Commentary

Journal of Migration Affairs
Vol. III(1): 90-98, Sept. 2020
DOI: 10.36931/jma.2020.3.1.90-98

Pandemic-linked Vulnerabilities for Forced Migrants: The Increase in Gender-based Violence in the Arab World

Jasmin Lilian Diab

Introduction

In less than a year, the COVID-19 pandemic has had devastating outcomes for global public health. As of 24 September 2020, close to 32 million cases of COVID-19 were reported around the world.[1] International humanitarian organisations, UN agencies, grassroots organisations, experts and researchers alike have warned that individuals in displaced communities, refugee camps or conflict settings are at a higher risk of contracting and spreading the virus (UNHCR 2020). This is due to a lack of adequate housing, shelter, access to clean water, as well as aspects such as poor hygiene/sanitation and cramped living spaces.

Forced displacement poses a significant challenge in the region to developing an adequate and comprehensive COVID-19 response. UNHCR's Global Trends Report released in June 2020 estimated that close to 80 million people had been forcibly displaced by the end of 2019 (UNHCR 2020). Seventy-three per cent of these people were hosted in neighbouring countries (ibid.). Also, 85 per cent of displaced people were hosted in developing countries with an already weak and under-resourced healthcare infrastructure that placed severe limitations on their handling of the pandemic (ibid.).

Displaced persons, including internally displaced persons (IDPs), refugees, and asylum seekers, often reside in overpopulated quarters, have limited access to sanitation and health services, and are subsequently not included in public information campaigns and response plans (Diab and Nabulsi 2020). Additionally, an overwhelming majority of them work in the informal economy, do not have official paperwork or legal status, and face restrictions on their movement and rights (ibid.). These pre-existing conditions generate significant challenges in the context of a pandemic. They become more severe, more urgent, and increase the risk of contracting and spreading the disease. These conditions pose an additional strain not only on the financial

Jasmin Lilian Diab (diabjasmin@gmail.com) is Programme Coordinator, Refugee Health Programme, Global Health Institute, American University of Beirut, Lebanon.

abilities of the governments and non-governmental organisations (NGOs) but also on the efforts of the international humanitarian system to lessen the effects of the pandemic on displaced communities (ibid.).

Whether in discourse or practice, it remains the trend that intersectionality is not always taken into account in humanitarian response programmes (Ahmad and Eckenwiler 2020). Within displaced communities, which are already vulnerable, women and girls, sexual minorities, children, elderly, and disabled are at an even greater risk. However, tailored programmes are scarce and often not part of initial humanitarian responses. If at all these specifically vulnerable categories within displaced populations get included in the overall response, the funding they receive is low, and the outcomes are often not factored in the overall evaluation scheme of the responses. Sociocultural norms, political and economic intersections, and several other challenges marginalise women and girls at every level (United Nations 2020). Furthermore, forced displacement uniquely and disproportionately affects women and girls, as does a pandemic of this magnitude and nature. Not only does COVID-19 augment pre-existing vulnerabilities, but it also highlights the gendered impacts on displacement and the unique ramifications for displaced women and girls in particular.

Though the year 2020 marks the 25th anniversary of the Beijing Platform for Action[2] and should, therefore, have been an important benchmark for gender equality globally, the spread of COVID-19 renders even the little progress made since its inception at risk of being rolled back entirely. It is a fact that across every sphere, from health to the economy and from human security to social protection, the impact of a pandemic are exacerbated for women and girls (ibid.). This short paper intends to address the intersection of gender-based violence (GBV), forced displacement, and COVID-19 pandemic. It will highlight how the pandemic, and the restrictions on movement meant to contain it, exacerbate the potential for GBV among women in refugee and displaced communities and why policies need to be tailored and contextualised to address GBV. While GBV remains a major challenge for policymakers amid COVID-19 lockdowns in providing the full range of services and support to prevent and respond to GBV, it is also important to address several other challenges based on specific experiences of displaced women.

Gender-Based Violence and Displacement

Though prevalent across societies globally, GBV, with complex social determinants at its core, increases in conflict settings and in times of crises (IOM 2019). Undeniably, GBV can affect men and boys, but it primarily affects women, girls, and the LGBTQI+ community.[3] GBV constitutes life-threatening health, gender, and human rights issue (Hough 2013).

One of the most common forms of GBV is intimate partner violence (IPV), more commonly referred to as 'domestic violence,' and defined as 'physical violence, sexual violence, or

psychological harm by a partner, spouse or family member.' (Center for Disease Control and Prevention n.d.) According to a 2016 study done by the UNFPA, for Syrian refugees and other forcibly displaced people in various regions across Lebanon and Jordan, IPV is the most prevalent form of GBV and one that intensifies rapidly if legal protections are not in place (UNFPA 2016). Reports have also documented this reality in various conflict settings among displaced communities and refugees in the Arab region in Iraq, South Sudan, Morocco, Algeria, Tunisia, and Palestine (UNFPA 2017).

Some distinguishing factors that result in high levels of domestic violence in forcibly displaced communities include: (1) rapidly changing gender norms; (2) women's isolation/separation from their parents, caretakers, and families; (3) forced marriages, child marriages, and multiple marriages; (4) poverty; and (5) substance abuse among perpetrators (Jenson 2019). The greatest risk of GBV for women often comes from within their households (UN Women 2014). Unsurprisingly, governments' orders to impose lockdowns (especially in cramped and overpopulated refugee camps) in a number of countries in the Arab region to help reduce the spread of COVID-19 has generated significant risks of GBV for women and girls (ibid.).

In the Arab region, legislation remains fraught with gender disparities for both citizen and non-citizen women. Although most Arab States have endorsed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and have recognised the principles of equality and non-discrimination in their constitutions, they have largely done so with reservations (Lebanese American University 1998). In practice, these principles have not been fully reflected, normatively and procedurally, in national legal frameworks throughout the region.[4] This failure renders the legal protection of women nearly impossible; the situation is clearly worse for non-citizen women.[5] The lack of security and the rule of law in conflict and civil unrest impedes women's access to justice, with COVID-19 becoming another impediment to this access.

The UN Security Council Resolution 1325 on Women, Peace and Security (UN 2000) outlines member countries' obligation to take concrete measures to protect women's rights in times of peace, war and during transitional periods. Of particular relevance to this paper, UNSCR 1325 strongly calls upon member countries to combat gender discrimination and to avoid granting amnesty to crimes of gender-based violence (ibid.). This was further cemented by the UN General Assembly resolution 'Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law' (UN General Assembly 2005). As stated in this resolution, States need to provide 'those who claim to be victims of a human rights or humanitarian law violation with equal and effective access to justice irrespective of who may ultimately be the bearer of responsibility for the violation' and provide 'effective remedies to victims, including reparation' (ibid.). The majority of Arab countries have ratified at least two of the existing international instruments highlighting women's access to justice.

Such ratification implies a commitment to upholding human rights in general and women's rights in particular. However, they continue to harbour reservations to some of the critical components of these international frameworks, which is why protection from GBV and access to justice for survivors remain, in practice, nearly non-existent for both citizen and non-citizen women (Ulrich 2000). Although all Arab States have signed and ratified the CEDAW, their reservations against articles 2 and 16, for example, defeat the purpose of the convention (UN Treaty Collections n.d.). The amount of reservations has even led women's rights activists in the region to insist that "Arab states have never meant to implement CEDAW hence the numerous reservations they have institutionalised to block any possible useful implementation."[6]

Addressing GBV during the Pandemic

Since the rapid outbreak of COVID-19 pandemic, governments worldwide have subjected more than 1/3 of the world's population to movement restrictions between and within countries, as well as mandatory quarantines and border closures.[7] Though these measures have largely helped control the spread of the virus, they have also caused an alarming spike in the levels of reported GBV (domestic violence more specifically) among displaced and non-displaced populations alike (Campbell 2020). The UN has reported a global surge in domestic violence due to the lockdowns and quarantines imposed in the COVID-19 era (UN 2020). Within weeks of the World Health Organisation (WHO) declaring COVID-19 a pandemic, the ABAAD Resource Centre for Gender Equality, a Lebanese NGO, reported that domestic violence cases among women had risen dramatically, as women in vulnerable conditions across the country had been quarantined with their abusers with no foreseeable end to the situation soon (UN Women Arab States 2020).

Similar trends are likely to be seen among displaced populations. NGOs operating in the Syrian refugee camps in the Arab region have already noticed an increase in the incidence of GBV (Mednick 2020). Before the pandemic, 45% of people seeking help in GBV situations from the Lebanese NGO KAFA (enough) Violence and Exploitation were Syrian refugees (ibid.). There has been a significant drop in calls from Syrian refugee women since the lockdown, which the organisation attributes to the fact that they are closely watched by their abusive partners or other family members (ibid.).

The UNHCR Middle East and North Africa (MENA) insists that the risk of COVID-19 has only added to the obstacles displaced and refugee women face. In addition to battling with mental health constraints, economic instability, limited access to hygiene products and clean water, and continuing insecurity, many of these women are in the process of waiting for residency papers or are tied financially to their abusive partners or their families (ibid.). According to the UNHCR MENA, this can lead to low reporting rates of GBV in the

majority of cases. With COVID-19, mobility restrictions and government closures have only exacerbated refugee women's ability to seek help and justice(ibid.).

As tensions in households and in cramped living spaces increase and the already-fragile community structures are weakened further by restrictions on movement and the need to socially distance, rates of domestic violence will inevitably continue to rise in displaced communities and conflict settings. As a result, services for survivors of all forms of GBV will slowly become less readily available, with available funding for GBV-related programmes in humanitarian infrastructure already being meagre. The International Rescue Committee reported that between 2016 and 2018, donors and international humanitarian aid organisations allocated a mere 0.12% of all humanitarian funding to GBV prevention, mitigation, and response activities (International Rescue Committee 2019). Such a situation exists despite the UNFPA's assertion that violence against women and girls is one of the 'most prevalent human rights violations in the world' (UNFPA Arab States 2017).

With preliminary data indicating that measures designed to decrease the spread of COVID-19 were heightening the risk of GBV for women and girls, GBV-specific funding requirements have soared. UN Agencies have requested more than USD 2 billion from donor states to provide additional support for all COVID-related activities through the coordinated Global Humanitarian Response Plan (HRP) for COVID-19 (UN 2020). Of this sum, the Response Plan specifically seeks a combined USD 375 million for UNHCR, which continues to serve forcibly displaced people, and the UNFPA, the agency responsible for women's health (ibid.). Although this funding is for COVID-19 related activities, it is also inclusive of supplementary provisions to prevent and respond to GBV and maintain women's access to specific healthcare through December 2020 (ibid.).

Recommendations

The pandemic is a difficult time that challenges governments' abilities to adequately protect their citizens and displaced people in their territories. It is a test of whether existing humanitarian systems can adapt to protect and assist the people who need their help the most. Displaced women and girls are one of the groups most at risk of violence and exploitation during this pandemic. However, there are ways to mitigate the risks they face.

GBV poses an incomparable risk for women and girls globally, particularly for women and girls who are forcibly displaced. International standards and measures currently undertaken to control the spread of the COVID-19 pandemic are intensifying both the risks to displaced populations and the likelihood of GBV. As policymakers and governments in the MENA region develop their COVID-19 response policies, it is pivotal that they acknowledge the intersectionality of one health issue with other physical and mental health concerns. MENA governments must commit to conducting gender analyses when setting policy and developing

programmes to honour their international obligations under conventions such as CEDAW. They must also commit to understanding better the implications of COVID-19 and displacement on GBV, including the persistence of conflict-related sexual violence, as well as the risk of human and sex trafficking.

Governments must conduct prompt gender analyses in the MENA region when discussing funding, service provisions, and public health orders that impact forcibly displaced populations. They must prioritise the protection of displaced women and girls from GBV by (1) increasing funding to programmes that work and innovating to deal with the pandemic; (2) enacting policies that enhance safety, with specific attention to the effects of gender on safety; and (3) investing in long-term solutions. They must make available and expand safe and legal pathways for individuals fleeing conflict/persecution/disasters to enter transit and host countries and work on ensuring that asylum procedures and legal protection remain easily accessible and open. Governments in the region must also ensure that law enforcement officials do not deport, jeopardise the livelihoods of or otherwise penalise individuals seeking service provision, mental health support or legal protection related to GBV, notwithstanding their legal status. UN Agencies, international organisations, NGOs, and donor agencies working with forcibly displaced populations must equip themselves adequately in preparation for an increase in domestic violence, sex trafficking, forced and early marriages, and sexual abuse among displaced women and girls by ensuring uninterrupted access to sexual and reproductive health services (SRHR), and more importantly, adequate and comprehensive GBV prevention and response services. In cases where the provision of GBV service may be disrupted or hindered, stakeholders must update referral pathways to swiftly adapt to these changes at their care facilities, as well as notify relevant actors, humanitarian workers, and medics on the field about these changes. With this in mind, it is pivotal for stakeholders to develop in-budget lines targeted towards programming focused on (and responding to) the exploitation of women and girls and their health in all COVID-19-related appeals and programme development.

Notes

1. Coronavirus Cases (2020), Worldometer, 24 September 2020. https://www.worldometers.info/coronavirus/.

2. The Beijing Platform for Action (n.d.). https://beijing20.unwomen.org/en/about.

3. Violence Against Women and Girls (2017), "Brief on Violence Against Sexual and Gender Minority Women", *Pan American Health Organization*. https://www.paho.org/hq/dmdocuments/2017/violence-against-women-2017-03ws-vawg-resource-guide-sexual-gender-minority-women.pdf.

4. Social Watch (2020), "The Arab Region: 30 Years of CEDAW," *Social Watch: Poverty Eradication and Gender Justice*. https://www.socialwatch.org/node/11599.

5. Ibid.

6. Social Watch (n.d.), "The Arab Region: 30 Years of CEDAW." https://www.socialwatch.org/node/11599.

7. AFP (2020), "Covid-19: One third of humanity under virus lockdown," *The Economic Times*. https://economictimes.indiatimes.com/news/international/world-news/covid-19-one-third-of-humanity-under-virus-lockdown/articleshow/74807030.cms.

References

United Nations High Commission for Refugees (UNHCR). 2020. *Nearly 40 million at heightened risk of violence, discrimination and rights abuses as COVID spawns a 'coping crisis.* https://www.unhcr.org/news/press/2020/11/5fc138e64/nearly-40-million-heightened-risk-violence-discrimination-rights-abuses.html.

UNHCR 2020. *Figures at a Glance*. https://www.unhcr.org/ph/figures-at-a-glance#:~:text=War%2C%20violence%20and%20persecution%20drove,the%20course%20of%20a%20decade.

Ahmad, A. and L. Eckenwiler. 2020 "Identities, intersectionalities and vulnerabilities in humanitarian operations: A response to Slim". *Humanitarian Law and Policy.* https://blogs.icrc.org/law-and-policy/2018/03/01/identities-intersectionalities-vulnerabilities-humanitarian-operations-response-slim/.

Campbell, J. 2020. "Coronavirus and Domestic Violence: What You Should Know." *Hopkins Medicine*. https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-and-domestic-violence-what-you-should-know.

Center for Disease Control and Prevention. n.d. *Violence Prevention: Intimate Partner Violence*. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html.

Diab, J. L. and D. Nabulsi. 2020. "Deprioritized in the Health Response: Fragility of Refugees in the Middle East and North Africa Region during the COVID-19 Pandemic". *Identities: Global Studies in Culture and Power*. https://bit.ly/30kSZjT.

Hough, C. 2013. "Understanding refugees' concepts of sexual and gender-based violence". *Forced Migration Review* 43. 81–83.

International Organisation of Migration. 2019. "Gender-Based Violence in Crises". *IOM Emergency Manual.* https://emergencymanual.iom.int/entry/90449/genderbased-violence-in-crises.

International Rescue Committee. 2019. *Where is the Money?: How the Humanitarian System is Failing in its Commitment to End Violence Against Women and Girls*. https://www.rescue.org/sites/default/files/document/3854/whereisthemoneyfinalfinal.pdf.

Jensen, M. A. 2019. "Gender-Based Violence in Refugee Camps: Understanding and Addressing the Role of Gender in the Experiences of Refugees". *Inquiries Journal* 11, no.2: 1–3.

Lebanese American University. 1998. "CEDAW in the Arab World and the Reservations Presented by Arab Countries," *Al-Raida Journal* 80, 22–27. http://www.alraidajournal.com/index.php/ALRJ/article/view/706.

Mednick, S. 2020. "Syrian refugee women face new COVID-19 battleground". *The New Humanitarian.* https://www.thenewhumanitarian.org/news/2020/05/12/Syria-refugee-women-coronavirus-battleground.

Ulrich, J. L. 2000. "Confronting Gender-Based Violence with International Instruments: Is a Solution to the Pandemic Within Reach?". *Indiana Journal of Global Legal Studies* 7, no.2: 629–653.

United Nations. 2020. *Policy Brief: The Impact of COVID-19 on Women*. https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf.

United Nations. 2000. "Landmark Resolution on Women, Peace and Security". *Office of Special Adviser on Gender Issues and Advancement of Women.* https://www.un.org/womenwatch/osagi/wps/#:~:text=Landmark%20resolution%20on%20Women%2C%20Peace%20and%20Security,-The%20Security%20Council&text=Resolution%201325%20urges%20all%20actors,Nations%20peace%20and%20security%20efforts.

United Nations. 2020. "UN supporting 'trapped' domestic violence victims during COVID-19 pandemic". *UN COVID-19 Response.* https://www.un.org/en/coronavirus/un-supporting-%E2%80%98trapped%E2%80%99-domestic-violence-victims-during-covid-19-pandemic.

United Nations. 2020. *United Nations Coordinated Appeal: Global Humanitarian Response Plan COVID-19.* https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf.

UN General Assembly. 2005. "Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law". *United Nations Human Rights Office of the High Commissioner.* https://www.ohchr.org/en/professionalinterest/pages/remedyandreparation.aspx.

United Nations Population Fund (UNFPA). 2016. "Gender Based Violence Against Women and Girls Displaced by the Syrian Conflict in South Lebanon and North Jordan: Scope of Violence and Health Correlates". *Reliefweb.* https://reliefweb.int/report/lebanon/gender-based-violence-against-women-and-girls-displaced-syrian-conflict-south-lebanon.

UNFPA. 2017. *UNFPA Regional Strategy on Prevention and Response to Gender-Based Violence in the Arab Region: 2014-2017*. https://arabstates.unfpa.org/sites/default/files/pub-pdf/2013_ArabGBVStrategy_English.pdf.

UNFPA Arab States. 2017. *Lebanon - fact sheet on gender-based violence*. https://arabstates.unfpa.org/en/publications/lebanon-fact-sheet-gender-based-violence.

United Nations Treaty Collections. n. d. *Convention on the Elimination of All Forms of Discrimination against Women*". https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-8&chapter=4&lang=en.

UN Women. 2014. "We Just Keep Silent: Gender-based violence amongst Syrian refugees in the Kurdistan Region of Iraq". *Reliefweb*. https://reliefweb.int/sites/reliefweb.int/files/resources/We_Just_Keep_Silent_final_English.pdf.

UN Women Arab States. 2020. *Arab women seek help as lockdown prompts rise in gender violence.* https://arabstates.unwomen.org/en/news/stories/2020/05/arab-women-seek-help-as-lockdown-prompts-rise-in-gender-violence.