Understanding Sexual and Gender-Based Violence among Refugees in Transit and Resettlement Contexts

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IRiS Working Paper Series

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Abstract

This policy brief highlights findings from the IRiS working papers series undertaken to fill research gaps on the experience of sexual and gender-based violence (SGBV) among refugees in countries of transit and resettlement and the impacts thereof on refugees’ integration. There is a growing body of literature on refugees’ risks and experience of SGBV in contexts of displacement, but little remains known about the longer-term repercussions of those experiences on transiting and resettling refugees’ coping and recovery.

Keywords

Sexual and gender-based violence, SGBV, refugees, resettlement, integration.

Citation

IRiS Working Paper 31 (2019) [PDF]
Sexual and gender-based violence and refugees: The impacts of and on integration domains

IRiS Working Paper 30 (2019) [PDF]
What responses, approaches to treatment, and other supports are effective in assisting refugees who have experienced sexual and gender-based violence?

IRiS Working Paper 29 (2019) [PDF]
Monitoring and reporting incidents of sexual and gender-based violence across the refugee journey

IRiS Working Paper 28 (2019) [PDF]
Defining Sexual and Gender-Based Violence in the Refugee Context

IRiS Working Paper 27 (2019) [PDF]
What is the nature of SGBV?

About the author

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Gender-based Violence (GBV), as defined by the UN Inter-Agency Standing Committee, the primary mechanism for inter-agency coordination of humanitarian assistance, “is an umbrella term for any harmful act that is perpetrated against a person’s will that is based on socially ascribed (that is, gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or private.”

There is, however, no current consensus as to what constitutes SGBV. While there has been a concerted focus on women and girls in the international discourse, the Inter-Agency Standing Committee points out that the term “is also increasingly used by some actors to highlight the gendered dimensions for certain forms of violence against men and boys – particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity.”

Both during transit and resettlement, several factors can exacerbate SGBV in the domestic sphere, including increased exposure to violence outside the home, a desire to maintain cultural norms and gender hierarchies, and attempts at reassertion of hegemonic masculinity in response to changing social status.

Challenges in understanding the extent of SGBV in transit and resettlement include 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. Additionally, many of those who have experienced SGBV do not recognize themselves as victims of violence. There are also psychological, social, and cultural barriers to reporting ranging from fear of repercussions, social stigma, and lack of faith in the justice system to religious and cultural values within a patriarchal and hierarchical system.

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1 Inter-Agency Standing Committee (IASC), *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 5.
2 Ibid.
in which gender roles are clearly defined. Structural factors, such as the relationship between women and the states in which they seek protection can act as another barrier to disclosure.

In addition to barriers to reporting, existing monitoring and reporting processes and mechanisms do not support prevention and remedial measures. The type, focus and validity of data sources can vary widely depending on the priorities and resources of the collecting agency. Relying on local police records, for example, 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. Further, inclusive and intersectional definitions of SGBV are not well-captured by some reporting mechanisms and, hence, SGBV experienced by boys, men, and LGBTQ persons may be overlooked or under-reported. Cumulatively, these barriers and shortcomings result in current recording and monitoring systems being unable to capture the experiences of SGBV over time and place. There is a need to develop data mapping techniques and systems for information sharing that capture the scale and experiences of SGBV at each stage of the refugee journey.

Finally, “monitoring of SGBV needs to be part of a wider package of multi-sectoral support and protection mechanisms, which include more holistic, inclusive and integrated interventions that provide clear benefits for survivors in order to address fundamental issues associated with low disclosure rates”. While responses to SGBV should be adaptive to varying contexts and needs across the refugee journey, there is no comprehensive evidence base of understanding how these needs evolve at different points for people on the move or the effective points at which support can be offered.

SGBV survivors score significantly higher on PTSD scales than the general population and face major obstacles to accessing treatment and care. As such, in contexts of resettlement, survivors’ capacity to successfully integrate is impacted by their untreated mental health conditions. The continued mental and physical aftermath of SGBV results in a restricted ability to work ultimately undermining social status and compounding poverty. Additionally, many survivors have weak social networks and suffer in silence in countries of refuge because they lack knowledge about the availability of needed social and health services and how to access them. Local services may also be ill-equipped or lacking

11 Ibid.
12 Ibid.
15 Ibid.
16 Ibid.
in cultural sensitivity to appropriately respond to survivors’ needs. Communication difficulties between providers and refugees and the lack of safety and stability in survivors’ lives further impact access to treatment, heighten exposure to risks, and reduce the ability to recover. Indeterminate waiting times for asylum claims and expectations that asylum seekers retell their stories in particular ways can exacerbate the stresses that survivors experience in refuge and prevent them from being able to move forward in their lives.

Recommendations:

Definitional issues on what constitutes GBV and SGBV must be resolved to ensure better identification, reporting, redress and prevention of different forms of violence than is currently the case. The adoption of an intersectional and inclusive definition is recommended in order to fully capture the level of need existing across and within refugee communities.

Data collection on incidents of SGBV must be improved through common mechanisms and a shared platform across countries that provide enough flexibility to be responsive to local contexts in order to capture exposure covering the breadth of refugees’ journeys.

Barriers to reporting must be understood according to the culture and contexts refugees originate from as well as in their countries of refuge in order to be understood fully and addressed sensitively.

Conditions that expose refugees to continued risks, such as insecure shelter, asylum claims tied to abusive spouses, long-term uncertainty, detention and the lack of access to independently managed financial resources need to be identified and addressed.

Social networks and support structures such as faith, church, community and peer support networks which facilitate recovery need to be recognized and strengthened.

The most effective strategies in promoting recovery for SGBV survivors include comprehensive, multi-sectoral interventions that address underlying risk factors, honor cultural differences while challenging abuse, address survivors’ needs holistically, and actively engage all community members – not only survivors - need to be expanded.

There is a need for increased awareness of the social trauma compounded by SGBV coupled with a need for the mobilization of resources for psycho-social support to aid recovery regardless of individuals’ asylum status.

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