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Intimate Partner Violence and humanitarian action: considering cultural context and gender dynamics

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Abstract:
Gender-based violence occurs against women all over the world but the problem is worse in the context of humanitarian crises. Despite a growing awareness about the increased prevalence of intimate partner violence (IPV) in crisis settings, there is a lack of research on effective interventions to prevent and respond to IPV. In Arab regions IPV is experienced in a context of traditional patriarchal culture and unequal gender dynamics where society is largely tolerant of violence against women, including women. There is a lack of understanding on how to address this since most research and interventions have been designed based on experiences in the West and non-Arab contexts. This paper explores the context of Syrian refugee women in Lebanon and uses the social ecological model to help frame how humanitarian interventions tackle IPV. This paper examines whether interventions take into account the complex environment of culture-specific gender relations in which women experience IPV. IPV is a difficult area to research given the sensitive nature of the topic but to be effective humanitarian interventions must implement culturally competent interventions that consider the different levels of the social ecological model.

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Keywords: Intimate Partner Violence, refugee women, culture, gender roles, displacement, Arab context

Acronyms and Abbreviations:
CEDAW - Convention for Elimination of All Forms of Discrimination Against Women
GBV – Gender-Based Violence
IPV – Intimate Partner Violence
IRC – International Rescue Committee
SGBV – Sexual and Gender-Based Violence
UNFPA – United Nations Population Fund
UNHCR – United Nations High Commissioner for Refugees
VAW – Violence Against Women
WHO – World Health Organisation
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Introduction

Violence against women occurs worldwide regardless of geographic location, religion, culture, or socioeconomic class. Intimate partner violence (IPV) is defined by any behaviour that causes physical, sexual, or psychological harm and can take the form of emotional or verbal abuse, or coercive control (Nakray 2013, Harne and Radford 2008) including forced early marriage, isolating a person from family and friends, and restricting mobility and access to financial resources, employment, education or medical care (WHO 2012).

This paper will explore whether the interventions aiming to prevent and address IPV among Syrian refugee women in Lebanon employed a systematic integration of cultural variables and a regard for the gender power dynamics, and identify further areas for research. I will use the social ecological model to help frame how humanitarian interventions tackle IPV in Lebanon. The four levels of the model consist of: intrapersonal (personal history), microsystem (relational; partner, family, friends), exosystem (community; formal and informal institutions), and macrosystem (society; views and attitudes of the predominant culture) or are similarly categorized (Blay-Tofey and Lee 2015, Yasmine and Moughalian 2016, Morse et al 2012, Krahé 2005, Oetzel and Duran 2004).

IPV is one of several types of gender-based violence (GBV) that predominantly affects women and is a form of structural violence which often “remains invisible and normalized” as a controlling behaviour within women’s everyday experience (Merry 2009). A more robust definition also refers to the pattern of coercion and control within the context of gender relations between intimate partners (Harne and Radford 2008, Nakray 2013) since there is particularly intense coercive power available to intimate partners (Spangaro et al 2013). IPV is produced and perpetuated by several factors including cultural structures (Farmer 2004).

Intimate partner violence has a direct impact on the health of women including injury, gynaecological and psychological problems, and longer-term consequences on the health and well being of women and their children (Masterson et al 2014). There is a strong association of IPV and psychological problems but mental health services are particularly lacking in humanitarian crises (Maziak 2002) and social stigma may also reduce access to services. Of the Syrian refugee women in Lebanon exposed to violence in Masterson et al’s study (2014), only 9.2% had accessed any kind of mental health care. Refugees are defined as groups of people who are fleeing across an international border primarily from violent conflict (cited in Ahgtaie and Gangoli 2015), due to a ‘well-founded fear of persecution on account of race,

The World Health Organisation (WHO) (2013) documented that globally almost 30% of all women who have been in a relationship experienced violence from their partner, and in some regions 38%, pointing to the need to better understand and address the factors that explain this variation such as those that tolerate violence against women. The prevalence data of IPV is widely known to be unreliable due to the sensitive nature of the topic and tendency for it to remain unreported, hidden within the household (Stark and Ager 2011). The prevalence of violence in the Middle East from a non-intimate partner family member was found to be 26%, with a fourfold risk of IPV, and Jordanian women’s lifetime prevalence of IPV reported at 32-43% (cited in Morse 2012). The behaviour of reporting is itself culturally and geographically specific, just as the experience and acceptance of abuse may exist in relation to cultural differences (Nakray 2013). There is a paucity of research on IPV in general and particularly in non-Western countries in due to a lack of data and limited methodological development on this sensitive topic (Djamba and Kimuna 2015, Morse et al 2012, Krahé et al 2005); it is a difficult and important issue that needs to be understood. Sexual and gender-based violence is known to be high in conflict settings but the available data focuses on SGBV as a tool of war and namely in Africa (Spangaro et al 2015).

This paper uses the term IPV to refer to violence between intimate partners that are formally married and focuses on the case of married Syrian couples in Lebanon, although the discussion is largely relevant to unmarried women and adolescent girls who undoubtedly also experience IPV in their relationships. The research acknowledges that unmarried women may face added challenges within the Arab cultural context within which it is frequently not permissible for girls to have a dating relationship. While Middle Eastern Arab-Muslim contexts share commonalities in terms of patriarchal society and a general set of cultural norms regarding gender roles that influence how GBV and IPV are viewed and practiced, the author recognizes that differences by region and group of cultural identity exist. The problem of violence against children in the household and cases of IPV where men are victimized are important yet is also beyond the scope of this paper.

In the first section this paper will show the risk factors of women experiencing IPV through the lens of the social ecological model and illustrates that IPV towards women in Arab regions exists in a complex environment of cultural and gendered power dynamics. The next section provides a deeper look at the gender norms and rationales in Arab culture that legitimise violence against women and lead to women’s tolerance of this abuse. Section III
explores the case of Syrian refugee women in Lebanon and their experience of IPV, then Section IV describes the influence of conflict and displacement on shifting gender roles among Syrian refugee couples. The fifth section highlights the laws that exist to prevent and combat abuses such as IPV and the difficulties in challenging the norms of violence against women despite these laws. Finally, the discussion examines humanitarian interventions that address IPV in Lebanon and critiques the existing approaches against research and concludes with recommendations for interventions and further study.

I. Risk Factors and The Social Ecological Model

Researchers agree there is no single cause of IPV but that “such violence arises from the convergence of specific factors within the broad context of power inequalities at the individual, group, national and global levels” (UN 2006). Some risk factors have been identified across studies in different countries, but many are context-specific and remain to be explored (WHO 2012). In the context of the Syrians living in Lebanon, where partners and families have already experienced the trauma of loss and displacement as refugees fleeing war, multiple layers of contextual complexity exist, including Arab culture-specific gender relation dimensions, all of which compound the issue of IPV. Anthropologists and public health scholars have widely used Heise’s (1998) social ecological model of violence against women to understand the causes of gender-based violence including intimate partner violence.

Research shows that more IPV occurs on the 1st level - individual - when either or both the man or woman has low education status or witnessed violence, on the 2nd level - microsystem - where there is economic stress, male dominance in the family (including of wealth and decision-making), and conflict in the relationship (WHO 2013, Krahe 2005, Abadeer 2015). Risk factors on the 3rd level - exosystem - include social exclusion, a lack of social support for couples, and excessive stressors (Krahé 2005). These can include inadequate income, housing, health care, social protection, and exploitation by employers, law enforcement or host community landlords as in the case of Syrian refugees in Lebanon (Yasmine and Moughalian 2016, Alsaba and Kapilashrami 2016). According to Heise on whose model many others base their research, the 4th level - macrosystem - includes variables related to social structures such as male entitlement or male’s perception of ownership of women, masculinity linked to aggression and dominance, rigid gender norms, and acceptance of interpersonal violence (Heise 1998, Djamba and Kimuna 2015).

Each level explains risk factors that can shed light on possible areas of intervention for reducing and responding to SGBV and IPV. Loue (2001) notes the importance of this model
in bridging our comprehension of “violence in the family [against women] with the broader society and environment”. Since every case of VAW within a household exists within a broader ecosystem that contributes to or protects from different degrees of risk, any intervention must explore and consider the specific cultural context in which it is applied across the four levels (Loue 2001). No one model “fits all” (Velzeboer 2003).

Other theories that explain why violence is directed towards women support the risk factors explained by the four-tiered model, in particular the frustration-aggression hypothesis that violence is triggered when men who face traumatic stress, deprivation or are unable to cope with their emotions resort to violence against their partner. Similarly to the individual level, the social learning theory explains that violence is learned from previous exposure to witnessing people act aggressively and abusively, especially where violence is culturally normative within the society (Sigal and Denmark 2013).

II. Culture and Intimate Partner Violence in Arab Society

Current interventions in non-Western countries are being designed largely based on Western or North American ideologies and experiences, without an understanding of the specific complexities surrounding IPV (Krahé et al 2005, Goel and Goodmark 2015). In the context of Arab countries, the Middle East and North Africa (MENA), ties between the identity and practices of men and women are strongly linked to their shared cultural, religious and socio-political values, and beliefs (Shivdas and Coleman 2010)\(^1\). These norms are grounded in a history of patriarchal and hierarchical systems that define gender roles wherein male dominance largely limits women’s autonomy. High rates of IPV exist where a society’s traditional culture embraces the patriarchal gender ideology; “cultural ideas sometimes provide rationales for controlling women’s bodies and ruling their lives” (Okin 1999).

Culture may be defined as “social doctrine taken by a group and this group is based on [a] unifying social phenomena” such as gender, region, or religious group, and importantly “it gives meaning to what actions are acceptable or not” and can give legitimacy to acts of violence such as IPV by normalizing the behaviour (Aghtaie and Gangoli 2015). Cultural violence is one way structural violence has been legitimized at the community level (Galtung 1996).

\(^1\) The author recognizes that there are minority groups including non-Muslims and those who don’t identify as Arab within the MENA countries and whose cultural and religious values may differ from those referred to in this paper.
While no religion condones IPV, studies show that many Muslim men who abuse their partners incorrectly apply religion and use culture as the excuse to justify their behaviour (Jayasundara et al 2014, Aghtai and Gangoli 2015, Morse 2012). Morse’s study supports the view that it is the patriarchal culture that validates family violence, not Islam (Morse 2012). A review of studies in Muslim communities globally revealed common attitudes towards IPV including that since women are socialized from a young age about the importance to marry, once married there is pressure to stay married and be a ‘good’ i.e. obedient wife. The expected behaviour by women in this scenario derives from both culture and religion (Shivdas and Coleman 2010) and such pressures lead to her submission and tolerance of abuse (Jayasundara et al 2014, Abu-Ras 2007). Additionally, it is difficult for women to report this violence due to the taboo nature of the topic and fear of bringing shame or ‘dishonour’ to the family, and some self-blame for their abusive husbands (Swingewood 2014, Sanches-Hucles and Button 1999 cited in Krahé 2005).

Palestinian women who lived in areas affected by political violence were found more likely to report having experienced domestic violence and to accept it; experiencing the violence as a society appears to legitimize and increase violence in the couple (Memmi, cited in Djamba and Kimuna 2015). Indeed “the stranglehold of patriarchy holds many women in violent circumstances in their own homes” (Shivdas and Coleman 2010). Syrian refugee women living in Lebanon are often silent because they are afraid to be sent back to Syria by their husbands and prioritize their families’ needs over their own (Yasmine and Moughalian 2016).

III. Intimate Partner Violence among Syrian Refugee Women in Lebanon

As a result of what the UN Secretary-General has called “the worst humanitarian crisis of our time”, over 4,862,778 Syrian refugees have fled to neighbouring countries, with at least 1,017,433 registered in Lebanon and living in over 239,907 households, representing a quarter of the whole population (UN 2015). Of the refugees, 52.3% are female and of them almost a quarter are between the ages of 18-59 years (UNHCR 2016). The majority of the refugees live within Lebanese host communities in poor and crowded conditions with many family members (Masterson 2014) and often in informal tented settlements since the host government has prohibited formal refugee camps (Loveless 2013).

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2 Per the Government of Lebanon’s request, the UNHCR suspended the registration of ‘persons of concern’ since 6 May 2015, so we can assume the actual number of refugees, even if not officially counted, to be well beyond 1,017,433.
Women in conflict, post-conflict settings and those forcibly displaced are more vulnerable to violence (Hossain et al 2014, Wirtz et al 2014), and intimate partner violence poses a greater risk for women during crises than sexual violence outside of the household (Stark and Ager 2011). Well before the scale of crisis and violence in Syria grew to an unprecedented level, women were tolerating violence in their homes. Over half (67%) of Syrian women reported having received “punishment from their husbands” and experienced this violence in Syrian households prior to their arrival in Lebanon; 85% was physical violence (UNFPA 2015), and given the context we can expect underreporting.

Since 2012, a normalization of the increase in violence has occurred and impacts the scale and scope of violence towards Syrian women refugees (Alsaba and Kapilashrami 2016). In a study of displaced Syrian women living in Lebanon, 31% reported experience of physical, sexual, and/or psychological violence, likely a vast underestimation of the women affected (Lilleston et al 2016). The International Rescue Committee (IRC), an international non-governmental organisation responding to GBV in Lebanon reported that among their case management clients, intimate partners were the most common perpetrators of violence (46%), with host community perpetrators at 11% (Lilleston et al 2016)\(^3\).

IV. Shifting Status and Gender Roles in Crisis: Socio-psychological context of refugees

The context of conflict and displacement impacts gender relations in a number of ways and creates new vulnerabilities for women regarding their experience of violence (Alsaba and Kapilashrami 2016). The status of Syrians in Lebanon as refugees has caused a repositioning of their identity, which affects their level of power in society as well as in the family. The collapse of their social and economic situation influences the patriarchal structure and shifts the behaviors of men and women from their usual gender roles (Charles and Denman 2013, Alsaba and Kapilashrami 2016).

In order to cope with the challenges of financial insecurity, for example, many Syrian women have had to expand their role from primarily maintaining their household to also earning an income. Men may not be able to find work due to a scarcity of options or if they lack legal status in Lebanon and therefore are unable to provide for the family or keep

\(^3\) “Most of the GBV risks that women and girls faced, however, were inside of the home. IRC staff noted that intimate partner violence, domestic violence, and early and forced marriage were all concerns among the Syrian refugee community living in Wadi Khaled. Among the IRC mobile services case management clients, current or former intimate partners (46%) were by far the most common perpetrators of GBV, followed by non-spouse or caregiver family members (20%), primary caregivers (13%), and host community members (11%).” (Lilleston et al., 2016. pg20/43).
occupied (El-Masri et al. 2013) whereas in Syria many had owned their own home (Lilleston et al. 2016). Women’s mobility and choices may be more restricted if men are more present in the household, and women also face pressure to not displease their landlords. Psychologically there is a great deal of stress for both the husband and wife as a result of the roles they have to adopt for the survival of the family in their new environment which largely contradict their practices and norms back home (Yasmine and Moughalian 2016).

Beyond economic insecurity, Syrian couples in Lebanon also experience a loss of status and social networks as foreigners in unfamiliar communities where they often face discrimination, xenophobia and hostility, (Yasmine and Moughalian 2016, El-Masri et al. 2013) and have the challenge of being integrated amongst Lebanese communities rather than in a refugee camp setting where they would be with others of a similar background (Charles and Denman 2013). One result of this shift, compounded by a high level of stress, is the increase of IPV by men who have lost the comfort of their social status and sense of control, who attempt to regain a sense of power through exerting their masculine identity with violence. While men as a group are still dominant, the diversion from activities that defined Syrian men’s authority and masculine identity can lead them to feel powerless and thus express violence and aggression over women (Fulu and Miedema 2015) as a “backlash to changing gender roles” (Kimmel cited in Fulu and Miedema 2015).

An important qualitative impact assessment by Oxfam and the Research Center for Gender Equality (ABAAD) explored 150 refugee men and women’s experiences of how gendered social and economic roles changed in Lebanon. Results showed lower self-esteem among men as many reported feeling unable to fulfil society’s expectations of them as men. It also found that women were expected to maintain their traditional duties without the same resources, and coping with it “by prioritizing the needs of their husbands and children, often to the detriment of their own health and well-being” (El-Masri et al. 2013).

V. Human Rights, CEDAW and Culture

There are laws to help protect women from violence and to bring justice to perpetrators, but they operate within complex environments and barriers to their application may exist where violence against women is culturally tolerated. The modern International Human Rights doctrine stems from the secular West and clashes with traditionalist patriarchal culture with regard to the treatment of women. The United Nations Convention for Elimination of All Forms of Discrimination Against Women (CEDAW) cannot be relied upon
to eradicate those practices that are discriminatory towards women. Article 5 of the CEDAW says to “take all appropriate measures to modify the social and cultural patterns of conduct of men and women...”4 (Shivdas and Coleman, 2010). Although this international treaty aims to have common minimum standards including international human rights, where cultural practices based on attitudes of patriarchy and hierarchy result in violence against women, most constitutions and international instruments allow for their preservation (Shivdas and Coleman 2010). In fact, although Lebanon acceded to CEDAW in 1997 and Syria in 2003, both kept reservations regarding several articles “that protect, to some extent” men’s physical control over women (Alsaba and Kapilashrami 2016, UNFPA 2014). Those who benefit from traditional discriminatory cultural practices, and particularly the perpetrators of violence, won’t easily tolerate resistance to their position of power (Fulu and Miedema 2015).

In examining the universality of human rights, which is argued to be based on a Western notion of ‘cultural imperialism’, Muñoz-Rojas found that attitudes differ if the context contradicts one’s social norms (2015). Any progress in establishing more equitable gender norms requires first an acceptance of the principle of equal rights for women and an environment in which these rights can be promoted and practiced, and includes the legal prohibition and prosecution of violence against women (Shivdas and Coleman 2010). In most Arab states “gender violence is not fully criminalized” (Alhabib et al 2009).

VI. DISCUSSION: Humanitarian interventions addressing IPV in Lebanon

i. Empowering Women in a Man’s World

Following a review of the literature, it stands that more data on the role of culture and gender in addressing and preventing IPV in humanitarian crises affecting Arab populations is required, as well as a closer look at what has been implemented thus far. Given the rise in conflict in the Middle East and the resulting increase in violence against women, especially IPV, understanding what constitutes an efficacious intervention to prevent or address violence is critical (Masterson et al 2014). However, there are very few published impact evaluations on the effectiveness of programs on this topic (Alhabib et al 2009). Generic guidelines for responding to GBV in humanitarian crises have been written by organisations such as the

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4 Convention on the elimination of all forms of discrimination against women (CEDAW), 1979
Article 5 [excerpt]
States Parties shall take all appropriate measures:
(a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women
WHO, focusing on clinical recommendations, and the UNHCR which emphasizes primarily women’s empowerment.

According to a factsheet by the Inter-Agency Coordination for SGBV in Lebanon, 23 national and international organisations are involved in activities to increase the protection of women and children from violence and address GBV (UNHCR 2016). No programs targeting IPV are noted although domestic violence was mentioned as one of the main types of violence experienced by survivors. Information on interventions is scarce and evaluations of humanitarian responses to IPV are limited and thus an analysis of multiple approaches used in the context of Lebanon is not feasible for this paper. The International Rescue Committee was selected for analysis based on the level of details available about the organisation’s SGBV program.

The IRC has engaged with affected Syrian women and listened to their stories since the crisis started and is one of the few organisations that publishes details of the formative research, conceptualization and evaluation of its’ intervention addressing SGBV in Lebanon (Lehmann et al 2014). The IRC’s intervention in Lebanon focused on women’s empowerment and involved activities interacting almost solely with women, targeting the first level of the social ecological model. Men were engaged in discussion groups primarily to gain their buy-in so they would allow women to participate in IRC activities (Lilleston et al 2016). IRC found positive short-term results following women’s groups using a curriculum based on Arab culture. However, focusing solely on the woman will not impact men’s attitudes or her environment. As one program participant stated, “the woman doesn’t own herself”, and as noted in the evaluation, a number of women were unable to attend due to structural issues within the husband-wife relationship (Lilleston et al 2016).

A review by Tappis et al (2016) found no literature demonstrating proven strategies for GBV prevention in refugee settings and warned to carefully consider programs that focus on women’s empowerment in a context where their partners are already questioning their roles as men. Many such initiatives exist without exploring potential negative outcomes and don’t know what harm may occur (O’Brien 2016). Yasmine and Moughalian (2016) criticize that research and interventions have missed out on the complex and multi-layered narratives of women refugees, and that through relying on intrapersonal (i.e. first level) strategies they place the responsibility of finding their way out of an environment of violence on the newly

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5 Arab Women Speak Out (AWSO™) was developed and launched by the Johns Hopkins University Center for Communication Programs in 1999 to promote women’s empowerment in the Near & Middle East. [https://www.k4health.org/toolkits/jhcp/arab-women-speak-out-awso](https://www.k4health.org/toolkits/jhcp/arab-women-speak-out-awso) [Accessed 08/02/2017]
‘empowered women’. This may result in unintended consequences on the women through this new pressure or obligation to ‘free themselves’, while little else in their ecosystem has changed or is prepared to accommodate their new perspective.

Anthropologist Karin Friederic’s research highlighted the importance of not developing exclusively women’s rights-based IPV initiatives and that it is not simply a cultural behaviour that one can be “educated out of” (Wies and Haldane 2015). Both Friederic (2015) and Tappis (2016) advise that women’s empowerment strategies be combined with culturally appropriate initiatives to incorporate social supports and economic alternatives, with the objective to minimize risks for both men and women (Wies and Haldane 2015) and address additional levels of the ecological model.

ii. Engaging Men, Enabling Women

A change in women’s experience won’t only happen on the individual level but in relationships with their partner, the community, and the systems of culture and law; for empowered women to actualize their rights, they need an enabling environment (Shivdas and Coleman 2010). The evaluation of IRC’s program in Lebanon stresses the importance of considering men’s attitudes regarding gendered social norms (Lilleston et al 2016), as does Scott et al’s (2013) study assessing men and women’s attitudes towards gender inequitable norms and violence against women. The study concluded that GBV programming must address both men and women, thus targeting the second, intrapersonal level of the model. However, the challenge is great as current attitudes and norms have existed for centuries within Arab societies and it will take a robust multi-level approach to gain space for women.

An evaluation of an IRC program in a conflict-affected setting in Africa that aimed to prevent IPV, targeted men through discussion groups and revealed that even focused short-term engagement can reduce intention towards IPV; influence men’s behaviours and gender-related attitudes (Hossain et al 2014). “Although this increased perception of equality between women and men does not necessarily translate into more equitable practices and patterns of behaviour, it does signal increased awareness and understanding of gender equality at the individual attitudinal level…helps to foster understanding of violence against women as a social problem at the local level” (Fulu and Miedema 2015). Similar initiatives in the Arab context are lacking and would require cultural adaptations tailored to the normative beliefs and complexities of the environment in order to be effective. “We can’t ask [men] to leave
their culture behind, but we can encourage them to see things differently” (UNFPA 2009). The UNFPA has begun to record the best practices of partnering with men to reduce gender-based violence in Eastern Europe and Central Asia, but the narrative of Arab refugee men in their own words is missing, as well as an exploration of how to effectively engage them to tackle IPV.

O’Connell’s (2011) research on how gender equality can be strengthened in conflict-affected states underlines that these cultural elements have not been adequately considered, resulting in lost opportunity; “Research has not adequately defined culturally competent strategies for healthcare providers to address family violence for Arab families in the Middle East, both in and outside their countries” (Rosenow-Williams and Behmer 2015). Indeed, a review of studies on the effectiveness of GBV prevention programs and strategies for refugee populations revealed a limited focus on IPV, and little evidence of the effectiveness of the activities intended for GBV prevention and response in humanitarian settings (Tappis 2016, O’Brien and Macy 2016). Morris (2012) supports the idea of challenging culture and norms; “It is important to remember that the idea of culture is a tool by which we reach understanding, not an empirical fact…People make culture”.

iii. Engaging Communities and Understanding Context

According to Spangaro et al (2015), community engagement was one mechanism found to contribute to an effective intervention to reducing sexual violence in conflict and crisis settings, and the UNHCR’s guidelines on SGBV reduction and response for refugees indeed underline building local capacity and encourage community engagement (UNICEF 2003). Other promising mechanisms include increasing the risk of offenders being detected, ensuring that community members know about services responding to sexual violence, and providing safe and anonymous systems for reporting and help-seeking (Spangaro et al 2015). Counsellors working with Arab-American families suggested programs should “build on cultural strengths and values to end violence, such as utilizing faith, surviving skills, interdependence, family values, and concerns for children” (Shalabi et al 2015).

Spangaro et al (2015) recommends that future studies explore the pre-existing capacity within the culture of a community as an additional mechanism, taking into consideration the importance of the context in which the intervention takes place and how social and cultural elements can impact the program. Studying these nuances is important to avoid implementing

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6 Comment by a reproductive health project officer for UNFPA who observed a change in Turkish soldier’s attitudes towards cultural norms that had subjected women to violence.
programs that are based on ideas and experiences from Western countries where the gender power relations and daily life experience of women is very different than in an Arab cultural context (Wies and Haldane 2015).

iv. Incorporating Cultural Competence and Gender Knowledge in Programs

Study of how social norms and unequal gender power dynamics determine the experience of violence by displaced women can shed light on the mechanisms of control and structural violence and help determine how humanitarian organisations can plan appropriate interventions to address the vulnerability and well being of refugee women (Wirtz et al 2014). Addressing gender-based violence requires addressing gender inequities that contribute to violence and must challenge social, cultural, and political determinants as well as women’s access to power (Ward and Vann 2002). The study of the structural mechanisms at the community level that enable IPV to occur and continue unchallenged is important for research and analysis of how best to address the problem (Wirtz et al 2014), for example, the relational dynamics of Syrian men and women, their interactions with the host community, and their access to health and legal services.

CONCLUSION: Cultural competency in humanitarian interventions

Responding to women experiencing IPV is difficult anywhere, but it is exceptionally challenging to know how to help Syrian refugee women living in a context of traditional patriarchy and embedded cultural norms that are permissive of violence against women and restrict their mobility. Moreover, the women reside in a complex environment as refugees and face multiple challenges and stressors on both them and their partners. Studies of effective interventions to prevent and respond to SGBV in humanitarian settings are scarce, with fewer still regarding IPV and even less about the complex factors of the Arab cultural context.

Research providing insights into the experiences of IPV by Arab refugee women in complex environments is especially necessary considering the volume of women and girls from Syria displaced in the Middle East region currently. Scholars on this topic agree that more studies are needed in order to develop culturally competent ways to work with women, men and the community to increase women’s access to GBV services and to reduce the occurrence and tolerance of violence in the household. The narrative of Arab refugee men in their own words should also be collected as UNFPA did with Eastern European and Central Asian men, followed by an exploration of how to effectively engage with them to tackle IPV.
Programs designed to increase women’s empowerment should also consider how other levels of the social ecological model influence each other and incorporate an understanding of the culture. We need a shift away from employing a predominantly Western lens in IPV programming models in non-Western settings (Hahn and Inhorn 2009). Strategies should account for the existing social and cultural context and take into account how gender power imbalances act as barriers to preventing and responding to IPV (Tappis 2016, Hahn and Inhorn 2009). These factors influence multiple layers of the environment including how government and law enforcement operates and the role of national and international development organisations.

Most interventions focus on the intrapersonal level of the social ecological model, with some touching on the interpersonal by engaging men, and fewer still targeting the community or institutional levels. This is understandable given the lack of data and evidence gathered about how to effectively prevent and respond to IPV in this complex context, but several scholars emphasize the need to employ holistic and culturally appropriate programming. This implies taking into consideration the influence of each layer of a woman’s daily environment and basing program design on the nuances of the context in which IPV takes place.

There has been a small start to expanding the literature on this issue, but we need further research and evaluations to provide an improved humanitarian response. Constraints for organisations such as a lack of resources and short funding cycles do exist, often resulting in more economical short-term programs focused on educational interventions such as discussion groups (Wies and Haldane 2015). Nonetheless, it is important that interventions aiming to tackle as sensitive an issue as IPV develop cultural competency and a holistic approach to improve their efficacy and at the very least, do no harm.

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