Violence against women and girls perpetrated by their intimate partners is a global phenomenon—experienced by at least one in three women during their lifetime.¹ Humanitarian settings prove to be no different, with research showing that intimate partner violence (IPV)² is in fact common, normalized and accepted.³,⁴,⁵,⁶,⁷

Although much attention has been focused on violence committed by armed actors in conflict, very little is often said about women’s experiences with IPV. A new study by the International Rescue Committee (IRC), Private Violence, Public Concern, examined the nature and drivers of intimate partner violence in three refugee camps across three continents: Domiz camp, Iraq; Dadaab camp, Kenya and Ajuong Thok settlement, South Sudan.⁸ While violence against women and girls is often seen solely as a consequence of crisis or displacement in itself, this new research shows that IPV in humanitarian settings is driven by a complex set of factors that include pre-existing gender inequalities, which are exacerbated by rapidly changing gender roles.

Understanding the nature and impact of IPV is crucial for improving donor and government priorities and designing effective and appropriate responses to violence against women and girls. This brief highlights key findings from the research, identifies gaps in existing programs and policies, and outlines specific recommendations that U.N. agencies, donors, and policymakers should adopt to effectively respond to IPV in humanitarian contexts.
Private Violence, Public Concern: Key Research Findings

Building on twenty years of working alongside communities to address violence against women and girls and previous IRC research in West Africa and the Syria crisis region, Private Violence, Public Concern is the first qualitative study that shows humanitarian crises exacerbate intimate partner violence and limit women’s response options.

The research shows that:

- IPV in humanitarian settings is driven by a complex set of factors that include pre-existing gender inequalities and rapidly changing gender norms triggered by displacement.
- During displacement, separation from family and breakdown of community structures, forced marriages, poverty and substance abuse increase women’s vulnerability to violence.
- Women consider many factors when deciding if and when to report intimate partner violence, including the severity and length of violence, the possible consequences of taking action, availability of material, social, and financial resources, and the stigma from family and community associated with disclosure.
- When women do decide to report and take action on the intimate partner violence they are experiencing, they tend to start with the people and options closest to home. Women in the study identified family members, neighbors, and community-based institutions and actors as their preferred and primary avenues for reporting violence.

Intimate Partner Violence in Humanitarian Settings

Women and girls everywhere wield less power and have less agency and decision-making opportunity than men and boys, particularly in emergency settings. Conflict and displacement bring about extreme instability and loss, resulting in the breakdown of community structures, relationships, and support systems that exacerbates the deep inequality that women and girls face pre-crisis and displacement. These shifts also create an environment that allows men to commit violence against their female partners with relative impunity.

The types of intimate partner violence women experience during displacement include physical and sexual violence, psychological abuse, economic dependence, and control over one’s movements. Often, because IPV is rarely a one-time event, women suffer multiple types of violence over the course of a relationship with severe and long-lasting consequences for women and girls, including:

- poorer physical, sexual and reproductive, and mental health outcomes;
- increased economic vulnerability and suffering; and
- compromised ability to work productively, live with dignity, care for children and relatives, and socialize with friends and family.
Gaps in Existing Programs and Policies

Despite evidence of the magnitude of the problem and the devastating impacts on affected women, children and communities, too often IPV has been minimized as a culturally rooted problem that is either too complex or not severe enough to warrant urgent attention in countries affected by crisis. For the women facing such violence, national peace and stability can take years or even decades to attain, during which time women continue to remain undervalued while violence continues in their own homes.

Most humanitarian programs are not designed to address IPV. And yet, because such violence is pervasive, aid workers are confronting it in their everyday work and are forced to craft on-the-spot responses without adequate support. Where programs to address violence against women and girls do exist, they are generally underfunded and ad hoc. As such, IPV remains a neglected issue and under-resourced across the humanitarian agenda.

Insufficient funding and programming for IPV is both a cause and consequence of the fact that many international guidelines, U.N., and other donor strategies fail to acknowledge IPV as a protection issue. Few donors and governments have comprehensive strategies to shape their global response to violence against women, and fewer still make intimate partner violence a priority. Neglecting to address such violence infringes on women’s human rights and directly impacts their and their children’s safety and ability to survive, while also undermining many of the gains achieved in a nation’s recovery from crisis.

Policy Recommendations

Research confirms that factors of humanitarian crises drive and exacerbate intimate partner violence. U.N. agencies, donors, and policymakers must support policies and programs that effectively prevent and respond to IPV in these settings. The following policy recommendations draw on IRC’s body of research, knowledge about intimate partner violence in humanitarian settings, and two decades of experience working with women and girls.

U.N. agencies, donors, and policymakers should:

1. **Recognize IPV as a significant concern within the humanitarian agenda.**

   Humanitarian strategies, guidance, and plans should explicitly include IPV as a significant concern warranting specialized attention and programming. It is critical that IPV be raised both within intra- and inter-agency documents as well as within GBV-specific and broader humanitarian strategies. For example, targeted strategies and initiatives for conflict-related violence should be linked to and placed within broader strategies addressing the full range of protection threats facing women and girls, including IPV.

2. **Increase and better utilize financial and technical resources to adequately meet the scale of IPV.**

   Existing resources dedicated to addressing violence against women and girls should include a focus on also delivering quality services that are tailored to the ongoing nature of violence that survivors of IPV experience. In addition to better utilizing existing funding, it is also critical to commit dedicated financial and technical resources to ensure that sufficient attention is paid to preventing and responding to IPV as a significant threat to women’s health and a barrier to women’s empowerment. Furthermore, many donors fund both bilateral and multilateral programs. These donors can and should use their influence to advocate for U.N. agencies, host governments and other donors to prioritize funding for programs addressing intimate partner violence in humanitarian settings.

3. **Support both specialized and mainstreamed approaches to addressing intimate partner violence.**

   When making funding and policy determinations, specific attention should be focused on addressing IPV both within the GBV sector as well as in broader health, food security, education, protection and economic initiatives. All survivors of IPV and their children require a holistic response that addresses their multiple needs, including case management, risk reduction, treatment and documentation of injuries, and provision of safe and confidential referrals among service providers. Responses
also need to recognize the material needs of women and their children: safe shelter, food, personal and household supplies, and opportunities to build towards being self-supporting.

4. **Promote policies and programs that meaningfully engage women and girls in needs assessments as well as the design, implementation and evaluation of programs.**

Donors and policymakers play a critical role in both designating policy priorities and allocating funding to humanitarian organizations. In making these determinations, it is essential that resources are prioritized for those organizations and policies that place women and girls at the center of the response. Women and girls themselves understand the risks and the threats, and are best placed to provide insight and guidance to humanitarian organizations on the varied dynamics of IPV in their contexts, as well as the wider social implications and potential consequences of any response. Working with women and girls to understand their constraints and opportunities, their strategies for mitigating risk, and their ideas for challenging and transforming inequitable gender norms is fundamental to ensure programming reflects their realities and the futures they are seeking for themselves and their children.

5. **Ensure all funding and policies addressing intimate partner violence prioritize the safety and protect the confidentiality of women and girls seeking services.**

Donors and policymakers must ensure that all programs they support are implemented in a way that prioritizes the safety of survivors. This must include protecting the confidentiality of survivors’ information and respecting survivors’ unconditional access to services regardless of a woman’s choice to seek justice.

---

**End Notes**

2. In this brief, intimate partner violence is defined as an act or acts of physical, sexual, or emotional violence inflicted against a woman by her male partner, whether cohabitating or not. It also includes refusal of money to cover basic necessities as well as controlling behaviors such as constraining women’s mobility or access to friends, relatives and services. This is very similar to the definition in the World Health Organization Multi-country Study on Women’s Health and Domestic Violence against Women.
15. International Rescue Committee. (2014). Are We Listening?: Acting on our commitments to women and girls affected by the Syria conflict.
16. See the Inter-Agency Standing Committee (IASC) Guidelines on GBV in Humanitarian Settings (2005), UNHCR’s Action to Address SGBV; An Updated strategy (2011) and the U.S. National Action Plan on Women, Peace and Security (the White House, 2011). While all documents mention domestic violence, the priority for humanitarian settings is either explicitly or implicitly on sexual violence.

---

**Based on research by:** Dr. Rebecca Horn, independent researcher; Dr. Eve Puffer and Elsa Friis, Duke University; Karin Wachter, University of Texas Austin; Arathi Ravichandran

**Funded by:** U.S. Department of State Bureau on Population, Refugees and Migration

**For more information about Private Violence, Public Concern, please contact:** Janine Kossen, Senior Policy and Advocacy Officer, Women’s Protection and Empowerment Technical Unit at Janine.Kossen@rescue.org or visit www.gbvresponders.org and www.rescue.org.