"What's So Terrible about Rape?" and Other Attitudes at the United Nations

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If anyone cares to remember what attitudes toward women were like a quarter of a century ago, take a consulting job with the United Nations (UN). It is like going back twenty-five years in time. Indeed, I was not prepared for the time warp I would enter when in 1993 a United Nations humanitarian agency asked me to review how policies and programs for refugee women were being carried out in the field. I had been briefed about the harmful "cultural" practices of refugee women (feeding their daughters less and keeping them out of school, for example) but not about the out-of-date attitudes of male members of the agency's staff, which made implementation of the policies on equitable treatment of women at times impossible.

It should be underscored that refugee and internally displaced women are among the most vulnerable and marginalized groups in the world. Having been forced from their homes by armed conflict and serious human rights abuses, and in some cases with nothing but the clothes on their back, they turn to the United Nations for support. How the staff responds to their needs for protection and assistance in large measure determines their well-being and sometimes even their survival.

I saw this first hand at the Kenya-Somali border, where scores

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of Somali refugee women were being raped in camps run by United Nations agencies. When night fell, Somali bandits with knives and spears would come over the border to raid the camps, targeting particular women—because they were from a certain clan, were known to have money or possessions, or simply because they had no one to protect them. Other women were raped while they searched for firewood outside the camp. While the high number of rapes was well known (the agency responsible had even appointed a rape counselor), the attitudes of international staff toward rape itself created a problem.

"What's so terrible about rape?" someone asked me, "you don't die from it." Another considered rape to be a "regular" part of refugee life. It was that acceptance of rape as a regrettable but unavoidable part of refugee life that explained to me why so little was being done by the staff to *prevent* the rapes. Although the situation dramatically changed once the case gained publicity, when I visited the camp there were no thorn branches around the camp to deter the bandits, no alternatives to women going to collect firewood alone, no refugee committee focused on safety for the women. Further reflecting this general indifference was the unwarranted delay in authorizing transfer out of the camp of thirty targeted women whom the rape counselor considered at risk. The authorization sat on a desk for ten days before being signed even though the women lay awake each night in fear. Nor did one of the field workers see why he should replace the cooking pot and blanket stolen from one of the raped women during the attack. Doing so, he said, would encourage other women to "pretend" to be raped in order to get new materials. We had to appeal to him to help restore some semblance of dignity to this woman who had been attacked, beaten, and robbed in front of her children.

Insensitivity and in some instances outright blindness to women's needs were also quite glaring in the health field. Clinics run by the United Nations often had only male doctors and male community health workers on hand, even though the refugee women clearly did not feel comfortable with, and in some cases would not permit examinations by, the male personnel. The "hand behind the screen" was how some of the Afghan refugee women described the Pakistani male doctor sent to examine them—he could neither directly look at them nor touch much of their bodies. In Ethiopia, two Somali refugee women ran out of the clinic even though they had gone there in search of medical attention. "It was probably

gynecological," the doctor guessed, and added that he wished a woman doctor could have also been made available. Similarly, a Guatemalan refugee woman in Mexico nearly died because she would not tell the male doctor at the UN clinic about her problem, a self-imposed abortion. A Mexican woman doctor, who told me the story, was able to save her.

"Why not get some female doctors for these women," I asked some male international staff. One replied that whatever one could say about the clinic, the women had "better medical care" there than they ever had in their own country. Another argued it would "be impossible" to find women doctors and, even if they could be found, they would not want to work along the border in refugee camps. Yet, in the case of Ethiopia, the founder and former dean of the medical school in Addis Ababa told me that new graduates from the medical school were regularly assigned to rural areas and that, if approached, the school might assign a female graduate to the refugee camps. And in Pakistan, I myself found women doctors among the Afghan refugee population who would have been willing to serve, and for little or no pay at that.

Since that time, UN agencies have been making a concerted effort to involve greater numbers of refugee women in health services (for example, the United Nations High Commissioner for Refugees (UNHCR) has set a goal that at least 50 percent of all health workers be female), but there still remains what might charitably be called "an unconsciousness" on the part of many male staff to the health concerns and needs of women. This insensitivity is especially obvious when it comes to gynecological services, cervical uterine and breast cancer, and sexually transmitted diseases. Indeed, lack of attention to reproductive health care is one of the most serious health deficiencies confronting refugee women. While a variety of political, religious, and other taboos conspire to hold up information about family planning and sex education in refugee camps, the training and hiring of increased numbers of female health professionals by UN agencies and nongovernmental organizations would improve the situation substantially.

With more women on the staff, they might also come to more realistic readings of the local culture. In Pakistan, for example, field staff from different agencies defended a $4.5 million school program in which only 8 percent of the children were girls. This, they argued, was in line with Afghan cultural values. Yet after spending several days meeting Afghan refugee women, I had not found one woman

who did not want her daughter in school. The cultural values to which expatriate staff were sensitive turned out to be those of certain groups of Islamic fundamentalist men who had come to dominate the refugee camps—and ultimately Afghanistan. The staff's defense of the program was hardly surprising since male workers had little or no access to or contact with Afghan refugee women.

Now that the heads of some of the major humanitarian agencies are women, it is fair to ask whether these attitudes are changing. There has been a noticeable increase in the number of women in mid-level and senior positions in UNHCR, UNICEF, and the World Food Program (WFP) and with this have come major policy changes. One noticeable area is in the distribution of food and supplies. For years food and supplies were made the responsibility of refugee men who came forward in emergencies to take charge and represent the refugee population. It did not matter that in many countries, men were found to divert the food for military purposes, sell it on the black market or distribute it in such a way that unaccompanied women heads of household did not get their fair share. For years women paid the price for these distribution systems with malnutrition, anemia, and in some cases higher death rates, not to speak of having to grant sexual favors for food. But with Sadako Ogata at the helm of UNHCR, Carol Bellamy at UNICEF, Catherine Bertini at WFP, and many other women on board, these policies have begun to change. In the last few years, refugee women have regularly been put in charge of food distribution, and monitoring shows that this policy has led to more just distribution for the entire refugee community. Mrs. Bertini has even asked that she personally be informed of any instance of inequitable distribution of food and supplies intended for refugee or internally displaced women, which has sent a sharp message to the field.

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But attitudes die hard. It is still mainly nongovernmental organizations, such as the Women's Commission for Refugee Women and Children or Human Rights Watch, that bring to the fore reports of the inequitable and ill-treatment of refugee and internally displaced women and that push for international action on their behalf. This is especially the case when it comes to sexual

violence, which has the potential not only to psychologically and physically destroy women, but also to affect their ability to earn a living. Although there is growing recognition, particularly since Bosnia, that rape is a crime to be punished, international staff are still not forceful enough in protesting against sexual violence or taking steps to deter it.

In short, there are still too many staff who overlook the protection of women and children in carrying out their political and diplomatic roles for international agencies. By ignoring or neglecting these populations, they miss an important opportunity not only to help prepare them for return home, but also to strengthen their capacities and their self-esteem so that they may contribute more effectively to the development of their countries. The time warp is definitely closing, but it is closing much too slowly in too many parts of the world.