The Protection of Female Refugees against SGBV in Camps

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Abstract

Female refugees across the world are highly vulnerable to all forms of sexual and physical violence. In addition to the threats from contesting armed groups, border security forces and human traffickers, they risk assaults in refugee and internally displaced person (IDP) camps, where they are likely to become victims of the national migration administration, humanitarian staff and male residents of the camp. The reason for this is the inadequate implementation of the existing policies that aim to protect and prevent assaults against women.

This report will examine the issue of women’s vulnerability caused by forced displacement, in particular their vulnerability in refugee and IDP camps. Further, it will explore policies set to facilitate their position and protect them from sexual and other forms of gender-based violence (SGBV). Finally, the paper will try to answer to what impedes effective implementation of these policies and conclude by laying out recommendations for policy improvement.

Vulnerability of female refugees

Before looking into the relevant policy framework, it is important to highlight the contemporary problems of female refugees. In the wake of an armed conflict, men are inclined to face the threat on their home ground, while women of different generations are more likely to depart looking for a shelter. Staying in a refugee camp within the country of origin or seeking protection elsewhere brings serious threats to their security, freedom, and health.

Deteriorating practices in countries such as Turkey or Greece put female refugees in an even harder position, which has made the transition to a safe country almost impossible. If they ever do reach the border, they face new threats, such as illegal deportation, being pushed back to sea, being deprived of their belongings, or put into detention, which usually exceeds
conventional legal limits and fails to meet basic living standards. As the UNCHR Note on Certain Aspects of Sexual Violence against Refugee Women reported, “border guards in some countries have detained refugee women or girls for weeks for their sexual use. Women have been raped by soldiers while crossing a border, and in some cases abducted and prostituted by them.”

Equally frightening threats appear in refugee and IDP camps, where social norms may depreciate over time. If the low morale is followed by the lack of protection, which is usually the case in these camps, women and girls may easily become victims of SGBV. The loss of social networks and family ties only raises the chances of being sexually exploited. Violations of personal freedoms and trauma, undesired pregnancy, unsafe abortions, complications tied to early childbearing age, and even death are only some of the physical consequences of SGBV. One UNHCR and Save the Children report showed that girls have been sexually exploited by humanitarian agency staff and security forces in Guinea, Liberia, and Sierra Leone. Nowadays, refugee women in Libya endure torture and abductions by both armed forces and human traffickers, while in Lebanon and Jordan, rape, forced and “protective” marriages of Syrian refugee girls are common phenomena. Recently, allegations were made with regard to the Nigerian’s IDP camp in which ‘hundreds’ of girls have been raped and sold. Early this year, the country’s National Emergency Management Agency (NEMA) formed a committee to investigate the alleged abuses. The committee that assembles representatives of different state bodies and the Nigerian Red Cross Society started the investigation in February, but no report has been issued by now.

**Current policy framework**

This part of the report will lay out the most important norms and standards addressing specifically the protection of refugee women against SGBV and their right to reparation, that is, access to justice.

According to the Declaration on the Elimination of Violence against Women, among other guaranteed rights, women have the right to ‘the highest standard attainable’ of physical

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health\textsuperscript{4} and the right not to be subjected to ‘cruel, inhuman or degrading treatment’\textsuperscript{5}. Moreover, states have an obligation to protect women, including refugees, and enable them to enjoy the given rights. Furthermore, the Convention on the Elimination of All Forms of Discrimination against Women stipulates that states should employ necessary steps toward eradicating the prostitution and trafficking of women.\textsuperscript{6} This norm can be applied to protect women in refugee and IDP camps from assaults, similar to those that took place in Nigeria and Libya. In order to secure women’s integrity, the Convention also envisages that women have the right to get married ‘only with their free and full consent’, preventing “protective” and forced marriages from happening.\textsuperscript{7}

When assaults are made by peacekeeping forces and humanitarian staff, they represent the abuse of power. International actors have recognized the need to suppress SGBV committed by the troops and other personnel and in 2002, the United Nations Security Council (UNSC) adopted the Resolution on Women, Peace and Security. The Resolution states that a gender perspective has to be introduced into peacekeeping operations.\textsuperscript{8} Further, the Resolution recommends that the existing code of conduct has to be amended in a way that prevents SGBV, introducing adequate control and accountability mechanisms. Lastly, it expresses the need for gender-diversification of the peacekeeping troops, military observers and civilian police.\textsuperscript{9}

Nevertheless, more than ten years following the Resolution, this problem still exists in the camps. The UNHCR Handbook for the Protection of Women and Girls restates the need for the implementation of codes of conduct that eliminate SGBV by humanitarian and authority personnel. It also suggests additional training for the staff on prevention and response to the assaults, but in practice too few recommendations are in effect.\textsuperscript{10}

In the case of assault, it is important to react properly and enable the victim to get reparation. However, women are less likely to have access to justice then men, as their status is often subjected or tied to men’s. Forced migration can increase discrimination against women

\textsuperscript{5} Ibid.
\textsuperscript{7} Ibid., Article 16.
\textsuperscript{9} Ibid., Recommendations, 89-90.
and worsen the opportunities for satisfying their legal claims; therefore, there can be no reparation for victims.\footnote{Ibid., p. 246}

The UN Convention relating to the Status of Refugees has clearly stipulated that refugees will have free access to the courts of law on the territory of all Contracting States.\footnote{UN. General Assembly. Convention and Protocol relating to the Status of Refugees. Convention relating to the Status of Refugees. New York, USA, 1951. Article 16, par. 2.} One should bear in mind that international conventions and agreements once adopted by the state become part of its legal system and often have a priority compared to domestic laws. Thus, formally, there are no legal obstacles for the successful implementation of this norm.

In addition to the domestic laws of the hosting country, displaced persons are also subjected to rules of the camp, which can be developed by or together with the camp’s residents. These rules present a mix of customs adapted to the camp setting, and have a critical role in IDP camps, within the countries with failed legal systems. As a case in point, the administration of the camps in Sierra Leone was applying a similar set of rules.\footnote{UNHCR. Department of International Protection. The Administration of Justice in Refugee Camps: A Study of Practice. By Rosa da Costa. PPLA/2006/01. Geneva, Switzerland, 2006. p.16.} In addition, the UN principles and guidelines also have an important place in dispute resolution in camps, as they provide standards that should be followed, although they are not legally binding.\footnote{Ibid., p.17}

The use of different legal sources in the camp, however, further complicates the process of securing efficient legal protection for women. Without administration presence in the camp that would provide counseling, the victims are unable to address their legal claims. To that end, a recommendation of the UNHCR Comprehensive Protection Framework on Accession to Justice for SGBV Victims and Survivors can be helpful, if implemented adequately, because it calls for the expanded role of mobile courts and regular visits.\footnote{UNHCR. Gender Equality Unit. UNHCR’s comprehensive protection framework on accession to justice for SGBV victims and survivors. Annexes}
The case of the Al Za'atari Refugee Camp, Jordan

Jordan provides shelter for a large number of refugees, of whom 70% are women and children.\textsuperscript{16} The Al Za'atari Refugee Camp (Zaatari) is one of six camps in Jordan, but alone it hosts over 100,000 people.\textsuperscript{17} The camp is managed by the UNHCR. Being the second largest refugee camp in the world, Zaatari is overcrowded and fails to meet the basic needs of its residents.\textsuperscript{18}

This camp has not reached the necessary level of prevention of SGBV, as UNICEF found that family violence and fear of sexual violence are two main challenges in Zaatari.\textsuperscript{19} The same year, 2013, the Inter-agency Working Group on Reproductive Health in Crisis conducted a survey among the women. They found that the camp lacks basic necessities, such as hygienic products, clean and separated toilets, water, and electricity.\textsuperscript{20} The culture that is shared by the residents of Zaatari has to be taken into account when designing common spaces; for example, toilets have to be gender-specific. Moreover, shared toilets raises threats for sexual assaults, especially during the night in the absence of electricity and light. The fear and danger caused by the lack of lighting put in motion a project, Skyrocket Light, that aims to provide lighting for the camp.\textsuperscript{21} The project immediately received support from other NGOs and succeeded in setting up solar-power LED lights in critical areas of the camp.

The Working group reported the lack of physical examinations, doctors and medicines, but also the high costs of transportation.\textsuperscript{22} In this situation, women have to travel to the nearby city to be examined and risk assaults from local residents. Health service is provided for survivors of sexual violence, who can receive care for their physical wounds, pills for pregnancy prevention and sexually transmitted diseases, including HIV, and basic emotional support.\textsuperscript{23}

\textsuperscript{17} Amnesty International. \textit{An International Failure: The Syrian Refugee Crisis}. 13 December 2013. CT 34/001/2013
\textsuperscript{18} International Rescue Committee. \textit{Are We Listening? Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict}. By Heidi Lahmann and Eesha Pandit. September 2014. p.5
\textsuperscript{19} International Medical Corps and UNICEF. \textit{Mental Health/Psychological and Child Protection Assessment for Syrian Refugee Adolescents in Za’atari Refugee Camp, Jordan July 2013}. By Suzan Song. Amman, Jordan, July 2013. p.4
\textsuperscript{20} UNHCR. Inter-agency Working Group on Reproductive Health in Crisis. \textit{Reproductive Health Findings from Za’atari Camp and Irbid City, Jordan}. March, 2013 p. 2
\textsuperscript{21} Skyrocket Light Project: \url{http://zaatarialights.tumblr.com/Backgrounder}
\textsuperscript{22} UNHCR. Inter-agency Working Group on Reproductive Health in Crisis. \textit{Reproductive Health Findings from Za’atari Camp and Irbid City, Jordan}. March, 2013 p. 3
\textsuperscript{23} Ibid., p. 4
Medical and psychological care is available through the Jordan Health Aid Society. However since their work is not widely known, very few women get to use their services. A similar problem exists with the Family Protection Department of Jordan police. Although, this unit is in charge of handling this type of crime, only a small group of women is familiar with this information.\(^{24}\)

Although the management is trying to address the consequences of SGBV, the help that can be provided is limited to those females living in the camp.\(^{25}\) Unlike the residents, those women who are not registered with the UN do not have access to those services.

Constructive steps were made by the UNFPA and UNICEF who have supported training on clinical treatment of SGBV victims.\(^{26}\) Further, over 5,000 women have benefited from psychological counseling in a program supported by International Rescue Committee (IRC). At the beginning of the program, only one in ten women would disclose violence against them, but in time IRC noted an increase in reported cases of violence that corresponds to establishing trusted services.\(^{27}\)

**Recommendations**

After looking into the problematic of contemporary female refugees, outlining the existing policies and mapping the main causes of SGBV in Zaatari refugee camp, this report will lay out key recommendations for the protection of women and girls in camps. The realm of human security has reached a point where the main issues are effectively regulated at large. The aforementioned international rules are clear and UNHCR, together with international NGOs, make sure to fill in any gaps and provide guidelines for tackling SGBV. It is clear now that having detailed regulation means nothing without effective implementation. Therefore, the report will provide recommendations that, if accepted, should lead to better implementation of the existing policies.

As indicated, SGBV is a consequence of many factors taken together, some of which are uncontrolled settlements, unsafe living units, complicated access to justice, lack of financial

\(^{24}\) Ibid., p. 4
\(^{26}\) International Rescue Committee. *Are We Listening? Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict.* By Heidi Lahmann and Eesha Pandit. September 2014. p. 15
\(^{27}\) Ibid., p. 17
means, low morale, and cultural strains. Refugee camps, Zaatari included, share all these characteristics, which enable perpetrators to commit crimes with little or no repercussions.

In order to tackle SGBV effectively, a comprehensive, multi-sectoral approach needs to be followed. The objective is to implement existing policies in the domain of physical safety, legal protection, and healthcare through a set of actions carried out by different international agencies and sectors of the host government. To avoid overlapping and wasting modest resources, the actions should be coordinated by the camp management. The UNHCR also advises that camp managers should be responsible for establishing proper mechanisms of prevention and response to SGBV.28

1. To enhance physical safety it is necessary to educate national, UNHCR, and other contracting or humanitarian staff on SGBV. In the case of domestic violence or attack by other members of the community, perpetrators should be separated from women. However, this measure should only be taken in the absence of a functioning legal system. Further, living units should be more resistant, as tents, which are usually used, do not provide sufficient protection, toilets should be separated, and the common area well lit. Finally, to prevent assaults from humanitarian staff, impartial investigation should be conducted upon reporting, followed by disciplinary sanctions if the abuse of power is confirmed.

2. In order to enable access to justice, confidential reporting mechanisms should be established within camps. Following counseling, women have to be enabled easy and fast access to a police station, which usually is the first instance in the process of filing criminal charges. However, if the camp is located within the country affected by war or whose legal standards and practices do not meet those that UNHCR promotes, then a different approach is needed. The perpetrator, once identified, should then be removed to a restricted part of the camp, from which he will be disabled to contact his victim or pose a threat to other female residents.

3. Improving health care requires increased capacities of medical staff and supply of necessary equipment and medicine. Survivors of sexual violence should immediately be examined by medics and have access to a mental health counselor. An option for additional check-ups has to also be given to the victims. Thus, it is necessary to have a permanent health care unit, which is located in appropriate facilities and is adequately equipped.