

Initial Assessment and Mapping: Reducing Inequality and Gender-Based Violence in South Sudan

Case Studies for Wau, Juba, and Renk



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South Sudan Women Empowerment Network (SSWEN) is a non-profit, non-partisan and none-governmental organization founded in 2005. Our focus is on the empowerment of women through programs that encourage women participation in decision making, gender, and human rights advocacy. We envision South Sudanese society free of gender bias; where women are empowered, self-reliant and enjoying fundamental rights.

Trigger Warning: This report contains graphic descriptions of sexual violence (including rape and genital mutilation) that may be upsetting to readers.

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About SSWEN

The South Sudan Women Empowerment Network (SSWEN) has been involved in empowering women to participate in decision-making processes. SSWEN's approach has been a combination of bottom-up and a top-down approach, whereby their programmes catalyse action at a grassroots level, empowering women to engage in leadership at the community decision making level, while also engaging women to also actively participate at the state and national levels of decision-making processes. Through other projects, SSWEN has for instance conducted extensive consultations on harmful marriage practices across South Sudan, including in Wau, Juba and Renk, which lays a solid foundation for discussions around the need for a family law bill. This action will build on this foundation to go a step further in ensuring the effective participation of women, the target communities and support to government actors to understand rights and how to enforce them, in a way that advances the implementation of gender-sensitive approaches to policy, legislation and practice in South Sudan. SSWEN has extensive experience in conducting studies all over the country. For instance, SSWEN published in 2019 a report on "Protecting the Rights of Women in Family Law". For this study, traditional chiefs of multiple ethnicities in six cities including Juba, Wau and Renk were interviewed on their customs with regards to marriage. The study's methodology as well as its conclusions will guide aspects of implementation of this action.

About LAW

Legal Action Worldwide is an independent, non-profit organisation comprised of human rights lawyers and jurists who provide innovative legal information, assistance and representation in fragile and conflict-affected areas. LAW has extensive experience representing victims and survivors of sexual and gender-based violence and currently implements programmes in Bangladesh, South Sudan, Somalia, Uganda, Sri Lanka, Lebanon, Syria, Turkey, Jordan and Iraq.

About SSLS

The South Sudan Law Society (SSLS) is a civil society organization based in Juba. Its mission is to strive for justice in society, respect for human rights and rule of law in South Sudan. SSLS manages projects in a number of areas, including legal aid, community paralegal training, human rights awareness-raising and capacity-building for legal professionals, traditional authorities and government institutions.

Acronyms

EU	European Union
FGDs	Focus Group Discussions
PSS	Psychosocial support Service
FGM	Female Genital Mutilation
GBV	Gender Based Violence
IDIs	In-Depth Interviews
INGO	International Non-Governmental Organization
IPV	Intimate Partner Violence
KII	Key Informant Interview
LAW	Legal Action Worldwide
SS	South Sudan
SSLS	South Sudan Law Society
SSWEN	South Sudan Women's Empowerment Network
UN	United Nations
UNDP	United Nations Development Programme
VAWG	Violence against women and girls

Contents

Acknowledgement	iii
About SSWEN	iv
About LAW	iv
About SSLS	iv
Acronyms	v
Executive Summary	vii
1. Introduction	1
1.1. Background	1
1.2. Objectives of the Initial Assessment and Mapping	2
2. Methodology	3
2.1. Study's Approach, Geography and Data Sources	3
2.2. Sampling	4
2.3. Data Processing and Analysis	5
2.4. Ethical Considerations	5
2.5. Quality Control	5
3. Findings	7
3.1. Prevalence of GBV	7
3.1.1. Juba	7
3.1.2. Wau	8
3.1.3. Renk	8
3.2. Drivers of GBV	9
3.2.1. Juba	9
3.2.2. Wau	11
3.2.3. Renk	12
3.3. Access to justice	13
3.3.1. Juba	13
3.3.2. Wau	15
3.3.3. Renk	15
3.4. Access to Health for survivors	16
3.4.1. Juba	16
3.4.2. Wau	17
3.4.3. Renk	17
4. Recommendations	20
5. Annex 1 – Focus Group Questionnaires	22

Executive Summary

In the first half of 2021, as part of a project funded by the European Union, SSWEN conducted a comparative assessment and mapping of perceptions of GBV, access to justice and health services of GBV survivors in Juba in Central Equatoria, Wau in Bahr-El-Ghazal and Renk in Upper Nile. This three-year project will strengthen gender equality and local capacities on access to justice and accountability for gender-based violence in South Sudan. This will be achieved first by increasing women, survivor and community-driven advocacy on accountability for GBV and creating attitudinal change towards gender equality and harmful customary practices. Second, the project will provide legal aid, information and awareness to the target communities to enable them to understand and enforce their rights and seek redress, advocate for reform of policy and legislation that advances protection and more meaningful justice for women and girls. During the initial assessment stage of the project implementation, SSWEN conducted a detailed analysis of the three project locations, to unpack the drivers of GBV, the justice chain, and confirm the gaps as well as the greatest needs to be covered by the project.

South Sudan is still struggling with high rates of GBV and stigma which have adversely affected its development and gender equality. In this background, this study sought to discover the causes of this social problem and map its impact and how the gap can be bridged in Juba, Wau and Renk and surrounding areas. The findings reveal that discriminatory social norms, a weak legal system, and power inequalities are among the core causes of GBV in South Sudan. The findings also reveal that GBV victims have very minimal or no access to justice and healthcare, which is associated to factors such as lack of resources, customary practices, lack of capacity of legal and health actors, lack of knowledge of their own rights by victims.

“

... A key characteristic of this is violence perpetrated against women and girls.”

1. Introduction

1.1. Background

The decades of conflict in South Sudan supported a culture of violence that still pervades the society. A key characteristic of this is violence perpetrated against women and girls. The outbreak of the third civil war in 2016, signified the growing insecurity and violations of women's rights, characterised by widespread abductions, sexual slavery, domestic violence, rape, sexual assault and early and forced marriages. Despite the establishment of a transition government, under the 2018 Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS), incidences of violence against women have not abated. The widespread character of GBV against women and girls in South Sudan is well documented and has long been identified as a key feature of the armed conflict. However, those responsible are rarely held accountable and survivors of GBV including refugees who fled the conflict have not had access to legal redress for the violations suffered. Despite significant international attention on the problem and efforts to document and record GBV it has not yet been possible to translate this into real prospects of justice and redress for survivors.

In December 2019, UNICEF reported that 65% of women and girls in South Sudan have experienced physical and/or sexual violence in their lifetime and some 51% have suffered intimate partner violence. 33% of women have experienced sexual violence from a non-partner, primarily during attacks or raids. The majority of girls and women experience sexual violence for the first time under the age of 18.¹ In 2020, conflict related crimes perpetrated on women primarily consisted on abduction (41%) and killing (28%), for the most part during localized violence, with 18% of victims being subjected to conflict-related sexual violence, including rape and sexual slavery. In October 2020, UNICEF reported that early and forced marriages are very common in South Sudan with 52% of all girls married before 18 years of age.² Only 7% of girls finish primary school, and fewer than 2% go to high school.³ COVID-19 and the necessity for social isolation also increased the vulnerability of women and girls to hunger, food insecurity, domestic violence, and early child and forced marriage.⁴ About 1.4 million children are expected to suffer from acute malnutrition this year, the highest figure since 2013 which is forcing them into child marriage.⁵ Between January and March of 2021, UNICEF reported that 50% of the women reached had suffered from intimate partner violence.⁶

1 UNICEF, Briefing Note Gender Based Violence, December 2019, https://www.unicef.org/southsudan/media/2071/file/UNICEF-South-Sudan-GBV-Briefing-Note-Aug-2019.pdf?mc_cid=df23736a5b&mc_eid=edad8600b3

2 UNICEF, Some things are not fit for children – marriage is one of them, 05 October 2020, https://www.unicef.org/southsudan/press-releases/some-things-are-not-fit-for-children?mc_cid=df23736a5b&mc_eid=edad8600b3

3 Los Angeles Times, Child brides sold for cows: The price of being a girl in South Sudan, July 2016 https://www.latimes.com/world/africa/la-fo-south-sudan-child-marriage-snap-story.html?mc_cid=df23736a5b&mc_eid=edad8600b3

4 Commission on Human Rights in South Sudan, Conference room paper of the Commission on Human Rights in South Sudan, 4 February 2021, A/HRC/46/CRP.2, para. 21, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session46/Documents/A_HRC_46_CRP_2.pdf

5 UNICEF, Press release 10 years after South Sudan's independence, more children in need of urgent humanitarian assistance than ever before, 6 July 2021, <https://www.unicef.org/press-releases/10-years-after-south-sudans-independence-more-children-need-urgent-humanitarian>

6 UNICEF, Gender Based Violence in South Sudan Briefing note, January – March 2021, https://www.unicef.org/southsudan/media/7646/file/GBV%20Briefing%20note_2021%20Q1_FINAL.pdf%20.pdf

In South Sudan, cultural, social values and norms often entrench gender disparities to profound effects, shaping and limiting life opportunities available to women and girls and greatly restricting their access to justice. These societal norms contribute to an environment where violence against women and girls is often accepted and normalised, which the current system of justice are ill-equipped to address. The wide body of research on human rights violations in South Sudan shows violence against women and in particular, GBV is prevalent and underreported. Survivors often will not report or seek redress due to lack of legal knowledge on justice options and financial means. A further impediment is the general view that the justice system – police and courts – are insensitive, ineffective and disinterested in helping survivors of GBV seek redress. In addition, customary law which is used to deal with GBV issues in many rural areas in South Sudan and even urban centres continues to perpetrate gender inequalities.

Violence against women and girls in South Sudan remains an endemic problem inhibiting the full participation of women in decision making at the community, economy and society in general. There is an acute need to improve women's knowledge of their rights, and opportunities for them to demand, access and enforce their rights. However, improving knowledge alone cannot address the fundamental dynamics that perpetuate injustice and inequality against women and girls. Stigma, gender bias and the culture of impunity explains the very low rate of reporting and response to GBV in South Sudan. Poverty also leads to more GBV, including child marriage, often for bride price, sexual exploitation and abuse, or limited access to sexual and reproductive health rights. At the local level, the needs and constraints vary greatly between the capital city, Juba, where justice institutions and state security forces are present, in comparison to more remote areas such as Renk.

It is against this background that SSWEN, with financial support from the European Union and technical support from SSLS and LAW, conducted an initial assessment and mapping in three locations in South Sudan, Juba, Wau, and Renk to find out the root causes of GBV specific to these areas, and make recommendations how to address it. The assessment's findings and recommendations will inform the development of women-led and community-driven advocacy and will provide an agenda for action to reduce gender inequality and GBV in South Sudan

1.2. Objectives of the Initial Assessment and Mapping

The initial assessment and mapping in the selected locations aimed to:

- i. Identify the forms of GBV prevalent in the three locations, stigma surrounding it and power structures.
- ii. Identify state and county administrative, legislative, and justice institutions and evaluate their capacity in Juba, Wau, and Renk, including power structures, customary chiefs, and influential figures in the selected locations.
- iii. Establish the presence of humanitarian actors and referral mechanisms in the locations, in particular in relation to health care and psychosocial support.

The recommendations from this assessment will feed the implementation of the project implemented since January 2021 by SSWEN, SSLS and LAW and funded by the European Union, focusing on "Reducing inequality and gender-based violence in South Sudan" in Juba, Wau, Renk, and surrounding areas in South Sudan, including Malakal. This project will build on the findings of this assessment and mapping to increase women's capacity to be agents of change at the national and at the community level, while strengthening justice and accountability for gender-based violence.



2. Methodology

2.1. Study's Approach, Geography and Data Sources

The study adopted a qualitative methodology and collected both secondary and primary data. We conducted a literature review and analysed data of published and unpublished documents related to GBV and GBV reporting systems and behaviours in South Sudan, which we used to triangulate qualitative findings from the field and assessing progress in reduction of GBV and gender inequality in South Sudan. The distribution of the respondent clusters was done using maximum variation stratification by regions, and profession and socio-economic characteristic disaggregation. At lowest regional clusters, the simple random and purposive sampling techniques were used to select the respondents.

The qualitative techniques used involved focus group discussions, in-depth interviews and key informant interviews. Focus group discussions (FGDs) were conducted with community leaders (chiefs, legal practitioners, religious leaders, women leaders, youth leaders, and social welfare authorities). In-depth interviews were conducted with prison services authorities and survivors. Key informant interviews were conducted with the Minister of Justice in Juba, the Director General for Prisons in Juba, some judges, and with the Federation of Women Lawyer's (FIDA) legal counsel. The qualitative technique was important in providing a situation analysis and information that SSWEN needed to identify an entry point into the communities. The data collection tools used in the qualitative phase are provided in Annex 1.

Fig 1: FGD with Chiefs in Renk
Fig 2: FGD with Women Leaders in Renk
Fig 3: FGD with Prison Services





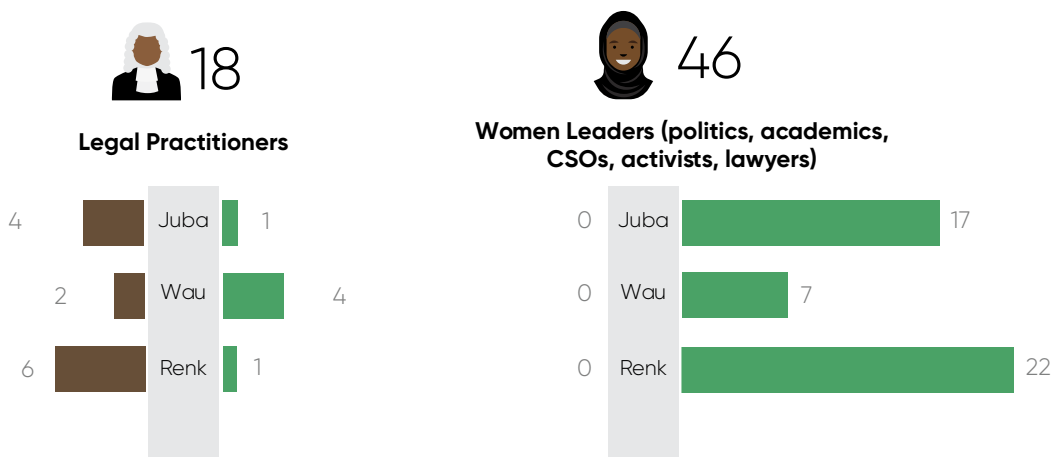
Fig4: FGD with Youth and Chiefs in Wau

Fig 5: Consultative Meeting with Chiefs in Juba, Central Equatoria State

2.2. Sampling

The study explored both a mix of multi-stage stratified random probability and purposive sampling techniques depending on the respondent clusters for the study. The sample was distributed along the administrative boundaries of Juba, Wau, and Renk counties. Payams were used as the primary sampling units for the FGDs. Samples were purposively and randomly selected based on their accessibility for the study. From the selected Payams and with the assistance of the chiefs in those Payams, community leaders, including youth leaders, women leaders, religious leaders, social welfare authorities were selected alongside with legal practitioners within the Payams. After establishing a list of the leaders in each Payam, the simple random sampling technique was adopted where every 5th name on the list was selected for the study. All the interviews were conducted face-to-face and the Covid-19 measures were strictly observed. The distribution of the sample size was as summarized in the following images:

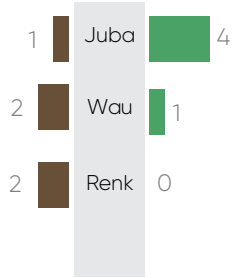
Distribution of data by respondent type, gender, and region disaggregation





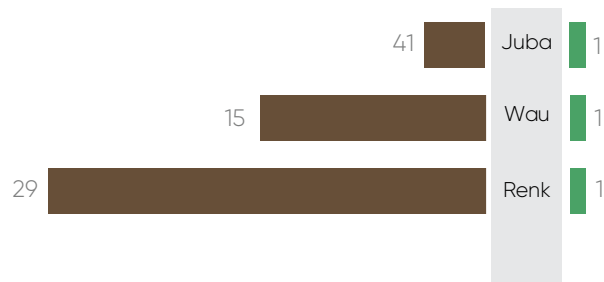
10

Prison Services



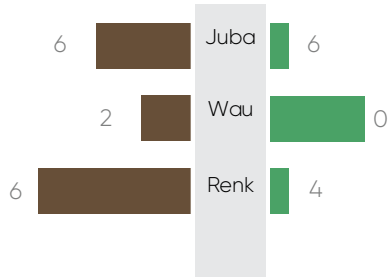
51

Chiefs



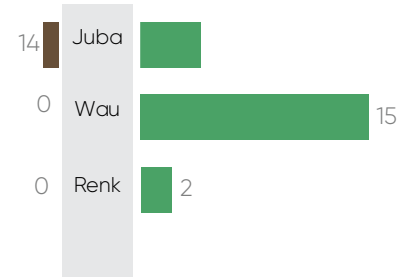
24

Youth

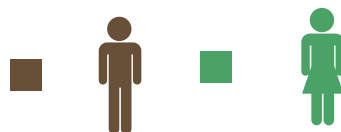


10

Survivors and victims of GBV



Total Respondents



Each interview session was recorded, and full notes taken, which were later translated from Arabic into English. The support staff of the partner organisation conducted the interviews, facilitated the FGDs, and took complete notes during the interviews and discussions. Before submitting the data for analysis, the support staff worked closely with the supervisors for quality checks and data cleaning

2.3. Data Processing and Analysis

The project team ensured that standard data processing and analysis procedures were applied. During field data collection, the project team worked closely with the enumerators to ensure that the collected data was fed into the database daily. After collection, qualitative data was transcribed, checked and analysed using data reduction methods. The transcripts of the key informant interviews, in-depth interviews and FGDs were analysed using systematic analysis. All through the data processing and analysis, the project team applied gender perspectives into all information analysis for the report

2.4. Ethical Considerations

All the study participants were given consent forms, which provided information about the study, risks and benefits for participating, procedures to ensure confidentiality and anonymity of responses, and assurance of voluntary participation. All the study tools had an introductory consent and assent for respondents allowing respondents to withdraw from the study at any time either before or during the interview process. The respondents were assured that the information collected were to be kept confidential and would only be used for purposes of the study. All databases, field notes and typed transcripts were stored in password protected computers with access only to the research team.

2.5. Quality Control

To ensure the quality and reliability of the data collected, the following mechanisms were implemented:

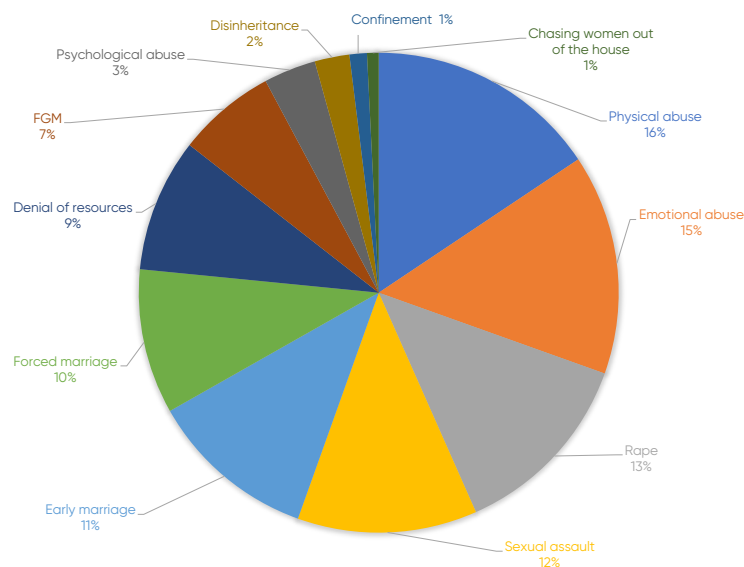
- a. The project team developed a manual for training enumerators on data collection and data quality standards.
- b. The project team ensured recruited enumerators had the necessary qualifications for quality data collection
- c. The enumerators were trained for two days and their questions addressed before embarking on data collection.
- d. The enumerators were closely monitored through daily recording the data into a database.

3. Findings

3.1. Prevalence of GBV

3.1. Gender-Based Violence in Juba, Wau and Renk

The study found that the types of GBV vary between locations but confirmed the high prevalence of GBV across study sites. The assessment provides useful data on the level of knowledge and understanding of GBV in the study's locations, in particular through the interviews of male community influencers. Whilst most of the participants had heard of the term GBV, it cannot be assumed that they have a deep understanding of GBV as a concept. For some, awareness of GBV may speak to a familiarity with humanitarian language, more than the ability to conceptualise an understanding of what gendered violence is.



Forms of GBV identified by the respondents

3.1.1. Juba

In Juba, most respondents understand what GBV means and can identify various forms of GBV, showing a good level of awareness of the issue. The assessment also established that victims of GBV do not suffer one form of abuse in isolation but often experience several forms of GBV.

For example, A GBV female survivor detained in Juba said;

“ my husband is a good person but he is too jealous. He does not want me to go out not even to the shop or market. He brings everything home in fear that I will be taken away by older men. Whenever I go out, he beats me the whole night. One day he beat me badly and I decided to go to my sister’s house. My husband was very angry and accused me of going to look for another man; he even threatened to arrest my sister if she did not send me back to my home. My husband is a soldier and at his threats I got scared and returned home. When I got back home, he beat me up and had me arrested and brought to the police station where I was accused of adultery. I know I was arrested and detained in unjust way but my culture believes that men are always right and women have no rights so I continue to be detained here”.

3.1.2 Wau

In Wau, participants expressed different levels of understanding about what GBV is, their perceptions of it, and the terminology they use to describe it. Harassment of women, degradation/disrespect/abuse, beating, sexual assault, and public harassment of women are some of the forms of GBV identified by the respondents. The respondents gave examples of what they consider being GBV, including when a girl or a woman is beaten, raped, insulted, harassed, cheated out of money, and forcibly or early married. The assessment revealed that sexual violence is highly prevalent in Wau and is a cause for community concern. Sexual violence against children is one specific form of GBV that is reported and channeled into conflict dispute mechanisms, which refer cases to the police or other legal authorities. Women with disabilities are also twice as likely to experience domestic violence or another form of GBV as other women and up to three times more likely to experience sexual assault by a stranger or acquaintance.

Marital rape is not viewed as a form of GBV. Most people at the community level believe that forced sexual relations are acceptable because a woman is thought to belong to her husband after he pays the “bride price”. In some communities, this idea is supported by the religious belief that refusing sex is a sin. Intimate partner violence is highly prevalent and is considered to be a private matter. Early and forced marriage and physical violence against spouses is embedded in harmful social and gender norms and are therefore tolerated or considered justified.

3.1.3 Renk

In Renk, respondents showed little understanding of GBV and its effect on the families and the county in general. The most prevalent forms of GBV in Renk are early and forced marriages, often leading to frequent and early pregnancies. Sexual assaults especially rape appear to be rare but are very likely to be largely underreported.

A female respondent stated that:

“Early marriage is the most common form of GBV in the county. I got married when I was 17 years old with no understanding of what marriage is and I couldn't handle domestic work as requested by in laws, my mother in-law had to intervene by support on doing the house chores. Being married early is part of our culture, it is not considered to be violence”.

In relation to rape, a female social worker stated that:

“cases of rape are many and many are not reported due to the customs and norms. I recommend that awareness on the rape prevention should be done. The society in Renk are living in denial by stating that there are no rape and inequality against women however, there is a lot of young men raping girls, but it's always covered up by marriage; the family of the girl and boy agree that the victim should be married off to the perpetrator to cover up such atrocities which really encouraged rape to be common in the community and this must stop”.

3.2. Drivers of GBV

The study highlights how GBV is deeply rooted in gender inequality in the country, harmful social and gender norms, and a highly patriarchal community and legal systems, compounding violence against women. Yet, a lot of the discussions showed that individuals link the issue to the perpetrator, but not to its underlying causes.

3.2.1 Juba

The study found that harmful social and gender norms, lack of financial empowerment, and poverty are some of the drivers of GBV in Juba.

First, GBV is driven by discriminatory social norms and power inequalities between men and women, and compounded by a highly patriarchal legal system and the use of customary laws that often condone GBV or are lenient towards perpetrators. For example, cases of rape reported by women are usually handled by community elders who do not consider intimate partner violence punishable as customary laws tend to give men the power to discipline a woman up-to a certain limit.

A focus group participant stated that

“if you rape a married woman, then it is adultery and not rape. In that case you pay compensation to the husband. If a girl is raped, it is not seen as rape either. The perpetrator can pay bride price for her and marry her.”

In the focus group discussions, some participants explained that rape is commonly used to force a girl to marry. Men often frequently kidnap girls and rape them, to then pay a bride price to their family and marry them. The group also highlighted that there are growing levels of intentional sexual violence taking place and the cruelty of rape also seem to be getting worse.

A prison director explained that GBV used during war times makes society more accepting of GBV during peace time. Another respondent added that in South Sudan, men and women have been socialised to tolerate domestic violence. A GBV survivor told us that South Sudan's culture perpetuates women's rights violations, primarily because of the country's patriarchal system, which means that while women may have legal rights, discriminatory social norms limit their power to exercise them. Women who are not aware of their rights are also at an increased risk of violence.:



"it is even worse for those that do not know their rights. Being born in a country where women have no rights and you remain ignorant of your rights leaves you highly prone to violence against women. You will have to endure violence just because you are a woman."

Because of power dynamics and general acceptance of some forms of GBV as normal, victims often choose not to report incidents of violence. One of the survivors we spoke to mentioned that she was raped by a person in power but felt she could not report him as he had a higher status:



"I did not give consent to having sex with the man but he was a soldier and had a gun. I got scared that if I refused he would kill me. Even after the incidence, I did not report the case because I felt intimidated by the fact that he was a soldier. I thought he would give a bribe and have his way out then come back looking to harm me. I chose to keep quiet."

Women's lack of financial empowerment is another driver of GBV, leading women and girls to resort to transactional sex as a mechanism to survive. One of the women gave a case of a young girl who got pregnant, and her parents sent her away from home. The girl had nowhere to go, which forced her to resort to sex in exchange for money and shelter at times. In some cases, young girls cohabit with men in return for financial support, which makes them more vulnerable to emotional, verbal, and sexual abuse from partners due to the absence of a formal commitment and social stigma from the community. Poverty is also leading to harmful strategies such as early marriage of girls, as families struggle to feed their children.

A third factor hindering women from reporting GBV is the use of bride price. During marriage, most young men need their family members to contribute to their bride wealth. Upon marriage, this bride wealth is distributed among the members of the bride's family; as a result, many family members benefit from or rely upon the couple's marital success. Although this fortifies family ties, it also discourages divorce even when the marriage is violent or unbearable as divorce would require collection, return, and redistribution of the bride price, which is a cumbersome and complicated process which causes tensions and anger amongst many family members. Additionally, many of the assets the bride's family received in bride wealth may no longer exist during the time of divorce. This increases pressure on women to stay in an abusive marriage and not to seek justice.



GBV and Education

A focus group discussion with chiefs brought out that gender inequality and social and gender norms impact girls' access to education and that lack of gender-sensitive infrastructure (e.g. same sex toilets) and commodities (e.g. sanitary towels) in schools can also encourage GBV. Girls' lack of education is socially accepted, which perpetuates their lack of agency and ability to make decisions. The generational impact of lack of education and its impact on the community's development was also mentioned by the participants.

3.2.2. Wau

In Wau, the main causes and drivers of GBV are poverty, and harmful cultural and gender norms.

Women in traditional societies are blamed for familial or societal problems. For example, harmful widowhood practices are very common in Wau. A widow suffers severe hardship from the prevalent belief that she is *"guilty for her husband's death"*, she has to endure widowhood rites from her in-laws to prove her innocence. For example, if the widow faces any misfortune, community members assume it is because she is guilty of her husband's death and that she took a false *"oath of innocence"*. In some animist cultures in the north of Bahr-el Ghazal state widows are completely ostracized from society and are not allowed to fully cover themselves or leave the home during the mourning period. These harmful practices prevents widows from mourning as they would want to, causing trauma. In addition, a widow is usually stripped from all family money, property, and assets, leading her without any means of caring for her children.

Poverty, combined with limited education and economic opportunities, is also a clear driver of GBV. More generally, land ownership laws and prevalent customary practices in the state exclude women from owning land or property. As a result, any property is held under the man's name and passed on through a patrilineal lineage within the group. A widow's right to own or even use the land is not secured, and relatives commonly seize the property of the widows.

Societal and community practices, such as polygamy, encourage violence and abuse against women. Some women in polygamous households secretly save the income they have earned to use as a safety net in event that their husbands leave them for another woman and they are left without anything.

In a focus group discussion, women leaders told us how bride price encourages domestic violence: *"once a man pays bride price, he perceives himself as having bought the woman and therefore feels he has the right to treat the woman as he wills."* This is deep-rooted in patriarchal communities, and wider society, whereby a man is the head of the household whilst a woman is seen as *"property"* whose role consists of cementing family ties through bride wealth and producing children, including by her own families.

Women and girls with disabilities are more likely to experience GBV because of social myths such as having sex with them brings wealth, status, and power, but are less able to escape, speak up and to be believed. They can experience verbal, emotional, physical, and sexual abuse from caregivers, family members, colleagues, security agents, classmates, and friends. In South Sudan, women with disabilities experience domestic violence twice and other forms of GBV and up to three times more likely to experience rape by a stranger or acquaintance than women without disabilities.

The prevalence of early marriages is in itself a driver of further GBV, such as early and frequent frequency and rape.

3.2.3 Renk

In Renk, cultural and gender norms and beliefs fuel GBV. Men are perceived as aggressive, controlling and dominant while women are seen as docile, subservient, and relying on men as providers. These norms fostered a culture of abuse such as early marriage or female genital mutilation, the latter spurred by outdated and harmful notions of female sexuality and virginity.

Just like in the other states, poverty and food insecurity are also drivers of GBV. Women we spoke to said they had experienced GBV especially early marriage and physical violence, which increased when the food crisis worsened. Women and girls face earlier marriages as families seek dowry payments. Women may have to sell sex to survive, and money shortages increase tensions within families, which can lead to violence.



“Early marriage is a common form of GBV due to the fact that some families offer their young girls as a compensation to any kind of disagreement between families. Some wait until the marriageable age of 18 years old, but others just have some marriage affairs [rape] with her before the age of 18”. (Male chief)



“You cannot fight early marriages is not easy, early marriages is a problem between customary courts and statutory courts, they are allowing such violation to happen against young women in the country because the courts are influenced by the family decisions (...) “there used to be punishment of harassment under Islamic law but not anymore, it could be very tough on the perpetrators and considered a violation of their human rights”. (Male chief)

Conflict has also increased the incidence of early marriages, as parents hope that through marriage, their daughters will be cared for and will be safe and financially secure, and this will reduce the burden on the family. Older women also face increased risks of GBV in crisis settings, when going to latrines or collecting water.

3.3. Access to justice

The lack of a functional formal judicial system and rule of law in many areas often means that the likelihood of legal redress in favour of the survivor is extremely low. In addition, when women do report an incident of GBV, there is no mechanism to protect witnesses nor is there a mechanism to protect the GBV service providers who often operate at their own risk.



The crucial role of state security actors

State security actors (military, police) have very limited capacity to guarantee the safety of the civilian population especially survivors. Most survivors have no choice but to turn to traditional clan protection mechanisms for their security. However, neither the police nor any traditional mechanism recognises the specific needs or legal rights of GBV survivors.

Although efforts have been made by the international community to improve the security situation for women by training police officers on gender and GBV and encouraging the recruitment of female police officers, much work still needs to be done. Focus group discussion participants mentioned that many of the perpetrators wear uniforms (government security forces, militias, private security) which are widely available on the local market. This makes it difficult to know whether the perpetrator really was a security official and impacts confidence in security forces.

In all three locations, women have reported being reluctant to access services due to the 'Form 8' requirement. Form 8 must be completed by all victims of crimes who needs medical treatment prior to receiving medical treatment to then be able to report the crime to the police. According to one of the survivors interviewed in the study, police officers often sell these forms instead of providing them freely, leaving some women without access to medical treatment. Another respondent stated that women tend to avoid contact with the police in fear that they will not treat them with empathy, especially due to the traumatic nature of rape. Therefore, women tend to prefer to not report if the process involves contacts with the police. Women leaders also told us of corruption and lack of resources and training make the police a highly unreliable source of support for women seeking justice and medication following GBV in South Sudan, thereby hindering GBV survivors' access to both justice and health services.

3.3.1 Juba

GBV victims have very limited access to justice in Juba, including to due the unavailability of legal aid, lack of resources, infrastructure and personnel, and politics.



"People expect the GBV survivors to come forward but no one is there to help them (Legal practitioner)



"Although rape is punishable for up to 14 years' imprisonment and a fine, the government does not effectively enforce the law therefore rape continues to be widespread (...) "both statutory and customary courts are undermined by political pressure; corruption, discrimination towards women, and the lack of a competent investigate police service." (Legal practitioner)

As a result, an overwhelming majority of GBV cases in Juba are never reported to authorities and in most cases, those that are reported do not result in convictions. Less than 10% of the survivors we spoke to reported their cases to the police. However, several of them indicated they reported their cases to family members and a few to the local tribal chief.

Customary laws stand out as a barrier to GBV survivors accessing justice across the country as they are highly patriarchal and often favour men. Up to 90 % of GBV cases are heard in customary courts presided by older male judges who have deeply ingrained patriarchal views, and which generally condone domestic violence. This discourages women from seeking justice but it also leads to women accusing their husbands of excessive abuse to being sentenced and sometimes being punished more harshly than their husbands. For this reason, women prefer to endure violence rather than take their offending husbands to court and end up serving the sentences themselves.



"South Sudan's customary law permits a certain level of violence in the home and allows a man to 'discipline' his wife. However, women may appeal to customary courts if the violence exceeds a 'reasonable' level. Nonetheless, the threshold of 'reasonable' varies greatly depending on the location, the court and the individual chief." (Justice)

An additional barrier to reporting cases of GBV in Juba is the shame and stigma associated with being a survivor and the high levels of community acceptance of GBV. GBV is widely regarded as a women's issue. Social norms on GBV are so engrained in the communities that women themselves will offer little peer support, and blame those that have been affected. The type of shame and stigma associated with GBV depends on the form of violence and the identity of the perpetrator and the survivor. For example, sexual violence against an unmarried girl impacts the family's social status within the community because of the belief that seeking support outside the family will harm a girl's chances of "winning a husband." A girl's prospects in marriage are often seen as an important economic asset by her family, particularly in rural areas.

Aside from customary law, the country's formal legal system also hinders women from accessing justice following GBV due to political and public servants' immunity from rape prosecution while in service. Immunity has been used to shield members of the military who commit rape from prosecution thus giving government officials the "license" to commit rape without fear of punishment. As a result, women feel there is no reason of reporting cases of abuse, especially when they are abused by government officials since no action will be taken against the offender.



"Government officials are immune from rape prosecutions. In fact, legal action cannot be taken against members of the military, police, security services, and border guards. When such persons are reported, the cases are lifted by their superior officers."
(Legal practitioner)

Discriminatory processes and procedures of obtaining justice in legal proceedings is another key barrier to women accessing justice in Juba. Women leaders we spoke to explained that to prove that a woman (victim of rape) did not consent to a sexual act, she must meet an exceptionally high burden of proof. The law requires the woman to produce four witnesses who will attest to the fact that the sexual act was not consensual, and it is up to the judge to waive this requirement. The courts also accept the testimony of a man swearing on the Qur'an that the act was consensual but the same method is not available to women to declare they were raped.

3.3.2 Wau

The judicial presence in Wau is quite limited and not trained to handle GBV cases. Statutory and customary courts operate alongside each other. Survivors in Wau generally have little to no confidence that the formal justice system will provide

redress for the crimes committed. This leads survivors and their families to seek redress through the traditional justice systems, customary courts, which are not designed to protect their rights.

Similarly to Juba, GBV victims in Wau face systematic barriers to justice including lack of financial resources, infrastructure, personnel. In Wau (and across the country) there are shortages of lawyers, judges, and experts trained in serving survivors of sexual and gender-based violence. Only a few judges hear cases of GBV cases in South Sudan while the judicial leadership has been unable to keep up with the changing laws and legal processes. Lack of police resources and capacity also impact on GBV cases. One GBV survivor told us that police reports are often incomplete and files frequently misplaced. Police corruption, impunity and lack of effectiveness are also common problems to women seeking justice for GBV. We also heard of reports of retaliation against persons who complained about police abuse, which discourages women who were abused by police from seeking justice.

3.3.3. Renk

The findings of our interviews with stakeholders on access to justice in Renk echoed the situation in Juba. Whilst one of the respondents said that women should be aware of their rights to protect themselves from any violence, he also emphasised how the norms and culture of the county impact on women's ability to seek justice, in particular the existence of conflicts between statutory and customary laws. Customary laws are made without dialogues or consultations with community members and are mostly unwritten, making them unreliable.

The same judge also stated that women lack societal status, which further impacts on them being able get justice for GBV. Chiefs tend to sentence perpetrators on the basis of their own interests and opinions without proper evidence, which often disfavours women. Wife inheritance, early marriages, and compensations for dead persons are some of the other critical issues the judge highlighted needing further awareness and sensitization in communities.

Despite widespread evidence to the contrary, a local authority stated that there was no violence in Renk because of the availability of courts in different payams. They explained that customs were successfully used to resolve conflicts in Renk County. For example, in case of killings during a conflict between two families, the perpetrator's family provides compensation by giving a girl to the victim's family to be married off. Some families will keep the child until she reaches the official age of marriage, and such case will never reach the court. This is effectively a form of GBV used as compensation by customary courts in the area.

3.4. Access to Health for survivors

Access to timely health care and psychosocial support is key for a survivor of GBV. However, this study finds that their availability is largely insufficient, to various levels, in all three locations, and health personnel are often ill equipped and trained to handle the specific physical and mental injury associated with GBV. Lack of awareness of the physical, mental and socio-economic consequences of GBV, poor knowledge of and the types of services available, as well as the limited availability and poor quality of services are major barriers to GBV survivors' recovery and their families'. These challenges are compounded by pervasive stigma associated with various forms of violence that prevent GBV survivors from seeking support and accessing health services.

3.4.1 Juba

This study found that women generally have some knowledge of the availability of sexual and reproductive health services that support GBV survivors. They include traditional and religious healers, hospitals, pharmacies, community health workers, primary health-care units, mobile clinics, and private facilities. Yet, most of the women we spoke to associate GBV services with the formal health structures, such as hospitals.



"In terms of medical services, there is still a big gap in Juba... there are areas where we don't have trained medical health practitioners who are able to provide clinical management of rape." (Woman respondent)



"The hospital is in the town or city, which is about two-hour drive. But then I don't know the next nearest health facility, where is it in this location that health services for GBV survivors are provided? (GBV survivor)

When services are available, a majority of respondents told us of their poor quality, including in Juba City, and expensive when they are not provided for free. As a result, survivors, especially those living in remote areas, do not access services because they have to travel long distances and cannot afford to pay. Conflict increases challenges in accessing services, including due to issues around referrals, for example because conflict-related displacement makes it very difficult to manage rape cases.

Access to services is further impeded by cultural norms, for example in relation to family planning.

“Culturally, I got married to bear children for my husband so I cannot use contraceptives. How can I change culture? In our country, people tell us about contraceptives but they still do not use them.” (FGD participant)

3.4.2 Wau

Health providers in western Bahr-el-Ghazal struggle to have appropriate training, equipment, and drugs to care for GBV survivors. Health facilities often lack protocols for the clinical management of rape and health practitioners do not know how to treat GBV survivors properly. This potentially puts survivors at risk of having sexual infections and diseases undetected and unplanned pregnancies.

Other key challenges include lack of confidential spaces to examine and counsel survivors, and poor access to facilities for survivors living in remote areas where the humanitarian community has no access.

Psychosocial support services (PSS) are an integral part of a multi-sectoral approach to survivor care. However, human resource capacity and coverage of these services in Wau is low and nearly non-existent in rural areas and locations inaccessible to humanitarian workers. GBV services providers have indicated that their staff that undertakes PSS (e.g., community support workers, social workers, case workers, counsellors) have limited skill sets compared to international standards and have limited opportunities to improve their skills. Specialized PSS service providers are almost non-existent.

3.4.3 Renk

In Renk town, there are a number of health facilities but women struggle to access them due to their location, or when they do they cannot get the help they need due to lack of drugs and insufficient numbers of trained health workers. Survivors also lack of awareness of available services, or do not access them, in particular when it comes to unwanted pregnancies which often results in a marriage between the survivor and the perpetrator.

Another barrier to access GBV services is the lack of confidentiality among service providers. An interview respondent told us that people lack trust in those providing health services, which hinders them from seeking health services:

“GBV survivors feel that if the service providers do not adhere to the confidentiality agreement, they put the GBV survivors at the risk of retaliation and as a result they choose not to seek support rather than have it and later suffer further violence.”

Stigma was also identified a factor preventing GBV survivors from seeking support. Focus group participants and key informants said that the fears of survivors stemmed from the likelihood that they would be marginalized if people found out that they had been raped.

“The obstacle is stigma. Survivors are hiding. They do not want to come out openly, to the police or even to the hospital for help. It’s like a taboo in the community for you to say that you are raped.” (FGD participant)

Finally, the normalization of GBV in the community, linked to the status of women, in particular their role in intimate relationships, often stops women from seeking support.

“In the case of domestic violence, women will not go and seek support because they are seeing it as a normal thing.” (Interview respondent)



“

... Lack of awareness of the physical, mental and socio-economic consequences of GBV, poor knowledge of and the types of services available, as well as the limited availability and poor quality of services are major barriers to GBV survivors' recovery and their families'.

4. Recommendations

These recommendations are addressed to the government of South Sudan and its relevant ministries, as well as to the international and national community of civil society organisations. Coordination between these institutions is key to the successful implementation of these recommendations in Juba, Wau, Renk and their surrounding areas.

1. Build a better understanding of the root causes of GBV

It is worth noting that national discussions have given the issue of rape more prominence. Whilst this may create greater awareness among the general population about GBV, the root causes of violence against women need to be better understood, in particular the harmful gender and social norms that perpetuate the normalisation of violence perpetrated by men against women.

2. Raise awareness on what GBV is and its consequences

There is a critical need for more awareness raising on what GBV is, its forms and consequences among communities, local authorities and traditional leaders, as well as service provider staff and outreach workers, and government actors.

3. Build a coordinated advocacy strategy to address harmful social and gender norms

Targeted advocacy strategy and sensitization campaigns should be implemented in order to address harmful social and gender norms. For example, the GBV sub-cluster could prepare and distribute unified awareness messages and share them with organisations working with communities and influencers. Messages should address the culture of victim-blaming, gender stereotypes and harmful notions of masculinity and femininity, and raise awareness of consequences of different forms of GBV in emergency contexts.

4. Provide in-depth training to targeted influencers in the communities

Capacity building should also be provided with relevant community-based organisations and other actors and decision makers at the grassroots level. Influencers in the community such as chiefs and religious leaders, could play a key role in changing mentalities around gender roles and in pledging to end GBV in their communities, if they had themselves the knowledge and capacity to do so.

5. Expand GBV programming to remote areas

This study confirms that several types of GBV, especially against women and girls are highly prevalent. There is also a high level of perceived risk of different forms of physical, psychological, and sexual violence in the selected locations. GBV programming should therefore be expanded beyond urban areas cities to cover hard to reach populations including those in the remote areas.

6. Develop legal aid services specialised in handling GBV cases

The culture of impunity that prevails in the country must be challenged so that GBV survivors can feel confident about seeking justice. Investments in initiatives to address the culture of impunity and survivors' safety concerns are paramount. This includes the systematic training of police officers to develop capacities in handling GBV cases, which are survivor-centred and strengthen safety measures, procedures and provision of legal aid. Another measure could be to provide safe spaces and psychological support to victims throughout the process.

7. Support customary courts to handle and refer GBV cases

In addition, South Sudan's customary laws are a key driver of GBV and a factor hindering GBV survivors from accessing justice. There is therefore a need to strengthen the country's judicial system, including its courts and their procedures to ensure they are survivor-centred. In the meantime, critical steps to be taken could include build the capacity of customary court judges on GBV to ensure they are competent to handle GBV cases and that they refer them to statutory courts when appropriate

8. Improve health care services

Training and resources must be made available to improve survivors' access to quality clinical management of rape services in hospitals. There is still limited understanding of the consequences of GBV and of the importance of seeking services early, or reluctance to access available services due to significant concerns around safety and confidentiality of services. Therefore, investments are needed to increase awareness-raising efforts on GBV and capacity-building for multi-sectoral service providers to enable them to provide safe, confidential, and survivor-centred services. There is also a need to develop, disseminate, and monitor the implementation of a standard referral pathway including legal services, health and psychosocial support.

5. Annex 1

Focus Group Questionnaires

Qualitative/Discussion

1. What is your understanding of the term Gender-Based Violence (GBV)?
2. What is your understanding of Sexual Violence?
3. What are the most common forms of GBV that you have experienced or know that other women, men, girls or boys have experienced in your community?
4. Based on your experience, who are the main perpetrators of GBV in your community?
5. How is GBV considered in your community? Describe cultural practices/traditions in your community involving girls? Boys? Women? Men?
6. In your experience, which group of women/girls/boys/men are most vulnerable to GBV in their lifetime?
7. Why or why not? why do you think someone would not report an incident?
8. Are you familiar with "Form 8", if so in your words can you describe its purpose? Has the ability to not obtain "Form 8" prevented you or someone you know from pursuing justice for GBV related crimes?
9. do you think the formal laws are effective deterring people from committing GBV? Why or why not? what would you expect from justice?
10. Do you know the difference between customary law and national legislation and what you would like to change? Do you think the customary laws or the legislation is effective in deterring people from committing GBV?
11. Do you know the difference between customary courts and statutory Courts?

Questions: Access to Justice

1. Are there Statutory Courts in your community?
2. Are the Statutory Courts effective in addressing GBV in your community?
3. Can you easily access the Statutory courts in case of GBV?
4. Is it affordable to get the service of the Statutory courts in case of GBV?
5. Are there customary Courts in your community?
6. Are the customary courts effective in addressing GBV in your community?
7. Can you easily access the customary courts in case of GBV?
8. Is it affordable to get the service of the customary courts in case of GBV?

Survivors Discussion questions

1. As a survivor, how many times in your life have you experienced GBV and/or Sexual Violence? Who did you confide in after that experience/s (family member, friend, faith leader, teacher, women leaders, and organizations, etc.)?
2. For those that did seek help with the authorities or medical attention, what was your experience? How effective are these mechanisms or services provides? Were the authorities professional and sensitive to your experience or did you feel unheard, uncomfortable, and retraumatized? Were the majority of those professional men or women?

