PRIVATE VIOLENCE, PUBLIC CONCERN
Intimate Partner Violence In Humanitarian Settings
Practice Brief, January 2015

Violence against women and girls perpetrated by their intimate partners is a global phenomenon—experienced by at least one in three women during their lifetime.[1] Prevalence is likely to be even higher in humanitarian settings, with an increasing body of evidence showing intimate partner violence (IPV)[2] to be the most common type of violence women experience, though it may go underreported and receive less attention from humanitarian actors compared to sexual violence perpetrated by armed forces.[3, 4, 5, 6, 7] A new study by the International Rescue Committee (IRC), *Private Violence, Public Concern*, examines the nature and drivers of intimate partner violence in three refugee camps across three continents. The research shows that intimate partner violence in humanitarian settings is driven by a complex set of factors that include pre-existing gender inequalities, which is exacerbated by rapidly changing gender roles.

Private Violence, Public Concern's qualitative findings deepen our understanding of women's experience of intimate partner violence in displaced settings and highlights the lack of programming that exists to effectively prevent and respond to intimate partner violence. The study took place in 2014 in Domiz camp in Iraq, Dadaab camp in Kenya, and Ajuong Thok settlement in South Sudan, and focused on three key questions: 1) What are the **drivers and nature** of intimate partner violence in humanitarian settings?; 2) How do displaced women **experience** intimate partner violence?; and 3) What are **women's suggestions** for how humanitarian organizations can improve prevention and response to intimate partner violence? This brief presents key findings from the study, draws on knowledge and insights from decades of IRC experience working with women and girls in crisis settings, including research on intimate partner violence in West Africa and Syria,[8,9] and presents recommendations that are relevant to the humanitarian community working both within and outside of formal camp settings.

INTIMATE PARTNER VIOLENCE IN HUMANITARIAN SETTINGS: WHAT WE KNOW

Women and girls everywhere wield less power and have less agency and decision-making opportunity than men and boys, particularly in emergency settings.[10, 11] This gender inequality can be exacerbated by the extreme instability and loss that characterize conflict and displacement and disrupt structural and interpersonal norms and relationships. These shifts also create an environment that allows men to commit violence against their female intimate partners with relative impunity.

Intimate partner violence has severe and often long-lasting consequences for women and girls. The physical and emotional traumas caused by intimate partner violence are strong predictors of poorer physical, sexual and reproductive and mental health outcomes throughout women's lives.[12, 13, 14] The associated economic and financial losses and limitations also increase women's and children's ongoing vulnerability and suffering.

For two decades, the IRC has been working with communities in crisis to address violence against women and girls. The women and girls who walk through the IRC's doors repeatedly express how violence against them impacts their lives in their place of origin, during forced flight and displacement, and when they return home or are resettled. The IRC's service delivery related data[15] reveal that close to 40% of women and girls who sought services in 2014 were experiencing intimate partner violence.

PRIVATE VIOLENCE, PUBLIC CONCERN: RESEARCH FINDINGS

From April to July 2014, the IRC consulted 284 people across the three study sites. Individual interviews were conducted with 39 woman survivors of intimate partner violence aged 18 to 46, and focus groups were held with community members (12 all-female and 11 all-male groups) and with community leaders and organizational representatives (14 groups).

KEY DRIVERS OF INTIMATE PARTNER VIOLENCE

In each setting, a number of drivers of or contributing factors to intimate partner violence were identified, including rapidly changing gender norms triggered by displacement, women's separation from their parents and families, forced marriage and re-marriage, poverty and male substance use.

1. RAPIDLY CHANGING GENDER NORMS TRIGGERED BY DISPLACEMENT

Women and men across all three sites reported that a primary driver of intimate partner violence was the disruption of gender norms triggered by displacement.

In all sites, participants affirmed that prior to displacement, existing social norms reflected and reinforced women's inequality in relation to men, including through the threat or use of violence. Rigid gender roles placed men at the head of the household as family provider, and women as caretakers and homemakers, expected to submit to their husbands and respond to their sexual demands. Though women's caretaking and household work becomes more demanding and dangerous during displacement, women across the study sites were also able to access new social, economic and educational opportunities unavailable to them in their place of origin, including through programs run by humanitarian organizations. At the same time, men's employment options dwindle in camp settings, limiting their ability to support their families.

> "It is like women have taken the responsibility of men, becoming the breadwinners [and] getting out of the hut."
>
> Focus group, Dadaab camp, Kenya

> "[T]he women expect the man to bring something. And women are doing the domestic work, cooking food and also watching children. When a man sees that the woman is not meeting the domestic work, then he will grow annoyed and will start violence."
>
> Key informant, Ajuong Thok settlement, South Sudan

Women's access to new opportunities altered the social dynamic and defied long-held expectations of women's and men's roles. In Iraq, for example, many women reported feeling that their rights were more respected by the government of Kurdistan and the organizations in Domiz camp than in Syria. In South Sudan, men consistently complained that women had more freedom in the camps than they did at home in the Nuba mountains.[16] Women stepping outside their traditional roles and supporting their families can create tensions in the home, especially as men's opportunities to do the same diminish. Some men adapt to these shifting dynamics, while others use violence as a means to reassert power and control over their partner. Beating was discussed in Dadaab and Ajuong Thok, and indirectly mentioned in Domiz, as a tool used to "correct" or "teach" both prior to and during displacement. The concept of beating to teach was closely linked with the concept of beating women to promote respect towards men. Husbands deprived women of the money they earned, demanding it be turned over to them to spend as they pleased, oftentimes not in the best interest of the household.

These findings highlight the tensions between women's participation in empowerment programming and the risks of violence at home they may face as a result. The women who participated in this study found themselves facing a 'trade off' between pursuing new opportunities and preserving their own safety.

2. SEPARATION FROM FAMILY AND BREAKDOWN OF COMMUNITY STRUCTURES

Family members and community leaders can play important roles in preventing partner violence. Displacement breaks down these structures and relationships, dramatically reducing safety options for women at risk of violence. Across the three study sites, participants described their home communities as tightly knit with well-known community leaders, though this was not the case during displacement. For example, some men in the Ajuong Thok settlement reported that lack of social cohesion resulting from the scattering of families in the new setting led to the erosion of respect for settlement leaders, young people without guidance on how to behave and cope, and some children exhibiting anti-social behavior. Women in all sites reported that during displacement their partners were more likely to exert violence with increased impunity because family members were no longer present to monitor men's behavior or mitigate conflict. It is important to note, however, that some women reported that family members can fuel violence or allow it to occur.

3. FORCED MARRIAGES

During displacement, marriage may be seen as a critical opportunity for securing economic support and safety for women and girls. Participants reported that forced marriages, including re-marriages for widows or divorced women, were often conducted hastily in the camps, sometimes with unequal bargaining power between the families involved and without traditional support systems in place. Women survivors and focus group participants shared that they had more protection options pre-displacement when marriages were conducted with the appropriate family, religious and community leader consultations. While displaced, parents are forced to make agonizing decisions regarding the risks and benefits of marrying off their adolescent daughters. Many see marriage as the best option for securing food and shelter for their daughters and protection from violence outside the home. Yet, early and forced marriages put adolescent girls in a position of extreme dependence on their older husbands and at great risk of intimate partner violence. Single mothers seeking re-marriage are also vulnerable. They may have a strong motivation to marry as a way to secure economic and social protection for themselves and their children, knowing the inherent risks in their social and cultural setting of being a woman without a husband. Her material and social disadvantages can contribute to a marital dynamic that increases her vulnerability to intimate partner violence.

> "I was just forced by my father [to marry a man] a bit older than me. [T]he earl[y] forced marriage […]is what [is] causing the problem between us and the misunderstanding. [Other wives and husbands] were in love and they are the ones who understand each other. They married with consent and they are happy about their marriage."
>
> Woman survivor, Dadaab camp, Kenya

4. POVERTY AND SUBSTANCE ABUSE

Participants in all study sites reported that the extreme poverty in which many displaced families live can increase stress and tension between intimate partners. This, combined with the shifting power dynamics resulting from women's newfound income-earning opportunities, can become a contributing factor to men's justification of the use of violence. Violence happens as their sense of self comes under threat and as couples clash over control of economic resources. In addition, some men in the camps used alcohol and *khat*, a stimulant whose leaves are chewed or used in tea, as a coping mechanisms for their struggle with stress, boredom and depression, and study participants reported that men who were drunk or high were more likely to use violence.

"If he doesn't drink, we are not going have any problem. We just stay. He doesn't even talk about nonsense or quarreling me."

Woman survivor, Ajuong Thok settlement, South Sudan

"When you discuss and ask what forced them to chew miraa, they will tell you because of the stress: 'When I chew miraa my stress will reduce down and I will feel that I am happy.'"

Key informant, Dadaab, Kenya

BEHIND CLOSED DOORS: WOMEN'S EXPERIENCES WITH INTIMATE PARTNER VIOLENCE

Women in the three camps reported suffering ongoing, severe, and multiple types of violence at the hands of their intimate partners. Physical violence was by far the most common type of violence reported, though women also experienced psychological and sexual violence, as well as male control over their movements and behaviors. As described above, women also reported economic abuse as husbands controlled household resources, including women's earned income. A survivor in Ajuong Thok settlement stated:

> *"I earn some money and he's using my money to drink… he started now insulting me that, oh, you don't want to give me that money, so you have another husband whereby you want to go and give that money… he started fighting cause I refused to give him my money."*

Women were often limited or prohibited to interact with family, friends, and neighbors, preventing them from reporting intimate partner violence to those closest to them and increasing their isolation. Furthermore, women described intimate partner violence as a private family matter that brings them shame and dishonor if disclosed to others. One women from Domiz camp shared:

> *"One day there was blood on my mouth because he punched it. The neighbor came to me, she said 'what is going on?' I said 'I fall to the floor and there is blood in my mouth.' We don't want people to know about our problems."*

Intimate partner violence negatively impacts many if not all dimensions of women's lives. It compromises their ability to work productively and live with dignity, care for children and relatives, and socialize with friends and family. Participants also reported that children living in households where intimate partner violence occurs are emotionally distraught, fearful, and at risk of experiencing maltreatment themselves. The interplay between intimate partner violence and children's wellbeing is evident in this survivor's words from Dadaab camp:

> *"[W]e lived in one room with my children […] I was just escaping with my children and he started beating me while my children [watched]. [H]e even stepped on some of the children because he was fighting with me. The children wake up and start shouting because they have seen their mother beaten by this man. The neighbors tr[ied] to push the door open. He seriously assaulted me all over my body."*

NAVIGATING SAFETY: WOMEN'S DECISION-MAKING

When women do decide to report and take action on the intimate partner violence they are experiencing, they tend to start with the people and options closest to home. Women in this study identified family members, neighbors, and community-based institutions and actors as their preferred and primary avenues for reporting when violence becomes overwhelming. Survivors emphasized the key role that family, in particular parents, play. This is due to social norms which dictate that women keep disclosure of intimate partner violence within the family, and also because family may be well-placed to take action that does not result in ending the marriage.

Factors women consider when deciding to report intimate partner violence or separate from their partner:

- The severity and length of violence.
- The possible consequences of taking action, including being killed or seriously injured, divorce, separation from their children, or family disapproval.
- Availability of material and financial resources and social support for themselves and their children, including an alternative place to stay.
- The stigma from family and community associated with disclosure and separation.

The effectiveness of family and community-based actors depends on many context-specific factors that cannot be generalized or simplified. In some cases, women receive support, and their concerns are adequately addressed through informal mediation and dispute resolution processes. However, women may also be at greater risk of violence after disclosure, particularly if their request for support is dismissed or the intervening party proves ineffectual, especially when the intimate partner does not respect them.

> "We don't want people know about our problems […] because it [leads to] shame. […] When I have a problem I don't want know anyone to know about that because when I want to go out I want to be proud and happy [for] all [to] respect me."
>
> Woman survivor, Domiz camp, Iraq

Formal response actors outside women's immediate community, such as gender-based violence service providers, healthcare providers, NGOs, UNHCR and police, were usually sought only when family and community-based solutions failed or the domestic situation became life-threatening. Very few women pursued formal legal options: in Ajuong Thok, survivors voiced little interest in punishing their partners through formal justice systems, and in Domiz and Dadaab only a minority of survivors wanted formal punishment.

While temporary separation was considered as an option while disputes were settled, especially for survivors of chronic violence, the majority of women hoped for peaceful resolution that included continued co-habitation as a family. They voiced the importance of being with their children and having adequate food, shelter and resources to support the family. Across all settings, divorce was considered a last resort given the considerable social and economic disadvantages for divorced women and the very real risk of losing their children.

Women's Voices: Suggestions for Humanitarian Response

The IRC deeply values women's perspectives to help shape the humanitarian community's priorities. This study asked women for suggestions for improving humanitarian prevention and response to intimate partner violence. Their responses included:

- Awareness-raising and training on violence and gender inequality at the community level that includes men and leaders.
- Skills-building for couples to strengthen relationships and foster understanding, cooperation and communication.
- Develop clear community-based and formal protocols and accountability mechanisms for responding to intimate partner violence, such as a set period of time that perpetrators are detained by police so survivors know when they will be released.
- Provide women with economic, educational and social skills building opportunities so women can meet each other and build support networks.
- Strengthen and improve transparency in the relationships between service providers and community members, especially men, to facilitate their investment in women's empowerment programming.
- Provide a diversity of safe places for women, including as identified and defined by women, where they can take temporary shelter and get support from other women.

RECOMMENDATIONS: PREVENTING AND RESPONDING TO INTIMATE PARTNER VIOLENCE IN HUMANITARIAN SETTINGS

Eradicating and effectively responding to intimate partner violence requires an array of changes in the social, cultural, political, and economic domains of women's lives that tackle the structural inequalities and gender norms that make gender-based violence possible, within and beyond humanitarian settings. Women may face backlash as they step outside of their traditional, prescribed roles, and must navigate the trade-offs between accessing new opportunities and preserving their immediate safety. The solution, of course, is not to deny women educational, social, and economic advancement, but to analyze and anticipate risks and develop mitigation strategies and safety plans. It must also be remembered that while context-specific drivers of intimate partner violence are important to consider, intimate partner violence can never be justified as a byproduct of conflict and crisis or any other factor. *The use of violence is always a choice.*

The following programmatic recommendations for preventing and responding to intimate partner violence in humanitarian settings are based on the findings of *Private Violence, Public Concern* and two decades of IRC field experience and research on intimate partner violence.

1. DIRECTLY ENGAGE WOMEN AND GIRLS[17] and prioritize their recommendations in the design, implementation, and evaluation of interventions that respond to and prevent intimate partner violence.

Humanitarian organizations should consult women and girls as a matter of best practice in addressing intimate partner violence. Women and girls understand the risks and threats they face, and are best placed to provide insight and guidance to humanitarian organizations on the varied dynamics of intimate partner violence in their contexts, as well as the wider social implications and potential consequences of any response. Working with women and girls to understand their constraints and opportunities, their strategies for mitigating risk, and their ideas for challenging and transforming inequitable gender norms is fundamental to ensure programming is relevant and conducive to programming they seek for themselves and their children.

2. ESTABLISH A QUALITY COORDINATED RESPONSE to intimate partner violence across health, psychosocial, and protection services.

For services designed to respond to intimate partner violence to be effective, they must be coordinated and comprehensive, addressing the multiple immediate, medium- and long-term needs of women survivors and their children. These include risk-reduction, treatment and documentation of injuries, and the provision of confidential referrals across providers, to help ensure her health and safety.

Capacity building for various providers is particularly critical for effective and coordinated care. Psychosocial providers must be trained on how to adapt case management practices to meet the diverse needs of intimate partner violence survivors. Training should include how to provide supportive counseling and education on intimate partner violence, help survivors assess and mitigate risk, address children's needs, address family needs (such as food and shelter), and best practices for safe, confidential, and timely coordination of care across providers. Health care providers require special specialized training on the nature and dynamics of intimate partner violence and best practices for providing frontline support in line with the World Health Organization clinical guidelines, *Health Care For Women Subjected to Intimate Partner Violence or Sexual Violence.*[1]

3. PROVIDE SAFETY OPTIONS for women and girls (and their dependents) seeking immediate and/or long-term protection from intimate partner violence.

At the outset of an emergency, humanitarian response must prioritize the establishment of safe and confidential response services for survivors of intimate partner violence, with specific guidelines for handling intimate partner violence cases that include different safety options. Women and girls face different levels and forms of violence, thus multiple options to appropriately address risk and safety are needed. Service providers must take into account that women face risks and may be subject to retaliation, threats, and increased violence from the perpetrator and those around him when they report intimate partner violence.

Response services and actions to prioritize women's safety include: safe and confidential health and psychosocial services; community-based protection and justice systems that prioritize survivor and child safety and hold perpetrators accountable; and long-term solutions that effectively separate survivor(s)

and perpetrator and remove the risk and fear of further violence, which may be a local, community-based solution or resettlement, including to another country.

4. CONSIDER FAMILY-LEVEL INTERVENTION MODELS that integrate intimate partner violence and child maltreatment prevention and responses.

Intimate partner violence and child maltreatment often occur simultaneously **in the home** and are based on similar risk factors, however few programs in humanitarian settings fully address both problems in tandem. Qualitative findings from various IRC interventions[18,19] suggest that an integrated family-based approach could be effective. For example, parenting programs have highlighted improved communication and problem-solving within the household, including between spouses, and spousal discussion programs have shown possible improvements in communication and problem-solving with children.

Any family-level intervention addressing violence in the home should have a strong gender-equality focus. Since this is a new area, project models for family-based approaches should be developed, piloted, and evaluated, and adjusted and scaled accordingly.

5. COMBINE ECONOMIC AND SOCIAL PROGRAMS to mitigate the risk of intimate partner violence.

IRC programming and research demonstrates that pairing a social empowerment intervention (e.g. couples discussion groups) with an economic intervention targeting women reduces intimate partner violence in the home, particularly economic abuse.[20] Providing women with access to economic means is an important factor in reducing their vulnerability to violence, though this alone could be unproductive or even counter-productive if expectations about power and the acceptability of violence are not addressed. Thus, simultaneously engaging both members of the couple on relationship dynamics, including financial planning, communication and negotiation skills, power dynamics, and decision-making, can mitigate risk and play an important role in violence prevention. Economic and other programs for men can also address intimate partner violence, including through discussion about shared resources and equality in decision-making in the home.

6. INFLUENCE SOCIAL NORMS early and through all stages of humanitarian response.

Communities affected by crisis remain displaced for an average of 15 to 20 years. Humanitarian actors have a responsibility and opportunity to begin strengthening social norms that protect women and girls from violence, and change norms that hide or encourage violence. This gender transformative work has the power and potential to prevent many forms of violence at a large scale. As response systems and services are established, humanitarian actors must first address social norms reflected by service providers and institutions. This paves the way for survivors of violence to safely access services and support. Coordinated social norms campaigns can and should be integrated to address the drivers and root causes of violence in the home as the situation stabilizes. Work to promote equitable gender norms that are informed by women's voices, accountable to women, and that challenge the acceptability of intimate partner violence must start at the outset of humanitarian response and remain an ongoing priority intervention.

[1] World Health Organization. (2014). Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook.

[2] In this brief, intimate partner violence is defined as an act or acts of physical, sexual, emotional violence inflicted against a woman by her male partner, whether cohabitating or not. It also includes refusal of money to cover basic necessities as well as controlling behaviors such as constraining women's mobility or access to friends, relatives and services. This is very similar to the definition in the World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women.

[3] Stark L., Ager A. (2011). A Systematic Review of Prevalence Studies on Gender-Based Violence in Complex Emergencies. *Trauma, Violence and Abuse*, 12(3) 127–134.

[4] Pittaway E. (2005). The Ultimate Betrayal: The experience of domestic and family violence in refugee communities. The Centre for Refugee Research, The University of New South Wales

[5] Mchale T., Hadley M., Thomson D. (2011). "Every home has its secrets": A mixed-methods study on intimate partner violence, women's empowerment and justice on Ijdwi island, Democratic Republic of the Congo. Harvard Humanitarian Initiative Student Working Paper Series.

[6] Khawaja M. (2004). Domestic violence in refugee camps in Jordan. *International Journal of Gynecology & Obstetrics*, 86(1), 67–69.

[7] Vu A., Adam A., Wirtz A., Pham K., Rubenstein L., Glass N., Beyrer C., Singh S. (2014). The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: A Systematic Review and Meta-Analysis. *PLOS Current Disasters*, 18(1). doi: 10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7.

[8] International Rescue Committee. (2010). Let Me Not Die Before My Time.

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[10] Ellsberg M., Arango D.J., Morton M., Gennari F., Kiplesund S., Contreras M., Watts C. (2014). Prevention of violence against women and girls: what does the evidence say? *The Lancet*. doi: 10.1016/S0140-6736(14)61703-7.

[11] García-Moreno C., Zimmerman C., Morris-Gehring A., Heise L., Amin A., Abrahams N., Montoya O., Bhate-Deosthali P., Kilonzo N., Watts C. (2014). Addressing violence against women: a call to action. *The Lancet*. doi: 10.1016/S0140-6736(14)61830-4.

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[14] Gupta J., Falb K.L., Carliner H., Hossain M., Kpebo D., Annan J. (2013). Associations between Exposure to Intimate Partner Violence, Armed Conflict, and Probable PTSD among Women in Rural Cote d'Ivoire. *PLOS One*.

[15] These trends represent data reported to the IRC's Women's Protection and Empowerment programs and their local partners in Burundi, Central African Republic, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Haiti, Jordan, Kenya, Lebanon, Liberia, Tanzania, Thailand and South Sudan from service-based data collected through the Gender-Based Violence Information Management System from January through September 2014. The data quoted above is only from reported cases, and is in no way representative of the total incidence or prevalence of Gender-Based Violence (GBV) in those countries. The statistics represented here include only information from survivors who have consented to share their aggregate information. Data from Liberia, Iraq, Côte d'Ivoire, South Sudan and Tanzania is not wholly representative of the timeframe because data collection may have started mid-year, ended mid-year or been temporarily interrupted by other crises.

[16] Nuba mountains is an area in South Kordofan, Sudan home to the Nuba peoples. Nuba mountains has experienced heavy fighting and conflict, resulting in displacement.

[17] Girls, often adolescent-aged, are subject to forced and early marriage, creating an even higher risk for intimate partner violence Concerted efforts must be made to create safe spaces and services as well as prevention programs (focused on preventing early and forced marriage as well as violence), which are responsive to the needs of girls which may be different from those of women. In so doing, efforts should be made to not hold adolescent girls responsible for 'solving' the violence they face, but rather to keep the choice of non-violence on perpetrators, bystanders, family members and the community at-large.

[18] International Rescue Committee. (2014). Building Happy Families: Impact evaluation of parenting and family skills intervention for migrant and displaced Burmese families in Thailand.

[19] International Rescue Committee. (2014). Parents Make the Difference: Findings from the randomized impact evaluation of a parenting program in rural Liberia.

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GIFT OF THE UNITED STATES GOVERNMENT

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