

May 2013

## Understanding refugees' concepts of sexual and gender-based violence

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**Sexual and gender-based violence prevention campaigns that incorporate culturally sensitive understanding will stand a better chance of breaking down barriers to accessing services.**

The number of refugees in Kenya has grown from approximately 12,000 registered refugees in 1988 to 616,555 in 2012, the great majority originating from neighbouring countries in the Horn of Africa. Expecting a safe haven in their country of asylum, many have instead found themselves vulnerable to an array of new risks in the refugee context, including the very real threat of sexual and gender-based violence (SGBV).

In 2011 the international NGO RefugePoint conducted a study among some randomly selected male and female refugees living in Nairobi to explore refugee understandings and attitudes towards behaviour that is termed 'SGBV' by humanitarian actors.

UNHCR defines SGBV as "violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty."<sup>1</sup> This study explored how such official definitions translate into local cultures which contain their own ideas about gender norms and acceptable behaviour.

The study documented that single refugee women between the ages of 20 and 35 years are particularly vulnerable to SGBV. Without a traditional male protector and provider, the limited livelihood options available to refugee women heighten their risk of experiencing SGBV. Many who report incidents are employed as domestic workers or street-sellers and are assaulted during their work or in the evening when returning home. SGBV incidents were more prevalent during the first two years in Nairobi when asylum seekers and refugees

were less familiar with the area and had established fewer support mechanisms.

Most survivors interviewed had not sought medical treatment after being attacked. The majority of women interviewed did not speak English or the official local language, Kiswahili, and explained that stigma left them wary of asking another member of the community to interpret. Women repeatedly highlighted the negative social consequences if a woman is known to have been raped, including being labelled a sex worker, presumed to be infected with HIV/AIDS, and being considered unsuitable for marriage. Acknowledging an incident of SGBV is considered shameful and several survivors described wearing the *niqab* (face-veil) so that they could not be identified and ridiculed. The taboo on openly discussing anything related to sexual relations also inhibits some women from seeking help.

Direct translations of SGBV terminology do not necessarily exist within the lexicons of refugee communities. If there are no equivalent words to describe a particular form of SGBV, to what extent can it be conceptualised by the community to exist as a violation?

Consent was revealed to be a key concept which defied any clear-cut direct translation. Sexual passivity (Oromo male: "Some will not resist you in everything that you do, which means they have consented"), modest refusal of sex to appear 'proper' (Oromo male: "Men think she is just cheap if she says okay at a glance.... she will never say yes, so I need to use some force... because this is normal"), and especially marital partnership (Somali female: "There is nothing like being forced –

it's just part of an agreement between wife and husband") were all denoted as markers of consent among these communities.

The assumption of a wife's consent within marriage has implications for the reporting of physical and sexual violence by a spouse. This was found to be widely occurring but largely surrounded by silence, as it is not regarded as violations. The findings suggest that the normalised nature of such violence combined with cultural expectations of wifely obedience and loyalty to husbands also contribute to low reporting rates (Oromo female: "Beating is something that has come from our ancestors... it is normal for a husband to beat his wife"). Intimate partner violence may even be viewed positively by the victim – for some women, being beaten is perceived as evidence of a husband's love for his wife.

Although refusal of a spouse's sexual advances is permissible in theory, emotional pressure and cultural norms appear to undermine an individual's ability to refuse in practice. Marriage is commonly equated with life-long sexual consent among these communities, the wife's will being considered as indistinguishable from that of her husband's, suggesting that local conceptions of SGBV do not generally include the possibility of a husband as perpetrator. This raises the question of how consistent translations of terms such as 'rape' are between cultures where a husband is considered to have almost unlimited sexual entitlement to his wife, and the meanings intended by outsider humanitarian actors.

By gaining a sense of culturally normalised behaviour, service providers can better understand low reporting and care-seeking habits among refugee SGBV survivors. They can then in turn create more culturally sensitive interventions which stand a better chance of achieving improved primary prevention.

Among refugees, there is a lack of information on the benefits of health services

for sexual violence survivors, despite confidence among humanitarian actors in Nairobi that this issue has been appropriately addressed in community education campaigns. This may be an indication that the concepts and language of campaigns have not been as effective as hoped for.

Police and health clinic staff should also be aware of the fear of speaking out that refugee women experience and ensure that refugee women seeking care are asked direct questions and given time to disclose their experiences. The availability of trusted and well-trained translators at both police stations and health clinics is critical. Police officers, clinicians and translators need to be aware that people in these communities may not be comfortable using explicit terms to communicate their experience and should pay attention to the nuances of a patient's narrative. Ensuring that police stations and health clinics provide safe spaces to report incidents, that translators are trained in confidentiality, and that the communities are well informed are also critical to improving reporting rates. These lessons can also be applied in many Western societies, where incidents of SGBV continue to be under-reported.

The study documented a high prevalence and ongoing tolerance for SGBV within the Horn of Africa refugee communities in Nairobi. Given the varying understandings of SGBV within the refugee communities, great care should be taken by humanitarian actors when designing and facilitating information and prevention campaigns on this topic. It should not be assumed that humanitarian language around SGBV can translate directly into local languages and cultural belief systems; and the use of jargon and foreign terminology should be avoided.

RefugePoint has shared the findings of this research with a wide network of humanitarian actors and organisations, and has incorporated them into the design of recent SGBV and reproductive health community campaigns. By engaging the

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communities (including religious leaders and other community opinion leaders) in the implementation of behavioural change campaigns and in the participatory production of communication materials, humanitarian actors can help ensure that language, images and themes are clearly understood and have cultural resonance.

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RefugePoint. [www.refugepoint.org](http://www.refugepoint.org) This article is based on a longer report entitled '*A man who does not beat his wife is not a man*': Risk factors and cultural conceptions of sexual and gender based violence among Horn of Africa refugees in Nairobi, available at <http://tinyurl.com/RefugePoint-sgbv2012>

1. UN High Commissioner for Refugees, *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*, available at: [www.refworld.org/docid/3edcd0661.html](http://www.refworld.org/docid/3edcd0661.html)