

# Gender-based violence in refugee settings

Jeanne Ward, Beth Vann

The nine refugee women cramped around the makeshift conference table were united by a shared secret: all were survivors of rapes that occurred while they fled from a war that had destroyed their homes and dislocated their community. Even a year later, effects of the violence and sexual abuse were still visible—the infants sleeping on their mothers' laps were one direct result. Other effects were not immediately obvious. Many of the women had been rejected by family members, had chronic reproductive tract disorders, had few resources to provide for their babies, and lived in fear of further attacks.

Although their lives were unquestionably grim, these women shared another similarity: each had a keen understanding of services needed to support survivors like themselves. Among their needs were appropriate reproductive health care; psychosocial assistance to deal with the overwhelming effect of community and family stigma; education and job training to ensure sustained economic viability; and protection from perpetrators, some of whom were still living within their community.

The problem, according to the women, was not a lack of strategies to address their needs, but inadequate means to implement those strategies—a limitation common to humanitarian relief settings.

In the past 10 years, increased attention to rape in war has improved international understanding of how and why such violence occurs. Evidence suggests that sexual violence in situations of armed conflict is often arbitrary and unsystematic, partly a result of the breakdown in community support systems, social norms, and laws. Indeed, such spontaneous sexual crimes are probably an element of all wars. Sexual violence can also be systematic—to destabilise populations, advance ethnic cleansing, express hatred for the enemy, or supply combatants with sexual services.



Jeanne Ward is the gender-based violence research officer and Beth Vann is the global gender-based violence technical adviser at the Reproductive Health for Refugees Consortium ([www.rhrc.org](http://www.rhrc.org)). This organisation oversees the work of these research and technical assistance programmes among war-affected populations.

**The International Rescue Committee, 122 East 42nd Street, New York, NY 10168, USA** (J Ward MSW, B Vann MSW)  
(e-mail: [jeanne@theIRC.org](mailto:jeanne@theIRC.org))

Women and girls who are most vulnerable to rape in war are also at greatest risk of other forms of violence, such as early or forced marriage, abuse by an intimate partner, child sexual abuse, forced or coerced prostitution, other forms of sexual exploitation, and sex trafficking.

All these types of violence are based on customary attitudes and behaviours that undermine women's and girls' rights and protections not only during war, but also during times of peace. In refugee settings, those most at risk are women and girls. This disproportionate vulnerability is directly related to their subordinate status in nearly all cultures and societies.

Violence against women and girls violates several principles enshrined in international and regional human rights law, including the right to life, equality, security of the person, equal protection under the law, and freedom from torture and other cruel, inhumane, or degrading treatment.

International precedents illustrate increased international sensitivity to the nature, scope, and effect of sexual crimes committed during war. Cases tried by international tribunals for Rwanda and Bosnia characterised sexual violence committed against women during those conflicts as crimes of genocide and as crimes against humanity. In 2000, the United Nations Security Council adopted the historic Resolution 1325, which "calls upon all parties to armed conflict to take specific measures to protect women and girls from gender-based violence, particularly rape and sexual violence".

Even with Resolution 1325 and other mandates that reinforce international responsibility to prevent and respond to gender-based violence, in humanitarian settings, programming is not consistently in place. It is not for lack of strategies, but rather for lack of financial and technical support to the populations served. Very often, women themselves will create informal networks to provide support to survivors. However, without the resources that the international community can provide, such networks are limited in their capacity.

Since the early 1990s, several special programmes have been implemented in refugee and internally displaced settings around the world. The earliest programmes were small, focused on survivors of war-related sexual violence, and provided services through stand-alone or vertical projects that ended when the funds were spent (usually 12 months or 24 months). In the past 5 years, efforts have focused on developing comprehensive, coordinated services that include

health care, emotional support, and social reintegration, as well as police and legal intervention. Programmes are also developing prevention strategies, including efforts to raise local awareness about human rights, gender, and gender-based violence.

In 2001, the UN High Commission for Refugees (UNHCR) hosted an international conference, during which strategies of comprehensive multi-disciplinary, inter-agency, community-based action to effectively respond to survivor needs and prevent further incidents of violence were outlined.



Refugees returning to their country

Initiatives are underway in nearly 20 conflict-affected countries to institute the recommendations outlined by UNHCR. Even so, Tanzania offers the only example of a country programme with truly comprehensive services, perhaps serving as a benchmark for other programming efforts around the world. Most countries have not had similar funding, attention, commitment, or technical expertise.

Tanzania hosts refugees from several surrounding countries, including Burundi and Democratic Republic of the Congo. Many of Tanzania's refugee women and children were exposed to gender-based violence during their flight from conflict in their home country and after they arrived in refugee communities across the border. After several years of small ad-hoc projects to address this violence, an infusion of funds in 2000–01 allowed expansion of these projects into a comprehensive system of gender-based violence prevention and response activities. Technical advisers were sent to train and assist service providers, and key national and international organisations formed an inter-agency programme planning and development team.

Representatives of Tanzanian government ministries, local non-governmental organisations (NGOs), international NGOs, UN agencies, and refugee leaders engaged in discussions, training, and consensus-building meetings, from which they produced guidelines and procedures for a coordinated response to incidents of gender-based violence in 11 refugee communities. The guidelines, which are reviewed and revised every year by the inter-agency team, include referral mechanisms,

minimum standards of care, methods for information sharing and protecting confidentiality, and inter-agency monitoring and evaluation.

A network of community-based refugee staff and volunteers implement outreach programmes to encourage survivors to seek assistance. Trained community members provide emotional support for survivors and facilitate referrals for health care, social services, and protection. Health-care staff are trained to provide compassionate treatment with standard protocols. Survivors have access to social reintegration programmes, including vocational training, income generation projects, and women's support groups. If survivors choose to pursue police investigation and judicial prosecution, there is private interview space in local police posts, and many police officers have been trained in appropriate interviewing of survivors. Tanzanian lawyers are on contract to provide legal advice to survivors and advocate with the courts to keep delays in prosecuting cases to a minimum.

Domestic violence cases are among the most challenging. Refugee counsellors' guidance and decisions of community tribunals often reflect traditional gender norms and expectations, and can result in further trauma and victimisation of survivors. In some cases, a tribunal of respected elders hears disputes and decides consequences. For example, a wife batterer may receive a very small fine or be told to apologise, even when the assault is reflective of a long-standing pattern. The survivor herself may be advised by refugee counsellors and elders to be more obedient. NGO and UNHCR efforts to change these attitudes through close supervision and human rights and gender sensitisation trainings have been limited. In most countries, domestic violence encompasses many issues and needs more attention.

As is the case in Tanzania, most programmes around the world addressing violence against refugees and internally displaced women and girls tend to be response-led, with fewer resources targeting prevention. Prevention activities are nevertheless underway in many settings, including Tanzania, and generally include information and education campaigns on human rights and gender issues. The traditional court decisions typical of many refugee settings show the importance of addressing attitudes, beliefs, and practices that promote subordination of women and girls.

To echo the refugee women who so clearly articulated the services necessary to assist survivors in their community, it is not the lack of strategies that limit gender-based violence prevention and response in humanitarian settings, but a lack of worldwide commitment to acknowledging the effect of such violence on health and human rights, and to taking the necessary legal, policy, and programming steps to eradicate it.