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# **Monitoring and reporting incidents of sexual and gender-based violence across the refugee journey**

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## **Abstract**

This paper considers the way in which incidents of sexual and gender-based violence (SGBV) have been recorded across the refugee journey to date. It takes a detailed look at current mechanisms used to record and monitor instances of SGBV and assesses the strengths and weaknesses of current systems. The barriers hindering the accurate recording of SGBV cases are discussed in relation to gender-cultural norms, political, and practical dilemmas associated with self-reporting SGBV incidences. The importance and utility of developing more robust and systematic monitoring systems are finally considered alongside a series of practical and actionable recommendations on how to improve the monitoring of SGBV across the refugee journey.

**Keywords:** Sexual and gender-based violence, refugee journey, prevalence, disclosure, monitoring and reporting, barriers to reporting

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## Introduction

### Contextualising SGBV in the refugee journey

Sexual and gender-based violence (SGBV) is widespread at all stages of the refugee journey, from displacement, transit and encampment to arrival in countries of settlement. While the pervasiveness of SGBV in the refugee experience is well documented, particularly among women and girls, but increasingly also among men and boys, gaining an accurate measure of the scale of violence is challenging. There are numerous barriers in assessing the scope and prevalence of SGBV among refugee communities and in the wider population, including the variation in terminology and reporting processes, differing criminal thresholds and the enduring stigma of disclosing experiences of violence.

The International Organisation for Migration (IOM, 2017) identified SGBV as a key protection issue for refugees in all regions, along with other forms of exploitation, abuse and human rights violations, and it has been raised as a primary concern by refugees of all backgrounds (UNHCR, 2017). The current definition used by UNHCR, the United Nations (UN) Refugee Agency, refers to SGBV as:

*any act perpetrated against a person's will based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys (UNHCR, 2016: 19)*

This represents a shift from earlier definitions adopted by the UN Committee on the Elimination of Violence against Women (CEDAW, 1992) and the UN General Assembly (UNGA, 1993) among others, which focused more specifically on violence against women. The adoption of gender-neutral language in the first part of the current UNHCR definition reflects the aim of a more inclusive approach which recognises the impact of violence on both females and males, though True (2012) has argued that this can obscure the reality that women and girls are disproportionately likely to be harmed by male partners.

While SGBV is prevalent throughout the refugee experience, there may be particular vulnerabilities to different types of SGBV at different stages from conflict and displacement, to transit and encampment, and on to places of settlement. SGBV can occur before, during and after periods of conflict (Mootz *et al.*, 2017; Manjoo and McRaith, 2011). Violence experienced on the refugee journey can be a continuation of the pre-existing personal, community and structural violence faced by women, but at the same time the exceptionalism of the refugee experience brings with it new risks. Rape as a weapon of war, custodial violence, and state persecution may be factors precipitating flight

or may be encountered in sites of transit or settlement (Murray, 2013; Vu *et al.*, 2014). Even where the experience of violence is the same as prior to flight, the options for leaving an abusive relationship or reporting a sexual offence may be far more limited (Murray, 2013). Horn (2010) notes a number of factors in the experience of displacement that can exacerbate SGBV in the domestic sphere, including an increased acceptance of violence, a desire to maintain cultural norms and gender hierarchies, and attempts at reassertion of hegemonic masculinity in response to changing social status.

Perpetrators of SGBV are often known to the victim (Tavara, 2006), and could be members of their family or cultural, religious or institutional leaders. The World Health Organisation (WHO, 2002: 159) identifies a number of individual, relationship, community and societal factors heightening the likelihood of perpetrators committing rape, including poverty, lack of employment, and weak systems of policing, criminal justice and community sanctions, which can all be prevalent within the refugee journey. In addition to the risk women may face from men within their own community is the threat from the strangers, authority figures, and agencies and institutions charged with their protection (Murray, 2013; Hynes and Lopes, 2000; Norredam *et al.*, 2005; Keygnaert *et al.*, 2012). This risk is also exacerbated by the refugee situation, in which a relationship of dependency is created leaving refugees vulnerable to abuse, particularly in situations of transit and encampment (WHO, 2007).

## Assessing prevalence

Whilst pervasiveness of SGBV is well documented, gaining an accurate measure of the scale of violence is challenging, partly due to the limitations and variation in data collection. Existing estimates of the prevalence of SGBV vary widely. For example, data based on women reporting incidents of SGBV across the life cycle range from 0.2% to 72%, whilst studies focusing on men in sub-Saharan Africa reported variation of between 1% and 16.5% of men having experienced SGBV (cf. Hossain and McAlpine, 2017). Several studies have sought to assess the prevalence of SGBV both globally and with specific reference to refugee populations. Based on a study of over 80 countries, the World Health Organisation (WHO, 2017) estimated that 35 percent of women around the world have experienced some form of SGBV, the majority of which was intimate partner violence. In the Eastern Mediterranean region, which includes the countries of the Levant, the rate was slightly above the global average at 37.7 percent (WHO, 2017). However, the data in the study is drawn only from Egypt, Iran, Iraq, Jordan and Palestine in relation to intimate partner violence and no estimates for the region were available on non-partner sexual violence, and so the picture given is not representative of the experiences of refugees. Focusing specifically on sexual violence, a meta-analysis by Vu *et al.* (2014) estimated the prevalence among refugees and internally displaced people across the 14 countries on

which they had data to be 21.4%. However, the authors highlighted a number of reasons why this was likely to be an underestimate, including the social stigma of reporting rape, fear of reprisals, and inadequate justice and support mechanisms (*ibid.*), all of which are discussed later in this paper when considering barriers to disclosure.

In general, those most likely to be vulnerable to SGBV are women, children separated from their parents, and forced migrants who may be homeless or living in deprived areas (Wenzel *et al.*, 2004; UNHCR, 2003; Ward and Vann, 2002; Keygnaert *et al.*, 2012). However, the focus on women and girls as the primary victims of SGBV can arguably obscure the experiences of men and boys, and act as a further barrier to recording the full scope of violence affecting refugees (Scully, 2010). Among children, both girls and boys are impacted, with Chynoweth (2017) suggesting that 19.5% to 27% of male respondents in countries hosting Syrian refugees had experienced some form of sexual abuse as boys. Men also made up 15% of survivors reporting sexual violence in Jordan, and 10% of the total number of Syrians disclosing SGBV (*ibid.*). Anani (2013) found significant gaps in how men and boys viewed their experiences of SGBV and were more likely to frame them as motivated by racism or discrimination rather than having a gendered or sexualised element. There may also be missing data for some groups, such as people with disabilities and LGBTQ people, whose experiences may be marginalised due to social attitudes and cultural taboos.

## Challenges in monitoring and recording

Several factors hinder accurate reporting of SGBV, many of which are exacerbated by the context of forced migration. In camps and informal settlements, reporting mechanisms may be inadequate or inaccessible, or women may feel unable to seek help due to precarity of status. The robustness of the data collected on SGBV depends in large part on the source of the information, the purpose for which it was collected and the extent to which it can be shared. Victims may not give their consent for information to be shared outside of the agency to which they report, there may be no mechanisms or protocols for reporting, or fear of consequences for victims and their families may deter information sharing. WHO (2013: 9) suggests that directly asking respondents about their specific experiences of SGBV over a period of time enables the context in which violence occurs to be a better understood. However, the organisation's recommendations for documenting and researching sexual violence in emergencies highlight the ethical challenges in undertaking this kind of research on such a sensitive issue (WHO, 2007).

## Differing definitions of SGBV

Variations in definitions of SGBV and differing approaches to collating and monitoring prevalence data contribute to wide disparities in estimates of the prevalence of SGBV (Hossain and McAlpine, 2017), which points to the need to develop standardised reporting and monitoring systems. The lack of consensus by the international community on a standardised approach severely constrains a comprehensive understanding of issues relating to SGBV and an ability to respond effectively (Hossain and McAlpine, 2017). For example, important gaps in knowledge remain concerning the drivers of SGBV, the association between conflict and prevalence or how conflict may influence other forms of violence beyond physical and sexual violence such as forced marriage, economic abuse and psychological abuse (Hossain and McAlpine, 2017). The scope of previous studies and some existing reporting mechanisms have been focused on particular types or elements of SGBV, which may be linked to the identity of the perpetrator more than the experience of the victim, as in the case of spousal rape, which can be recorded as either intimate partner violence or rape depending on the reporting system. This lack of consistency and overlap in definitions prevents development of a holistic picture of the experience of SGBV.

## Variation in monitoring and recording systems

The lack of standardisation in defining and recording SGBV, coupled with the many barriers to disclosure for victims, means that the scale of SGBV is widely assessed to be significantly underreported (Vu *et al.*, 2014; WHO, 2007; Stark and Ager, 2011). Comparing prevalence across different settings can be particularly challenging due to the lack of uniformity of methods of measuring SGBV, the lack of common definitions, and the variability of data collection in different national and agency contexts (Vu *et al.*, 2014; True, 2012). Even where there may be effective systems for monitoring and recording incidents of SGBV, there may still be discrepancies in counting. For example, agencies may differ in whether they record the number of victims, number of offences, number of occasions or number of perpetrators. In addition, there is a lack of attention given to measuring the impact of structural violence that pervades the lives of refugees and reinforces the gendered inequalities that enable SGBV to persist (Carlson, 2005). As True (2012: 12) notes, ‘...even the best aggregate survey will be limited, since it cannot capture the broader, often global processes of which violence against women is a part’.

## Lack of recognition of SGBV among victims

Many of those who have experienced SGBV do not recognise themselves as victims of violence, which is a further barrier to monitoring and reporting. Stereotypical views of what counts as SGBV, and who can be a victim or perpetrator, can lead people whose experiences fall outside these frameworks to discount or minimise their victimisation (Muehlenhard and Kimes, 1999). Similarly, those who have been subject to multiple forms of violence prior to their experience of displacement may resist being defined by others as victims. Rates of reported SGBV are unlikely to adequately account for situations in which individuals feel forced by circumstances to engage in a relationship or transactional sex as a protective measure. While some women may see this as a pragmatic choice given that living alone can significantly increase vulnerability to violence from non-partners, the available data suggests that women are far more likely to experience violence within a relationship than from a non-partner (Ferris, 1990; Stark and Ager, 2011). This can be contextualised within Khader's (2011) definition of adaptive preferences, whereby choices are made under adverse conditions which are not conducive to safety and wellbeing, and which would not have been made outside these circumstances.

## Limitations of secondary data

Due to the lack of effective reporting mechanisms, Stark and Ager (2011) note that methods to assess prevalence of SGBV tend to draw on readily available secondary data. WHO (2002) outlines a range of potential sources of data in relation to violence more broadly, including health and mortality data, crime records, economic impact studies, local and central government records, and self-reported information from individuals and community representatives. However, the type and focus of this data can vary widely depending on the priorities of the collecting agency. For example, relying on local police records is likely to produce data that reflects the types of violence that are viewed as crimes within that jurisdiction, which may not include all forms of gender-based violence (Alhabib *et al.*, 2009). Stark and Ager (2011) suggest that this can lead to a disproportionate focus on violence perpetrated by strangers ahead of intimate partner violence, despite the latter being far more common. Similarly, disclosures of SGBV may be made as part of the asylum process, but this information is not routinely or systematically recorded. Even where data is collected systematically, such as mortality data in many countries, there may still be discrepancies in whether a fatality is attributed to SGBV (WHO, 2002). Where populations may be more transient, as with some refugee groups, movement between jurisdictions can further inhibit accurate data collection. Incidents of SGBV may be reported more than once, in different locations from where they occurred, and a significant time after they took place (Solhjell, 2009).

## Barriers to reporting

Accurate recording and monitoring of incidents of SGBV also depend on survivors having the opportunity as well as feeling able and ready to disclose their experiences. Barriers to reporting can be typologised into four distinct domains comprising of psychological, social, cultural and structural factors, which are discussed below.

### Psychological barriers

At the individual level, victims are discouraged from reporting incidences of violence for a range of reasons, including fear of repercussions, social stigma and lack of faith in the justice system (Krause, 2015). Olujic (1995: 66) highlights the ‘barricades of silence’ adopted by women as a survival strategy, but which have the consequence of masking the scale of SGBV. The process of reporting SGBV can be experienced as highly traumatic for victims, whether in a criminal justice context or within the asylum process, particularly where they may be disbelieved or forced to give their account multiple times (Keenan, 2017).

The experience of giving testimony can be cathartic for some survivors of SGBV and can contribute to an ongoing process of recovery, but this relies on them feeling in control of when and how they give their account, feeling heard, and receiving appropriate support with this process (Baillot *et al.*, 2009). It is also dependent on survivors being able to control the way their account is framed, in order to create a more positive ‘second story’ of resilience and survival (White, 2004; 2005). Building the necessary trust to share difficult experiences within a formal process is challenging in any context, but for a person who has faced persecution and violence, often at the hands of officials, it can be insurmountable.

### Social barriers

The social stigma associated with SGBV serves as another obstacle to disclosure, with the likely consequences for victims often far more significant than for the perpetrator. Marsh *et al.* (2006) highlight the social consequences victims can face if they are known to have disclosed SGBV, including rejection by their partner, family or community. These consequences can affect not just the survivors themselves, but also their families. In their study of intimate partner violence experienced by Syrian refugees in Lebanon, Yasmine and Moughalian (2016) found that fear of being sent back to Syria by their husbands was a key factor in women’s unwillingness to disclose abuse. Such fears were grounded in patriarchy and resulting structural gender inequalities whereby married women were unable to

travel outside the country without permission from their husbands, exacerbating the experience of dependency within the refugee journey (Charles and Denman, 2013). Hough (2013) noted that the stigma surrounding sexual violence among Kenyan refugees, which led to assumptions that survivors were sex workers, HIV-positive or unsuitable for marriage, meant that women were reluctant to report SGBV. Women may also avoid speaking out about incidents of violence due to fears of bringing 'dishonour' to their families (Swingewood, 2014; Sanchez-Hucles and Button, 1999; Krahé, 2005, cited in Vannatter, 2016), or concerns over reprisals (Palermo *et al.*, 2013).

The practicalities of reporting also present obstacles to survivors of SGBV, with many languages lacking the terminology of SGBV and a general reluctance to speak about sexual matters among some communities (Palermo *et al.*, 2013). Where violence is seen as a normal part of women's lives, this can also impact on the value they see in disclosing their experiences. Palermo *et al.* (2013) found that many survivors did not report because they did not feel there was any point in doing so. While the social costs of reporting SGBV are high, the benefits are often seen as limited, with frequent impunity for perpetrators and a lack of support services for survivors. Vu *et al.* (2014) describe the 'inhospitable climate' created by an unresponsive justice system, which serves to re-victimise those who report SGBV. Where support is available, many victims are lacking the knowledge or resources to access appropriate services (Anani, 2013). For support provided through healthcare services, cost may be an additional barrier, or services may not cater to all victims' needs, such as those delivered through women's reproductive health services which men and boys may be unable to access (Samari, 2017).

## Cultural barriers

Culture plays a key role in understanding and defining SGBV, at the individual as well as societal level, and has a number of impacts on survivors' ability to disclose their experiences (Nakray, 2013). In the context of many Arab countries within the Middle East and North Africa, cultural practices and identity are strongly connected to the common social and political, religious and cultural values within a patriarchal and hierarchical system, in which gender roles are clearly defined (Shivdas and Coleman, 2010). Much of the literature makes reference to cultural or traditional practices that can constitute violence towards women, such as female genital mutilation (FGM), honour crimes and dowry-related violence. Anani (2013) highlights the reluctance of Syrian refugees in Lebanon to report violence or access support due to the risk of reprisals from their own families or communities, which could include further violence or death. Families may also be complicit in SGBV and may benefit economically from the sexual exploitation or forced marriage of family members, which may be framed as a way of gaining protection from other forms of violence (Samari, 2017; Anani, 2013).

Women living within strictly patriarchal cultures have also been found to relativize their experiences of intimate partner violence, blaming it on the stresses and anxiety faced by men in situations of displacement (Charles and Denman, 2013). Haj-Yahia (2002) found that acceptance of violence and self-blame among victims of domestic abuse were correlated with traditional gender attitudes, family orientation and religiosity, which served as a barrier to disclosure due to concerns that seeking help would result in the break-up of the family. Other studies have suggested that some practices that might be seen as SGBV by people outside a culture can be accepted by those within it and thus not be seen as violence, consequently remaining unreported (Shivdas and Coleman, 2010; Vannatter, 2016).

However, Narayan (1997: 102) cautions against ‘exoticising’ practices that are located in non-Western cultures while omitting to recognise the way in which all gender-based violence is situated within a particular cultural context. For example, Dauvergne and Millbank (2010) suggest that many perceived cultural practices such as forced marriage are in fact grounded in pervasive gender imbalances specifically targeting women rather than having meaningful cultural roots. As Bumiller (2008) notes, the emphasis on cultural difference rather than cultural understanding can obscure the universalism of SGBV and prevent meaningful engagement with the contexts in which all violence occurs.

## Structural factors

The relationship between women and the states in which they seek protection can act as another barrier to disclosure (Carlson, 2005). Refugees are already subject to a variety of forms of structural control through systems of migration, asylum and citizenship. Where women can report SGBV, institutional responses can feed into and reinforce violence on a structural level as women’s lives become more regulated and surveilled in the name of protection (Bumiller, 2008). In addition to the violence refugees may have experienced in their country of origin or during transit, they are disproportionately vulnerable to state violence in their country of arrival, a situation Ticktin (2011: 132) describes as a ‘double violence’. The resulting power inequality serves as a further barrier to disclosure, particularly where the violence is perpetrated by an authority figure or someone upon whom a survivor is reliant for protection. Even when there are routes through which violence can be reported and support provided, these often remain inaccessible to those who are undocumented due to the precarity of their status (Geddie and LeVoy, 2012). Deportation and detention have become increasingly frequent tools of migration control, along with attempts to externalise border control and asylum processes, as seen in the UK, Europe and Australia (Freedman, 2008). There have been reports of sexual assaults and harassment in immigration detention centres, where women are already suffering deprivation of liberty (Moss, 2015; Girma *et al.*, 2015). Where a woman’s asylum claim is

being considered jointly with her partner's, she is often seen as his dependent, making her legal status reliant on the outcome of his claim and her security dependent on her remaining in the relationship (Freedman, 2008).

## **Value of accurate monitoring**

It is widely recognised that monitoring and recording of SGBV alone will not improve prevention or responses however, the importance of accurate monitoring and reporting cannot be underestimated. The collection of data on SGBV is valuable from a range of perspectives. Stark and Ager (2011) argue that the current lack of transparency over the scope and prevalence of SGBV contributes to the culture of impunity for perpetrators. The collation of prevalence data is not the main priority for those developing interventions to respond to survivors of SGBV and is often considered as a later stage priority, yet timely and accurate context specific data, which includes information about the nature of the setting, conflict stage and perpetrator type can vastly improve programme and policy development (Hossain and McAlpine, 2017). To date there has been a limited number of intervention evaluations and those that have been conducted have tended to focus on post-conflict situations rather than interventions during conflict or in the aftermath of natural disasters. Furthermore, when developing reporting and monitoring mechanisms it is important to recognise that different settings and contextual factors may affect the nature of SGBV. Understanding the cultural and local legal contexts is significant when seeking to develop reporting and monitoring mechanisms that will work on the ground (Hossain and McAlpine, 2017). Hossain and McAlpine (2017) further discuss the importance of being able to draw on a robust SGBV evidence base to be able to attract funding for SGBV activities, develop policy and programme responses, including the setting of priorities to improve prevention and response services for survivors. The existence of comprehensive data collection systems can further facilitate the effective evaluation of SGBV interventions in different social and cultural contexts, whilst at a national and international level there is scope to influence policy.

## **Levels of monitoring and reporting**

There have been a number of systematic reviews looking at the global prevalence of SGBV among refugees and in complex humanitarian situations, but challenges in getting any kind of robust estimate or comparing data across countries due to the differential remits of data collection systems is well recognised (cf. United Nations, 2016; Hossain and McAlpine, 2017). Our review identified a range of existing monitoring and reporting mechanisms, which for ease of analysis we classified into three

different levels of jurisdiction: country level, community level and international level. From our analysis we see that the value of the data collected on the scale of SGBV depends on the source of the information and the purpose for which information was collected, and this varies a great deal across these categories. The following section outlines the different data collection mechanisms available at different levels of jurisdiction along with a discussion of the strengths and weaknesses of these methods.

## Country level

At a country level, there are number of data sources that have potential to collate SGBV data systematically. Methods to assess prevalence of GBV at country level tend to draw on readily available secondary data as well as data that specifically captures SGBV experiences. WHO (2002) for example, outlines a range of potential sources of data in relation to violence more broadly, including health and mortality data, crime records, economic impact studies, local and central government records, and self-reported information from individuals and community representatives. In addition to these data sets we should also include information collected at various stages of the asylum process as incidents of SGBV may form the evidence base for asylum applications. The type, focus and validity of data sources can vary widely depending on the priorities and resources of the collecting agency. For example, relying on local police records is likely to produce data that reflects the types of violence that are viewed as crimes within a particular jurisdiction, and can lead to a disproportionate focus on violence perpetrated by strangers (Stark and Ager, 2011). The potential exclusion of individuals who have no legal entitlement to access state services or those whom are reluctant to do so, further inhibits accurate monitoring as does the transient nature of refugee groups due to movement across jurisdiction and country boundaries (Stark *et al.* 2013).

## Community level

SGBV data collected at a community level through NGOs and grassroots organisations can provide important insights into local contexts, which in turn can shed light on how different settings can affect SGBV experiences and survivor needs. Timely and accurate context-specific prevalence data which includes information such as perpetrator types, conflict stage and setting type can improve knowledge about how different types of SGBV manifest in different settings and at various stages of humanitarian crises. The need for improved evidence on the associations between conflict and the prevalence of SGBV is well documented (Hossain and McAlpine, 2017), as is the need for information about how conflict may influence other forms of GBV beyond physical and sexual violence (such as harmful practices, forced marriage, economic abuse, and psychological abuse) (Sida, 2015). Whilst community level intelligence provides an important lens for understanding SGBV experiences, limitations in resources within the third sector present challenges for timely and accurate recording and monitoring of SGBV experiences. As with country level data lack of standardisation and issues with ethical sharing processes, which have become more stringent in certain countries such as the UK due to changes in data protection laws (DDCMS, 2018), hinder the comparability of SGBV experiences across different settings. The exclusion of those who are not able to or have not sought to access services, whose experiences may be most difficult, will clearly present further gaps or challenges.

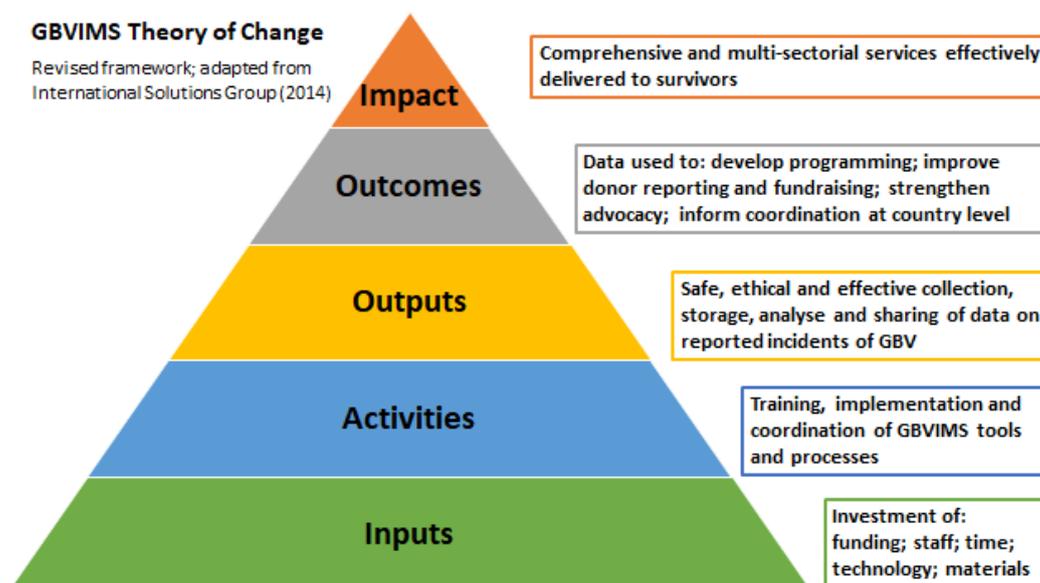
## International level

Efforts have been made at national and international levels to devise and develop information systems to support better collection and management of SGBV data in the context of a humanitarian crisis. Two global efforts, firstly the Gender-Based Violence Information Management System (GBVIMS) and secondly the Monitoring, Analysis and Reporting Arrangements (MARA) on Conflict-Related Sexual Violence have established inter-agency networks for SGBV data collection. The key features of GBVIMS and MARA are summarised in the Appendix. The GBVIMS is an inter-agency partnership managed by a global team with representatives from UNFPA, IRC, UNHCR, UNICEF and WHO. The GBVIMS was introduced in 2008 and has been implemented in organisations and agencies in 27 countries, four of which are based in the Levant region: Iraq; Jordan, Lebanon and Yemen (United Nations, 2016). The interagency nature of the GBVIMS facilitates the collection, analysis and ethical sharing of data between various agencies. MARA is an UN-wide information gathering system that collects data on conflict-related sexual violence. In 2014, five countries were selected for an “accelerated rollout” of the MARA: the Central African Republic, the Democratic Republic of the Congo, Côte d’Ivoire, Mali,

and South Sudan. MARA working groups are operational in three out of these five countries (United Nations, 2016).

These systems take different yet potentially complementary approaches toward gathering and sharing data on SGBV, with a view to strengthening the prevention of, and response to, SGBV. In humanitarian settings, both systems provide a safe space for the storage of SGBV incident data. Yet a few key challenges are associated with the operationalisation of these systems. These challenges relate to how best to coordinate efforts, and how to ensure that the systems are complementary and do not duplicate information (for example by re-interviewing the same individuals), whilst at the same time maintaining the confidentiality of information. Nonetheless, these tools provide established mechanisms for recording issues of conflict related sexual violence and suggest avenues toward accountability that could benefit SGBV survivors, however, are only conducted in conflict-affected/humanitarian settings. Despite efforts made by MARA and GBVIMS, coordinated efforts to monitor SGBV cases are not widespread. This lack of integrated information management systems and data sharing portals hinder effective reporting and monitoring of SGBV, and the evaluation of responses (Hughes, 2011). Such systematic failure between organisations and spheres of government not only undermines ability to fully understand the nature and prevalence of SGBV but also impedes the ability of authorities to bring perpetrators to justice. The theory of change framework illustrated in Figure 1 is taken from the literature on GBVIMS (International Solutions Group, 2014).

**Figure 1: GBVIMS Theory of Change**



Source: Adapted from International Solutions Group (2014)

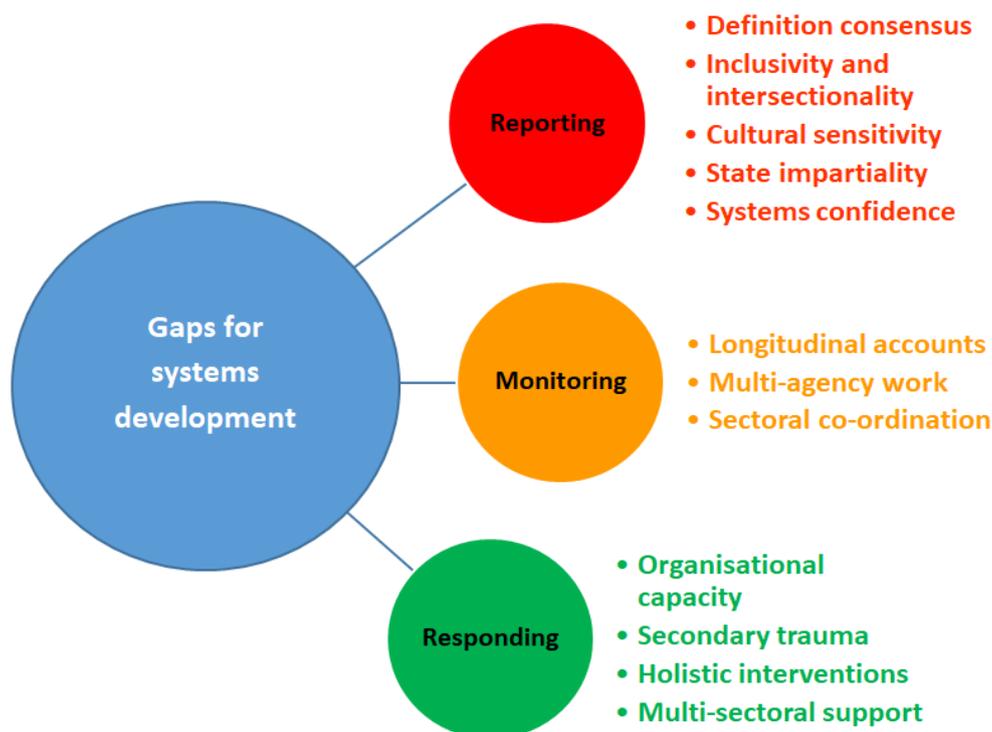
The theory of change framework highlights the changes that need to be made, expressed in the form of ‘outcomes’, and what can be done, the ‘activities’, in order to bring about the desired impact of delivering comprehensive and multi-sectoral services to SGBV survivors. Whilst this model focuses specially on GBVIMS, it raises useful questions for considering the value and gaps in reporting processes more generally. Firstly, it highlights the need for ‘inputs’ in the form of initial investment into funding, staff, time, technology and materials in order for the monitoring ‘activities’, namely training and the implementation of GBVIMS tools and processes, to take place. These activities are considered essential for primary ‘outputs’ such as safe, ethical and effective collection, storage and sharing of data to be achieved in order to bring about ‘outcomes’ and changes in the way these data can be used to develop programme, improve donor reporting, and contribute to advocacy and country-level coordination. Finally, the importance of delivering multi-sectoral approaches for the implementation of effective services is highlighted but such impact relies on all other elements in the theory of change being implemented.

This section on reporting and monitoring has highlighted the steps taken at local, community and international level to address SGBV data gaps. These efforts provide a range of frameworks for reporting processes and standardising terms, yet such systems are not universally implemented. Furthermore, established international systems focus solely on conflict and humanitarian settings. As a result, incidents of SGBV in refugee camps/conflict zones/IDP camps are more likely to come to the attention of reporting bodies, whilst those outside conflict and humanitarian settings, including incidents that occur in the country of resettlement are not recorded. These systems are also unable to track the changing dynamics of SGBV across the refugee journey and survivors lifecycle, and face the challenges associated with double counting and underreporting often due to what Nussbaum (2001) refers to as ‘adaptive preferences’ – where the ‘preferences’ and indeed actions of individuals in deprived and challenging circumstances are formed in response to their perceived options and life circumstances, which over time can lead to a scaling down of aspirations. Furthermore, conflicting priorities and the different purposes of reporting systems at each of the different levels means that the potential for joined up policy and practice work is yet to be recognised. Organisations face tensions between sharing information and maintaining confidentiality and prioritising the safety and protection of survivors. Balancing the value of specialist services with the potentially greater reach and lesser stigma of more generalist services is an ongoing strain placed on service providers. Finally, whilst it is widely recognised that accurate monitoring can help improve service provision, there is a reliance on quality services in order to collect baseline data, store and share records appropriately which often leads to a vicious circle when resources to deliver such outputs are limited.

## Developing SGBV reporting and monitoring approaches

In this final section, we reflect on our observations from the literature to assist our thinking on what a good SGBV reporting and monitoring system looks like, as illustrated in Figure 2. Figure 2 highlights that developing a good SGBV monitoring system covers three key stages; Reporting, Monitoring and Responding, each of which is explained below:

**Figure 2: Key gaps in SGBV reporting and monitoring and recommendations for systems development**



### Reporting

Establishing clear and agreed parameters to define acts of SGBV is important for comparability within and across settings, including systematic cross-country data collection. From a social constructivist perspective standardisation of definitions is somewhat problematic due to tensions between objective interpretations and subjective experiences (Schwandt, 2003). Whilst it is important for consensus to be reached on the basic defining criteria of SGBV, flexibility in interpretations is essential to ensure the reality and validity of SGBV is not undermined in different cultural contexts (cf. Kukla, 2000). From a social constructivist perspective concern with interactive ‘meaning-making’ in social contexts calls

for survivors, as well as other key stakeholders at different levels, to be collectively involved in the co-construction of knowledge used to inform definitions of SGBV (Charmaz, 2000).

The inclusion of all survivors of SGBV should be guaranteed in a good system, with gender sensitivity and recognition of diversity assured. The system must be able to capture the diversity of experiences, including how these change over time and space, as well as how the experiences may vary between gender and other intersecting characteristics. In recent years, recording and monitoring efforts have successfully led to more gender-neutral approaches that include men and boys, but still the notion of inclusivity is based on binary distinctions (Ward, 2016). Dolan (2014) argues the need for a shift away from gender equality to an ethos of gender inclusivity to improve responses to SGBV survivors. For Ward (2016) however, a move away from gender equality is perceived as regressive and suggests the need to retain a focus on women and girls in GBV work, while working collaboratively with agencies looking to accelerate initiatives targeted at men, boys and LGBTI communities more broadly. In this paper we have argued the need for systems to recognise the gendered nature of violence, and the experiences of women as different from those of men, while maintaining inclusivity, and responsiveness to the needs of all individuals with a range of defining characteristics including, for example: sexual orientation, age, ethnicity, immigration status, (dis)ability etc. all of which may affect experiences and responses to SGBV.

We highlighted earlier how some forms of SGBV are culturally embedded, such as normalisation of intimate partner violence (IPV) within the contract of marriage in some cultures, and female genital mutilation (FGM), which poses significant challenges for the implementation of a 'good system' capable of cross-cultural sensitivity. One way to tackle these issues according to WHO (2013: 9) is to directly ask respondents about their experiences of SGBV over a period of time. Co-producing intelligence in this way reflects what WHO (2013) refers to as the methodological 'gold standard' that can provide greater responsiveness to the cultural contexts in which violence takes place. Hossain and McAlpine (2017) not only emphasise the importance of understanding the influence of culture factors affecting SGBV experiences but also the local legal contexts, when developing reporting and monitoring mechanisms if interventions are to work effectively on the ground.

The outcomes of reporting incidents of SGBV (i.e. benefits and costs) should be made clear to the public. Such outcomes include, access to available support, the protection of information, and the significance of disclosure in preventing SGBV. In order for survivors to have confidence in SGBV reporting and monitoring tools, systems need to operate independently of ideological and repressive state apparatus (cf. Althusser 1970). Furthermore, a good system should ensure that reporting is

‘worthwhile’ and confidentiality assured as individuals can fear the potential repercussions of reporting. Finding ways to build trust between survivors and support organisations is essential as is the importance of follow-up with individuals after reporting SGBV cases in order to develop the resilience and recovery of those that have experienced acts of SGBV.

## Monitoring

Longitudinal data collection facilitates the ability to offer a more realistic representation of SGBV pervasiveness and enables better understanding of the cultural contexts of SGBV. Having frameworks, definitions and methodologies for data collection that can capture experiences at different stages of the refugee journey and reflect the whole journey of individuals, including countries of settlement, is an essential component of an effective system. A more holistic approach to SGBV monitoring would require: uniting systems and cooperation between local groups and across borders, taking account of the specific context, considering the needs of different groups, and understanding various thresholds concerning potential punishments for victims (e.g. adultery laws in Iran). Several studies have acknowledged the urgency for such coordination at national, provincial and local levels for monitoring and evaluation frameworks to operate in a timely manner in order to be valuable in informing responses to SGBV (Paulsen, 2016; Langeveld, 2016). For example, in the South African context Hughes (2011) argues that a culture of sitting on information leads to duplication of efforts and ineffective use of resources.

A lack of integrated planning and budgeting between different spheres of government, and departments operating at the same level, further undermines the ability to co-ordinate effective and efficient SGBV services. This kind of systematic failure has been linked to the problem of different departments operating in silos to produce information required at a specific departmental or organisational level. It is recognised that effective monitoring cannot take place in a vacuum and should be closely aligned with response efforts. Developing responses that are part of a package of cross-sector support and integrated multiagency protection mechanisms that tackles the issues preventing survivors from speaking out is central to rebuilding the lives of those affected by SGBV. Furthermore, the need for long-term support whilst reducing secondary trauma is a difficult balance to strike and one that can only be realised through the development of intelligent data sharing systems. The extent to which agencies can respond to the needs of SGBV survivors is often reliant on organisational capacity – including social, economic and intellectual capital – all of which are frequently lacking in many statutory and non-statutory bodies operating in humanitarian, transition and resettlement countries.

## Conclusion

The scale and construction of SGBV within the refugee journey are complex and multidimensional (True, 2012). Our review demonstrates that existing data has clear limitations in providing a reliable estimate of prevalence but does however go some way to demonstrate the pervasiveness of SGBV among refugees, and highlights particular vulnerabilities facing refugee women and men. Whilst steps have been taken to recognise the importance of, and response to, monitoring needs, the literature has enabled us to identify several tensions facing SGBV monitoring efforts. These include: conflicting priorities between different reporting systems; issues with maintaining confidentiality and the value of information sharing, the recognition of ‘adaptive preferences’ (Nussbaum, 2001), which has implications for underreporting of SGBV incidents; and the tensions between specialist and generic services, which raises questions about how effective SGBV responses can best be delivered.

This working paper has identified specific gaps in relation to the advancement of understanding SGBV across the refugee journey. Firstly, current recording and monitoring systems are unable to capture experiences of SGBV over time and place. There is a wide range of research focusing on SGBV in situations of conflict and encampment. However, there is a lack of knowledge about the ways in which refugees’ experiences interconnect at each stage of the refugee journey from flight to transit and settlement, as part of a continuum of violence (Krause, 2015). There is a need to develop data mapping techniques and intelligence sharing systems for the scale and experiences of SGBV at different stages and in different contexts to be better understood. Secondly, data collection bodies face difficulties measuring the impact of structural violence that pervades the lives of refugee women and reinforces the gendered inequalities that enable SGBV to persist (True, 2012). Finally, the need to develop cross-cultural understanding and consensus concerning definitions of SGBV and the need to develop robust methodologies to improve the collection and evaluation of prevalence data to help highlight the scale of SGBV and provide some comparative context is well documented. Whilst the benefits of methodological advancement in data collection and monitoring are widely accepted, such developments fail to address the fundamental issues preventing women from speaking out about their experiences and ensuring their voices and priorities are heard. It is widely acknowledged within the literature that monitoring of SGBV needs to be part of a wider package of multi-sectoral support and protection measures, which include more holistic, inclusive and integrated interventions that provide clear benefits for survivors in order to address fundamental issues associated with low disclosure rate.

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## Appendix: Summary and comparison of GBVIMS and MARA reporting systems

	<b>GBVIMS</b>	<b>MARA</b>
<b>Definition</b>	<ul style="list-style-type: none"> <li>Gender Based Violence Information Management System (GBVIMS) aims to harmonise data collection on GBV, where information gathered by service providers to be shared ethically with relevant organisations.</li> <li>Put into place in 2008 and operational in 20 countries.</li> </ul>	<ul style="list-style-type: none"> <li>Security Council Resolution 1960 established monitoring Analysis and Reporting Arrangements (MARA) (2010) to gather information on conflict-related sexual violence whether affecting children or adults.</li> <li>Under the purview of the Special Representative of the Secretary-General on Sexual Violence and Conflict (SRSG-SVC)</li> </ul>
<b>Recorded Data</b>	<p>Universally recognised forms of GBV:</p> <ul style="list-style-type: none"> <li>Rape.</li> <li>Sexual assault.</li> <li>Physical assault.</li> <li>Forced marriage.</li> <li>Denial of resources, opportunities or services.</li> <li>Psychological abuse.</li> </ul> <p>Focused on the specific act of violence; separate from motivation behind it or context within which it was perpetrated.</p>	<ul style="list-style-type: none"> <li>Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization and any other form of sexual violence of comparable gravity.</li> <li>Incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g. political strife).</li> <li>Direct or indirect nexus with the conflict or political strife itself, that is, a temporal, geographical and/or causal link.</li> <li>In addition to the international character of the suspected crimes (which can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of genocide or other gross violations of human rights), the link with conflict may be evident in profile and motivations of the perpetrator(s), profile of the victim(s), climate of impunity/State collapse, cross-border dimensions and/or the fact that they violate the terms of a ceasefire agreement (Secretary-General's Report to the Security Council on Conflict-Related Sexual Violence (CRSV), 13 January 2012 (S/2012/33) para. 3).</li> </ul>

	<ul style="list-style-type: none"> <li>• Mutually exclusive.</li> <li>• Collected from survivors by service providers.</li> <li>• Data anonymised.</li> <li>• Informed consent gained.</li> <li>• Survivors have control over who can see the information they have given after being informed about the purposes for which it will be used.</li> <li>• GBVIMS uses data collected at source by service providers so not all cases of SGBV cases are recorded.</li> <li>• It is not used to follow what has happened with individual cases.</li> </ul>	<ul style="list-style-type: none"> <li>• MARA’s aim is to gather information that should be made available to the Security Council and collects both qualitative and quantitative data to feed into strategies to deal with CRSV.</li> <li>• Local level: to produce programmes for victims.</li> <li>• International level: used for advocacy and possible Security Council action.</li> </ul>
<b>Area</b>	<ul style="list-style-type: none"> <li>• Burundi, Chad, Central African Republic, Colombia, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Greece, Guinea, Haiti, Iraq, Jordan, Kenya, Lebanon, Liberia, Mali, Nepal, Niger, Nigeria, Pakistan, Philippines, Sierra Leone, South Sudan, Tanzania, Thailand, Uganda, and Yemen</li> </ul>	<ul style="list-style-type: none"> <li>• The scope of the annex list is limited to parties committing or being responsible for patterns of rape and other forms of sexual violence in situations that are on the Security Council agenda (Refer Report of the Secretary-General A/64/742-S/2010/181, para 176).</li> <li>• Five countries were selected for an “accelerated rollout” of the MARA: Central African Republic, Democratic Republic of Congo, Côte d’Ivoire, Mali, and South Sudan.</li> <li>• As of November 2014, senior Women Protection Advisors (WPAs) have been deployed to Central African Republic (MINUSCA), Mali (MINUSMA), South Sudan (UNMISS), and DRC (MONUSCO) with further senior WPAs envisaged for Darfur (UNAMID), and Côte d’Ivoire (UNOCI). WPAs within human rights and gender components have also been deployed in some of these missions.</li> </ul>
<b>GBVIMS data points that are relevant to MARA’s purposes</b>	<ul style="list-style-type: none"> <li>• Incident type.</li> <li>• Location of the incident.</li> <li>• Survivor age.</li> <li>• Displacement status of the survivor.</li> <li>• Survivor sex.</li> <li>• Referral information.</li> <li>• Date of incident.</li> <li>• Alleged perpetrator occupation (armed services/armed group).</li> </ul>	
<b>When GBVIMS data not to be shared for</b>	<ul style="list-style-type: none"> <li>• The data do not fall within the definition of “conflict-related sexual violence”.</li> <li>• There is little (less than 50 cases) or no available incident data due to poor service coverage and/or lack of access due to insecurity.</li> </ul>	

<b>MARA purposes</b>	<ul style="list-style-type: none"> <li>• The number of agencies using the GBVIMS is very small and the risk for those agencies would increase.</li> <li>• There is a lack of standardization in how incident data is documented.</li> <li>• Informed consent procedures are not fully understood or followed.</li> <li>• There is no endorsed inter-agency ISP.</li> <li>• There are fears of reprisals (for survivors, their family members, or service providers) from the armed actors (groups) cited as alleged perpetrators where safety and security cannot be guaranteed.</li> <li>• There are concerns that it is likely that the sharing of information will undermine agency specific or inter-agency efforts to prevent and respond to sexual violence (e.g. community will distrust or not allow service provision when it is known that an agency is part of a global reporting mechanism).</li> <li>• There is a demand for more invasive verification procedures than those outlined above.</li> </ul>
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Source: United Nations (2016) *Provisional Guidance Note on the Intersections between the monitoring, analysis and reporting arrangements (MARA) and the gender-based violence information management system (GBVIMS)* [online]

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