



A rapid assessment of gender-based violence among internally displaced women, refugees, and women in the host community during the COVID-19 pandemic

Duration of the Assessment:
01 August 2020 - 30 November 2020

Areas covered:
Baghdad, Erbil, Diyala and Dohuk



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About the EU Regional Trust Fund in response to the Syrian crisis, the EU Madad Fund:

Since its establishment in December 2014, a significant share of the EU's non-humanitarian aid for Syria's neighbouring countries is provided through the EU Regional Trust Fund in Response to the Syrian Crisis, the EU 'Madad' Fund. The Trust Fund brings a more coherent and integrated EU aid response to the crisis and primarily addresses economic, educational, protection, social, and health needs of refugees from Syria in neighbouring countries such as Jordan, Lebanon, Turkey, and Iraq, and supports overstretched local communities and their administrations. For more information about the EU Trust Fund, please visit:

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About Women Empowerment Organization:

Women Empowerment Organization (WEO) is an independent, non-profitable and non-governmental organization that aims to promote equal rights and gender equality, equal participation of women as well as ensuring their effective role in Iraqi society. WEO aspires to a peaceful and safe community where gender equality is maintained thus reflected unambiguously in laws, policies, and peace initiatives. Men and women alike share economic, political, and cultural resources, as well as contributing to decision-making and conflict resolution. WEO believes that men and women are entitled to human rights, freedoms, and the right to access resources without distinction. WEO has made breakthroughs, at the national level, bringing about changes in the lives of the people with whom it has communicated over the past years. Also, it focused on activating the role of women and enhancing their political, economic, cultural, and social participation. Since its inauguration in 2004, the organization has worked to render its services as part of four main sectors: economic empowerment, livelihood, political participation, legal and social advocacy, gaining support, and lobbying. The organization played an important role in prioritizing and advocating for Women's Peace and Security (WPS) agenda, and leading initiatives to develop the national action plan for UN Security Council Resolution 1325.

Euromed Feminist Initiative IFE-EFI advocates for gender equality and women's universal human rights as inseparable from democracy building and citizenship, for political solutions to all conflicts, and for the right of peoples to self-determination.

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1. Executive summary

The spread of the Covid-19 virus and the precautions taken to limit its effects have generated impacts and consequences that exceed the health aspect to include the social, economic, and psychological fields. It also increased variety, inequality, and discrimination against marginalized groups, and created conditions and factors that exposed women and children to more violence.

Its impact on populations living in emergency humanitarian contexts has been much greater, in particular the displaced and refugees' women who have left their homes due to conflicts in Iraq and Syria, and women in host communities who already suffer from lack of services and harsh living conditions, as well as the marginalization and inequality they face before the pandemic as a result of their situation.

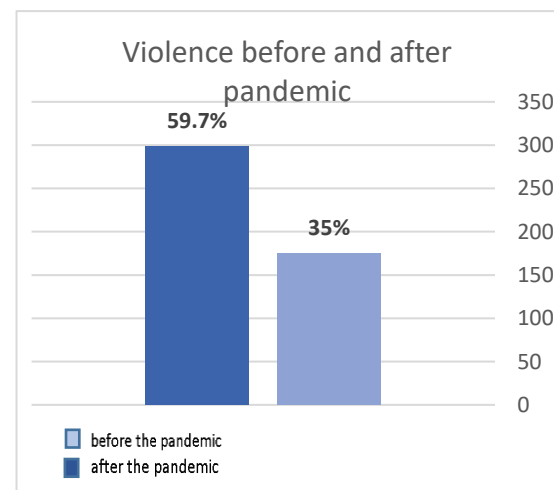
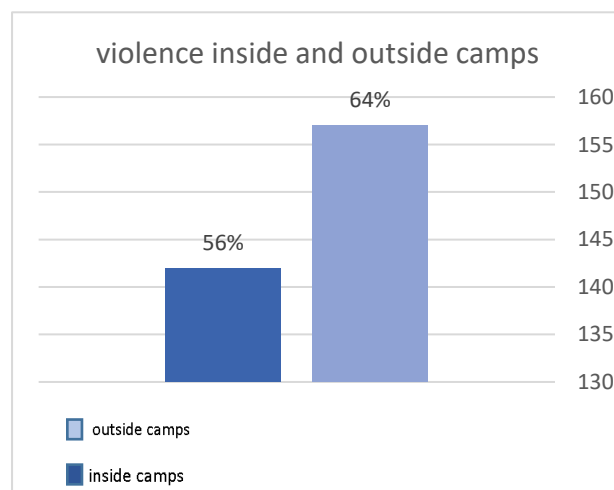
The current assessment provides an analysis of the reality of gender-based violence among refugee and internally displaced women and women in the host community in Iraq. It sheds light on the social, economic, and psychological impacts the pandemic has left on this segment of the population, which are risk factors that may increase their likelihood of exposure to violence. It also identifies the most important gaps in the response provided. The assessment took place in the frame of the gender regional program "Strengthening access to protection, participation and services for women refugees, IDPs and host communities" funded by the European Union (EU) Regional Trust Fund in Response to the Syrian Crisis, the EU MADAD Fund.

The assessment relied on a combination of quantitative and qualitative methods of data collection. The evaluation team conducted 26 interviews that included governmental and non-governmental actors and women victims of violence. In addition, five discussion sessions were held for focus groups, using the social survey method. The sample included 501 IDPs, refugees, and women from the host community, who were chosen in the convenience sampling method.

The evaluation was carried out in four governorates (Erbil, Baghdad, Diyala, and Dohuk) during the period September - November of 2020. The evaluation used a working team from the Women Empowerment Organization consisting of 9 field female researchers as well as a statistical analyst and a coordinator from the Women Empowerment Organization.

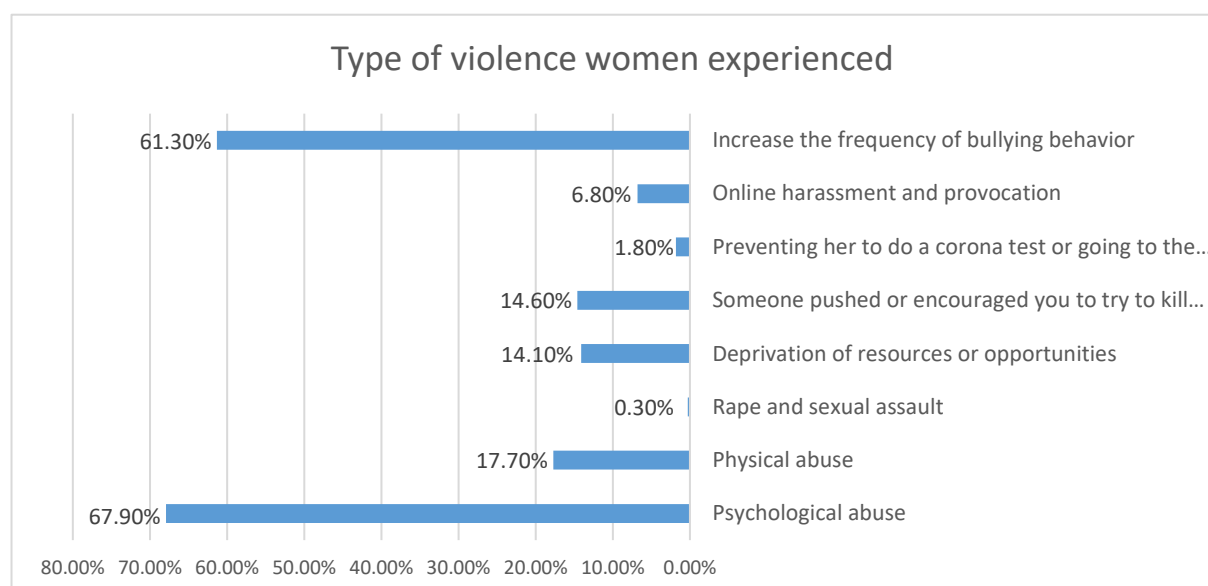
Main Findings

1- The reality of gender-based violence during the Covid-19 pandemic among displaced women, refugees, and the host community the percentage of women exposed to violence increased as a result of the spread of the epidemic and the measures taken to contain it from 35% before the pandemic to nearly 60%. The displaced women and refugees were more exposed to violence compared to women from the host community, and women outside the camps were more exposed to violence, both before and during the pandemic. 64% of women outside the camps reported their exposure, compared to 56% of women inside the camps.



2- Forms and types of violence during the Covid-19 pandemic

Psychological violence is at the forefront of other types of violence that displaced women, refugees, and women in the host community are exposed to during the pandemic. About 68% stated that they had experienced psychological abuse, while 17.7% of the survey sample reported physical abuse or physical violence, and 61.3% said that they suffer from the domination of men over their lives that increased during the pandemic and the measures that accompanied it. 14% of the women sample reported being denied their right to access resources and opportunities, and pregnant women were denied access to medical care. In addition, 11.4% of the respondents reported being prevented from accessing the Internet or using mobile phones. As men stopped working due to the general lockdown measures, some women workers during the pandemic were subjected to economic exploitation, including the seizure of their salaries and control of their resources without their desire.



nine women, or approximately 2% of the total of the current survey sample, reported that they were prevented from undergoing a virus test, which is a new pattern of violence that has emerged with the emergence of Covid-19. Because of the keenness of the displaced women to their already limited network of relationships, or their fear of losing their source of livelihood, and the customers turn away from them even after they recover, or for fear of being taken out of the camp.

Field observations and interviews with victims of violence provided important information about the conditions that accompanied the epidemic and led to the exposure of women to sexual violence and marital rape.

7% of the survey sample reported exposure to online violence, and community police workers confirmed that dozens of cases of electronic blackmail were reported within one month. For displaced women, bugging and harassment via the Internet is a new type of violence that they have not witnessed before. The evaluation revealed a new pattern of technology-related violence that also accompanied the pandemic, represented by the suffering of women resulting from the establishment of sexual relations by their husbands via the Internet. At least two cases were detected in the Baghdad camps and Nabi Yunus were exposed to this new type of violence.

The conditions that women lived through during the pandemic contributed to the collapse of many women's ability to cope with the pressures of daily life. 15% of the total survey sample and 24% of all women subjected to violence stated that they attempted suicide at the expense and instigation of someone, often the aggressor.

3- The source and location of the violence

Most of the violence cases disclosed by displaced women, refugees, and women from the host community are cases of domestic violence committed by the husband or one of the family members. The results of the survey indicate that 47.5% of the violence comes from the husband, followed by the brothers 13.4%, especially violence committed against single women, then the father 12%. Some of the displaced women in and outside the camps have complained of harassment, stigmatization, and discrimination that comes from the host community's residents reflecting their refusal to the presence of the displaced in their areas and that they have become a source of threat to the host communities.

4- Violence against women with special needs

The percentage of women and girls with special needs who are exposed to violence increased from 37% before the pandemic to 89% with the imposition of quarantine measures and general closures that forced people to stay in their homes. The husband was the source of violence for 26% of women with special needs. It is followed by the brothers, 14.8%, and the father, 7.4%. In addition, 11% stated that the source of violence was service providers or a man who was not related to them.

5- The impact of the pandemic on reporting behavior and the choices women make to confront violence

There is a shift in the behavior of reporting violence resulting from the circumstances that accompanied the epidemic. As the number of reports that were reaching the departments of protection from domestic violence in Erbil, Dohuk, and the whole of Iraq decreased during the pandemic. The number of reports that were reaching the Department for Combating Violence against Women in the Kurdistan Region decreased to 293 complaints in April 2020, while the number of complaints for the same month last year reached 877. The total number of domestic violence complaints reported to the Family Protection Directorate throughout Iraq during the first six months of the outbreak of the pandemic decreased by 50 cases compared to the number of complaints for six months of 2017.

The reason for this decrease can be attributed to the measures of prevention, general closures, and curfews that impeded victims from reaching police stations. But this decrease could also reflect the Ministry of Interior's failure to prioritize domestic violence issues.

The interviews revealed the multifaceted effects the pandemic has had on help-seeking behavior. On one hand, the pandemic rearranged the priorities of victims of violence who had suffered from very difficult living conditions and determined their needs by ensuring and securing food for their children, which became much more important than psychological support service or legal aid. The ability of women to search for help has been affected by the household duties that have multiplied and as a result of the presence of the aggressor who controls their movement at the home all the time. The pandemic and the measures taken to confront it have resulted in the isolation of women from the support networks on which women depend a lot in their resistance to and tolerance of violence and the management of the attitudes that lead to it, which has led to the weakening of traditional protection and the loss of the support that women can receive from their families and relatives.

6- The effects of the epidemic crisis on the living conditions of displaced women, refugees, and women from the host community

The pandemic and the measures taken to confront it have affected the living conditions of women, as the percentage of daily paid workers among the heads of displaced and refugee families decreased from 57.5% before the pandemic to 39% after the pandemic. In contrast, the percentage of unemployed men among families doubled from 20.4% to 40, 3%.

Furthermore, 50.5% of the survey respondents reported that their husbands' work had been affected and that all of their family members who used to work for a daily wage lost their work and income during the

period of general closure and home quarantine. 91.4% of the survey sample stated that they faced great difficulties in managing their livelihoods and meeting the basic needs of the family. Compared to the displaced women and refugees inside the camp, the displaced women and refugees outside the camp faced greater difficulties because they lived in rented housing.

Nearly 50% of female workers lost their jobs and 11.2% were forced to leave their jobs because children remained alone aftercare institutions closed "nurseries and schools," and half of the female employers were affected by the epidemic. The loss of women's work has weakened them and targeted them with violence.

7- Stress and psychological distress among displaced women, refugees, and women from the host community during the pandemic

94.2% of the survey sample indicated their feeling of stress, tension, and psychological pressure, and the respondents described their experiences during the pandemic as worse than the suffering they witnessed during deportation and displacement. The majority of respondents, 68%, reported feeling insecure and fearful during the pandemic. 65.7% supported the impact of the continuous presence of all family members on their psychological conditions, while 17.4% said that the stress and pressure resulting from this presence is the main reason for women being exposed to violence during the pandemic. Also, 72% indicated that the pandemic isolated them and cut off communication with their families and acquaintances. 82% of the respondents reported an increase in household burdens as a result of the presence of all family members at home.

8- Escalating family tensions

Quarantine measures and forcing residents to stay at home have led to family tensions involving all family members, according to 88.4%. The spatial proximity within a closed and narrow space has affected the emergence of hostile practices among family members. Women complained of negative behavioral changes that appeared on their sons and girls in particular as a result of prolonged detention, among them are aggressiveness and the inability to tolerate each other. While unmarried girls suffered from the violence and aggression of their brothers, some mothers pointed to the violent relations between the girls themselves. Displaced and refugee women described the extent of tensions as covering all family members because the pandemic generated intense hatred among members of the same family that pushed them into constant conflict with each other, and other women complained of behavior indicating stubbornness and non-compliance that appeared on their teenage daughters and such behavior did not exist before the pandemic.

9- Lack of knowledge of available Gender-Based Violence (GBV) services during the pandemic

Information about the virus was available and reached all women, in ways that they could understand. Most of the women participating in the evaluation, 37.5%, obtained the information through the media. As for gender-based violence, the available services and ways to access them, information was very limited. As 84% of the survey sample indicated that they had not received any message about this topic. The main reason is that the information was provided via the Internet or via cell phone messages, while the results of the current survey indicated that 36% of the displaced and refugee women do not have a phone and are not connected to the Internet, and a third of them are not literate and will not be able to access this information. Also, information and hotline numbers are not located in easy-to-reach places, such as pharmacies and grocery stores.

10- Limited availability of medical services

The results of the evaluation showed worrisome indicators regarding access to health services during the pandemic, as 77% of survey respondents said that the pandemic has actually impeded their access to medical care. For reasons some of which relate to the limited available services and some of them relate to the restrictions imposed for the prevention of the virus and detention inside the camps, while other reasons are related to the deterioration of the living situation as a result of business suspension that impeded the ability to request specialized medical services or buy the medicines.

11- Disrupting mechanisms to access the justice

25% of the women who participated in the survey stated that the epidemic crisis has impeded their follow-up of a case in court or access to justice institutions. The percentage of displaced women who reported their inability to access justice was 28.4%, compared to 27 % for women in the host community and 18.7% for women refugees. The closure of the courts stopped the divorce procedures, the woman's right to claim custody of the children and her right to obtain civil documents, and the effect of the general closure on deciding or implementing the provisions related to alimony, which resulted in the denial of many women from paying the alimony due. The closure of the courts also affected cases of gender-based violence, social welfare, and access to justice for victims, and contributed to impunity for perpetrators. In addition, the legal representation service for victims of violence decreased, which depends mainly on the procedures carried out by lawyers representing victims in the judicial departments.

12- Disrupting the support and protection mechanisms provided to victims of violence during the pandemic

All services related to violence have been affected by the pandemic. All governmental and non-governmental agencies emphasized that the response to gender-based violence during the pandemic was not sufficient and that the services provided were weak and modest in terms of quality.

13- Remote service challenges and gaps

Organizations working on gender-based violence transferred their services online, and service providers faced great difficulty in reaching victims of violence via the Internet and mobile phones because victims were not connected to the Internet. Victims cannot request help over the phone with family members present in the house and there is no safe place where the survivor is alone with herself, and the perpetrator may reveal her contacts, which exposes them to more violence.

Providing the remote service has affected the quality and type of the service provided, the referral pathways and case management have been affected due to the absence and closure of many organizations and centers, and the legal representation service that cannot be provided remotely has also stopped.

Furthermore, rehabilitation, social integration, and capacity-building programs for victims were affected, and it was not easy to provide this service from a distance. The pandemic and the measures taken to confront it affected the monitoring of gender-based violence, which depends mainly on on-site visits by service providers.

Required Interventions

1- Establishing an emergency plan within the plans and programs of the actors, including analyzing risks and mechanisms for reaching displaced women, refugees, and women in remote locations, and ensuring an effective response to violence and protection of victims.

2- Incorporating the services of responding and addressing gender-based violence within the instructions and procedures of the crisis cell to confront the pandemic, with allocating funds from the budget allocated for the pandemic to confront gender-based violence.

3- Include women's rights organizations and women in all phases of responding to the pandemic and into the crisis and health committees at the governorate level and in all decision-making positions related to

managing the COVID-19 crisis. The integration of a gender social perspective is based on the consideration of both women's and men's needs in all programs and plans that are developed and implemented to confront the pandemic and its effects.

4- Providing data classified by sex on the health, educational and economic impacts of the pandemic, in a way that helps decision-makers understand the needs of women and contributes to adjusting policies and directing resources and efforts in a manner that ensures the reduction of gender disparity that appeared more evident during the epidemic crisis.

5- Developing and implementing economic policies to support those affected by the pandemic and protect workers in the non-governmental sector from poverty, giving women heads of household priority in emergency grants and any compensation that facilitates their access to food and medical supplies. Government workers must share social responsibility towards poor and income-free groups by leading initiatives to support the poor.

6- Making use of all media, social media, and television channels to transfer knowledge and information to broadcast messages and short-acting performances on the Internet and ensure their access and circulation to women and men. A coalition that includes a group of international organizations has proposed a set of tools that are compatible with the measures and procedures taken to confront the crisis, which can be a source and reference for local organizations that deal with domestic violence, including the delivery and dissemination of instructions for men during the period of the ban, raising awareness of the psychological impact of violence against women and how to deal with situations of domestic violence, and establishing support groups for young women. It is also necessary to adopt preventive measures that include giving the security and judicial authorities the priority to penalize the perpetrators of violence during the COVID-19 pandemic.

7- Establish support groups for victims of violence from within the displaced and refugee community, based on a community approach. Women who have the confidence of their communities have a role in providing primary services to victims.

8- The pandemic crisis has demonstrated the importance of working with electronic justice systems to ensure that women have access to justice during emergencies, initiate adjudication of cases remotely, and file cases through electronic platforms similar to what is in place in many countries. This process can shorten time and effort and reduce bureaucratic procedures that often lead to a loss of women's rights.

9- Designing assistance services for women victims of violence in a new way that is consistent with the procedures of social distancing and prohibitions and ensuring access to women from population groups or

hard-to-reach areas, especially women in displacement camps and women who are not connected to the Internet and do not have mobile phones.

10- Enhancing the knowledge base of gender-based violence and domestic violence during the pandemic by providing data, improving information-collecting systems, preparing special reports, and documenting all its forms and types in a way that helps deepen understanding of how it works and helps stakeholders improve the response to violence against women.

11- Developing mechanisms to allow victims to report violence in emergency and crisis situations.

12- Reorienting projects working on gender issues in a way that allows the inclusion of men in relevant frameworks and programs, as many projects that worked on gender equality focus predominantly on women while the prevention of violence requires the involvement of men and demanding them to get involved in combating it.

13- Launching awareness and education campaigns targeting the grassroots and community leaders aiming to discourage individuals from engaging in harmful practices against women and lead to an actual change in traditional behaviors that discriminate against women.

14- Pressing for passing the Family Protection Law as well as establishing and strengthening the institutional mechanisms to implement this law.

15- Establishing a national plan to develop mental health services, provided that these services are integrated into primary health care centers to ensure women's access to them. Spreading public awareness of mental health and the available care services is a first step to encourage those in need of care to seek support. Such a step would require a long time and double effort.



2. General background

Iraq has taken unprecedented measures against the outbreak of Coronavirus after the announcement of the first infection with the virus at the end of February 2020. These include home quarantine, the general closure of universities, schools, workplaces, and shopping centers, the imposition of social distancing, and the ban on movement.

The pandemic and the measures taken to contain it have had effects and consequences that go beyond the health impact, and include social, economic, and psychological aspects and fields, and have increased inequalities and discrimination against marginalized groups, and created conditions and factors that exposed women and children to more violence.

The pandemic was accompanied by an economic crisis and recession resulting from the significant decline in oil prices, which constituted most of Iraq's imports, and coincided with a protest movement and political unrest, weakening the government's ability to efficiently respond to the pandemic.



The government has not adopted sufficient policies and procedures to mitigate the effects of the pandemic on vulnerable groups or protect individuals from exposure to poverty, and protect women and children from exposure to violence, which aggravated the effects of the pandemic.

The spread of the virus and its accompanying measures affected various groups of the population, but its impact on the population groups living in emergency humanitarian contexts was much greater, due to cultural and economic factors and also because of their lack of access to services.

Coronavirus has added new risks to hundreds of thousands of displaced people and refugees who had left their homes due to the conflicts in Iraq and Syria. It disturbed the fragile balance in which they lived and organized their daily and family lives in jurisprudence, and their engagements in economic activity, even with incomplete rights, and exposed them to new threats that undermined their livelihoods and pushed them towards poverty and hunger.

In May 2020, the number of camps in Iraq reached (77) camps, distributed in 13 Iraqi governorates inhabited by approximately 62 thousand families, representing only 9% of the total number of displaced persons who continue to be displaced. Those estimated at 1.4 million people from various components of the population are still in a state of internal displacement. Many of them have moved or were displaced after a failed attempt to return to their areas of origin and they need to adopt a special approach to develop durable solutions to the obstacles they face.

There are about (250 thousand) refugees who came from Syria to Iraq to escape the violence that accompanied the civil war. Most of them are concentrated in the Kurdistan Region and are distributed among the official refugee camps and informal settlements.

Most of the displaced and refugees represent protracted displacement situations that have gone beyond the initial emergency phase, but for which there are no solutions in the near future. Many of them, whether living inside or outside camps, face harsh living conditions and various forms of discrimination, harassment, and exploitation due to their long displacement, which leads to competing with the inhabitants of the host areas for scarce resources.

The effects of the pandemic on the displaced and refugees, who already suffer from a lack of services and struggle to survive, as well as the marginalization and inequality they face prior to the pandemic, have been exacerbated by their situation. This created conditions and risk factors that could increase the possibility of being exposed to more violence.

There is no accurate data that can be trusted on the prevalence of gender-based violence during the COVID-19 crisis in Iraq in general. However, there is a lot of evidence pointing to the escalation of this violence. Refugee and displaced women are at greater risk of this violence because of their distancing from their social networks that could provide a traditional form of protection for women.

The current report sheds light on the reality of gender-based violence among refugee and displaced women and women in the host community in Iraq, and it tries to uncover the social, economic, and psychological effects the pandemic has left on this segment of the population, which are risk factors that increase their vulnerability to violence. It also identifies the most important gaps in the provided response.

This report aims to enhance the knowledge base of gender-based and domestic violence during the pandemic and to document all its forms and types, in a way that helps to deepen the understanding of how it works and helps stakeholders improve the response to violence.

3. Objectives

The main purpose of this assessment is to improve the understanding of gender-based violence during the epidemic crisis by providing information about the situation of women in camps and in the host community, their needs, and the factors that increase the risk of exposure to violence, helping to guide decision-makers and stakeholders in developing policies and programs to improve response to violence.

3.1 The main objectives of the evaluation

- Providing an understanding of the impact of the epidemic crisis on gender-based violence in the camps and the host community and the behavior of reporting and requesting assistance.
- Assessment of the protection needs and risks of the displaced, refugee, and host community during the COVID-19 pandemic.
- Evaluating the response to gender-based violence and identifying the gaps in the measures taken to protect displaced and refugee women from the epidemic crisis.
- Identifying the factors affecting the access of displaced women, refugees, and women in the host community to services during the epidemic crisis.
- Determining the required response, priorities, and priority programs to prevent gender-based violence and protect survivors, and make necessary recommendations to the government and relevant international and local organizations.

4. Evaluation methodology

For the purpose of providing information about the emergency that accompanied the epidemic crisis and assessing the actual reality based on the information that can be gathered from the affected population, a rapid assessment was made.

The rapid assessment provides a comprehensive picture of the situation of displaced and refugee women and the repercussions of the crisis on the affected population, as well as its ability to monitor emerging situations monitoring and documenting violence and protection risks to guide the initial response. Rapid assessments can provide the basis for a more comprehensive assessment of the impacts of emergencies on women.

The current assessment is based on a combination of quantitative and qualitative methods of data collection, as individual interviews and a focus group discussion were used to reach a more comprehensive and in-depth understanding of the status of refugee and displaced women and the host community during the COVID-19 crisis.

The social sample survey method has also been used to obtain data that can be classified and interpreted, and at the same time, it allows surveying the opinions of a large number of women, which secures confidence in the results obtained and makes them generalizable.

The assessment was conducted from September to November of 2020.

The evaluation relied on a working team from Women Empowerment Organization consisting of 6 field researchers who have experience and contacts with displaced and refugee women in the areas covered by the assessment, as well as a statistical analyst and a coordinator from Women Empowerment Organization.

The team received training via the Internet on two periods, on how to conduct interviews, how to use study tools, prepare reports on the site, and weekly reports that extract daily information and review the information that has been observed and the difficulties in answering questions and security difficulties they encountered during working in the field.

4.1 Information sources

Desk review: A desk review was conducted before and during the assessment in order to obtain secondary data and information to help formulate questions and answer options.

The review included reports, documents, and policies issued by international organizations and bodies on the impact of the pandemic on women, as well as the local surveys and reports that were conducted on the status of women in Iraq during the pandemic. It also included reports and data issued by the Ministry of the Interior on domestic violence, as well as reports issued by the Ministry of Planning. Information and data from this review have been incorporated into the present evaluation structure.

In-depth interviews: The report relied on individual interviews due to its flexibility and ability to access detailed and in-depth information that helps in understanding, and because of its impartiality and the obtained data not being influenced by the opinions of others or colliding with them, the evaluation team conducted 26 interviews that included governmental and non-governmental actors and Women survivors of violence.

The purpose of the interviews is to understand the dynamics of violence during the COVID-19 pandemic, the impact of the pandemic on the lives of women, the main challenges that faced their provision of services and access to them, and the possible ways to improve the response to violence.

Targeted interviews:

- Workers in international organizations, UN agencies.
- Service providers, specifically in the field of gender-based violence.
- Government employees with a focus on the Department of Domestic Violence and Community Police.

Focus groups: The evaluation team conducted 5 focus group discussion sessions as a supplementary source of data and for its ability to collect multiple and different views on the subject of the evaluation. The groups included a group of governmental and non-governmental actors, a group of displaced women outside the camp, and a group of host community women.

Table (1) the bodies participating in the interviews and focus group discussions, distributed according to the study areas.

Focus groups	Interviews with survivors of violence	Organizations of interviews	Governmental agencies interviews	Governorate
	3	-Blumont Organization (camp management) -LCN Organization	-Office of Combating Domestic Violence Community Police -Department of Immigration and Displacement	Diyala / Khanaqin
-State and non-governmental actors -Displaced women inside the camp	2	-Women's Committee in Nahrawan Camp -Director of Miriam Aladra Camp -Baghdad Women Association 1 -Baghdad Women Association 2 -United Nations Development Program -Bint Al-Rafidain Organization	-Community Police	Baghdad
-Governmental and non-governmental actors	3	-Al Yasmine Center Women and Girls Support Center in Dohuk (therapist and psychiatrist) -Women Rehabilitation Organization Harry Carr Organization Baghdad Women Association Imma Social Center	-Directorate of Protection Department Affairs	Dohuk
-Displaced women (outside the camp) -Women host community -Governmental and non-governmental actors	7	-BCF Center -UPP Organization -WFWI Organization -Masala Organization	-The Ministry of Education, Erbil -Department of Combating Violence against Women and Family 1 -Department of Combating Violence against Women and the Family 2	Erbil
6	15	19	8	Total

4.2 Assessment tools

The assessment was based on three main tools:

Survey form (questionnaire form): This tool is intended for displaced and refugee women and women from the host community. The questionnaire included 50 questions distributed in 5 axes or areas that reflect the potential impacts of the epidemic crisis on the lives of women inside and outside the camp, and at the same time, they represent risk factors that may increase the possibility of women being exposed to violence, foremost among which are the economic impacts, psychological and social influences, and the ability to access information and services, as for the fifth axis demonstrates violence exposure and practices of aid seeking.

Guidebook to interviewing survivors of violence:

The Guidebook included a number of key questions that branch into a group of questions for the purpose of motivating the interviewees to delve more deeply into the answer. The questions investigate the violence that survivors have been exposed to during the pandemic and the methods they followed to confront violence and the reasons that hindered their request for assistance and access to services and information.

Guidebook to interviewing actors (governmental and non-governmental):

The Guidebook included a number of questions directed to workers in government institutions and service providers in non-governmental organizations, on measures taken to meet the needs of displaced women, refugees, and women in the host community. The most pressing challenges they have encountered in the process of providing services and the key gaps in responding to GBV and the related good practices pertinent to assessing needs and priorities to improve services and providing protection to survivors.

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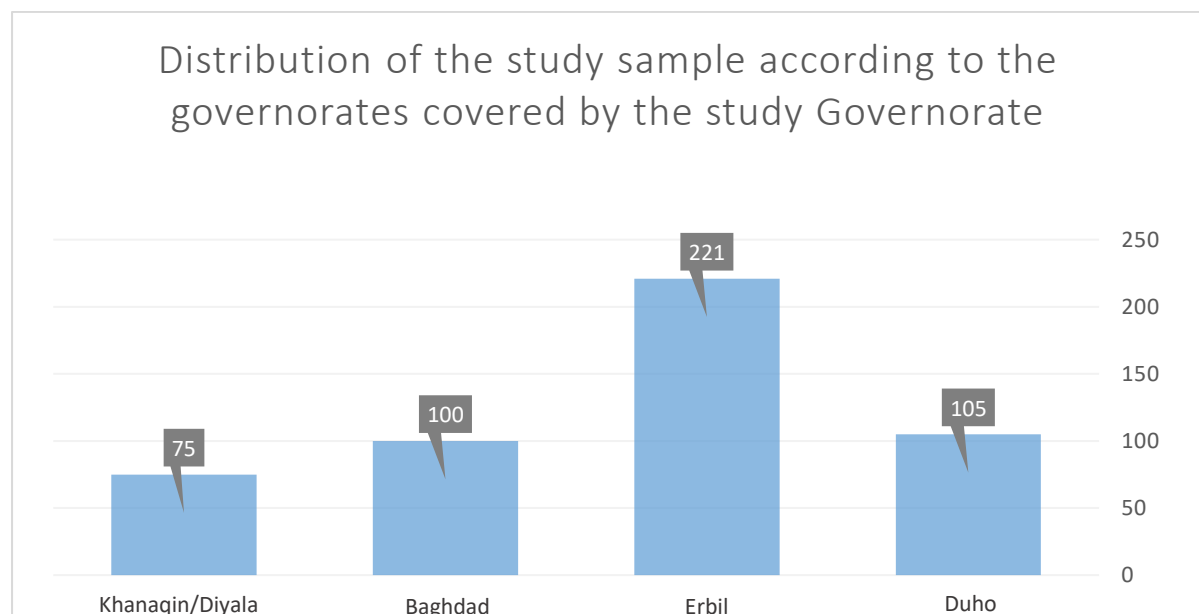
The questions are formulated so that they can be adapted and used in individual interviews and focus group sessions.

4.3 Geographical scope

The evaluation included all the sites covered by the Madad program in Iraq on enhancing access to protection, participation, and services for refugees and displaced women and women in the host community, funded by the European Union's Regional Development Fund and implemented by Women Empowerment Organization in 4 governorates in Iraq, which are Baghdad and Erbil. In Dohuk and Diyala, the number of sites was included in the evaluation... The sample was distributed according to the governorates by 100 participants from Baghdad, 105 from Duhok, 75 from Diyala Khanaqin, and 221 from Erbil, the number of participants in the survey varied from each governorate according to the number of sites covered by the project.

A chart showing the distribution of the study sample according to the governorates

Covered by the study

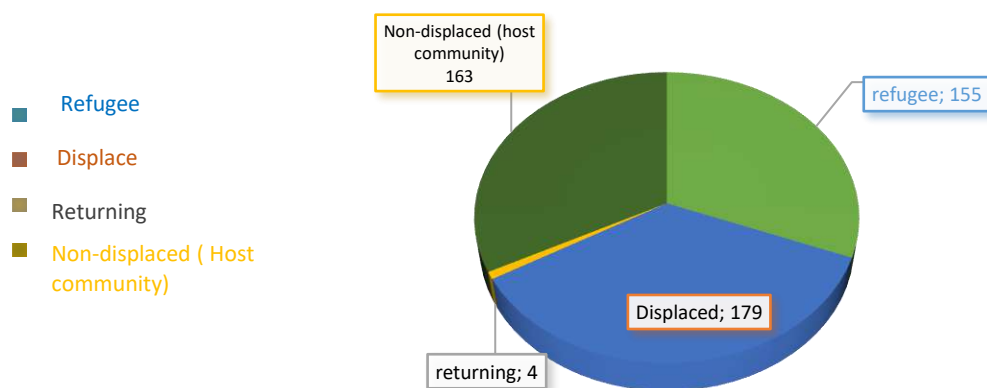


4.4 Definition of sites

(Target groups survey identification)

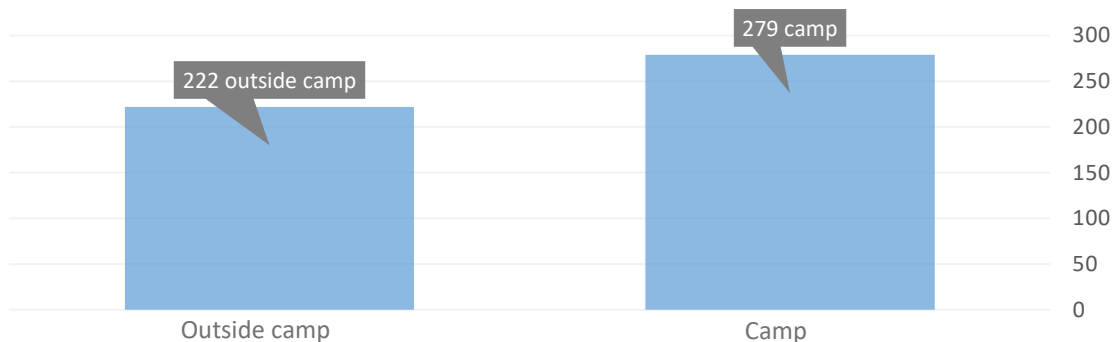
The social survey included 501 participants, who were chosen by the comfortable sample method, which is the most used method, especially in the rapid assessment due to the fact that it is speedy and inexpensive, as the participants are selected according to their availability and accessibility. The survey sample was distributed to (155) refugees, (179) displaced women, and (163) from the host community, in addition to 4 women returnees.

THE SURVEY SAMPLE IS DISTRIBUTED ACCORDING TO THE SITUATION



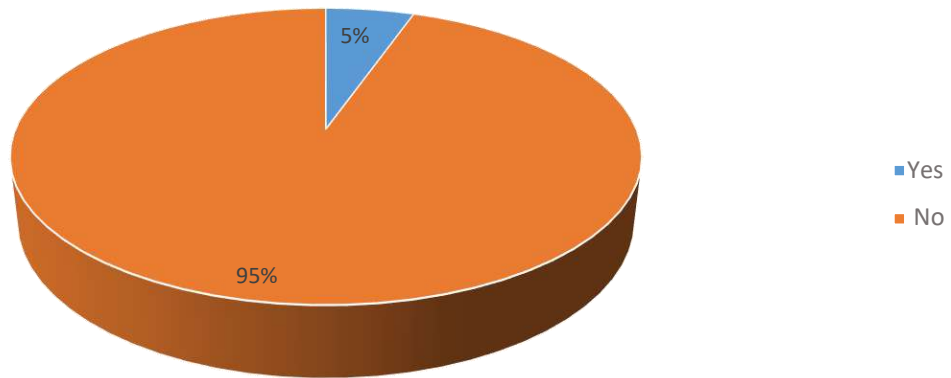
The sample included internally displaced women and refugees from inside the camps, (279), and displaced women, refugees and women from outside the camps, (222)

The survey sample is distributed according to the site (camp versus outside the camp)



The sample included women belonging to Christian, Turkmen, and Yazidi minorities, as well as 27 women with special needs, who are 5% of the total sample.

Percentage of women with special needs



5. Characteristics of the sample

First: ages

The ages of the women participating in the survey ranged between 15-54 years. The sample is distributed among the different age groups, and it is noticed that more than a third of the sample is concentrated in the age groups extending from 29-39 years.

The relative distribution of the sample of women according to age

4.6%	23	under 18 years old
29.9%	150	18-28
35.7%	179	29-39
20.9%	104	40-49
98%	54	50 and above

Second: Marital status

The percentage of married women in the study sample was 58%. While the percentage of unmarried women is 22%, and women who have lost a husband (widows, divorced women, and wives of the missing) constitute 20.2%. This means that a large percentage of these groups bear the burden of providing for their families, and as a result, there is a failure to achieve basic needs and The inability to reach an acceptable standard of living.

The relative distribution of the sample of women according to marital status		
58.2%	292	Married
21.6%	108	Unmarried
11.6%	58	widow
4.4%	22	Divorced
3.4%	17	Deserted or separated
0.8%	4	lost

Third: the educational status

The educational level clearly decreases among the female participants in the study, as the percentage of illiterate women reached 22%, and more than a third of the 34% did not exceed primary stage, and such level of education has the same effects of illiteracy. As for those with a high school diploma, their percentage did not exceed 12%. This means that a large proportion of displaced women, refugees, and women in the host community will not be able to access necessary information, whether about ways to prevent the pandemic or seek help, whether in the case of infection or cases of gender-based violence.

The relative distribution of the sample of women according to academic achievement		
22.1%	111	Illiterate
33.9%	170	Elementary
17.9%	90	high school
11.8%	59	preparatory school
6.4%	32	Institute
7.9%	39	University education

Fourth: Children

More than two-thirds of the samples have children. The percentages for the number of children range between 35.2% from 1-3 and 34% having 4 children or more, which means an increase in the burden of support. The higher the average number of children under the age of 15, the greater the burden borne by the family and the affected standard of living for it.

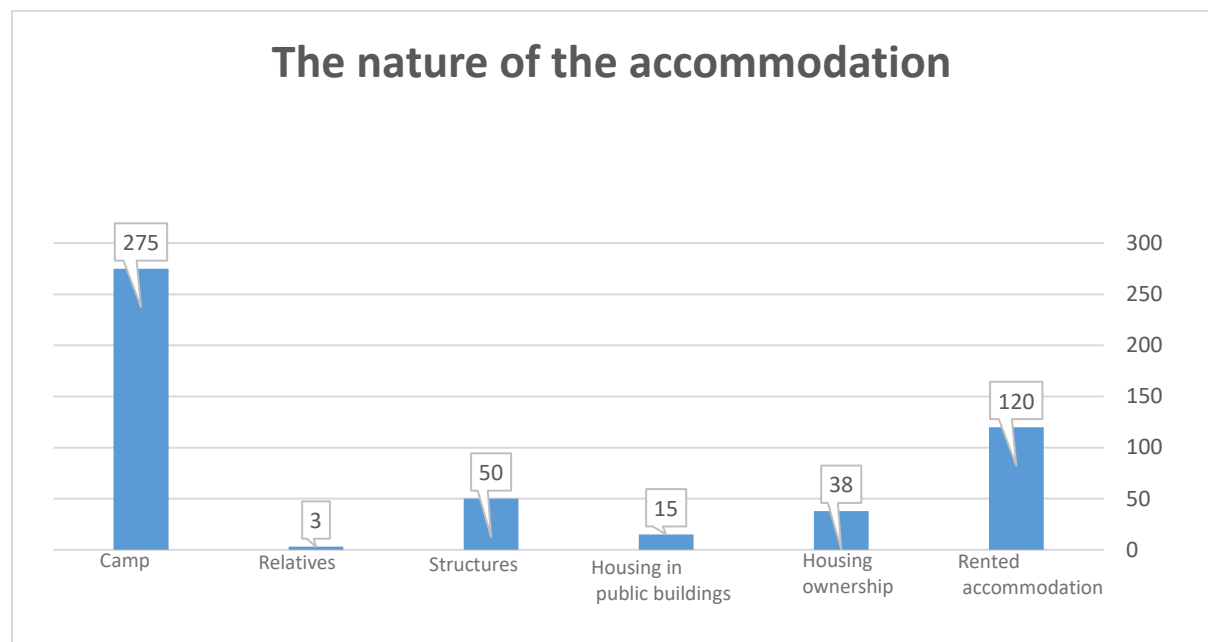
The relative distribution of the sample of women according to number of children		
29.3%	147	No more
35.2%	176	From 1 to 3
27.9%	140	From 4 to 6
7.6%	38	7 or more

The nature of the accommodation

The women who live in the camps for the displaced and refugees accounted for 55% of the survey sample, which is the highest percentage because most of the samples were taken from the camps, and this percentage does not reflect the distribution of the displaced on the different shelter arrangements throughout Iraq, which changes continuously in each round of reports, although private (mostly rented) housing is the most common shelter arrangement for the displaced. However, the percentage of displaced

women in the study sample who lived in private rented accommodation was usually 25%. The percentage of women who live in houses owned by the family is 7.5%, and most of them are from the host community.

The rest of them live either in public buildings, 3% of which are often schools, clinics, government departments, or unfinished and uninhabited residential complexes, that is, in (structures) of unfinished homes. Or with relatives, 0.5%





6. The reality of gender-based violence during the COVID-19 pandemic among displaced women, refugees, and the host community

6.1 Spread of violence

Cases of gender-based violence increased during the Corona pandemic, nearly 60% of displaced women, refugees, and women in the host community reported experiencing some form of violence during public closures and home quarantine, and compared to 35% of the cases of exposure to violence before the pandemic, the percentage of cases of exposure to violence and measures taken to contain the virus has increased 25%

The increase in the rate of violence cases included women who had not experienced violence before the pandemic, and they consider it a new behavior that they had not witnessed before.

“Before the epidemic, there was no violence in the first place. Every house has disputes, but it is quickly resolved. But during the pandemic, the pressures were too great for a person to bear, especially if he/she is a refugee.” -A 30 year-old refugee with four children in Pasirma camp

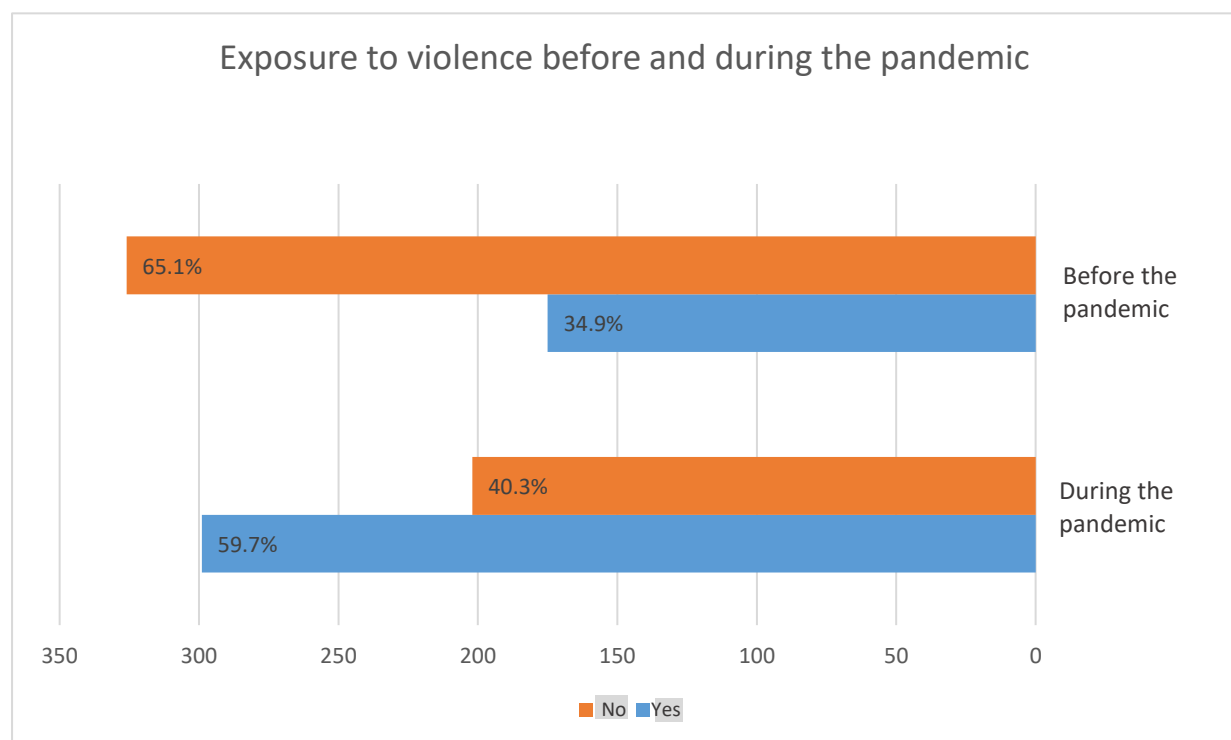
The increase also included the frequency and recurrence of violence against women who were previously subjected to violence. 13% of women who had experienced and been exposed to violence before the pandemic reported that the violence they were exposed to had increased in frequency and intensity during the pandemic, and interviews with displaced women and survivors of violence confirmed that the violence they were exposed to had worsened and extended during the pandemic.

“*Since the first days of my marriage, my husband has beaten and insulted me without reason, but during the curfew and the home quarantine, it increased dramatically. He used to stay up with his friends, and now he is taking his anger out on me.*”

-Married young woman outside the camp with three children in Nabi Yunus camp

All service providers who were interviewed emphasized the increase in the prevalence of violence between displaced and refugee women, and that this increase was significant and not only repeated violence, but also included a shift in the patterns of violence as it became more severe and cruel.

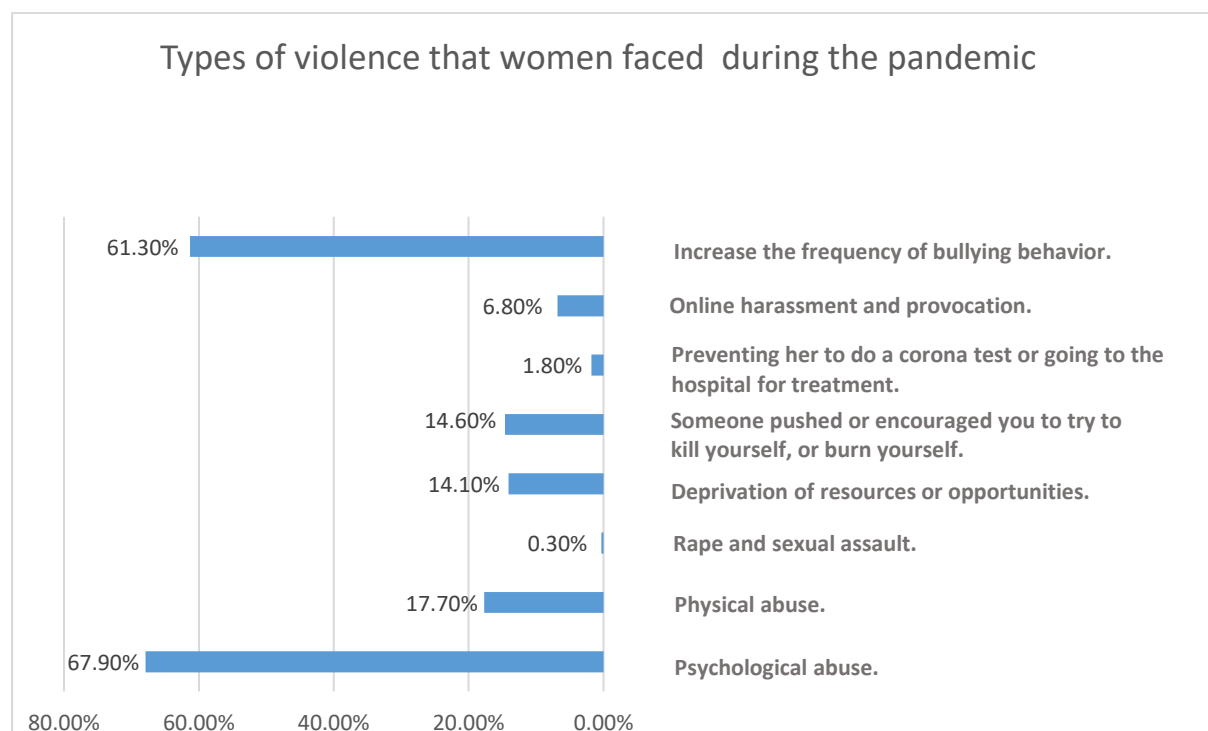
The results of the current survey showed that exposure to violence among displaced women and refugees was greater compared to women from the host community, as the rate of exposure to violence among refugee women was 66.5%, which is higher than the 58.5% of displaced women who reported exposure to



violence, and also higher than the percentage of women in the host community, which is 54%. The disparities between displaced and refugee women, and between women in the host community may be related to the conditions of displacement and dislocation that increase the risk of women being exposed to violence as a result of the life pressures faced by the head of the family and lead to feelings of frustration, and the absence of traditional support and protection mechanisms when women move to a new, unfamiliar place. However, the discrepancies between displaced and refugee women may be related to women's perception of violence and their awareness of it, which varies according to the cultural environment of internally displaced persons and refugees from Syria. Field observations revealed that many displaced women who are exposed to violence and abuse on a daily basis do not consider them as violence, but rather as usual family problems that exist in every house, and many of them are accustomed to seeing violence as part of their daily life.

Compared to women inside the camps, a percentage of women outside the camps were exposed to violence, whether before or during the pandemic. 64% of women outside the camps reported that they were exposed to violence, while 56% of women inside the camps reported that they were exposed to violence during the pandemic.

6.2 Forms and types of violence during the Corona pandemic



6.2.1 Psychological abuse

Psychological violence is at the forefront of the other types of violence that displaced women, refugees, and women in the host community are exposed to during the Corona pandemic. About 68% of those who face violence reported experiencing psychological abuse, and women in focus groups and individual interviews expressed a wide range of actions that reflect ignoring and dealing without Respect, fear, intimidation, degradation, threats to harm or marry a second wife, cursing of all kinds, enslavement, insults, and constant notification of women that they are not doing their duties.

“*He always made me feel inadequate and that I was not fully fulfilling my duties despite the effort I put into managing the affairs of the house, and his comments made me feel upset, suffocating and wanting to cry” - Married 35 years, host community*

The high rate of exposure to psychological abuse may be related to the general psychological condition of the survivors and the pressures they suffered during the pandemic with the constant presence of the source of violence, whether it is a husband or a brother, all kinds of violence are applicable to the women mentioned in this sample

especially if we take into account that every survivor is exposed to violence of all kinds and forms, rarely are they exposed to one type of violence, psychological violence is often accompanied by physical violence, sexual violence, and deprivation of resources and opportunities. A social researcher from Baghdad Women’s Association confirms that during the first six months of the outbreak of the pandemic, she received calls from women who had been subjected to violence of all kinds.

“*I used to receive many cases of women who had been subjected to violence over the phone, and I was bearing a big responsibility. Some women were thinking of suicide and some of them were thinking of running away from home. All kinds of violence were practiced against them: psychological, physical, sexual and economic, and sometimes threatening with harmful tools”, -A social researcher at the Baghdad Camps Support Center*

6.2.2 Physical assaults

17.7% of the survey sample reported physical abuse or physical violence, including beating, slapping, hurling harmful objects, and brandishing harmful tools. Some women in the discussion groups still have marks of beatings printed on their bodies, “although this percentage is not very high compared to psychological

violence "However, it is considered the most dangerous, especially because of the ban on movement and the forced coexistence of the victims with the perpetrator, and the inability to access services or seek help."

6.2.3 Domineering behavior

Among the most important effects resulting from the stay of men in the home is the increase in the control and control of the aggressors of the victims and the increased awareness of harmed women resulting from this behavior. 61.3% of survey respondents said that men have increased control over their lives during the pandemic and the measures that accompanied it.

The most prominent form of bullying that women suffered during the ban is the continuous interference of men in women's affairs, which causes them great tension and often ends in quarrels.

“ *“He ruined my whole life and he is controlling every aspect of my life and he harasses me when I use my mobile or when I sit by myself, he complains when I cook ” -Married women host community Erbil*”

The presence of the man also increased the woman's feeling of abuse and lack of privacy, as the husband's constant presence limited their privacy and imposed additional restrictions on their lives even inside the home, increased their sense of control over their communications with their social environment and behavior, and reduced the margin of freedom enjoyed by women during the man's absence due to being at work.

The constant presence of the husband inside the house created an atmosphere charged with tension and fear, and represented an authority that directed over the life of the family and punished any mistake made by any member of the house.

The husband's constant presence at home as a result of the circumstances imposed by the pandemic has caused a state of unease and psychological pressure for wives, even in cases where he is not offensive, as his presence makes them feel the size of the power imposed on them.

“ *“My husband was not bad, but I felt that he was enslaving me. He wants me to follow him as a slave-girl. Every woman needs a time when she is alone in which she feels relaxed and it is part of her rituals that she feels calm and quiet, and this cannot be achieved with his constant presence.” -Married woman from host community, Erbil.*”

6.2.4 Deprivation of resources and opportunities

Approximately 14% of the sample of women who disclosed their exposure to violence during the Corona outbreak reported that they were deprived of their rights to obtain resources, livelihood opportunities, or education, and their money was seized, and they were refrained from spending.

Deprivation of resources and not spending money for the family often comes as a secondary symptom or violence resulting from the crisis relationship between the two partners and is associated with other forms of violence.

During the pandemic, things became more complicated, as some pregnant women were denied access to medical care.

S. R suffered from the risk of unsafe delivery due to her husband's refusal to take her to the hospital for fear of transmitting the virus to him, and she got help from a displaced woman who transported her to the hospital, to get medical assistance in Erbil, supervised her cesarean delivery and secured some simple needs for her without the husband's presence or participation.

The widespread use of modern means of communication provided new reasons and justifications for violence perpetrated against women and increased the censorship and bans imposed on women.

11.4% of survey respondents reported being prevented from accessing the Internet or using mobile phones.

And 6% of them were prevented from using this technology to communicate with their surroundings during the pandemic.

The percentage of women who were prevented from using the Internet or cell phone during the pandemic		
6.0%	30	Yes
88.6%	444	No
5.4%	27	Yes, before and after the pandemic

A report showed the impact of the pandemic on working women a sample of female students confirming that 31% of schoolgirls were denied access to the internet or mobile phone for study purposes by their families after education became available online, their families knowing that they are using it for study purposes, and

18.7% justified the reasons for the ban because the family feared that they will be exposed to electronic harassment.

As men stopped working due to the general lockdown measures, some working women during the pandemic were subjected to economic exploitation, including the confiscation of their salaries and control of their resources without their consent.

Z suffers from economic exploitation, she is a displaced woman who resides outside the camp. She works as a nurse in a hospital in Erbil. She takes over all the responsibilities of spending money for the family and paying the rent for the house and all that she earns from her hard and long work is taken by her husband for living expenses and family's affairs without any participation from the husband. "She said I come back home at 09:05 PM completely exhausted, my husband asks me to prepare dinner for him and iron his clothes, and threatens me to marry a second wife"

Women who continued their work during the pandemic and the general lockdown faced another form of economic violence, represented by their exploitation in hard work for very long hours, exceeding 16 hours a day without vacation or leave for a low wage, which may lead to stress and expose them to the risk of infection.

Although the work environment in the private sector is not considerate of the needs of women, and working women face circumstances and conditions that make them vulnerable to exploitation by the pandemic, the government did not impose any measures on employers to take into account the needs of women and reduce their work hours or work on shift during the pandemic.

6.2.5 Denial of medical care when infected with Coronavirus

9 women, or approximately 2% of the total of the current survey sample, reported that they were prevented from taking a virus test or going to a hospital, which delays medical assistance and leads to the development of their infection. It can be said that preventing women from conducting a medical examination for the virus and denying them access to medical care is a new pattern of violence with the emergence of Coronavirus.

Till May 2020, 62 cases were reported in which families denied women and girls access to health facilities to receive care after infection, due to social norms that do not allow women to stay or isolate themselves outside their homes.

The interviews conducted with displaced women revealed a set of reasons related to the conditions of displacement that made many of those infected with the virus conceal their infection and refrain on their own from going to the hospital and receiving treatment. They have social networks in the community from which they were displaced, and they are scared of losing these limited relationships if they reveal their infections.

Women who work in simple occupations such as sewing are afraid of losing their livelihood and losing their customers even after they recover, due to the stigma associated with the disease, which creates a feeling of social rejection and ostracism among those affected.

“*They portray the disease to us as something defective or dishonorable, and the person is treated as an outcast and everyone is boycotting him. I suffered both, and the accusation of drug trafficking was easier for me than the accusation of infection with Corona*”, -A displaced woman from the Women's Committee in the Nabi Yunus camp

Some of the infected women avoided being tested in fear that they would be sent to quarantine hospitals and that their young children would remain alone without there being anyone to care for them, or in fear of being taken out of the camp.

And many of them couldn't take the test due to financial circumstances, as the price exceeds fifty dollars, in Kurdistan Region hospitals.

6.2.6 Sexual violence and rape:

The women participating in the survey did not reveal the cases in which they are exposed to sexual exploitation, harassment, or trade-off of sex for survival, which is usually committed in emergency situations, while the percentage of women who reported experiencing sexual assault did not exceed 0.3%, only one woman reported having been exposed to this kind of violence.

The officer in the Directorate of Combating Domestic Violence in Erbil confirms that the rates of sexual violence and marital infidelity decreased during the general lockdown due to the inability of men to leave their homes. However, women do not disclose their exposure to these types of violence, due to the stigma that accompanies the victim for life. Service providers in the field of gender-based violence complain that women remain silent about the violence they are exposed to, especially if it is sexual violence. A social worker in one of the support centers confirms, “I deal with many women who had to exchange their bodies or the bodies of their daughters for money or send their children to begin in street intersections, but they do not talk about these matters despite my constant attempts to motivate them to reveal.

Field observations and interviews with survivors of violence provided important information about the conditions that accompanied the epidemic and led to the exposure of women to sexual violence. Among them is the fact that some women have been forced to stay away from their homes as a result of the announcement of a movement ban and their exposure to sexual assaults.

Raya, a young Yazidi woman displaced in the camps of Dohuk, had to resort to her relatives' house in Mosul, which she was visiting to obtain some identity papers after the announcement of the general closure and stayed with them for a period of two and a half months, during which she was subjected to sexual harassment many times by the husband of her relatives who took advantage of the conditions of her detention away from her family. "

On the other hand, psychological pressures and the burden of housework, which doubled during the period of the epidemic and the general closure, led to women losing the desire and ability to have a sexual relationship with their husbands, and many women mentioned during the interviews, especially refugee women, that the lack of satisfaction of the husband's sexual desire was an important factor in provoking his aggression and violence, and this is a clear indication that displaced and refugee women were subjected to marital rape, during the home confinement period, and that they are forced to establish a marital relationship without their desire to avoid the aggression of the husband.

Several women stated that they were forced into a marital relationship and were beaten and threatened if they refused

“ *“He forces me to have sex with beating and abuse to the extent that I was fleeing the camp during the ban, fearing for my safety and myself, and he would not allow me to use the phone and prevent me from contacting my family and threaten me that if I told them what he was doing to me, he would divorce me and take custody of the children from me.” -A displaced woman in Domiz camp*

Marital rape is an uncommon concept within the framework of the local culture and is not approved by the laws in force, whether in the Kurdistan Region or Iraq in general, and according to customs and the religious perspective, the husband has the right to do that whenever he wants, and the wife's duty is to respond to the husband's desire.

6.2.7 Electronic violence:

7% of the survey sample reported exposure to electronic violence, while interviews with community police workers in Baghdad led to dozens of cases of electronic blackmail in one month.

Exposure to online violence increased as a result of plenty of time young people have to spend on the Internet during the ban and general closure, and for displaced women, online harassment, teasing, and even threats are a new type of violence that they have not witnessed before, according to what they have stated.

“*Harassment via the Internet became the new violence through messages or even threats. The majority was present at home and the only thing available was the Internet so they began to exploit it*” -Unmarried young woman Abu Ghraib camp, Baghdad.

Reporting to the police does not help women much in such cases. According to the social worker at the Baghdad Women’s Association, one of the beneficiaries of the center’s services in the Baghdad camps was subjected to electronic blackmail and informed the police, but she was surprised because they blamed her, turned the words against her, and made her guilty.

Cases of electronic blackmail in Iraq often end with the victims committing suicide or getting killed because of shame (out of honor) on May 16, two teenage girls were killed by males of the family after one of their relatives lured them through social media and incited them to flee from home.

Hacking personal accounts and blackmailing girls with pictures and leaflets, or by establishing emotional relationships false promises of marriage for the purpose of blackmailing, are the most common patterns of electronic violence. However, interviews with displaced women reveal a new pattern of technology-related violence that also accompanied the pandemic, represented by infidelity via the Internet, and two cases were reported. At least in the Baghdad Nabi Yunus camps, they are exposed to this new type of violence.

“*My husband started cheating on me and practicing sexual relations with other women via the Internet, and when I confronted him, he denies and starts beating me, what I hear from him makes me feel insulted and oppressed.*” –Focus group discussion inside Nabi Yunus camp

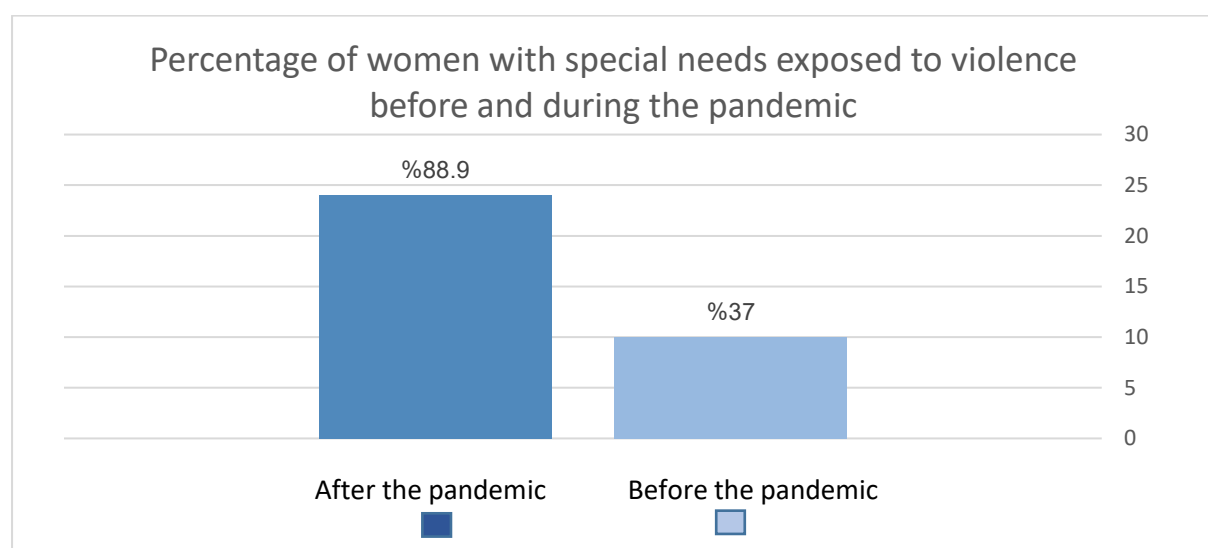
6.2.8 Suicide related to abuse and violence:

15% of the total survey sample and 24% of all women subjected to violence stated that they attempted suicide because of incitement and provocation by the perpetrator. It is clear that the conditions that women lived through during the pandemic have contributed to the collapse of women's ability to deal with the pressures of daily life. Often, abuse and violence lead to suicidal behavior among women, which increases according to studies among vulnerable groups that suffer from discrimination, including the displaced and refugees. It is worth mentioning that suicides have been spread throughout the pandemic in Iraq, and the media and social networking sites have documented many incidents of women who set out to burn themselves because of the violence they are subjected to. The report issued by the Women Empowerment Department indicated that 123 cases of suicide or attempted suicide linked to gender-based violence were reported, and the largest number was in Nineveh, Diyala, and Kirkuk.

6.3 Violence against women with special needs

With the imposition of quarantine measures and general closures that forced people to stay in their homes, the vulnerability of women and girls with special needs to violence increased.

90% of the 27 women with special needs who participated in the survey reported experiencing violence during the pandemic,



Comparing the Percentage of women with special needs exposed to violence before the pandemic which was 37%, increased to 52% during the epidemic crisis. The facts indicate the burden increased on women who are the only source of unpaid care for family members. This contributes to the Increasing neglect and

marginalization of women with disabilities in the family. Violations against persons with disabilities are on the increase.

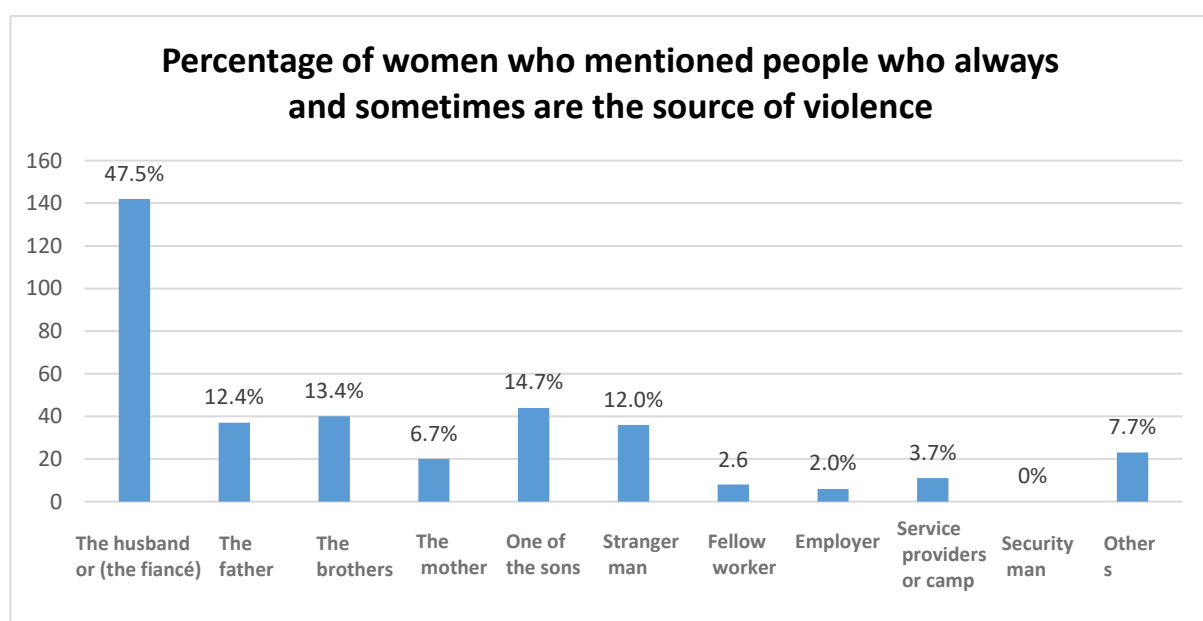
Of the source of the violence, 26% said that the husband was the source of the violence. It is followed by the brothers, 14.8%, and the father, 7.4%. Three respondents, with a rate of 11%, stated that the source of violence is the service providers or from men outside the family.

6.4 The source and location of the violence

home is one of the places where women were most exposed to violence during the pandemic. 69.2% said that home is the place where they are exposed to violence, followed by the street, 21.4%, and the camp, 12%.

survey results indicate that 47.5% of the violence that displaced women, refugees, and women in the host community are facing is mainly caused by their husband the remaining is 13.4%, attributed to their brothers especially violence committed against single women, then with the proportion of 12% for father and 6.6% for the mother.

“*I was subjected to insults and beatings from my mother and brothers. After Corona, we fight for the simplest reasons. I work as a maid all the time for my brothers, and during Corona, the orders and requests increased because of their permanent presence in the house*”



Some of the displaced women considered the decisions of forcible return and forcing the displaced to leave the camps are another violence that they are exposed to, which comes from the camp administration.

“ *“The biggest violence that we are facing now is the forcible return and forcing the displaced people to leave the camps by the government, our homes are destroyed and most of us live in rented houses, we are jobless and homeless, this issue frightened us ” -A group of internally displaced women in the Baghdad camp*

The stigma and discrimination against the displaced and refugees increased during the pandemic, and the internally displaced women in and outside the camps complained about harassment from the host community's population that reflects their lack of acceptance of the presence of the displaced in their areas and that they become a source of threat to host communities.

"Frankly, when we go outside the camp, the majority in the street or the market always use hurtful words like (why are you still here and when you will go back for good). It's difficult to accept this view, especially since we cannot return to our areas and most of us are homeless, our homes were demolished," a displaced woman from Nabi Yunus camp

7. The impact of the pandemic on reporting behavior and the choices women make to confront violence

The conditions that accompanied the spread of the virus have affected the dynamics of violence as well as the choices women make to confront it, regarding reporting violence and seeking help, whether, from informal sources (relatives, friends, and organizations) or official sources (police and courts), the results of the current survey indicated that 23% of the total sample of 299 women who have been subjected to violence having reported their exposure to violence during the pandemic. Only 12% informed NGOs that provide services to survivors of violence.

Percentage of women subjected to violence, according to whether they reported violence and who reported it		
23%	69	I informed the relatives
3.2%	7	I informed the police
12%	36	I informed the Organizations
37.0%	187	No one reported

The percentage of women who reported exposure to violence to the police did not exceed 2.3%, while an officer in the Department for Combating Domestic Violence in Dohuk indicated that the number of reports that were reaching the department during the pandemic had decreased from what it was before the pandemic and differed in quality. Violence reported by the Family Protection Department throughout Iraq during the first 6 months of 2020, which is the period of the spread of the epidemic and quarantine measures, by 50 cases compared to 2017, which means that there is a shift in the behavior of reporting violence resulting from the circumstances that accompanied the epidemic.

In general, it is rare for women to go to police stations to file a complaint against their husband or to other informal institutions seeking help, except when their relationship with the man (husband) has reached an end

by desertion or divorce, a third percentage of women who are seriously injured do not go to the police to report violence, and women usually turn to their families and relatives when they are exposed to violence.

7.1 Restrictions that hindered the reporting of violence

62% of women subjected to violence indicated not reporting and chose to remain silent during the pandemic. The evaluation revealed a set of constraints that limit women's ability to report and seek help, and pushed them to choose a strategy of silence about violence.

Percentage of women who did not report exposure to violence, according to the reasons		
18.1%	34	Fear of the aggressor
69.5%	301	To preserve the family's reputation
9.6%	18	I do not know which side I can report to
1.5%	2	All sides are closed due to the ban
0.0%	0	I cannot contact any side because I am not connected to the internet
0.5%	1	I do not trust the police and security men
1.5%	2	I cannot reach any destination due to the curfew and restrictions imposed

1 - Social and cultural restrictions

Two-thirds of the women who did not report their exposure to violence 69.5% said that they chose silence and restraint fearing or protecting the family's reputation. values and traditions require women to remain silent and endure violence it's considered an internal and private affair that should not be outside the family.

“ *"We cannot report violence out of fear for the reputation of our families. In our society it is a shame for a woman to enter the police station and complain about her husband." -A group of displaced women inside the camp, Nahrawan camp"*

Displaced women, whether inside or outside the camp, indicated the dominance of the informal (tribal) law that disgraces women and imposes social penalties on her if she goes to the police and reports her abusive husband. These punishments include the end of the marital relationship (an implicit divorce), blaming the victim for all the assaults she was subjected to, disgrace and stigmatization, and denying her all rights.

Hajar, a displaced woman outside a camp in Erbil, covered up the extreme violence that her daughter was subjected to and did not even reveal to the doctor who treated her wounds, fearing the gaze of relatives and the clan's ruling on her daughter if she was informed, and punishing her by depriving her of all her rights in negotiation sessions with the husband.

Hajar says: "We have laws in the clan that when a woman complains about her husband, she will no longer be his wife. The relatives and the clan will blame the wife and consider her (not a good person) with bad character.

The matter is not much different for refugee women who came from relatively different cultural environments. Most of those interviewed cited preserving the family's reputation and fear of scandal as a reason for choosing silence over violence.

2 - Limitations of maximum threats

18% of women who did not report violence stated that the reason for choosing to remain silent and not seeking help from any party is fear of the aggressor, and this fear, as revealed by the interviews, includes several aspects, including the fear of increased violence by the husband, mainly if she reports it.

“ *"I do not go to the police in fear that his violence will increase" -Displaced women outside the Erbil camp*

Many of the survivors who were interviewed disclosed that they were threatened with severe abuse in the event that they reported the violence they were subjected to, either from their husband or his family.

Most women are afraid of the possibility of complicating the problem, and that reporting violence or seeking help will be followed by troubles and problems that affect her family and siblings in particular.

Fear of the aggressor also includes threatening to deprive her of her children if she reports violence, and displaced and refugee women believe that the presence of children weakens women and increases their targeting of violence and not confronting it, as they are forced to endure violence and remain silent in order to keep their children.

“ *"I was able to get a divorce from my abusive husband during his 6-year prison sentence, and after the end of his sentence, the first thing he did was to take my children away from me, which forced me to return to him for the sake of my children." -IDP outside the camp, Erbil*

The matter seems more complicated for displaced women who come from traditional rural environments, who believe that the children should return to the husband's family. This means even in cases in which the women got support and when the abusive husband leaves her, and when the children grow up they will return

to the father and the mother loses them. Women remain silent about violence and endure it in order to remain close to their children.

3 - Restrictions related to the pandemic

The percentage of women who referred to the conditions imposed by the pandemic, such as a general closure of all institutions and centers, and a ban on movement and detention inside the camps, as a reason for not requesting assistance, did not exceed 3%.

However, the interviews revealed the multiple impacts that the pandemic caused on the behavior of seeking help, and the type of service she is requesting, the way of provision, and the level of support she receives.

On the one hand, the pandemic rearranged the priorities of survivors of violence, who had suffered from extremely difficult living conditions after work stoppage and job loss, and identified their needs by ensuring and securing food for their children, which became much more important than psychological support service or legal aid.

Alya Al-Ansar, head of the Bint Al-Rafidain Organization, which provides gender-based violence services to displaced women inside and outside the camp, says, "The survivor did not ask for service for herself during the pandemic and it is no longer important to her if she is insulted and beaten. She goes to the support centers and calls us for aid to provide food for her children, she says my children are hungry, and she does not say I am hungry or abused.

The needs and priorities of survivors during the pandemic were reflected in the work and programs of organizations, even those working in the field of gender-based violence, and they were busy collecting resources to distribute food baskets to marginalized and vulnerable families, including the displaced.

“*"I cannot provide education to the survivor about violence and how to manage it if she cannot find anything to eat" If the awareness funds were approved and redirected to programs that generate income for women, they would not need this awareness in the first place."* -Aliaa Al-Ansari.

On the other hand, the ability of women to search for help and access to formal and informal support networks has been affected by the domestic duties that have doubled due to the presence of all family members, and as a result of the presence of the aggressor who controls their movement in the home all the time.

“*"The reasons that prevented me from seeking help are my detention at home, the presence of the husband, and his control over my movement."* -A 34-year-old refugee with 4 children in Basirma camp.

It was not easy for survivors during the pandemic to call for help or receive psychological support in the presence of the aggressor near them, and without a place to be alone with themselves. Some survivors call for service after midnight, and after they are sure that the abusive husband has fallen asleep because she cannot ask for service during the day and in his presence.

“*They would call me after midnight after the survivor was certain that her husband had fallen asleep because she could not request service or call during the day in the presence of the aggressor.*”
-A social worker from the Baghdad Women Association, Baghdad Branch.

The pandemic has caused a change in the lifestyle of women, affecting the strategies they were following before the pandemic and helped them to endure and confront violence, such as leaving the house or meeting with family, relatives, and friends that alleviated them. Getting out of the camp and moving away from the tense environment gave them some comfort.

“*Previously, going out of the house gave us psychological comfort that helped us face or endure violence. During the quarantine there is no longer anything to relieve us*”, -Refugee 38 years old Basirma camp.

for women outside the camp, home quarantine has increased pressure and weakened their ability to resist and endure violence.

“*I used to go out of the house to public places and shopping centers and meet my girlfriends, and that made me feel much better. During the quarantine, this was not possible. I was feeling suffocated and started to bite my nails due to the intensity of tension.*” -Married women from host community, Erbil.

The pandemic and the measures that have been taken to confront it have resulted in the isolation of women from the support networks on which they depend greatly to resist and endure violence and to manage the attitudes that lead to it. This led to the weakening of traditional protection and the loss of the support that women could receive from their families and relatives.

8. Risk factors resulting from the epidemic crisis that increase the probability of women being exposed to violence

8.1 First: The effects of the epidemic crisis on the living conditions of internally displaced women, refugees, and women from the host community

The pandemic and the measures that are taken to confront it have affected the living conditions of women, especially the displaced and refugee women who live in already precarious situations in which the poverty rate has risen from 38% to 42% as a result of the loss of their property and savings. And their distance from their environment and social networks, which affected their participation in the work within the host community.

Most of the refugees and displaced persons outside the borders of their governorates were occupying unsafe jobs and working on daily wages (worker), which led to the loss of their income during the pandemic.

The current survey data indicate a decrease in the percentage of employed persons among the displaced and earning refugee families from 57.5% before the pandemic to 39% after the pandemic. In contrast, the percentage of unemployment among families doubled from 20.4% to 40.3%. Taking into account that the survey was conducted after the restriction measures were eased, a number of daily wage workers were able to return to their work.

With regard to the number of individuals who work within the family, the family lost one or more sources of income derived from the number of workers from its members, while approximately 5% of the families lost the only source of income derived from the work of one member. This means that poverty and deprivation will increase, as a result of the loss of job opportunities of a working member inside the family.

50.5% of the survey respondents reported that their husbands' work has been affected due to the epidemic. Whereas, the displaced and refugee women interviewed confirmed that all of their family members who used to work lost their work and income during the period of general closure and home quarantine.

Percentage of women who reported that their husband's work was affected by the epidemic		
50.5%	253	Yes
33.5%	168	No
16.0%	80	do not apply

Although the relationship between violence and stress resulting from loss of work is not a causal one, most of the displaced women and refugees assert that the main cause of violence during the pandemic is the loss of jobs. The life pressures faced by the head of the family, who lost his job, created a state of anxiety and tension that made him resort to violence.

“All the problems that were occurring between the husband and wife during the epidemic happened because the man stopped working,” -Displaced women outside the camp, Erbil

There is another factor that increases the risk of exposure to violence. The loss of husbands' jobs was accompanied by a shift in roles, it was slight and the statistics did not show it clearly. After the husband was the first person responsible for providing for the family before the pandemic, this responsibility shifted to others after the husband lost his job and 2% of the families, which may exacerbate the husband's feeling of frustration that could result in increasing gender-based violence.

8.1.1 The impact of the pandemic on weakening the resilience

The job loss had an impact on the ability of the families and women in particular as they are responsible for managing family affairs and providing basic needs for the family during the pandemic.

“We faced a real crisis in providing food, because of the job loss (everyone lost their jobs) after they were working for a daily wage, and with the crisis, all work stopped.” A discussion group of displaced women outside the camp, Erbil

91.4 % of the survey sample reported women facing great difficulties in managing their livelihoods and meeting the basic needs of the family.

Was the ability to meet your needs affected or weakened during the pandemic		
91.4%	458	Yes
8.6%	43	No

Displaced women and refugees outside the camp faced greater difficulties as a result of losing work because the majority of them or most of them live in rented housing and paying rent and electricity wages (to the private service provider, generator line) is the biggest challenge facing this group.

The rent was the biggest problem, and so was the generator line. Some homeowners gave up the rent for the first two months of the pandemic, but it did not last for long, as the electricity suppliers were threatening to cut electricity," a discussion group of displaced women outside Erbil camp"

Compared with displaced women and refugees inside the camp, the opportunity for displaced women outside the camp to reach the food baskets was less. Food aid for displaced women and refugees inside the camps, despite its limited and late arrival, was meeting the need, even to a minimum.

“ *"We were not thinking of anything other than managing food and living, food baskets were enough, but the sterilizers that were distributed twice a month were not like that." -A discussion group of displaced women inside the Nabi Yunus camp.*

In providing food for their families, displaced women outside the camp relied on borrowing and buying food from the stores on credit (debt), all of which was accompanied by high prices.

“ *"We used to take the goods from the market owner on deferred payment until the shops were empty of the goods because their owners were unable to buy new goods because they sell on debt, and some of them started apologizing for selling the goods because they are not sure of the time of payment" -A discussion group of displaced women outside Erbil camp.*

Most of the displaced women outside the camp among those interviewed are vulnerable to poverty as a result of the accumulated debts that they were unable to pay, even after some family members returned to their work after the general closure measures were eased. All these economic pressures are borne by women, mainly as they are responsible for managing household affairs.

“ *"We have accumulated debts and the financial resource that comes from work that men have returned to is no longer sufficient to pay it off. All these matters are confused (discomfited)" -Displaced women outside Erbil camp.*

With the increase in the likelihood of displaced and refugee families and families in the host community being exposed to poverty and deprivation of basic needs, the likelihood of women and children being exposed to more violence increases. Deprivation often leads to the emergence of negative emotional responses, such as anger, aggression, and frustration and such responses often lead to violence.

8.1.2 Disrupted livelihoods and livelihood capacity among women

Before the pandemic, the percentage of wage-earning women was 25% of the total study sample, the majority of them being from the host community 40%, followed by refugee women 23.2%, and then displaced women 13.1%.

The work of the majority of the displaced and refugee women are concentrated in the private and informal sector, i.e. daily wage workers, with a percentage not exceeding 6.4% of female employers or those working on their own projects, and 25% work in the government sector and most of them from the host community due to the barriers imposed on the work of displaced women in the sector Government, especially in the Kurdistan Region.

The work of women in the government sector, in general, was not affected, as this category enjoys job stability and their wages were spent during the first months of the announcement of the general ban and the closure of institutions with delays and lateness in the payment of salaries in the Kurdistan Region.

However, the situation was different for women working in the informal private sector and employers, as nearly 50% of them lost their jobs and 11.2% were forced or had to leave their jobs because children remained alone after the care institutions (nurseries and schools closed) and 3.2% of the female employers' project has been damaged by the epidemic.

Percentage of women who reported that their husband's work was affected by the epidemic		
50.5%	253	Yes
33.5%	168	No
16.0%	80	do not apply

The central government or the Kurdistan Regional Government did not take any measures to ensure protection from poverty for female workers in the private sector and workers with daily wages, and no compensation was provided to employers who could barely develop their small enterprises. Especially 13.3% of women are the heads of the family, and 175 bear the largest burden to provide sustenance for the family.

Loss of work and disrupted livelihoods reduced opportunities to provide for basic needs, resulting in increased family pressure and the possibility of women being exposed to violence.

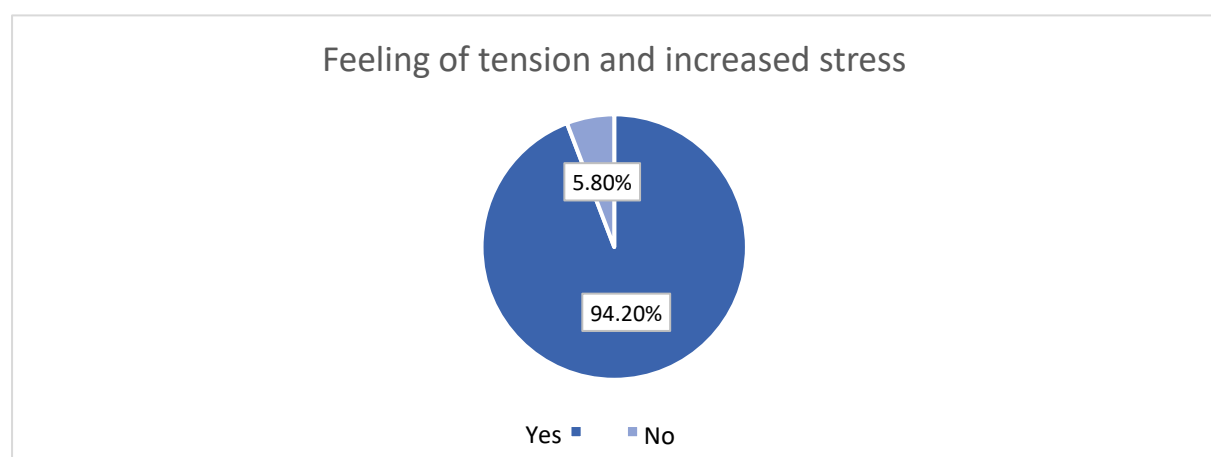
The pandemic also limited the ability of women to provide for their families, as the percentage of girls who were the main breadwinners for their families decreased from 6.4% before the pandemic to 3.8% during and after the pandemic.

On the other hand, the loss of working women in their field in the informal sector what is known as precarious work, such as saleswomen in popular markets and women working in barbershops, increased their exposure to violence, despite the low financial returns that they were receiving, but their contribution to the family income provides her with a kind of (power) that protects her from violence, and with the cessation of work, the woman lost an important source of protection, and instead of being a contributor to the family's income, she became economically dependent on the aggressor, which led her weakening and being targeted with violence. One of the service providers confirms that many women working in marginal occupations are being punished for losing their work and their exposure to violence is increased.

8.2 Second: The psychological and social impacts of the Corona pandemic on the displaced, refugee, and women from the host community

8.2.1 Stress and psychological distress among displaced women, refugees, and women from the host community during the pandemic

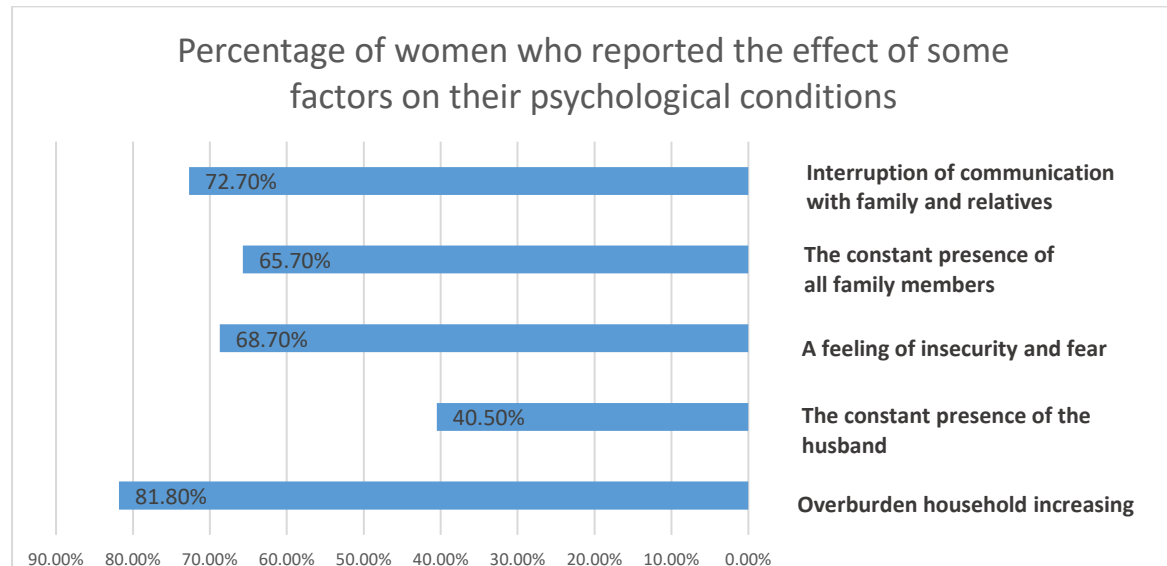
The epidemic crisis caused psychological repercussions and effects on many residents, but its impact was greater on the displaced and refugees. Displaced women and refugees were the most affected group during the pandemic, as a result of the psychological damage caused by displacement and resulting from the loss of basic necessities of life, and living in conditions that do not guarantee them psychological compatibility, also insecurity and loss of privacy in the camps. 94.2% of the survey sample reported that they felt stress, tension,



and psychological pressure. The respondents described their experience during the pandemic and the procedures that accompanied it as "difficult" and similar to psychological warfare, and the suffering that resulted from it was worse than the suffering when they witnessed the experience of displacement.

The factors that greatly affected the psychological conditions of women and exacerbated their tension are intertwined, including the burdens and responsibilities that doubled during the crisis, fear of infecting the family members with the epidemic, violence and the presence of violence with them all the time, and detention inside the camps, especially since the quarantine measures were greater and more severe on women and children inside tents. The authorities in Erbil camps allowed men to leave the camp for the purpose of work after easing the restrictions and home quarantine measures, but they prevented women and children from leaving the camps under the pretext of fear of the spread of infection among the refugees.

8.2.2 Third: Protection risks related to gender-based violence associated with the Coronavirus pandemic.



8.2.2.1 Feeling of fear and insecurity

The majority of respondents, 68%, reported feeling insecure and fearful during the pandemic.

The respondents refer this to the loss of livelihoods, as the living conditions and families' loss of their source of income as a result of the loss of work were the most important sources of anxiety and fear that displaced women and refugees suffered from, and what worried them the most.

“ *“The most important thing that affected our psychological conditions is the economic situation of the family. We are left with no source of daily sustenance.” -30 year old refugee, Basirma camp*

The experience of displacement by the respondents had a clear effect on increasing the sensitivity of the displaced and refugee women to the risks that may result from emergencies and general closures, and exacerbated their feelings of fear, and made them more aware than others of what the curfew means and the repercussions of the work stoppage on their lives, which exacerbated their anxiety and fear and doubled the size of psychological pressures on them.

“ *“What increased our sense of crisis and doubled our sense of fear was that we had experienced curfew during the conflict and the consequence of this ban in stopping work, so we were more aware of the dangers that awaited us, -A group of displaced women outside the Erbil camp.*

8.2.2.2 The continuous presence of all family members

65.7% of the respondents supported the effect of the continuous presence of all family members on their psychological conditions, while 17.4% reported that the stress and pressure resulting from this presence is the main reason for women being exposed to violence during the pandemic.

It is very difficult to imagine the psychological effects of home quarantine on displaced and refugee families, which includes 62% of them, according to what the results of the current survey indicated in informal housing arrangements (tent, caravan, unfinished building, and room within the extended family). The number of people in one room or tent reached 60% of these families, it ranges from 4 to more than 10 individuals, and most of these types of accommodations are inadequate housing arrangements that deny privacy and limit the private recreational space, which negatively affects the psychological conditions of their inhabitants,

especially women and girls due to their loss of privacy, this reduces their sense of insecurity and affects their ability to adapt to new circumstances.

Schoolgirls suffered from the problem of all family members being present all the time in the same place, many of them reported their inability to continue their studies, and some of them were in final stages, which affected their academic conditions.

The effect of crowding in houses and tents and the constant presence of all family members increase violence against women and children, according to the women participating in the study, the stay of children at home and the chaos resulting from their presence all the time after school stops, provoked the anger of men and usually the mother receives the consequences and perceives violence as a punishment, the husband blames the wife and holds her responsible for stopping work and staying at home and considers her a reason for all the frustrations he faces as a result of the circumstances that accompanied the pandemic.

8.2.2.3 Increasing household burdens

82% of the respondents reported an increase in household burdens as a result of the presence of all family members at home, and the closure of schools exacerbated the pressure on women, as they had to bear additional burdens of teaching, caring, preparing repeated meals and teaching children, which reduced the space women need to rest. It doubled the psychological stress that women suffered during the pandemic. 58% of the sample of displaced women refugees and women in the host community bear the burden of caring on their own, and 32% receive help from their daughters in bearing these burdens. 9.8% indicated that the husband helps her in teaching the children. Often housework within the framework of the Iraqi cultural structure is considered a female affair that has no relationship to men. The increased burden affected the ability of women to withstand violence, and 18% of the survey sample stated that the increase in domestic tasks and the burden of care placed on women had an effect on the increased exposure of women to violence during the pandemic.

“ *There are many problems, and we do not feel comfortable at home, but not like men, because they are going to work, we are working more and we are confused, The man's requirements are many we cannot even sleep, in addition to the interference of the husband in every aspect* ” -A group discussion of women inside Baghdad camp.

8.2.2.4 The effects resulting from the constant presence of men in the house

The husband's constant presence at home increased the psychological pressure that women suffered during the pandemic and also affected the increase of gender-based violence. About 40% of the total study sample and 70% of all married women indicated that the presence of a man all the time greatly affected women's life.

All the interviewees agreed that staying with men at home and the victims' forced coexistence with the aggressors was one of the risk factors that increased the vulnerability of women and children to violence during the epidemic crisis.

This effect is evident from the respondents' point of view in two respects. The first is what is caused by confinement at home. Men suffer from psychological pressure and tension, especially with job loss, the feeling of boredom goes beyond the desire for revenge to aggression, because men in Iraq are not used to isolation and detention, and male life has been directed since childhood to be outside, unlike the females who prepare and grow up within the private sphere and spend most of their lives inside the walls of the home, so it was difficult for males to accept home quarantine and stay inside for a long time, especially in the displaced community, most of whom come from rural environments and they don't know what to do inside the house.

On the other hand, staying at home due to the quarantine forced the victim to coexist forcedly with the aggressor and reduced the area of the truce or the time free from violence that was allowed when he left for work.

A former displaced woman who is married with three children says,

“ *My husband used to spend most of his time outside the house he would come home late at night when we were asleep, and he would wake up in the morning to go to work. We did not see him for even an hour at most. When the men were forced to stay at home, this was greater than their ability to withstand, and it represented a great deal of pressure on them, quickly reflected on them and on the children (everything comes back to the woman) ” -Survivor of violence displaced outside Erbil camp.*

The extent of the bullying that women suffer in the presence of a man seems clearer in cases in which husbands are stuck in other governorates either to follow up with some transactions or because of their work outside the governorate of Erbil and they were unable to return to their homes after the ban was announced. They considered themselves lucky that their husbands were not with them during the home quarantine despite the great responsibility they have in managing the affairs of the home and children.

“ *"I stayed for three months on my own, from the third to the sixth month. This was the best period of my life"*

Under the ban on movement and domestic quarantine, the house became a difficult place for victims of domestic violence, after they became forced into coexistence with the aggressors, without the possibility to leave the house or seek help, which gave the aggressors authority to control their victims.

“ *"The presence of my husband all the time affected my life completely. I even tried to commit suicide several times because of the presence of a man who insulted me and abused me all the time"* Baserma refugee camp

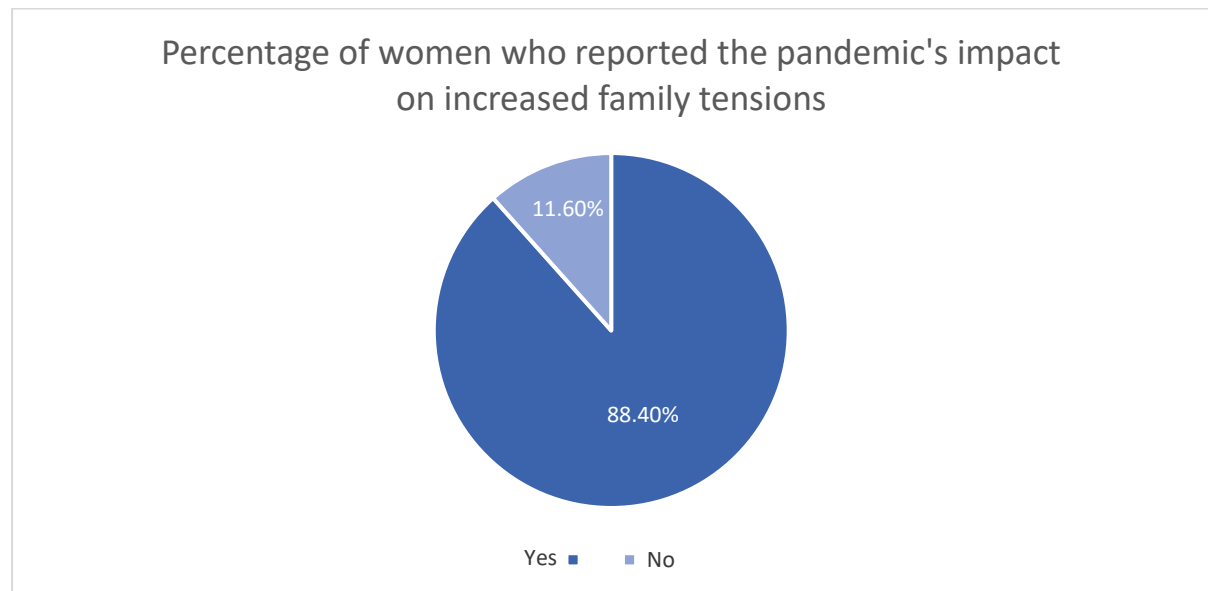
8.2.2.5 Isolation of women and their poor communication with their social surroundings

The detention of women and the constant presence of men in the home, monitoring their contacts and controlling their relationships, led to the isolation of women from the social environment and prevented women from communicating with relatives or acquaintances and friends. 72% of the survey respondents reported that their contact with their families and acquaintances was interrupted during the pandemic and a percentage were forced into this isolation.

“ *"I felt completely restricted. I didn't have the freedom to move or make contact with my acquaintances. I switched off my phone and kept it in a remote place due to many problems about contacting relatives and talking with my family."* -Married from host community, Erbil

8.2.3 Fourth: escalating family tensions

Quarantine measures and forcing residents to stay at home led to psychological pressures that led to family tensions that included all family members. 88.4% of the survey sample reported the effect of quarantine on the psychological conditions of their family members, especially girls.



The interviewed women emphasized the deterioration of the psychological condition of children during the pandemic, as a result of the limited space for entertainment, the decline of the vital space, and its lack of delights and occasions for social interaction after the children were confined in their homes for three months, and they were prevented from visiting the house of the grandfather and relatives.

The situation was more difficult for girls and adolescent girls particularly and according to what the mothers indicated, they lost all the actual sources of entertainment that were available to them before the pandemic, such as visiting relatives. The suspension of schools had a significant impact on the deterioration of their psychological conditions, school was a safe space for girls to meet with their peers.

The impact of school closures and interruption on children in the camps deprived them of recreational activities that were an important source of entertainment for them, according to what a refugee said in Basirma camp.

“*The most difficult thing in this crisis was dealing with children. We were not able to provide the atmosphere they were accustomed to, and entertainment sources were no longer available to them, such as visiting the*

grandfather's house, which they used to visit every Thursday and Friday, and going out to the streets, so the psychological condition of the children deteriorated." -Displaced from outside the camp in Erbil

The effect of direct contact between family members due to spatial proximity and in a closed and narrow space led to the emergence of hostile practices among family members.

The displaced women outside the camp expressed the extent of the tensions within the family, " We living in very narrow space," meaning in constant conflict with each other, and a refugee from Basirma camp confirmed that the pandemic "has generated intense hatred among family members," or at least this is how things appear in the context of a tense family atmosphere. And there are many conflicts.

Other women complained of the behavior of stubbornness and non-compliance, which is negative behavioral changes that appeared on their sons and daughters in particular as a result of prolonged detention. Among them are hostility, fighting, and the inability to tolerate each other.

“ *"The girls in particular during the ban lived under great psychological pressures, which affected their relationship and the way they interacted with each other, so one of them hit the other", -A group of displaced women outside the camp in Erbil*

Previously, my daughter was obedient, and now she can no longer hear my words. With the closure of schools and her loss of communication with her peers, she has changed a lot and her psychological state has worsened.

It is clear that girls lost any opportunity to communicate with the outside world during the pandemic, unlike boys who often find an opportunity to go out or gather even during the pandemic, and also because they lost the privacy they needed due to the presence of males most of the time and devoting their time to serve them.

The effect of crowding and the increase in the number of individuals living in a specific place increase the aggressive behavior because of the narrow space that each individual needs to move through and achieve his personal independence, which results in a feeling of abuse, which is one of the most important factors driving violence and aggression.



9. Access to information and services

The services provided to displaced women and refugees have been greatly affected during the general closure measures. The restrictions imposed on movement impeded humanitarian operations even after the central government and the Kurdistan Regional Government began to gradually ease these restrictions, as NGO employees were still unable to easily reach the sites of the displaced and refugees. Many experts working in agencies and international organizations were not able to return to Iraq because they were stuck in their countries until the moment of preparing this report.

The emergence of the epidemic surprised everyone and confused the measures taken to contain their programs and their work. None of the actors providing services to these groups had alternative plans in emergency situations or risk analysis that would enable them to provide a rapid, efficient response surrounding all problems and the potential consequences that would emerge to contain and mitigate the effects of the epidemic crisis on the displaced and refugees. They didn't have a real framework for action for such circumstances to guide the process of action in cases of closures and embargoes. The measures taken by the government to prevent the spread of the virus and confront it were not accompanied by economic and social policies and measures that protect the most marginalized groups, including the displaced and refugees

from being subjected to poverty and deprivation, with the exception of announcing a financial grant that did not exceed \$ 25 with the number of applicants reaching nearly two million and eight hundred families.

All agencies and international organizations operating in Iraq have re-arranged their priority towards ensuring readiness, preparedness, and response to measures to prevent the Coronavirus and confront the outbreak of the epidemic, with a focus on providing sanitation and hygiene services, life-saving programs, humanitarian aid to the displaced and refugees, and providing the necessary supplies for prevention and information. The Ministry of Health and organizations supported the provision of fumigation, cleaning and drinking water services, and the allocation of caravans to isolate people with Coronavirus in the camps.

International organizations and local partners provided the displaced and refugees inside the camps with cash sums sent via mobile phone services. However, according to the report of the Norwegian Refugee Council, 70% of the displaced were forced to reduce their family's meals.

The issues and needs of women were not among the priorities, according to workers at international organizations, and services for gender-based violence were completely suspended by order of the Ministry of Health, according to workers in the Ministry of Immigration.

9.1 Access to information

All the women participating in the study indicated that they had received information about the prevention of Coronavirus and methods for the response to it, and most of the participants were aware of the various aspects of the pandemic. This means that information about the virus is available and reaches women in ways that they understand.

Most of the women participating in the evaluation, 37.5%, obtained information through the media, and 33.7% obtained it through awareness campaigns implemented by the Ministry of Health and international and local organizations, either by using mobile radio or mobile teams, and 18.8% of the respondents obtained the information through the Internet, 10% learned about the virus and ways to prevent it through parents and acquaintances, which calls for attention to the most effective methods of raising awareness and conveying messages to groups of displaced persons and refugees in emergency situations.

Percentage of women who received instructions related to Coronavirus prevention and protection methods, according to the tools		
18.8%	94	Yes, through the internet
33.7%	169	Yes, through mobile health awareness teams
10.0%	50	Yes, through my acquaintances and my family
37.5%	188	Yes, through the media

In interviews and focus group discussions, women also indicated that they received text messages from telecommunications companies and the Ministry of Health, and such messages were even reaching women who do not have smartphones and are not connected to the Internet. No respondent indicated that she was prevented from receiving instructions regarding the virus and methods of prevention from it, or that she was prevented from seeing the news, in the question that was directed to them in the survey form and the interview guide.

Regarding gender-based violence, and available services and ways to access them, the information was very limited. The lack of information about the services available on violence during the crisis is one of the most important and essential challenges to prevent violence and protect survivors.

84% survey sample indicated that they did not receive any messages or phone numbers and hotlines about the measures of violence and to whom they might resort. Only 16% indicated that they had received these messages, and the survey results also indicated that these messages were reaching the displaced more, as the percentage of those who reported receiving these messages reached 26.2%, most of them are camp residents, compared to 18.7% of the refugee women.

The percentage of women from the host community, who reported receiving messages about violence measures and who can be contacted did not exceed 1.8%. This means that messages are only restricted to those who live inside the camps and did not reach displaced women outside the camp. And the access was limited to some camps, but not all the camps.

The interviews conducted with displaced women outside the camp and the interviews with displaced women inside the camp confirmed that they did not receive any letters or phone numbers about GBV services.

Only one organization among all interviewed, indicated that it had included indirect messages for COVID-19 awareness messages about how to contact the hotline and how to use encrypted messages to intervene from the support team in case of exposure to violence and the presence of the aggressor.

However, this information came relatively late, as the emergence of the pandemic surprised all parties and was not expected, and the general closure procedures were not clear, and to what extent they would be prolonged, and in light of these conditions there was no preparedness or preparation for everyone. The needs and issues of women have not been given priority by the GBV service providers.

On the other hand, this information was provided via the Internet or via cell phone messages at a time when all the service providers who were interviewed complained about the inability to reach the survivors of violence because they are not connected to the Internet and do not have phones, while the results of the current survey indicated 15.8% do not have a phone and are not connected to the Internet, and 21% have a mobile phone (old system) that is not connected to the Internet so that the total number of women who are not connected to the Internet is 36.1%. In addition, nearly a third of the displaced and refugee women, according to the results of the current survey, can't read or write and they will not be able to access this information.

Also, these numbers and hotlines were not placed in easily accessible places, such as pharmacies and shopping stores, and they should have been included in the awareness programs for Covid 19.

The main problem in the lack of access to knowledge and information in GBV services is the lack of a clear database that enables actors to reach women from marginalized groups, including displaced women, refugees, and women from remote areas who are not connected to the Internet.

9.2 Access to medical and health services

The results of the evaluation showed worrying indicators regarding access to health services during the pandemic, as 77% of survey respondents said that the pandemic has actually impeded their access to medical care.

The percentage of women who report that the epidemic has hindered their access to hospitals and health centers to obtain medical services

77.2%	387	Yes
22.8%	114	No

Many of the women interviewed faced real challenges in accessing these services during the pandemic due to some of the reasons related to the limited services available and some related to the restrictions imposed to prevent the virus and detention inside the camps, while other reasons are related to the deterioration of the living situation as a result of the suspension of work that impeded the ability to request specialized medical services or buy a treatment.

Mothers of children with disabilities or those with incurable diseases who need regular visits to specialized hospitals such as (kidney patients) have suffered from reaching the hospital to receive treatment.

Women suffering from chronic diseases also faced the inability to get treatment or to access specialized medical services during the pandemic.

Displaced women, refugees, and women from the host community have been affected by the diversion of health services resources to deal with the epidemic and the impact on their access to medical care, especially with regard to reproductive and sexual health.

“ *“My mother-in-law died of cancer, as a result of her inability to leave the camp, which is three-quarters of an hour away from the city of Erbil, to take her monthly dose” Basirma refugee camp, Erbil*

Refugee women showed a high percentage in terms of challenges in obtaining medical care, as 83.2% reported their inability to access these services compared to 71.6% of displaced women and 77.5% of women in the host community.

Despite the widespread support that covers health facilities in the refugee camps, specifically, after the World Health Organization has equipped 9 primary health care centers in the refugee camps in Erbil and Dohuk, and they have been provided with various medical devices and laboratory equipment to enhance health services, it seems these services still lack the required quality, which forces refugee women to seek medical service outside the camps. The pandemic has exacerbated the shortcomings of the health system throughout the country, as health services have been under severe pressure and access to these services has become unavailable.

The condition of F, pregnant in the third month in Basirme refugee camp deteriorated, which led to the loss of her fetus as a result of her inability to leave the camp and monitor her health status, with her private doctor, as they were completely detained during the pandemic and no one was allowed to leave the camp except in emergency situations and with an ambulance. In spite of the presence of a female gynecologist who was present once a week in the camp, she preferred the supervision of her private doctor for reasons that were not announced.

Pregnant women have struggled to reach hospitals to ensure safe delivery during the danger of mobility, and one of the members of the community police confirms the following:

“ *"We got a call from a pregnant woman who was alone at home and her husband is a military man who is not home because of his duty, she can't reach her family seeking help due to the curfew and she can't go alone to the hospital, so she called the community police through the hotline. We were able to take her to the hospital and facilitated the procedures for her mother's arrival and coordinate with the checkpoints and patrols, allowing her to reach her daughter"* -Commissioner in the Baghdad Community Police.

Health services have clearly shrunk within the camps or have been redirected, and it is clear that preventing the virus was a priority, as the Ministry of Health focused its efforts inside the camps for inspection procedures and taking samples from camp residents, while the displaced women in Baghdad camps confirmed that the role of the Ministry of Health was absent and visited the camp just for one time to measure temperatures and take a swab sample.

Psychological and mental health services were affected greatly during the pandemic, which was already weak before the pandemic, and during the outbreak of the virus, women were unable to access this service, especially the displaced Yazidi women who lived through traumatic experiences during the ongoing conflict in Iraq and suffer from major mental illnesses. The psychiatric nurse specialist and psychotherapist in Domiz camp, which is sheltering displaced Yazidi women pointed out that the psychological conditions deteriorated due to the insufficient availability of mental and psychological treatment services during the pandemic, the inability of survivors to purchase treatment, and their discontinuation of treatment inside the center with a psychologist.

The evaluation monitored a case of one survivor of ISIS who is 25 years old, married, and has one child, and she was in urgent need of a psychiatrist and she was unable to obtain this service during the pandemic, due to busyness and lack of time of the doctor. According to the survivor, she tried to commit suicide more than once and is thinking of escaping from the camp.

9.3 Access to justice

The closure of courts and justice institutions, as a preventive measure, has hindered the determination of many cases related to women. 25% of women participating in the survey were prevented from getting services such as civil registration, obtaining the necessary documents, custody, separation, and inheritance, which greatly affected the status of the displaced, refugees, and women in the host community.

25 % of the sample of women participating in the survey stated that the epidemic crisis has impeded their follow-up of a case in court or access to justice institutions. The percentage of displaced women who reported their inability to access justice was 28.4%, compared to 27 % for women in the host community and 18.7% for women refugees.

Percentage of women who reported obstruction because of the pandemic to pursue their cases in courts and justice departments

25.0%	125	Yes
75.0%	376	No

The closure of the courts disrupted the divorce procedures and the woman's right to claim custody of the children. The general closure also affected the decision or the implementation of the provisions related to alimony, which resulted in the deprivation of many women from getting alimony

Divorced women and their children who depend on facilitating their lives on the alimony imposed on the husband in the event of divorce have suffered from obtaining money due to the closure of the implementation offices that give them alimony instruments, and for the displaced women in Erbil governorate, most of them receive alimony from their governorates from which they were displaced. Because of the decision of the Kurdistan region, the prohibition of movement between the provinces and the ban on entry to Erbil, which lasted for about five months, until they lost the right to claim alimony that had accumulated for more than three months?

The harm done towards women by the court's disruption is evident, as Rania (a pseudonym) testifies. She was denied access to her child for months due to the stopping of divorce proceedings and the father's refusal to hand over the child to his mother.

“ *"I went back to my family without my child before the outbreak of the pandemic and the closing procedures, after he married another woman and lived in my house. He beat and insulted me, he was threatening me that he would deprive me of my son" so I had to resort to the court to request a divorce and take back my son.*

After the courts closed due to Corona, the procedures for divorce and child custody were stopped, and I was forbidden to see my son for three months, during which I was receiving psychological treatment sessions over the phone. A displaced woman from Domiz camp, Dohuk

The impact of court closures on cases of gender-based violence and access to justice for survivors contributed to impunity for perpetrators.

It has become very difficult for survivors to prove the abuse they are subjected to and file a complaint to the court that can help them facilitate their divorce without losing their rights. Such a complaint could not be established during the closure period and could not be submitted at a later time or after a period of time because the effects of violence have subsided and cannot be proven by a medical report.

The closure of the courts also greatly affected the protection measures provided by the Department of Combating Violence against Women and Family in Erbil, Dohuk, and Diyalah, as many cases required judicial orders from the court to help or protect the survivor. There was no possibility to refer survivors in case of danger for their safety, to the shelters in the Kurdistan Region, due to the lack of judicial orders issued as a result of the closure of the courts.

The officer from the directorate of Combating-Violence Department asserts, "The department cannot provide assistance in case the survivor needs legal representation or her life is in danger"

The effect of the general closure of justice institutions on the legal representation service for survivors of violence depends mainly on the procedures carried out by the lawyers representing the survivors within the judicial departments. Their work during the general closure was limited to consultations only and with the absence of a lawyer or legal representative, it will be very difficult for survivors to access Rights.

The impact of court disruption due to preventive measures will extend to women for years, as each case needs from six months to a year, and the continuous closures of courts will delay its decision by at least an additional year. The easing of procedures and the return of the courts to work will not help due to the accumulation of cases and lawsuits, and all this will greatly affect the reality of women.

10. Responding to GBV during the epidemic crisis

The emergence of the pandemic and the general closure measures disrupted all services of gender-based violence, and government service providers have confirmed that all services related to violence will be stopped in the implementation of the Crisis Cell and the Ministry of Health. The centers that provided support to survivors of violence were not allowed to open their headquarters in the Kurdistan Region, with the exception of providing relief aid only. Humanitarian workers were not granted special exemptions from the movement ban so that they could reach the most vulnerable groups. UNICEF admitted in its report on the humanitarian situation during COVID-19, which covers the period until March 31 that all GBV services have been disrupted by the pandemic.

The results of the analysis of the gender-based violence subgroup led by the United Nations Population Fund showed a decrease in the response rates to gender-based violence, as the coverage rate did not exceed 10% from April 2020. All programs provided to survivors of violence, including health care services, police services, justice, and social services, were affected by the epidemic crisis.

The Women's Empowerment Department, in cooperation with the United Nations Population Fund, prepared a special report on the impact of the current epidemic crisis on the increase in incidents of gender-based violence.

In addition, the Directorate for Combating Violence against Women and the Family in Erbil, Dohuk, and Baghdad prepared a report on domestic violence during the Corona pandemic, which reflected the results of the decline in reporting rates of violence.

Some local organizations that provide gender-based violence services have tried to adapt their programs to suit the conditions imposed by the pandemic by delivering the required services to vulnerable and marginalized groups of women, as a new type of services that were introduced during the pandemic called (delivery services) focused on delivering relief aids, including food baskets, medicine, and medical aid, or reaching the infected families who have been isolated in hospitals and meeting their needs. This service was not meeting the increasing needs, but it is gaining great importance in the absence of the role of the state and the government in responding to the needs of the affected population during the epidemic crisis and although these services do not include gender-based violence, it can provide some support for survivors from violence. The framework of pressure resulting from the loss of food security and declining livelihoods during the pandemic, and these services, despite their limitations, can contribute to enhancing confidence in operating organizations.

The United Nations Development Program also prepared a project to communicate with marginalized women, including displaced and refugee women, by training a group of social researchers on the rapid tactic

of communicating and talking with 6 women daily via mobile phone, and women were reached using the databases available from NGOs. The purpose of this project is to break the isolation of women during the pandemic in a way that can make them feel protected. The effect and benefit from these contacts for women are not known, such as the number of beneficiaries of this project, and the percentage of displaced and refugee women, and the areas in which it was implemented.

Many representatives of governmental and non-governmental agencies talked about printing their posters and brochures that included awareness of the virus, but they faced difficulties in transporting them to the sites of the displaced and refugees during the period of movement ban.

Some camp administrations have formed committees of camp residents (community structures) who have received some simple training to help monitor cases of violence.

Under continuing restrictions on movement and compliance to social distancing measures, organizations working on gender-based violence in the areas covered by the assessment transferred their services to the Internet, and many of them provided psychological support services remotely by establishing hotlines and relying on hotlines that were already in place to provide service, creating WhatsApp groups, spreading awareness of gender-based violence through its Facebook page, and providing remote training workshops.

The department of Combating Domestic Violence in Erbil, Dohuk, Diyala, and the Community Police department in Baghdad also reported that they expanded gender-based violence services in response to the pandemic conditions by setting up Facebook pages and working to provide service and advice via hotlines available free of charge over 24 hours.

10.1 Providing remote service challenges and gaps

Service providers in the field of gender-based violence faced great challenges in providing remote service; the most important was the low rate of survivors' participation in the programs, training, and awareness sessions provided by organizations using various electronic platforms. There were great difficulties in reaching survivors of violence via the Internet and mobile phones because most of the mobile phones of survivors were not connected to the Internet and their living conditions deteriorated a lot during the pandemic and did not allow them to bear the fees for communications or subscribing to the network.

In addition, communication by phone, as indicated by the service providers, may endanger the safety of the survivors. In many cases, the survivor uses the phone of a family member or uses her husband's phone, which affects the confidentiality of information.

On the other hand, a survivor cannot tell her story and ask for help over the phone, with family members at home, and in the absence of a safe place where the survivor is alone, the aggressor may reveal her contacts, which exposes her to more violence. Many survivors rely on direct visits to support centers and do not keep

service providers' phone numbers and hotline numbers, which prevented them from being able to communicate with social workers or seek help during the pandemic.

The impact of remote service quality provision, according to what was revealed by the interviews with the actors.

Protection programs over the phone to relieve psychological pressure and anxiety were limited, and referral pathways and case management were affected due to the absence and closure of many organizations and centers, and the legal representation service was stopped and it was impossible to provide it remotely.

Regarding the psychological support, the social workers described the service provided through the safety lines as being incomplete and did not fulfill all the conditions and criteria for psychological support in which direct communication and body language, and gestures play an important role in helping the survivor. Nevertheless, the presence of this service is better than the absence of it, because it gives the survivor a sense that she is not alone, and that communication itself can provide her with psychological support.

Some survivors who received psychological support from a distance, most of them being refugee women in Basirma camp, indicated that the support they received has helped them a little and alleviated them the burden of violence, while other women believe that this support was not sufficient due to the absence of direct communication and the lack of support centers inside the camps and they needed this support more during the quarantine.

The rehabilitation, social reintegration, and capacity-building programs for survivors have been affected to a large extent, and it was not easy to provide this service remotely. Service providers emphasized that all empowerment, capacity building, employment, and job search projects have stopped during the pandemic.

The pandemic and the measures taken to confront it have affected the monitoring of gender-based violence, which depends mainly on on-site visits by service providers, through which they discover cases of exposure to violence rather than reporting, and such a process is no longer available due to the difficulties that service providers face in obtaining authorization. This enables them to reach the camps even after the curfew measures have been decreased.

The measures of social distancing and preventing gatherings affected and reduced the awareness and training activities carried out by organizations that encouraged the survivor to go to support centers and engage with activities and ask for help.

With the suspension of activities, it became very difficult for the survivor to go to the centers for fear of exposing the reason behind her visiting and being known to everyone that she was exposed to violence and asking for help.

Governmental service providers, such as the Community Police in Baghdad and the Department for Violence against Women and the Family in the Kurdistan Region, were not affected by the prohibitions and restrictions imposed on movement, compared to workers in non-governmental organizations, and the work of these departments continued without interruption, yet workers in these sectors indicated a lack of reports about the violence that was reaching them through the hotline, which was established to receive complaints over a 24-hour period.

Working in the shift system and reducing the number of employees and working hours in order to avoid gatherings and the application of separation and safety measures had a great impact on the quality of the service provided.

Workers in the Department of combating -Violence were assigned other tasks, such as monitoring and holding accountable violators of the ban and closure measures, and the government and police departments did not give priority to cases of violence as much as prevention from the pandemic.

Safety and virus prevention measures have impeded the steps of referring survivors to shelters in case they are at risk, as corona test is imposed, which takes at least two days for the survivor before she is placed in a shelter, which may endanger the safety of the survivor.

Other factors affected the quality of services and the response to gender-based violence during the pandemic, as international bodies complained about the lack of seriousness of national partners, whether they were governmental or non-governmental agencies, and that they deal with projects and programs of gender-based violence superficially. Some project managers were men, and most of them were unable to understand the real needs of women, especially during emergencies and crises.

The lack of experience and training for workers and service providers also affected the quality of services provided and negatively affected their understanding of the needs of women. In this context, local active organizations considered that the most important obstacle for improving gender-based violence services is the inefficiency and low skill of workers in a number of organizations, which negatively affected the community's confidence in the organizations.

All governmental and non-governmental agencies that were interviewed emphasized that the response to gender-based violence during the pandemic was not sufficient and that the services provided were weak and modest in terms of quality. All services related to violence have been affected by the pandemic.

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Women Empowerment directorate

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-An interview with the social worker Rana

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