

Refugee Women: The Authentic Heroines

NOORIA MEHRABY reports on the plight of refugee women and their struggle for survival.

Refugee women and their dependent children account for 80 per cent of the world's refugees. But who are these women and what problems do they face? Refugee women come from all corners of the globe. Often they come alone, flooding the substandard refugee camps set up in neighbouring countries. Their husbands, sons and fathers have been imprisoned, disappeared or killed in battle leaving them to fend for themselves. At best these women face long hours of menial employment and a spartan roof over their head; at worst they face rape, starvation, disease and death. For the lucky ones, respite is finally gleaned when they are granted refugee status by Western countries. But even then, the suffering of refugee women is far from over.

Between 1991 and 2001, 61,590 females have arrived in Australia under the Refugee and Humanitarian program. This represents only 48 per cent of the country's total refugee intake during that period. Of these women, 2,419 are have been admitted under the 'Women at Risk' category.

WOMEN'S EXPERIENCE OF TORTURE AND TRAUMA

Widespread violations are perpetrated against refugee women from the political prisoners of Iran and Latin America to civilians in the former Yugoslavia and Afghanistan, where half the population is kept behind the veil (Purdah).

Refugee women are arrested, abducted, imprisoned, persecuted, tortured, raped, sexually abused and sold for prostitution. They are often stripped naked, given electrical shocks on their vagina and breasts, burnt on the nipples, hanged and tied from the

breasts, and forced to witness torture of other prisoners, especially torture of close relatives. Other forms of torture inflicted on refugee women include exposure to extremes of hot and cold temperature, food and light deprivation, a prohibition on seeing their own children, mock executions, bashing with electrical cables and belts and public stoning or beating.

The UNHCR estimates that 80%

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of all refugee women experience rape and sexual abuse, which are used as weapons of war. In this context, sexual assault and rape not only affect individual survivors but also the family and the community to which the survivor is related. It is designed to humiliate and destroy women targeted because of their ethnic, religious, racial, or political identity.

Eileen Pittaway discusses the purpose of rape in her article 'Refugee Women: The Unsung Heroes': "Women are raped to humiliate their husbands and fathers, and for reasons of cultural genocide. They are forced to trade sex for food for their children. They are raped by the military, by border guards and by the UN peacekeeping forces sent to protect them. Rape and sexual abuse is the most common form of systematized torture used against women, and this ranges from gang rape by groups of soldiers, to rape by trained dogs and the brutal mutilation of women's genitalia."

During the war in the former Yugoslavia, mass rapes were perpetrated with alarming frequency: between 1992-1995 it is estimated that

around 30,000 to 50,000 women were raped. Chilean women who opposed Pinochet's military regime were repeatedly raped by government officials and imprisoned until they became pregnant and gave birth.

Women are also at risk of being raped during the escape from their country of origin. For example, hundreds of Vietnamese women were raped by pirates as they fled their

country in boats across the seas of Thailand.

In refugee camps, single women may experience sexual harassment both from men who live locally and from fellow refugees. In Dadaab refugee camp in Kenya and Lukole refugee camp in Tanzania, women searching for firewood on the camp outskirts have been subjected to rape by local bandits. In Pakistan, Afghan widows are held in isolated areas controlled by Afghan guerilla leaders and are forced into arranged marriages with guerilla fighters.

Despite a high incidence of sexual assault and rape amongst refugee women, the crime is often shrouded in silence. Due to stigma, shame and guilt associated with loss of virginity or purity it is difficult for women to reveal their horrific experiences. This tendency is more pronounced in some cultures, such as Middle Eastern cultures, where a woman's virginity is a prized possession and sex out of marriage is forbidden.

During the five years I worked as a doctor in Afghan refugee camps in Pakistan, none of my female patients ever reported a sexual assault and

rape although there was much anecdotal evidence to suggest that such events were occurring among the camp population. Similarly, a study held in Winnipeg, Canada, found that over 94% of refugee sexual abuse survivors did not disclose their experiences to their refugee workers.

For some women the threat of rape is so ominous that they have committed suicide to avoid it. For instance, several women in the Shamali district in North Afghanistan killed themselves in a hot tanoor (a clay oven) because they feared being raped by Russian soldiers attacking their village. Several other women were killed by their male relatives because they were in danger of being raped by the invaders. They felt that having a female relative who was raped would bring a lifetime of shame and wounded pride. Amnesty International also documented similar cases, which had happened during the civilian war in Afghanistan.

BEARING LOSS

Refugee women often experience the unnatural deaths of numerous family members including children, husband, and other male supports such as fathers and brothers. They also experience loss of identity, homeland, property culture and social status.

In Rwanda, 90% of the householders are women, due to death or imprisonment of their husbands. A study conducted in Afghanistan found 84% of women reported one or more family member killed in the war. In another study conducted in a Cambodian refugee camp in Thailand, 80% of women had lost more than one child in the four years prior to the survey. Research carried out in Sudan in 1985 found that 34% of women had lost one child in the past four months.

Because husbands and other male relatives have often been disappeared, imprisoned or killed in battle, women find themselves fleeing their country of origin alone or without the protection of a male relative. This makes them more vulnerable to rape and banditry. They often face a long ▶



journey through treacherous terrain where guerilla activity may be present.

LIFE IN THE REFUGEE CAMPS

Life in a refugee camp is not any easier for women refugees as they are still exposed to danger, starvation and death. Refugee women may find themselves the primary care giver of their family, responsible for the care of their children and the sick, disabled and elderly members of the family. Their time is occupied with the most basic tasks of survival: finding food, medicine and shelter. Women are often forced into low-skilled jobs to feed their children. Their pay is so low and conditions so tough that prostitution becomes a more viable option for some. There are limited opportunities for training and education for women and their children in the refugee camps.

Although some women are waiting for a peaceful repatriation when hostilities in their country end, many refugee women are hoping to obtain asylum in a Western country. But even the quest to obtain asylum becomes problematic when the refugee camp is located in a country where corruption is endemic. In Pakistan, for instance, it is extremely difficult for a woman to move freely in a camp or in the residential area. This makes it hard for them to access foreign embassies or the UNHCR office to register their refugee status. (Cost of transport, inability to speak the local language and lack of childcare are other barriers). Even if they are lucky enough to reach those centres they face corrupt officials who will only process their claim in return for bribes. For an empty-handed refugee woman, money for bribes is impossible to procure. As a result many women stay in refugee camps for years, cut off from the world.

Eileen Pittaway describes women's lives in refugee camps: "...They wait in substandard situation divorced from their culture and from all they have known, watching their children grow without the education training and socialization necessary to equip

them to deal with the world. They know that they are becoming de-skilled as the world moves on, and they do not move with it. Self-esteem shrinks as the days pass."

PHYSICAL HEALTH OF REFUGEE WOMEN

Both in exile and in the war torn country, refugee women's physical health deteriorates significantly. However, the extent of these problems is different from camp to camp and it is related to preexisting problems, culture, religion and level of international support. Inadequate diet, chronic malnutrition, chronic infectious diseases, repeated pregnancies and unhealthy and poor hygienic environments are the cause of much ill health in refugee women. Other factors involved in poor health include overcrowded living conditions and a lack of access to immunization, health care facilities and education.

Women have less access to medical facilities in refugee camps than men as most medical practitioners in the camps are male and in many Islamic cultures it is unacceptable for a female to see a male doctor. Further barriers to medical care exist in many war-torn countries. A study of women who lived in the Afghan capital, Kabul, prior to 1996 found that 77% experienced poor access to health care services there and an additional 20% had no access. Eleven per cent said curfews prevented them from seeking medical care.

Women experience a high incidence of cervical cancer and sexually transmitted diseases due to lack of screening facilities. In Afghanistan, infectious diseases are very high among women, for example, 70% of all tuberculosis cases are detected in women.

Mortality and morbidity during childbirth are common, both in refugee camps and in war-torn countries, due to a dearth of professional assistance and proper hygienic practice at delivery. For example, in Afghanistan trained health workers attend only 9% of all deliveries and more than 90% of babies are delivered by relatives. The maternal mortality rate

is 1700 out of 100,000 live births which is among the highest in the world. The overall life expectancy of Afghan women is 42, the lowest in the world.

The death of a 20 year-old Afghan refugee women in a camp in Peshawar, Pakistan, still disturbs my memories. She died of massive bleeding on the way to a health clinic after she gave birth to her first child in her tent. She was just one out of hundreds of women that cannot even get out of their houses to seek medical assistance.

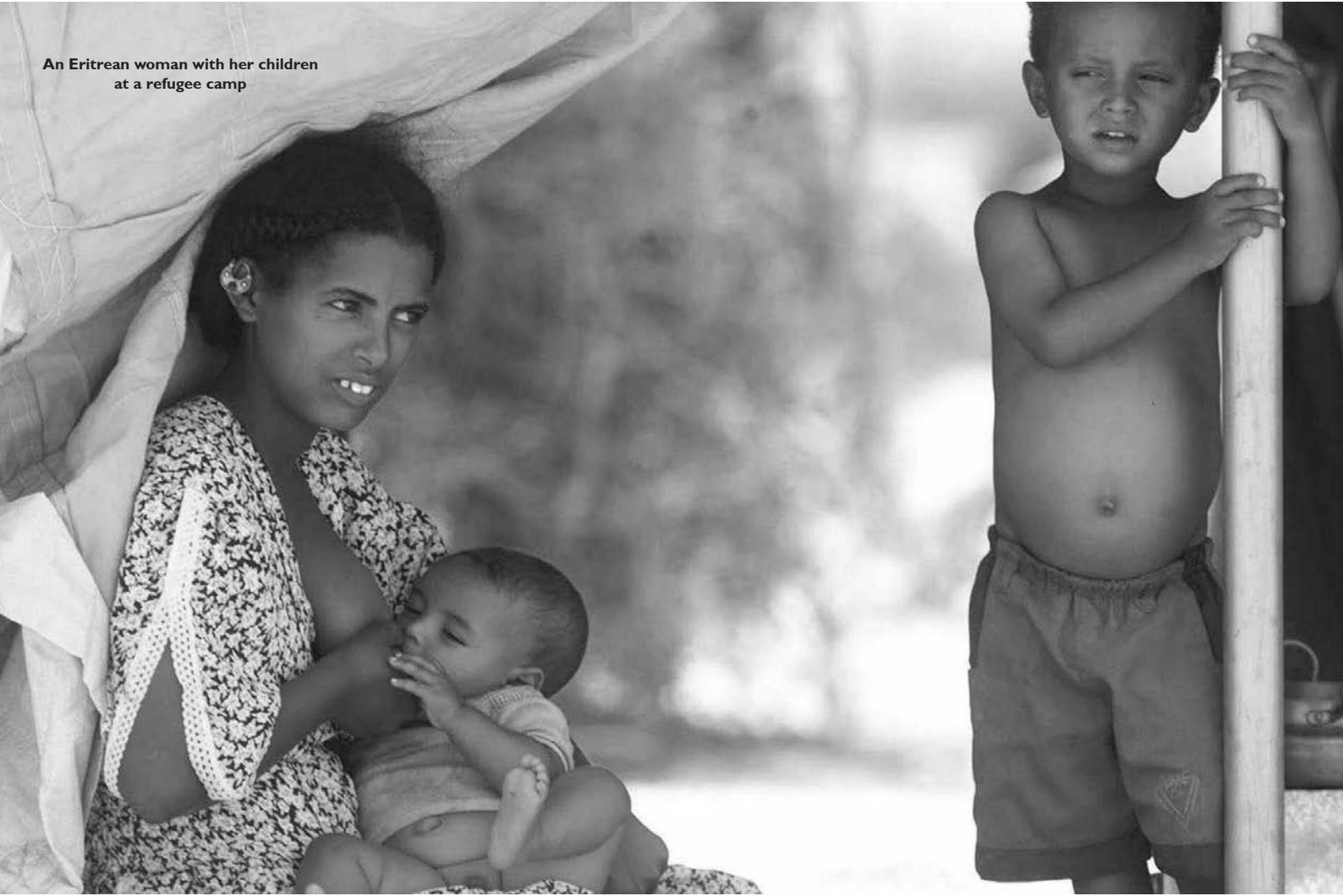
Many refugee women are fleeing countries in the Middle East, South East Asia and Africa, which practice female genital mutilation (FGM). The incidence of FGM varies from country to country but ranges from about 90% in Somalia, Djibouti and Sierra Leone to around 30% in Senegal. FGM is a traumatic procedure usually performed without anaesthetic and in unsanitary conditions. As a result, many women who have experienced FGM suffer lifelong health problems such as repeated urinary tract infections, stones in the urethra and bladder, growth of scar tissue at the site, cysts and chronic pelvic infection resulting from obstructed menstrual flow.

THE PSYCHOLOGICAL IMPACT OF THE REFUGEE EXPERIENCE

Refugee women can suffer from a variety of psychological problems ranging from minor anxiety and depression to severe post traumatic stress disorder (PTSD) and psychosis. In cases of rape and sexual assault feelings of dirtiness, fear, flashbacks, nightmares powerlessness, shame, guilt, loss of confidence and self-esteem, depression and anxiety are predominant. Furthermore many rape survivors experience various gynaecological problems such as menorrhagia (excessive menstruation), dysmenorrhoea (painful menstruation) or amenorrhoea (absence of menstruation), which stem from their feelings of psychological distress.

Psychological problems among women refugees are often somatised,

An Eritrean woman with her children
at a refugee camp



or expressed in the form of physical problems, if it is culturally inappropriate to express emotion. This is the case in many non-Western cultures where psychological problems bear a lot of stigma and sufferers may be labelled 'mad'.

Refugee women also experience intense bereavement and grief over the deaths of loved ones. This is exacerbated when numerous relatives and friends have died, as is often the case in war-torn countries.

In refugee camps the psychological problems of residents are often under-estimated or ignored due to more urgent physical health problems and the basic tasks of survival.

SETTLING IN A NEW COUNTRY

Women who are granted refugee status in a new country arrive with the hope of putting together the pieces of their scattered lives. Yet they now face the daunting task of adapting to a new culture and society that is very different to anything they have ever known. Refugee women can find themselves overwhelmed with a mul-

tiplicity of settlement problems such as language difficulties, financial problems and a lack of knowledge about public transport, housing, employment, the legal system, education and other services.

While refugee men have greater

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opportunities to socialize and learn the language of their new country, refugee women are often left isolated looking after their children and completing house duties. They lose the traditional social support provided by the extended family and social gatherings.

Continuation of war in their homeland, destruction of their community, concern about scattered family members and changes in the structure of their family are other challenges faced by refugee women. Single mothers also carry the burden of raising their children by themselves. They may be forced to work in low-

skill jobs to support their families.

Some refugee women become the victims of domestic violence as their husbands, who are also deeply traumatised, are unable to control their anger and subject their family to violent outbursts. In many instances,

this is not spoken about as women do not know their rights and may come from cultures where women are considered the property of their husband and thus unable to complain. Refugee women find themselves coping not only with their own traumatic memories, but also the ongoing trauma of their husbands' violence.

Refugee women have special needs and require specialized assistance that is provided by STARTTS and other torture and trauma treatment services around Australia. In a new country, the needs of refugee women are best identified by a comprehensive assessment of their ►

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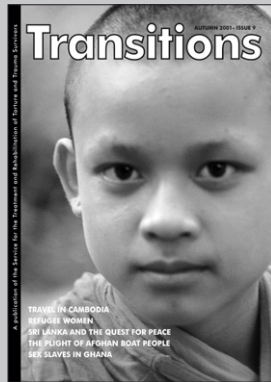
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Refugee Women continued....

physical and psychological problems and settlement difficulties. Supportive counselling in a safe and culturally appropriate environment allows them to explore the depth of their suffering and heal their wounds. Along with practical assistance, such as housing and employment-seeking skills, this helps to give them the safety and financial security they deserve.

Inspired by the strength of refugee women settling effectively in Australia, I believe they are not a burden on the Australian society. Although, they may look empty handed they enrich Australia with their strength, wealth of experiences, knowledge and skills. Refugee women are the battlers, the survivors, and the true heroines of the war. ■

Nooria Mehraby is a STARTTS' bicultural counsellor for the Middle Eastern communities.

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