



Responses to intimate partner violence in Kakuma refugee camp: Refugee interactions with agency systems[☆]

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ABSTRACT

Intimate partner violence (IPV) has been recognised as a significant problem amongst forcibly displaced communities, and great progress has been made by the United Nations High Commission for Refugees (UNHCR) in responding to IPV and other forms of sexual and gender based violence. However, they have not always effectively engaged refugee communities in these activities, with potentially negative consequences for the health and protection of women.

This study was conducted in Kakuma refugee camp, north-west Kenya. Eighteen focus group discussions were conducted with 157 refugees from various nationalities, including Sudanese, Somali, Ethiopian, and Congolese. They focused on the nature and consequences of IPV in Kakuma. The aim of this paper is to explore how refugees in Kakuma talk about the ways that IPV is dealt with, focusing particularly on the ways that community responses are said to interact with formal response systems established by UNHCR and its implementing partners.

Refugees talked about using a 'hierarchy of responses' to IPV, with only particularly serious or intransigent cases reaching UNHCR or its implementing agencies. Some male refugees described being mistrustful of agency responses, because agencies were believed to favour women and to prioritise protecting the woman at all costs, even if that means separating her from the family. Whilst community responses to IPV might often be appropriate and helpful, the findings of the current study suggest that in Kakuma they do not necessarily result in the protection of women. Yet women in Kakuma are reported to be reluctant to report their cases to UNHCR and its implementing agencies. A more effective protection response from UNHCR might involve closer co-operation with individuals and structures within the refugee communities to develop a co-ordinated response to IPV.

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Introduction

'Men's violence against women is one of the world's most widespread public health issues' (Kimmel, 2002: 1334), and there is evidence that intimate partner violence (IPV) escalates amongst forcibly displaced communities (Rothkegel et al., 2008; Szczepanikova, 2005).

Wessells and Monteiro (2004) describe how conflict and displacement shatter peace and trust within a society, create divisions amongst its members, and establish a societal norm of violence. Social and economic life is similarly shattered; poverty is amplified, and there are often limited opportunities to generate income (Miller & Rasco, 2004). A loss of social role and status is

a common consequence of displacement, as people lose their jobs, access to land for farming, and their roles within their communities (Miller & Rasco, 2004; Payne, 1998; Wessells & Monteiro, 2004).

Forced displacement can occur within a country (internal displacement) or can involve crossing a border. A proportion of those who are forcibly displaced self-settle elsewhere, or stay with relatives in a safer part of the country. Others, for whom these options are not available, move into camps. Whilst those living in camps may have their basic needs met by agencies, they usually have their freedom of movement restricted, have limited opportunities to engage in economic activities, and limited decision-making powers (Schmidt, 2003; Szczepanikova, 2005). The focus of this paper is on those living in camps, whether as internally displaced people or as refugees.

IPV has been recognised as the most common form of sexual and gender based violence (SGBV) in camp settings (e.g. Rothkegel et al., 2008), yet it has received little attention, as SGBV policy and practice focuses on other forms of violence, particularly sexual assault. This paper aims to explore responses to IPV in Kakuma

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refugee camp, northern Kenya, from the perspective of 157 refugees who took part in focus group discussions.

The term 'intimate partner violence' is used in this paper to mean violence committed against a woman by her current or former spouse or boyfriend (Duvvury, Grown, & Redner, 2004), since the research reported focuses specifically on this form of violence. However, the broader term 'domestic violence' is more commonly used in Kakuma, since much of the violence committed against women in that context is committed by male family members who are not intimate partners (e.g. fathers, brothers, uncles). The focus of this paper is male violence against women. Although female violence against men may be a problem in Kakuma, the author conducted this study on behalf of the inter-agency SGBV working group in Kakuma, who were primarily concerned at that time with male violence against women.

Response systems and structures

Community systems and structures often do not survive displacement (Payne, 1998; Turner, 2004; Wessells & Monteiro, 2004). This limits displaced communities' ability to prevent and respond to IPV, so agencies working in camps commonly take responsibility for providing mechanisms to ensure the safety of women. The lead agency is usually the United Nations High Commission for Refugees (UNHCR), which works with various implementing partners in refugee camps. The security and safety of refugees should normally be the responsibility of the host government, but in many countries the police and judicial systems lack the capacity to conduct these responsibilities effectively.

UNHCR's SGBV response strategy is formulated within a community-based, rights-based and participatory framework, with the empowerment and involvement of women as a major part of its prevention activities. In each displacement setting, it aims to establish an integrated and co-ordinated response involving actors from the displaced community, international humanitarian aid organisations (international non-governmental organisations [NGOs] and UN agencies), national NGOs and host governments (UNHCR, 2006).

Whilst UNHCR aims to work within a community-based framework, Rothkegel et al. (2008) found that the participatory approach of UNHCR's field offices was often somewhat superficial, without relationships among policy-makers, field staff and refugees being fundamentally altered. High staff turnover, financial and time constraints, were said to mitigate against a community-based, participatory process which can seem complicated, conflictive and time consuming, especially where UNHCR staff lack the skills to fully engage the refugee communities in such a process. The consequences of a lack of real engagement with refugee communities are described by writers such as Szczepanikova (2005), and Turner (2004), who describes how attempts to empower Burundian refugee women in Tanzania were interpreted as social and moral decay by the dominant groups of refugees, and led to attempts by male refugees to combat these changes by insisting on women's subordinate role in the family.

In most displacement situations, refugee communities have systems to respond to IPV (Carlson, 2005), although these are commonly disrupted by displacement. Some ambivalence is evident in UNHCR documents regarding community responses to IPV. Whilst a community-based approach is advocated, concern is expressed that community systems may not be in line with international human rights standards, and may not prioritise the well-being of the survivor (UNHCR, 2006). Where criminal cases are concerned, for example, UNHCR discourages the use of traditional courts (Turton, 2005), partly because traditional courts sometimes treat the relatives as the injured party, rather than the person who has been victimised. Community structures in some refugee camps

have been reported to be male dominated and insensitive to the needs of women (e.g. Schmidt, 2003; Turner, 2004): the 'weapons of the weak' may be quite ruthless in their effects against the weakest members of the community' (Callamard, 1999). UNHCR policy is that international human rights standards take priority over cultural practices.

However, both UNHCR (2006) and others have recognised that survivors often favour a more traditional response over formal intervention (e.g. Bhuyan & Senturia, 2005). Most incidents of SGBV, especially incidents of IPV, are not reported to UNHCR, the police, health care services or other institutions (Hyder, Noor & Tsui, 2007; Rothkegel et al., 2008). It is likely, therefore, that the majority of such cases are dealt with within the community, perhaps without agencies ever being aware. This highlights the importance of attending to formal and informal community mechanisms for responding to IPV.

Community structures, including the family, neighbours and community leaders, have the potential to contest or reinforce IPV in both refugee and non-refugee settings (Carlson, 2005; Dobash & Dobash, 2005). Cultural and traditional norms influence whether women report assaults, as well as the support she (and the perpetrator) receives, and community mechanisms for responding to IPV (Bhuyan & Senturia, 2005; Kim & Motsei, 2002; Sullivan, Senturia, Negash, Shiu-Thornton, & Giday, 2005). The role of community leaders is particularly central in the response to IPV (Carlson, 2005).

This points to the importance of actively engaging community members in responding to IPV (Rothkegel et al., 2008). A 'top-down' approach is not sustainable, can be sabotaged by refugees who have not been engaged in the process, and does not take advantage of the opportunity to influence change within the refugee community, and to decrease IPV through the participation of community members.

To this end, Rothkegel et al. (2008) recommend that UNHCR prioritise co-operation with organisations arising from the displaced community, or, if no such organisations exist, investing in capacity-building to enable such partnerships to develop. One of the advantages of this approach, according to Rothkegel et al., is that refugees will not blame UNHCR and its implementing partners for all their problems. It is also possible that they would be less likely to resent such organisations and the impact their responses to IPV have on their communities. When UNHCR is perceived as a patriarchal figure attempting to wrest control from refugee communities, as described by Turner (2004), the organisation can also be perceived as a threat to community systems and structures, resulting in conflict and resentment.

In this exploratory paper, the ways in which refugees in Kakuma refugee camp in Kenya respond to IPV are examined, and how they perceive and engage with the formal systems for responding to IPV established by UNHCR and its implementing partners.

Context of the current research

The research was carried out by the author, who was working in Kakuma at the time and was a member of the inter-agency SGBV Working Group. She worked for the Jesuit Refugee Service, and one of her responsibilities was the management of the Safe Haven, a refuge for women and children at risk of violence (described below). The SGBV Working Group recognised the need to assist men in Kakuma to find non-violent ways of resolving conflict in the home. The first stage of this project was to conduct an information-gathering exercise, about the nature of the violence that occurs in the home in Kakuma, its perceived causes and consequences, and how it is responded to in Kakuma. The latter aspect of this exercise is described here.

Kakuma refugee camp

Kakuma Refugee Camp is located in the semi-arid Turkana District of north-west Kenya, 95 km south of the Sudanese border and approximately 1000 km from Nairobi. The camp was established in 1992, after the arrival of 12,000 unaccompanied minors from Sudan.

The camp has grown over the years, and at the time this research was conducted (October–December 2005) it provided assistance to around 96,000 refugees from nine countries: Sudan (80%); Somalia (14%); Ethiopia (4%); Uganda (0.5%); Rwanda (0.4%); Burundi (0.2%); and Congo (0.7%). The refugees co-exist with the local nomadic Turkana people, whose lifestyle is based on livestock (goats, cows, camels and donkeys).

Refugees in Kakuma live in an extremely harsh environment, and insecurity is a serious problem (Crisp, 1999). Kenyan government policy dictates that all refugees must stay in one of the two camps (Kakuma and Dadaab), and are not allowed to take formal employment. In Kakuma, refugees are not allowed to keep animals, due to the potential for conflict between the refugees and the local Turkana people, and the semi-arid environment is not conducive to growing crops. Therefore, they are almost totally dependent on agencies to provide for their basic needs. It is possible for refugees to start small businesses, if the capital is available (either through a loan from a NGO or money sent by family abroad). However, the market is finite, since Kakuma is in a very isolated area. All NGOs in the camp ‘employ’ refugees, but due to Kenyan laws prohibiting employment of refugees, they are engaged on a voluntary basis and paid an ‘incentive’, which is far lower than a wage would be for a Kenyan in an equivalent job (Refugee Consortium of Kenya, 2003).

The frustrations of life in Kakuma impact on the refugees’ psychological and emotional wellbeing, and IPV has been found to be common, although the exact scale of the problem is unknown (Crisp, 1999; Turton, 2005). In addition to IPV, women and girls also experience violence as a consequence of attempts to force them to marry against their will.

Structures and systems to address IPV in Kakuma

A number of agencies in Kakuma are involved in responding to IPV. These are primarily UNHCR, Lutheran World Federation (LWF) and the Jesuit Refugee Service (JRS). Their roles are described below. The system described was in place between 2003 and 2006, when the author worked in Kakuma (see also Turton, 2005).

UNHCR

Community services

Oversees and co-ordinates all work relating to family violence. Works closely with community leaders, and takes responsibility for individual cases in exceptional circumstances.

Protection unit

Responsible for ensuring the protection of all refugees. Manages the Protection Area in the camp, which is a fenced enclosure accommodating around 120 families. It is intended as a temporary solution when a refugee’s safety cannot be ensured in the camp, so no services are provided (although, in practice, many stay for long periods of time). Some will eventually be relocated to the other camp in Kenya (Dadaab) or resettled in a third country.

Lutheran World Federation (LWF)

Three units are involved in responding to IPV – the Gender Promotion Unit, Child Support Unit, and Peace Building & Conflict Resolution Unit. These are the first port of call for anybody (refugee or agency staff) wishing to report IPV. All three units have refugee social workers, who work very closely with the communities.

As well as dealing with individual cases, these Units are also responsible for education, sensitisation, and various other tasks.

Community leaders

Contact point within the community, for both community members and agencies. Mediate and negotiate to resolve problems, and liaise with UNHCR and other NGOs.

Women’s support groups

Community groups supported by LWF Gender Promotion Unit. Run workshops and groups within the community, and are available to assist any woman having problems.

Jesuit Refugee Service (JRS)

Run the Safe Haven, which is a refuge for women and children at risk of violence in the camp. The Safe Haven provides temporary secure accommodation for up to 40 women and children, while LWF and UNHCR address the women’s problems. However, in practice, women often stay for long periods due to difficulty in resolving their problems and finding an alternative safe place for them.

The way in which these agencies and groups work together is summarised in Fig. 1, which describes the system of responding to IPV in Kakuma.

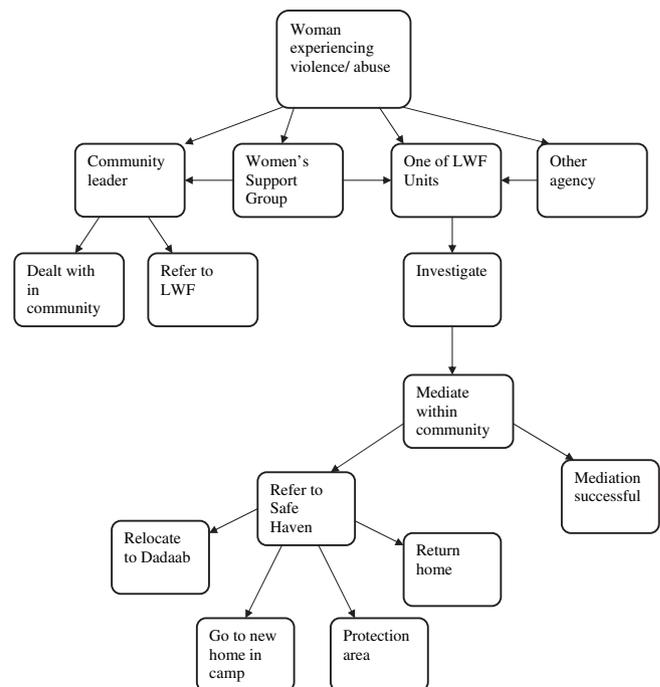


Fig. 1. Systems of responding to IPV in Kakuma.

Method

Qualitative data were collected through focus group discussions (FGD). Small FGDs offer an opportunity to explore complex social phenomena that may be more easily clarified in a group discussion than in an individual interview, and have been found to be a helpful way of gaining insight into cultural norms and collective beliefs about sensitive subjects (Kim & Motsei, 2002; Shiu-Thornton, Senturia, & Sullivan, 2005). As is common with FGDs (Lee, 2004; Wilson-Williams, Stephenson, Juvekar, & Andes, 2008), participants were not asked to discuss their own experiences, but to describe the way things are generally in their community. The methodology of the study was developed in consultation with the inter-agency SGBV working group in Kakuma, and received ethical approval from this group.

Facilitators

The role of the facilitator included not only managing the FGDs, but also assisting with the planning of the research and the development of the discussion guide; managing the logistical arrangements and the mobilisation of community members; liaising with community leaders; and translating the discussion into English. Refugees working for LWF and JRS Community Counselling programme were identified as having the necessary skills and experience to undertake these tasks. The selected individuals were trained in focus group facilitation, and in translation.

Participants

Kakuma is made up of many small communities, and efficient use of resources required that some refugee communities be combined for the purposes of the FGDs. Following discussion amongst the refugee and agency members of the SGBV working group, and consultation with refugee staff working in the different communities, a decision was made to focus on seven main community groups. Where appropriate, these groups consisted of more than one ethnic group; in other cases it was felt to be most appropriate to conduct FGDs with a particular community alone. The seven groups identified were: Somali/ Oromo; Rwandese/ Burundian/ Congolese (Great Lakes); Ugandan; Sudanese Equatoria; Sudanese Nuer; Sudanese Dinka; Ethiopian. We did not intend to draw conclusions about the beliefs or experiences of the different groups; the priority was to ensure that representatives of as many communities as possible had an opportunity to participate in the FGDs.

The process of recruiting the participants was undertaken by the facilitators, together with other LWF and JRS staff working in that community. JRS and LWF staff are experienced in disseminating information across their community, and in mobilising community members. They are also experienced at reaching out to those who are marginalised within their communities. Whilst they did not issue an 'open invitation' (because no more than ten participants were required for each FGD), they attempted to invite a varied group of people to participate. Given the challenges of the setting, this was the most effective way of accessing a wide range of participants who reflected the diversity of the camp population. This diversity was more appropriate for the qualitative analysis planned than was the quantity of participants in any particular category. Eighteen FGDs were conducted and, as Table 1 shows, an appropriately diverse group of refugees participated.

All discussion groups were single-sex; 74 men participated (47.13% of participants), and 83 women (52.87%). In some communities, it was possible to hold FGDs with youth members (46; 29.30%) separately from young adults (29; 18.47%) and older adults

Table 1

Description of focus group discussions.

Code	Community	Gender	Age	N
ETH_M	Ethiopian	Male	Mixed age	10
GL_F1	Rwandese/Burundian/Congolese	Female	Youth	9
GL_M1	Rwandese/Burundian/Congolese	Male	Youth	8
GL_M2	Rwandese/Burundian/Congolese	Male	Mixed age	1
SOM_F1	Somali/Oromo	Female	Youth	11
SOM_F2	Somali/Oromo	Female	Young adult	9
SOM_F3	Somali/Oromo	Female	Older adult	7
SOM_F4	Somali/Oromo	Female	Mixed age	11
SOM_M1	Somali/Oromo	Male	Youth	9
SOM_M2	Somali/Oromo	Male	Mixed age	9
DIN_F1	Sudanese Dinka (Bor)	Female	Mixed age	7
DIN_M1	Sudanese Dinka (Bor)	Male	Mixed age	8
EQU_F1	Sudanese Equatoria	Female	Young adult	10
EQU_F2	Sudanese Equatoria	Female	Older adult	10
NUER_F1	Sudanese Nuer	Female	Older adult	9
NUER_M1	Sudanese Nuer	Male	Youth	9
NUER_M2	Sudanese Nuer	Male	Young adult	10
UGA_M1	Ugandan	Male	Mixed age	10

NB. 'Youth' = 15–25 years; 'Young adult' = 26–40 years; 'Older adult' = 41 years+.

(26; 16.56%). However, in other communities, it was necessary to hold a mixed age group FGD (56; 35.67%). Only one participant attended the session planned for the focus group held for Rwandese/ Burundian/ Congolese men, but a decision was made to continue with the discussion and to include the data alongside the focus group data, in order to ensure that this community was represented, if only by a single person. The total number of participants was 157.

Content of FGDs

A draft discussion guide was developed by the author, and was revised through discussion with members of the SGBV Working Group, and the FGD facilitators.

The final discussion guide covered a range of issues relating to the roles of men and women in the family, and the nature and consequences of violence in the home. Questions about conflict in the home focused on the types of conflict said to commonly occur in that community, the causes of conflict (including specific triggers, and characteristics of violent individuals and violent families), and the forms of violence perceived to be acceptable and unacceptable. Questions about responses to IPV focused on what normally happens when a woman is assaulted at home, and participants' opinions about the best way of responding to such incidents.

Procedure

The FGDs were conducted between October and December 2005, in various locations in the camp (e.g. community centres). The facilitators, who were of the same gender and community as the participants, were responsible for introducing and managing the discussion, and for translation. The purpose of the translation was two-fold: to ensure that all participants were able to understand the questions and other members' responses; and to ensure that everything said in the participants' own language during the discussion was repeated in English.

The process of translation was complicated by the fact that so many different languages are spoken in Kakuma. Each FGD was conducted in the language agreed and understood by all participants. However, it was essential that the entire content of the discussion was recorded in English, as well as in the main language of participants, for transcription purposes. The system adopted

throughout the discussions, therefore, was for the facilitators to speak first in English, then to repeat what they said in the participants' language. When a group member spoke, the facilitator would repeat in English what the participant had said, or, if the participant had spoken in English, the facilitator would repeat their words in the group's own language. This made the discussion rather less free-flowing than it could have been, but the system ensured that all group members were able to participate, and that the content of the entire discussion was recorded in English, as well as in the common language of the group. Each group included at least one English speaker, often more than one, and these group members provided a check on the accuracy of the facilitator's translation. If they disagreed with the translation, they would say so, and a consensus would be reached within the group as to the meaning of what had been said.

All the FGDs were recorded on mini-disc, and the English content of each discussion was transcribed by the principal investigator.

Analysis

The data were entered into NUD*IST4 for analysis. The data were analysed thematically, and repeated readings of the text led to the definition of a set of conceptual codes relating to gender roles in the family; common forms of violence; causes of conflict; factors which increase and decrease the likelihood of violence being used in a family; the impact of IPV; and responses to IPV. These codes were then systematically applied to all text. In the current paper, the data relating to the responses to IPV will be presented. The aim is to explore how refugees in Kakuma talk about the ways in which IPV is dealt with in that context, focusing particularly on the ways that community responses are said to interact with formal response systems established by UNHCR and its implementing partners.

Results

'A hierarchy of responses'

Many of the groups described a 'hierarchy of responses', whereby a case of IPV would first be dealt with at a certain level, and, if it could not be resolved, would be referred to a higher level.

Elders will solve the problem ... If he doesn't stop, the elders can take the case to the chairman, and if he can't solve it he will call security, who take the woman to Gender and Social Services. (SOM_F3: 86)

Groups described different actors as being part of the 'hierarchy', but in all cases the response was said to begin within the community (whether with the couple themselves, the immediate family, elders or the broader community) and at the 'top' of the hierarchy was the agencies working in Kakuma and the Kenyan police. Cases would be referred up the hierarchy when they were more serious or persistent; when the violence was perceived to be excessive; when the case was felt to be beyond the powers of the first-level response to resolve; or when the individual concerned had little faith in the community responses. Only a minority of cases were said to be reported outside the community.

Influences on community responses to IPV

The ways in which participants' communities were said to perceive IPV varied. Some participants said that IPV was not seen as the concern of other members of the community, and generally people did not get involved; others said that their community would not tolerate IPV, and that it goes against their cultural norms.

The community response to the violence would partly depend on how serious it was, whether it was perceived to be excessive or persistent: 'When the man is beating the wife all the time, the community will respond' (EQU_F1: 73). However, it was noted by some that the response would depend on community members' opinion of the woman, and in some cases violence was actively supported.

Naturally they don't like violence, but when a woman is, or maybe a family member is not behaving in a way according to traditional norms the community sets, so they also give time to that person to discipline that person so that she understands. (NUER_M1: 101)

Community attitudes towards IPV influence whether a woman reports it. In some cases, the wife may be blamed for the violence, or the whole family may be stigmatised by the community. Some felt it would reflect badly on a woman if she reported that her husband had assaulted her.

Some bad women they go to the police and tell them they were assaulted by their husbands and they will be arrested. That is not a good way, the good way is just to keep quiet and respect the love you have to your husband. (SOM_F4: 75)

Participants were asked to give examples of occasions on which women are more likely to report the violence. The examples given were varied, but most related to the violence reaching a point where the woman was in fear of her life, or was extended to her family members.

They report assaults when it is not just the wife who is being beaten, but the wife's family as well ... If he is just assaulting her she can put up with it, but when he assaults her family as well then she has to take some action. (SOM_F2: 54)

Others referred to the woman's desire for a happy family life as a motivation for her to report assaults, and one female respondent said that women would report violence in the hope of being put forward for resettlement.

(Women who could not return to their families because there was a high risk they would experience further violence sometimes met the criteria for resettlement to a third country, especially for those countries with a 'Women At Risk' resettlement programme. In Kakuma, resettlement was perceived as the only hope for many refugees, especially those who had been displaced for more than a decade with little hope of returning home. Rumours, therefore, abounded, about how one could be recommended for resettlement. One such rumour was that a woman experiencing IPV was likely to be recommended for resettlement abroad. See Feyissa & Horn (Feyissa & Horn, 2008) for further discussion of this, and some of its consequences.)

Community responses

The processes by which communities respond to IPV were discussed. Crisis intervention was referred to by two groups, with neighbours intervening to stop a man from harming his wife. Following this immediate intervention, the community response was most often described as centring around discussion, negotiation and persuasion.

The couple themselves were said to have a role at this stage of resolving the problem; the expectations participants expressed of the couple included for them to talk, negotiate, forgive each other and resolve the problem between them. If the couple could not resolve the problem between them, then the parents and wider family would become involved. In most of the FGDs, the parents and relatives were said to play an important role in responding to

IPV, initially through talking to the couple, listening to their accounts, and acting as mediators to negotiate an agreement between the two parties. Community elders were also often described as taking part in this process. (The term ‘community elders’ is used loosely, to include official office-holders, such as a community chairman, but also religious leaders and respected individuals.)

In other cases, the discussion was described more in terms of advising the man, or the woman, or both. Advising, as described by participants, often included an element of persuasion and social pressure. In many cases, the aim of the ‘advice’ was to get the husband or wife to change their behaviour by emphasising the cultural expectations and norms, and pointing out the ways in which their behaviour is not in line with these. In some groups, this was said to include advising the woman to return to her violent husband.

The people who can respond are the elders... they can come and advise you, this is how man should behave and this is how woman should behave, according to our culture. And when there is something wrong, you will be told, you man, this is not good, this is how you should behave, and the same, even the lady, the lady will be advised by the elderly women, this is how a wife should behave. (NUER_M1: 96)

Again, the person selected to give advice varied. Most often, parents and relatives were said to take on this role; in other cases it was elders; and in some cases one party was said to approach a friend or relative of their partner, and request that they offer advice. A friend or relative might sometimes act as an advocate on behalf of one party.

The best thing is for the woman friend to be sent to the husband friend to talk, to make a good decision for the couple. The husband’s friend will be sent to the woman, and the woman’s friend will be sent to the husband so to go and discuss and settle the dispute. (SOM_F4: 81)

In addition to discussion-based responses, participants also referred to community members (family, elders or others) passing judgement in a IPV situation, and taking action accordingly. The elders in particular have authority, so are in a position to give warnings, pass judgement and order compensation or punishment.

Traditionally the council of elders will be called and they can also judge. Also, they can also compensate you if they find that you are wrong. And they can also give you some warnings pertaining what you have done, and if you beat next time they can also tell you you will face different charges. (NUER_M2: 97)

The elders form part of a justice system that exists within each community, albeit in somewhat different forms depending on community structures and traditional justice practices. This justice system also plays a role in responding to IPV.

If this man is using violence which is not needed, he has to be called and taken to the local guards, and he should be put in, and the woman will be called, so that the investigation will be done further. (NUER_F1: 89)

A number of possible outcomes to these processes were described. If the couple were to remain together, possible resolutions include one party paying compensation to the other, some form of forgiveness taking place, or the wife apologising for the behaviour said to have provoked the violence.

If they find that the woman was wrong they end up compensating the man, they say that, the parents of the woman will bring one cow to please the man after he has been disappointed by the wife. (NUER_M2: 96)

Alternatively, the couple could separate or divorce, which would often require the return of any dowry that had been paid.

According to the Dinka customary law, if you marry a wife and the wife is not fulfilling what you expect from her, you need to take her back to their family, so they have to discipline her. And if not, they have to pay back your dowry. And if the wife is not pleased also with the husband, the wife has to go back, saying you have to pay this back so I can come back. (DIN_M1: 31)

The punishment of the man was a further outcome described (e.g. jail, physical punishment), which could take place regardless of whether or not the couple stayed together.

Displacement-related challenges to the community response to IPV

The changes which had come about through displacement and life in a refugee camp were said by some to put great tension on community systems of responding to IPV. One such change is the breakdown of traditional marriage practices. Participants from most communities described how marriages were traditionally agreed between the two extended families, following extensive discussion, investigation of the other family’s background, and agreement over dowry. Following the marriage, both families remained involved and would play a part in resolving any conflicts. However, in Kakuma, there was said to be an increase in ‘spontaneous marriage’, by which a couple agreed between themselves to marry, without the involvement of the families. This may be because the man could not afford to pay a dowry; or because family members were not present in the camp; or because the traditional ways of the community were not valued as they used to be. Community systems of resolving conflict were said not to be effective in the case of ‘spontaneous marriages’, because the families were not involved: ‘If the two persons just now agree, if the man is violent there is no-one to help’ (SOM_M2: 64). This issue was especially prominent in the Somali men’s discussion; it may be that this community had particular difficulty in adapting their response to IPV to the changed situation in the camp.

Relatives play an important role in the community response to IPV, but in Kakuma, the immediate and extended families may not be around. Some respondents said that others can take on this role (e.g. a friend), but others said that where there are no relatives in the camp, the community system cannot function and the case would have to be referred to agencies.

If the wife has no any relative in the camp, and the tribe or the clan of the husband is only around, this one is better to report to the Gender programme and try to resolve the situation. (SOM_M2: 77)

If a woman who is being beaten has no relatives in the camp, then her situation is difficult because there is nowhere in the community for her to stay safely while the situation is resolved, as might have been the case in her home country.

At home the wife will escape to her family but those without family here will just stay at home and cry. (SOM_F2: 71)

Traditional ways of resolving IPV were sometimes said to involve the payment of compensation, but this practice was difficult to maintain in Kakuma, where there are limited opportunities to raise the money to pay compensation.

One of the main displacement-related changes referred to by male participants was the support and protection offered to women by the agencies working in the camp. As described above, systems were in place to offer protection to women experiencing violence or abuse in the camp, as well as programmes aiming to ‘empower’ women through offering training, education and business

opportunities. Some male participants said that these programmes provided women with options which had not been there previously, and as a result women would bypass community systems of dealing with IPV, and go directly to agencies, who were perceived to be able to offer more (e.g. the possibility of resettlement).

Whatever small case they found, which can be simplified there at home, that one, she can finish it there, but she's running to Gender. (ETH_M: 25)

Some male participants suggested that the responses of agencies created or increased problems within families. It is worth noting that no female participants expressed this opinion. The perception expressed by some men was that agencies are fundamentally biased against men, and empower women at the expense of the wellbeing of their husbands, families and the community. The term 'Gender' was commonly understood to mean 'female': 'they are ... saying Gender, but they are on the side of the ladies' (ETH_M: 25). The programmes implemented by LWF Gender Promotion Unit were said to encourage women to change their beliefs about acceptable conduct within a marriage, and to feel that they have the support of an agency if they choose to challenge their husbands. One man described this as 'corruption in the home', implying that women misuse this support and protection to gain unfair advantage in the home.

Gender workers were said by some male participants to actively encourage women to cause problems in the family, either because they believe this could be a route to resettlement or for some other reason.

There is some implementing agencies involved our problems, like Gender programme. They just set against the man and his wife. They told the wife that if you just fight with the husband, maybe you'll be given resettlement. (SOM_M2: 9)

Some men also complained that the way these agencies respond to the cases reported to them is not satisfactory. For example, it was said that agencies over-react to problems perceived by the men to be 'small', and so escalate the problem. On a number of occasions, participants said that agencies did not resolve problems in a long-term or satisfactory way, or address the causes of the violence. Instead, they were said to focus on removing the woman from the family, which increased the problems of the husband and any children or relatives left at home. The separation of families appeared to be a matter of particular concern.

If this violence occurred in the house, the lady went to the Gender programme ... they might tell her that she'll be taken to another place, just forget about this husband. The lady plus the children will be taken to the Safe Haven areas, and the man will be chased away. (SOM_M2: 27)

These responses, especially the separation of families, were said by some to have destroyed their community's culture. The aims of community responses to IPV were more commonly expressed in terms of keeping the family together:

Somalis, they are very much considering the family not to break. If the man has done something, mistake to his wife, the focus, he is focusing to change his behaviour by the elders that surround him. This is the ways that Somalis are solving the problem... Violence is always happening but people have the relationship, they are living together. (SOM_M2: 77)

Discussion

Refugees in Kakuma talked about making use of a 'hierarchy of responses' to IPV, with only particularly serious or intransigent

cases reaching UNHCR or its implementing partners. They described negotiating the formal structures put in place to protect women; agencies' resources are used when a situation is found to be beyond the capacity of a community, but they are primarily seen as plugging gaps, rather than as the dominant response to IPV.

This research, like other studies (Bhuyan & Senturia, 2005; Mulu, 2007; Rothkegel et al., 2008), suggests that displaced women who experience IPV often favour a more traditional response over formal intervention. In Kakuma there are several reasons why women might prefer a community response. One is the perception that agencies are likely to remove the woman (and sometimes her children) from the site of violence, which separates a woman from the supportive aspects of her community, as well as the risky aspects. In addition, some refugees (male and female) expressed disapproval of women who bypass community structures and report IPV directly to agencies. A woman may feel under some pressure not to report IPV to an agency, for fear that this decision could estrange her from her community and so put her at further risk, as she loses the support and potential protection of neighbours and community leaders.

Some male refugees who participated in this study described being mistrustful of agency responses, because they believed that agencies favoured women and prioritised protecting the woman at all costs, even if that meant separating her from the family. Amongst these men, there was a perception that the aims of communities and agencies in responding to IPV are different and incompatible. Whilst communities tend to prioritise keeping the family together, agencies were perceived to prioritise protecting the woman, which was associated with splitting families, and supporting women but not men. Similar perceptions have been reported amongst Ethiopian men resettled in the US, who claimed that women are favoured by US agencies dealing with IPV, whilst men are seen as disposable (Sullivan et al., 2005).

Whilst community responses to IPV might often be appropriate and helpful, the findings of the current study suggest that in Kakuma they do not necessarily result in women receiving protection from further violence. Examples were given of women being advised by family and neighbours to return to a violent partner, and perhaps modify their behaviour in an attempt to avoid provoking further violence; certain women receiving little protection (including those perceived to be troublesome; those without families; those who marry 'spontaneously'); and of traditional systems (e.g. compensation) being ineffective in the camp context.

The role of the parents and relatives, particularly in relation to compensation, highlights a woman's dependence on her family for protection from a violent husband. A woman without relatives in the camp lacks the traditional 'safe place' to escape to while the situation is resolved, and has nobody to return a dowry, so enabling her to officially exit the marriage. Women whose families are unable or unwilling to return the dowry (perhaps especially those who have been forcibly married) are equally vulnerable.

Limitations

This applied study was conducted in challenging circumstances, with minimal resources, and, therefore, has some limitations.

Firstly, although efforts were made to invite a varied group of people from each community to participate in the FGDs, it is likely that certain groups were under-represented, particularly those who are working in the camp or had a business, since they would not have time to participate. It is likely that the FGDs were made up of people from the lower socio-economic groups in the camp, and that women who are experiencing problems in the home, especially those with a controlling husband, did not participate, since their husbands would have prevented them from doing so.

Whilst the participants in this study reflect the broad diversity of the Kakuma population, a representative sampling strategy was not used, so no claims are made about the generalisability of these findings. We cannot assess the prevalence of the different responses identified, draw any conclusions about differences between refugee communities in Kakuma in the way they respond to IPV, or make claims about causal relationships.

The process of translation during FGDs was not ideal; it would have been preferable to conduct each FGD entirely in the language of the participants. However, this would have required recordings to be transcribed and translated, and resources (both human and financial) were not available for this. There was a shortage of refugees in Kakuma with the language skills required to translate professionally, and nobody with transcription skills was identified. It would have been necessary to employ at least seven people to carry out the transcription and translation tasks, since seven languages were used during the FGDs. No financial resources were available to pay for this work to be carried out, even if suitable people could have been identified. Although translation during FGDs was felt to be the best solution to this situation, it is acknowledged that it may have resulted in discussions being somewhat disjointed, and the loss of some of the subtleties of the ideas expressed. However, procedures were put in place (training facilitators in translation; encouraging participants with English language skills to participate in the translation) to ensure that the content of the discussions was translated as accurately as possible.

The FGD approach was deemed to be appropriate in this setting, and in general it was found to be effective. However, it tends to give greater weight to the dominant voice, or majority view, and is less effective at identifying dissenting opinions. The author's experience of managing the Safe Haven refuge in Kakuma provides anecdotal evidence that some women experiencing violence go directly to agencies for assistance because they do not believe that the community systems will give them the protection they need. These voices were not heard in the FGDs; even if some participants held such views, they may have been reluctant to express them openly. A useful next step, therefore, would be to explore individual stories in more depth, to build up a more nuanced picture of the interaction between community systems and agency systems of responding to IPV, and the ways in which women experiencing violence engage with these systems to obtain the protection they need.

Implications for policy and practice

The findings of this study suggest that refugee women experiencing IPV in Kakuma were not receiving adequate protection, and that the response of humanitarian agencies was not effective, primarily because women chose not to use it.

The factors that influence the decision-making of women experiencing IPV in Kakuma are not clear from this study, although some reasons why women may be reluctant to report outside their communities are described above.

Women making decisions about how to respond to violence from an intimate partner must take many factors into account. They are often economically dependent on their partner, have children with him, and their lives are inter-related in complex ways. Cultural and traditional norms influence whether women report assaults, as well as the support she (and the perpetrator) receives, and community mechanisms for responding to IPV (Bhuyan & Senturia, 2005; Kim & Motsei, 2002; Sullivan et al., 2005). Community structures, including the family, neighbours and community leaders, have the potential to contest or reinforce IPV (Carlson, 2005; Dobash & Dobash, 2005). When the woman is a refugee living in a camp her options become even more limited. The

dynamics and structures of the refugee community may differ from those she is used to at home. She may lack the extended family that would provide assistance and support if she were at home. Her movements may be restricted, making it difficult for her to leave. She may lack knowledge of the country she has sought refuge in, and have few, if any, people she knows outside the camp. The woman's position in relation to her family (including the extended family), community and society is likely to impact on how she responds to a partner's violence.

These factors will also greatly influence the extent to which agency responses enhance a woman's safety, or 'empower' her as intended. The author's experience of managing the Safe Haven provided numerous examples of agency responses providing safety and support for women who had experienced severe abuse and had not been protected by their families or communities. In some cases, therefore, agency responses seemed to have the desired impact. However, the findings of this study suggest that agencies are not protecting the majority of women experiencing IPV in Kakuma, because they choose not to report it, so remain at risk of further violence. Whilst agencies provide a valuable service in Kakuma by ensuring protection in the most serious cases of IPV, they are not assisting the majority.

A first step in moving towards more effective policy and practice in this field would be to develop a more comprehensive understanding of the problem from the perspective of women who have experienced IPV, focusing particularly on what would constitute an effective response for them. An understanding of the reasons women favour particular responses to IPV, and the outcomes women believe they are likely to achieve through these mechanisms, compared to the alternatives, would enable humanitarian agencies to develop approaches to IPV which protect women from further violence. It seems that agency responses, and community responses, produce different outcomes for women in different circumstances, and the mechanisms by which this occurs need to be explored further. Such a study should involve an analysis of the decision-making processes of a range of women, including those who report to agencies, those who report to community officials, and those who do not report at all. Mapping women's responses to IPV, and the outcomes of these responses, would also assist in developing more protective systems, which would meet the needs of women experiencing violence.

The current study, like others (e.g. Human Rights Watch, 2000; Mulu, 2007), found that communities do not provide adequate protection to women experiencing IPV. Since women in Kakuma are reluctant to report their cases to UNHCR and its implementing agencies, it would seem crucial for UNHCR to work more closely with key individuals and structures within refugee communities to develop a co-ordinated and effective response to IPV, as recommended by Rothkegel et al. (2008).

A co-operative approach, in which community and agency responses are integrated, would require trust to be built up on both sides. A wariness was identified amongst some male refugees of agencies working with women in Kakuma. This sub-group of men have a fundamentally different understanding to humanitarian agencies of what an effective response to IPV involves. This tension would need to be addressed as a priority before communities and agencies could develop a co-operative approach to IPV.

However, if it could be achieved, there would be a number of benefits. Agencies could work with communities to build their capacity to respond to IPV more effectively, and provide them with the resources to protect women at risk of violence. Communities engaged in this way would be less likely to feel threatened by the actions of agencies, and more likely to feel a sense of control over their own circumstances, so reducing their dependency on outside bodies, with all the associated negative consequences.

Conclusions

UNHCR and other agencies working with displaced populations have made great progress in recent years in their understanding of, and response to, SGBV issues, including IPV. However, the findings of this study support those of Rothkegel et al. (2008) that, despite their stated ‘community based, participatory’ approach, UNHCR have not fully engaged with community members in developing their response to IPV. Refugees in Kakuma have not simply adopted the systems put in place by international agencies; they have made use of them where they find them helpful, and have continued to use their own systems where they regard the official responses as unhelpful.

There are mixed consequences of this ‘dual system’ in terms of the impact on women’s health. It is positive that women have a range of options available to them, and can seek help from agencies whose priority is to protect the woman from further violence. However, taking advantage of this may estrange them from their communities, who value dealing with problems within the community, and keeping the family together. This could put women at further risk, as they lose the support and potential protection of their neighbours and community leaders.

Whilst agencies provide a valuable service in Kakuma by ensuring the protection in the most serious cases of IPV, they may not be assisting the majority, who prefer for their cases to be dealt with by the community. Systems must be implemented with an awareness of the effects on community structures. If official systems undermine community structures (instead of working with them, and developing them), then they can increase women’s vulnerability; partly because men may feel threatened, which makes them more likely to use violence, and partly because women are forced to choose between their community and their safety. It is important that agencies work closely with refugee communities, rather than setting up parallel systems.

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