



EXECUTIVE SUMMARY

A Rapid Assessment on GBV During COVID-19 Pandemic in Iraq

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A Rapid Assessment on GBV During COVID-19 Pandemic in Iraq

Duration of the Assessment: August 01, 2020 – November 30, 2020

Covered Areas: 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:
https://ec.europa.eu/trustfund-syria-region/content/home_en

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 decisions-making and conflicts' 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 lives of the people with whom it has communicated over the past years. Also, it focused on activating 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 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.

Introduction

The spread of 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.

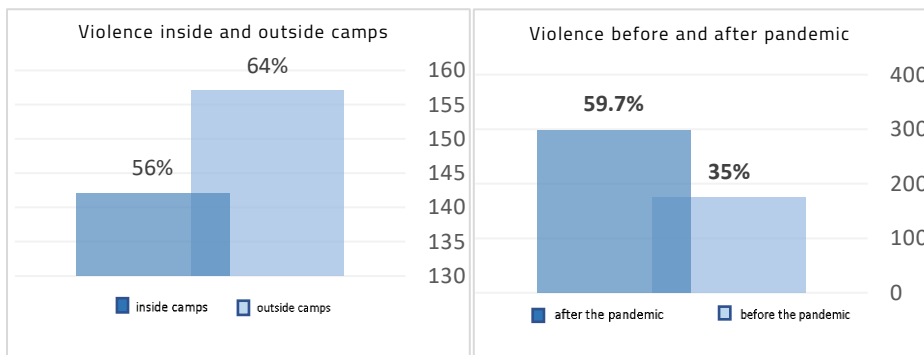
The current assessment provides an analysis of the reality of gender-based violence among refugee and internally displaced women and women in the host community in Iraq. It sheds light on the social, economic, and psychological impacts the pandemic has left on this segment of the population, which are 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, and Lead researcher (Dr. Asma Jamil Rasheed).

Main Findings

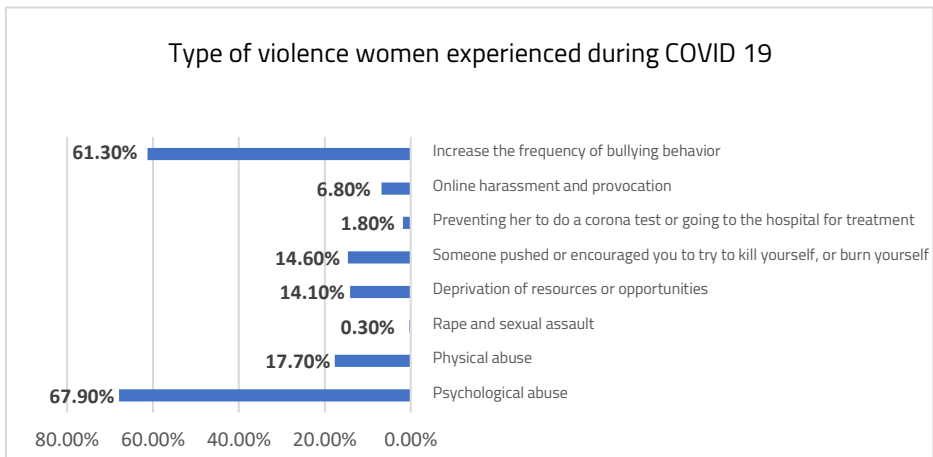
1- The reality of gender-based violence during the Covid-19 pandemic among displaced women, refugees, and the host community The percentage of women exposed to violence increased as a result of the spread of the epidemic and the measures taken to contain it from 35% before the pandemic to nearly 60%. 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 were 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 after care 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 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 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 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 ban, raising awareness of 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



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