FORCED DISPLACEMENT AND VIOLENCE AGAINST WOMEN
A POLICY BRIEF
ACKNOWLEDGMENTS

This work is part of the program “Building the Evidence on Forced Displacement: A Multi-Stakeholder Partnership”.

This brief summarizes some of the main findings produced by research conducted as part of a major World Bank research program supported by UKAID, the Gender Dimensions of Forced Displacement (GDFD). GDFD aims to deepen understanding of key gender disparities among forcibly displaced people by examining gaps and the drivers, with a focus on poverty and livelihoods, gender-based violence, and discriminatory norms. The program has generated ten country studies (Colombia, Democratic Republic of Congo, Ethiopia, Jordan, Mali, Nigeria, Somalia, and Sudan), as well as multi-country studies on child marriage, multi-dimensional poverty, and intimate partner violence covering 17 countries.

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OPERATIONAL POINTS OF ACTION:

- Women who were forcibly displaced are more likely to experience intimate partner violence. In Colombia and Liberia women faced 40 and 55 percent greater odds, respectively, of experiencing past-year IPV compared to non-displaced women.

- Operations in settings with forcibly displaced women should consider investing in programmes to prevent, mitigate, and respond to violence experienced by both displaced women and host community women with consideration to diversity of individual identities and circumstances.

- Survivors of gender-based violence require easy access to life-saving, quality services that provide health and psychosocial support, financial and livelihood opportunities, and access to safety and justice.

- Components of prevention programming include efforts to change social norms that underpin violence in the community and interventions to provide women with financial resources and autonomy.
INTRODUCTION

Over 80 million people -- one percent of the globe’s population -- have been forcibly displaced, the highest level on record (UNHCR 2020a). Displaced women fare worse on multiple fronts, as shown by the Women, Peace and Security Index, including employment access, cell phone access, financial inclusion and intimate partner violence (IPV) (GIWPS and PRIO 2021). The World Bank’s Gender Dimensions of Forced Displacement (GDFD) research program has drawn on survey data using innovative approaches to deepen the understanding of how forced displacement and gender inequality intersect, with a focus on IPV. Conflict and displacement affect every aspect of a woman’s life and, as this research highlights, increases her risk of abuse.

Globally, one in three women face violence at the hands of an intimate partner during her lifetime, making IPV one of the most widespread human rights abuses. IPV has disastrous consequences for women, their families, and communities in both the near- and long-term. These include poorer mental and reproductive health outcomes, unintended pregnancy, physical harm, as well as increased vulnerability to sexually transmitted diseases and HIV (Campbell 2003; Jewkes et al. 2010) with economic costs amounting to about two percent of global GDP—equivalent to the size of Canada’s entire economy (UN Women 2016). Evidence shows that IPV and child maltreatment co-occur, resulting in intergenerational impacts of IPV. The COVID pandemic has exacerbated existing gender inequalities, including women undertaking more unpaid work, women’s economic marginalisation, and worsening violence at home (GIWPS and PRIO 2021).

To date, most cross-country datasets (e.g. Demographic and Health Surveys and more recently, the World Bank’s High Frequency Surveys) have focused either on displacement or on IPV, seldom looking at both experiences together. We reviewed 60 nationally representative datasets1 from 27 countries and found data on both displacement and violence for just two countries: Colombia and Liberia. Additional estimates have been generated from surveys specifically designed to measure IPV, such as in South Sudan (Ellsberg et al. 2020), whereas some other estimates pertain to a specific region or city. Figure 1 draws on various published sources to highlight that the risks of IPV within the past year appear to be systematically higher for forcibly displaced women relative to non-displaced women. The gap between displaced and non-displaced women ranges from a high of 20 percentage points in South Sudan and about 17 in Sudan to three percentage points in Nigeria.

1 Demographic and Health Surveys and UNICEF’s Multiple Indicator Cluster Surveys (MICS)
In Colombia and Liberia, women who were forcibly displaced faced 40 and 55 percent greater odds, respectively, of experiencing past-year IPV compared to non-displaced women (Kelly et al. 2021a). Both displacement and living in a highly conflict-affected district were independent and significant risk factors for past-year IPV. These findings show how both war and displacement can adversely affect women’s experiences and are most detrimental when combined.

In the Democratic Republic of Congo, a 2018 population-based survey in the conflict-affected eastern region found that both displacement and exposure to war-related abuses (such as pillaging and exposure to armed violence) increased the risk of both IPV and sexual violence (Kelly et al. 2021b). Currently displaced women had nearly 20 percent higher risk of past-year IPV, and women who had previously been displaced had eight percent higher risk, compared to never-displaced women, even after adjusting for other risk factors. While current displacement carried the highest risk, past displacement also significantly continued to impact women’s risk of current IPV and current sexual violence.

Research in Mali leveraged data from before and during conflict to examine how IPV varied among women facing different levels of conflict exposure (Ekhatore-Mobayode 2021). Conflict increased the risk of physical IPV by about 14 percent and of combined IPV (including physical, sexual, and emotional violence) by 18 percent after controlling for a range of factors.

In Nigeria, the Boko Haram insurgency worsened women’s exposure to physical and sexual IPV, among other negative
gendered outcomes (Ekhator-Mobayode 2020). At the height of the Boko Haram insurgency, between 2008 and 2013, the risk of IPV was declining in most regions of Nigeria. However, women and girls living in areas affected by the insurgency experienced slower progress toward eliminating IPV, higher levels of controlling behaviors from partners, and lower levels of household decision-making authority than women and girls living in other parts of the country.

While the GDFD program was unable to specifically examine drivers of violence, a growing literature points to an interplay of factors. At the individual level, alcohol consumption, financial uncertainty, and dissolution of social support structures all play a role (Jewkes et al. 2017; Mootz et al. 2018). Finally, conflict can legitimize violence and hyper-masculine behaviours and make men more likely to turn to aggression as a way to exert power within the household. Qualitative evidence from Colombia, for example, suggests that men’s resentment about increased economic opportunities for women (Hynes et al. 2015) and heightened feelings of economic and political exclusion can all drive violence in the home (Brown et al. 2019).

**NATIONAL LAWS AND POLICIES AGAINST VIOLENCE AND DISPLACED WOMEN**

The World Bank’s 2021 Women, Business, and the Law reports that 158 countries have laws specifically addressing IPV. In principle, these laws should protect forcibly displaced women and girls, although there are exceptions, as in Lebanon (American University of Beirut Policy Institute 2017). Some host countries in Africa have taken proactive steps to protect the displaced. In Kenya, the 2011 National Policy on the Prevention of Internal Displacement and Assistance to Internally Displaced Persons (IDPs) provides for protection “against rape and other forms of sexual and gender-based violence, including forced marriages, as well as domestic violence and spared from harmful traditional practices...” (Republic of Kenya 2011). The same policy confirms that existing legislation on sexual offenses applies to IDPs and that the government is committed to health and psychosocial counseling to...
survivors of all forms of gender-based violence (GBV). Niger’s law on protecting IDPs and Mali’s national strategy for IDPs and returnees also include language on protection against GBV without specifying IPV (Government of Niger 2018; Republic of Mali 2015).

INTERNATIONAL RESPONSES

International and regional legal and policy frameworks on gender equality and the protection of forcibly displaced people, like the Convention for the Elimination of Discrimination Against Women, the Kampala Convention, and the 1998 Guiding Principles on Internal Displacement, include commitments to protect women from GBV and provide survivors with access to justice and services. However, the increased risk of forcibly displaced women to IPV is generally not explicitly recognized. Major international organizations – including UN High Commissioner for Refugees (2020b), the European Union (European Commission 2019), CARE (2020), and the International Rescue Committee (IRC) (2017) – recognize that emergency responders to GBV provide a lifesaving intervention.

Standards and guidelines have been developed by UN agencies to prevent and respond to GBV. The 2015 Inter Agency Standing Committee guidelines on GBV mandate that humanitarian actors across all sectors work to mainstream GBV risk mitigation, prevention, and response across humanitarian interventions (IASC 2015).2

PROGRAMMATIC RESPONSES IN FORCED DISPLACEMENT SETTINGS

The types of interventions that have been introduced in forced displacement settings, alone or in combination, include safe spaces, livelihood and economic empowerment programming and training, psychosocial support, batterer interventions, home visitations, community mobilization, mobile service delivery, and/or cash and voucher transfer programs.

Community-based interventions, like the Community Cares: Transforming Lives and Preventing Violence program led by UNICEF in South Sudan and Somalia, have shown promising results. Facilitated dialogues with community members aim to catalyze prevention activities, while training is designed to improve response services to violence against women and girls. In Somalia, the intervention was associated with improved social norms around sexual violence in treatment relative to comparative communities (Glass et al. 2019).

CARE USA recently examined the effectiveness of safe spaces in Northwest

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2 Other guidelines include ICRC’s Professional Standards for humanitarian actors (ICRC 2009) and UNHCR’s 2020 Policy on the Prevention of, Risk Mitigation, and Response to GBV (UNHCR 2020b) which complements UNHCR’s 2018 Policy on Age, Gender, and Diversity (UNHCR 2018)
Syria and South Sudan (Landis 2021). A quantitative survey found that service knowledge and utilization was significantly higher among Women/Girls Safe Space participants than non-participants in both settings. In addition, the intervention participants were more likely to know where to go for help if they felt unsafe, were more aware of available GBV response services, and were more likely to report seeking formal services because they felt unsafe.

There is evidence that cash transfers and social protection can play a protective role, especially in combination with complementary services. For example, Syrian refugee women in Jordan who received cash and also participated in gender discussion groups could experience a decrease in domestic violence (IRC 2015a).

In general, however, few interventions have been rigorously evaluated in humanitarian settings and little is known about how to effectively address GBV among forcibly displaced populations (Murphy et al. 2019). Emerging good practice and promising interventions continue to require more evidence to establish replicability.

The World Bank has increased investment in prevention and response to GBV in hosting communities. A recent US$ 38.8 million commitment with the Government of Bangladesh and UN Family Planning Association under the Health

### TABLE 1 ODA AND HUMANITARIAN SPENDING ON VIOLENCE AGAINST WOMEN AND GIRLS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Total ODA for ending VAWG</th>
<th>ODA towards ending VAWG</th>
<th>ODA in fragile states</th>
<th>ODA for ending VAWG in fragile states</th>
<th>Humanitarian funding for GBV</th>
<th>Share of humanitarian funding for GBV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>USD millions</td>
<td>% of total ODA</td>
<td>USD millions</td>
<td>% of ODA in fragile states</td>
<td>USD millions</td>
<td>% of total humanitarian spending</td>
</tr>
<tr>
<td>2016</td>
<td>135.1</td>
<td>0.07</td>
<td>52.0</td>
<td>0.11</td>
<td>2.5</td>
<td>0.02</td>
</tr>
<tr>
<td>2017</td>
<td>173.4</td>
<td>0.09</td>
<td>66.0</td>
<td>0.12</td>
<td>3.4</td>
<td>0.02</td>
</tr>
<tr>
<td>2018</td>
<td>412.7</td>
<td>0.21</td>
<td>99.4</td>
<td>0.17</td>
<td>45.8</td>
<td>0.30</td>
</tr>
<tr>
<td>2019</td>
<td>532.0</td>
<td>0.28</td>
<td>170.8</td>
<td>0.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>109.3</td>
<td>0.57</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>189.7</td>
<td>1.09</td>
</tr>
</tbody>
</table>

Source: All ODA figures are from OECD DAC database, last updated 2021; humanitarian funding from OCHA.

Note: ODA figures relate to spending classified under Ending Violence against Women and Girls (sector code 15180), including relevant project subcomponents, and encompass physical, sexual, and psychological violence.
and Gender Support Project will improve key prevention and response services across the entire Cox’s Bazar district for both host and refugee populations (UNFPA 2021). Through this investment, health facilities will be upgraded to meet the needs of GBV survivors, and sexual and reproductive health services will be strengthened in the district, including in the Rohingya camps.

Under the World Bank’s Development Response to Displacement Impacts Program in the Horn of Africa, the government of Kenya will implement a program in the refugee hosting counties of Garissa, Wajir, and Turkana to enable communities to identify investments with a focus on women, female-headed households, and youth. The project incorporates mechanisms for preventing, responding to, and mitigating the risks of GBV in subprojects in education, health, clean energy, labor intensive public works, livelihood programming, and water and sanitation hygiene (WASH) (Vemuru 2018). For example, the project is striving for 50 percent female representation among WASH intervention staff to better address the needs of women and girls. It also aims to provide childcare for participants of new energy source training and seeks to address logistical barriers that prevent women from traveling to work. Results are not yet available from this promising approach.

### CONSTRAINTS AND CHALLENGES TO BE Addressed

The low priority accorded to preventing and responding to violence against women and girls and underfunding are the most important challenges encountered by governments and agencies. Other important challenges are: failure to systematically apply existing guidelines; lack of staff and capacity; failure to fully engage local women’s groups including those led by forcibly displaced populations; and lack of data.

Significant resources are needed in fragile and conflict settings to advance the global and national commitments to eliminate violence against women. External funding is especially important in resource-constrained settings of low-income countries. However, as noted in reports by the IRC (2019) and the Organization for Economic Cooperation and Development (OECD) (2021), both humanitarian and development assistance directed to combating violence against women and girls has been extremely low.

The OECD Development Assistance Committee Creditor Reporting System tracks the total volume of development assistance directed to ending violence against women and girls. In 2019, the latest available year, less than 0.3 percent of total bilateral official development assistance (ODA) went toward ending violence against women and girls.

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3 The share of bilateral ODA is slightly higher, 0.4 percent.
girls (table 1), which amounts to roughly USD $0.86 per woman. Only 13 countries averaged more than one dollar per woman.

The amount of humanitarian aid in response plans/appeals allocated to combat violence against women and girls is even lower – estimated at just 5 cents per woman in 2021 and totaling about $190 million. The good news, however, is that the amount of humanitarian funding addressing violence against women has risen recently, albeit from a low base of about USD 2.5 million in 2015 and still proportionally low.

Guidelines to mainstream gender-based violence prevention and response are not systematically implemented at the field level. Guidelines are still not consistently and systematically used in every emergency nor by every actor responding to a crisis. The result is a fragmented landscape of GBV services, creating barriers for survivors as well as individuals at risk of GBV who need to access them (IRC 2015b).

Too few staff are assigned to GBV prevention and response in displacement settings. This can be traced to funding constraints. The lack of dedicated staff and the lack of GBV prevention and response expertise, especially at the field level, hinder the possibility of identifying, assessing, and reducing GBV prevention and response needs.

Local women’s groups, including those led by forcibly displaced populations, are often not prioritized nor integrated in larger international humanitarian response and development programming (Barclay, Higelin and Bungcaras 2016). In July 2015, 40 NGOs jointly called to work with local partners (Charter4Change n.d). In practice, however, a lack of funding limits local organizations’ abilities to strengthen or scale up programs (IRC 2019).

Finally and importantly, lack of reliable data has stymied the extent to which programmatic actors can be held accountable for the lack of priority given to addressing violence against women. The efforts to prevent and respond to the pandemic of IPV have not been commensurate with the scale of the challenge. Data to help monitor progress is essential.

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4 The Financial Tracking System and the Humanitarian Response Plan are the most accurate sources for gender-based violence prevention and response funding. However, the planning and reporting of this humanitarian funding makes it very difficult to understand funding trends and make year-to-year fund comparisons. See the Financial Tracking Service (UNOCHA 2021) IRC’s “Where is the Money” report (IRC 2019).
WAYS FORWARD

While gender inequality in the society and economy as a whole must be tackled in order to make major inroads toward reducing GBV, there are concrete steps that can be taken to combat IPV in forced displacement settings:

• Increase funding and invest in women’s groups. It is clear that the international financial flows to address VAWG fall far short of global commitments in the Sustainable Development Goals (SDGs) to eliminate VAWG. Increased investments of both development and humanitarian assistance will be critical to protecting women and reducing risks of violence. Funding should be purposely allocated to local organizations led by forcibly displaced women who are well-positioned to understand and respond to context-specific needs.

• Increase access to sustained services for survivors. Women and girls experiencing IPV and other forms of GBV need access to justice, safety and protection services, health and psychosocial services, social protection, and livelihood support. Quality responses for GBV survivors that are forcibly displaced, recognizing the increased probability of violence, should be a priority for ministries overseeing services. Host ministries need to provide the sustained support required by displaced survivors.

• Invest in efforts to prevent IPV among forcibly displaced populations. Given the high levels of IPV prevalence and often low levels of reporting, prevention is key. There are a range of targeted programs with promising results in prevention, including community dialogues, efforts to change harmful norms, and safe spaces, as well as possibilities to reduce the risk of violence through cash plus social protection programs. These efforts should be adapted to forced displacement settings and accompanied by more systematic monitoring and evaluation to build evidence about what works in diverse settings.

• Understand local settings. More investments in qualitative and quantitative data are needed. Some surveys will be country or location specific. Multi-country data collection efforts that already ethnically gather information about women’s experiences with GBV – like the Demographic and Health Surveys -- should also ask questions about displacement experiences and aim to oversample often-overlooked migrant populations. Better data and reporting are also needed to hold governments, humanitarian, and developing agencies to account.

This brief has documented how high levels of violence clearly prevent the realization of the Sustainable Development Goal of eliminating violence against women, while also posing a serious threat to individuals’ and communities’ ability to face and recover from any crisis. Our findings point to the urgency of financing, prioritizing, and programming to prevent, respond to, and mitigate risks of IPV throughout the conflict and displacement cycle.
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