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GENDER-BASED VIOLENCE AGAINST WOMEN: THE CASE OF KULE REFUGEE CAMP, ITANG SPECIAL WOREDA -GAMBELLA REGIONAL STATE, ETHIOPIA

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ABSTRACT

Gender-based violence (GBV) against women and girls is a pervasive phenomenon in the refugee camp of this article site. The tools of data collection that the researcher used were in-depth interviews, focus group discussions, and key informant interviews. The focus group discussion (FGD) was conducted by respecting the rule to prevent the spread of COVID-19, facilitating participants to use face masks and sanitizer. In the focus group discussion, 7 women participated. Additionally, in a separate focus group discussion, 7 male refugees participated, totaling 14 respondents for the FGDs. Moreover, in-depth interviews were conducted with 12 women and girls. The findings of this article identified four areas of violence against women and girls, such as physical, sexual, economic, and socio-cultural violence. This article also verified as women and girls are forced to marry against their will, affecting them psychologically, socially, and economically in refugee camps, and they are forced to marry the clan of their dead husbands, making them vulnerable to GBV.

Keywords: *Gender-Based Violence, Women, Refugee camp, women right.*

INTRODUCTION

Gender-based violence is relevant to the humanitarian field because it is a significant and prevalent factor in humanitarian crises and refugee camps (Ferris, 2007). GBV is deeply rooted in gender

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norms that discriminate against and disempower women and girls, exposing them to risks of exploitation and abuse in humanitarian emergencies (Obradovic, 2015).

According to UNHCR (2018), an unprecedented 65.6 million people around the world have been forced from their homes, among them 22.5 million are refugees and 10 million are stateless people. Women constitute half of the global refugee and internally displaced populations and suffer unique consequences of war and conflict. Among the majority of these women and girls, children are from third-world countries, particularly in Africa. A recent study revealed that at least 1 in 5 refugees or displaced women in humanitarian settings have experienced sexual violence — this figure is even higher when considering women who experience violence or threats of violence by intimate partners or other family members (UNICEF, 2010).

Ethiopia has a long history of hosting refugees and maintains an open-door asylum policy, giving humanitarian access and protection to those seeking refuge. Ethiopia has hosted 905,831 refugees and asylum seekers within its borders, including the 36,185 who arrived since the start of 2018. Refugees mainly come from neighboring countries, making Ethiopia the second-largest refugee-hosting country in Africa next to Uganda (Global Trends, 2018). More than 99 percent of the refugees Ethiopia hosts have originated from five countries: South Sudan, Somalia, Eritrea, the Democratic Republic of Congo, and Sudan (UNHCR, 2010). Refugee protection and the right to asylum are deeply rooted in Ethiopia's culture of generosity and humanity in hosting many refugees (UNHCR, 2019).

Special as some study relieve Congolese refugees settling in Addis Ababa face different challenges and barriers, making them vulnerable to GBV. A major condition that puts Congolese refugees in a vulnerable situation is the difficulty in learning Amharic, which often makes it difficult for them to communicate with the host community, leading to less socialization (Gella, 2019). GBV is prevalent among, though not specific to, conflict-affected populations like refugees and is related to multifarious levels of vulnerability to conflict and displacement (Hiba, 2018). Women and girls among the refugee populations do not feel empowered enough to be active members of the community. In addition, girls still fall victim to GBV among the majority of the refugee population in Ethiopia. In this light and background, the article is target to study different forms of GBV against women to identify the types of Gender based violence encountered by women linked with the Kule refugee camp.

WHO IS REFUGEE

The term refugee is generally used to describe persons who need global protection. As defined in the 1951 convention and 1967 protocol relating to the status of refugees, these persons have had to leave their country "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion." Refugees may also be individuals fleeing the indiscriminate effects of armed conflict, situations of generalized violence, foreign aggression, or other circumstances that seriously disturb public order as indicated in the 1969 OAU convention and the 1984 Cartagena declaration. The concept of a refugee is highly influenced by international politics. Since the refugee issue is also one of inclusion and exclusion, identity and difference, citizen and alien, insider and outsider, the concept determines who does and who does not belong to a certain country (Wondim, 2007).

In general, a refugee is someone who has been dislocated or fled for various reasons. According to Ali, refugees are defined as "people who are forced to flee their homes due to persecution, whether on an individual basis or as part of a mass exodus due to political, religious, military, or other problems." Invariably, all human beings have a right to flee persecution as established in the 1951 UN Convention relating to the status of a refugee (Ali, 2014).

BEYOND THE SURFACE: A DEEP DIVE INTO GENDER-BASED VIOLENCE

The issue of violence against women (VAW) was recognized globally in 1991 by the CEDAW committee as a result of global grassroots pressure from women's groups. In 1993, the UN passed the United Nations Declaration on the Elimination of Violence against Women (Azhar et al., 2012). It is a global issue that usually occurs in societies where women are considered property, and dominance is given to male members (Babur, 2007). Recent studies by WHO (2005) concern physical and sexual violence against women by their male intimate partners. Researchers spoke to over 24,000 women at 15 sites in 10 countries. Depending on the location, between 15–71 percent of the women interviewed said they had experienced this type of violence, indicating that the problem is widespread.

CAUSES OF GENDER-BASED VIOLENCE (GBV)

The causes of GBV in some societies are high and severe. STD is a lasting cause of GBV and is a major health problem for women and girls. Along with viewing disease as a cause of GBV, it should be noted that the transmission of disease can also be used as an intentionally perpetrated form of violence against women.

To this regard, according to Babur (2007), “VAW narrows women's options in almost every sphere of life, public and private, at home, in school, in the workplace, and in more community spaces. It limits their choices directly by destroying their health, disrupting their lives, constricting the scope of their activity, and indirectly eroding their self-esteem and self-confidence.” WHO also reported that women and girls who experienced violence are at risk of poor health. The stress on women may weaken their immune system and result in high blood pressure and gastrointestinal problems (Packota, 2000). Besides, it is not only the women who suffer from the violence that jeopardizes their basic human rights but also their children and families, barricading the achievement of equitable and sustainable development goals (Kabeer, 2014).

Many scholars identify the problems of women in two ways: extrinsic and intrinsic causes. This indicates that the majority of women all over the world are violated physically, economically, and sexually through patriarchal societies due to a lack of education and political commitment from concerned bodies, resulting in continued male dominance. Extrinsic causes of GBV are explained by Ali & Gavino (2008) as a context in which violence against women occurs. Male dominance, control, and power hierarchies are some extrinsic factors of VAW. Masculine dominance; male power and control are taken as an honor in cultures and if a woman is getting stronger than a male, either in education or employment, he wants to control her to stop or limit her growth and progress by using several forms of violence.

CONSEQUENCES OF GENDER-BASED VIOLENCE (GBV)

GBV has consequences for human rights violations, unwanted pregnancies, and sexually transmitted infections (STIs), including HIV, which are consequences for the broader majority of society. The consequences of different types of GBV include political, health, psychological, and economic consequences (Gebreyosus, 2014). According to Vlachová (2005), societies tend to shift the blame to the victims, resulting in emotional damage such as shame, self-hate, depression, or stigmatization by the community. One gets a sense of the impact or consequences of GBV on

society when considering the account of the victims. Among other things, this cost to society ranges from psychological to sexual and reproductive rights issues of women or victims. Furthermore, as stated by Miller, it puts women's health at an extremely high risk for both physical and psychological problems. Gebreyesus shares similar findings that GBV impairs the health of females and its effects are numerous and severe, ranging from pregnancy to chronic pain, sexually transmitted infections, and in many cases, death.

THEORETICAL FRAMEWORK

FEMINIST THEORIES

Many feminists describe violence as intrinsic to subordinate status and control over others. Feminist theorists assert that the etiology of domestic violence lies in the patriarchal structure of society in which systematic domination of females by males is of central concern. They point to male violence against women as central to male supremacy. According to such perspectives, domestic violence, rape, and sexual harassment are all part of the systematic oppression of women rather than isolated cases with their own psychological or criminal roots (Giddens et al., 2006).

The fundamental goal of the feminist perspective is to understand women's oppression in terms of race, gender, class, and sexual preference and how to change it. Advocates of this theoretical explanation argue that domestic violence is broadly defined as male coercion and oppression of women within the four walls of the home. Rape, sexual assault, female infanticide, dowry-related cruelty, etc., are other forms of violence against women in addition to domestic violence (Tandon, 2008). Feminists see rape and other sexual assault on women not as an act of passion but as a violent social statement, i.e., a means of controlling women. Rape and the threat or fear of rape is one of the ways men make women docile and ensure their dominance. Men are taught to associate power, dominance, strength, virility, and superiority with masculinity and submissiveness, passivity, weakness, and inferiority with femininity. These theories were used to obtain data to explore the types of GBV at Kule refugees.

SOCIAL LEARNING THEORY

This theory affirms that masculinities and violence are socially constructed rather than biologically driven. According to Bandura (1986), "Violence is learned either directly or indirectly and reinforced in childhood, continuing into adulthood as a coping response to stress or as a method of conflict resolution." This theory states that violent and abusive adults learn this behavior as a

result of being victims of or witnesses to aggressive and abusive behavior as children. If children are abused by their parents, they may internalize beliefs and patterns of behavior that lead them to abuse their children. If children observe that parents hit each other, they may develop a greater propensity towards abusing their spouse.

According to social learning theory, children learn what manhood means by observing their families, media, schools, peer groups, and other social institutions, which may initiate them into risk-taking behavior, competition, and violence. These perspectives were used to obtain data to examine the reasons that cause sources of GBV at Kule camp.

METHODOLOGY

This article study employs an exploratory research design and is qualitative. Exploratory designs are open and flexible approaches to research that address questions of all types and attempt to look for new insight into a phenomenon (Bryman, 2016). Moreover, exploratory studies are a valuable means of understanding what is happening to seek new insights, ask questions, and assess phenomena in a new light (Yin, 1999). Hence, this study intends to explore the vulnerability of women refugees to GBV.

FINDINGS

This study was conducted in the Kule Refugee Camp area using a qualitative research method. In the study, a total of 12 in-depth interviews, two focus group discussions, and four key informant interviews were held with purposively selected participants. An in-depth interview was held with victims of GBV or those affected by GBV who are receiving psychosocial support in the International Medical Corps (IMC). One focus group discussion (FGD) was held with women in the community from the five zones of Kule Refugee Camp (there are five zones in Kule Refugee Camp). In each FGD, seven persons participated in giving information. Another FGD was held with male refugees. Four key informant interviews were held with key persons from the study area. The participants included UNHCR, ARRA, and IMC workers who are currently working on GBV, including a Community Leader from Kule Refugee Camp. In general, a total of 30 participants were involved in providing information for this article study.

HARASSMENT

Different forms of harassment inside the Kule Refugee Camp were found during interviews with women. Sexual harassment, verbal harassment, and harassment occur because of their refugee status. A 39-year-old woman states:

"I faced verbal abuse, and that was a harassing moment of my life and a horrible thing for me at that time. It was a male member of my workplace at Gambella town who verbally abused me. I was disturbed psychologically and emotionally because I never faced such abusive language before. There was not a big issue with the kind of language used against me, just because of personal unlikeness, because I am a refugee."

A participant explains an incident of sexual harassment which she had in her childhood after she came to Ethiopia; Gambella Kule Refugee Camp. According to her:

"I think I faced such a situation after I came from my homeland, South Sudan. That was sexual harassment. I faced verbal abuse and harassment once, so I left that place and people. This is a male-dominated society, and there is a lack of education, lack of awareness about the rights of women. The man considers his wife, daughter, and sister his property or servants."

HEALTH FACTORS

Women who lack sexual autonomy are vulnerable and most often do not have the power to negotiate the use of contraception. Such condition put victim at risk of unwanted pregnancies and sexually transmitted infections, including HIV/AIDS, in the Kule refugee camp. As one young girl said:

"My stepfather had always been violent. He was very drunk and returned home in the middle of the night and sometimes spent the night near the Kule refugee camp small town of 'Terfam.' We knew that he had an extramarital affair; as a result of all his sinful actions, my mother was exposed to HIV/AIDS. Married women are more vulnerable to HIV/AIDS. The main reason is that they don't dare to ask their husbands to use a condom even though they are aware that their husbands have contact with another woman. Violence influences the risk of HIV and other STIs directly when it interferes with women's ability to negotiate condom use."

Qualitative data from studies in Uganda, India, and elsewhere indicate that women find it difficult to suggest or insist on condom use in the face of or threat of violence (WHO, 2005). Most participants during discussions and in-depth interviews did not feel comfortable with the

expression “marital rape.” Even some said women should have sex with their husbands. Justification for forced sex came from cultural, religious, and legal points of view in the study areas. For many, marriage translates into sexual entitlement. A married woman, age 38, states:

"Once they are husband and wife, it can't be called illegal. It is his right, and this right cannot be measured as rape. In my opinion, it is not an abuse either. It is difficult for me to resist having sex; otherwise, they will have extramarital affairs."

Women who are raped by their husbands often accept responsibility for their attacks, blaming themselves for doing or saying something they should have known would make their husbands lash out at them. This female culture often encourages men to exercise control over women. Sexual abuse and rape by an intimate partner are not considered crimes in most countries, and women in many societies do not consider forced sex as rape if they are married to or cohabiting with the perpetrator. The assumption is that once a woman enters into a contract of marriage, the husband has the right to unlimited sexual access to his wife (UNICEF, 2000). The Family Law of Ethiopia also rules that married couples should have sex. The lack of legislation and cultural perception on marital rape both reflects and reinforces the presumption of many men as well as some women that a wife must comply with her husband's sexual demands. However, as stated above, many married women who have forced sex are exposed to HIV infection and other reproductive health problems.

Participants also mentioned being forced to engage in types of sexual activity that they found degrading and humiliating. In her interview, a 30-year-old from Kule refugee camp pointed out how her husband wanted her to watch pornography and perform different sexual acts. She said:

"I feel so embarrassed to tell you this, but I will tell you it will be helpful for your research. My spouse would watch porn movies often before going to sleep and forced me to watch as well. I never wanted to watch them. He wanted me to do those things that he saw in the movie. They were very horrible. I could not do them. I told him several times that I didn't want to do them, but he always forced me to."

CAUSES OF GBV IN CAMP

According to the informants, contexts of violence and aggressive masculinity/male-dominated environments (gender inequity), abuse of power, lack of respect for human rights, culture, extreme poverty, lack of income-generating activities in the family/society, breakdown of protection mechanisms and social safety nets, joblessness, lack of any supervisory mechanisms, and lack of

life skill trainings for the community are the major causes of GBV in Kule Refugee Camp. Additionally, lack of education and livelihood opportunities, impunity for crime and abuse, and widow inheritance are other causes of GBV in Kule Refugee Camp.

Widow inheritance is another form of customary marriage practiced in the research areas among the South Sudan refugees who live in Kule Refugee Camp. In these types of marriages, if the husband of a woman dies, the wife must marry one of her dead husband's brothers or relatives. This indicates the cause of violence against women in the Kule refugee camp. The communities in the research areas believe that it is the responsibility of the remaining brothers to take care of the children of their brother and his property. Therefore, the woman whose husband died must marry one of her deceased husband's brothers. If one of the dead person's brothers does not inherit the dead brother's wife, it is considered by the community that she has to return the resource of dowry or 25 cattle (oxen and/or seven goats) for the family of the dead brother. If the woman marries another man, it is considered shameful and disgraceful for the remaining brothers. Therefore, by any possible means, she must marry one of her husband's brothers.

A 25-year-old woman stated the following situation:

"When I was in South Sudan, I was forced to marry my neighbor's son at the age of 14. But unfortunately, my husband died without having any child from me at a young age. Soon after, we came from South Sudan during war and conflict to the Ethiopian Gambella Kule refugee camp. According to 'Nure culture,' a woman has to be inherited by one of her dead husband's brothers; one of my dead husband's brothers inherited me. The marriage was arranged by both of our families, and I was not asked for my consent. The man who inherited me had another wife before me. After a year, the man who inherited me divorced me without any reason. When he divorced me, I was pregnant, and I have now one child with him. He divorced me without giving me a single resource or money. After the brother of my dead husband divorced me, I stayed for three years without having a husband in the refugee camp. But after three years in this refugee camp, the clan of my husband again forced me to marry one of the clan members of my dead husband, and I lived with him for two years. But he was usually beating me, and I have now a big scar on my head."

Women gave mixed reasons for the causes of GBV against them in the Kule Refugee Camp, including the low status of women, poverty, lack of employment, and lack of awareness. Coupled with these factors, women believed that specific services focused on addressing GBV were not being implemented. Women's relative lack of exposure to the "outside world" was mentioned as a particular problem during FGDs. A woman stated:

“Women stay at home, stay at refugee camps, and are busy with household tasks. They do not know about the outside world. They do not know what is going on beyond their house as they are restricted to their house. So they lack information about their rights, and they face more violence in the camp.”

Lack of education and awareness affects women refugees and causes violence and oppression. As a 42-year-old woman stated:

“Why violence against women takes place is firstly because of lack of education; they are not educated. Many of us are illiterate. Secondly, women are under the hands of men; they are dependent economically, culturally, and socially dominated by our husbands.”

Male FGD participants expressed their ideas as follows regarding the lack of awareness of women’s rights:

“It’s all because of lack of awareness. If women knew about their rights, there would be no violence in the refugee community. If women were empowered, they could respond to violence easily.”

In general, the women were not specific about how the lack of education caused violence. However, some of the participants linked lack of education/awareness and lack of foresight, suggesting that lack of education/awareness meant that women did not think ahead about the implications of their decisions. For example, one woman stated:

“Indeed, these types of violence are caused due to lack of awareness in Kule refugees. For example, I know one protestant girl married to a Muslim man. Her husband has no job. She is frequently attacked by her husband, and she always cries out to get help from the neighbors. She has already told her neighbors to come whenever they hear her crying. What this shows you is that she knew he had no job and never thought how she would survive. There is a lack of foresight.”

ETHIOPIA'S COMPREHENSIVE LEGAL FRAMEWORK AGAINST GENDER-BASED VIOLENCE

Ethiopia has established a robust legal framework to combat gender-based violence, drawing from both international and domestic sources. This framework is designed to protect women and girls from various forms of violence, including sexual assault, domestic violence, and harmful traditional practices. Key international treaties ratified by Ethiopia, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on

the Rights of the Child (CRC), provide a strong legal foundation for addressing gender-based violence. Domestically, the Ethiopian Constitution enshrines gender equality and prohibits discrimination, mandating the state to take affirmative measures to protect women from violence.

To complement the legal framework, Ethiopia has also implemented various policies and programs aimed at addressing gender-based violence. These include the National Action Plan on Gender-Based Violence, Women's Rights and Development Policy, and National Strategy on HIV/AIDS. Despite these efforts, gender-based violence remains a significant problem in Ethiopia due to cultural and social norms that perpetuate gender inequality.

To further strengthen its response to gender-based violence, Ethiopia should focus on strengthening law enforcement and the justice system, expanding access to essential services, promoting awareness and education, strengthening civil society organizations, and addressing the root causes of gender-based violence. By implementing these measures, Ethiopia can make significant progress in combating gender-based violence and ensuring that women and girls enjoy their human rights.

CONCLUSION

This study revealed that most refugee women and girls were exposed to different forms of GBV in refugee camps, committed in various situational settings and by different perpetrators. Women experienced physical, economic, and sexual violence. Many of them don't consider forced sex as rape if they are married. The forced sexual act proved to be one way in which the woman is silenced, controlled, and subordinated. The justification for forced sex came from cultural, religious, and legal points of view. It was identified that poverty, alcohol, jealousy, and transgression of gender roles are the prevalent causes of GBV against women; therefore, the adequate explanatory approach for the incidence of GBV is a multi-causal one.

In this study, using social learning theory, the result of the analysis indicated that GBV results from the interaction between personal, economic, social, political, and cultural factors. The cultural system predisposes, justifies, and perpetuates GBV. The socioeconomic standing of women predisposes them to GBV and perpetuates their inferior status. The political-legal context has not only perpetuated violence but also sometimes serves as an excuse for the occurrence of violence and at other times does not protect and rehabilitate disadvantaged women. The findings indicated that the experience of GBV against women in the Kule refugee camp puts women at greater risk of various physical, sexual, and economic problems like poverty and socio-cultural factors affecting

the refugee women. The effects of experiencing violence also include the inability to undertake daily work or social activities. Women perceive the psychological consequences of abuse to be even more serious than the physical effects. The process of violence alters women's views of themselves, their relationships, and their place in the world. A woman's response to abuse is often limited by the alternatives available to her. Some of the reasons women do not leave or use effective coping strategies include a lack of support from the organization, family, and economic hardship, and fear of retaliation from an escalation of abuse by intimate partners. Others include their belief that their husband will change for the better, that divorce stigmatizes, and that children need their fathers. Additionally, limited access and availability of services, lack of knowledge and information about available services, and familial and cultural constraints often discourage women from seeking appropriate help and leaving the abusive husband in a refugee camp.

Moreover, women who stay in abusive relationships develop diverse coping skills or survival strategies, including keeping out of the husband's sight, refusing to engage in an argument initiated by the husband, or simply leaving the home to avoid a probable violent incident. Women and girls at the Kule refugee camp considered themselves submissive and tolerant, while men were perceived as aggressive and intolerant. Despite these situations, some women decided to leave their violent husbands permanently. Divorce is one of the active coping strategies for women in abusive relationships but is only taken when women realize that the abuse is getting higher in frequency or severity, that their abusive partner will not change, and when violence begins to affect the children as well as the emotional and economic support of family and friends. However, after divorce, they face many social and economic problems. By giving voice to abused women, this study represents a step forward. The researcher anticipates that this process of understanding cultural meanings of GBV and individual perceptions, attitudes, and responses is an important base for developing appropriate interventions for violence reduction and prevention in Ethiopian refugee camps. Moreover, further studies, including children's attitudes, perceptions, and experiences in GBV, would provide a wider view of these issues.

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