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Women in Conflict Zones: Addressing Gender – Based Violence in Refugee Camps

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"Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive."

- Kofi Annan, Former UN Secretary General.

Women are more vulnerable in crisis areas, especially in refugee camps, where gender-based violence (GBV) is common. This essay examines the several types of gender-based violence (GBV) that displaced women encounter, such as child marriage, domestic violence, sexual violence, and human trafficking. It looks at the root issues that increase the bazards for refugee women, including the disintegration of social and legal systems, a lack of security, and economic reliance. The study emphasises the economic, social, and psychological effects of GBV, such as stigmatisation, trauma, and obstacles to work and education. Furthermore, through policies, protection measures, and survivor-centred support services, this article assesses the contribution of international organisations like the United Nations High Commissioner for Refugees (UNHCR), UN Women, and humanitarian NGOS to the fight against GBV. The effects of GBV in the real world and the continuous difficulties in delivering efficient solutions are demonstrated by case studies from the Rohingya, Syrian, Congolese, and Palestinian refugee camps. To reduce GBV in refugee situations, the report ends with policy recommendations that prioritise increased security, legal accountability, economic empowerment, and community-based awareness campaigns. To ensure the safety, dignity, and rights of refugee women in areas threatened by conflict, international efforts to protect them must be strengthened.

Keywords: gender-based violence (GBV), refugee camps, women in conflict zones, humanitarian response, sexual violence.

INTRODUCTION

Girls and women are disproportionately impacted by gender-based violence (GBV), which remains prevalent in refugee camps. Approximately 57.6 million stateless and forcibly displaced women and girls resided in humanitarian crises and conflict areas in 2022, making them more vulnerable to gender-based violence.¹ The COVID-19 pandemic aggravated these weaknesses; data indicate that among refugee populations, there has been a 32% rise in forced and early marriages, a 73% rise in violence from intimate partners, and a 51% rise in sexual violence.² While organisations like the United Nations High Commissioner for Refugees (UNHCR) have endeavoured to offer safe havens and assistance, in 2023, only 56% of refugees and asylum-seekers were aware of GBV services available, a decline from 66% in 2022. This gap underscores the need for greater availability and awareness of support systems. The severity of the crisis is shown in certain regions.

Sexual violence is widespread in the Democratic Republic of the Congo (DRC)³, particularly in the eastern regions. Around 650,000 individuals reside in camps in Goma, most of them are refugees of such violence. In the DRC, Médecins Sans Frontières (MSF)⁴ treated over 25,166 sexual violence victims last year; in the first half of this year, it exceeded that⁵. Similarly, women and girls fleeing the Sudanese civil war are exposed to sexual exploitation at the displacement camps in Chad, where they are regularly coerced to exchange sex for money, jobs, or the provision of aid⁶. To safeguard and empower affected women and girls, GBV within refugee camps should be addressed with a multi-segmented strategy involving strengthening legislation, enhancing care services, and promoting community-level initiatives.

¹ UNHCR, Global Report 2022: Gender-Based Violence Chapter (2022)

² International Affairs Review, Protecting Female Refugees from Gender-Based Violence in Camps (2024) ³ Ibid

⁴ Doctors Without Borders, Reports on Rising Sexual Violence in the DRC (2024)

⁵ Ibid

⁶ Sam Mednick, 'They fled war in Sudan. Now, women in refugee camps say they're being forced to have sex to survive' *AP News* (16 November 2024)

<<u>https://apnews.com/article/49b3d344da3573d4abe06bb7c3be965e</u>> accessed 07 March 2025

FORMS OF GENDER BASED VIOLENCE (GBV) IN REFUGEE CAMPS

The well-being of displaced women and girls is significantly impacted by gender-based violence (GBV), which can take many different forms in refugee camps. It is essential to comprehend these types to create interventions that work.

Sexual Violence: Rape, sexual assault, and sexual exploitation are all considered forms of sexual violence. The likelihood of such abuses is increased in refugee camps due to congestion and insufficient security measures. Other refugees, armed organisations, or, frighteningly, those entrusted with safety, such as security guards and charity workers, can all be perpetrators. For example, reports have shown that individuals who were supposed to protect women who were fleeing the civil violence in Sudan to Chad have forced them to exchange sex for food.⁷

Domestic Abuse: Abuse by intimate partners or family members that is physical, emotional, or psychological is referred to as domestic violence. In refugee settings, the stressors of displacement, loss of livelihoods, and changed family relationships can make such violence worse. According to a study on Congolese refugees in Uganda, domestic violence is common in camps and is frequently connected to systemic prejudice and difficult living circumstances⁸.

Forced Prostitution and Human Trafficking: Girls and women who have been displaced are especially susceptible to forced prostitution and human trafficking. Traffickers take advantage of their vulnerable circumstances by making exaggerated claims of security or work. Even border security forces or people claiming to be protectors have occasionally been linked to this kind of exploitation. The need for strict measures to safeguard refugees from trafficking and related atrocities has been acknowledged by the international community.

Child Marriage: When two people under the age of eighteen are married, it is known as child marriage. Families may marry off young girls in refugee camps as a supposedly economical or protective tactic. However, this practice puts girls at risk for early pregnancies, interrupted schooling, and ongoing cycles of abuse and poverty. Such patterns have been recorded by

⁷ Sam Mednick, 'Can technology help more survivors of sexual assault in South Sudan?' *AP News* (16 March 2025) <<u>https://apnews.com/article/technology-gender-based-violence-south-sudan-sexual-assault-981be393459e5c0724e1dc1793e4d0e6</u>> accessed 07 March 2025

the United Nations High Commissioner for Refugees (UNHCR), highlighting how urgent it is to stop this detrimental behaviour⁹.

FGM, or Female Genital Mutilation: The partial or complete removal of external female genitalia for non-medical purposes is known as female genital mutilation. This cultural practice may be carried on by some refugee groups in camps, posing serious health concerns and violating human rights. The promotion of alternative rites of passage and community education is a strategy used to fight FGM in refugee situations.¹⁰

Sexual Harassment: Requests for sexual favours, unwanted sexual approaches, and other sexually suggestive verbal or physical behaviour are all considered forms of sexual harassment. Women's mobility and access to services might be negatively impacted by harassment in refugee camps due to overcrowding and a lack of privacy. The UNHCR has drawn attention to how common this kind of harassment is and stressed the necessity of safeguards and channels for reporting it.¹¹

Psychological and Emotional Abuse: GBV includes psychological and emotional abuse in addition to physical acts, including coercion, threats, and resource deprivation. Intimate partners or other powerful individuals may perpetrate such abuse in refugee camps, which can result in long-term mental health problems. Sensitisation of the community and extensive mental health support are necessary to address this type of violence.

CAUSES AND RISK FACTORS

A complex web of interrelated circumstances makes women and girls more vulnerable to gender-based violence (GBV) in refugee camps. Among the main causes and risk factors are:

Breakdown of Social and Legal Protections: Existing legal and social structures are frequently destroyed by conflict and displacement, depriving refugees of customary safeguards. Environments where GBV can happen without consequence are fostered by this

⁹ Ibid

¹⁰ Mie A. Jensen, 'Gender-Based Violence in Refugee Camps: Understanding and Addressing the Role of Gender in the Experiences of Refugees' (2019) 11(02) Inquiries Journal

<<u>https://www.inquiriesjournal.com/articles/1757/gender-based-violence-in-refugee-camps-understanding-and-addressing-the-role-of-gender-in-the-experiences-of-refugees</u>> accessed 07 March 2025 ¹¹ Mednick (n 7)

lack of authority and order. For example, the absence of judicial and law enforcement control has been associated with a rise in violence against women in some refugee communities.

Overcrowding and Inadequate Infrastructure: Overcrowding and badly planned infrastructure are common problems in refugee camps, resulting in shared amenities and little privacy. Such circumstances have the potential to increase hostilities and provide criminals the chance to take advantage of weaker people. Research has indicated that substandard living conditions in camps are a contributing factor to increased GBV rates.¹²

Economic Dependency and Lack of Livelihood Opportunities: Refugees may experience heightened stress and frustration as a result of job loss and economic uncertainty, which can occasionally escalate into domestic violence. Women's capacity to escape abusive circumstances may also be hampered by their financial reliance on male partners or other people. Economic stress is a substantial risk factor for GBV in immigrant populations, according to research.¹³

Pre-existing Gender Inequalities and Cultural Norms: Gender inequality and deeply ingrained patriarchal traditions that are common in many refugee countries frequently continue to exist in relocation circumstances. These cultural views have the potential to support harmful practices for women, like child marriage and female genital mutilation (FGM). FGM is still practised in refugee settlements, according to reports, which emphasises how difficult it is to change deeply ingrained cultural customs.

Power Dynamics with Aid Providers: Refugees' need for charity for survival can lead to power disparities and, in certain cases, exploitation. In certain cases, people in positions of authority, such as security guards and relief workers, have misused their position of authority by forcing women to engage in sexual activity in return for necessary supplies. Systemic vulnerabilities have been highlighted by the documentation of such exploitation in a variety of refugee settings.¹⁴

Psychological Trauma and Stress: Refugees may face mental health problems as a result of the traumatic events connected to violence and displacement, which may lead to aggressive

¹² Ibid

¹³ Doctors Without Borders, Reports on Rising Sexual Violence in the DRC (2024)

¹⁴ Ibid

actions. In camps, this mental anguish may show up as domestic abuse or other types of gender-based violence. Research has connected a rise in GBV cases to the psychological effects of displacement.¹⁵

Lack of Reporting Mechanisms and Support Services: Survivors frequently refrain from reporting GBV instances because of fear of shame, reprisals, or incredulity. Inadequate support services and a lack of private and easily available reporting channels deter survivors from getting assistance. Underreporting is a major obstacle to tackling GBV in refugee environments, according to research.

A comprehensive strategy is needed to address these causes and risk factors, which includes bolstering legal frameworks, enhancing camp infrastructure, offering economic opportunities, questioning detrimental cultural norms, making sure aid providers are held accountable, providing psychological support, and setting up efficient reporting and support systems.¹⁶

PSYCHOLOGICAL AND SOCIO-ECONOMIC IMPACT ON WOMEN

Women in refugee camps suffer greatly from gender-based violence (GBV), which has serious psychological and socioeconomic repercussions.

Psychological Impact: Anxiety, despair, and post-traumatic stress disorder (PTSD) are among the serious mental health issues that women who are victims of GBV in refugee situations frequently face. Poor mental health outcomes were shown to be substantially correlated with both ongoing GBV and historical conflict-related violence, according to a study that involved 209 women receiving GBV case management services in refugee camps. These psychological problems are made worse by the accumulated trauma from past conflicts and ongoing assaults.¹⁷ Refugee women also experience chronic stress and a sense of powerlessness as a result of the ongoing threat of assault and exploitation. For example, the high rate of sexual assault in South Sudan poses serious obstacles to women seeking medical and psychological support because of financial and practical constraints. To

¹⁵ Mednick (n 7)

¹⁶ Ibid

¹⁷ Mazeda Hossain et al., 'Gender-based violence and its association with mental health among Somali women in a Kenyan refugee camp: a latent class analysis' (2020) 75(4) Journal of Epidemiology and Community Health <<u>https://doi.org/10.1136/jech-2020-214086</u>> accessed 07 March 2025

overcome these issues, creative solutions have been implemented, such as Isra AID's test of a WhatsApp chatbot designed to swiftly identify and assist rape survivors.¹⁸

Socio-Economic Impact: GBV's socioeconomic effects are just as significant. Economic marginalisation frequently affects survivors, reducing their chances of independence and extending cycles of dependency and poverty. The Women's Refugee Commission emphasises that economic marginalisation stemming from gender inequality and genderbased violence (GBV) disproportionately affect women and girls who have been displaced or affected by conflict. In addition to making it more difficult for survivors to obtain necessary services, this marginalisation puts them at additional risk since they could continue to live in violent environments to meet their fundamental requirements.¹⁹

Furthermore, women may be forced into exploitative situations due to a lack of economic opportunities. Sudanese refugee women in Chad have reported being forced to trade sex for cash, jobs, or assistance, frequently by people who are supposed to protect them. The harsh economic conditions that force women to make these decisions are highlighted by this exploitation.

ROLE OF INTERNATIONAL AND HUMANITARIAN ORGANISATIONS

Through a variety of tactics and interventions, international and humanitarian organisations are essential in combating gender-based violence (GBV) in refugee camps. Comprehensive guidelines for incorporating GBV interventions into humanitarian efforts have been produced by organisations such as the Inter-Agency Standing Committee (IASC) and the International Organisation for Migration (IOM). These recommendations are meant to help impacted populations recover, foster resilience, and lower hazards.²⁰

The United Nations Population Fund (UNFPA) works with partners to improve health services, which are regarded as lifesaving and of a minimal quality of care in humanitarian contexts, for GBV survivors. Additionally, they concentrate on creating instruments to increase the efficacy of GBV therapies.²¹

¹⁸ Ibid

¹⁹ Women's Refugee Commission, Advancing Economic Empowerment for Gender-Based Violence Survivors Resource Hub (2024)

²⁰ Ibid

²¹ UNFPA, Gender-Based Violence in Humanitarian Settings (2023)

In their communities, refugee women are increasingly assuming leadership positions in the fight against GBV. As an illustration of the significance of local, refugee-led initiatives, the Somali Women's Association in Malaysia has taken the initiative to address domestic violence that has been made worse by the COVID-19 pandemic.²² Technology is being used by humanitarian groups to assist GBV survivors. For example, IsraAID tested a WhatsApp chatbot in South Sudan to swiftly locate and assist rape survivors, tackling issues including financial and logistical obstacles to aid access.

To ensure confidentiality and facilitate the efficient coordination of response activities, the Gender-Based Violence Information Management System (GBVIMS) was created to standardise data collection on GBV events.²³ To successfully address GBV, organisations such as UN Women advocate for the inclusion of women's and girls' rights as a priority in the development and execution of programs.²⁴

CASE STUDIES

Rohingya Refugee Camps in Bangladesh: More than 730,000 Rohingya have fled Myanmar to Bangladesh since 2017, with the majority of them living in Cox's Bazar. GBV has been a serious problem in many camps, made worse by overcrowding and a lack of supplies. According to a study done between April and June 2024, there has been a rise in GBV events, which has been connected to violent dynamics in the larger border region between Bangladesh and Myanmar.²⁵. In 17 camps, humanitarian organisations have set up 47 service points that provide psychosocial support and case management.²⁶

Syrian Refugee Crisis in Lebanon and Jordan: Syrian refugee women in Jordan and Lebanon are particularly vulnerable to GBV, which includes sexual exploitation, early marriage, and domestic abuse. There have been more allegations of intimate partner violence in Lebanon as a result of economic constraints. The creation of women's centres and

 ²² UNHCR, Refugee Women Take the Lead in Combating Gender-Based Violence (2023)
 ²³ Ihid

²⁴ Sima Bahous, 'Statement: Centring women's and girls' rights and priorities in humanitarian response' (*UN Women*, 20 June 2023) <<u>https://www.unwomen.org/en/news-stories/statement/2023/06/statement-centring-womens-and-girls-rights-and-priorities-in-humanitarian-response</u>> accessed 07 March 2025 ²⁵ *Ibid*

²⁶ Ibid

community-based safety measures is one way that GBV has been addressed at Jordan's Za'atari camp.²⁷ However, challenges persist due to cultural stigmas and underreporting.²⁸

Congolese Refugee Camps in Uganda: Many of the refugees from the Democratic Republic of the Congo (DRC) who are housed in Uganda have either experienced or are at risk of GBV. Over 25,000 victims of sexual abuse were treated by Médecins Sans Frontières in the Democratic Republic of the Congo in a single year, with many of these instances taking place in situations of displacement.²⁹ Similar vulnerabilities exist in Uganda, where refugee settlements expose women and girls to sexual exploitation and abuse.

Palestinian Women in Displacement Camps: GBV is one among the many issues that Palestinian women living in Middle Eastern displacement camps' encounter. Economic hardship, limited mobility, and overcrowding all contribute to domestic violence and restricted access to support resources. International and local organisations work to offer legal aid and psychosocial support, but comprehensive interventions are frequently hampered by political complications and cultural conventions.

CHALLENGES IN ADDRESSING GBV IN REFUGEE CAMPS

1. Because of social stigma, fear of reprisals, or mistrust of authorities, survivors frequently choose not to disclose GBV events. Cultural norms can inhibit talking about sexual violence, which results in a severe underreporting of sexual violence and insufficient victim support.

2. The resources necessary to offer complete GBV services, such as medical attention, psychological support, and legal aid, are often insufficient in refugee camps. This scarcity increases the vulnerability of survivors by depriving them of vital support networks.³⁰

3. Humanitarian personnel may lack the specific training needed to recognise and handle GBV patients. This disparity may lead to lost chances for survivors' support and intervention.

²⁷ Women's Refugee Commission, *Gender-Based Violence and Economic Challenges in Jordanian Refugee Camps* (2024)

²⁸ Ibid

²⁹ Jean-Yves Kamale and Mark Banchereau, 'Doctors Without Borders Reports Rising Sexual Violence in Congo' *AP News* (01 October 2024) <<u>https://apnews.com/article/congo-sexual-violence-doctors-without-borders-74aeb67d4b76088ea43257f9321f96f8</u>> accessed 07 March 2025

4. The danger of GBV in camps might be increased by overcrowding and inadequate security. Violence can occur unchecked in an atmosphere when safe places and protective structures are lacking.³¹

5. Effective communication and the provision of GBV services may be hampered by the diverse cultural backgrounds and linguistic barriers that exist between care providers and refugees. These obstacles might keep survivors from getting the support they require.³²

6. In certain cases, people in positions of authority, such as security guards and relief workers, have abused their position to commit gender-based violence against refugees. This abuse discourages survivors from asking for assistance and erodes confidence in support networks.³³

7. Due to financial and logistical limitations, survivors frequently have difficulties in obtaining medical and psychological support. Although creative approaches, including technology, are being investigated to overcome these obstacles, problems like poor connectivity and worries about data privacy still exist.

POSSIBLE SOLUTIONS AND POLICY RECOMMENDATIONS

Implement Comprehensive Prevention and Response Policies: Strong policies for preventing, reducing, and responding to GBV should be adopted and implemented by humanitarian organisations. The necessity of such all-encompassing approaches is emphasised in a policy created by the United Nations High Commissioner for Refugees (UNHCR).³⁴

Provide Specialised Training for Humanitarian Staff: Equipping humanitarian workers with the ability to recognise and address GBV is vital. Training courses have to include identifying GBV symptoms, offering suitable assistance, and comprehending referral

³¹ Chika Watanabe, 'Challenges for Female Refugees and Asylum Seekers' (*Manchester*, 06 December 2019) <<u>https://sites.manchester.ac.uk/anthropology-of-aid/the-issues/refugees-and-asylum-seekers/2019-2020-challenges-for-female-refugees-and-asylum-seekers/</u>> accessed 07 March 2025

³² Mednick (n 7)

 ³³ International Affairs Review, Protecting Female Refugees from Gender-Based Violence in Camps (2024)
 ³⁴ Ibid

procedures. The UNHCR's guidelines include specific suggestions for these kinds of training programs.³⁵

Establish Accessible Reporting and Support Mechanisms: Establishing secure and private avenues for reporting GBV occurrences motivates survivors to get support. All camp residents should be able to use these procedures, and they should be sensitive to cultural differences. The Women's Refugee Commission emphasises how crucial it is to build up these kinds of networks in refugee environments.³⁶

Ensure Adequate Resource Allocation: Programs for GBV prevention and response must receive adequate funding. This covers money for community education programs, medical treatment, psychological support, and legal aid. The International Affairs Review emphasises how important it is to have enough resources to shield female refugees from gender-based violence.³⁷

Engage and Empower Refugee Communities: Engaging refugees in the creation and execution of GBV initiatives promotes trust and guarantees culturally relevant treatments. For these projects to be successful, community involvement is essential. To combat GBV, the Women's Refugee Commission highlights the importance of community involvement³⁸.

Strengthen Legal and Security Measures: Improving camp security and legal frameworks can safeguard survivors and discourage potential offenders. This entails upholding the legislation against GBV and making certain that security guards are properly prepared to deal with such situations.³⁹

CONCLUSION

Women and girls are disproportionately affected by gender-based violence (GBV), which is still a serious and widespread problem in refugee camps. According to the United Nations High Commissioner for Refugees (UNHCR), 57.6 million stateless and forcibly displaced

³⁵ Ibid

 ³⁶ International Affairs Review, Protecting Female Refugees from Gender-Based Violence in Camps (2024)
 ³⁷ Ibid

³⁸ 'Guidelines on GBV Prevention in Refugee Camps' (Women's Refugee Commission, 25 April 2003)
<<u>https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/gl_sgbv03_00.pdf</u>> accessed
07 March 2025

women and girls were living in humanitarian crises and conflict situations in 2022, putting them at higher risk of gender-based violence. A diversified strategy is needed to tackle this difficult problem. To provide a safe atmosphere in refugee situations, thorough preventative and response measures must be put into place. Humanitarian workers who receive specialised training are better equipped to recognise and address GBV situations.

By creating easily accessible reporting and support systems, survivors are encouraged to get help without worrying about shame or reprisal. Sufficient allocation of resources guarantees survivors access to medical treatment, psychological support, and legal aid. Building trust and empowering refugee communities guarantees culturally relevant interventions. Increasing security and judicial procedures in camps protects survivors and discourages possible offenders.

GBV programs can be continuously improved and adjusted to new difficulties with regular monitoring and evaluation. In low-resource situations, innovative approaches to GBV, such as utilising technology, have shown potential. For example, a WhatsApp chatbot that was tested in South Sudan to assist rape survivors reported 135 cases in its first three months of operation. Even if issues like poor connectivity and worries about data privacy still exist, these technological advancements can fill in gaps where more conventional approaches might not be able to.

In conclusion, governments, humanitarian groups, and refugee communities must work together to combat GBV in refugee camps. We may endeavour to create safer surroundings for everyone in refugee settings by putting comprehensive ideas into practice and adopting creative solutions.