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Honors Thesis

SEXUAL AND GENDER-BASED VIOLENCE AGAINST ARAB REFUGEE WOMEN:
YAZIDI MINORITY IN NORTHERN IRAQ

by
Amanda Solomon

Submitted to Brigham Young University in partial fulfillment of graduation requirements for
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Middle Eastern Studies/Arabic Department
Brigham Young University
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ABSTRACT

SEXUAL AND GENDER-BASED VIOLENCE AGAINST ARAB REFUGEE WOMEN:
YAZIDI MINORITY IN NORTHERN IRAQ

Amanda Solomon

Middle Eastern Studies/Arabic Department

Bachelor of Arts

In addition to being at risk of violence from war and conflict, Arab refugee women also have an increased vulnerability to sexual and gender-based violence (SGBV). Aspects inherent to the refugee experience such as a breakdown of the legal system, camp environments, and economic challenges exacerbate the already-pervasive phenomenon of SGBV. This human rights violation is physically, mentally, socially, and economically harmful to women. This thesis utilizes a case study specifically looking at the Yazidi ethnoreligious minority population in northern Iraq, which has been targeted for genocide by Islamic State forces since August 2014. To address the continuing trauma and mental health issues experienced by Yazidi women as a result of sexual and gender-based violence at the hands of Islamic State, AMAR International Charitable Foundation launched the Escaping Darkness program to provide essential psychosocial treatment. An examination of the organization's programming data found that Yazidi women were more likely to be in need of these services than men or non-Yazidis from the same areas, which can be closely connected to the disproportionate terrorist attacks aimed at Yazidis and the subsequent trauma inflicted through sexual and gender-based violence. Moving forward, innovative practices implemented with women refugees in the Middle East to address

sexual and gender-based violence can be applied to the Yazidi population with minimal adaptation. These practices include training for service providers, legal aid, and mobile service intervention.

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Introduction

Few global crises in recent decades have proven as overwhelmingly serious and protracted as the Middle East's current refugee crisis. Since the outbreak of the civil war in 2011, Syria alone has produced over six million refugees (with another 6 million displaced within the country), and additional conflicts have piled on top in Iraq, Afghanistan, and Yemen. Of the approximately 68 million refugees and internally displaced persons (IDPs) around the world, 40% are from the Middle East, despite the fact that the region makes up only 5% of the global population.¹ Camps are overcrowded, food supplies are inadequate, and an entire generation is growing up under the shadow of war.

In the face of this appalling amount of need, it is understandable that first priorities for governments and humanitarian aid organizations are the provision of food, water, shelter, and clothing. These are the needs that have dominated the international conversation regarding the refugee crisis, serving as the impetus for raising millions of dollars and drawing similar numbers of volunteers. However, in the chaos, the needs of women are most often not met or even recognized. While food and water are imperative, that singular focus opens women up to an entirely separate but no less urgent or life-threatening aspect of the refugee crisis: sexual and gender-based violence.

Gender-based violence is any harmful act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. This includes threats of violence and coercion.² Women and girls are the primary victims of gender-based violence. Sexual violence is a form of gender-based violence, defined as any act, attempt or threat of a sexual nature that

¹ Frank, Thomas. "Refugee Crisis Poses Long-term Threats to the Middle East." *The Arab Weekly*. November 25, 2018.

² Kilcullen, Grainne. "Gender Based Violence Programming in Contexts Affected by Violence and Conflict." Ireland: *Christian Aid*, 2018.

results, or is likely to result, in physical, psychological and emotional harm.³ It is a very real phenomenon for millions of women around the world and is highly correlated with conflict displacement situations, placing Arab refugee women at increased risk and vulnerability to violence and exploitation.

This thesis will examine the issue through the lens of a research-backed, data-driven, and region-specific analysis of contributing factors, consequences, and interventions. It will also involve a case study of the Yazidi ethno-religious minority in northern Iraq, ruthlessly targeted by the terrorist forces of ISIS. The AMAR International Charitable Foundation set up an intervention targeting this vulnerable population, and an examination of programming data and the Global Terrorism Index gives insights into the ways in which discrimination against the Yazidis of northern Iraq means that Yazidi women are more likely to be subjected to sexual and gender-based violence than the general population.

The research in this thesis is presented through a gender studies lens. The basis of a feminist and gender-aware theoretical framework was chosen for the enhanced insights possible to gain through viewing an issue as woman-specific. Medicine, research, humanitarian aid, and indeed most disciplines and sectors are all conditioned to view the male as the average and baseline. However, in evaluating the needs of refugees this *does not work*. Using the male as the standard means that women-specific risk factors—of which there are many in this case—often are left unaddressed or even unrecognized. It's true that all refugees around the world have several commonalities and shared experiences, and the traumatic effects of fleeing one's home due to violence don't differentiate due to violence. However, the increase in sexual and gender-

³ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003).

based violence in times of conflict means that women and girls have additional dangers and risk factors unique to their sex. The gender studies lens allows effective conceptualization and communication of the compound nature of the Arab refugee women experience.

Background

Around the globe, more than one-third of all women have been physically beaten, coerced or forced into sex, or otherwise seriously abused in their lifetime.⁴ Gender-based violence, widely considered a human rights violation, can affect all areas of a woman's life, and occurs in all cultures, genders, ages, religions, races, and socioeconomic strata.⁵ It is an umbrella term that includes rape, coerced sex, domestic violence and assault, forced prostitution, and female genital cutting.⁶ Although men and boys can also experience SGBV, this research will focus on how the phenomenon affects women and girls specifically.

Sexual and gender-based violence occurs as a result of unequal power dynamics. The UN called violence against women "one of the crucial mechanisms by which women are forced into a subordinate position compared with men."⁷ It is based in patriarchal norms and gender inequalities and is a major obstacle to achieving peace, equality, and development.⁸ In most cases, rape and sexual assault have little to do with sexual frustration and are based on assertion of power over an individual woman or women at large.⁹ Sexual and gender-based violence is thus both a manifestation and cause of the dominance over and discrimination against women by men.

Gender-based violence is widespread. Of women worldwide, 35% have experienced some sort of physical and/or sexual abuse, and an estimated 40 to 70% of female homicides

⁴ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 7.

⁵ Ibid 1; United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 19.

⁶ Olsen, Odd Einar, and Kristin S. Scharffscher. "Rape in refugee camps as organisational failures." *The International Journal of Human Rights* 8, no. 4 (2004): 377.

⁷ Ibid. 12.

⁸ Christian Aid. "Gender Based Violence Programming in Contexts Affected by Violence and Conflict." (2003).

⁹ Griffin, Susan. *Rape: The All-American Crime*. Know, Incorporated, 1976.

worldwide are committed by intimate partners within the context of an abusive relationship.¹⁰ Within the home, domestic violence often begins early and continues, with 29% of women age 15-19 years having experienced physical or sexual violence at the hands of a partner and prevalence peaking for women in their forties at nearly 37.8%.¹¹ Due to the sensitive nature of the issue and the shame often associated therewith, underreporting of sexual and gender-based violence is extremely common.¹² Within many cultures, a reluctance exists to even acknowledge it occurs, and thus incident reporting is rare and there are few nationally-representative or longitudinal studies.¹³ The stigma surrounding this issue is compounded by the existence of inadequate legal justice systems, which usually fail to arrest or prosecute abusers and rapists, often further victimizing surviving women in the process.¹⁴

Although the Middle East has experienced rapid improvement in women's empowerment and participation, the region remains one of the least safe on earth for women. Despite an overall lack of research, studies have consistently shown rates of sexual assault and domestic violence in the Middle East significantly higher than many other areas of the world. A global study conducted by the World Health Organization found that between 16 and 52% of women in the Eastern Mediterranean had been physically beaten by a partner in the preceding 12 months,

¹⁰ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 7; Christian Aid. "Gender based violence programming in contexts affected by violence and conflict." (2003).

¹¹ García-Moreno, Claudia, Christina Pallitto, Karen Devries, Heidi Stöckl, Charlotte Watts, and Naeema Abrahams. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization, 2013.

¹² Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 143.

¹³ Ibid.

¹⁴ Vu, Alexander, Atif Adam, Andrea Wirtz, Kiemanh Pham, Leonard Rubenstein, Nancy Glass, Chris Beyrer, and Sonal Singh. "The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis." *PLoS currents* 6 (2014).

compared with 1.3 to 12% of North American and European women.¹⁵ Among Palestinian women living in Lebanon, 29.6% have been subjected to physical violence and 56.9% experienced verbal abuse.¹⁶ A survey of Syrian refugees in Lebanon and Jordan found that 32% of women had experienced violence, and more than a third had not told anyone.¹⁷ Although the dominant religious and cultural values of the region do not justify wife abuse, studies have found that many people, including women, support the practice. In a survey of Egyptian and Jordanian women, 8 out of 10 ever-married women supported at least one reason for wife-beating.¹⁸

The correlation between a rise in sexual and gender-based violence and displacement due to conflict is well-documented.¹⁹ This is relevant given the current refugee crisis in the Middle East, which has seen more than 12 million Syrians uprooted and displaced since 2011, primarily to neighboring Lebanon, Turkey, and Jordan.²⁰ That, combined with the past and present conflicts in Iraq, Yemen, and elsewhere within the region brings the total number of displaced people in the Middle East to roughly 15 million.²¹ The majority of victims of these conflicts are women and children—in 2015, women and children made up 78% of the total Syrian refugee

¹⁵ Boy, Angie, and Andrzej Kulczycki. "What we know about intimate partner violence in the Middle East and North Africa." *Violence Against Women* 14, no. 1 (2008): 54.

¹⁶ Khalidi, Aziza. *Domestic Violence Among Some Palestinian Refugee Communities in Lebanon: An Exploratory Study and Ideas for Further Action: a Report*. Association Najdeh, 2000.

¹⁷ Essaid, Aida, Jinan Usta, Shirin Shukri, M. P. P. Yasmine El Gharaibeh, Hala Abu Taleb, Nibal Awwad, Hiba Nsour, and Cari Jo Clark. "Gender based violence against women and girls displaced by the Syrian conflict in south Lebanon and north Jordan: Scope of violence and health correlates." (2015). 42.

¹⁸ Boy, Angie, and Andrzej Kulczycki. "What we know about intimate partner violence in the Middle East and North Africa." *Violence Against Women* 14, no. 1 (2008): 54.

¹⁹ Christian Aid. "Gender based violence programming in contexts affected by violence and conflict." (2003); Olsen, Odd Einar, and Kristin S. Scharffscher. "Rape in refugee camps as organisational failures." *The International Journal of Human Rights* 8, no. 4 (2004): 377; Ray, Sam, and Lauren Heller. "Peril or protection: the link between livelihoods and gender-based violence in displacement settings." *Women's Refugee Commission* (2009). 3.

²⁰ Huber, Chris, and Kathryn Reid. "Forced to flee: top countries refugees are coming from." World Vision. <https://www.worldvision.org/refugees-news-stories/forced-to-flee-top-countries-refugees-coming-from>. Accessed 12 November 2018.

²¹ "Millions of refugees at risk in the Middle East as winter funds dwindle." UNHCR UK. 3 October 2017. <https://www.unhcr.org/uk/news/briefing/2017/10/59d34b0c4/millions-refugees-risk-middle-east-winter-funds-dwindle.html>. Accessed 12 November 2018.

population.²² A 2014 report by the United Nations High Commissioner for Refugees found that a quarter of all refugee households in Jordan, Lebanon, and Egypt were headed by women.²³

The women and children in these situations are uniquely vulnerable to sexual and gender-based violence, as incidences of SGBV increase universally during conflict.²⁴ The already-significant risk is compounded in conflict scenarios by the general destabilization and deterioration of societal infrastructure which affects social, legal, economic, and educational institutions.²⁵ Families break apart and societal standards of behavior are disregarded as individuals focus on survival. These developments weaken safeguards for women and result in heightened rates of sexual violence.²⁶ Historically, rape has been the most common form of gender-based violence at the beginning of conflict situations, and research has shown a significant correlation between rape and displacement to refugee camps.²⁷ But in an extended scenario like the one which has been seen in the Middle East for more than a decade, that umbrella widens to sustain heightened levels of other types of violence against women as well, including sexual violence and assault, domestic violence, trafficking, workplace exploitation, and child marriage.²⁸ Studies indicate that 1 out of 5 Arab refugee women have been subjected to

²² Yasmine, Rola, and Catherine Moughalian. "Systemic violence against Syrian refugee women and the myth of effective intrapersonal interventions." *Reproductive health matters* 24, no. 47 (2016): 27; United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence prevention and response in refugee situations in the Middle East and North Africa." (2015). 4.

²³ Ibid. 30.

²⁴ Ray, Sam, and Lauren Heller. "Peril or protection: the link between livelihoods and gender-based violence in displacement settings." *Women's Refugee Commission* (2009). 3; Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 135; Olsen, Odd Einar, and Kristin S. Scharffscher. "Rape in refugee camps as organisational failures." *The International Journal of Human Rights* 8, no. 4 (2004): 377.

²⁵ Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 139.

²⁶ Ibid.

²⁷ Ibid. 137.

²⁸ Ray, Sam, and Lauren Heller. "Peril or protection: the link between livelihoods and gender-based violence in displacement settings." *Women's Refugee Commission* (2009). 4.

sexual violence, but most experts consider this an underestimate due to the various factors that discourage women from reporting incidents.²⁹ Although other factors impact perception of safety as well, 51% of refugee women in Lebanon report never feeling safe within the country.³⁰

Women who manage to make it out of the region of conflict are still at risk for violence as well, since prolonged stays in Greek refugee camps have been shown to increase domestic violence levels.³¹

In general, survivors of sexual and gender-based violence know their abuser, but in refugee situations, women are exposed to unique risks from strangers as well, including but not limited to law enforcement officers, other camp residents, traffickers, smugglers, aid workers, soldiers, and border agents.³² Authority figures in positions of power, whom refugees are dependent on for assistance and protection, are known to demand transactional sex from women in exchange for food, water, transport, residency cards, or other desirable things.³³ Although sexual and gender-based violence is often an impetus for flight, the danger does not end for Arab refugees once they escape the conflict zone.³⁴ In a study of resettled refugees in Belgium and the Netherlands, three quarters of Arab women refugees reported that they or close family/friends had experienced violence since arriving in Europe. One-fifth of these incidents occurred at the

²⁹ Vu, Alexander, Atif Adam, Andrea Wirtz, Kiemanh Pham, Leonard Rubenstein, Nancy Glass, Chris Beyrer, and Sonal Singh. "The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis." *PLoS currents* 6 (2014).

³⁰ Ray, Sam, and Lauren Heller. "Peril or protection: the link between livelihoods and gender-based violence in displacement settings." *Women's Refugee Commission* (2009). 3.

³¹ Women's Refugee Commission. "EU-Turkey agreement failing refugee women and girls." *New York (NY): Womens Refugee Commission* (2016).

³² Woldetsadik, Mahlat Atakilt. "Tackling gender-based violence among Syrian refugees in Lebanon." Rand Corporation. <https://www.rand.org/blog/2018/03/tackling-gender-based-violence-among-syrian-refugees.html>. (Accessed 8 November 2018).

³³ Freedman, Jane. "Sexual and gender-based violence against refugee women: a hidden aspect of the refugee crisis." *Reproductive health matters* 24, no. 47 (2016): 18-26.

³⁴ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence prevention and response in refugee situations in the Middle East and North Africa." (2015). 4.

hands of authority figures such as lawyers, law enforcement officers, or social services officials.³⁵

³⁵ Keygnaert, Ines, Nicole Vettenburg, and Marleen Temmerman. "Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands." *Culture, health & sexuality* 14, no. 5 (2012): 505-520.

Contributing Factors

Sexual and gender-based violence (SGBV) always occurs, for a myriad of social, political, and economic reasons. By definition, gender inequality is always the cause of SGBV. However, in times of war, conflict, or displacement, women are at a significantly increased risk of exploitation and violence due to aspects inherent to the refugee experience such as the breakdown of the legal systems, social support, and financial support structures. This section will focus specifically on the factors that exacerbate the phenomenon in times of war.

Poor Economic Situation

In times of conflict, economic prosperity and opportunity decreases, which often leads to a rise in sexual and gender-based violence against women. In a survey of Arab refugee women resettled in Western Europe, more than a third of respondents indicated a poor financial situation as a risk factor for SGBV.³⁶ Another study found money and employment to be the second and third most common drivers of verbal arguments.³⁷

Even for individuals who are highly educated and professionally experienced, the refugee experience usually results in a sharp decline in socio-economic status.³⁸ Host governments often do not allow refugees to work legally, which forces women into the informal sector (often domestic work). These positions put refugee women at an increased risk for sexual exploitation and abuse by employers. This situation is exacerbated when refugees have little to no recognized

³⁶ Keygnaert, Ines, Nicole Vettenburg, and Marleen Temmerman. "Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands." *Culture, health & sexuality* 14, no. 5 (2012): 505-520. Pg. 514

³⁷ "From Tension to Violence: Understanding and Preventing Violence between Refugees and Host Communities in Lebanon." Beirut: *Mercy Corps Lebanon* (2017). 3.

³⁸ *Ibid.*, page 516

legal rights and thus do not feel that they can report abuse to authorities for fear of deportation.³⁹ This socioeconomic vulnerability also pushes underage girls toward child marriage and labor, which puts them at increased risk of sexual and gender-based violence.⁴⁰ In Jordan, child marriage of Syrian refugees increased 7% in just the first year of the Syrian civil war. Girls who marry before the age of 15 are nearly 50% more likely than their peers who marry at 18 or later to become victims of intimate partner violence.⁴¹

Shifting Gender Roles

Since gender-based violence stems from patriarchal norms and culturally-imbedded gender inequality, a sudden shock to the traditional gender role system can result in an increase in violence against women, especially within the home. For men, becoming a refugee often means losing one's occupation and economic power, which can equate to the loss of status, dignity, and social power as well. At the same time, due to increased financial hardship, Arab refugee women are often induced to take an active role in providing for the family outside of the home. Frustrated at being unable to provide for their family and uncomfortable with the sudden loss of traditional gender dynamics, many men vent their anger through intimate partner violence and hyper-masculinity.⁴² Social isolation and deterioration of close friendships, both foundational elements of the refugee experience, are correlated with an increase in inappropriate

³⁹ Ray, Sam, and Lauren Heller. "Peril or protection: the link between livelihoods and gender-based violence in displacement settings." *Women's Refugee Commission* (2009). Pg. 6

⁴⁰ "Woman alone: the fight for survival by Syria's refugee women." *United Nations High Commissioner for Refugees (UNHCR)* (2014). <http://www.refworld.org/docid/53be84aa4.html>

⁴¹ Kidman, Rachel. "Using global data to examine child marriage, IPV, and legal protection." *Stony Brook Medicine* (2017). https://www.igwg.org/wp-content/uploads/2017/06/Kidman_IGWG_GBV_3.6.17.pdf

⁴² Harvey, Claire, Rosa Garwood, and Roula El-Masri. *Shifting Sands: Changing gender roles among refugees in Lebanon*. Oxfam International, 2013; Richter-Devroe, Sophie. "Women & Conflict in the Middle East: Palestinian refugees and the response to violence." (2014): 158.

sexual behavior in resettled men.⁴³ Faced with decreasing control over their lives and families, many husbands reassert dominance by seeking to exert unprecedented control over the reproductive and public lives of women in their households and communities.⁴⁴ Despite the increase in domestic violence, women are less able to leave their husbands due to the lack of family/social support or familiarity with services in transit or foreign environments.

Solo Travel

Arab refugee women sometimes find themselves traveling without male companions, which can have additional safety risks. One-fourth of all refugee families in Syria, Lebanon, Egypt, and Jordan, totaling 145,000 households, are headed by women.⁴⁵ In Jordan, the number climbs to 40%.⁴⁶ Surveys have found that women and children comprise approximately half of all refugees stranded in Greece.⁴⁷

There are several reasons women may travel alone. Smugglers may have separated families throughout journeys over borders or the Mediterranean Sea; husbands, brothers, and sons may have been killed in war; or it may be a strategic move to increase perceived vulnerability and increase their chances of making it to the EU.⁴⁸ Often, visa and border restrictions keep family members apart: a survey of female-headed refugee households in Jordan,

⁴³ Gutiérrez-Lobos, Karin, Reinhard Eher, Christine Grünhut, Bettina Bankier, Brigitte Schmidl-Mohl, Stefan Frühwald, and Brigitte Semler. "Violent sex offenders lack male social support." *International Journal of Offender Therapy and Comparative Criminology* 45, no. 1 (2001): 70-82.

⁴⁴ Richter-Devroe, Sophie. "Women & Conflict in the Middle East: Palestinian refugees and the response to violence." (2014): 54.

⁴⁵ "Woman alone: the fight for survival by Syria's refugee women." *United Nations High Commissioner for Refugees (UNHCR)* (2014). <http://www.refworld.org/docid/53be84aa4.html>

⁴⁶ "Lives unseen: urban Syrian refugees and Jordanian host communities three years into the Syrian crisis." *CARE International* (2014).

⁴⁷ Women's Refugee Commission. "EU-Turkey agreement failing refugee women and girls." *New York (NY): Womens Refugee Commission* (2016). 7.

⁴⁸ Freedman, Jane. "Sexual and gender-based violence against refugee women: a hidden aspect of the refugee crisis." *Reproductive health matters* 24, no. 47 (2016): 18-26.

Lebanon, and Egypt found that one in five of the women were separated from their husbands or families for this reason.⁴⁹ 22% of these women reported that their previous head of household was still alive and in Syria.⁵⁰ Tightened EU restrictions resulting in the closure of many borders means many women whose husbands or male family members have gone on ahead to Western Europe are trapped alone in Greece or other border countries indefinitely.⁵¹

Solo travel and resettlement for Arab women refugees poses additional safety risks, since adult male companions usually provide some degree of social and physical protection from outside danger.⁵² Of female Arab refugee heads-of-household interviewed, 60% indicated they experienced feelings of physical insecurity, with one-third being too frightened of the prospect even to leave their homes.⁵³ The dangers of transit are exacerbated for single women, with housing commonly open-air or not segregated by gender.⁵⁴ There exist multitudinous reports of women subjected to violence from smugglers and traffickers, or forced to provide “transaction sex” in exchange for passage or travel documents.⁵⁵ Even when not on the move, the burdens of both caregiving and providing financially can render refugee women more vulnerable to exploitation.⁵⁶ Research in countries with large numbers of Syrian refugees indicates a

⁴⁹ “Woman alone: the fight for survival by Syria’s refugee women.” *United Nations High Commissioner for Refugees (UNHCR)* (2014). 10. <http://www.refworld.org/docid/53be84aa4.html>

⁵⁰ *Ibid.*

⁵¹ Women’s Refugee Commission. “EU-Turkey agreement failing refugee women and girls.” *New York (NY): Womens Refugee Commission* (2016). 7.

⁵² Care International. “On her own: how women forced to flee from Syria are shouldering increased responsibility as they struggle to survive.” (2016). 14.

⁵³ “Woman alone: the fight for survival by Syria’s refugee women.” *United Nations High Commissioner for Refugees (UNHCR)* (2014). 46. <http://www.refworld.org/docid/53be84aa4.html>

⁵⁴ Freedman, Jane. “Sexual and gender-based violence against refugee women: a hidden aspect of the refugee crisis.” *Reproductive health matters* 24, no. 47 (2016): 18-26.

⁵⁵ Freedman, Jane. “Sexual and gender-based violence against refugee women: a hidden aspect of the refugee crisis.” *Reproductive health matters* 24, no. 47 (2016): 21; Care International. “On her own: how women forced to flee from Syria are shouldering increased responsibility as they struggle to survive.” (2016). 14.

⁵⁶ *Ibid.*

propensity for men in authority, such as landlords or government officials, to offer services in exchange for sexual favors.⁵⁷

Refugee Camp Environment

The physical characteristics of the refugee camp itself create a variety of factors that adversely affect women's risk of sexual and gender-based violence. These may include "communal bathing facilities with little to no privacy; forcing women and girls to bathe after dark; poorly lit facilities and pathways; inability to latch doors from the inside; and men's and women's facilities located too close together, not clearly marked, or too far from shelter structures."⁵⁸ Syrian refugees at a large camp in Jordan consistently reported showers and latrines as a hotspot for violence, largely due to dim or nonexistent lighting.⁵⁹ Additionally, the institutionalized nature of camp life often means that women are directly dependent on men, either other refugees or aid workers (often with limited vetting), for access to food, water, and other supplies, which increases risk of sexual exploitation and minimizes the probability that a victim experience will be properly reported and dealt with.⁶⁰

Lack of Access to Healthcare

In times of conflict, refugee women often have limited or no access to important medical and health services. The presence of war in a country of origin can result in the decline of health

⁵⁷ Ibid.

⁵⁸ Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 140.

⁵⁹ Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp." Jordan: *United Nations High Commissioner for Refugees* (2013). 3.

⁶⁰ Olsen, Odd Einar, and Kristin S. Scharffscher. "Rape in refugee camps as organisational failures." *The International Journal of Human Rights* 8, no. 4 (2004): 378; Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 140.

care systems, and when refugees cross international borders, they are confronted with additional limitations due to their lack of citizenship and the usually-poor situation of the host country itself. The United Nations High Commissioner for Refugees (UNHCR) pays for 75% of life-saving medical treatments and delivery/newborn care, but individuals must find ways to pay the remaining 25%.⁶¹ The system is such that it puts refugees in competition for routine medical care and funding, further weakening the already-vulnerable social fabric of support.⁶² Even in host countries where a public health system exists and cost of care is not an issue, significant barriers remain. A lack of medical professionals in critical regions, lack of access to transportation, fear of abuse at the hands of aid workers, security concerns, and inadequate information about where and how to receive care further restrict access to healthcare.⁶³ The Lebanese Ministry of Public Health has allocated more than 54% of its budget to the private healthcare industry, leaving the public system, which refugees usually turn to, vastly underprepared for the sudden population influx.⁶⁴ Although the system is theoretically in place to be effective, reality means that many Syrian refugees within Lebanon are required to pay high-cost premiums rendering even the public health system out of reach.⁶⁵

These limitations are especially stringent against women and reproductive health. There have been reports in Lebanon of mistreated pregnant women and unmarried women turned away

⁶¹ Yasmine, Rola, and Catherine Moughalian. "Systemic violence against Syrian refugee women and the myth of effective intrapersonal interventions." *Reproductive health matters* 24, no. 47 (2016): 27-35.

⁶² Al-Saadi, Yazan. "Restrictions, perceptions, and possibilities of Syrian refugees' self-agency in Lebanon." *Civil Society Knowledge Center-Lebanon Support*. Accessed June 16 (2015): 2017.

⁶³ Essaid, Aida, Jinan Usta, Shirin Shukri, M. P. P. Yasmine El Gharaibeh, Hala Abu Taleb, Nibal Awwad, Hiba Nsour, and Cari Jo Clark. "Gender based violence against women and girls displaced by the Syrian conflict in south Lebanon and north Jordan: Scope of violence and health correlates." (2015); Yasmine, Rola, and Catherine Moughalian. "Systemic violence against Syrian refugee women and the myth of effective intrapersonal interventions." *Reproductive health matters* 24, no. 47 (2016): 30.

⁶⁴ *Ibid*, 27.

⁶⁵ *Ibid*.

by medical professionals.⁶⁶ Before the Syrian civil war began, the rate of contraceptive use was 58.3%, but among Syrian refugee populations it has since dropped to 34.5% due to issues with cost and availability.⁶⁷

Few Repercussions for Perpetrators

In most cases, the institutional systems in place do little to help victims of gender-based violence and can even result in further victimization of women. Two similar surveys found that in Egypt, less than half of abused women sought help, and in the Negev, only 8% of abused Bedouin women go to outside professional agencies for help.⁶⁸ These numbers are likely even lower where displacement situations form additional barriers to reporting. One issue is the social factors that increase the likelihood of an assault going unreported. Victims of gender-based violence in Arab refugee communities are often discouraged from reporting by family or community members, or their abuser. In extremely patriarchal societies, blame for rape or sexual assault rests on the victim, and in Jordan, more than half of Iraqi refugee women who reported sexual violence to police were eventually killed by family members.⁶⁹ Even when discouragement and shaming is not present, a woman may choose not to report due to fear of officials or deportation, not knowing the language, or not knowing how to navigate the judicial system.⁷⁰

⁶⁶ Ibid, 30-31.

⁶⁷ Ibid, 30.

⁶⁸ Boy, Angie, and Andrzej Kulczycki. "What we know about intimate partner violence in the Middle East and North Africa." *Violence Against Women* 14, no. 1 (2008): 53-70.

⁶⁹ Chynoweth, Sarah K. "The need for priority reproductive health services for displaced Iraqi women and girls." *Reproductive Health Matters* 16, no. 31 (2008): 93-102.

⁷⁰ Freedman, Jane. "Sexual and gender-based violence against refugee women: a hidden aspect of the refugee crisis." *Reproductive health matters* 24, no. 47 (2016): 23.

When incidents *are* officially reported, the system often neglects women. Opportunistic rape and sexual assault fall under the jurisdiction of local legal systems, which in most communities with large refugee populations are somewhat dysfunctional. Shame-based community attitudes, which place blame on the victim, can translate to the courts, and perpetrators are usually released or given light sentences.⁷¹ Emotional damage already inflicted upon women is exacerbated by the targeting and harassment they can receive from police and other involved parties.⁷² In some cases, a victim's rights are directly curtailed after reporting a crime by being forced to marry her rapist, obeying an enforced curfew, or paying for Lebanese residency permits.⁷³ A nationally-representative survey in Lebanon found that 59% of responders did not believe that fair results would come from the court in a situation of family violence.⁷⁴

Rape as a Weapon of War

Rape and sexual assault, in addition to being a symptom of conflict, is also well-documented as a conscious wartime strategy around the world. During World War II, Japanese soldiers captured up to 200,000 women in Korea for sexual slavery, and rape campaigns of similar scale have been seen in countries as varied as Liberia, Peru, Cambodia, and Uganda.⁷⁵ More recently, it is estimated that over 20,000 Muslim women were systematically raped during the Bosnian civil war, and at least 250,000 women—potentially twice that amount—were raped

⁷¹ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

⁷² Ibid; Yasmine, Rola, and Catherine Moughalian. "Systemic violence against Syrian refugee women and the myth of effective intrapersonal interventions." *Reproductive health matters* 24, no. 47 (2016): 31.

⁷³ Ibid, 31; United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

⁷⁴ KAFA Lebanon. "General Awareness of Family Violence in Lebanon." Lebanon: *United Nations High Commissioner for Refugees (UNHCR)* (2016). 19. <https://data2.unhcr.org/en/documents/details/43829>

⁷⁵ UNICEF. "Sexual and Gender-Based Violence against Refugees, Returnees and Internally displaced Persons-Guidelines for Prevention and Response." (2003). 7.

during the Rwandan genocide.⁷⁶ Displaced women in Sierra Leone were especially targeted: of displaced households in Sierra Leone, 94% reported being subjected to sexual assault (rape, torture, or sexual slavery), and it is believed that 9% of women and girls throughout the country were subjected to sexual violence during the country's civil war.⁷⁷ Later testimonies indicate that more than half of wartime rape in the country had two or more perpetrators.⁷⁸ Recent reports from Syria have indicated the use of systemic rape within its borders as well, and the Islamic State's practice of taking groups of women for sexual slavery or forced marriage is well-documented.⁷⁹ In Iraq, the Islamic State's wartime strategies of rape and sexual slavery have been documented against several ethnic and religious groups, most notably the Yazidi minority in the north. Beginning in August 2014, Islamic State forces began systematically raping Yazidi women and children and abducting hundreds to be subjected to torture and sexual slavery. The trauma affected the entire community of approximately half a million people and many of the girls have yet to be found.⁸⁰

The reasons for these massive-scale human rights violations, which go far beyond opportunistic crimes, are calculated. As described previously, rape is about power more than sex. The act is humiliating, demoralizing, and terrorizing to women. However, rape does not target the immediate victim alone. Within the Middle East, as in many cultures, women are seen as symbols of honor and their sexual purity is linked to deeply-held social values.⁸¹ Thus, rape can

⁷⁶ Ibid.

⁷⁷ Olsen, Odd Einar, and Kristin S. Scharffscher. "Rape in refugee camps as organisational failures." *The International Journal of Human Rights* 8, no. 4 (2004): 377-397.

⁷⁸ Ibid.

⁷⁹ Care International. "On her own: how women forced to flee from Syria are shouldering increased responsibility as they struggle to survive." (2016). 14.

⁸⁰ Rovera, D. "Escape from Hell: torture and sexual slavery in Islamic State captivity in Iraq." *Amnesty International* (2014).

⁸¹ Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 134.

be seen as an offensive act toward whole segments of society. Husbands and immediate family members feel powerless in their perceived failure to protect their wives/daughters, and the fear and terror associated with the rape of women spreads to the entire community.⁸²

⁸² Zajovic, Stasa. "Women and ethnic cleansing." *Women against Fundamentalism* 5, no. 1 (1994): 34-36; Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 134.

Consequences

Although consequences of sexual and gender-based violence tend to be thought of in terms of the short-term effects on the individual, research compiled here shows that's not the full story. Women who experience SGBV are left with physical, mental, social, and other consequences that last far beyond the period of time shortly following the incident. These effects can be long-term and life-altering, and without proper professional care can last for the rest of their lives.

Moreover, the negative effects of SGBV are not isolated only to the target individual. The phenomenon impacts the women themselves, but also their children, husbands, extended families, and entire communities.

Psychological Stress and Trauma

Gender-based violence leaves victims with lasting psychological trauma. The Turkish government estimates that 55% of Syrian refugees are in need of mental health treatment, and of the population itself, nearly half believe they or their family members require psychological services.⁸³ Several studies across the Middle East have established significant gender differences in mental health, with women roughly twice as likely to experience depression as men; another Arab-focused study found that 93.8% of individuals presenting an anxiety disorder were female.⁸⁴ Sexual violence is linked to an increase in suicidality, and victims are 2.3 times more

⁸³ Samari, Goleen. "The response to Syrian Refugee Women's Health needs in Lebanon, Turkey and Jordan and recommendations for improved practice." *Article, Knowledge & Action, Humanity in Action* (2015).

⁸⁴ Hamdan, Aisha. "Mental health needs of Arab women." *Health care for women international* 30, no. 7 (2009): 596-598.

likely to have disorders regarding alcohol abuse.⁸⁵ Women subjected to domestic and intimate partner violence, compared to women who did not experience such abuse, are 4.7 times more likely to suffer from anxiety, 3 times more likely to suffer from depression, and 2.3 times more likely to develop a drug dependence.⁸⁶

Additionally, the shame and fear associated with sexual and gender-based violence, compounded by the deterioration of social support structures inherent to the refugee experience, can prevent women from living their lives in the same way as before an incident. Experiencing rape, assault, or other forms of gender-based violence can give women post-traumatic stress disorder, negatively affecting their ability to care for themselves and their families.⁸⁷ Thus, the effects reach the family and community as well as the individual.

Physical Harm

Sexual and gender-based violence harms women physically and can result in acute and chronic physiological effects. Common physical effects of SGBV include “bruising, bleeding (vaginal or anal), difficulty walking, soreness, broken or dislocated bones,” muscle tension, and involuntary shaking.⁸⁸ Long-term somatic symptoms can include headaches, loss of appetite, nausea, fatigue, or gynecological and menstrual pain.⁸⁹

⁸⁵ “Strengthening health system responses to gender-based violence in Eastern Europe and Central Asia: A Resource Package.” UNFPA. 2014. <http://www.health-genderviolence.org>; Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 136.

⁸⁶ Roberts, Gwenneth L., Gail M. Williams, Joan M. Lawrence, and Beverley Raphael. "How does domestic violence affect women's mental health?." *Women & health* 28, no. 1 (1999): 117-129.

⁸⁷ Olsen, Odd Einar, and Kristin S. Scharffscher. "Rape in refugee camps as organisational failures." *The International Journal of Human Rights* 8, no. 4 (2004): 377-397.

⁸⁸ <http://www.joyfulheartfoundation.org/learn/sexual-assault-rape/effects-sexual-assault-and-rape>

⁸⁹ "Consequences." Institut National De Santé Publique Du Québec. 2019.

Around the world, violence against women and girls is responsible for more deaths than malaria and traffic accidents combined.⁹⁰ SGBV is associated with homicide, suicide, maternal and infant mortality, and AIDS-related mortality.⁹¹ In some Arab communities, stigma and shame associated with rape is strong enough to put victims at risk of homicide by family or community members.⁹²

Women are often not safe from injury within their homes, either. In Egypt, women who had been beaten at least once since being married reported an 18% injury rate, with 10% requiring medical attention as a result.⁹³ The World Health Organization, in a wider study, found that intimate partner violence is associated with injury in 42% of cases.⁹⁴ Studies have shown that women experiencing intimate partner violence even once are more than twice as likely to develop heart disease, “back problems, chronic pains, arthritis, nerve damage, [or] respiratory problems.”⁹⁵

Reproductive/Sexual Health

Gender-based violence adversely affects women’s reproductive and sexual health. Rape and sexual assault pose a severe threat and can lead to unwanted pregnancies, correlated with unsafe abortions and other complications, as well as physical trauma to reproductive organs or

⁹⁰ Ibid, 133.

⁹¹ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

⁹² Kulczycki, Andrzej, and Sarah Windle. "Honor killings in the Middle East and North Africa: A systematic review of the literature." *Violence against women* 17, no. 11 (2011): 1442-1464.

⁹³ Boy, Angie, and Andrzej Kulczycki. "What we know about intimate partner violence in the Middle East and North Africa." *Violence Against Women* 14, no. 1 (2008): 53-70.

⁹⁴ "Strengthening health system responses to gender-based violence in Eastern Europe and Central Asia: A Resource Package." UNFPA. 2014.

⁹⁵ Sarkar, N. N. "The impact of intimate partner violence on women's reproductive health and pregnancy outcome." *Journal of Obstetrics and Gynaecology* 28, no. 3 (2008): 266-271.

fistula.⁹⁶ Transmission of sexually-transmitted diseases can also result from these experiences, with research in the U.S. indicating that STDs are transmitted in up to 30% of rape cases.⁹⁷ This is especially dangerous for the hundreds of thousands of refugee women residing in Jordan, as testing positive for HIV as a foreign national is grounds for expulsion from the country.⁹⁸

Nearly one third of all domestic violence begins during pregnancy, and if abuse is already present it will most likely increase during the pregnancy period, perhaps due to the additional stress pregnancy places on a relationship.⁹⁹ Aside from the direct physical risks associated with domestic violence, pregnant women are at risk for other negative side effects as well. Studies of Middle Eastern women show that when pregnant women are subjected to abuse, they wait longer to receive antenatal care and are more likely to deliver early or be hospitalized preterm.¹⁰⁰

Even if partners do not abuse women physically, refugee women's abilities to make choices related to health and fertility can be limited by their husbands. Refugee men, threatened and disempowered by shifting gender roles, may seek to exert more control over their wives' and daughters' decision-making.¹⁰¹ Arab refugee women in Lebanon reported fear as a major reason for not using contraception, and contraceptive use among Syrians in Lebanon dropped 23% since the start of the civil war.¹⁰²

⁹⁶ Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 136.

⁹⁷ Hynes, Michelle, and Barbara Lopes Cardozo. "Observations from the CDC: Sexual violence against refugee women." *Journal of women's health & gender-based medicine* 9, no. 8 (2000): 819-823.

⁹⁸ "Jordan - regulations on entry, stay, and residence for PLHIV." The Global Database on HIV-specific Travel and Residence Restrictions.

⁹⁹ Equalities in Health. "Health service impact of gender-based violence." (2008). 5.

¹⁰⁰ Boy, Angie, and Andrzej Kulczycki. "What we know about intimate partner violence in the Middle East and North Africa." *Violence Against Women* 14, no. 1 (2008): 53-70.

¹⁰¹ Essaid, Aida, Jinan Usta, Shirin Shukri, M. P. P. Yasmine El Gharaibeh, Hala Abu Taleb, Nibal Awwad, Hiba Nsour, and Cari Jo Clark. "Gender based violence against women and girls displaced by the Syrian conflict in south Lebanon and north Jordan: Scope of violence and health correlates." (2015).

¹⁰² Ibid; Boy, Angie, and Andrzej Kulczycki. "What we know about intimate partner violence in the Middle East and North Africa." *Violence Against Women* 14, no. 1 (2008): 53-70.

Gender-based violence against pregnant women is also dangerous for unborn infants. Babies of women subjected to domestic abuse are known to be more at risk for injury, death, or premature birth, results corroborated by a study of abused Saudi women who had, among other factors, significantly elevated rates of fetal distress.¹⁰³ Female victims of intimate partner violence are 16% more likely to give birth to a low-birthweight baby and more than twice as likely to have an induced abortion.¹⁰⁴

Harm to Children

Domestic violence against women in refugee situations almost always involves children. In homes where domestic assault occurs, children witness the assault in close to 90% of cases.¹⁰⁵ Witnessing abuse of a maternal figure at a young age is incredibly stressful for children and can negatively influence physical, emotional, and cognitive development in the long-term.¹⁰⁶ Symptoms of this developmental frustration vary from short-term issues such as withdrawal and lack of concentration to long-term dangers such as eating disorders, drug and alcohol abuse, or self-harm.¹⁰⁷ Sleep quality is greatly affected in these circumstances: children whose mothers experienced partner violence are 1.5 times more likely to struggle with bedwetting and nearly twice as likely to suffer from frequent nightmares.¹⁰⁸ Of children who are subjected to domestic violence, 50-70% suffer from post-traumatic stress disorder.¹⁰⁹

¹⁰³ Ibid; Equalities in Health. "Health service impact of gender-based violence." (2008). 5.

¹⁰⁴ "Strengthening health system responses to gender-based violence in Eastern Europe and Central Asia: A Resource Package." UNFPA. 2014.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

Children witnessing gender-based violence also serves to perpetuate the cycle, as the trauma can result in anger, violence, and aggression from children.¹¹⁰ Boys who witness their mothers being subjected to violence are 7 times more likely to in turn be violent as adults as well.¹¹¹

Child Marriage

Parents in refugee camps sometimes arrange marriages for their daughters earlier than would be customary in an effort to protect them from the widespread danger of sexual exploitation and gender-based violence.¹¹² When faced with the reality of harassment and rape, child marriage seems like a better alternative to parents of girls, as girls are seen as less vulnerable to sexual assault when they have a husband as protector. In Jordan, marriages involving Syrian children increased from 18 to 25% from 2012 to 2013, at the start of the civil war, and 48% of these marriages involved girls being married to men 10 or more years older than they.¹¹³ Currently, one in three marriages among Syrian refugees in Jordan involves a person under 18.¹¹⁴

Marrying below the age of 18 can have damaging effects on girls. Child marriage almost always results in the end of formal education, and girls are left with very little autonomy over their sexual and reproductive choices, resulting in more and earlier children.¹¹⁵ This increases the

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Harvey, Claire, Rosa Garwood, and Roula El-Masri. *Shifting Sands: Changing gender roles among refugees in Lebanon*. Oxfam International, 2013.

¹¹³ Unicef. "A study on early marriage in Jordan 2014." *Amman, Jordan* (2014).

¹¹⁴ Samari, Goleen. "The response to Syrian Refugee Women's Health needs in Lebanon, Turkey and Jordan and recommendations for improved practice." *Article, Knowledge & Action, Humanity in Action* (2015).

¹¹⁵ "The case for a minimum age of marriage of 18." *Girls Not Brides*. 2017. 3; United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

physical risks of maternal mortality and complications during childbirth, the number one cause of death for girls age 15-19 worldwide.¹¹⁶ In particular, child marriage drastically increases girls' risk for obstetric fistula, a medical condition in which an abnormal hole develops between the vagina and bladder or rectum as a result of prolonged obstructed childbirth. The condition, which is 100% preventable, occurs when girls' body has not developed enough for childbirth and leaves women incontinent of urine, feces, or both. Underage brides from age 10-14 have a chance for fistula as high as 88%.¹¹⁷

Underage marriage deprives girls of emotional or socioeconomic stability and, despite parents' intentions of protecting girls from sexual violence, child marriage actually increases their risk of exposure to intimate partner violence.¹¹⁸ Girls who marry before the age of 15 are nearly 50% more likely than their peers who marry at 18 or later to become victims of intimate partner violence, due to the age difference between them and their husbands and their lack of decision-making power.¹¹⁹ In addition, underage marriages in displaced refugee situations are sometimes not legally registered, which sets girls back further by creating complications with property, inheritance, and divorce rights.¹²⁰

Loss of Social Support

¹¹⁶ World Health Organization. *Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation*. World Health Organization, 2017.

¹¹⁷ Lita, Ana. "Obstetric Fistula: A Dire Consequence of Child Marriage." Humanists International. February 01, 2019. <https://humanists.international/2008/03/obstetric-fistula-dire-consequence-child-marriage/>.

¹¹⁸ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

¹¹⁹ Kidman, Rachel. "Using global data to examine child marriage, IPV, and legal protection." Stony Brook Medicine (2017). https://www.igwg.org/wp-content/uploads/2017/06/Kidman_IGWG_GBV_3.6.17.pdf

¹²⁰ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

The extreme breakdown of social frameworks and support systems inherent in the refugee experience can be further exacerbated in situations where sexual and gender-based violence occurs. Victims of especially severe forms of SGBV, such as sexual assault, can benefit from strong social support. However, in Arab refugee communities these situations often lead to negative social outcomes for survivors. Victims of gender-based violence are often blamed or stigmatized, leading to social rejection by the community.¹²¹ Because of strict codes of honor within communities, it is not uncommon for the entire family of a victim to experience some level of ostracism.¹²²

Women subjected to sexual assault frequently experience isolation and blame following the incident, which furthers emotional damage due to shame, guilt, and depression.¹²³ In an environment where adult women are only half as likely as underage boys to go outside their homes on a daily basis, and one-fifth of girls never go outside at all, further social isolation, especially from family, can be detrimental.¹²⁴ Victims have been expelled from their families and barred from continuing work or education.¹²⁵ In extreme cases, honor killing may occur and a woman may lose her life as a result of family members learning of her rape. These negative social consequences create an incentive for women to leave events unreported, contributing to an environment conducive to sexual and gender-based violence.¹²⁶

¹²¹ Marsh, Mendy, Susan Purdin, and Sonia Navani. "Addressing sexual violence in humanitarian emergencies." *Global Public Health* 1, no. 2 (2006): 136.

¹²² Ibid.

¹²³ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

¹²⁴ Al-Tuwaijri, Sameera. "Gender-Based Violence and Child Protection among Syrian Refugees in Jordan, with a Focus on Early Marriage." *Amman, Jordan: UN Women* (2013). 3.

¹²⁵ Keygnaert, Ines, Nicole Vettenburg, and Marleen Temmerman. "Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands." *Culture, health & sexuality* 14, no. 5 (2012): 505-520.

¹²⁶ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 24.

Interventions

Prevention and response to sexual and gender-based violence is an established practice, and a variety of approaches are usually implemented, including medical response, psychosocial counseling, case management, and legal action. However, in a displacement situation, the needs of vulnerable women increase, and service providers must adapt their approaches to accommodate the unique circumstances of a humanitarian crisis.

Because sexual and gender-based violence are such a pervasive phenomenon that affects women, families, communities, and large institutions, the only way to make lasting change is through a multisectoral approach which engages all stakeholders in preventing and responding to violence against women. A coordinated approach that involves women, men, governments, law enforcement, aid workers, religious leaders, and medical professionals in combating sexual and gender-based violence can address long-term structural obstacles while involving refugees in decision-making and caring for individual needs.¹²⁷

Mobile and Remote Intervention

Mobile and remote intervention brings aid to survivors of sexual and gender-based violence living in isolated areas without access to traditional services. Only 10% of Syrian refugees within the Middle East/North Africa region live in dedicated refugee camps, with the remaining 90% in rural or urban host communities.¹²⁸ As a result, many refugees live in areas with no local support services for SGBV, with distance and cost often precluding women from

¹²⁷ Boy, Angie, and Andrzej Kulczycki. "What we know about intimate partner violence in the Middle East and North Africa." *Violence Against Women* 14, no. 1 (2008): 53-70.

¹²⁸ Lilleston, P., L. Winograd, S. Ahmed, D. Salame, D. Al Alam, I. Michelis, and S. P. Joergensen. "Reaching refugee survivors of gender-based violence: Evaluation of a mobile approach to service delivery in Lebanon." (2016). 1.

utilizing services further away.¹²⁹ To combat this problem, some service providers have begun operating under a mobile intervention model to increase flexibility, adaptability, and reach. With mobile intervention, communities lacking a dedicated facility can still receive sustained and emergency response to SGBV from a qualified team of professionals which travels throughout a large area and sets up temporary bases in multiple towns. Abaad, an NGO providing SGBV response to Syrian refugee women in Lebanon, has a mobile team which can deliver holistic services to several communities on a weekly basis for periods of six to twelve months.

Potentially life-saving psychosocial care, legal assistance, and medical examinations are made available to communities which would not have access to such services otherwise.¹³⁰ The International Rescue Committee's mobile intervention program in the Middle East conducts activities ranging from emergency medical exams to knitting classes in safe spaces within the community where girls already feel comfortable, such as schools, clinics, or mosques.¹³¹ Because of the unique challenges associated with setting up a mobile programming effort, this practice is extremely reliant on community engagement to successfully provide resources and safe spaces.

Similar to mobile intervention, remote intervention has also been piloted in some regions of the Middle East. This allows survivors of sexual and gender-based violence to access case management and referral services over the phone or through Facebook, regardless of geographical location.¹³²

Impact: Mobile and remote interventions are successful at bringing sexual and gender-based violence response to women in areas with little or no access to services. In focus groups,

¹²⁹ Ibid, 14.

¹³⁰ Ibid, 2.

¹³¹ Ibid, 2.

¹³² International Rescue Committee. "Feasibility and acceptability of mobile and remote gender-based violence (GBV) service delivery: a study of innovative approaches to GBV case management in out-of-camp humanitarian settings." 8.

beneficiaries of mobile response services reported lower levels of distress and increased knowledge of coping strategies, and 90% felt comfortable in and very satisfied with the privacy of community spaces provided.¹³³ A project evaluation of mobile SGBV services for Syrian refugees in Lebanon found that psychosocial services resulted in increased confidence, social cohesion, and self-worth for women and girls.¹³⁴ In Iraq, women reported that the hotline was more easily accessible than in-person services, as it allows for more privacy and flexibility in timing.¹³⁵

Gaps: The lack of a dedicated facility is one of the biggest challenges associated with this approach. Finding a suitable safe space that meets privacy and accessibility requirements is difficult, and some programs have experienced issues with permission to use a space being revoked.¹³⁶ Mobile intervention is community-reliant and so, if community authorities or survivors themselves do not support the programming from the start, it is not likely to be effective.¹³⁷

A second main gap associated with mobile and remote intervention is the provision of referrals for further services. In isolated communities, the closest organizations to which a mobile team can refer a survivor are often still too far away.¹³⁸ Service mapping can represent a constraint for mobile response teams, as they must establish a knowledge of services available in

¹³³ Lilleston, P., L. Winograd, S. Ahmed, D. Salame, D. Al Alam, I. Michelis, and S. P. Joergensen. "Reaching refugee survivors of gender-based violence: Evaluation of a mobile approach to service delivery in Lebanon." (2016). 20; Ibid, 4; Ibid, 25.

¹³⁴ Ibid.

¹³⁵ International Rescue Committee. "Feasibility and acceptability of mobile and remote gender-based violence (GBV) service delivery: a study of innovative approaches to GBV case management in out-of-camp humanitarian settings."

¹³⁶ Lilleston, P., L. Winograd, S. Ahmed, D. Salame, D. Al Alam, I. Michelis, and S. P. Joergensen. "Reaching refugee survivors of gender-based violence: Evaluation of a mobile approach to service delivery in Lebanon." (2016). 2.

¹³⁷ Ibid, 24.

¹³⁸ Ibid, 30.

every location they visit, which takes more time and effort than a fixed clinic that only has to track one region's service availability for referrals. Hotline staff must map which response services operate via phone in order to refer survivors remotely.¹³⁹

Services provided through mobile and remote intervention, while they can alleviate symptoms and help survivors move on in healthy ways, do not target the root cause of the issue and do little to actually mitigate SGBV.

Cash Transfer Programming

Cash transfer programming, or providing economic aid to refugees directly through cash assistance, is a common practice within the refugee aid sector that can also be used to help survivors in sexual and gender-based violence situations. Economic struggles are frequently cited as a main cause of domestic violence, and providing cash transfers to at-risk women, combined with additional psychosocial care, can alleviate stress in the home and reduce their vulnerability to violence, while giving them increased autonomy and decision-making power.¹⁴⁰ Women's basic needs are met while they go through additional treatment services.¹⁴¹ It can also be lifesaving in ensuring immediate safety once violence has occurred or preventing violence from occurring by allowing a woman to remove herself from the risk situation (such as by leaving her husband).¹⁴² Cash transfer programming to address SGBV is directed at survivors or women

¹³⁹ International Rescue Committee. "Feasibility and acceptability of mobile and remote gender-based violence (GBV) service delivery: a study of innovative approaches to GBV case management in out-of-camp humanitarian settings."

¹⁴⁰ Essaid, Aida, Jinan Usta, Shirin Shukri, M. P. P. Yasmine El Gharaibeh, Hala Abu Taleb, Nibal Awwad, Hiba Nsour, and Cari Jo Clark. "Gender based violence against women and girls displaced by the Syrian conflict in south Lebanon and north Jordan: Scope of violence and health correlates." (2015).

¹⁴¹ Yoshikawa, Lynn. *Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks, and Challenges*. International Rescue Committee, 2015. 4.

¹⁴² Ibid.

particularly at-risk, such as single heads-of-household, to reduce vulnerability to sexual exploitation and ensure access to adequate healthcare.¹⁴³

Impact: Female recipients of cash transfers in the Middle East reported having fewer arguments over money, which reduced domestic violence; this was corroborated by counselors and program officers monitoring cases.¹⁴⁴ Beneficiaries of a program in Palestine reported having more harmony with their spouse and household.¹⁴⁵ Female refugees in Jordan said they felt more “strong, confident, respected, independent, and able to negotiate,” and were empowered and dignified by the experience of going to the ATM and the resulting decision-making power.¹⁴⁶ Around 70% of Syrian refugee women in Jordan used the cash transfer funds to pay rent, which correlates with several reports of women avoiding an immediate risk of sexual exploitation by switching landlords or avoiding an abusive aid worker.^{147 148}

Gaps: Since changing gender dynamics is a main contributing factor to domestic violence, giving cash transfers to women in an effort to decrease SGBV could actually have the opposite effect, which is why most NGOs running this kind of programming combine it with required family or psychosocial counseling.¹⁴⁹ In Jordan, some focus group respondents perceived the targeting of single, divorced, and widowed women as providing incentive for

¹⁴³ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence prevention and response in refugee situations in the Middle East and North Africa." (2015). 31.

¹⁴⁴ Yoshikawa, Lynn. *Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks, and Challenges*. International Rescue Committee, 2015. 23.

¹⁴⁵ Berg, Michelle, Hanna Mattinen, and Gina Pattugalan. *Examining Protection and Gender in Cash and Voucher Transfers*. World Food Programme, 2013. 114.

¹⁴⁶ Yoshikawa, Lynn. *Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks, and Challenges*. International Rescue Committee, 2015. 23.

¹⁴⁷ Ibid, 18.

¹⁴⁸ Ibid, 18.

¹⁴⁹ Ibid.

increased divorce.¹⁵⁰ Cash transfer programming is only viable as a short-term intervention, and is not sustainable for women with more protracted risks.

Provision of Legal Aid and Services

Provision of legal aid and services can be effective in combating the limited knowledge of and access to legal rights of many refugee women. Despite the fact that displaced populations in the Middle East may have been subjected to systematic rape, sexual assault, trafficking, or other crimes, securing legal recourse is extremely difficult.¹⁵¹ Because refugee women have limited access to the legal system of a host country, abusers rarely receive punishment, allowing the cycle to continue.¹⁵² Legal aid centers provide legal information and representation, advocacy, investigation and follow-up, documentation, and social services to displaced women who have been subjected to sexual and gender-based violence.¹⁵³ Several organizations work to increase resettlement-related education and applicable case law training to local lawyers.

Impact: Legal aid services have been able to give thousands of Arab refugee women services and justice they would otherwise not have been able to access. Yazda, an NGO working with the Yazidi minority in Iraq whose women have been specially targeted by ISIS, is represented by international human-rights lawyer Amal Clooney and has been successful in achieving official genocide recognition from political entities around the world, including the United States government.¹⁵⁴ After the Iraqi Ministry of Labor and Social Affairs sponsored a

¹⁵⁰ Ibid.

¹⁵¹ “An Uncertain Future for Yazidis: A Report Marking Three Years of an Ongoing Genocide.” Yazda (2017). 15.

¹⁵² Barakat, Sarah. "The Cost of Justice: Exploratory assessment on women’s access to justice in Lebanon, Jordan, Egypt and Yemen." (2018). 35.

¹⁵³ United Nations Development Program. “Iraq: Enhanced Protection of Syrian Refugee Women, Girls, and Boys Against Sexual Gender-Based Violence (SGBV).” Iraq: UNDP.org. 140.

¹⁵⁴ “An Uncertain Future for Yazidis: A Report Marking Three Years of an Ongoing Genocide.” Yazda (2017). 9.

media campaign spreading legal information and demand, the country saw an overall increase in women's rights-related consultations and cases.¹⁵⁵

Gaps: Even when legal information and representation is freely available, legal systems in countries of conflict often make achieving justice difficult. In some Middle Eastern countries, domestic violence is not a valid reason for divorce in the eyes of the law, and rulings overwhelmingly favor men.¹⁵⁶ The governments of both Iraq and Syria, where many sexual and gender-based violence crimes against Arab refugee women occur, are both severely crippled by extended internal warfare, and justice systems are often plagued with corruption. While the International Criminal Court is equipped to handle cases of sexual violence in conflict, neither of the aforementioned states are members and thus most instances cannot be prosecuted there.¹⁵⁷ To date, no ISIS members have been prosecuted for violence against women.¹⁵⁸

Male Engagement

Because men are most often the perpetrators of sexual and gender-based violence, many NGOs focus on involving men and boys in their SGBV programming. Working with men to promote gender equality and identify problems and solutions allows them to contribute to the solution and sustainable prevention. SGBV interventions engaging men and boys have been implemented with refugees across the Middle East from Egypt to Yemen and programs have ranged from involving men in routine psychosocial and focus group activities to providing a

¹⁵⁵ "Iraq Legal Rights." *USAID*, 2018. <https://www.usaid.gov/iraq/legal-rights>; Ebersole, Lauren, Katie Hunter, Summar Lyons, and Elizabeth Wilke. "Gender Equity in the Middle East and North Africa: Integrating Men and Boys." (2014).

¹⁵⁶ Barakat, Sarah. *The Cost of Justice: Exploratory assessment on women's access to justice in Lebanon, Jordan, Egypt and Yemen*. Oxfam, 2018. 38.

¹⁵⁷ "An Uncertain Future for Yazidis: A Report Marking Three Years of an Ongoing Genocide." Yazda (2017). 13-14.

¹⁵⁸ "An Uncertain Future for Yazidis: A Report Marking Three Years of an Ongoing Genocide." Yazda (2017). 12.

curriculum encouraging parental and caregiving involvement to fathers or informing men about healthy sexual activity and reproductive rights.¹⁵⁹ ABAAD, the aforementioned organization working with refugees in Lebanon, focuses on reaching children and young men through sports activities emphasizing cooperation and nonviolence, group games which provide education on gender equality, and trainings on stress and anger management techniques. They often conduct these workshops in school settings, working with a class at a time.

Impact: Programs targeting men and boys are one of the only primary prevention practices that directly address the source of sexual and gender-based violence: gender inequality. As a result, this is one of the most promising interventions in terms of actually decreasing the phenomenon of SGBV. Focusing on men and boys rather than women alone can reduce blame placed on victims and encourages a more shared approach to prevention.¹⁶⁰ Evaluations of male-engagement programming have shown that men are capable of changing their gender-related paradigms in relatively short spans of time, and a comprehensive WHO survey of SGBV prevention programs targeting men rated 68% of them as either effective or promising.¹⁶¹ Although there's a dearth of research on Middle East-specific programs, analysis of similar programming in Latin America has shown that gender equality workshops for men result in lower rates of psychological and physical violence and changes in perceived gender norms that remained at 12 months post-intervention.¹⁶²

¹⁵⁹ "Programme P Manual: A manual for engaging men in fatherhood." *ABAAD MENA*, 2019; Mumtaz, Z., C. Feldman-Jacobs, M. Yeakey, and M. Avni. "Engaging men and boys: A brief summary of UNFPA experience and lessons learned. Integrating work with men and boys into core areas of the UNFPA mandate at country regional and global levels." *BMC Health Services Research* 12, no. 360 (2012): 2.

¹⁶⁰ United Nations High Commissioner for Refugees (UNHCR). "Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response." (2003). 12.

¹⁶¹ Flood, Michael, Dean Peacock, Orly Stern, Gary Barker, and Alan Greig. "Policy approaches to involving men and boys in achieving gender equality and health equity." World Health Organization, 2010. 12.

¹⁶² World Health Organization. "Policy approaches to engaging men and boys in achieving gender equality and health equity." (2010).

Gaps: Most programs targeting men have had a small reach and have not been incorporated into wider practice or policy. No precedent exists for attempts to scale up this intervention to reach larger groups. Due to the voluntary nature of the programs, it is likely that only relatively moderate candidates are reached to begin with, and those whose views pose most danger to women do not participate. One program working with adolescent boys in Lebanon had difficulty recruiting participants and receiving permission from families of boys as a result of the traditionally taboo nature of sexual and reproductive rights in the culture, which the program discussed.¹⁶³

Training for Service Providers

Service providers that can be targeted for gender-sensitivity training with regard to their interactions with Arab refugee women include medical professionals, border officials, social workers, language interpreters, government policymakers, and camp administrators, as well as others. This approach seeks to mitigate the negative effects that limited competency and understanding on the part of any service providers working with survivors of sexual and gender-based violence can have on “care seeking, quality of service, and mental health” for survivors.¹⁶⁴ Training for medical professionals can include patient rights, direct patient care, and common misconceptions about SGBV. Guidelines for guards at EU borders and reception centers encourages special consideration when dealing with gender issues, and social workers can be

¹⁶³ “Programme R’: A Case Study of the First Implementation in Lebanon.” *ABAAD MENA*, 2017.

¹⁶⁴ Smith, Janel R., Lara S. Ho, Anne Langston, Neha Mankani, Anjuli Shivshanker, and Dhammika Perera. “Clinical care for sexual assault survivors multimedia training: a mixed-methods study of effect on healthcare providers’ attitudes, knowledge, confidence, and practice in humanitarian settings.” *Conflict and health* 7, no. 1 (2013): 2.

trained on how to meet the unique needs of women subjected to intimate partner violence during case management.¹⁶⁵

Impact: Numerous evaluations undertaken by the United Nations High Commissioner for Refugees have found that trainings for social workers, community center staff, and interpreters at police stations and hospitals have proved one of the most effective aids to victims of sexual and gender-based violence.¹⁶⁶ A study of medical professionals in a variety of locations (including Amman, Jordan) who routinely deal with patients who have experienced sexual and gender-based violence in humanitarian and displacement situations found that after a comprehensive gender-based violence training, respect for patient rights and attitudes surrounding gender-based violence improved.¹⁶⁷ Overall improvement in the knowledge of the health care providers increased by 13%.¹⁶⁸

Gaps: Although improvements have been seen from training clinicians in gender issues and gender-based violence response, there are areas where it has been less effective. The same study of humanitarian-situation healthcare providers in Jordan found that the training had little to no impact on harmful viewpoints regarding marital rape or false accusations.¹⁶⁹ Additionally, there have been difficulties in Jordan and Syria with finding female doctors to provide services

¹⁶⁵ Freedman, Jane. "Sexual and gender-based violence against refugee women: a hidden aspect of the refugee crisis." *Reproductive health matters* 24, no. 47 (2016): 20; *Private violence, public concern: Intimate partner violence in humanitarian settings*. International Rescue Committee, 2015.

¹⁶⁶ Universalia. *Evaluation of UNHCR's Emergency Response to the Influx of Syrian Refugees into Turkey*. Geneva: UN High Commissioner for Refugees (UNHCR), 2015. 59.

¹⁶⁷ Smith, Janel R., Lara S. Ho, Anne Langston, Neha Mankani, Anjuli Shivshanker, and Dhammika Perera. "Clinical care for sexual assault survivors multimedia training: a mixed-methods study of effect on healthcare providers' attitudes, knowledge, confidence, and practice in humanitarian settings." *Conflict and health* 7, no. 1 (2013): 5.

¹⁶⁸ *Ibid*, 6.

¹⁶⁹ *Ibid*, 5.

as well as medical professionals being able to cross the border into Turkey for the trainings.¹⁷⁰ In the security sector, reports indicate that gender sensitivity guidelines for border officers have not significantly decreased violence or abuse, and women are still uniquely vulnerable to these authority figures, rarely receiving specific protection.¹⁷¹ Some practitioners have expressed concern that encouraging a top-down approach to addressing sexual and gender-based violence could exacerbate the problem, by giving the authority figures often inflicting abuse power over monitoring and response.¹⁷²

An example of this intervention will be discussed at length later in the essay as part of the case study of the Yazidi minority.

Discussion

Each of these interventions has the potential to benefit Arab refugee women significantly and reduce their risk of experiencing sexual and gender-based violence. In terms of priority, *male engagement* and *provision of legal aid and services* should be a main focus, because these interventions are the only two listed that actually address the source of the issue and work toward prevention rather than solely response (although response-based programming is extremely important as well). Legal aid in the form of prosecution of perpetrators serves as a deterrent for future incidents and can remove repeat offenders from a situation where they would be able to abuse women again. However, even with the most qualified legal professionals working with

¹⁷⁰ *Evaluation of Implementation of 2005 IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings in the Syria Crisis Response*. Syrian Arab Republic: UN High Commissioner for Refugees (UNHCR), 2015.

¹⁷¹ Freedman, Jane. "Sexual and gender-based violence against refugee women: a hidden aspect of the refugee crisis." *Reproductive health matters* 24, no. 47 (2016): 20.

¹⁷² Ho, Anita, and Carol Pavlish. "Indivisibility of accountability and empowerment in tackling gender-based violence: Lessons from a refugee camp in Rwanda." *Journal of Refugee Studies* 24, no. 1 (2011): 88-109.

refugee women, often the national judicial systems in hosting countries are broken down to the point that normal legal processes are ineffective. Thus, male engagement is the single most promising intervention. It is difficult to scale up and successful implementation depends on involving local staff and stakeholders due to cultural sensitivities surrounding the issue.

However, when classes target young adolescent boys, a wide range of backgrounds are reached and positive messages about masculinity, family processes, and interaction with women and girls are communicated at a crucial time in child development. When implementing this practice in refugee camps, high unemployment and small geographical area mean the target population is unusually easy to reach.

Of the interventions described in this section, *training for service providers* is also uniquely promising because of the huge benefits to women that can be achieved with relatively minor resource expenditure. Specifically, with regards to the contributing factor of refugee camp environment discussed earlier in the essay, small changes to camp administration involving a conscious consideration for women's risk factors could have huge impacts on the safety of refugee women. For example, assigning single women to centrally-located tents or putting women in charge of food distribution do not require extra financial input or major structural adjustments but significantly increase the physical security of women.

Case Study: AMAR Programming with Yazidis in Northern Iraq

An interesting case study with regards to sexual and gender-based violence against Arab refugee women can be found by examining a small group that has experienced SGBV at uniquely-high levels: the Yazidis.

Yazidis

The Yazidis are an oft-forgotten ethno-religious group native to Iraq. Most Yazidis are clustered around the towns of Sheikhan and Sinjar in the mountains of northern Iraq, but other communities have long existed in Syria, Turkey, and Iran. Although there's no conclusive data on the group's size, most estimates place numbers between 700,000 and 1,000,000 people. Although historically very centralized, the Yazidi diaspora has grown in recent years and today sizeable groups exist in Europe and Canada. Yazidis, as roughly 400,000 out of Iraq's total population of 38.27 million, make up approximately 1.04% of Iraqi citizenship. They are a tight-knit community that encourages limited to no contact with outsiders, although some younger men and women have begun seeking higher education abroad and speaking out on behalf of their community as activists. Often considered secretive, marrying out of the Yazidi group is strictly forbidden, and doing so, or even moving away from the ancestral homeland, is sometimes grounds for ostracism.

One of the most salient aspects of the Yazidi identity is its unique religion. Although considered non-Abrahamic, the Yazidi faith incorporates significant elements from Judaism, Christianity, and Islam into a syncretic belief system that some scholars believe descended from ancient Persian religions such as Zoroastrianism or smaller offshoots. It is not a proselytizing faith, and religious relationships within the community are determined by birth. The relationship

with God is very different in Yazidism from that in many religions familiar to the West: Deity is a remote figure, and all supplication to their God goes through the mediators of seven Holy Beings or Angels. The main Holy Being is named Melek Tawûs (Arabic) or Sultan Êzî (Kurdish), known generally as the Peacock Angel. Although the concept of an evil figure does not exist in Yazidi tradition, outsiders have pointed to the Peacock Angel and its backstory as bearing remarkable similarity to the Abrahamic concept of Satan present in Islam, Christianity, and Judaism.¹⁷³

For this reason, Yazidis have for many years been erroneously known as “devil-worshippers.” Because of this dynamic and their non-Abrahamic religion, Muslims do not consider Yazidis to be part of the “People of the Book” extended protection by the Quran, and that fact, combined with the inaccurate general perception of their belief system, is what has set the Yazidi minority apart even from other non-Muslim minorities within the Middle East. Traditional hostility toward the group from many surrounding Muslims has been the norm, and as a result Yazidi refugee women have on average experienced even more sexual and gender-based violence throughout the past decade, and in slightly different ways, than Arab refugee women in other areas of the Middle East. Yazidis have been uniquely vulnerable to pillage and attack for centuries and speak of having endured 74 individual genocides throughout their collective history. However, that persecution reached its zenith when ISIS reached the area in summer 2014.

August 2014 marked ISIS’s savage campaign across the Yazidi homeland in northern Iraq. In just a few months, the terrorist group murdered or kidnapped more than 10,000 Yazidi

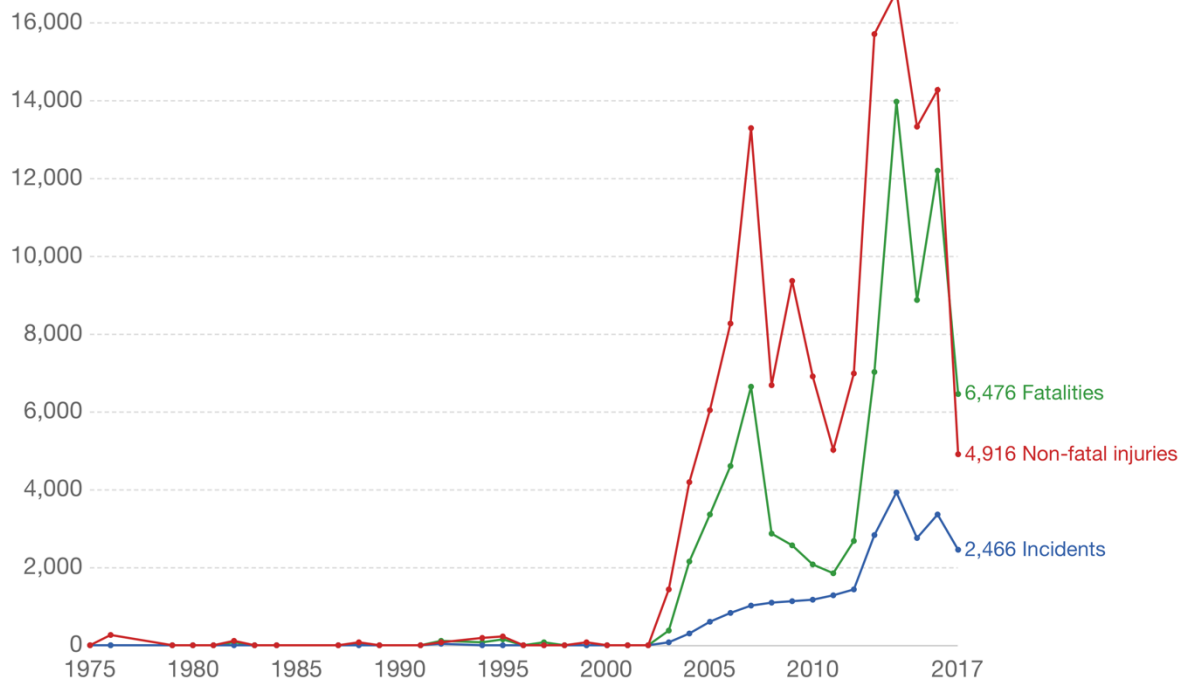
¹⁷³ Allison, Christine. "The Yazidis." In *Oxford Research Encyclopedia of Religion*. 2017.

men and women, displacing 300,000 more men, women, and children from their homes and destroying their villages.¹⁷⁴ In 2014, ISIS's publicly-available English-language magazine publication, *Dabiq*, stated that the group intended to destroy the "pagan" Yazidi minority through "killing, enslavement, and forced conversion."¹⁷⁵ Despite this, the small Yazidi group did not dominate the international spotlight, as 23.2% of all terrorist attacks in the world were taking place in Iraq at that time and the whole country was fleeing for safety.¹⁷⁶ The massive spike in terrorist attacks in Iraq that occurred when ISIS invaded the area in 2014 is evident in Figure 1 below.

Incidence, fatality and injury from terrorist attacks, Iraq

The total number of recorded terrorist incidents, fatalities and non-fatal injuries by country or region. This includes fatalities or non-fatal injuries of both victims and perpetrators.

Our World
in Data



Source: Global Terrorism Database (2018)

OurWorldInData.org/terrorism/ • CC BY

Figure 1

¹⁷⁴ Ibid.

¹⁷⁵ Cetorelli, Valeria, Isaac Sasson, Nazar Shabila, and Gilbert Burnham. "ISIS' Yazidi Genocide: Demographic Evidence of the Kidnapping and Killings." *Foreign Affairs*. June 08, 2017. Accessed February 24, 2019. <https://www.foreignaffairs.com/articles/syria/2017-06-08/isis-yazidi-genocide>.

¹⁷⁶ Roser, Max, Mohamed Nagdy, and Hannah Ritchie. "Terrorism." *Our World in Data*. July 28, 2013. Accessed February 24, 2019. <https://ourworldindata.org/terrorism>.

The worst attack of the summer took place in August of that year, when ISIS arrived at the town of Sinjar, the ancient center of Yazidism which previous to the attack had a population of over 80,000. What followed was some of the worst ethnic and religious cleansing the region has ever seen. When the population refused to convert to Islam on the spot, ISIS murdered hundreds of men and more than 50,000 Yazidis fled to nearby mountains to escape systematic killing and rape.¹⁷⁷ It is estimated that around 5,000 Yazidi women and girls from Sinjar were taken captive by ISIS, making that incident the “largest single mass kidnap of women this century.”¹⁷⁸ A young Yazidi girl named Bushra told AMAR of her experience at the start of the invasion: “A man came to me and told me he wanted to marry me. I told him I wouldn’t marry him even if he killed me. Then he raped me. He was sixty years old. I was fifteen.”¹⁷⁹ Her story is not unique; it represents the experiences of thousands of women subjected to abuse at the hands of ISIS fighters.

ISIS created a formal sex trade within their territory, with an open market in Raqqa for trafficked victims to be bought and sold, often multiple times.¹⁸⁰ The captured Yazidi women and girls were taken to Syria and subjected to forced marriage and horrific levels of rape, sexual violence, and torture, sometimes for years on end.¹⁸¹ Although US and Peshmerga forces liberated Sinjar province from ISIS occupation a year later in August of 2015, many of the kidnapped Yazidi girls are still missing.

¹⁷⁷ Myers Raben, Sarah. "The ISIS Eradication of Christians and Yazidis: Human Trafficking, Genocide, and the Missing International Efforts to Stop It." *Braz. J. Int'l L.* 15 (2018): 243.

¹⁷⁸ "Escaping Darkness." AMAR Foundation. 2017. Accessed February 26, 2019. <https://appeal.amarfoundation.org/EscapingDarkness/>.

¹⁷⁹ Ibid.

¹⁸⁰ Myers Raben, Sarah. "The ISIS Eradication of Christians and Yazidis: Human Trafficking, Genocide, and the Missing International Efforts to Stop It." *Braz. J. Int'l L.* 15 (2018): 243.

¹⁸¹ "Escaping Darkness." AMAR Foundation. 2017. Accessed February 26, 2019. <https://appeal.amarfoundation.org/EscapingDarkness/>.

Because of their closed community, the Yazidi religion has historically expelled those members who had sexual contact with an outsider. However, an exception was made when the religion's patriarch said that women held as slaves by ISIS should be honored as "holy women."¹⁸² This removed some of the stigma and shame surrounding such horrible experiences, and gave returnees more support from their communities.

However, dealing with the trauma of time in captivity, the kidnapping or murder of family and friends, or displacement in general is a long process and there was a desperate need for increased availability of psychiatric care. As of 2015, there were only 17 psychiatrists practicing in northern Iraq, and only 4 of them were qualified to treat children and adolescents. In the wake of a war that tore apart families and forced people to flee their ancestral homes, there was an urgent need for increased mental health infrastructure and more trained professionals in the region.¹⁸³ The AMAR International Charitable Foundation saw that need and responded quickly.

AMAR International Charitable Foundation

More than 25 years ago, Baroness Nicholson of Winterbourne, a member of the House of Lords in Britain's Parliament, visited southern Iraq shortly after Saddam Hussein's persecution of the Marsh Arabs. The conflict, which targeted Shia families and villages, forced hundreds of thousands of people to flee their homes. After seeing their desperate situation, Baroness Nicholson launched an appeal back in the United Kingdom to send relief to those families who

¹⁸² "Nadia Murad May Have Won the Nobel Peace Prize, but the World Failed Her Yazidi People." OpenDemocracy. October 08, 2018. <https://www.opendemocracy.net/5050/lara-whyte/nadia-murad-won-nobel-world-failed-her-yazidi-people>.

¹⁸³ Welsford, Katie. "Trauma Therapy Training Begins." AMAR Foundation. February 2, 2016. <https://www.amarfoundation.org/uk-news/trauma-therapy-training/>.

had left everything behind. Those efforts eventually became the AMAR International Charitable Foundation, which is still working in Iraq today. The acronym AMAR stands for ‘Assisting Marsh Arabs and Refugees,’ the name of Baroness Nicholson’s appeal in 1991, and also means ‘the builder’ in Arabic—fitting in well with AMAR’s motto of “rebuilding lives.” The organization responds to the current crisis, builds communities, and restores self-sufficiency through providing high-quality emergency aid, healthcare, and education to families across the country.¹⁸⁴ The AMAR Foundation’s thousands of employees in Iraq are all local, providing valuable cultural knowledge and sensitivity, and the organization has administrative and support teams in Washington, D.C. and London.

From 2015 to 2017, the AMAR Foundation ran a program they called Escaping Darkness, which delivered long-term psychological support to female victims of ISIS. The ambitious program involved working with expert psychiatrists to train doctors working locally in northern Iraq. Trainings focused on the impact long-term conflict has on mental health, especially for women and children.¹⁸⁵ Doctors learned how to deliver quality psychological treatment through modules on effective communication techniques, psychiatric interview best practices, life skills (including self-awareness, problem solving, and decision making), emotions and their effects on behavior, anger management, and relaxation techniques. To ensure proper infrastructure existed for the population in need, AMAR established 36 new psychological support centers within their health clinics to deliver care to those in need both in camps and outside. The organization also created a community-based program training social workers in

¹⁸⁴ "Who We Are." AMAR Foundation. <https://www.amarfoundation.org/who-we-are/>.

¹⁸⁵ Welsford, Katie. "Trauma Therapy Training Begins." AMAR Foundation. February 2, 2016. <https://www.amarfoundation.org/uk-news/trauma-therapy-training/>.

basic psychological support and counseling techniques as well.¹⁸⁶ Edward Watts, a well-known documentary filmmaker who has spent time with victims of ISIS reporting on their stories, expressed his strong support for the Escaping Darkness project, adding, “Experienced psychologists working in Iraq told me they have never witnessed trauma cases of such severity on such a scale. And yet you can literally count the number of psychologists available to help the victims on the fingers of one hand. They urgently need more support.”¹⁸⁷ The Escaping Darkness project increased the number of medical practitioners qualified to provide psychiatric treatment to displaced Iraqis and provided that support.

Referral and Intake Data

To determine the extent to which Yazidi women are more vulnerable to sexual and gender-based violence than the general population in the region, I turned to intake rates from AMAR psychosocial counseling programming data from the Escaping Darkness program. I collected and aggregated statistics from monthly administrative reports comprising program operations February 2016 through March 2017. This data includes anonymous demographic information collected by AMAR health clinics which shows how many patients general practitioners saw during that time, categorized by sex, IDP status, and Yazidi or non-Yazidi. There are also demographic statistics on individuals who were referred for further outside treatment.

¹⁸⁶ "Escaping Darkness." AMAR Foundation. 2017. Accessed February 26, 2019. <https://appeal.amarfoundation.org/EscapingDarkness/>.

¹⁸⁷ "Escaping Darkness Appeal." AMAR Foundation. October 07, 2015. Accessed February 24, 2019. <https://www.amarfoundation.org/uk-featured/escaping-darkness-appeal/>.

The first implementation phase of the Escaping Darkness program was sensitivity and methods training for local doctors and social workers, and the second was treatment of populations adversely affected by traumatic experiences related to the ISIS occupation, during which individuals could be referred elsewhere for further treatment if deemed necessary. The data referred to in this section came from the treatment stage. The intake data encompassed information from 10 different AMAR health clinics around Iraq during the thirteen months between February 2016 to March 2017. Data sent to AMAR headquarters in London, United Kingdom and then to me represented the total patients seen and their demographics, as well as those referred for further services. From the analysis following collection and aggregation I found that over the 13-month period, doctors at the health clinics treated 2419 total patients with psychosocial counselling. Of these patients, 1,884 were female, making up 77.88% of total; 535 were male, making up just under a quarter of the total, at 22.12%. The vast majority were Yazidis—2,230 individuals for 92.19% of total patients seen. 189 were non-Yazidis, or 7.81%. Of the total, only 5 patients at the mental health clinics were not internally-displaced persons (IDPs), meaning a full 99.79% of the total had been displaced from their homes. These demographics are represented in Figure 2 below.

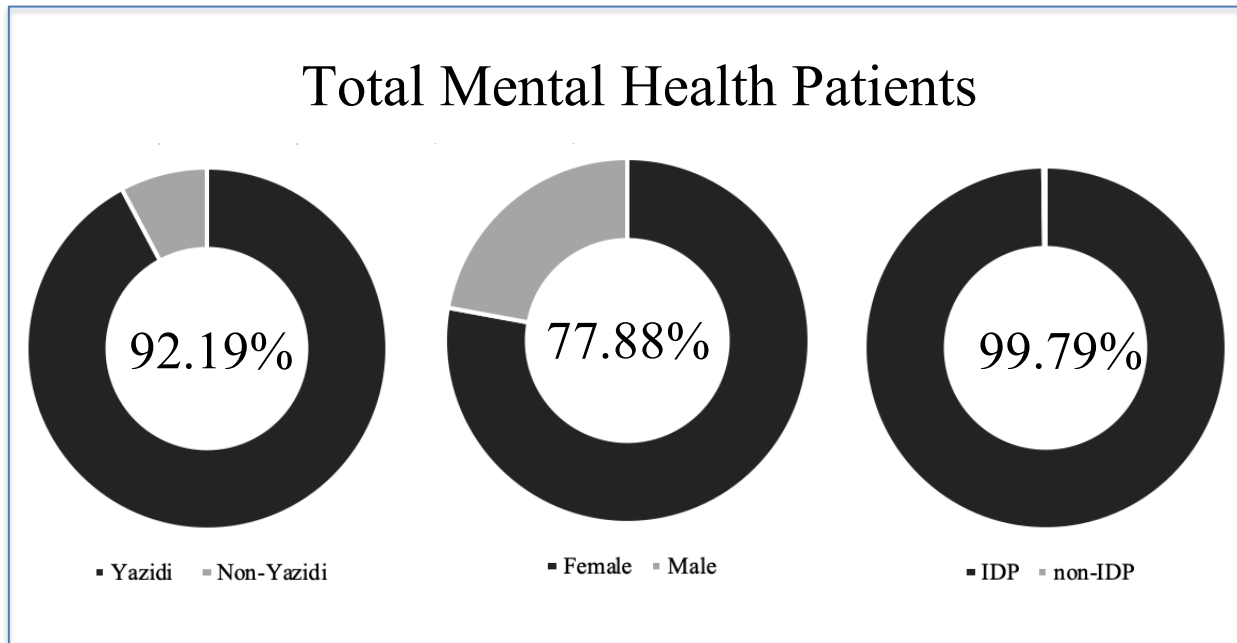


Figure 2

Of the total patients, 340 were referred to outside treatment centers; 243 females (compared to 97 males) made up 71.47% of the referrals. 12.89% of the initial female population was referred for outside treatment, and 18.13% of the initial male population were referred for outside treatment. 295 Yazidis (compared to 45 non-Yazidis) made up 86.76% of the referrals. 13.23% of the initial Yazidi population were referred for outside treatment, and 23.8% of the initial non-Yazidi population were referred for outside treatment.

Results from this collection, aggregation, and analysis show that rates of treatment were markedly higher for women and Yazidis. Almost everyone treated was an internally displaced person, to be expected since most AMAR clinics are located in refugee camps or cater to IDP populations. Surprisingly, although they were the small majority of the overall sample, a significantly higher percentage of non-Yazidis and males were referred for outside treatment when compared to Yazidis and women (18.13% and 23.8% compared to 12.89% and 13.23%, respectively). This could possibly be because the trainings given to general practitioners through

Escaping Darkness focused more on the experiences of and best practices treatments for Yazidis and women, so differing cases were more likely to be outsourced.

Prevalence of Targeted Attacks

I examined the prevalence of terrorist attacks targeting Yazidi communities compared to those targeting non-Yazidis in Iraq. To do this I utilized the Global Terrorism Database, maintained by the University of Maryland and the National Consortium for the Study of Terrorism and Responses to Terrorism. The Global Terrorism Database is an open-source and currently the most comprehensive unclassified database on terrorist attacks in the world. It hosts systematic information on over 180,000 domestic, transnational, and international terrorist attacks around the globe from the years 1970 to 2017. Each incident in the database has information on the date, location, target, weapons used, number of casualties, and when available, the group or individual behind the incident.

I specifically explored terrorist attacks committed in Iraq between the years of 2014-2017, the height of ISIS's power in the region. Using the Global Terrorism Database, I was able to narrow down my search using specific variables, such as Yazidi involvement, primary targeting of private citizens and property, and the country of Iraq. I found that 17 terrorist attacks occurred specifically targeting Yazidis during the years of 2014-2017. These were not countryside skirmishes—all of the reported incidents fit the specific criteria for a terrorist attack as developed by the GTD Advisory Board made up of scholars from 11 top universities across the United States. An examination of the details of those attacks, compared to the details of attacks against the general Iraqi population, yields some insights into the differences in experience for the Yazidis. I examined each of the attacks on Yazidis, but because of size

constraints, I used representative samples of attacks against the general population. This revealed that when terrorist attacks were against the general population (n=1000), the average number of people killed per attack was 5.78. For Yazidi-specific terrorist attacks, the average number of people killed per attack was markedly higher at 58.82. In attacks against the general population of Iraq targeting private citizens and property where hostages were taken (n=100), the average number of abductees was 23.83. When the same kind of terrorist attack was carried out against Iraqi Yazidi communities, by contrast, the average number was roughly thirteen times that amount at 321.35 people. Figure 3, located below, clearly shows the large disparity between Yazidi Iraqis and non-Yazidi Iraqis in average numbers of people killed and kidnapped in terrorist attacks.

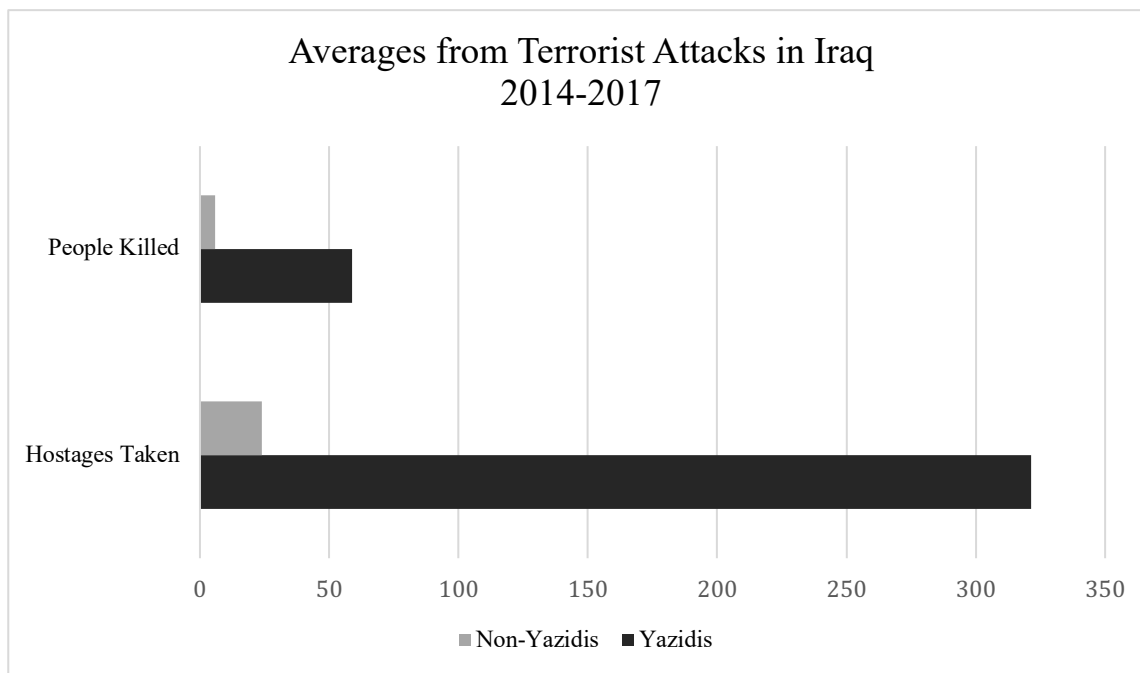


Figure 3

Treatment Notes

I also looked through the wealth of Escaping Darkness data and found several treatment notes or narratives describing the experiences of AMAR beneficiaries. Periodically, AMAR's Iraqi staff would document stories of individuals being treated through the Escaping Darkness program and send them back to the administrative team in London. Escaping Darkness patients were in need of mental health treatment as a result of experiences resulting from displacement, but many women experienced traumatic incidents of SGBV on top of that. Many of the stories, now anonymized, specifically mention ISIS and/or kidnapping by the group as the triggers for mental health issues. This is important as it directly connects Yazidi women's need for psychosocial mental health treatment to ISIS and past experiences of displacement and sexual and gender-based violence.

Patient A was 30 years at the time of treatment. She had previously lived in the Kahtaniya district with her husband and five children, but the family fled during the ISIS invasion and now lives in a refugee camp partially run by AMAR. She visited the advisory psychiatric clinic in the camp health center after suffering from psychological shock, anxiety, and fear of the future. She attributed this to the kidnapping of her three sisters by ISIS. One sister has since returned, but Patient A is still in shock. She received several therapy sessions given by the camp's health center staff and received psychological support. Eventually her mental health improved, and she began to live her life normally.

Patient B was 23 years old and lived in a tent in Mamilyan IDP camp at the time of treatment. She visited the camp's advisory psychiatric clinic because of poor overall mental health. A few years previously, ISIS had kidnapped Patient B along with several other girls and transported them to Syria. She was able to escape from ISIS but was then captured by the Syrian

Free Military and suffered mistreatment at their hands for two months. Finally, she managed to escape again with another Yazidi woman, with whom she traveled to Iraq and met up with her family. Therapy sessions given by camp health staff had improved her health gradually and, at the time the report was submitted, she was still under supervision and consultation until she reached a full recovery.

Patient C is 20 years old, also from Mamilyan camp. She visited the advisory psychiatric clinic presenting with anxiety, depression, migraine, and difficulty sleeping. Clinicians attributed her mental health struggles to the difficult situation brought on by her displacement from her home village and the resulting financial and social ramifications. Therapy sessions provided by Escaping Darkness medical practitioners showed a marked improvement.

Patient D was first married at the age of 13. Losing her family and home at such a young age and bearing the responsibility of running a household of her own, caused her much sadness and mental health struggles. In addition, her husband and his family abused her, which eventually led to divorce. Under family pressure, Patient D was soon married for a second time to a man significantly older than she. She had two of his children, but faced the same problem of abuse from her second husband. Clinicians noted: “She tries to endure it and for that reason she lives in constant fear from the future.” There is no data on the success of her treatment.

Patient E was captured by ISIS along with her aunt for several months. The atrocities ISIS committed against her resulted in significant trauma and mental health issues. Partly because of her very young age and partly just because of the nature of the experience, Patient E suffered from extreme, long-term shock. After she was released and reunited with her family, her personality and behavior were altered, and she became violent with her brothers and sisters. She

completed many one-on-one sessions and courses through the camp's clinic and was able to return to school and live her life normally.

The most well-known survivor who has benefited from AMAR aid can be named: Nadia Murad. Nadia was taken captive from her village of Kocho, Iraq in August 2014, at age 19. She was then held captive by ISIS as a sex slave for three months until she escaped. She was repeatedly raped, beaten, and sold. After an unsuccessful escape attempt, she was gang-raped as punishment and she still has scars from cigarette burns.¹⁸⁸ After Escaping Darkness aid workers met Nadia Murad in northern Iraq, heard her story, and learned of her willingness to speak out about the many injustices she was subjected to by ISIS forces, AMAR sponsored her visa and brought Nadia to the UK for the first time in the summer of 2015. AMAR and Nadia worked in partnership to lobby senior UK politicians to "back Yazidi calls for the mass murder and kidnap of Yazidi people to be declared a genocide."¹⁸⁹

This was the start of the activist campaign that eventually led Nadia to present in front of the UN Security Council. Although Yazidis are still woefully lacking in necessary aid, services, and legal representation, her campaign raised international awareness for the plight of the Yazidis. ISIS's campaign against the Yazidis was officially defined as genocide by such high-profile individuals/entities as Pope Francis, U.S. Secretary of State John Kerry, and a United Nations special inquiry committee.¹⁹⁰ Nadia Murad was eventually appointed a U.N. Goodwill Ambassador and in 2018 was awarded the Nobel Peace Prize.

¹⁸⁸ Whyte, Lara. "Every Part of Me Changed in Their Hands': A Former ISIS Sex Slave Speaks Out." Broadly. February 18, 2016. Accessed February 25, 2019.

¹⁸⁹ Cole, Robert. "Yazidi Victim of Daesh Meets UK Foreign Office Minister." AMAR Foundation. June 06, 2016. Accessed February 28, 2019. <https://www.amarfoundation.org/uk-news/yazidi-daesh-victim-meets-uk-foreign-minister/>.

¹⁹⁰ Myers Raben, Sarah. "The ISIS Eradication of Christians and Yazidis: Human Trafficking, Genocide, and the Missing International Efforts to Stop It." *Braz. J. Int'l L.* 15 (2018): 239.

Discussion

An examination of the AMAR International Charitable Foundation's Escaping Darkness programming data found that Yazidi women were more likely to be in need of mental health services than men or non-Yazidis from the same areas, which can be closely connected to the disproportionate severity of terrorist attacks aimed at Yazidis and the subsequent trauma inflicted through sexual and gender-based violence. Victim stories from case files show a clear link between past sexual and gender-based violence-related trauma, especially when at the hands of ISIS, and the need for psychosocial support. Examination of an international terrorism database shows that the Yazidis of northern Iraq are disproportionately targeted by terrorist organizations such as ISIS. Evidence indicates that discrimination against the Yazidis of northern Iraq means that Yazidi women are more likely to be subjected to sexual and gender-based violence than the general population.

This case study fits into the previous discussion of contributing factors, consequences, and interventions. From each section, two subsections apply especially well to the experience of the Yazidis. For contributing factors, the Yazidi case shows how two dynamics in particular contribute to the risk of sexual and gender-based violence for Arab refugee women: *few repercussions for perpetrators* and *rape as a weapon of war*. Because of the lack of repercussions for perpetrators of these horrible crimes, justice for Yazidi women remains out of reach. Despite the well-documented stories of abuse, international media attention, and organization of a formal sex trafficking system, not one ISIS abuser has even been tried for crimes of sexual and gender-based violence against Yazidi women and girls. We can also see how rape by ISIS soldiers was not a side effect of war, but a deliberate and organized strategy: Yazidi women were consciously targeted because of ethnicity and religion, a fact openly stated

in ISIS propaganda materials. Before sexually assaulting victims, ISIS soldiers would marry kidnapped girls, which they believed meant converted the girls to Islam. This forced conversion represents a form of ethnic cleansing. Nearly five years after the initial attacks on Sinjar, hundreds or thousands of kidnapped girls are still missing, a heartbreaking scenario that hurts the entire Yazidi community—ISIS's goal from the beginning.

Of the consequences detailed earlier in this paper, it is likely that displaced Yazidi women and their families are exempt from none. *Psychological stress and trauma* in particular are clearly evident in the work AMAR International Charitable Foundation has done through its Escaping Darkness program. In just a few years, AMAR doctors in mental health clinics across Iraq treated thousands of patients in struggling with mental health as a result of displacement due to conflict as well as primary or secondary exposure to ISIS brutality. Of all the patients the ten mental health clinics treated from 2016-2017, 2,230 were Yazidi (making up 92.19% of the total). From the narratives, we know these individuals were in need of mental health counselling due to presenting symptoms of depression, anxiety, shock, fear of the future, violence, migraines, and difficulty sleeping. Although previous discussion outlined the consequence of *child marriage* mainly as a result of parents trying to preemptively keep their young girls safe from sexual and gender-based violence, this phenomenon exists in the context of the Yazidi experience as ISIS soldiers often kidnapped underage Yazidi girls, some as young as nine years old, as brides.

The Escaping Darkness project run by the AMAR International Charitable Foundation successfully implemented *training for serving providers* as an intervention on behalf of the Yazidis, with doctors and social workers in the region of northern Iraq receiving relevant education and sensitivity training necessary to respond appropriately to the urgent needs of their

communities. Despite the project having to end unfortunately in 2017 due to lack of funding, the sustainability aspect of the project means that the target population are still benefiting: the doctors trained during the project were local to the region and thus are still able to utilize those skills to treat victims of sexual and gender-based violence in need of mental health counselling. As referenced earlier, *legal aid and services* has already been used extensively as a response to the Yazidi plight, with Amar Clooney representing survivors on the international legal stage. In addition to seeking international recognition of what happened in Sinjar as genocide, Yazda, an NGO formed by the Yazidi diaspora and activists supporting the Yazidis' cause, provides legal support to Yazidi SGBV survivors in the form of applications for resettlement, applications for pension, replacement of essential documents, family reunifications, and the comprehensive documentation of evidence relating to the genocide. Although ISIS soldiers have been prosecuted and convicted in Iraq and Western countries for crimes related to terror, to date none have been charged with sex crimes or genocide against the Yazidis. For a variety of reasons ranging from the difficult nature of evidence collection, to weak laws protecting women in Iraq, to the long time frames involved in organizing international criminal courts, Yazidi survivors of sexual and gender-based violence are still waiting for justice. However, international political and public support for such legal action is growing steadily.

Primary Conclusions and Next Steps

Arab refugee women, in addition to being at risk of violence from war and conflict, also have an increased vulnerability to sexual and gender-based violence. This human rights violation is harmful to women, children, and communities. Aspects inherent to the refugee experience such as a breakdown of the legal system, camp environments, and economic challenges exacerbate the already-pervasive phenomenon of SGBV. Yazidi women are more likely to be subjected to sexual and gender-based violence than the general population, evidenced by intake rates and the severity of targeted attacks. The group has been specially and strategically targeted by ISIS as a result of their religion. The effects of the kidnappings and murders committed against the community are long-lasting and still present at the forefront of Yazidi consciousness today.

Moving forward there is an urgent need for accurate and representative data on the issue of sexual and gender-based violence against Arab women refugees. Academic inquiry to this point has generally been limited in scope due to the inherent difficulties of data collection on a culturally-sensitive topic and in transitory and displacement situations. However, more data will allow stakeholders to provide aid scenarios catering to the needs of women and adding protection from violence. Implementing more of the interventions which have seen success with other Arab women refugee populations would benefit the Yazidi communities remaining in Iraq and Syria.

With the conclusion of the Escaping Darkness program, AMAR International Charitable Foundation and its partners now seek to preserve Yazidi culture and foster religious freedom and interfaith dialogue within Iraq. These objectives are important in rebuilding the future of the Yazidi people and preventing religious discrimination and genocide from recurring in any form.

Because sexual and gender-based violence is such a pervasive phenomenon that affects women, families, communities, and large institutions, the only way to make lasting change is through a multisectoral approach which engages all stakeholders in preventing and responding to violence against women. Governments, aid agencies, community leaders, healthcare professionals, and other players each have unique contributions to be made toward the goal of addressing causal factors of violence and creating a safer world for Arab refugee women and their families.

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