

Gender-Based Violence in Populations Affected by Armed Conflict



A Field Guide for
Displaced Settings

Photos are not intended to portray refugees or victims of violence. Credits: Cover photo of woman and p. 1 photo: Danielle Baron/CCP, courtesy of Photoshare, a service of The INFO Project at www.photoshare.org. All other photos by Beth Vann.

Women experience violence throughout life, simply because they are women.

Gender-based violence (GBV) differs from other types of violence in that the aggressor attacks because of the gender of the victim. Gender-based violence encompasses physical, sexual, and psychological force, including coercion or the threat of force to accomplish a goal.

Gender-based violence harms women physically, often causing severe tissue damage, broken bones, infertility, HIV/AIDS infection, and frequently death; it also inflicts untold emotional, psychological, and social harm.

The presence of humanitarian aid staff in displaced situations should be seen as an opportunity to address the gender and power imbalances that lead to gender-based violence.



Gender-Based Violence and Armed Conflict

Millions of displaced women and girls have experienced some form of gender-based violence, including rape, domestic violence, sexual slavery, intentional HIV infection, harmful traditional practices such as female genital mutilation, and forced prostitution...

The underlying causes of gender-based violence during peacetime are worsened by the violence and power struggles of armed conflict. During conflict women and girls experience

- violence
- forced pregnancy
- intentional HIV infection
- abduction
- sexual abuse and slavery
- rape

Women in settings of refuge continue to face violence—

- abuses that existed in society previous to the conflict;
- domestic violence that often increases; and
- exploitation and abuse from people with power, even those who control and distribute humanitarian aid.

Factors that contribute to gender-based violence include—

- a general breakdown in law and order, with an increase in all forms of violence
- erosion in the social structures and the normal mores of society that control acceptable behavior in the community
- the perception by perpetrators that they will not be brought to justice
- the polarization of gender roles during armed conflict with the development of an aggressive ideal of masculinity and the idealization of women as bearers of the cultural identity
- the goal of ethnic cleansing. Rape, forced pregnancy, and other forms of GBV can be weapons of ethnic cleansing directly and by attempting to destroy individuals mentally and the social bonds within a group

The violence women experience during conflict should not continue in settings of refuge.



Rape as a Weapon of War

In 1992 camps were established in the area of the former Yugoslavia for the single purpose of committing rape and sexual torture.

Rape is both physically and emotionally harmful. Physical harm can include AIDS-related mortality, disability, sleep disorders, miscarriage, unwanted pregnancy, and unsafe induced abortion. Emotional consequences can include depression, anxiety, phobia, somatic problems, and suicidal thoughts and behavior. Social stigma and “blaming the victim” causes even more emotional harm.

Aid workers can offer both physical and emotional treatment for rape survivors. Treatment for injuries and prevention of disease, emergency contraception, and post exposure prophylaxis, or PEP (to prevent HIV transmission), are some of the post-rape health care services needed. Counseling programs should be in place to offer women a confidential and supportive environment, to provide information about possible actions she can take, and to support her. As one nurse points out: “Just listening

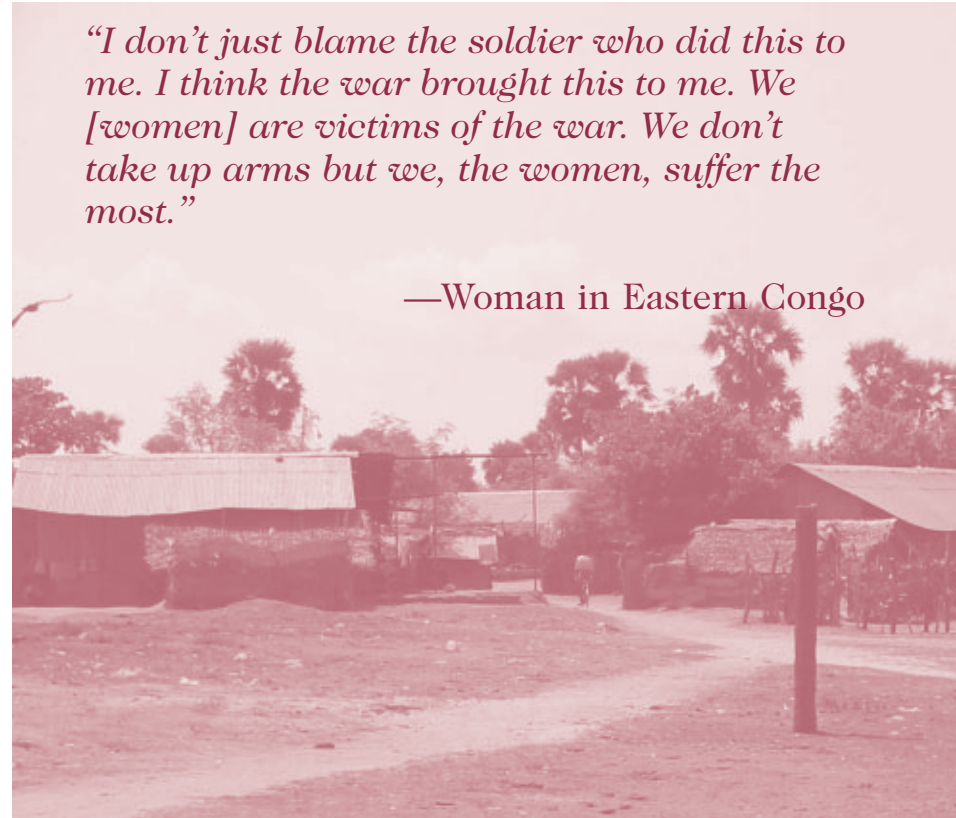
to them lifts a huge weight off of their shoulders. That in itself is a lot.”

Steps should also be taken to prevent rape within the camp. For example, basic facilities, such as latrines, should be arranged so they are close by and well lit. Whenever possible, unaccompanied women or girls should be placed in a residence separate from the men. At all times, it should be evident in the camp that rape is unacceptable and will not go ignored and unpunished.

- A European Community fact-finding team estimates that more than 20,000 Muslim women were raped during the war in Bosnia.
- 94% of displaced households surveyed in Sierra Leone reported incidents of sexual assault, including rape, torture, and sexual slavery.
- At least 250,000—perhaps as many as 500,000—women were raped during the 1994 genocide in Rwanda.
- In Guatemala, a 1982 study of refugee women found that their most overwhelming fear was of being raped.
- During the armed conflict in Bangladesh in 1971, it is estimated that 200,000 civilian women and girls were raped.

“I don’t just blame the soldier who did this to me. I think the war brought this to me. We [women] are victims of the war. We don’t take up arms but we, the women, suffer the most.”

—Woman in Eastern Congo



Displacement and Domestic Violence

“You need to understand. I am so stressed because of the war. It is inevitable that I beat my wife. That’s just life.”

—Man in Macedonia

Based on several studies from around the world, half of the women who are murdered are killed by their current or former partners or husbands. In many displaced settings, women are separated from family, community members, or other support systems that may formerly have offered a certain amount of protection from abusive partners.

Domestic abuse is damaging both to the women involved and the overall livelihood of

the camp. Women who are physically and/or emotionally abused cannot fully participate in activities and are less able to care for themselves and their children. Accepting domestic abuse within the camp adds to an environment of violence that has a negative impact on the entire community. Domestic abuse is not just a “family issue,” but a harmful action that is damaging to all.

Empowering women can offer them some protection

against domestic violence. In many domestic violence situations, a woman may feel trapped with her husband because she alone is not able to provide for herself and her children. Programs such as literacy or vocational training should be in place to help women be self-sufficient. Humanitarian aid staff should also promote women’s equal role in the community’s leadership structure and decision-making process.

Displacement and Sexual Exploitation

Sexual exploitation and prostitution, especially child prostitution, increases with the influx of relatively well-off personnel in situations where local economies have been devastated and women do not have options for employment. Displaced women and girls barter sex for basic services when no other economic possibilities exist.

There should be protocols regarding the behavior of aid workers. Aid workers are

in place to offer protection, not add to inequality and violence. A system should be created in which an incident of abuse by staff can be reported and investigated in confidence.

Sexual exploitation, like other forms of gender-based violence, relates to unequal distribution of power. Activities that offer training, education, and empowerment to women can work toward creating more economic and social self-suffi-

ciency for women and help reduce power dynamics that foster sexual exploitation.

“If [a girl] refuses [sex], when the time comes for the supply of food items, she will be told that her name is not on the list.”

—Woman in Sierra Leone



“In 6 out of 12 country studies...the arrival of peacekeeping troops has been associated with a rapid rise in child prostitution.”

According to a 1999 government survey, 37% of Sierra Leone’s prostitutes were less than 15 years old; more than 80% of those were unaccompanied displaced children.

HIV/AIDS, Conflict, and Gender-Based Violence



- Women are deliberately exposed to HIV through rape, often in the context of ethnic violence such as in Rwanda and Kosovo.
- Women who are demoralized and injured by GBV may turn to other high-risk behaviors, such as drug use or promiscuity, greatly increasing their risk of HIV infection.
- Women who are raped or engage in prostitution to survive, especially with military personnel, lose control over their sexual safety and are at dangerous risk for HIV infection.
- Often women see sex (usually unprotected) with a partner/husband as a duty and necessity, even if she knows he is not monogamous and may have HIV/AIDS.
- Women who disclose their HIV status risk being battered by husbands or boyfriends.



The fight against HIV requires an explicit focus on women and gender-based violence.

Programs that seek to address the spread of HIV/AIDS also need to address the status of women. If women have no control over their bodies, they cannot control their exposure to HIV. To address HIV/AIDS, one must also address gender-based violence, such as forced prostitution, marital rape, and intentional HIV infection. If women are not safe from violence, they are also not safe from HIV/AIDS.

Women are half of the world's HIV-positive population and an estimated 60% of new HIV infections. Women are more at risk of infection due to biological and social risk factors.

“In February 1994 at my parents’ house, seven men raped a widow. The men said, ‘at least one of us must be HIV positive.’ The widow contracted AIDS and has died.”

—Survivor of the Rwandan genocide

We Can Make a Difference



All humanitarian aid programs should take simple and effective steps to reduce GBV risk in displaced settings, such as—

- Listen to women and learn about risk areas.
- Install lighting, fencing, and other deterrent systems in high-risk areas.
- Engage women in food and other distributions.
- Ensure active and equal participation of women and girls in planning, developing, and implementing all projects, including camp design and layout.
- Implement and enforce codes of conduct for all staff.

Every member of a humanitarian aid team should be held accountable for ensuring a safe environment for women, and in turn, the entire community.

Humanitarian aid programs should ensure access to a range of appropriate, confidential, respectful, and well-coordinated services to survivors:

- Provide health care.
- Provide emotional support, referrals, and case management.
- Provide legal advice, counseling, and advocacy.
- Prosecute offenders.
- Advocate for human rights.
- Promote training and income opportunities so that survivors can be less vulnerable to GBV.



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