

# Sexual and gender violence in refugee settings



**“Migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights. Services must be sensitive particularly to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.”**

**Programme of Action, International Conference on Population and Development, Cairo, September 1994**

## Definitions

The term sexual violence is used here to cover all forms of sexual threat, assault, interference and exploitation including statutory rape and molestation without physical harm or penetration.

Gender violence is violence that is directed specifically against a woman because she is a woman or which affects women disproportionately.

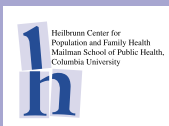
Sexual and gender violence is endemic in conflict situations, where rape and other forms of violent sexual assault are increasingly used as weapons of war. In the former Yugoslavia, rape was deliberately employed to demoralise men and women held in captivity. In Rwanda, and other countries where the ethnicity of the child is determined by the father's ethnicity, rape has been used to alter the ethnic composition of the population.

All human beings want to escape such degradation. Sadly for refugee women their escape route is fraught by more sexual violence inflicted by border guards, soldiers, citizens in their country of asylum, and even fellow refugees.

An additional area of concern facing women is the harmful traditional practice of female genital mutilation. Over 130 million women worldwide have undergone this dangerous and painful procedure which causes grave damage and frequently results in serious health consequences, including complications during pregnancy. Sometimes this practice is revived in refugee settings as communities embrace traditions more fervently in an attempt to reassert their cultural identity.

The consequences of sexual and gender violence are often longlasting and severe, and include a wide range of psychological traumas and physical injuries. Physical consequences may include HIV infection, sexually transmitted infection, pregnancy, menstrual disorders and miscarriage. The World Bank estimates that trauma resulting from sexual and gender violence alone accounts for five percent of the total burden of disease among women of reproductive age in developing countries.

It is clear that addressing sexual and gender violence is essential to the health and well-being of refugee women.



## Case study

A 10 year old Congolese refugee girl, Zawadi, was raped by a 15 year old boy when she was fetching water one evening. A week later she went to the camp clinic complaining of abdominal pain. Through counselling and a physical examination, the clinic staff realised that she had been raped. Zawadi was treated with antibiotics for a sexually transmitted infection and the clinic staff informed the police and her family of what had happened. The family wanted the girl to marry her rapist to avoid disgrace within the community, but Zawadi and the clinic staff were able to convince her family otherwise. The police were contacted but said they were not able to intervene because there was no physical evidence remaining after the week that Zawadi remained silent about the rape. In the end, the boy rapist was punished at the community level by a camp leader who ordered him to compensate Zawadi's family financially.<sup>1</sup>

### Key facts

- between 10-50% of women report they have been physically abused by an intimate partner in their lifetime<sup>2</sup>
- studies have shown that between 36-62% of all sexual assault victims are aged 15 and under<sup>3</sup>
- interpersonal violence was the tenth leading cause of death for women 15-44 years of age in 1998<sup>4</sup>
- worldwide, some 130 million women have undergone female genital mutilation (FGM). An additional 2 million young women are at risk each year.<sup>5</sup>

## What can be done?

Enforce the UNHCR Guidelines on the Protection of Refugee Women and the Guidelines on Sexual Violence.

Involve women in the design and layout of camps and ensure that women are involved in the design of distribution systems to reduce the risks of sexual attack.

Ensure emergency contraception is available; trauma can be reduced by the prevention of pregnancy in victims of rape.

Assess the prevalence of sexual and gender violence and engage the refugee community, NGOs, UN representatives, and local officials in response and prevention strategies.

Develop rape protocols to direct appropriate medical, protection, and psycho-social responses.

Assist women and children to lodge complaints and seek prosecution of perpetrators.



## References

- <sup>1</sup> Interview with Tanzania Red Cross, WCRWC, 1997
- <sup>2</sup> Violence Against Women, Factsheet 239, WHO June 2000
- <sup>3</sup> L Heise, J Pitanguy & A Germaine. Violence Against Women: The Hidden Health Burden. World Bank, Discussion Papers, Washington D.C. 1994
- <sup>4</sup> Violence Against Women, WHO Factsheet 239, June 2000
- <sup>5</sup> The State of World Population, UNFPA, 2000

**Note:** The term 'refugee' officially describes a person who has crossed an international border, while an 'internally displaced person' (IDP) has had to leave her home but has remained in her own country. For the purposes of this factsheet, 'refugee' is used here to refer to both groups.

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## Technical resources

Contraceptive Guidelines for Refugee Settings, John Snow International, 1996

Five Day Training Program for Health Personnel, Reproductive Health Programming in Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

One Day Awareness Building Module Intro to Reproductive Health for Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

Refugee Reproductive Health: Needs Assessment Field Tools, RHR Consortium, 1997

The Reproductive Health Kit for Emergency Situations, UNFPA, 1998

Reproductive Health in Refugee Settings: An Inter-Agency Field Manual, UNHCR/UNFPA, 1999

Setting Priorities in International Reproductive Health Programmes: A Practical Framework, Columbia School of Public Health, 1996

## Further reading

How To Guide: Building a Team Approach to the Prevention and Response to Sexual Violence, UNHCR, 1998

Sexual Violence against Refugees. Guidelines on Prevention and Response, UNHCR, Geneva, 1995