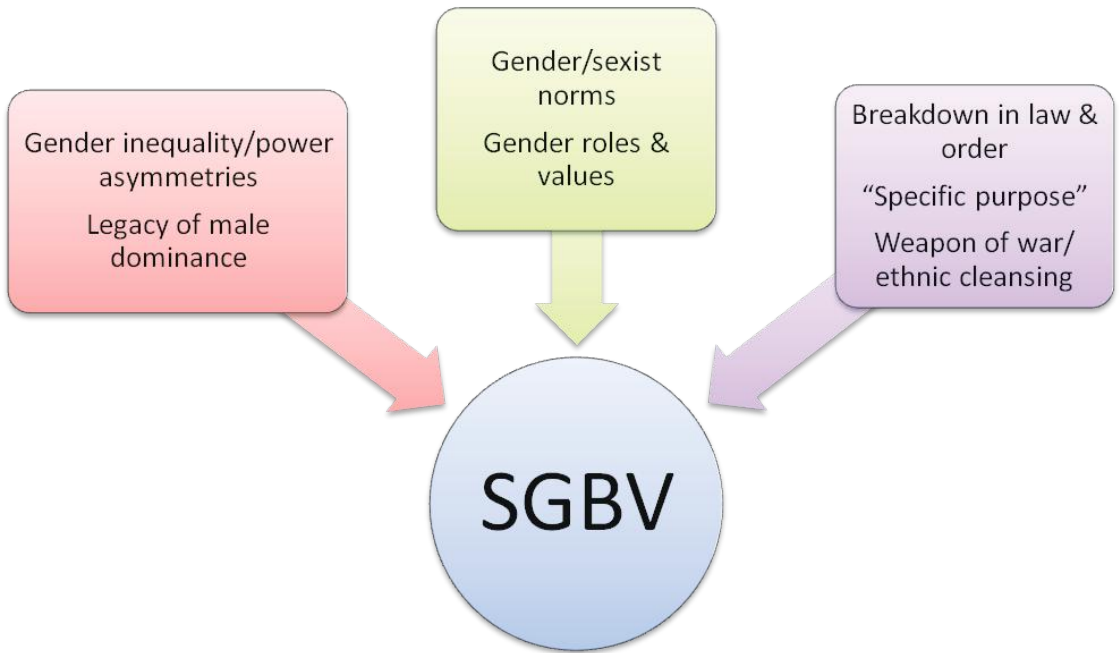


Figure 1: Conceptual Model

Source: Author's own conceptualisation

3. Methodology

3.1 Research Design

This study employed a qualitative approach. Yin (1994) argues that the choice of a research strategy should be determined by the nature of the particular research question posed. The research questions in this study point to a qualitative approach. The whole question of interventions to sexual and gender based violence is a sensitive one, especially in the context of South Sudan and for the researcher to understand it fully, there was need for detailed explanations which could only be achieved using qualitative methods. In addition, South Sudan is still in conflict and a big part of the population has been displaced therefore it was not realistic to employ quantitative approaches such as sample surveys, which would require a determination of the population and sample size.

3.2 Study Site

The study site was South Sudan. South Sudan is divided into three regions (historic former provinces): Bahr el Ghazal (northwest); Equatoria(southern), and; Great Upper Nile (northeast). From the three regions, 10 states have been created. Central Equatoria state in the Equatoria region was selected purposively for the study. This is because it was accessible to the researcher and relatively peaceful. It is where the Capital city, Juba is located and it's also quite diverse in terms of ethnic composition and linguistic diversity. It also hosts the headquarters of government institutions and most CSOs working in the country. The researcher was therefore able to focus on Juba and its environs.

South Sudan is home to around 60 indigenous ethnic groups and 80 linguistic divisions among a population of around 11 million in 2011. The majority of the tribes in South Sudan are of African heritage who practice either Christianity or syncretism of Christian and Traditional African Religion. There is a significant minority of people, primarily tribes of Arab heritage, who practice Islam. Linguistic diversity is much greater in the southern half of the country (Equatoria region). A significant majority belong to either the Dinka people(35.8% of the South Sudan population, and primary residents of the historic Bor and Bahr el Ghazal region) or the Nuer people (15.6% of the South Sudan population living primarily in the historic Greater Upper Nile region with a significant

number of Dinka). Today, most ethnic groups still embrace a cattle culture in which livestock is the main measure of wealth and used for bride price.

SOUTHERN SUDAN MAP BY COUNTY/STATE

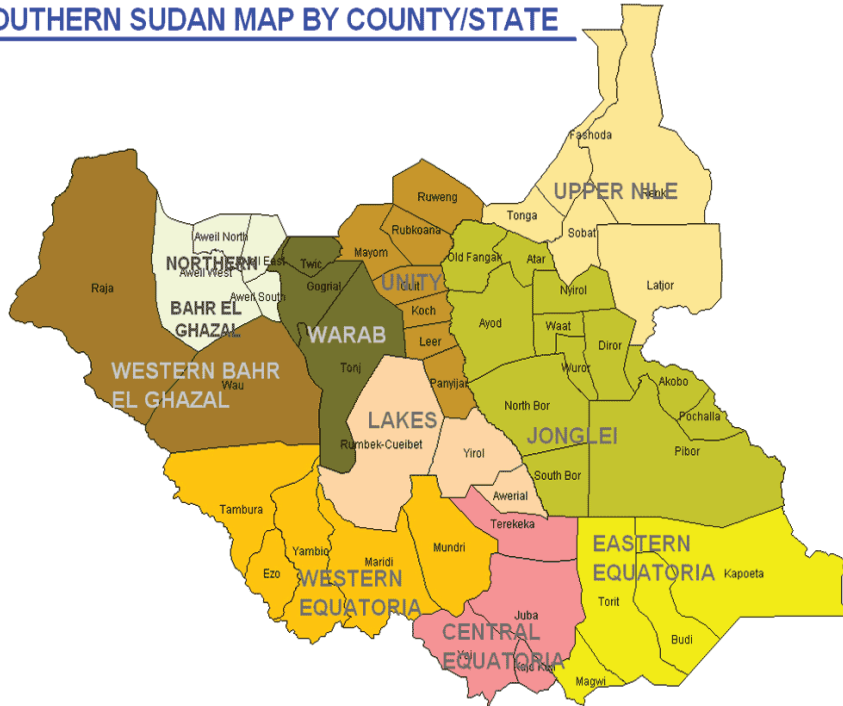


Figure 2: South Sudan Map by County/State

Source: Google Maps

3.3 Data Sources and Data Collection Methods

The study utilised both primary and secondary data. Primary data was collected through focus group discussions (FGDs), key informant interviews (KIIs) and participant observation. FGDs were organised with women and men. Due to the sensitive nature of the subject it was advisable to segregate men and women so that neither influences the other in their responses. One FGD was conducted in Juba with representatives of different CBOs while two others were held in Lainya County with rural men and women. Lainya County is the most nearest County to Juba. It is 65 miles away and was somehow accessible albeit through rough road. The research team spent a total of six hours on the road; three hours from Juba to Lainya and three hours going back to Juba.

Key Informants Interviews (KIIs) were also conducted with representation from government institutions, local and international NGOs, UN agencies, and CBOs working on SGBV. The selection of these institutions was very purposive; for an institution to be selected, it had to be doing something related to SGBV. The researcher identified some of the institutions beforehand and made appointments early enough while the rest were identified in the field with the help of a local organiser. The research team also attended an afternoon customary court session in Juba and during this time, participant observation was used as another means of generating primary data.

Focus group and key informant interview guides were developed to assist the researcher in collecting the data. Two local research assistants and a local organiser were engaged in the exercise. These individuals not only helped in collecting the data but also acted as translators whenever required to do so. Using a local research assistant is critical in creating rapport with the respondents as well as winning the local confidence.

Secondary data was collected to provide a basis for existing literature gap. This data – mainly desk study and analysis – was sourced from books, journals, newspaper articles, web links etc.

3.4 Data Analysis

Data collected in the field was analysed using qualitative methods. Since qualitative research generates extensive amount of data, a researcher should try to reduce it by developing categories and codes for sorting and refining the data. Therefore, data obtained from in-depth discussions with FGD participants and KIIs was developed into categories and codes and analysed into themes related to the research questions.

4. Study Findings

This chapter reports the findings of the study thematically and according to the objectives of the study as outlined in the introduction. These findings are informed by data collected from 22 different institutions and a total of 48 respondents. The institutions represent CBOs, Local NGOs, International NGOs, government institutions and UN agencies. Table 1 shows the distribution of respondents.

Table 1: Distribution of Respondents

	Institution	Male	Female	Total no. of Respondents
Key Informant Interviews	South Sudan Women Lawyers Association (SSWLA)	0	1	1
	United Nations Mission in South Sudan (UNMISS), Gender Unit	0	1	1
	South Sudan Law Society (SSLS)	1	0	1
	Sudan Christian Youth Ministries International	1	0	1
	Ministry of Gender, Child and Social Welfare, Central Equatoria	0	1	1
	End Impunity Organisation (EIO)	0	1	1
	South Sudan Human Rights Commission(SSHRC) -Gender Committee	2	2	4
	Gender and Child Desk, Special Protection Unit at Munuki Police Station	0	4	4
	United Nations Population Fund (UNFPA), South Sudan	0	1	1
	Voice for Change	0	1	1
	Israeli Aid, South Sudan	1	0	1
	Soweto Community Based Organisation	1	0	1
	Organisation for Non-violence and Development (ONAD)	1	0	1
	Community Empowerment for Progress Organisation (CEPO)	1	0	1
	International Rescue Committee(IRC), South Sudan	0	1	1
	Eye Organisation	0	1	1
	Psycho-social Support Unit, Juba Teaching Hospital	1	0	1

Focus Group Discussions	Institution	Male	Female	Total no. of Respondents
	Women FGD- representing CBOs in Juba	0	4	5
	Men FGD -representing grassroots citizens in Lainya County	10	0	10
	Women FGD - representing grassroots citizens in Lainya County	0	11	11
Participant Observation	“B” Court/Customary court proceedings in Juba (No respondents were targeted here)	0	0	0
	TOTAL	19	29	48

Source: Field Data, 2015

The institutions and respondents targeted by the study were supposed to represent key SGBV prevention and response sectors such as health, psychosocial, legal and justice and security sectors. While some institutions are intervening in more than one SGBV sector, almost, if not all are involved in some kind of prevention efforts through awareness raising.

Table 2 shows the main sector representation of institutions captured in the study.

Table 2: Sector Representation of Institutions Covered by the Study

SGBV sector	Institution
Health	Juba Teaching Hospital
	United Nations Population Fund (UNFPA), South Sudan
	International Rescue Committee(IRC), South Sudan
Psychosocial	Ministry of Gender, Child and Social Welfare, Central Equatoria
	International Rescue Committee(IRC), South Sudan
	Psycho-social Support Unit, Juba Teaching Hospital
	United Nations Population Fund (UNFPA), South Sudan
	Gender and Child Desk, Special Protection Unit Police Station
Legal and Justice	South Sudan Women Lawyers Association (SSWLA)
	South Sudan Law Society (SSLS)
	South Sudan Human Rights Commission (SSHRC) -Gender Committee
	Community Empowerment for Progress Organisation (CEPO)
	“B” court/Customary court in Juba County
Security and/or protection of civilians	United Nations Mission in South Sudan (UNMISS), Gender Unit
	Special Protection Unit (SPU) Police Station
Prevention/awareness raising/ research and documentation	Sudan Christian Youth Ministries International
	Ministry of Gender, Child and Social Welfare, Central Equatoria
	Voice for Change
	International Rescue Committee(IRC), South Sudan
	Israeli Aid, South Sudan
	Soweto Community Based Organisation
	Organisation for Non-violence and Development (ONAD)
	Community Empowerment for Progress Organisation (CEPO)
Eve Organisation	

Source: Field Data, 2015

4.1 The problem of SGBV in South Sudan

That SGBV is a serious problem in South Sudan is a view and concern held by all of the study respondents. SGBV occurs at the public as well as domestic spaces. There are those forms of SGBV that have been perpetrated since time immemorial by the South Sudanese. Issues such as early marriages, forced marriages, elopement, abductions of women and children³, girl child compensation, wife beating, wife inheritance etc. are not new amongst the South Sudanese. These forms of GBV are culturally accepted and for the majority of South Sudanese, they are not seen as a problem.

Accusations of adultery, accusations of husbands not being able to sustain their wives, rape cases, defilement, denial of education for girls, denial of property ownership for women, young women stabbing their husbands whom they have been forced to marry, sexual harassment in places of work, and rape-related pregnancies among others are GBV issues that are happening now and people have started talking about them.

Other new forms of GBV are those that are happening in prisons. Findings indicate that some officers ask for sexual favours from young girls in jail due to petty offences. There are also cases whereby young women stab their husbands (usually older), who they were forced to marry in the first place. Such women are in prisons because unlike men who can afford to pay compensation to avoid jail term, these women do not have any cows or property of their own that they can use to pay for the same and avoid jail term all together.

Another form of GBV that is currently an issue in South Sudan according to the

2 Abductions of women and children occur during cattle raids. If the raiders do not find cattle, they abduct women and children. Upon arrival, if the abductor does not want to marry the woman, he can sell her off or marry her to another man and demand dowry from that man. Young girls are abducted to go and perform domestic chores in the abductors home while boys are abducted to go and look after cattle. Even when the SPLA was fighting the north, they abducted boys to go and fight the enemy with them.

3 Girl child compensation has been and still is rampant in Eastern Equatoria State. This is a situation whereby if someone from one clan decides to kill a person from another clan, mostly out of a dispute, then the members of the aggrieved clan have the right to go to the other clan and demand compensation. This compensation is not in terms of cows or fine goods but is demanded in form of a human being, who is actually a girl. The killer is left unpunished and the girl is left to suffer. When the girl joins the new family, she becomes a slave often being left to do tedious domestic chores and doesn't find parental care and love from that family.

respondents is conflict-related SGBV.

IDP camps within and outside UN compounds have become breeding grounds for rape. Women and girls are being gang raped especially when they go to the toilets in the camps at night and when they move around looking for water and firewood. In addition, in areas like Bor (Jonglei State), Bentiu (Unity State) and Upper Nile states, rape has been used as a weapon of war against women and children by both the armed forces and those in opposition. This, coupled with the oil exploration in the same region makes it easy for sexual violence against the residents to occur.

There are also those cases of GBV that are considered “deserved” by the society according to the respondents. For instance, if a woman is raped, the attention will shift from her as a victim to how she dresses. If she was dressed “inappropriately”, then such an incidence will be considered deserved for her. When it comes to wife beating, it will be assumed that she must have done something wrong to provoke her husband to discipline her. Therefore, the beating will not be out of vain, it will be explained by a reason and hence the woman will have deserved that beating. In other instances, wife beating is seen as a show of love and cases of marital rape are also seen as deserved. In fact, it is very difficult to explain the latter. Reporting for these deserved cases is very low.

A trend that has been observed by some key informants (ONAD, UNMISS, Gender Unit and Ministry of Gender, Child and Social Welfare, Central Equatoria) is a shift from raping adult women to defiling young girls and boys by people known to them or even in some instances family members. Young girls especially are being raped and murdered in the Protection of Civilian (POCs) sites and even within residential areas. Others girls are being raped and abandoned. There have been few reports of boys being raped by the armed forces or *boda boda* (motorbike) riders. In addition, many women who are getting rape-related pregnancies have started committing unsafe abortions. For example, in the POC site within UNMISS compound, there is at least one child aborted every week and the babies are aborted almost at term.

The fact that all the above forms of SGBV exists and are being perpetrated in South Sudan is not in contention. However, the culture of silence amongst South Sudanese on GBV

issues is surprising. SGBV is seen as a domestic issue and hence should be solved at the family level regardless of the type or form, and whether the victim is injured or whether he/she has died out of the SGBV-related circumstances. Victims rarely report cases of sexual violence due to cultural inhibitions related to fear, shame and stigma. One key informant observed the following:

“In incidences where rape happens, most South Sudanese do not talk about it to external people or people outside their family because it reduces the honor of the family, it’s a shame and if it’s a case of an unmarried girl, then it is argued that she will never find an honourable man to marry. Even in the POC sites, when it happens, they do not report it to UN police or even to an elder in the community. They instead report the matter to the senior-most person in the family, discuss the gravity of the issue internally then decide whether to go to the police or not. Meanwhile, the family is still talking to the family of the perpetrator to see whether they can get compensation. Unfortunate is the fact that they don’t consider the rights of the survivor or the health consequences of the rape. If compensation occurs, the men are happy but if the woman/girl (victim) gets really sick, then it’s the responsibility of the women in the household to get her medical assistance. The women first look for traditional herbs, they only go to the hospital when it’s very serious. This is the only time they will talk about rape, or about the fact that their daughter was raped”X key Informant (UNMISS), 25 March 2015

Another Key informant argued that:

“GBV is a big issue in South Sudan, much bigger than even human rights violations. In five cases of rape, only two are reported while in five cases of wife beating, only one case is reported. Assaults and sexual harassment especially in places of work are not reported at all.”.....Y key Informant (CEPO), 30 March 2015

4.2 Formal SGBV Prevention and Response Mechanisms and Processes Implemented by Various Actors in South Sudan

In this study, formal SGBV prevention and response mechanisms covered the interventions carried out by government and civil society organisations in responding to the problem of GBV. All the institutions targeted by the study were doing something in relation to GBV. Their interventions covered all key GBV subsectors. In addition, all of them were involved in some kind of awareness raising about the issue of SGBV.

4.2.1 Government Interventions

At present, there seems to be some political will by the government to address SGBV in the country, especially conflict-related SGBV. Following the visit by the United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict, Mrs. Zainab Bangura in South Sudan on October 2014 and subsequent signing of a joint communiqué with the President, a few steps have been taken. The president has established a joint working group and set up five task forces which are already meeting to work on the implementation modalities of the agreement. Two CBOs have been invited to be part of the working group, namely CEPO and EIO which the researcher was able to capture in the study. The two will assist in translating the agreement into action. CEPO is already developing indicators for the same. However, at the time of the interviews, the two had not attended the first two meetings that had been called by the working group.

Away from conflict-related SGBV, there are other forms of day to day GBV that also require political will to address but unfortunately this does not seem to be a priority for the government. Government funding of GBV programs throughout the country has been very poor, instead, this work has been left entirely to donors according to key informants from IRC and EIO. The Ministry of Gender, Child and Social Welfare in Central Equatoria state also affirmed this view. Their GBV programs are grossly underfunded by the government. In addition, four key informants pointed that even though there may be some political will to address GBV in the country, there is lack of capacity to do the same, especially amongst those charged with the responsibility in government.(CEPO, EIO, IRC, SSWLA).

However, at the policy level, the government has developed a National Gender Policy whose implementation strategy came to effect in 2013. The policy came by as a result of thorough consultation with different stakeholders including the private sector, national and state-level government, development partners, national and international organisations. It serves as a policy framework and provides guidelines for mainstreaming gender and integrating women empowerment principles in the national development process, with the goal of making gender equality an integral part of all the laws, policies, programs and activities of all government institutions, the private sector and civil society. In addition

to this, the government has ratified the United Nations Convention on the Right of the Child and UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). According to the respondents however, these are just policies and declarations on paper which are yet to be actualised or even implemented.

South Sudan has no family and sexual offences laws. The government has presently initiated a process of drafting the family law and sexual offences bill through state attorneys and other institutions such as SSWLA, SSLS and SSHRC, which were all targeted by the study. This is a good gesture from the government but it remains to be seen how effective such laws are likely to be given the fact that implementation of many of the laws in the constitution is still poor. A good example is article 16 of the constitution which provides that women shall be accorded full and equal dignity of the person with men and that women shall have the right to own property and share in the estates of their deceased husbands together with any surviving legal heir of the deceased (TCRSS, 2011). In reality however, many of the women have been denied these fundamental constitutional rights.

The national Ministry of Gender, Child and Social Welfare tried to establish gender focal points or coordination departments in all government ministries and institutions before. The main responsibility of the focal points was to create awareness on gender issues and address the tendency to equate gender with women, and the common understanding that the ministry is women's ministry. However, according to FGD respondents in Juba, most of these focal points are ineffective since they are not adequately funded. Gender initiatives are not prioritized in the budget allocations by the government because they are viewed as the domain of NGOs. Moreover, some of the gender focal points are managed by personnel who might have limited knowledge and unclear understanding of gender issues confirming the argument made in the preceding discussion about lack of capacity by government to address GBV issues.

With limited resources and capacity, some of the government institutions that are intervening in the area of GBV, and which were covered by the study are nevertheless trying to do the following:

State Ministry of Gender, Child and Social Welfare in Central Equatoria is working with

the national ministry, the police and various national and international organisations and CBOs to address SGBV through awareness raising campaigns in the communities throughout Central Equatoria. These campaigns target schools/school going children, and community members within the camps and outside the camps. According to a key informant within the state ministry, these awareness raising campaigns are working and people are beginning to understand their human rights and a few cases are now being reported. The Key informant argued the following:

“...a good example was in 2013 when a girl of 14 years was raped by a man of 30 years. This case was reported to the ministry and together with South Sudan Women lawyers Association, we organised a public demonstration with the help of the media to condemn the act and seek justice for the girl. Although the offender later escaped from prison, women came out in big numbers and sent a message and this was still a milestone”.....Z Key Informant in Juba, 26 March 2015

The ministry also provides psychosocial support to victims of sexual violence through its many social workers who are either stationed within the ministry offices, or those working in the psychosocial support unit in Juba teaching hospital as well as those working in police stations under the gender desks. At least in every division in Central Equatoria and in every police station, there is a social worker from the ministry. In Juba teaching hospital, the social workers provide counseling to victims and they also do their assessments and refer some of the victims to the clinical management of rape centre within the hospital. The other social workers in the police stations and ministry offices also give counselling to victims and refer them to relevant institutions within the referral pathway established so that they can get help.

The South Sudan Human Rights Commission (SSHRC) which has been established under article 145 of the constitution also handles GBV cases through its gender committee. The four members of the committee who were interviewed during the study argued that although SGBV is a human rights issue and concern in the country, they do not have much direct interventions to address the problem due to limitations in funding. However, when such cases are brought to their attention, they have a legal officer who investigates them in line with their constitutional mandate of promoting and protecting people and

their human rights. The commission also investigates human rights violations within the prisons, the police and in the oil producing states. Unfortunately, the commission only has three field offices outside the capital and is not able to handle cases from other parts of the country due to logistical drawbacks and lack of funding. Additionally, the commission is involved in awareness raising campaigns on human rights. In this, they have tried to incorporate customary court chiefs in their advocacy for human rights. Previously, they held a conference for chiefs from all states where they trained them about human rights. They had also come up with a proposal in the transitional constitution of 2011 to have chiefs serving in the customary courts be educated up to secondary school level but this did not work. According to the respondents in the committee, about 99% of the chiefs are not educated and are mostly men. It is however difficult to determine the extent to which these interventions by the commission have been successful due to lack of data on successful cases handled or follow-up assessments on the impact of their trainings for example.

4.4.2 Civil Society Interventions

From the respondents in the study, it appears that the civil society is the most involved in addressing the problem of SGBV in South Sudan compared to the government. Various institutions are intervening in the main GBV sectors but majority of them operate within the capital Juba. Only a few have field offices away from Juba, in other states or whose interventions are carried out all over the country. Transport or movement within the states and outside is very challenging due to poor or almost non-existent road infrastructure. Funding is also minimal especially for local NGOs and CBOs to be able to provide services to the majority of the communities in the rural areas. Out of a total of 22 institutions covered by the study, about 14 of them (63%) operate in Central Equatoria state alone and have offices only in Juba.

A national GBV sub-cluster has been formally established by the civil society organisations working on GBV in South Sudan since 2010. It has been largely supported by UNFPA, ARC and IRC. Currently the chair or coordinator of the sub-cluster is from UNFPA who was interviewed as a key informant during the study. The sub-cluster previously held meetings once a month to get overview reports and updates from all areas of the country

but since December 2013, they meet on a weekly basis or sometimes bi-weekly. In these meetings, members are able to discuss the challenges, gaps in their interventions and come up with collective solutions to address GBV. A representative from the Ministry of Gender, Child and Social Welfare (which has since been merged with Ministry of Humanitarian Affairs and Disaster Management) also attends the meetings but other national ministries are not represented in the sub-cluster. The GBV sub-cluster was formally introduced under the protection cluster in the same ministry. The introduction of clusters aims to provide a coordination mechanism for all actors working to address similar issues such as GBV, Education, Health, and Protection among others.

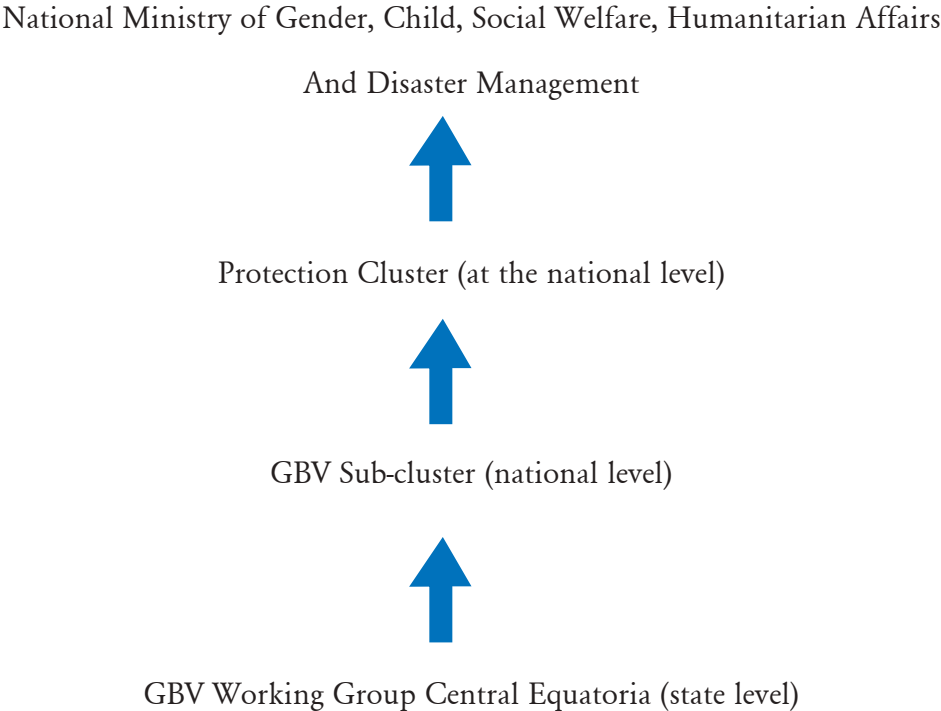


Figure 2: Structure of GBV sub-cluster in South Sudan
Source: Field Data, 2015

Out of the 22 institutions covered by the study, 16 (73%) are members of the GBV sub-cluster and attends meetings regularly. In addition, those working in Central Equatorial have formed a GBV working group at the state level.

Health Sector Interventions

As a key GBV response sector, health sector intervention looks like the most developed in South Sudan. Out of the 22 institutions reached by the study, three of them are key in the health sector: IRC, UNFPA and Juba Teaching Hospital. These three institutions have direct GBV interventions offering health services to survivors. Juba teaching hospital's facilities that directly focus on GBV include the Clinical Management of Rape (CMR) centre and the psycho-social support unit. This hospital is a government institution but also supported by donors. The IRC and UNFPA are the main supporters of the two units. The two donors also work with other state hospitals to build capacity of medical and non-medical staff to be able to handle GBV cases. Within the CMR, initial examination is done by a single doctor who is the only one qualified to do this in the whole hospital; three more doctors are undergoing training at present. After initial examination, the doctor sends victims for more testing/ lab services in a private clinic outside the hospital where they are charged approximately 75 SSP (\$15). The CMR in the hospital does not have the testing machine required hence the reason why survivors are sent to a private clinic. UNFPA has previously promised to buy this testing machine for the hospital but they are yet to actualise their promise.

Additionally, in the CMR, survivors of rape are provided with post-exposure prophylaxis treatment which is meant to prevent HIV/AIDS, STIs and unwanted pregnancies. This however is only effective if administered within 72 hours after an incidence of rape. Unfortunately, majority of those reporting such cases to the hospital do so when it's already too late for the post-exposure prophylaxis to be effective. Other forms of sexual violence are treated in the hospital but within other departments such as gynaecology. The doctor at the CMR is often called by a judge to give evidence-based assessment for rape in the courts if need be or when such an incidence has been reported to the formal statutory courts.

In the psychosocial support unit, survivors get counseling services and referral to the CMR. In addition, they are provided with dignity kits. These kits contain sanitary towels, underwear, *khanga*, soap, lotion and perfume. Form 8 is also given for free in the psychosocial support unit. The form 8 is a must fill before one gets treatment. Ideally, the

form should be free everywhere but in the police stations it's illegally sold to victims. It costs about 10 SSP (\$2) and there is still a cost of \$2 more for getting a doctors stamp. We therefore found out that a survivor of rape will incur a total cost of 95 SSP (\$19) while seeking services at the hospital. This cost is quite high for the ordinary South Sudanese and it may discourage survivors from reporting or seeking health services. The main types of sexual violence mostly reported in the two units include capture and rape, and rape of young girls and boys by the armed groups and forces. Most of these cases involve victims who are below 18 years of age. About four cases of sexual violence are reported to the unit every day. Injuries as a result of other forms of GBV such as domestic violence are many in the hospital but are attended to by different departments. Such cases are rarely reported in the psychosocial support unit.

IRC and UNFPA are not only supporting hospitals but they also offer direct health services in the emergency settings within the conflict affected areas. IRC for example has huge programs in emergency sites on GBV prevention and response. They provide health services to survivors of sexual violence through their nurses and clinical officers. They also provide women with dignity kits in the emergency sites. Additionally, they provide safe centres for victims and build the capacity of health service providers in the same settings. Together with UNFPA, they have developed a referral pathway for victims in these sites. Specifically, IRC has started a GBV screening pilot project in Yida camp. This screening tool has been developed by John Hopkins University and is used to screen all women seeking health services in the various clinics to establish whether they have experienced any type of GBV. The IRC key informant interviewed argued that the reports they are getting from this screening are alarming. The screening has helped them discover that most of the women who are seeking their ante-natal clinic services conceived through rape.

Psychosocial Support Interventions

The study established that in addition to government institutions such as the state ministry of gender, child and social welfare in Central Equatoria, two other institutions covered - IRC and UNFPA - are offering psychosocial support services to victims of sexual violence, especially within the emergency sites. IRC is also offering temporary shelter and safe houses for GBV victims and training social workers on case management. UNFPA has developed some guidelines on safe houses for victims.

Legal and Justice Sector Interventions

The study established that the legal and justice sector is the weakest of all key sectors engaged in GBV response in South Sudan. In the areas with statutory court systems in place, there are reportedly very few trained judges and as a result, customary court chiefs are serving (without any formal education) as statutory judges. In Lainya County where the research team visited, there was no single judge but a paramount chief who was sitting on the former's behalf. Generally, the customary courts remain the de facto functioning judiciary system in South Sudan.

Out of the 22 institutions covered by the study, five of them are civil society organisations with some interventions that directly target the legal and justice sector. For example, South Sudan Women Lawyers Association are very active on GBV issues. They are involved in law reform and offer free legal aid and services to the needy, especially women and children. They also create legal awareness for empowerment of women to claim their rights and advocate/lobby for the adoption and implementation of laws and policies that advance the rights of women and children. At present, they are involved in the drafting of the sexual offences bill as well as carrying out research on sexual offences. South Sudan Law Society is also involved in lobbying for law reform and enactment of laws that promote human rights, much more the rights of women and children.

CEPO is a local NGO which implements programs targeted at the legal and justice sector. CEPO monitors GBV and other human rights issues in the judiciary and within the customary courts. It's also trying to engage customary court chiefs through training on human rights.

IRC is just starting to work with chiefs and customary court chiefs. They have initiated a dialogue with some from a few states and are working towards raising their awareness about human rights. UNMISS human rights division has also tried to engage the same chiefs previously, in terms of human rights training. It is however difficult to determine whether such pockets of trainings are having any impact on the chiefs as their judgements in the courts are not followed, evaluated or even documented.

Security Sector and Protection of Civilians Interventions

This is a key GBV sector which is also unfortunately as weak as the justice and legal sectors in South Sudan. Special Protection Units (SPU) of the South Sudan Police Service were initiated in 2008. This section of the police is the one which should ideally handle matters of GBV. Our respondents however noted that majority of those police officers, just like in the other parts of the police force are weak and illiterate. Also, the current level of police training on GBV is not sufficient to overcome the many cultural barriers that exist within the forces in order to ensure ethical and survivor-centred services. UNDP rule of law was keen on training the SPU previously but they were not very successful. The main challenge has been staff turnover and those who have been trained on special protection maybe rotated out to posts that are not related to protection, such as to traffic police. However, when they are within the relevant posts, they are supposed to work together with social workers.

In this regard, CEPO has proposed a special curriculum for the SPU which has now been incorporated by the Ministry of Interior. EIO (a local NGO) that advocates for justice and accountability especially on GBV and other crimes are also involved in capacity building of law enforcement officers through training, helping them to understand the law and human rights as most police officers are illiterate. In their advocacy, they use the media as a tool for communication, often passing messages to the people through the vernacular FM stations. The only problem is that there are more than 64 tribes in South Sudan and a minority of these local languages are broadcasted, therefore excluding the majority.

IRC is also starting to work with the police and are currently formulating a training manual for the same. According to a key informant from IRC, the police pose the biggest barrier between survivors getting access to justice.

In terms of protection of civilians, UNMISS has a huge mandate on the same. GBV falls under their protection of civilians' mandate. The Gender Unit of UNMISS is supposed to be the most active on GBV. Presently, they fund CBOs to carry out such interventions. However, they hope that they will be added the capacity-building mandate as the review of their mandate is to take place on May 2015. With the capacity-building mandate, they can be able to do more on training especially on GBV-related issues.

Prevention/Awareness Raising, Research and Documentation Interventions

Most of the organisations implementing SGBV programmes in South Sudan engage in some form of community-based sensitization targeting women, men and youth. Out of the 22 institutions covered by the study, 21 of them are involved in advocacy/awareness raising. Some of the ways in which the civil society organisations are raising awareness on GBV is through drama, songs, poems, talk shows on FM stations especially vernacular stations, listening groups in radio (where people call and share as anonymous) and holding of workshops among others. The interventions have also tried to include men. There was however consensus from the respondents that they need to do more awareness as GBV is a complex issue in South Sudan.

Israeli Aid for example conducts awareness raising programs in primary schools where pupils form GBV clubs and perform dramas and poems. IRC has a social norms marketing campaign where they develop key messages targeting various groups such as the police. In such campaigns, they send out positive messages which can effect change in behaviour and perceptions. ONAD is currently running a radio show (Radio Miraya) educating the public about the constitutional provisions relating to the rights of women e.g. the right to property, right to an education etc. CEPO is training journalists on reporting of rape and their impact is seen in the number of cases reported on the print media concerning rape.

In terms of research and documentation, CEPO is involved in reporting and documenting SGBV cases in all the 10 states in the country. They are also involved in policy-based research, which is, looking at how effective the responses to SGBV are and developing long-term solutions. EVE organisation is involved in civil society monitoring of the implementation of UNSCR 1325 in South Sudan and produces annual report on the same. This report is submitted to the African Union.

Lastly, IRC in collaboration with George Washington University and CARE have just rolled out a household study in four states dubbed “What Works to End Violence against Women”. IRC has also conducted GBV studies in emergency sites focussing on men and how they have been affected by the recent conflict.

4.3 Existing Customary Methods and Processes Addressing GBV

“In South Sudan, when a girl is in her father’s home, she is considered a source of income to the family since she will be married off at some point and the family will receive dowry in form of cows and other material goods. The girl however has no right to choose her spouse and have no say in the family affairs. When she gets married, she also does not have any say in her matrimonial home. In the communities of South Sudan, a woman is just a woman...”(X Y Participant, FGD in Juba, 24 March 2015).

The above quote summarises the position of a women in South Sudanese culture as acknowledged by the study respondents. This confirms the arguments already in literature that the traditional role of women in South Sudan is that of cementing family ties through bride wealth and producing children and as a result they are often marginalised in their own families and also in their matrimonial homes. They are therefore left in a vulnerable position that makes them targets for GBV and unlikely to even seek justice when they suffer it.

As mentioned earlier in the findings, GBV is a chronic problem throughout South Sudan and most people do not like talking about it to persons outside the family because it apparently reduces the honour of the family. It is also a source of shame and stigma to both the victim and the family and in the case of an unmarried girl, it is argued that she will not find an honourable man to marry. Therefore, when an incidence occurs, most South Sudanese will want to handle it at the family level. Usually, the male members of the families involved discuss the issue and consider its gravity then agree on how much compensation must be paid by the perpetrator or any other way of resolving the issue amongst themselves without going to the courts or to the police.

Once family to family dispute resolution fails, then most South Sudanese take the matter up with the customary courts. These courts are composed of chiefs and elders who handle the vast majority of GBV cases. The customary courts are generally more accessible and preferred to statutory courts. The courts are led by the chiefs, most of whom are illiterate. The courts are also male dominated. Each party taking up a case is charged about 25 SSP (\$5) which make them much more accessible to the majority. The courts sit throughout the day from 8am -5pm. Each dispute takes about 15minutes to be resolved. Therefore, disputes are resolved by these courts in a timely manner. The chiefs and elders in the

courts do not have a salary and they compensate themselves through the charges paid by different parties and fines. Their judgements are influenced not by the law but by customs and traditions.

Different ethnic groups apply different customary laws. Therefore, if a dispute involves two parties from two different ethnic backgrounds, then the chief calls some elders who either belong to one or both of the ethnic groups or those who understand well the customs of the ethnic groups in dispute. This in a way ensures fairness to all.

The types of cases handled by the courts mostly have to do with marriage disputes such as wife battery, divorce, issues of inheritance, rape and even capital offences. The respondents argued that these courts are increasingly handling cases which they are not able to resolve such as rape and capital offences and sometimes if they are unable to resolve the cases halfway, they refer them to formal courts. This is somewhat confusing because in the customary courts there is no documentation, everything is handled orally and customary law is basically unwritten. Therefore, even when such cases are referred to formal statutory courts, the parties concerned must start afresh.

The punishments rendered by these courts include: few months imprisonment for rape, compensation (especially for capital offences and rape); sometimes rapists are forced to marry their perpetrators; small fines; and lashing for both men and women.

4.4 Interplay between Customary Interventions and Formal Mechanisms Addressing SGBV

There are many examples where customary law conflict with formal statutory laws and the constitution of South Sudan and hence a clash within the two practices. For example, Article 16 (5) of the constitution provides that women shall have the right to own property and share in the estates of their deceased husbands together with any surviving legal heir of the deceased. In the customary dispensation however, women are not allowed to own any property, including children. Even when a husband dies, his property is transferred to the sons or to other surviving male members of the family.

Also, some customary courts recognise a cause of action for families who want to force

their daughters to marry men whom they have selected or who have been selected by clan members but rarely do the girls rely on the same courts to enforce prohibitions on early marriages. The same families sometimes use the same courts to pressure young girls to marry their rapists so as to avoid the stigma that the society attaches to rape victims and secure bride wealth payments. In addition, these local judicial systems are mostly silent on and rarely prosecute domestic violence unless a woman's life is at risk. When women retaliate, injuring or killing their abusive husbands, they are often punished with harsh prison sentences that do not take into consideration the mitigating factor of abuse. All the above judgements contradicts Article 16 (1) of the constitution which provides that women shall be accorded full and equal dignity of the person with men. This was highlighted by a key informant from South Sudan Law Society.

The relationship between customary courts and the judiciary is not smooth. There are overlapping functions between the two and sometimes the former feel ignored when their judgements are overturned in the statutory courts. The customary courts are under the local government and the local government is ideally supposed to introduce reforms to these courts. The judiciary therefore cannot supervise the customary courts, the two are left to operate parallel to each other. In addition, the customary courts are increasingly handling all types of cases, some of which they have no capacity such as rape and other capital offences. In the customary courts, rape cases and even rape with murder are primarily punished through compensation to the victim's family which is not the case in the formal courts where reference to the penal code is made. Sometimes, cases are referred from the customary courts to the judiciary but that can only be done before any judgement has been given by the former. As pointed out in the preceding discussion, since there is no writing and documentation in the customary courts, the statutory courts have nothing to make reference to therefore those transferring the cases have to start afresh.

South Sudan culture also encourages resolution of disputes at the family level. Disputes will only be taken to the courts, both statutory and customary if the parties or families affected have failed to agree amongst themselves. This essentially discourages reporting of GBV cases even when the victims have suffered injuries or death. Mostly such cases will be resolved through compensation. This makes it extremely difficult for formal institutions addressing GBV in South Sudan to intervene in a "family" matter which has already been

resolved despite there being serious health and psychological consequences on the victim. A key informant in Juba observed the following:

“...Sometimes back, a family was planning to marry their 15 year old girl to an old man here in Juba. When the girl got to know of the plans, she ran away to the South Sudan Human Rights Commission. The commission temporarily accommodated the girl for a night because she couldn't go back home. The following day, the parents and other family members stormed the commission and asked for dowry. Their argument was that since the commission had taken their girl and prevented her from getting married, then they should marry her and pay dowry. The parents of the girl became confrontational when the commissioners tried to explain what had happened and they started pulling their daughter. The commissioners at this point could not do much but had to let the girl go.....E.O Key informant (SSHRC), 27 March 2015

When it comes to health seeking behaviour, many victims of sexual violence such as rape will first of all seek traditional medicine, in the form of herbs. The victims will only go to the hospital when the former methods have failed. The South Sudanese generally have a lot of faith in their traditional medicine as well as traditional ways of resolving problems. In cases of rape, many of these victims will go to the hospital when it's already too late to do an examination or tests which can give medical evidence to aid the prosecution of the perpetrator in the statutory courts. In addition, seeking medical services when it is already too late means that some important treatments such as post-exposure prophylaxis for STIs/HIV will not be effective. The treatment should be taken within 72 hours. This therefore makes it difficult for the health service providers to offer much help to the victims.

Lastly, the preventive efforts, in the form of advocacy against GBV carried out by most formal institutions interviewed are also met head on with deep rooted traditions and culture which makes it hard for people targeted by such campaigns to change their perceptions about GBV. For example, the dowry culture, early marriages, forced marriages, wife inheritance, abductions etc. are so entrenched within South Sudanese communities such that changing the attitudes of the people towards the same is likely to take a very long time. In addition, because of the entrenched culture in almost all of South Sudanese, especially on the position of women in the society, law enforcement officers do not take matters of GBV seriously. Yet, law enforcement is such a critical GBV sub-sector.

4.5 Challenges in Addressing SGBV in South Sudan

Respondents were asked to highlight some of the challenges they are facing in addressing the problem of GBV in South Sudan. All respondents including grassroots citizens captured in the study reported many challenges. The main ones are captured in table 3 with the frequency in which they were reported.

Table 3: Challenges in Addressing GBV in South Sudan

Challenge	Frequency
Deep-rooted culture/ negative social and cultural practices that enhance GBV	13
Under-reporting/Culture of silence due to shame and stigma	12
Weak law enforcement institutions which do not take matters of GBV seriously	11
Poor funding and low capacity for GBV interventions by government	8
Impunity of perpetrators	7
A very weak judiciary in terms of capacity and coverage	7
Conflict between customs and traditions	7
Women are not aware of their constitutional rights and existence of services available to handle cases of GBV	4
Lack of safe centres for victims who require protection and threats on service providers	4
Constitutional loophole (no family law and sexual offences law)	4
Corruption and bribery in the courts and within the police service	3

Source: Field Data, 2015

From table 3, the main challenges highlighted include: Deep-rooted, negative social and cultural practices that enhance GBV and allow its perpetration; the culture of silence on GBV matters due to shame and stigma that hinders reporting; and weak law enforcement institutions that do not take matters of GBV seriously, among others.

Other challenges reported have to do with poor budgetary allocation by the government for GBV interventions, particularly within the ministries concerned and overall lack of capacity by those placed in positions of influence within the government to advise on or even implement GBV interventions. A very weak judiciary in terms of capacity and coverage, conflict between customs and tradition and impunity of perpetrators were also reported as serious challenges in the fight against GBV.

5. Conclusions and Recommendations

Drawing on the findings of this study, a number of conclusions can be made. First, the study has confirmed the findings of available literature on the existence and prevalence of GBV in South Sudan. In addition, the study has evaluated the response and prevention mechanisms implemented by government, UN agencies, international and local NGOs and CBOs in addressing the problem of SGBV in South Sudan. The traditional or customary methods present to address matters of GBV have also been discussed in detail and how they interplay with the efforts of government and civil society. The challenges faced by all actors in addressing GBV in South Sudan have also been identified and discussed. In a nutshell, the study has achieved its objectives.

Second, the study concludes that GBV is a serious problem in South Sudan and it happens in domestic as well as public spaces. There are those forms of GBV that have been perpetrated since time immemorial and have been culturally accepted. There are also some forms which are occurring presently and people have started talking about them. New trends in SGBV have also been identified and discussed as well as those forms that are considered “deserved” by the society. The culture of silence on GBV issues has also been highlighted and the role it plays in preventing reporting of GBV cases.

Thirdly, the study observes that there is some political will to address SGBV in the country, especially conflict-related forms of sexual violence. A number of policies and legislations are also in place to address matters of gender inequality, women and children rights. In addition, the government has initiated a process of drafting a family law and sexual offences law. However, the implementing of these policies and pieces of legislation is slow and some are not implemented at all. There is also very little budgetary allocation on matters of GBV by the government.

Fourthly, the study concludes that the civil society in South Sudan is the most active in terms of addressing matters of GBV despite operating under immense challenges. Interventions are ongoing in all the key GBV sectors including: health, psychosocial, legal and justice, security and protection of civilians. In addition, most if not all of CSOs addressing GBV are involved in some form of sensitization and/or awareness raising targeting men, women and youth. The health sector seems to be the most developed

with the legal and justice as well as security sectors perceived as the weakest. Nevertheless, the services offered by all the institutions are inadequate and have only reached a small population, leaving off a large majority who are in need of the services. This is mainly due to inadequate funding, low local capacity and major problems with infrastructure just to name a few. The study therefore concludes that the civil society and government interventions have only “scratched the surface” and there is much more that needs to be done to address GBV in South Sudan.

Fifth, the study has identified the customary courts and family to family dispute resolution as the main ways of responding to matters of GBV traditionally in South Sudan. These two mostly employ customs and traditions in solving GBV matters. In addition, customary courts are accessible and are serving the majority of people in the country. The study has argued that the customary and the formal ways of addressing GBV are mostly in conflict. A friction already exists between the customs and the constitution. The statutory courts and customary courts also have a strained relationship with the latter feeling increasingly ignored. Family dispute resolution is discouraging reporting of sexual violence to institutions which can offer help to victims. Late reporting, due to culture of silence is also conflicting with some forms of treatment which are required to be administered to a victim as soon as sexual violence has occurred.

Lastly, the study has identified many challenges facing those organisations trying to address the problem of GBV in South Sudan. The main ones are: negative deep rooted cultural practices and traditions that enhance GBV; culture of silence due to shame and stigma which discourages reporting of sexual violence; weak law enforcement (police, judiciary) institutions which do not take matters of GBV seriously; poor funding and low capacity for GBV interventions by government and; impunity of perpetrators among others.

Recommendations

In light of the above challenges and observations about GBV in South Sudan, the study recommends the following:

Government

- First, the government needs to increase budgetary allocations for GBV programs especially in the now National Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management. In as much as the government has other priorities, the issue of GBV should be taken as a serious protection concern. Political will needs to be accompanied by deliberate actions to address the problem of GBV. Lack of capacity by those placed in positions of influence by government to handle matters of GBV was mentioned as a challenge by the study respondents. Therefore, the study urges the government to employ or nominate qualified people either as advisors, policy-makers or implementers.
- Second, government should do capacity building for judiciary, customary courts and police. These are law enforcement institutions that were identified by the study as the weakest in the GBV referral pathway. In addition to building the capacity of the judiciary, there is need to increase the formal courts so as to be able to handle GBV cases more professionally. A strong justice system and police force will also ensure that perpetrators of SGBV do not continue to commit sexual violence with impunity.
- Third, since the government has initiated a process of drafting a family law and sexual offences law, parliament should lobby for the enactment of the same. This will go a long way in criminalizing certain kinds of physical and sexual violence against women and men and include provisions that make convictions likely. Issues of inheritance and divorce will also be taken care of under the family law.

Civil Society Organisations (CSOs)

- CSOs in South Sudan have a huge task ahead of them. They need to do more awareness raising/sensitization especially to the rural populace to address negative cultural practices, beliefs, and perceptions that enhance GBV and also hinder reporting of the same. This was identified as a major challenge by all respondents. Changing the norms, behaviour, attitudes and perceptions may take a long time but the CSOs need to be extremely aggressive if they are going to be successful in fighting GBV.
- CSOs also need to devise and deliver more training programs on law enforcement officers, especially the police so as to be able to handle matters of GBV more professionally. Specific training on GBV is necessary for law enforcement to understand the seriousness of GBV and how to handle such cases when reported to them. The chiefs and elders also need to be trained about the constitution, international human rights and rights of women and children and the difference between human rights and customs. This will enable them appreciate both the constitution and their customs and to only propagate those customs and practices which are not in conflict with human rights.
- Lastly, there is need to increase the services offered by CSOs in all GBV sectors so as to reach the majority in need who have not yet been reached. The study concludes that though the CSOs are implementing some interventions, these interventions are inadequate, mostly restricted to the areas that are somehow accessible and therefore they have just “scratched the surface”. These interventions need to be scaled up for some impact to be realised.

Customary Courts

- Customary courts handle the majority of GBV cases in South Sudan, and are more preferred and accessible to the majority of the people. Previously, some CSOs have tried to bring the customary court chiefs and elders together to either train them on human rights or to start a dialogue about how they can work together to fight GBV. The chiefs and elders have not been that keen to attend such trainings and

forums. This study therefore recommends the chiefs to attend such trainings and forums when called upon and to open up to other views from different actors in the area of GBV.

- Customary court chiefs and elders also need to understand human rights as well as women and children rights recognised globally and some of which have already been enacted in domestic legislation. They need to differentiate between customs and traditions and human rights as stated in the preceding discussion.
- Lastly, they should also give positions to women in their courts. Currently the customary courts are 99% male constituted. There are women elders within the community who have the ability to take on such positions and perhaps they can be more understanding to women issues in their judgements as they can identify with them.

Further Research

- There is need to conduct more studies on the effectiveness of the GBV interventions in South Sudan. A rigorous impact assessment needs to be done so as to understand what is working and what is not working and with whom. This will inform the design of better or much more effective interventions in future.
- There is also need to conduct population-based surveys so as to generate data on SGBV in South Sudan, especially data on the prevalence within different geographical regions and different communities. There is a serious lack of data/statistics on the same as at present.

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Appendix 1: Focus Group Discussion Guide

An Analysis of Sexual and Gender-Based Violence (SGBV) Interventions in South Sudan

Focus Group Discussion (FGD) Guide

Date.....

Time.....

Area.....

1) Introduction

- Do FGD participants know what SGBV is?
- What do they understand by SGBV?
- Do they consider SGBV an issue/problem in their area and country at large?
- How has the recent conflict (December 2013) impacted on SGBV in the country?

2) Formal SGBV Prevention and Response Mechanisms and Processes implemented by various actors/organisations in South Sudan

- How is SGBV problem being addressed by Government, NGOs, UN Agencies, and Community Based Organisations? Which methods and processes do they employ?
 - Examples of actions/interventions: facilitating victims to get treatment in hospitals, facilitating the security of those at risk, training social workers and health staff, putting up safe centres where victims can report incidents and be taken care of, assisting victims get justice in the courts, training customary courts officials? Training police staff in SPU, Livelihood activities that reduce women

and girls vulnerability to SGBV etc.

(These are just examples to help respondents reflect on some of the actions or programmes that the above organisations may be involved in, towards addressing SGBV)

- Do the same organisations work to prevent SGBV and how do they do it?
- Are these interventions on SGBV effective? To what extent have they contributed to successful prevention and response to SGBV?
- If not, what are the reasons why these interventions are not successful?

3) Informal/Traditional/Customary mechanisms and processes in place to address SGBV

- Does the South Sudanese culture influence SGBV actions in the community?
- In what ways does culture promote or hinder the occurrence of SGBV cases in the community?
- Does culture hinder reporting of incidences?
- Which are the cultural/ traditional mechanisms in place to address SGBV such as early and forced marriages, domestic abuse, rape, female genital

mutilation, sexual violence and harassment etc.

- How do these mechanisms act to prevent SGBV?
- How are SGBV cases handled by the customary courts? (respondents to provide examples)
- Are the customary courts fair to everyone in their view? If not, why?
- Are they effective/ successful in preventing and responding to SGBV problem in the country?
- If the customary courts are not seen to be effective, which are the reasons for their ineffectiveness?
- What are other traditional /cultural issues related to SGBV do you think are important and not highlighted?
-

4) How do the mechanisms/ actions by government, NGOs, Community Based Organisations (CBOs), and UN agencies on one hand, interact with the traditional/customary actions taken to address SGBV in your area?

- Do these two different mechanisms conflict?
- Do they interact well together or not?
- In what ways do they interact?
- If they are in conflict, what are the reasons for this conflict?
- Which among the two do the FGD participants prefer?

.....**END**.....

.....**THANK YOU**.....

Appendix 2: Key Informant Interview Guide

An Analysis of Sexual and Gender-Based Violence (SGBV) Interventions in South Sudan

Key Informant Interview (KII) Guide

Name.....

Gender.....

Institution.....

Date.....

1) Introduction

- Find out the role of the respondent or respondent's organisation. Is it a role related to SGBV?
- Enquire about the current state of peace, security and SGBV in the country. How rampant is the problem of SGBV presently? How was it before the December 2013 violence started? In what ways (forms) is it perpetrated? Where is it much more rampant?

2) Formal SGBV Prevention and Response mechanisms and processes implemented by various actors in South Sudan?

- What is the government doing to prevent and respond to SGBV in the country? Including conflict-related SGBV?
- How are NGOs responding to the issue?
- What are UN agencies particularly doing to prevent and respond to SGBV?
- Are community organisations involved in this and how are they addressing the problem?

(Focus on key GBV intervention sectors such as health, psychosocial sector,

legal and justice sector? Security sector, etc.)

- Can you say that these interventions have been effective in preventing and responding to the problem of SGBV? To what extent have they been effective? What are the challenges faced in implementing such programmes? Or what has caused their failure if that is the case?

3) Informal/traditional/customary mechanisms and processes in place to address SGBV

- How important is culture/traditions in defining and responding to SGBV in South Sudan?
- In what ways does culture promote or hinder the occurrence of SGBV? Does it hinder reporting of incidences too?
- What are the cultural/traditional mechanisms and processes in place to prevent and respond to SGBV in South Sudan?
- How effective are these mechanisms? How effective are the customary courts for example? Are they deemed to be fair by everyone? Are they fair to women in particular?

4) How do the formal and informal/traditional mechanisms and processes interact to prevent and respond to SGBV in South Sudan?

- Do these two interact at all?
- Is there friction between the two processes and how is it dealt with?
- If there is friction, what are the reasons for this friction?

.....END.....

.....THANK YOU.....

About the Author



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