



Combating sexual and gender-based violence in refugee crises:

Lessons from working with Syrian refugees in the Kurdistan Region of Iraq



Cover photo:

Darashakran – Syrian refugee from Kobane carrying buckets of water to her tent, Darashakran camp, Erbil Governorate - Iraq.

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Ceasefire Centre for Civilian Rights

The Ceasefire Centre for Civilian Rights is a new initiative to develop ‘civilian-led monitoring’ of violations of international humanitarian law or human rights, to pursue legal and political accountability for those responsible for such violations, and to develop the practice of civilian rights. The Ceasefire Centre for Civilian Rights is registered as a charity and a company limited by guarantee under English law; charity no: 1160083, company no: 9069133.

Asuda

Asuda is a non-governmental, non-profit organization established on 21 August 2000. Asuda’s vision is a world where women enjoy dignity and equal rights and access to resources and opportunities, where all forms of discrimination and marginalisation against women have been eliminated, where violence plays no part in women’s lives. Asuda seeks the attainment of a safe environment for women, free from all forms of violence, where they enjoy their rights, fulfill their responsibilities, experience equality before the law, benefit from the provision of legal services, raise their awareness and advocate for their rights, and lead development programmes that benefit their communities.

Report designed by Staša Sukic.

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1. Introduction

Refugee women and girls are among the populations at highest risk of gender-based violence around the world.¹ Gender-based violence (GBV) is often a prominent feature of armed conflict and a leading factor driving women and girls to flee their countries of origin, bringing with them the trauma associated with being directly subjected or exposed to such violence. The journey of displacement itself is often also rife with the risk of violence, as women and girls are forced to travel unaccompanied and depend on smugglers or other actors who may exploit them. Finally, GBV is often a daily reality in camps and other settings where women and girls find refuge in host countries. Precarious housing arrangements, insecurity, economic vulnerability, and breakdown of family structures all contribute to the proliferation of partner and non-partner violence as well as the resort to negative coping strategies, such as early marriage and transactional sex.

The Syrian refugee crisis is no exception to this phenomenon. Following the eruption of conflict in 2011, millions of Syrians were forced to flee across their country's borders, finding refuge primarily in neighbouring countries in the region: Turkey, Lebanon, Jordan, Egypt and Iraq. More than 250,000 sought asylum in Iraq, where they settled in both camp and non-camp arrangements primarily in the northern Kurdistan Region.² In Iraq and across the region, the precarious situation of Syrian refugees has been associated with an increase in patterns of GBV, with UNHCR reporting that Syrian refugee women and girls 'face increasing risks of violence, abuse and exploitation as their displacement becomes more protracted.'³

In this context, Asuda for Combating Violence against Women, together with the Ceasefire Centre for Civilian Rights, carried out a two-year project (2017-2019) aimed at

addressing GBV within the Syrian refugee community in the Kurdistan Region of Iraq (KR-I.) Funded by the UN Trust Fund to End Violence against Women, the project's activities took place across the three governorates of Erbil, Dohuk and Sulaymaniyah and involved monitoring and documentation of cases of GBV; awareness-raising activities with women, girls, men, and boys; the provision of psycho-social and legal support to survivors of violence, and local advocacy and dissemination of findings. An initial report, *Broken Lives: Violence against Syrian refugee women and girls in the Kurdistan Region of Iraq*, was released based on the data collected in the first year of the project.

This report is one of the final outputs of the project, and is an effort to document and disseminate the lessons learned over two years of working with Syrian refugee women and girls to a broader audience in a way that can be effectively harnessed to inform and guide future interventions. In addition to presenting the lessons learned through implementation of the Asuda-Ceasefire project, it also gages the views of Syrian refugees themselves, and draws on findings gleaned from other actors implementing anti-GBV programming with refugees in the KR-I, to present a comprehensive picture of the best practices and challenges faced in this particular context. It is intended to serve as a point of reference to governmental and non-governmental organizations, UN agencies, academics, researchers and others engaged in the design of programming strategies to combat GBV in refugee settings, whether in the context of the regional Syrian refugee crisis, or in other settings.

Methodology

This report adopts a multi-pronged, mixed-methods approach. Section 2 relies mainly on desk research in order to provide background context to the Syrian refugee crisis

in the KR-I. Section 3 is based on aggregated and anonymized primary data collected under the project between 2017 and 2019 through interviews with survivors of violence. Section 4, which presents the views of Syrian refugees on gender roles, displacement and violence, is based on a series of eight focus group discussions conducted with refugee women and men in January 2019. Section 5, which presents the Asuda-Ceasefire project, relies on official project documents, first-hand observations, and interviews with core project staff. Finally, Section 6 is based on both a review of secondary data in relation to service and programme mapping as well as analysis of primary data collected through surveys and key informant interviews.

2. Background: Syrian refugees in the Kurdistan Region of Iraq

Following the eruption of conflict in Syria in 2011, the Kurdish Regional Government opened its borders with northern Syria, joining other governments in the region in becoming a host for civilians fleeing the escalating violence. Syrian refugees first started arriving in the KR-I in 2012, with the largest waves of displacement occurring in 2013 and 2014. The majority of Syrian refugees who came to the KR-I were Kurds from Al-Hasakeh governorate, although there were also significant numbers of refugees from Damascus and Aleppo governorates, including Kurds, Arabs and others.

The 252,451 Syrian refugees currently registered in Iraq are spread mainly across the three governorates of Erbil, Dohuk and Suleymania in the KR-I (see Figure 1). Approximately 63 per cent of Syrian refugees are living outside of camps in urban, peri-urban and rural settings. The remaining 37 per cent are housed in nine different refugee camps: Domiz 1 and 2, Darashakran, Kawergosk, Gawilian, Arbat, Qushtapa, Basirma, and Akre.

The initial entry of Syrian refugees occurred at a time of relative economic stability and prosperity in the KR-I. The reception that Syrian refugees received by both the government and host community has sometimes been put forward as a positive example for the region. The Kurdish authorities

Figure 1: Syrian refugee settlements by governorate

Erbil Governorate	
Location	No. of residents
Darashakran camp	11,608
Qushtapa camp	7,900
Kawergosk camp	7,951
Basrima camp	3,112
Total camp:	30,571
Total non-camp:	90,126
Total:	120,697
Dohuk Governorate	
Location	No. of residents
Domiz 1 camp	33,977
Domiz 2 camp	10,574
Akre camp	1,102
Gawilian camp	8,934
Total camp:	54,587
Total non-camp:	33,860
Total:	88,447
Suleymania Governorate	
Location	No. of residents
Arbat Camp	8,940
Total camp:	8,940
Total non-camp:	23,401
Total:	32,341

Source: UNHCR, January 2019.

granted residency status to the majority of Syrians, which allowed them to work.⁴ Many Syrian men were able to find jobs in the construction, retail and hospitality sectors,⁵ while others set up and run small businesses inside the camps.⁶ The Kurdish authorities also granted Syrian refugees the right to access public healthcare and education, although factors including the distance to facilities, discretionary fees, and language barriers meant that not all refugees were able to benefit from these services.⁷

After 2014, the combined economic, political and security crisis in the KR-I led to a deterioration in the living standards of Syrian refugees. First, the ISIS takeover of large parts of Iraq led to an influx

of approximately 1.5 million internally displaced persons (IDPs) into the KR-I. This led to much donor attention and funding being directed towards accommodating the newly arrived Iraqi IDPs, and competition for resources and jobs increased between IDPs and refugees.⁸ At the same time, the KR-I economy was hard-hit by the impacts of fiscal disputes with Baghdad, a drop in oil prices, and declining foreign investment.

In connection with the crisis, GDP growth dropped from 8 per cent to 3 per cent between 2013 and 2014.⁹ Poverty levels rose from 3.5 per cent in 2012 to 8.1 per cent in 2014.¹⁰ Rents, food and commodities increased dramatically in price.¹¹ The construction sector, where many Syrian refugees work, was particularly hard-hit by the crisis, with many small companies declaring bankruptcy.¹² Demand for labour also decreased in the service sector and other sectors.¹³ In a 2014 assessment conducted across Syrian refugee camps in the KR-I, 47 per cent of respondents reported no source of cash or income for their household in the preceding 30 days, while 65 per cent of households re-

ported their income was insufficient to fulfill all of their basic needs.¹⁴ In a 2015 assessment of Syrian refugees living in non-camp settings, 12 per cent of households reported lack of food in the preceding seven days.¹⁵

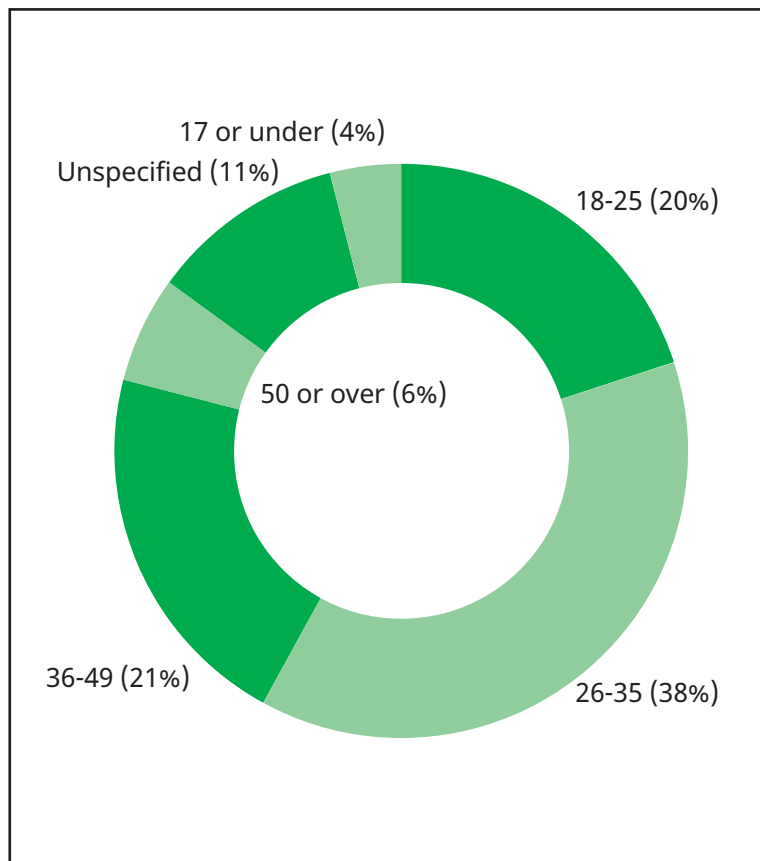
The decreased ability of many refugee households to meet their basic survival needs had negative repercussions for the well-being of women and girls. The crisis was associated with rising levels of sexual and gender-based violence within the Syrian refugee community. In particular, instances of intimate partner violence increased – interpreted by many Syrian women as a direct result of the frustration felt by men over their inability to provide for their households. Humanitarian actors also reported a rise in negative coping strategies such as child marriage and survival sex among refugee women as a response to restricted livelihoods options.¹⁶

3. Patterns of sexual and gender-based violence against Syrian women and girls

Primary data collected as part of the Asuda-Cease-fire project helps illustrate the broader patterns of sexual and gender-based violence affecting Syrian women and girls in the KR-I. As part of the monitoring and documentation activity under the project, a team of six female researchers trained by Asuda conducted interviews with women and girls in both camp and non-camp settings. Between September 2017 and January 2019, the research team documented a total of 385 cases of violence across the three governorates of Erbil, Suleymania and Dohuk. An initial report, *Broken Lives: Violence against Syrian refugee women and girls in the Kurdistan Region of Iraq*, was published based on the first 92 cases collected in the first year of the project.

Among the total cases documented, married women of reproductive age formed the main demographic group facing violence (Figure 2). The vast majority of cases (79 per cent) involved survivors between the ages of 18 and 50. Within this bracket, women between the ages of 26-35 consti-

Figure 2: Breakdown of cases by age of survivor



tuted the largest share (38 per cent of all cases). In addition, 80 per cent of the total cases involved married women (Figure 3).

The most common form of violence reported by women was emotional or psychological violence, followed by physical violence. Other forms of violence reported included sexual violence, economic violence, harassment, and early or forced marriage (Figure 4). A large number of women reported experiencing multiple forms of violence. For example, physical violence was nearly always accompanied by emotional or psychological violence, and sometimes sexual violence.

In the majority of cases (64 per cent), the perpetrator of violence was the woman’s husband. Other perpetrators included the husband’s family (11 per cent), the community (10 per cent), parents, romantic partners, and brothers (Figure 5). In many cases, women reported multiple forms of violence by different perpetrators. For example, some women experienced domestic violence from their husbands as well as sexual harassment from members of the community.

The data collected under the project shows that Intimate partner violence – whether emotional, physical, sexual, economic or a combination – is the most common form of violence reported by

Figure 3: Breakdown of cases by marital status of survivor

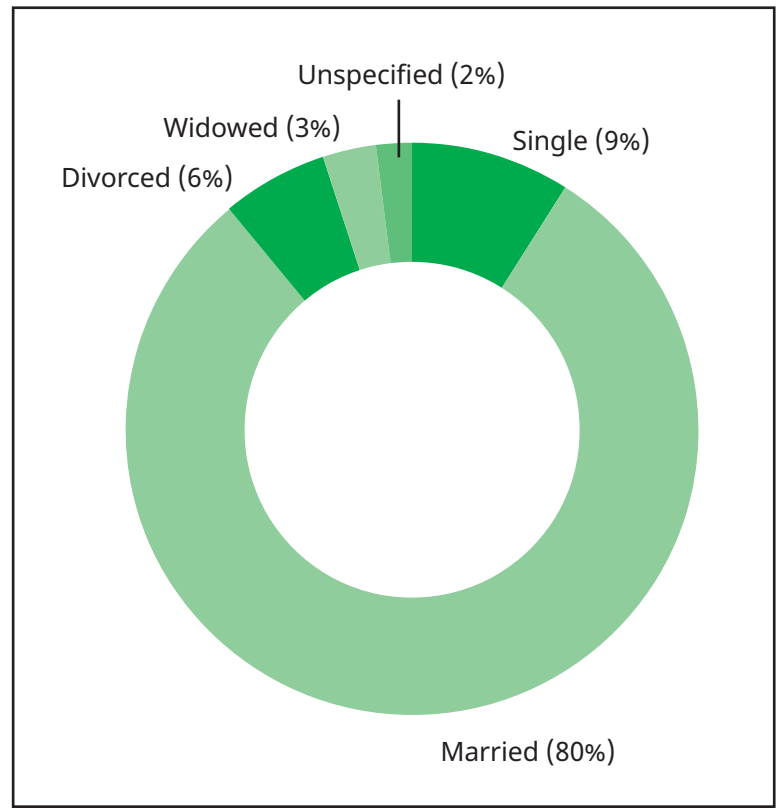


Figure 4: Breakdown of cases by type of violence

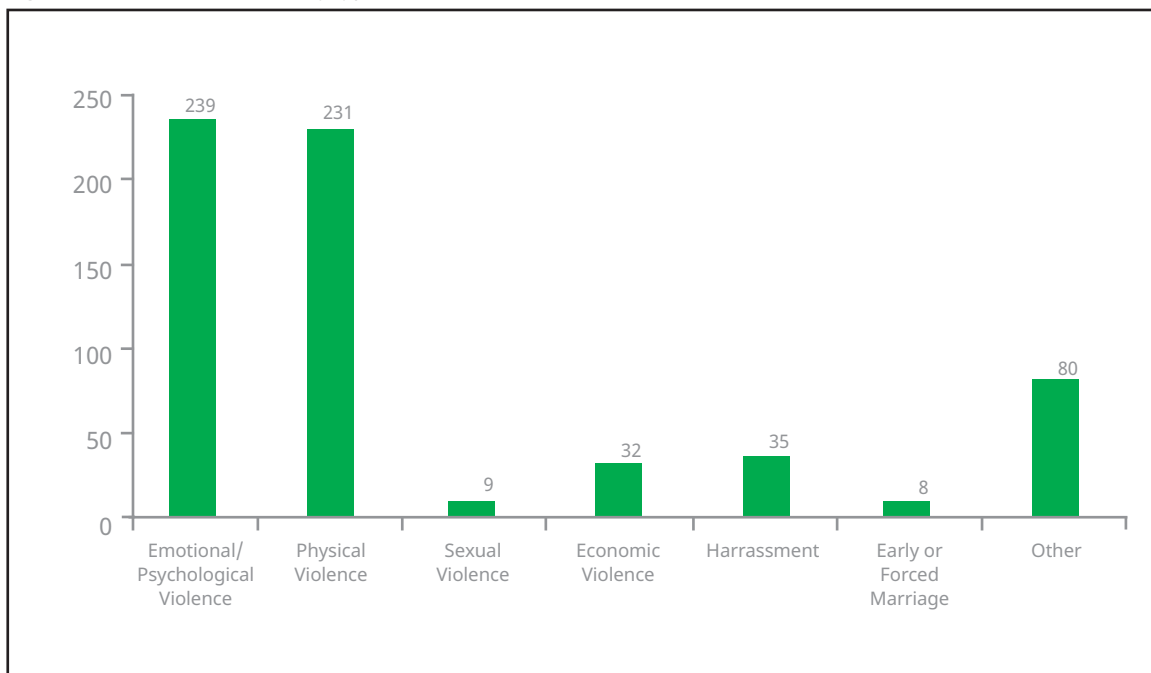
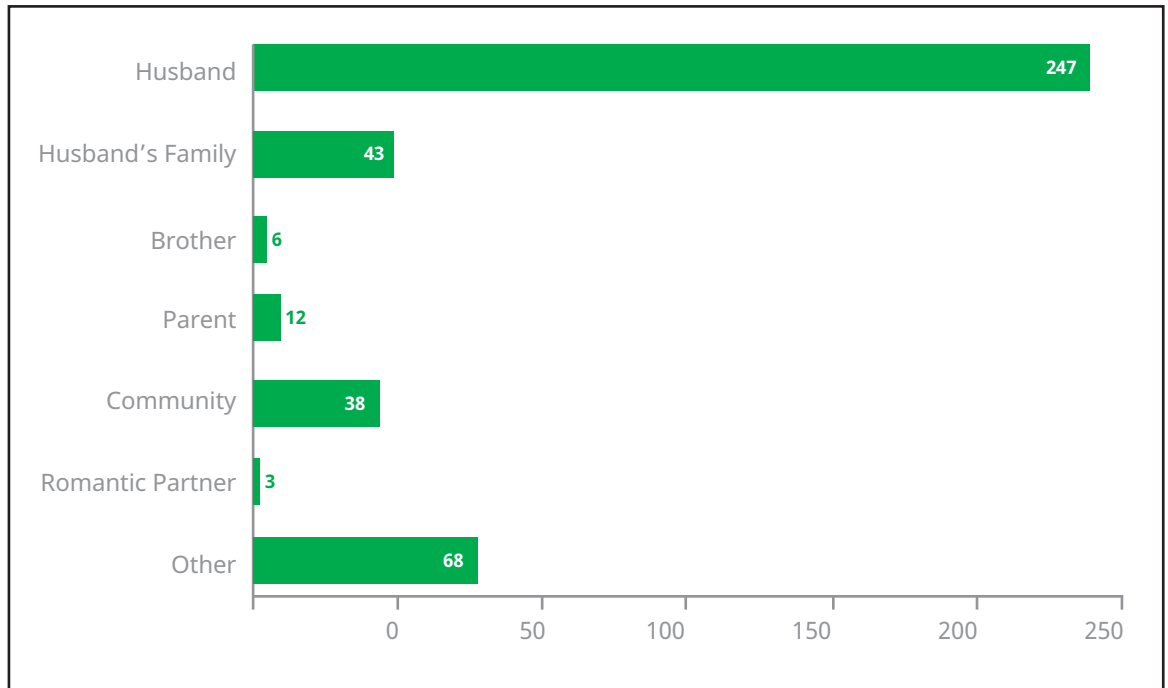


Figure 5: Breakdown of cases by perpetrator of violence

Syrian women and girls. Most women attributed the violence they were experiencing in their relationships to the difficult financial conditions they were living under as refugees. The inability of many households to make enough income to meet their basic needs was a major cause of stress and frustration in the home, which often translated into violence. Despite the fact that the poor financial circumstances often required women to take on new roles outside the home, some men continued to display controlling behaviour inside the home, controlling their wives' income or preventing them from working. Other women, who were dependent on their husbands' income for survival, were left vulnerable when their husbands left the country or remarried.

Early marriage – considered a negative coping strategy – and harassment from the community were other problems reported by the women and girls interviewed. Unmarried and divorced women in particular seemed to be particularly targeted for harassment. In some cases, women whose husbands were unwell were forced to take up a larger share of responsibilities outside the house, which led to an increased exposure to harassment. Other women who worked outside the home reported being sexually harassed by employers or potential employers.

4. Displacement, gender roles, and violence: views of refugee women and men

To gauge the perceptions of Syrian refugee women and men on their experiences of displacement in the KR-I, and to ascertain their views on the causes and solutions to gender-based violence in their communities, eight focus group discussions were conducted as part of the research for this report. These included two focus groups in Erbil, two in Dohuk, and four in Suleymania, involving a total of 27 women and 22 men from both camp and non-camp settings (Figure 6).

The outcome of these discussions shows that a change in gender roles outside of the home, the pressure of finding work, dealing with difficult government officials in obtaining residency permits, and bad relationships with the host community have all taken a toll on the mental health of both women and men in the Syrian refugee community in KRI. GBV rates are higher than in pre-displacement as a result. Whilst women are being empowered, they remain vulnerable to violence both inside and outside the home. Moreover, men and boys are also vulnerable to different forms of GBV.

Figure 6: Breakdown of focus group participants

		FGD #1	FGD #2	FGD #3	FGD #4	FGD #5	FGD #6	FGD #7	FGD #8
City		Sulaimania	Sulaimania	Sulaimania	Sulaimania	Dohuk	Dohuk	Erbil	Erbil
Gender		Women	Men	Men	Women	Women	Men	Women	Men
Number of Participants		5	6	2	7	8	8	7	6
Location		Non-camp	Non-camp	Non-camp	Non-camp	Camp	Camp	Non-camp	Non-camp
Age	15-19	0	0	0	1	0	1	0	2
	20-29	0	3	0	3	0	1	3	3
	30-39	1	1	2	2	3	3	1	1
	40-49	0	1	0	1	5	3	3	0
	50-59	0	1	0	0	0	0	0	0
Job	Employed	3	5	0	2	1	5	1	3
	Unemployed	2	1	2	5	7	3	6	3
Self-Reported Mental Health	Very Bad	0	0	0	1	4	3	3	0
	Bad	2	0	2	0	1	1	0	3
	Average	1	5	0	2	2	4	4	0
	Good	2	1	0	4	1	0	0	3
	Excellent	0	0	0	0	0	0	0	0
Marital Status	Married	4	5	2	5	7	7	7	4
	Single	1	1	0	2	0	1	0	2
	Widowed	0	0	0	0	1	0	0	0

Change in gender roles in displacement

House responsibilities, particularly in relation to rent and money, have changed.
 – Woman, Sulaymania

All focus group participants acknowledged a significant change of gender roles in displacement; women often must work to help provide financially for the family because their husbands do not make enough money to make ends meet or do not work at all. Of the men, only two were vehemently opposed to the change in gender roles brought about by displacement. The rest of the men were at least accepting that this was necessary in the current context; others say they enthusiastically support their wives working. Often, men cannot find work and the women must find jobs to make ends meet, essentially becoming the primary breadwinner of the family. The women in our focus groups mainly worked as teachers in schools for refugees or with NGOs; the men mostly worked as day laborers with a few working as chefs or in hospitality.

Both men and women said that when a woman works, it is better for their relationship if she and her husband both work. Men admitted that they struggle if the woman is the only one working. One, in particular, said, ‘We feel weak when we cannot find work and our wives are providing for everything.’ A portion of the women said that they do not like working because they still maintain their roles in the home: preparing food, cleaning, and taking care of their children. The duties are ‘doubled,’ and this adds a lot of pressure on the woman. Even if the husband and wife share the financial burden of the family, or if only the wife works, the husband typically does not take on responsibilities with the children and in the home.

Mental health and daily stress factors

Out of the 27 women and 22 men who participated in the focus groups, 11 women and nine men reported having either bad or very bad mental health. Nine women and nine men reported average mental health, and seven women and four men reported good mental health. No one reported excellent mental health. However, one male participant in Erbil

said, 'If we say good, it's because we've suffered a lot and we're desensitized and we feel like it's not going to change.' The majority of both women and men said that the biggest stress factors in their day-to-day lives come from inability to pay rent and other expenses and the difficulty in finding work. The financial burden causes the biggest amount of conflict between wives and husbands. One woman said, 'We need money and work in order to be psycho-socially healthy.' Another significant stress factor is the process of securing residency permits (*Iqamas*) each year, from which the refugees said they felt particularly vulnerable to being abused.

Levels of violence within the home

As a result (of the conflict), men become unemployed and unsupported... due to bad working conditions, gender-based violence, which mostly happens against women by men, started to increase.

– Domiz 1 Camp Manager

All focus group participants, women and men, admitted that the stress from day-to-day life due to displacement, especially financial stress and the inability to find work, has led to an increase in physical and emotional violence against women by their husbands in the Syrian refugee community in the KR-I. They report it has also led to women taking their stress and frustration out verbally on their husbands and also verbally and physically on their children. Some women in Suleymania said that the level of anger amongst men also comes from how the men are treated by the host community, where they are routinely taken advantage of by their bosses in the forms of physical abuse, verbal abuse, and being underpaid and forced to work long hours for little pay.

Within the camp, the Domiz 1 female focus participants said that about 50 per cent of the men yell at and hit their wives, while 50 per cent of the women yell at their husbands. When asked the same question, the Domiz 1 male focus group participants said that about 30-40 per cent of the men hit their wives, and that 60 per cent of the women yell at their husbands. Both groups agreed that approximately 3-5 per cent of the men in the camp might threaten to kill their wives if the women reported GBV to NGOs or camp management.

Host community relationships

We fear the host community 60 per cent and (violence from) other Syrian refugees 40 per cent. Before in Syria we felt safer and here we have to deal with negative perceptions of us.

– Woman, Suleymania

While all focus group participants discussed the level of violence within the home, respondents in Erbil and Suleymania in particular claimed that they faced more violence from the host community than they did from within their own community. The women in Suleymania claimed that this was largely due to the fact that they are Kurmanji speaking Kurds, and the dialect in Erbil and Suleymania is Sorani. The difference between the two dialects is so significant, that they are forced to speak Arabic to communicate with non-Syrians and the Sorani Kurds treat them as if they are 'immoral women.' One woman claimed that her children beg her not to speak Kurmanji with them in public. Taxi drivers routinely harass the Syrian women, encouraging them to sit in the front of the taxi even when they are alone (which is culturally inappropriate), and try to give them phone numbers, all with the expectation that these women are willing to have sex. Many of the women said they did not like to go out alone or even with other women in the street.

Several focus group participants said that both women and men felt vulnerable when dealing with issues like renewing residency permits (*Iqamas*). Others commented that the men in their community are also harassed when the host community realizes they are Syrian. One participant in Suleymania mentioned a landlord refusing to rent property to a Syrian family on the basis of their identity. Another participant from Erbil said, 'They verbally harass us and call us, 'dirty' and throw garbage in front of us.' The focus groups conducted in Dohuk, however, reported no significant issues related to the host community, since the Kurdish dialect spoken in Dohuk, Badeeni, is close to Kurmanji and the refugees and host community have no issues communicating with one another.

Men and boys as victims of GBV

Overall, refugees acknowledged that men and boys could be victims of sexual violence, but most did not know personally of cases where this hap-

pened. They acknowledged that Syrian men had encountered sexual violence in prisons in Syria during the conflict, and two stated they knew of a rape case involving two boys. Most acknowledged that men and boys could be victims of emotional violence – both within the home, for not providing for their families, and from the host community, particularly in the workplace where they are taken advantage of by their bosses and by local authorities when seeking to renew their residence documentation. Some of the women in Suleymania understood the child labor of boys to be an issue of GBV, also acknowledging the particular vulnerability of young boys being forced to join gangs, so that some families would send their girls to shine shoes instead of the boys.

Solutions to GBV and role of NGOs

Women and men both acknowledged the role of non-governmental organisations (NGOs) in empowering women. In the camp in Dohuk, women viewed the role of NGOs in women's empowerment positively. The men expressed concern that their old way of resolving marital issues, internal conflict resolution based on tribal law, had been replaced by a legal system that they considered too rigid and outside of their pre-displacement customs. Women were more likely now to confront their husbands than in pre-displacement, because they are now more aware of their rights and pathways to protection, which, in turn, caused conflict with husbands. NGOs encourage women to stand up for their rights in the home. When it comes to empowering women, and the resulting conflict, women participants suggested that engaging men and boys would help resolve this issue.

Many of the focus group participants had first-hand experience with the services provided by NGOs to combat GBV. Views differed as to the effectiveness of such programmes. In one focus group in Suleymania, all the participants cited their experiences with NGO psycho-social services as positive. Other positive aspects of NGO programming mentioned by focus group participants included their role in teaching parents about children's safety, and the jobs and trainings they offer. However, other participants had negative experiences with NGOs, which they attributed to cronyism and nepotism. One participant mentioned the lack of coordination between NGOs.

In terms of the interventions needed to reduce GBV, many participants cited jobs and employment as the biggest need. Some were puzzled as to why their UN contracts as paid volunteers were abruptly ending, because that was their source of income. Others complained that positions in NGOs were mostly given to members of the host community, partly because they have more experience, but also because of nepotism. Other participants cited legal services regarding residency statuses and psycho-social programming as solutions to GBV. Some also pointed out that children's mental health is affected by their parents fighting, suggesting that anti-GBV programming might also need to take children into account.

5. Case study: the Asuda-Ceasefire Project

'Improving the response mechanisms to sexual and gender-based violence (SGBV) against Syrian refugee women and girls in Iraqi Kurdistan' was a two-year project carried out by Asuda for Combating Violence against Women and the Ceasefire Centre for Civilian Rights. Funded by the UN Trust Fund to End Violence against Women, the project covered the three governorates of Erbil, Dohuk and Suleymania in the KR-I and was implemented from 2017-2019.

The rationale for the project was informed by early indications that Syrian refugee women and girls in the KR-I were facing high levels of SGBV, including early marriage, domestic violence, 'honour'-based violence, sexual harassment, sexual exploitation, and rape. Despite this well-known fact, there were only a limited number of published studies investigating the scope and nature of this violence in depth. Furthermore, it was well known to organizations working in the field that factors including social stigma, isolation, and lack of awareness of their rights were preventing many Syrian women and girls from reporting such acts of violence and accessing the services and remedies they needed.

On top of this, there were large gaps and shortcomings in the actual provision of those services. While many UN agencies and non-governmental organizations were actively providing anti-SGBV

programming in the KR-I, limited human and financial resources meant that they could not cover all areas. This left certain demographic groups – especially women and girls living in non-camp settings – underserved. Moreover, the outbreak of the conflict with ISIS in 2014, and the resultant influx of Iraqi IDPs into the KR-I, led to a huge shift in donor attention and resources, leaving few organizations working specifically on serving the Syrian refugee population.

Project overview

To address the multiple aspects of the problem of SGBV within the Syrian refugee community, the project deployed three main strategies:

1. Monitoring and documenting SGBV

Information-gathering and evidence generation are crucial elements of any intervention aimed at addressing SGBV. Monitoring and documentation were important to improving the situation of Syrian refugee women and girls because of the persistence of under-reporting and cultural taboos about SGBV, which compromised the information available about the problem. Without complete information, it was difficult to design effective policies and response mechanisms to meet the needs of survivors.

2. Changing attitudes and social norms about SGBV

Much available evidence has shown that interventions designed to shift attitudes and change social norms can be effective in preventing violence against women and girls, especially when interventions engage men and boys in addition to women and girls. The strategy pursued by this project aimed to break down social norms among stakeholders and in the wider community that viewed SGBV as either acceptable and legitimate, a private family matter, or the fault of women, all of which acted as enablers of a culture of violence. Instead, the project sought to shift predominant attitudes in the direction of viewing SGBV as an unacceptable human rights violation, providing women with allies and supporters in the community who are willing and able to prevent and respond to violence when it occurs. This type of strategy envisioned a long-term impact, as changing social norms would gradually be disseminated within the community, gradually leading to prevention of future violence.

3. Increasing survivors' access to legal and psycho-social support services

Women are much more likely to report domestic violence to the police when they are assisted through legal support services, especially if they can be accompanied to court. Furthermore, legal advocacy has a wider impact on SGBV in the community by breaking down social norms that view violence as a private matter within the family and sending a message of non-tolerance for violence acts. Legal and psycho-social support services aim to affirm the dignity of survivors as rights-holders and support them to demand accountability for acts of SGBV, helping to end the culture of impunity and permissiveness for perpetrators.

In terms of specific elements of the design, the project included seven main activities: training a team of female researchers drawn from the local community in monitoring and documentation (Activity 1.1.1); ongoing data collection by the mobile researchers of cases of SGBV against Syrian refugees, using an online reporting tool (Activity 1.1.2); production and dissemination of two reports on SGBV against Syrian refugees (Activity 1.2.1); targeted advocacy with local authorities and service providers (Activity 1.2.2); workshops for men and boys on preventing and responding to SGBV (Activity 2.1.1); awareness sessions for Syrian refugee women and girls on their rights and the services available to them in cases of SGBV (Activity 3.1.1); and provision of legal and psycho-social support for Syrian refugee women and girls facing SGBV (Activity 3.2.1) – see Figure 6 below.

The key beneficiaries of the project were Syrian refugee women and girls between the ages of 10 and 60 in both camp and non-camp settings. These criteria were chosen because it is in this age bracket that women and girls face the highest risk of being exposed to violence such as early and forced marriage, intimate partner violence, and sexual harassment and violence. The number of Syrian refugee women and girls who were expected to directly benefit from the project was 1500, including 250 women attending awareness workshops, 150 survivors making use of the legal and psycho-social support centre, and 1100 survivors reached through the project's monitoring and documentation activities. The

Figure 7: Project Activities

Project Goal: Syrian refugee women and girls in Erbil and Duhok and Suleymania who have been subjected to sexual and gender-based violence (SGBV) are better able to achieve redress and experience improved well-being by 2019.	
Activities	Description
Activity 1.1.1: Training a team of female researchers in monitoring and documenting SGBV	A team of six female researchers (two per governorate) drawn from the local community were trained via a two-day workshop in monitoring and documenting SGBV, in order to gain competency in interviewing survivors, following ethical guidelines and using secure reporting tools.
Activity 1.1.2: Ongoing data collection of cases of SGBV against Syrian refugees	The six mobile researchers engaged in monitoring and documentation of cases of SGBV against Syrian refugees throughout the duration of the project, in all three governorates, using an online reporting tool developed by Ceasefire.
Activity 1.2.1: Production and dissemination of two reports on SGBV against Syrian refugees	The monitoring data collected by the researchers was used to produce two reports on SGBV, the first of which focused on the scope and scale of the violence, and the second of which discussed lessons learned from the intervention.
Activity 1.2.2: Targeted advocacy with local authorities and service providers	Targeted advocacy with camp administrations, service providers, government representatives, civil society activists, religious leaders, and other stakeholders through report launch and roundtable events on SGBV against Syrian refugees aiming to strengthen response mechanisms to SGBV.
Activity 2.1.1: Workshops on engaging men and boys to prevent and respond to SGBV	Ten workshops were organized on 'Engaging Men and Boys to Combat Violence against Women and Girls,' addressing common misconceptions and encouraging men and boys to see SGBV as a violation of women's human rights.
Activity 3.1.1: Awareness sessions for Syrian refugee women and girls on their rights and the services available to them in cases of SGBV	Ten awareness sessions were organized for Syrian refugee women and girls on their rights under local, national and international laws, and the services available to them in cases of SGBV.
Activity 3.2.1: Provision of legal and psycho-social support for Syrian refugee women and girls facing SGBV	A legal advisor and social psychologist in each governorate provided pro-bono legal advice and psycho-social and counselling services for women and girls facing SGBV.

secondary beneficiaries of the project were men and boys, government officials, members of civil society organizations, and members of faith-based organizations (total: 500 secondary beneficiaries).

Results and successes

Overall, the project was described as a successful and necessary intervention by both project staff and beneficiaries, especially because it was able to reach many refugees who had never received any support or outreach from any organization. One member of the project team described the design of the intervention as a circle of activities, all connecting and reinforcing one another. The specific

results and outcomes of each aspect of the project are described in turn below, drawing on the impressions of project staff and beneficiaries.

Data collection, reports, and advocacy

Although the data collection was in some ways the most challenging activity of the project – due to the complex permissions needed to carry out data collection with refugees in the KR-I, and the reluctance of many survivors to divulge information related to their experiences of violence – it was nevertheless a necessary and invaluable element of the intervention. The six researchers trained by Asuda worked with community leaders and women's centres to gain trust, promote understanding of the project, and ensure access to the

community. As a result they were able to document 385 cases of violence by the end of the project, all of which were uploaded on Ceasefire's online reporting tool, where they could be stored analysed.

While Asuda was far from the only organization engaged in data collection with Syrian refugee women and girls, most other organizations documenting cases of GBV keep this data private or use it only for case management or other internal purposes. This means that there is very little information available for stakeholders to use to design their interventions. In contrast, the Asuda-Ceasefire project chose to publish some of this data in anonymised and aggregated form through the reports produced under the project. This contributed to better informing stakeholders about the conditions of Syrian refugees in the KR-I and added existing literature to the field, while protecting the privacy and dignity of survivors.

Following the publication of the first report, two roundtable discussions were conducted for a total of 41 stakeholders from Erbil, Dohuk, and Suleymania to reflect on the report and discuss its impact and outcomes. At the roundtable discussions, which included representatives from government, non-governmental organizations, and others, the current situation of the Syrian community was discussed and recommendations shared on how to enhance their conditions.

As a result of the roundtable discussions, stakeholders were better informed about the condition of survivors of SGBV in the Syrian community and made aware of the shortcomings of the services provided from the perspective of the survivors. The roundtable discussions also built an informal communication channel between service providers for further collaboration on the provided services and referral pathways.

Stakeholders at the roundtable discussions confirmed that they had used the data provided in the report for their internal use, in assessments, proposals and reports. Some stated that the additional information provided by the project had an impact on improving the services they are providing. In this way, the report created an indirect dialogue between survivors and service providers, including programme managers and project managers who often do not have direct

interactions with the survivors while designing intervention programmes.

Workshops on engaging men and boys

After the workshops, they changed a lot. There were a lot of things that they did not consider to be violence before. A lot of the older women would say, 'I wish we had this information when we were younger.'

– Member of project team

Several members of the project team described the workshops on engaging men and boys to combat GBV as one of the most successful elements of the project. The goal of the workshops was to inform participants about the core concepts of GBV, why GBV happens, how to deal with it, and the role of men in reducing and preventing the violence in the household. An additional goal was to create a safe space where men and women could communicate about their issues and listen to each other.

Since the project extended to non-camp areas, many participants in the workshops had never been exposed to such sessions before and had never had GBV explained to them in this way. According to a member of the project team, 'many of the women were used to being hit by their husbands and thought it was normal, and that their place is just being at home and taking care of kids.' In the words of another staff member, 'beating and verbal abuse is normalized for them because they have been witnessing it from an early age – their mothers, aunts, sisters.' For some participants, the workshops were the first time they conceptualized some acts – such as marital rape – as violence.

The workshops also stimulated very encouraging responses from men and boys, who enthusiastically participated and expressed their support for preventing GBV. Some even requested the project staff to come to their homes and provide further information to their female family members about their rights under the law.

According to an initial batch of responses from post-workshop surveys conducted with participants who attended workshops in the first year of the project, 92 per cent of agreed that violence

should not be used in the household. Moreover, 19 out of 25 male participants agreed that using violence was not a solution for domestic issues in the house. In addition, 23 out of 25 male participants committed to combating and preventing violence against women in their homes and communities.

Awareness sessions for women and girls

At the start of the project, many Syrian refugee women and girls lacked basic information about the legal and constitutional rights they had, and were unaware of the available services around them. To fill this gap, a series of awareness sessions on the legal rights and services available to GBV survivors was organized.

Only 18 of the 106 women who participated in awareness sessions in the first year of the project showed knowledge about their legal rights prior to the session, as revealed by pre-session questionnaires. As a result, the workshops were very useful and informative for the women, especially when it came to providing information on the differences in the laws between Syria and Iraq. For example, many women were unaware that custody of children after divorce went to the mother in Iraq, instead of the father as is the case in Syria. Many women had previously been afraid of divorce because they thought that they would lose their children. Many female participants were also unaware of their right to spousal support (nafaqa) under Iraqi law.

Participants in the sessions were also made aware of the services available to survivors of GBV, including the services provided by Asuda under the project. This led to many women accessing services provided by Asuda, or referring their friends and family to the services. As stated by one member of the project team, the sessions were also beneficial to the women as a safe space to talk about and share their problems and exchange knowledge on how to overcome them.

Provision of psycho-social and legal support

While a number of organizations provide psycho-social and legal support to Syrian refugees in the KR-I, there are few that are active in non-camp settings and that go directly to survivors' homes. As a result, this activity was seen to have a positive and much-needed impact on Syrian refugee

women and girls, especially those unable to go out freely to access support services. Those able to leave home also had the option of accessing support services at the listening centres run by Asuda in Erbil, Dohuk and Suleymania.

The psycho-social support in particular produced clear and positive changes in the lives of women and girls. According to members of the project team, over the duration of the sessions, they were able to ease a great deal of the survivors' anxiety and build their self-confidence to the point that they could be left alone. In the words of one staff member:

We saw a lot of improvement in the cases. There were some cases that no one else wanted to work with because they were very challenging. For example, there was an older woman who was very difficult and short-tempered and didn't want to talk even at home. Her children were amazed at how she changed after attending sessions with us.

The counsellors providing psycho-social support on the project were able to build close relationships of trust with the survivors over time. According to one, 'when we told them we would only be coming for one more month they were upset – they wanted us to come more. They have so much trust in us that they call us for advice even when they have other problems not related to the project.'

The legal advice sessions were also beneficial to the women. Although many survivors were skeptical or unwilling to resolve their problems through courts and other formal legal mechanisms, they nonetheless benefited from learning about their rights under local laws. According to one member of the project team, 'many women were surprised by the information they received. There were a lot of rights they did not know about.'

Challenges and lessons learned

Despite the positive results detailed above, project staff were also faced with an array of challenges throughout the period of project implementation. The following section summarizes those main challenges, as well as the corresponding lessons learned.

Challenge #1: *Lack of trust and participant exhaustion*

Lesson Learned #1: *Design project activities to facilitate interaction and trust-building*

Project staff frequently met with resistance and distrust from refugee women and girls, particularly during the conduct of the data collection activity. Many survivors refused to participate in interviews and were clearly disillusioned with NGOs. Many claimed that NGOs frequently collect data from them but do not do anything with this information, and so they could not see any benefit from participating. Project staff agreed that more opportunities to interact with survivors were needed in order to build trust and facilitate data collection in the future. For example, project activities could be designed to start with case management and service provision before moving on to documentation. This would ensure that survivors were familiar with project staff and would allow them to feel supported by NGOs. Alternatively, open sessions could be organized at the start of the project, giving opportunities to women to express their needs and contribute to project design.

Challenge #2: *Predominance of material concerns*

Lesson Learned #2: *Combine anti-GBV programming with livelihoods support*

Many survivors engaged in the project were adamant that financial support was their most important need, and were uninterested in receiving psycho-social or legal support. Women and girls often rationalized the violence they were facing in the home as being caused by their poor economic situation, insisting that if their material circumstances improved, their other problems would also be resolved. Material factors were also a major factor discouraging women from seeking legal solutions to violence, such as divorce – knowing they would not have a place to live or a source of income if they separated from their husbands. Consequently, anti-GBV interventions would be more effective if combined with programmes to address survivors' economic needs, such as livelihoods assistance or job creation programmes. One staff member suggested that sewing courses or vocational training could be effective, rather than only direct financial assistance. Moreover, NGOs could consider introducing programmes to help survivors of violence become financially self-sufficient after divorce.

Challenge #3: *Presence of male relatives*

Lesson Learned #3: *Create safe spaces for women*

Related to the above point, the poor economic situation of many refugees and the fact that men were often unemployed and at home all day was itself a cause of problems, leading to increased conflict in the home. Most women were also not employed, and with the closure of many women's centres in the camps, had few opportunities to leave the home. This often made it difficult for project staff to conduct interviews with women or provide them with support services, due to the lack of appropriate private spaces. The creation of women-only spaces in camps and community settings should therefore not be underestimated, due to the fact that they would give women a place to socialize outside the home and talk about their issues, which would have a positive impact on their mental health.

Challenge #4: *Resource and time constraints*

Lesson Learned #4: *Prioritize longer-term interventions*

Most donors in the area of GBV only fund short-term interventions, ranging from six months to two or three years. This reality presents challenges both for project teams and survivors. From the perspective of the project team, staff members need more time in order to build relationships with survivors and enable true change in the most difficult cases. The problem is not only the overall duration of the project, but also the resources dedicated within the project time-frame. Most staff members carrying out GBV programming work part-time shifts and are unable to respond to beneficiaries when they face violence late at night, for example. From the perspective of survivors, it is difficult for them to open up about their experiences and build a relationship with a particular organization or staff member, only to have to go to a new organization and start over again when the project ends. As a result, more donor resources should be devoted towards funding longer-term, sustained interventions.

Challenge #5: *Lack of coordination between actors working in the field*

Lesson Learned #5: *Improve cooperation mechanisms between NGOs*

While multiple actors are engaged in implementing anti-GBV programming with Syrian refugees in the KR-I, the experience of implementing the project showed that there was little to no coordination between them. Many NGOs were insular in their approach and reluctant to share information or experience that could have had wider benefit. Increased information sharing, especially from organizations with a long track record of working with refugees, would help other organizations assess what has worked and not worked in the past and to know where the gaps in service provision are, allowing them to have a useful contribution and avoid duplication of efforts. While Asuda was successful to some extent in creating opportunities for dialogue and experience sharing between NGOs working in the field, more structured coordination is needed.

Challenge #6: *Problematic laws and policies at government level*

Lesson Learned #6: *Use project experience to drive advocacy*

At several instances in the project, external factors related to the wider policy context in the KR-I were shown to be unfavourable to survivors of violence from the Syrian community. For example, survivors facing severe violence or threats to their life are sometimes in need of emergency shelter facilities. In the KR-I, the government-run shelters are the only shelters available, but the conditions in the shelters are poor and the admission procedures are extremely demanding for refugee women, requiring a legal order, permission from the Asayish, and a medical exam. According to one member of the project team, 'We were embarrassed to refer cases to the shelter. I don't know up to now if any Syrian woman has ever made it in.' While the government maintains that its services are available to the host community, IDPs and refugees without distinction, the lack of dedicated programming or outreach for refugees leads some to perceive that they do not qualify for such services. Finally, the legal context in the KR-I does not allow third parties to file complaints in cases of domestic violence, which inhibits the use of legal solutions in such cases, as many survivors of violence do not have the resources or confidence to file claims themselves. Consequently, direct support to survivors should be combined with advocacy to drive change in laws and policies which impact them.

6. Lessons learned from the wider sector

This section of the report seeks to draw lessons, observations and best practices from other actors involved in implementing anti-GBV programming with Syrian refugees in the KR-I, including local and international NGOs and UN agencies. It is based on both a review of secondary data in relation to service and programme mapping as well as analysis of primary data collected in early 2019.

Secondary data analysed in this section includes public and internal GBV Sub-Cluster documentation. Primary data included: 1) an online survey sent to GBV service providers (international NGOs, local NGOs, and UN agencies) working with Syrian refugees in KRI with a total of 15 responses received; 2) eight key informant interviews with staff from international NGOs, local NGOs and UN agencies as well as an additional interview the camp management for Domiz 1 camp in Dohuk; and finally 3) views expressed by GBV service providers during roundtable events organized as part of the Asuda-Ceasefire project in August 2018 and February 2019, as well as during a day-long GBV mainstreaming workshop in January 2019 facilitated by UNHCR and the National Protection Cluster.

Service mapping in the KR-I

According to the 'GBV Sub-Cluster Cumulative Dashboard' from January-October 2018 (the most up to date dashboard available), three UN agencies partner with eight national and international organizations to implement GBV programming for Syrian refugees in KR-I. Related cluster spreadsheets for Erbil, Suleymania, and Dohuk, last updated in 2018, reveal that 13 NGOs (both national and international) and two UN agencies work in this field. Furthermore, our survey results indicate an additional four national NGOs and one INGO not included in the cluster mapping provide GBV services and programmes for the aforementioned demographic. According to the dashboard, 55 per cent of GBV programming and services take place in Erbil, 41 per cent in Dohuk and Ninewa, and 4 per cent in Suleymania. According to the Regional Refugee Resilience Plan (3RP) Information Kit from 2018, out of the approximately 250,000 Syr-

ian refugees displaced in Iraq, 49 per cent live in Erbil, 35 per cent in Duhok, and 13 per cent in Suleymania. The dashboard also indicates that 80 per cent of Syrian GBV beneficiaries are camp residents and 20 per cent are out-of-camp. This is despite the fact that as of 31 December 2018, the majority of Syrian refugees (63 per cent) live in non-camp settings, per the 3RP dashboard.

Anti-GBV programme mapping

The majority of GBV programmes undertaken by international NGOs, local NGOs, and UN agencies in the KR-I for Syrian refugees are awareness related. According to the GBV Sub-cluster Dashboard for January-October 2018, 53 per cent of interventions consisted of awareness-raising sessions. This is followed by GBV services (30 per cent), empowerment sessions (10 per cent), and distribution of dignity kits (less than one per cent). The number one type of GBV programming, according to online survey respondents, was related to psycho-social support (PSS). These services include psychological first aid, individual and group psycho-social support sessions for both women and men, individual psychiatric interventions, and other mental health and psycho-social support (MHPSS) related programming. According to the cluster spreadsheets, 52 per cent of GBV programming is made up of PSS-related programming and activities. Second to psycho-social support programming, 46 per cent of participating agencies in the aforementioned clusters provide case management. This was mirrored by online survey respondents as well. Other programmes and services include women's centres, legal aid, mobile teams, child-care/child minding, recreational activities, vocational training, dignity kits, family planning, safe spaces, and community-based groups. According to the GBV Sub-Cluster Cumulative Dashboard from January-October 2018, 56 per cent of beneficiaries were women, 27 per cent were girls, 9.5 per cent were men, and 6.5 per cent were boys.

Survey of service providers

A survey about GBV with Syrian refugees in KR-I was sent out to email addresses from the GBV cluster excel lists for Suleymania, Erbil, and Dohuk; 15 responded (reasons for the low response rate are discussed later). The survey questions sought to understand what kind of programming was hap-

pening and being funded, the perceived impact of the programming, lessons learned, and to understand the gaps from the point of view of the programme implementers. Of the 15 responses received, ten were from individuals working with local NGOs and five from individuals in international NGOs implementing programming nearly equally across the three governorates of the KR-I – Dohuk, Erbil, and Suleymania. Eleven of the 15 organisations work with refugee populations in GBV programming. The top four types of programming offered by the respondents' organisations were psycho-social support programming (13), awareness sessions (13), case management (9), and women's centres (9).

For the survey question asking about under-reporting of GBV, the most common answers suggested that building the capacity of government officials, local NGOs, and other decision makers, as well as investing resources in non-camp populations (the majority of GBV programming is held inside camps, even though they represent a minority of the refugee population) would all help to address this problem. One respondent suggested that the provision of psycho-social support should act as an entry-point to identify cases of GBV, which can then be addressed by further follow-up. Many pointed to the importance of awareness-raising, with one respondent suggesting that the women's committees should play a stronger and more active role in the design of awareness-raising activities. Other mentioned the importance of religious leaders and media campaigns in raising awareness of GBV.

Nine of the respondents agreed that GBV comes equally from the host communities as it does from within the Syrian community, while three said it comes primarily from the host community, and the remaining three argued that it comes mainly from the Syrian community. As for what has been most successful in GBV programming, several said that men's engagement programmes have been most effective. Other successful programming included awareness sessions, trauma therapy, life skills and other training programmes to help refugees acquire employment, legal assistance, and women's empowerment programming.

As for the biggest challenges to combatting GBV, most said that there was not enough funding for

Figure 8: Breakdown of survey respondents

TYPE OF ORGANIZATION	TARGET GROUP	GBV SERVICES OFFERED	LOCATION OF PROGRAMMING	CAMP/ NON-CAMP?
International	IDPs, Refugees, Host community	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Legal Aid, Social Programmes, Vocational Training, Economic Empowerment, Advocacy	Erbil, Suleymania	Non-camp refugees only
Local	IDPs, Refugees, Host community	Awareness Sessions, Childcare	Dohuk	Camp refugees only
Local	IDPs, Refugees, Host community	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Mobile Teams, Social Programmes, Vocational Training	Erbil	Non-camp refugees only
Local	IDPs, Refugees, Host community	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Vocational Training	Erbil	Non-camp refugees only
Local	IDPs, Host community	Psycho-social Support, Awareness Sessions	Suleymania	Both camp and non-camp refugees
Local	IDPs, Refugees	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Legal Aid, Vocational Training, GBV Training for POCs and Service Providers, Emergency Cash Assistance, Advocacy	Dohuk	Both camp and non-camp refugees
International	IDPs, Refugees, Host community	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Legal Aid, Vocational Training	Dohuk	Camp refugees only
International	IDPs, Refugees, Host community	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Mobile Teams, Social Programmes, Adolescent Girls Programming	Dohuk	Camp refugees only
Local	IDPs, Refugees	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Mobile Teams, Vocational Training	Erbil	Camp refugees only
Local	IDPs, Refugees, Host community	Psycho-social Support, Awareness Sessions, Vocational Training	Suleymania	Both camp and non-camp refugees
Local	Refugees, Host community	Psycho-social Support, Women’s Centres, Legal Aid, Childcare, Social Programmes	Dohuk	Both camp and non-camp refugees
Local	Host community	Awareness Sessions	Dohuk	Camp refugees only
International	IDPs, Refugees, Host community	Case Management, Psycho-social Support, Women’s Centres, Awareness Sessions, Mobile Teams, Social Programmes, Vocational Training	Dohuk, Erbil, Suleymania	Both camp and non-camp refugees
International	IDPs, Host community	Psycho-social Support, Awareness Sessions	Suleymania	Non-camp refugees only
Local	Host community	Case Management, Psycho-social Support, Mobile Teams, Childcare	Suleymania	Both camp and non-camp refugees

GBV programming combined with the programming being too short (which impacts the ability to build trust with the refugee community). The lack of services for male victims of GBV was also mentioned by several respondents. Other gaps included lack of awareness among community leaders and decision-makers, and insufficient legal protections for survivors of GBV. When asked about the role of the government, respondents stated that although the government's Directorates for Combating Violence against Women played a positive role in data collection, awareness raising, and engaging with NGOs, they did not yet have the capacity to effectively manage GBV cases.

As for what they feel is most needed, in terms of programming, the answers included more psychosocial support sessions, vocational or income-generating projects, and men's engagement. Others suggested that the refugees do not want programming that merely provides information, but addresses their day-to-day needs, such as livelihoods. One respondent pointed to the importance of increasing the capacity of local NGOs and their field staff to allow them to improve their long-term strategies to deal with GBV.

Key informant interviews

The information in this section is based on interviews conducted with several key informants, including the camp management of Domiz 1 camp and several national staff of a local NGO providing psycho-social support services in Dohuk; the country director of an international NGO in Erbil; and five local NGOs and one international actor in Suleymania.

A national worker for a local NGO in Suleymania shared that out-of-camp refugees experience GBV at a higher rate than those inside camps, in part because of their interactions with the host community and because they are harder for organisations to find, and thus they are not as invited to awareness sessions and other programming.

More than half the interviewees said that the government must be more involved in combatting GBV. The country director of one international NGO said that this must be done for the sake of sustainability; the awareness and capacity of local government officials and decision makers must be

increased. Once the capacity is increased, she said, the government is in a better place to also take on the role of advocacy. A national worker for a local NGO said, however, that when they have worked on capacity building of government officials, the officials often do not stay in their jobs for very long and are moved to positions that have nothing to do with GBV. Another gap with government identified by a national staff of an international actor is that camp management needs more training; she hears reports of camp managers sending women back home after they have reported that women are scared for their lives because of their husbands. Moreover, several interviewees said that access to government-run shelters is dependent on the woman making a formal complaint in court, which most women are unwilling to do.

Most of the interviewees said that not engaging men and boys is a major gap in GBV. One country director said that their most successful programme was a three-month programme aimed at engaging men and boys from the refugee, host, and IDP communities with a message of positive masculinity. Men, she said, went through GBV awareness sessions and then approached the organization, asking for programming especially geared towards them. She said that they try to develop mutual support between the genders. This country director also said that she knows of cases of male rape where the victims found no organisations to provide case management or other interventions on their behalf. Two interviewees said that male social workers need to be trained to provide more services for men. A male national staff worker said that they work with a small number of male Syrian volunteers in their programming; however, he said it is difficult for men in the home to open up. Another international staff member knew of a case of a Syrian man raped by ISIL with no access to services. In Dohuk, one international NGO worker said they have more reported cases of rape against boys than girls.

Most actors interviewed agreed that GBV work with Syrian refugees is vastly underfunded. One interviewee, a national staff member of an international organization, argued that because GBV is so under-reported, donors can end up thinking it is less of an issue than it actually is and decrease the amount of funding for GBV programming. For example, under-reporting of sexual violence in the

camp may come from families seeking to deal with these issues via tribal mechanisms instead of the local law.

More than half of all interviewees argue that GBV programmes are also too short; they, again, place the responsibility for this with donors. Organisations would implement longer programming if the donors funded them; currently, programmes are often funded for only 6-12 months and individual programmes can last only a few sessions. One national case manager for a local NGO in Suleymania claimed that it takes at least 6 months to gain the confidence of the Syrian beneficiaries. The case manager also claimed that if funding increased, a more manageable caseload could be taken on by staff and case workers with a longer duration, and thus provide better services for individuals. However, a couple of our interviewees also reported that the refugees face ‘awareness fatigue’ and need more programming that addresses practical needs as well, such as livelihoods and income generating projects.

Overall, lack of coordination was seen as a problem between all actors. In a GBV mainstreaming meeting held in January 2019, several participants identified the lack of coordination between clusters dealing with GBV as a problem. It was also difficult to get an accurate, overall picture of who was actually working on GBV with Syrian refugees. Nearly 25 per cent of the emails sent with the survey were sent back either because they were old or invalid email addresses or the person no longer worked at the organization. Some organisations are also working in GBV but do not participate in the clusters. Other organisations we met with because we were told they did work with Syrian refugees but, once we arrived, learned that they did not.

In summary, more GBV work must be done with non-camp refugees, who experience higher rates of GBV but are also more difficult to identify. Interlocutors also addressed the need to build the capacity and involvement of the government. Engaging men and boys in GBV, both in awareness sessions and in programming specifically to address men’s issues (including men and boys as victims of GBV), is key in addressing overall rates of GBV. Lastly, funding remains a concern for GBV actors along with the need to implement longer-term program-

ming. However, GBV programming must move beyond informational sessions and deal more directly with issues, including those related to vocational training and livelihoods. Lastly, coordination between all actors is a matter of concern.

Stakeholder views

This section is based on views expressed by stakeholders working on GBV who attended a series of four roundtable events organized by Asuda in Erbil and Suleymania August 2018 and February 2019. In total, 92 stakeholders participated in the discussions, including representatives of local and international NGOs, UN agencies, government ministries, and refugee camp administrations. Stakeholders present were involved in providing various types of anti-GBV programming to refugees, including psycho-social support, case management, healthcare, awareness raising, legal support and vocational trainings.

Stakeholders differed as to the importance of economic factors as an explanation and solution to GBV. One representative of a local NGO stated that despite the vocational training programmes offered by UN agencies, GBV remained widespread in the camps, suggesting that the causes are not purely economic. Instead, interventions to change attitudes are what is needed to reduce GBV. Similarly, a representative of another local NGO stated that GBV was commonly practiced within the communities in Syria, before they became refugees, due to cultural attitudes. However, others emphasized that vocational training and financial aid are still crucial priorities, given that some tents have up to 9 family members living together.

Several stakeholders pointed to the importance of effective laws – and awareness of such laws – as a deterrent to GBV. According to one, the lack of stringent laws against GBV in Syria is a reason why practices of violence are normalized. Legal factors are also a major reason behind the under-reporting of GBV, with many Syrian women being unaware of the difference in the laws in the KRI, and assuming that reporting violence would lead to family dissolution and loss of custody of their children. Conversely, more awareness of the law can be effective in preventing GBV. One participant mentioned the case of a woman who had prevented her daughter from going to school. Upon

being informed that this was considered an act of gender-based violence in the KR-I, she allowed her daughter to enroll in school.

In terms of the programming needed to address GBV, several stakeholders mentioned the importance of targeting men and children alongside women, as men are the main perpetrators of GBV, and children are directly affected by violence in the home. In addition to intimate partner violence, sexual harassment and early marriage were widespread problems in the Syrian refugee community as noted by the stakeholders, requiring intervention. Stakeholders pointed to the need for mobile teams to reach underserved rural areas, where many refugees have settled due to the lower cost of living. More than one stakeholder brought up the lack of coverage of GBV in the media, and the importance of media programming in spreading awareness of the issue. One representative of a local NGO pointed out that most donor funding goes to IDPs and refugees, which leaves a need for more projects targeting the host community. Finally, stakeholders called for more coordination between NGOs, so that when one organization's project ends, another organization can pick up where they left off. Local NGOs should also adopt a policy for hiring IDPs and refugees for project staff positions.

7. Recommendations

To inter-governmental and non-governmental organizations:

- Increase coordination between humanitarian organizations, between clusters, and between humanitarian and development organisations working on GBV, such as by convening periodic meetings and actively seeking joint interventions
- Make more efforts to regularly document and publicly disseminate information about anti-GBV programming being implemented with Syrian refugees in KRI, including programming by organizations outside of the formal cluster system, to ensure that such information is readily available to other actors in the sector

- Supplement information-based programming with more proactive interventions to promote learning and behavior change, such as participatory workshops
- Combine anti-GBV efforts with livelihoods assistance and vocational programmes, such as cash assistance or short training courses for women
- Include men and boys in anti-GBV programming, not only by engaging them as allies in combating violence, but also by ensuring that services are available to potential male survivors of GBV
- Extend anti-GBV programming to work with non-camp residents in a more sustained and targeted manner, particularly where non-camp settings represent a large proportion of the refugee population
- Ensure that sufficient resources are dedicated to creating safe spaces and recreational facilities for women in both camp and non-camp settings.

To the Kurdish Regional Government:

- Increase governmental capacity to deal with GBV by introducing gender-sensitivity training courses for government employees across sectors
- Improve the quality of shelter facilities available for survivors of violence and reduce the barriers to access by refugee women, including by simplifying entry procedures
- Introduce refugee-specific outreach initiatives and GBV programming alongside governmental programming provided for the host community and IDPs
- Engage host communities with awareness sessions to reduce GBV against refugees and to create social cohesion between the host and refugee communities
- Minimize the legal and practical barriers preventing refugees from accessing employment, education, healthcare, housing, and other basic services in the KR-I
- Amend Law No. 8 on Combating Domestic Violence to allow witnesses and third parties to submit complaints on behalf of victims of violence.

References

- 1 War Child Canada, *A Guide to Sexual and Gender-Based Violence Legal Protection in Acute Emergencies*, Toronto, 2018, p. 12.
- 2 The precise number of Syrian refugees registered in Iraq was 252,451 as of 31 January 2019, according to UNHCR figures: <https://data2.unhcr.org/en/situations/syria/location/5>.
- 3 UNHCR, *Sexual and Gender-Based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa*, 2015, p.4.
- 4 Sood, A. and Seferis, L., 'Syrians contributing to Kurdish economic growth,' *Forced Migration Review*, vol. 47, September 2014, p. 15.
- 5 Danish Refugee Council, 'A study of the opportunities in labour markets for IDPs and Refugees in KRI: Construction Labour and Service-sector Labour Market Systems (Executive Summary),' December 2014, p. 7.
- 6 Higel, L., Mohammed, A., Singh, N. and Guiu, R., *Pathways to Resilience: Transforming Syrian Refugee Camps into Self-Sustaining Settlements (Qualitative Assessment: Focus Group Discussions)*, Middle East Research Institute, June 2015, p. 10.
- 7 World Bank, *The Kurdistan Region of Iraq: Assessing the Economic and Social Impact of the Syrian Conflict and ISIS*, Washington, DC, 2015, p. 51-60.
- 8 United Nations Development Programme, *Syria Response - Iraq*, 2014, <http://www.undp.org/content/dam/rbas/doc/SyriaResponse/Iraqpercent20143-151.pdf>, p. 140.
- 9 World Bank, *op. cit.*, p. 2.
- 10 *Ibid.*, p. 3.
- 11 Sood and Seferis, *op. cit.*, p. 14.
- 12 World Bank, *op. cit.*, p. 5.
- 13 Higel et. al., *op. cit.*, p. 8-9.
- 14 REACH and UNHCR, *Economic Survey of Syrian Refugees - Refugee Camps*, Kurdistan Region of Iraq, April 2014, p. 12.
- 15 UNHCHR, *3RP Regional Refugee & Resilience Plan 2016-2017 – Iraq*, January 2016, p. 10.
- 16 UNHCR, '3RP Regional Refugee & Resilience Plan Iraq Monthly Update – Protection Dashboard,' June 2017.

Combating sexual and gender-based violence in refugee crises:

Lessons from working with Syrian refugees in the Kurdistan Region of Iraq

In brief

Refugee women and girls are among the populations at highest risk of gender-based violence (GBV) around the world. In refugee camps and other settings where women and girls find shelter, factors such as precarious housing arrangements, insecurity, economic vulnerability, and breakdown of family structures all contribute to the proliferation of partner and non-partner violence as well as the resort to negative coping strategies, such as early marriage and transactional sex.

This report is the result of a two-year project carried out by Asuda for Combating Violence against Women and the Ceasefire Centre for Civilian Rights aimed at addressing gender-based violence against Syrian refugees in the Kurdistan Region of Iraq (KR-I). It is an effort to disseminate the lessons learned over two years of working with Syrian refugee women and girls to a broader audience in a way that can be effectively harnessed to inform and guide the design of future interventions, whether in the context of the regional Syrian refugee crisis, or in other settings.

Quantitative data collected under the project shows that intimate partner violence – whether emotional, physical, sexual, economic or a combination – is the most common form of violence reported by Syrian women and girls living in the KR-I. In focus group discussions carried out for this report, Syrian refugees expressed that changing gender roles outside of the home, the pressure of finding work, dealing with difficult government officials in obtaining residency permits, and bad relationships with the host community had all taken a toll on the mental health of both women and men. Rates of gender-based violence were higher than in pre-displacement as a result, primarily affecting women and girls but also men and boys.

The report presents the main results achieved by the Asuda-Ceasefire project over two years of implementing anti-GBV programming

with Syrian refugees in the KR-I. It provides a detailed look into the main project activities, the success stories, and challenges faced. Key lessons learned include the importance of designing project activities in a way that facilitates trust-building, the urgency of combining anti-GBV programming with livelihoods support, and the need to improve cooperation mechanisms between NGOs.

Finally, the report looks for lessons learned from the wider humanitarian sector in the KR-I, presenting findings gained from surveys and interviews with other actors involved in anti-GBV programming with Syrian refugees. It finds that more anti-GBV work must be done with non-camp refugees, who experience higher rates of violence but are also more difficult to identify. Building the capacity and involvement of the government is another important priority, as well as engaging men and boys. Anti-GBV programming must also move beyond informational sessions and deal more directly with issues related to vocational training and livelihoods.

This briefing recommends to follow:

- Combining anti-GBV efforts with livelihoods assistance and job creation programmes;
- Including men and boys in anti-GBV programming, not only by engaging them as allies in combating violence, but also by ensuring that services are available to potential male survivors of GBV;
- Extending anti-GBV programming to work with non-camp residents in a more sustained and targeted manner;
- Improving the quality of shelter facilities available for survivors of violence and reduce the barriers to access by refugee women, including by simplifying entry procedures;
- Engaging host communities with awareness sessions to reduce GBV against refugees and to create social cohesion between the host and refugee communities.

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