german
cooperation
DEUTSCHE ZUSAMMENARBEIT

Recommendation Paper on Mental Health and Psychosocial Support with Female Survivors of Sexualized and Gender-Based Violence in the Contexts of the Crises in Syria and Iraq

Published by:

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

medica mondiale

Recommendation Paper on Mental Health and Psychosocial Support with Female Survivors of Sexualized and Gender-Based Violence in the Contexts of the Crises in Syria and Iraq

TABLE OF CONTENT

CHAPTER 0: A BRIEF INTRODUCTION TO THE COUNTRY CONTEXTS OF THIS PAPER, ITS OBJECTIVES AND LIMITATIONS

In the contexts of the conflicts in and around Iraq and Syria, a multitude of international and local organisations as well as government institutions currently provide mental health and psychosocial support (MHPSS) to women and girls who have experienced sexual- and gender-based violence (SGBV). The current crises have led to an increase in the forms, dimensions and range of perpetrators of violence, with various armed groups using SGBV as an instrument of terror and with reported cases of sexual exploitation within the humanitarian response to the conflict. However, violence against women and girls should not be seen as a product of the current crises, but as a continuation of a category of violence that existed previously.

This paper seeks to support the efforts of MHPSS actors working in the context of the Syria and Iraq crises with women and girls who have experienced SGBV, including conflict-related as well as non-conflict related social and interpersonal violence. It provides recommendations for the design and implementation of MHPSS interventions and can aid donors in evaluating the quality of proposals. We are interested in receiving feedback, aiming at regular revisions of the recommendation paper based on field experiences. If you would like to be part of this, please send a message to contact-RP-MHPSS@giz.de.

From a systemic point of view, the different forms of violence against women and girls are interrelated and mutually reinforce one another. Therefore, we focus not only on the sexualised violence perpetrated by the so-called Islamic State in Iraq and the Levant (ISIL), government forces, militias and other armed groups that has been widely documented for Syria and Iraq and that has attracted special attention from both the media and the donor community, but equally acknowledge and address the presence of other forms of "everyday" gender-based violence. Furthermore, this paper addresses the situation of women and girls in both internally displaced and refugee communities as well as in populations that have not migrated but are nevertheless affected by the current conflicts – and by violence against women and girls. Apart from Syria and Iraq, which have been the main active combat zones, the most affected countries are Lebanon, Jordan and Turkey due to the high number of refugees they have received. Of the 5,598,780 Syrian refugees registered worldwide as of August 2018, 3,542,250 are in Turkey, 976,002 in Lebanon and 668,123 in Jordan.[1] Country examples we use therefore mostly originate from Syria, Iraq, Turkey, Lebanon and Jordan.[2]

Conflict landscapes

The abovementioned countries are the site of several complex, intersecting, multi-layered conflicts: The Syrian war focused on President Bashar Al-Assad's hold on power is strongly linked to an Iran-Saudi Arabia proxy war for regional hegemony, the war against ISIL and the Kurdish movement for independence in Syria, Iraq and Turkey. The war in Syria exemplifies many of the regional issues: dozens of internal actors are struggling for power alongside regional and external actors striving to protect their stakes in the broader region.[3] Tiny Lebanon has absorbed nearly one million Syrian refugees (adding 25% to its original population), while itself struggling for stability. Its political system is buffeted by competition between Saudi Arabia and Iran, the patron of Lebanon's Shiite militia Hezbollah.[4]

Most conflict parties in the Syria and Iraq crises use SGBV as an instrument for control, punishment and terror. In the climate of threat and despair, violence within families and communities has significantly increased.[5] The extreme level of violence women and girls currently face is possible because SGBV is deeply rooted in the countries' social systems. Their legal frameworks have generally encouraged impunity for sexual- and gender-based violence since they gained independence in the mid-20th century, as did their previous legal frameworks during colonial times

1 United Nations High Commissioner for Refugees (August 2018), Syria Regional Refugee Response.
2 These countries also constitute the focus of the GIZ regional program Psychosocial Support for Syrian and Iraqi Refugees and Internally Displaced People, which commissioned this paper.
3 Aras & Yorulmazlar (2017).
4 It is not within the scope of this paper to offer a comprehensive conflict analysis for the region. For a comprehensive analysis on how conflicts of divergent origins across the Middle East have interacted and evolved, we recommend the International Crisis Group (2017).
5 United Nations Human Rights Council (2018).

and in the Ottoman Empire.[6] The entangled regional conflict landscape has not only increased the numbers, forms and the spectrum of perpetrators committing sexual and gender-based violence but has also transformed the socio-political contexts of struggles for women's rights. In Syria, during the so-called "Damascus Spring" (2000–2001) and "Arab Spring" (2011), which drew thousands to the streets in protests against the rule of the Assad family, women played a significant role in the grassroots mobilisation, especially in local protest committees.[7] The 2011 uprisings were mainly led by the youth, with young women taking up feminist discourses of empowerment and equality. Seven years later, rising "militarist, nationalist and fundamentalist discourses (...) push the debate on women's rights off the political agenda.Already achieved legal reforms that protect women from violence and enlarge their rights and spaces see a roll back and erode."[8] International efforts to resolve the regional crises have failed to counteract these tendencies, as women have not been given opportunities for a meaningful political participation in peace processes.[9] In addition to this deficiency with regard to international engagement, SGBV is also part of the dynamics within the helpers' community: For instance, in Syria, according to an assessment of the United Nations Population Fund, humanitarian aid workers have sexually exploited women, offering aid distributions in exchange for sex. Examples have been reported of women or girls marrying officials for a short period for "sexual services" in order to receive meals.[10]

On the other hand, spaces for women to be exposed to alternative ideas on women's rights and roles have emerged through the massive waves of displacement, allowing for niches of empowerment amidst insecurity and violence. In the predominantly Kurdish areas of Northern Syria, the power shifts of the war paved the way for the creation of the self-governed and self-described Democratic Federation of Northern Syria ("Rojava"), which has received international attention for its armed women's fighting units and a strong gender equality agenda.[11]

Our perspective as authors

As feminist writers mandated by *medica mondiale* and the GIZ, we see ourselves confronted with the risk of stereotyping and essentialising "the" experiences of women and girls in a uniform portrayal in which women and girls are "victims" and "weak" and men "perpetrators" and "oppressive", not sufficiently taking into account cultural, social, class and individual differences. A portrayal of this type eventually leads to a grim and hopeless picture of Middle Eastern gender relations from the perspective of "superior white women", thereby "othering" the experiences of "*the* Arab women" (or "*the* Kurdish" etc.).

To address this risk, we report socio-culturally instituted forms of gendered violence against women and girls that have been documented, that women's rights activists from the Middle East themselves report and that we find evidence of in human rights reports. We do not, however, suggest that these experiences are shared by all women at all times in every part of the Middle East. Moreover, writing on SGBV is never apolitical. On the contrary, we aim to politicise gender violence in contrast to the tendency in many public discourses of the region to "privatise" it, meaning to restrict it to the domain of the family. Privatisation of violence brings about a conspiracy of silence in the public sphere – not only in the Middle East, but all over the world, and neglects its highly political nature. SGBV is political because it is an expression of power, a human rights violation and a weapon against those with opposing views.[12] Moreover, according to David Ghanim, a senior lecturer and researcher in Middle Eastern Studies and a native of Iraq, the depth and extent of the patriarchal oppression of women plays a crucial role in maintaining social and political stagnation, making

6 Miller (2007).
7 Davis (2016).
8 Mlodoch (2018), p. 5.
9 Kvinna till Kvinna (2017).
10 Miquel & Sonntag (2017).
11 Rojava is highly controversial, since its Democratic Union Party (PYD), the political force behind Rojava, is by some, for instance Turkey, considered to be the Syrian branch of the Kurdistan Workers' Party (PKK), which is listed as a terrorist organisation by the European Union, the United States and others.
12 Syria Justice and Accountability Centre & Syria Research and Evaluation Organization (2015).

gender violence a central aspect of the political crises in many Middle Eastern societies.[13] Work on gender violence has thus not only a profound political, but also a peace-building function.

Structure of this paper

This recommendation paper on MHPSS for survivors of sexual- and gender-based violence seeks to make various contributions: First, it provides an introduction to the socio-cultural and institutional contexts of gender relations that shape the lives in the region beyond current conflict-related dynamics. Second, it presents experiences of SGBV which are prevalent in the current conflicts as a continuation of structural violence that existed previously. These parts constitute Chapter 1. In Chapter 2, we discuss how standard SGBV principles could be adapted to regional contexts to achieve effective MHPSS interventions. We have compiled good practices, generously shared by international and local partner organisations of the GIZ regional program that show how these principles can best be put into action in a contextualised way. The concluding Chapter 3 is a summary of key recommendations. Complementary to this paper is the GIZ guiding framework on mental health and psychosocial support in the contexts of the crises in Syria and Iraq, which provides information on design, implementation and assessment of MHPSS measures for refugees and internally displaced persons, not only survivors of gender violence.[14]

Methodology and sources

This paper takes a qualitative approach and is built on three main sources of information. The first source is the analysis and synthesis of relevant literature and reports about SGBV in the Middle East. One major source of this type was a report on a regional exchange of psychosocial practices supporting refugee and host community women affected by violence titled "Different experiences – joint answers? The intersections between gender-based political, social and domestic violence" organised in May 2017 in Duhok, Kurdistan-Iraq, by *medica mondiale* and Haukari together with KHANZAD, funded by the GIZ.[15] Our second source of information is interviews we conducted with the following organisations that have offices in Germany and a special thematic or regional focus and expertise: Amica, Haukari, Jiyan Foundation, Misereor, Save the Children Germany and WADI. Their work in the Middle East is described in the annex. Some of them provided us with contacts to local partner organisations, experts in the field and key informants, mostly from Iraq, who were also interviewed (see annex).

These individuals and organisations offered immense practical experience and impressive creativity in finding ways of strengthening survivors and improving their lives in highly disempowering socio-political contexts. Moreover, we had the chance to discuss this paper with these organisations in a workshop and received written feedback on the first draft. Our third source of information is the general framework of information that comes from *medica mondiale*'s worldwide expertise in supporting survivors of SGBV. Although one of the authors was the organisation's technical program advisor for Iraq in 2016/2017, we are writing here primarily as psychologists and experts in psychosocial trauma work related to SGBV and not experts on the Middle East, which is one of the limitations of this paper.

Limitations

When writing about violence and its consequences, we risk neglecting the considerable improvements in gender equality that women's rights activists have achieved in the region in the last decade. We wish to call attention to the important progress that has been made, especially in legal frameworks in the region. Secondly, this framework is a guideline for supporting women and girls, survivors of violence and not men

13 Ghanim (2009).
14 GIZ (2017). The latest revised version is available at mhpss.net or can be requested from Dr. Judith Baessler, Head of Programme, Psychosocial Support for Syrian Refugees: judith.baessler@giz.de.
15 The report can be downloaded at mhpss.net.

and boys nor lesbian, gay, bi-sexual, transgender or intersex (LGBTI) persons. In the crises of Iraq and Syria, males have experienced sexual violence including sexual torture committed by different conflict parties.[16] As the gendered experiences of violence by female, male and LGBTI persons differ and require different psycho-social responses, we have decided to set a clear focus on women and girls, who are most at risk and most affected by SGBV in the crises of Syria and Iraq.[17] A third limitation concerns the level of detail in our accounts of the situations in Syria, Iraq, Turkey, Jordan and Lebanon and the plurality of "contexts" within the "regional" context. The consequences of ISIL occupation in Iraq are different from Syria, and so is the socio-political situation of refugee, IDP and host communities in Turkey, Jordan and Lebanon. Women and girls growing up in urban centres face a different context than women and girls from rural areas. Since we cannot do justice to all the different political and social realities, we have attempted to portray the larger socio-cultural trends that are prominent in the region and draw conclusions that are certainly not true for every situation and for every woman.

16 United Nations High Commissioner for Refugees (2017).
17 United Nations Human Rights Council (2018).

CHAPTER 1: SYSTEMIC ANALYSIS OF WOMEN'S AND GIRLS' EXPERIENCES OF SGBV IN THE CONTEXTS OF THE IRAQ AND SYRIA CRISES

As will be seen in the following chapter,

the social, political, legal and historical contexts of the Middle East constitute a framework that encourages and legitimises SGBV in times of relative "peace" and reinforces its destructive logic in times of conflict. Conflict-related SGBV is not a distinct form of violence, but a continuation of a category of violence that exists in times of peace.

1.1 Sexual- and gender-based violence in the family and society

Before discussing conflict-related violence we will give an overview of the root causes and consequences of gender-based violence on the personal, family, historical, institutional and macrosocial level.[18] For definitions of the different forms of SGBV, please consult the glossary of technical terms in the annex.

Gendered socialisation and self-silencing

"On many occasions I've wished I wasn't a woman, because they're oppressed in this society and denied their rights. Now I wish that I had a baby boy rather than a girl for the same reason." (Iraqi woman)[19]

Around half of all men and a similar proportion of women interviewed in the International Men and Gender Equality Survey (IMAGES-MENA) agreed that "gender equality is not part of our traditions or culture"[20]. Especially the concept and attributes of femininity in relation to masculinity play a large role in defining the rules according to which the two sexes are socialised. Although gender images in the Middle East have changed in the past few decades, a deep-rooted devaluation of females in families and in the society as a whole remains, in which girls are seen as "a burden, a reminder of bad luck, a boy that was not born. In this situation, a girl is thought to have taken the place of a potential boy. Her birth is a transgression, and therefore the girl is despised and rejected."[21] With these views on gender internalised from early childhood on, the discrimination against girls in families becomes "normalised" and both sexes accept it as the way things should be. This is reinforced by a structural gender alienation of boys and girls, who grow up in mostly separate spaces from puberty on, which can make it difficult to develop a healthy relationship with the opposite sex and with sexuality: For girls, "society confines them to the home and prevents them from playing with boys. High schools segregated by sex reinforce this reality. (…) Social control worsens at this age as girls' freedom is more explicitly and more forcefully restricted."[22]

While girls are subject to social control, according to IMAGES-MENA, more boys than girls are subject to physical punishment. Almost 30–50% of the men and 40–80% of the women interviewed reported using some form of physical punishment against their children and more against their boys. This is a perpetuation of parents' own childhood experiences, with 50–75% of the men indicating to have been subject to physical violence in their homes when they were children and at least 2/3 of them to violence by teachers or peers in school. Women also experience these forms of violence in childhood, but at lower rates than men do.[23]

While male children are thus educated to endure and pass on violence, the education of the female child in Arab society – and this is also true for other ethnic and religious groups in the region, even though probably to different degrees – is "(...) a series of continous warnings about things that are supposed to be harmful, forbidden, shameful or outlawed by religion. The child therefore is trained to suppress her own desires, to empty herself of authentic wants and wishes linked to her own self, and to fill the vacuum that results with the desires of others."[24]

18 For these analytical categories see also *medica mondiale* (2018).
19 Al-Khayyat (1990), p.162 quoted in Ghanim (2009), p.78.
20 El-Feki, Heilman & Barker (2017), p.13.
21 Ghanim (2009), p.70.
22 Ibid., p.71.
23 El-Feki, Heilman & Barker (2017).
24 El-Saadawi (1980), p.13, quoted in Ghanim (2009), p.74.

This psychological process of "silencing the self" of women in gender socialisation, in other words women's and girls' suppression of their own thoughts, feelings, and actions, has been researched in different regional contexts and is linked to several mental health problems, above all depression (→ Chapter 2, Guiding Principle 7 – Empowerment): "Though this process feels personal to each woman, it is in fact deeply cultural. A male-centred world tells women who they are or who they should be, especially in intimate relationships. Self-silencing is prescribed by norms, values, and images dictating what women are 'supposed' to be like: pleasing, unselfish, loving. Silencing relational schemas create vulnerability to depression by directing women to defer to the needs of others, censor self-expression, repress anger, inhibit self-directed action, and judge the self against a culturally defined 'good woman'. In tandem with women's wider social inequality, such beliefs can keep a woman entrapped in negating situations as she blames herself for the problems she encounters."[25]

Honour and the institution of "honour killings"

"Honour is the norm of culture for controlling women. (…) Honour does not only mean virginity as most people assume; issues around virginity are just one of the hundreds of reasons for violence. 'Honour' means to obey, to come to heel."[26]

One of the most powerful concepts that is not limited to Muslim traditions, but part of the regional cultures and important for the justification, continuation, conspiracy and impunity regarding SGBV, is the concept of honour: Masculinity or 'rujuleh' (Arabic for 'manhood') in many Middle Eastern societies is still strongly based on the control that a man has over the sexuality of female family members. "The concept of 'rujuleh' (manhood) is incorporated in the mental perception of the family. One cannot remain a 'rajul' (man) if he remains silent towards perceived sexual transgressions by his female relatives."[27]

The honour not only of a man but of the whole family can be "ashamed" by many different acts such as having pre-marital sex or an affair outside marriage, falling in love as a girl with the "wrong" boy and – most twistedly and pervertedly – being sexually abused, either by a family member or by an "outside" perpetrator. Within the logic of honour, it is always the female who is held responsible for bringing shame to the family, since her "immoral" behaviour is interpreted as a failure of the male family member to protect and control her and thus a direct attack on their sense of masculinity. According to this logic, honour killing is thus seen as an inevitable and just response to restore the honour of the family, and often the whole family is involved in perpetrating it. It is difficult to determine the scale of honour killings in the Middle East because very few studies exist and because the actual killings are often disguised as accidents or are in fact suicides. Committing suicide is often either the last resort to "avoid" being killed or a result of family pressure. As it is explicitly stated for Turkey, but certainly also valid for other countries of the Middle East: "Oftentimes, a woman who has somehow violated the family 'honour' is given the choice of committing suicide, rather than being killed by a family member, and usually women choose this option."[28]

A major complicity of silence exists regarding honour killings in the public sphere of life in the region, in which it is considered a "private issue" rather than a human rights violation, and frequently also women – mothers, sisters or aunts – are involved or condone the killing of the female family members.

The role of female violence: the example of the mother-in-law relationship

Female agency can thus play a crucial role where women as mothers or sisters or aunts contribute to upholding structures of gender violence by condoning or even

25 Crowley Jack & Dill (1992).
26 Akkoç (2004), p.121.
27 Shalhoub-Kevorkian (2000), p.51, quoted in Ghanim (2009), p.43.
28 World Organization against Torture, quoted in Ghanim (2009), p.41.

carrying out violence in the name of honour as well as in practices such as Female Genital Mutilation (FGM, see below). This aspect of female agency may be prominently illustrated by the figure of the mother-in-law. In the private, female social world, which is set apart from the public, male social world, the mother-in-law can be extremely powerful. Ghanim, citing Kousha, stresses that the "irony lies in the fact that while it is the patriarchal structure that determines women's status, it is often the mother who carries and passes on to her daughter a devalued view of the feminine and of women's role in society. Socialised according to dominant gender roles, mothers pass on a cycle of powerlessness that becomes instrumental in perpetuating the patriarchal structure where masculinity and its attributes are more valued."[29]

Other forms of SGBV: intra-familial violence, FGM and early marriages

"Violence is in every home in the Arab world. Women start to feel like abuse is a normal part of life. They no longer believe it is violence."[30] (Woman working in women's shelter in Syria)
Violence against women is not a Middle Eastern phenomenon. It is a world-wide problem. According to reports of the Gender-Based Violence Information Management System of Jordan and Lebanon, **intimate partner violence** is the main type of SGBV reported by survivors.[31] However, statistics are of limited validity because of the sensitivity of the issue and the relational context inherent to this form of violence. Many cases go unreported and those which are reported are not always put on record by the authorities, because they are considered "family issues." In addition, because of methodological differences, data from different studies are not directly comparable: According to Krug et al., reported estimates of abuse world-wide are highly sensitive to the particular definitions used, the ways in which questions are asked, the degree of privacy in interviews and the details of the group (e.g. marital status, age) being studied. Differences between countries may therefore often reflect methodological variations rather than real differences in prevalence rates.[32] Another problem of studying intimate partner violence lies in men's and women's definitions of what may be considered as violence. Ghanim cites the experience of a Lebanese women's organisation to whom women often only tell their stories if the violence reaches an insupportable level.[33] In many societies (not only in the Middle East), wife beating is largely regarded as a consequence of a man's right to inflict physical punishment on his wife as a sort of male duty that may be socially and culturally expected in order to discourage future 'transgressions'. For our context, a study from Iraq found e.g. that 56.4% of Iraqi men believe they have a right to beat their wife if she disobeys.[34] According to Krug et al., based on a compilation of studies from all over the world, women often distinguish between "just" and "unjust" reasons for abuse and between "acceptable" and "unacceptable" levels of violence. The importance of perception of what actually constitutes "violence" and what is "normal behaviour in marriage", may be the reason behind the broad range of figures as is reflected e.g. in the men' survey of the MENA region (IMAGES-MENA): between 10 and 45% of married men in the region report that they have used physical violence against a female partner.[35]

In terms of Syria and Iraq, there are hardly any studies or official data available – and as expected given the statistical discrepancies described above, accounts vary greatly. A United Nations Development Fund for Women study for Syria in 2005, one of these rare studies, concluded that nearly one in four married women have been beaten. The study describes 19 different types of domestic violence, showing that women are beaten for any reason ranging from the neglect of household duties to asking husbands too many questions.[36] A cross-sectional study of Kurdish women visiting two public hospitals in Erbil city for reproductive health problems showed that the lifetime

29 Kousha (1997), p.83, quoted in Ghanim (2009), p.12.
30 Quoted Ghanim (2009), p.26.
31 See The Lebanon National GBVIMS Steering Committee (2016) and Gender-Based Violence Information Management System (GBVIMS) (2015).
32 See Krug et al. (2002), p.90ff.
33 Ghanim (2009), p.24.
34 United Nations Assistance Mission in Iraq (2013).
35 El-Feki, Heilman & Barker (2017), p.9.
36 United Nations Development Fund for Women (2005).

rate of intimate partner violence was at 58.6%, where as 45.3% reported having been subjected to intimate partner violence in the past year.[37] The 2012 Jordan Demographic and Health Study (DHS) estimates that 32% of married women in Jordan have experienced emotional, physical, and/or sexual violence perpetrated by their spouse.[38] Help-seeking behaviour of affected women clearly reflects that domestic violence is considered a "family issue": According to Jordan's DHS, less than 4% of survivors of intra-familial violence sought help from the police. In contrast, 84% turned to their family for help.

For the Middle Eastern context, most perpetrators of violence against married women are husbands, while widowed or divorced women experience the most violence through their brothers. Girls are subjected to violence primarily by their fathers or brothers, including cases of incestuous rape.[39]

Other forms of family and community violence against girls and young women are **FGM** and **forced early marriages**. FGM is reported in MENA to be most frequent in Egypt (which is not in the scope of this paper), but is also practiced in parts of Jordan, Syria and in the Kurdistan Region of Iraq (KRI). It is a method to control the sexuality of women and make them less active by reducing their sexual desire, thus making them "chaste" and "faithful". According to a survey conducted by WADI that involved 40 villages in KRI, about 60–70% of the women living in these villages have undergone FGM.[40] The practice's psychological impact on children is enormous, not only due to the physical pain and trauma, but also due to the sense of betrayal towards mothers, who have a crucial role in condoning FGM.[41]

In general, while **forced early marriages** have decreased in the past few decades due to social and legal changes, the practice is still prevalent and strongly linked to the concept of honour – and in those areas affected by armed conflict and displacement clearly becoming more prevalent (see below). In Iraq for example, the legal age for marriage is 18, but according to a UNICEF report from 2016, 5% of Iraqi children are married by age 15, and 24% by age 18, taking into account that many families arrange marriages through religious marriage contracts outside the legal system.[42] Ultimately, early marriage provides a culture-inherent solution to the societal fear that a girl will lose her virginity before marriage and thus shame her family. Importantly, early forced marriages are also deeply connected to poverty. Dowries or other payments in exchange for the young bride are a strong incentive for poor families, especially because young girls tend to bring a higher price than girls after puberty do.[43] The girls do not have a chance to liberate themselves, since if they try to do so, they risk being killed for disgracing the family.

Historical, institutional and macrosocial context

Colonial history is considered an important source of gender discrimination in the Middle East: "In order to gain power over the Arab population, the colonial government assumed power over Arab men and, in exchange, the men were granted absolute power over women and children. This was enforced by rewarding those who took the deal, particularly religious leaders."[44] After World War II and independence, some countries adopted reforms that benefited women, however these reforms were mostly in the public sphere and not in the private one. By the 1970s and connected with the adoption of liberal economic policies, poverty and instability in the region had increased. According to the Economic and Social Commission for Western Asia (ESCWA), the economic crises eventually led to a rise in the power of political Islam and with it a regression in women's rights. At the same time, independent women's movements developed in some countries in the Middle East, strengthened by growing international

37 Al-Atrushi, Al-Tawil, Shabila & Al-Hadithi (2013).
38 Department of Statistics Jordan & International Children's Fund (2012).
39 Ghanim (2009).
40 Quoted in Ghanim (2009), p.33.
41 See Ghanim (2009), p.35f.
42 The United Nations Children's Fund (2016).
43 International Centre for Missing and Exploited Children (2013).
44 The Economic and Social Commission for Western Asia (2017), p.6.

women's rights movements and several global meetings organised by the UN. According to ESCWA, constitutions in the region often appear equitable on the surface, but in reality reinforce discriminatory practices. Most constitutions identify the family as the basic unit of the society and not the individual, which leaves women dependent on patriarchal family structures to define – and limit – their rights. While the Iraqi constitution expressly prohibits "all forms of violence and abuse in the family," only the Kurdistan Region of Iraq has an actual law on domestic violence[45], and even this progressive law is flawed and not sufficiently enforced. National legislation in many countries of the Middle East reflects the complicity of the state in perpetuating gender-based violence. The legal systems are mostly mixed systems in which religious Shari'a law exists alongside other, usually colonial, normative legal frameworks. Given its importance for regional justice mechanisms, Islam, according to the ESCWA, should be a central focus in positively addressing gender justice, taking into consideration its ambiguity on the subject of equality: while traditionalist interpretations of Islam are male-centric and reflect patriarchal bias, Islam can equally be "harnessed as a source of support for gender justice" [46], since justice and equality are intrinsic values of Islam and the denial of women's equality are thus man-made and changeable.

The most twisted examples of institutionalised violence are found in rape legislation. Spousal rape is not criminalised in Syria, Lebanon and Jordan. In case of rape outside marriage, patriarchal values and family pressure often lead to girls marrying their rapists, thus reinforcing impunity for perpetrators. Iraq and Syria maintain so-called marry-your-rapist laws. If rapists marry their victims in Syria, this reduces their punishment to 2 years of imprisonment. Since the law states that this mitigation will be removed if the rapist ends the marriage without "legitimate grounds" or before 5 years have passed, this again reinforces the pressure on women and girls to remain in these forced marriages. In Iraq, the rape is excused if the rapist marries his victim for a minimum period of three years, which also applies to the abduction of women. In 2012, the federal government finally passed a long-awaited law against human trafficking with maximum penalties including life imprisonment and fines up to 25 million dinars. However, this law has proven not to be comprehensive: For example, facilitating child prostitution is legally still not considered an act of trafficking.

Despite this lack of gender justice in the Middle East, there are also positive movements taking place: In mid-2017, the Tunisian, Jordanian and Lebanese parliaments finally repealed the clauses that allowed rapists to escape punishment by marrying their victims, thanks to successful campaigns by women's rights activists.[47] In 2017, the Jordanian parliament voted for a change in an article that previously allowed for mitigations in the case of honour crimes. In 2015, the Iraqi Parliament introduced a draft legislation to address the needs of survivors of abuse, entitled the Protection against Domestic Violence bill. It contained key provisions for survivors of violence but included a clause on mandatory family reconciliation that prompted several women's rights advocates to denounce the bill as a cover for government promotion of social norms as opposed to a meaningful attempt to provide support and justice.[48]

In fact, police forces specialised in combatting violence against women generally employ family mediation as the first and most important step, attempting to keep the family structure intact, for instance by explaining to the beating husbands the violence's devastating impact on the woman and the family. In doing so they often reinforce the logic of keeping intimate partner and intra-familial violence in the private sphere of life. These specialised police units have a low status and are often poorly equipped. "Even if someone would call us for a deadly beating,

45 The Economic and Social Commission for Western Asia (2017), p.6.
46 The Economic and Social Commission for Western Asia (2017), p.3. However, the importance of Islam for gender justice and combatting SGBV is contested amongst women's rights activists in the region. In the interviews with local organisations, all emphasised that for many people, especially in rural areas, faith plays a great role, which is why engaging religious leaders is an important – though not the only – strategy of prevention. See below Chapter 2.
47 In Lebanon, see for example campaigns by the NGOs ABAAD (http://www.abaadmena.org) or Kafa (http://www.kafa.org.lb).
48 Human Rights Watch (2017).

we may not always have the fuel to get there" (Police Officer, KRI).[49] Most cases remain unreported anyway, because women fear the husband will divorce her for reporting and take the children. Families often reject "retaking" a divorced daughter home.

1.2 The continuum of sexual and gender-based violence in war

In conflict and war, SGBV is perpetrated both by armed groups, who use it as war tactic in a systematic way, as well as by civilians in contexts of uprooting, socio-economic tension, powerlessness and impunity.

Armed groups: Strategic and systematic sexualised and gender-based violence

"The cultural toleration of rape and sexual violence not only fails to combat sexual violence, but actually legalizes it."[50]
Perpetrators of conflict-related SGBV systematically use the same socio-cultural patterns of violence as the 'enemy' group to induce a maximum of social destruction. In the Iraqi and the Syrian conflicts all armed actors are reported to have used sexual violence, albeit to a different extent, including police forces during interrogations or at checkpoints.[51] Even though sexualised violence in conflict is documented to be systematic for contexts all over the world, it has perpetrators with specific political or social agendas, with affiliations and individual names, which is why we want to name the main groups. An overview provided by the United Nations Human Rights Council for the Syrian Arab Republic lists the government and associated militias at the top, followed by ISIL, the Jabhat Fatah Al-Sham, other armed groups and at the last position the Syrian Democratic Forces.[52] For Iraq, the 2015 report of the Minority Rights Group International, focusing particularly on the upsurge in violence in 2013 and 2014 mentions as main actors the Iraqi army, the police, and militias, other armed groups fighting against the government as well as ISIL.

What is described for Syrian refugees may therefore also be true for survivors of SGBV of the Iraq crisis and, of course, for many other crisis scenarios: "Women and girls (…) suffer multiple human rights violations. Some violations pre-date and are exacerbated by the ongoing conflict, while others are a product of the conflict. (…) In the context of armed conflict marked by gender-based violence, social stigma and legal obstacles serve to isolate victims and bring them further harm."[53] Sexual violence is thus a powerful "weapon of war", since in the logic of "honour" the victims are not only subjected to the actual horrific violence, but to shame and rejection by their families and communities and eventually to the danger of being killed. Honour crimes existed in the region prior to the conflict, as seen above, but according to multiple anecdotal accounts[54], they may have increased due to the widespread sexual violence used by all conflict parties.

Gendered violence in armed conflict has multiple dimensions: The report "No place to turn" points out that women were deliberately singled out for assassination due to their gender.[55] When ISIL took control over Mosul in mid-2014, they imposed their moral order on the city. Many of these moral rules directly targeted women, e.g. making wearing the veil mandatory, forbidding women to wear gold and to leave their home without a male relative. Numerous reports exist of women being publicly and cruelly punished for not wearing the veil. Especially female professionals have been targeted directly and often publicly executed for playing active public roles as lawyers, doctors, politicians or journalists.[56]

Another of the many practices of terror since the outbreak of the conflict, especially in Iraq, are abductions of men and women, mostly for trafficking by ISIL and other terrorist groups but also by criminal groups or individuals who use the vulnerability of women and girls to lure them into trafficking. Even though both

49 Interview with DCVaW police officer, Duhok, by one of the authors, 2016.
50 Ghanim (2009), p.31.
51 The following reports document the systemic use of sexual violence in both Iraq and Syria: United Nations Human Rights Council (2018); Euro Mediterranean Human Rights Network (2013); Human Rights and Gender Justice Clinic, MADRE & Women's International League for Peace and Freedom (2016); Minority Rights Group International (2015).
52 United Nations Human Rights Council (2018).
53 Human Rights and Gender Justice Clinic, MADRE & Women's International League for Peace and Freedom (2016), p.1.
54 See ibid., p.3.
55 Minority Rights Group International (2015), p.15.
56 This was a deliberate destruction of the social change that women benefitted from in Iraq in the 1980s, where they were very strong in the professional domain: They made up, for instance, 46% of the teachers and 29% of the doctors. See Minority Rights Group International (2015), p.17.

sexes are targeted, if they are released, the long-lasting devastating social effect is greater for female victims: "Concerns of family honour dictate that women and girls who have been kidnapped will likely face long-lasting stigma at best and murder at the hands of their families at worst, since it will often be assumed that a woman who has been abducted has been sexually assaulted, whether or not that was actually the case."[57] ISIL in particular used abduction on a mass scale as a method of controlling people through fear, but also for procuring wives for ISIL's fighters as well as for income-generation. Especially Yezidi women were targeted. Human Rights Watch and other human rights organisations have documented the perfidious system of organised rape, forced marriage and sexual slavery, with girls being abducted from the age of 7.[58] These crimes against the Yezidi amount to war crimes, crimes against humanity and genocide.[59]

Refugees and IDPs: Dynamics of SGBV as a "by-product" in a scenario shaped by insecurity, poverty and uprooting

Women and girls who have taken refuge from systematic sexual violence perpetrated by armed actors of the Iraqi and Syrian conflicts are often not safe from further sexual violence and exploitation. Life as internally displaced person or refugee creates more vulnerability for SGBV against women and girls due not only to a lack of legal protection and economic disparity but also to infrastructural deficiencies affecting safety in camp settings. Situations of powerlessness and poverty are well-known to fuel violent gender dynamics in families and homes: In a 2015 study published by Spencer and colleagues on gender-based violence experienced by Syrian refugee women in Jordan and Lebanon[60], refugee women in focus group discussions (FGD) attributed the high level of intra-family violence to the fact that their male family members were unable to perform their traditionally ascribed gendered tasks of providing economically for the family and protecting it, since they are often not allowed to work and face hostility and exploitation by the host community. Also, lack of space and lack of privacy were identified as fuelling unresolved tensions: "Violence is the fruit of stress, financial problems, and living conditions" (Lebanon FGD, Syrian National).[61] The interviewed women stressed the risk of violence at the hands of the family-in-law, with which many must share space in refugee settings, in particular sexual harassment and abuse by male relatives and emotional violence through the mother-in-law or sister-in-law.[62] Refugee women and girls face gender-based violence both at home and in public spaces. In the survey by Spencer et al., 32% of all refugee women reported experiencing violence by family and/or hosting community members.

Other forms of SGBV that exist in peace times and are exacerbated by conflicts are **trafficking** and **early forced marriages**. In the course of the Syrian crisis, rates of child marriages have increased from 12% to 37% in Jordan.[63] Furthermore, women and girls' gendered experiences of violence in conflict are also at the heart of their vulnerability to **trafficking**: Widows and heads of households who have lost their relatives in the wars depend on male "help" to sustain themselves or their children. This is especially true for refugees who are not allowed to work, such as Syrians in Iraq. Others try to escape intra-family violence, forced marriages or honour killings and are in desperate need of being "helped" with transport for their refuge. With the breakdown of protection systems and effective law enforcement in times of crises, the ruthlessness of perpetrators increases. According to an Iraqi women's organisation, "some traffickers deliberately scope out underage runaway girls in busy public places such as markets."[64] Sometimes, also families, often in economic desperation, knowingly or unknowingly sell their own daughters for prostitution or arrange marriages to older men who then end up pushing the girls into prostitution,

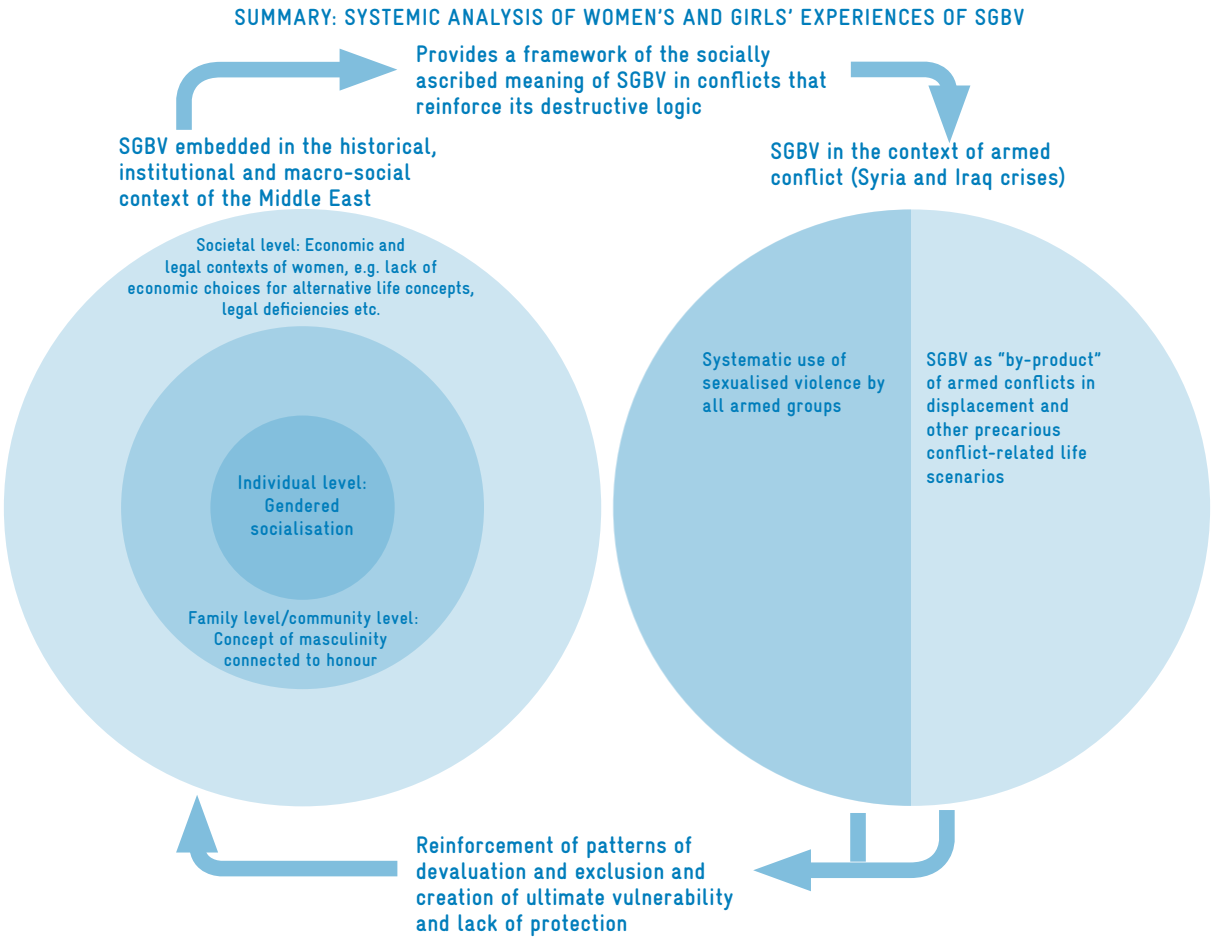
57 Ibid., p.18.
58 Human Rights Watch (2018).
59 United Nations Human Rights Council (2016).
60 For the following see Spencer et al. (2015).
61 Quoted in ibid., p.31.
62 Ibid., pp. 29–32.
63 See No Lost Generation (2018), p.3.
64 Minority Rights Group International (2015), p.31.

e.g. by marrying the woman, travelling with her outside the country, divorcing the woman and forcing her into prostitution, then returning to the country of origin and repeating the process. According to the report "No place to turn", traffickers often keep their victims in prostitution by filming them of being raped and threatening them to show the recording to their families. Since prostitution of virgins is more lucrative, some girls have been forced to undergo hymen reconstruction to be again "sold" as virgin. Often, police officers are themselves clients of prostitutes and return escaping women and girls to their brothels.[65]

Due to the economic and family pressures aggravated by the conflict, many refugee women and girls are forced to accept marriages that they would not consent to othwise.

Also, in the logic of family honour and shame, the increased risk of sexual violence in crises plays a crucial role: "Many Syrian families, notably refugees, say that they are marrying their young daughters off to protect their honour due to the threat of recurrent sexual violence in the area. A 2013 study found that women in Syria were increasingly forced into marriage after rape to avoid honour killings."[66] A 2013 inter-agency assessment found that 51.3% of female refugees in Jordan married before turning 18[67], while a report of No Lost Generation from 2018 states that girls in Jordan report rates of forced marriage of almost 70%.[68]

The following graph illustrates the various systemic relations of sexual and gender-based violence as presented above and serves as the basis for the guiding principles in chapter 2.



65 Ibid., p.34.
66 Human Rights and Gender Justice Clinic, MADRE & Women's International League for Peace and Freedom (2016), p.4.
67 The United Nations Entity for Gender Equality and the Empowerment of Women (2013).
68 No Lost Generation (2018), p.3.

CHAPTER 2: GUIDELINES FOR CONTEXT-SPECIFIC INTERVENTIONS WITH SURVIVORS OF SGBV

As will be seen in the following chapter, SGBV has multiple effects on survivors. In meta-analyses of trauma research, rape, war and childhood abuse are three of the most pathogenic stressors and are associated with high levels of trauma-related disorders.[69] Particularly rape and sexualised violence can result in multiple physical, social and economic consequences that further deepen and reinforce psychological suffering.[70] Given that SGBV is associated with a socially ascribed shame and a sense of devaluation, survivors often remain silent, which renders them more susceptible to negative mental health outcomes: Not being able to express what has happened constitutes a psychological risk factor that reinforces dissociative coping strategies linked with traumatic processing of the experiences.[71] In the following, we focus on principles that attempt to take into consideration the complexity of the consequences of SGBV, but with a clear focus on the debilitating mental health and psychosocial problems that survivors suffer from, often for a long time.[72]

2.1 General implications of the systemic analysis

The complex consequences of SGBV combined with the systemic analysis of Chapter 1 suggest two general conclusions for mental health and psychosocial support with survivors: First, interventions clearly need to be contextualised. Second, both practical and strategic gender interests need to be taken into account.

CONCLUSION 1: CONTEXTUALISING PSYCHOSOCIAL AND MENTAL HEALTH INTERVENTIONS

Among MHPSS scholars and practitioners there is a growing consensus that psychosocial problems and expressions of disorders vary between sociocultural contexts, as do coping strategies, for instance the connection to personal and social resources. Trauma recovery and trauma itself are particularly strongly influenced by "complex interactions between individuals and their social group."[73] As the sequential trauma concept by Hans Keilson describes[74], trauma is not over when a traumatic event is over.

> **The level of suffering from traumatising violence does not solely depend on the horror of specific experiences, but also on their broader socio-cultural meaning. This broader meaning defines to what extent survivors can psychologically integrate the painful and destructive experiences of SGBV into their understanding of life and into their sense of self. In connection with the specific experiences, the socio-cultural meaning of violence also determines whether women can expect social support and acceptance, which are major sources for healing, or stigmatisation and rejection, which are sources for further psychosocial deterioration.[75]**

In other words, the trauma of SGBV is compounded by gender images and is deeply relational. What Koss & Burkhart, two pioneers in researching rape and its consequences on women, say about the relational nature of rape applies in our experience also to other forms of gender-based violence: "Directed, focused, intentional harm involving the most intimate interpersonal act – that is the nature of rape. Because rape is fundamentally an interpersonal act, victims have to resolve the most central identity questions, 'What will people mean to me and what do I mean to others? ""[75]

As Chapter 1 showed for the Middle East, women and girls suffer not only the psychological consequences of direct violence, they grow up in contexts in which femininity in itself is devalued and confined to roles that often do not allow space for self-determination. Gender oppression is for many women and girls a systematic experience from childhood to married life. When they experience sexual violence, whether committed by an outside perpetrator or by their husband, family or community member, they may risk their lives when talking about it. Ultimately, from this

69 See the often-quoted meta-analyses of trauma research of Kessler, Sonnega, Bromet, Hughes & Nelson (1995) and Perkonigg & Wittchen (1999).
70 See e.g. for a good overview over the diversity of consequences of war rape: Joachim (2005). Regarding war rape in Croatia and Bosnia and Herzegovina, see Loncar, Medved, Jovanovic & Hotujac (2006). See also concerning the wide range of physical and mental health problems of rape survivors both in war and civilian settings Darves-Bornoz (1997). For the context of war rape related with ISIL: Jan Kizilhan researched the prevalence and the specific nature of PTSD symptoms amongst Yesidi women. The study included 296 Yezidi women survivors of rape and was conducted in 2016 as part of a special-quota project in Baden-Wuerttemberg. 67% suffered from somatoform disorder, 53% suffered from depression, 39% from anxiety, and 28% from dissociation. The prevalence of PTSD was 41% to 57%, depending on the number of rapes. See Kizilhan (2018).
71 Michaela Huber (German trauma specialist), personal communication, reported in internal *medica mondiale* report on research in Bosnia.
72 For the chronic and long-term consequences of war rape, see Medica Zenica & *medica mondiale* (2014).
73 GIZ (2017), p.10.
74 Keilson & Sarphatie (1992).
75 Koss & Burkhart (1989), p.31.

point of view, disclosure seems the "real" crime, because it brings harm to the honour of the family. However, as was repeated in most key informant interviews, being "outside" of the family is only an option for very few women and girls, since society does not foresee their economic or social independence.

These societal dynamics determine how women and girls interpret violence, to what they attribute their suffering, which information they share and with whom. Contextualisation of MHPSS interventions means to understand the cognitive, emotional and behavioural response of women and girls in consideration of these dynamics and to design interventions accordingly, always conscious of the diversity of contexts. Dr. Sybille Manneschmidt describes for SGBV survivors in Duhok (KRI) that it makes a major difference whether the perpetrators are members of armed groups or family members: *The survivors often have no problems with sharing about sexualised conflict-related violence committed by the enemies' group with male counsellors or male psychotherapists from their own group. This is different when it comes to intra-family violence. Then the dynamics of family honour become important and survivors may have problems in sharing* (Interview July 2018).

Consistently, in the study by Spencer et al., violence in public spaces, carried out by the hosting communities in Jordan and Lebanon, was more frequently reported than violence perpetrated in private spaces (e.g. in homes / by the husbands): 24.2% of the women reported incidents of emotional violence by members of the host community, but only 6.2% indicated emotional violence in their homes. The same applied to sexual violence that 9.6% reported for public spaces (thus primarily committed by the hosting communities), but less than 1% for their homes. Some women also underlined that violence at the hands of their husbands was "relatively new" and attributed it to the problems associated with their status as refugees.[76] One might hypothesise that the interviewed refugee women deny or minimise a great part of the violence by family members as a coping strategy for not challenging family cohesion and loyalty given the immense experiences of uprooting and the pressure they perceive due to their status as refugees. They cannot risk losing the one thing that they still have after having lost their homes: their marriage and their family.

In other contexts, the status as refugees or IDPs has an opposite effect on women's readiness to speak about intra-familial violence. For IDP-camps in KRI, Karin Mlodoch describes how a certain publicity of family life and the visibility of counselling services for survivors actually cause many women to speak about violence by family members for the first time instead of minimising or denying it.[77] As has become clear, contextualising MHPSS interventions for SGBV survivors is complex because every context has its own specific societal dynamics.

CONCLUSION 2: BALANCING PRACTICAL AND STRATEGIC GENDER INTERESTS OF SURVIVORS

According to Caroline Moser, practical gender interests of women are those interests that women and girls have within the scope of their socially accepted gender roles, such as enjoying physical safety, having access to food and shelter and to health care for themselves and their children. Practical gender interests do not challenge the status quo of women's subordination and are derived from the contextually gendered division of labour, life spaces and women's general gender position. Strategic gender interests, on the other hand, are those areas and issues that women and girls require in order to structurally improve their position, decision-making power and control over their lives and, finally, to achieve gender equality. They may include issues such as the exercising of women's rights, access to justice and women's control over their bodies. Strategic gender interests thus aim at challenging and eventually overcoming

76 Spencer et al. (2015).
77 Personal communication by Karin Mlodoch (August 2018).

women's subordination in society.[78] Borrowing this concept for the needs and interests of survivors of SGBV, our conclusion is that both needs and interests have to be balanced in MHPSS interventions. The good practices below reflect the range of these two categories. For finding a balance, our interviews suggested this potential general rule:

> **The more fragile the life situation of a woman – i.e. the fewer options she has to safely create different life choices, e.g. because she is still be living in a conflict setting or is on the move as a refugee – the more practitioners must take into consideration the dangers of transgressing socially accepted barriers and help her to find the best solution within certain limitations.**

It is important not to devaluate counselling work that does not challenge the status quo or "rock the boat of gender relations". On the contrary, it is a highly valuable helping approach. It can also be a political statement, because working on practical needs is what women in fragile life situations generally prioritise, and counselling thus prioritises the self-determination of the client, an experience which women and girls in their gendered socialisation have been deprived of. Also, seemingly "classical", but skilful MHPSS interventions focusing on the individual well-being of the woman or girl may eventually still contribute to societal change: A professional counselling relationship is based on confidentiality, a non-judgmental attitude and unconditional positive regard – three of the most important counselling attitudes. These counselling attitudes counteract some of the societal patterns of relationships that women have grown up with and thus allow new social experiences in the protected counselling relationship. This may eventually also change the way the women see themselves and how they see other female members of their family. So the counselling setting may be a place where internalised patterns of self-devaluation and devaluation of the female can gradually change.

2.2. Guidelines for MHPSS interventions with survivors of SGBV

The current consensus amongst practitioners on how to support survivors of SGBV is expressed in several guidelines, with the most widely used being the "Interagency gender-based violence case management guidelines" (Interagency GBVIMS Steering Committee 2017), the "Minimum standards for prevention and response to gender-based violence in emergencies" (UNFPA 2015), the "Clinical management of rape survivors" (WHO, UNFPA & UNHCR 2004) and the "Guidelines for integrating gender-based violence interventions in humanitarian action" (Inter-Agency Standing Committee 2017). Although not specifically concerned with psychosocial and mental health support, many of these standards and principles also apply to projects that seek to support survivors of SGBV through MHPSS. In the following, we focus on 11 guiding principles common to most SGBV guidelines, discuss the challenges of their application in the contexts of the crises in Syria and Iraq and provide practice examples or recommendations that support practitioners in their contextualisation of the principles.

GUIDING PRINCIPLE 1: MULTI-SECTORAL APPROACH

In a multi-sectoral approach, organisations cooperate to provide a comprehensive and integrated response to SGBV, including (but not limited to) economic, health, psychosocial, legal/justice and security support.[79] Psychosocial measures for survivors are ideally interwoven with and integrated into the other sectors and thus easily accessible.[80] Person-to-person, focused psychological and psychotherapeutic interventions (layers 3 and 4 of the Inter-Agency Standing Committee MHPSS pyramid)[81] can only meet the requirements of being rights-based and community-based (→ Guiding Principles 3 and 4) when coordination with other sectors is ensured.

78 Moser (1989).
79 Ward & The United Nations Entity for Gender Equality and the Empowerment of Women (2013); Interagency GBVIMS Steering Committee (2017).
80 GIZ (2017), p.8.
81 Ibid., p.12, see also Interagency Steering Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2010).

Particularly in the contexts of the Iraqi and Syrian crises, high levels of structural violence and social and economic vulnerability can make it problematic to focus exclusively on specialised mental health or psychosocial support.

A Syrian woman bluntly expressed this complexity: *"What did we benefit from just talking? I can go anywhere and talk about my problems, but I know that nothing will happen. I will not get help, no one will help me. What is the difference?"*[82]

Contextual challenges

All sectors necessary for an integrated SGBV response in the contexts of the crises in Syria and Iraq suffer from key structural deficiencies that were already present prior to the conflicts.

Health: The traumatic experiences of survivors of SGBV are exacerbated by the lack of adequate and accessible (physical and mental) health facilities and services in both Syria and Iraq, as well as in the neighbouring hosting countries. Refugee women and girls from Syria in both Jordan and Lebanon access reproductive health services only irregularly, with one particularly important barrier being the high costs. Key stakeholders in the Lebanese health care system believe that a large number of Syrian refugees go back to Syria in order to give birth and then often return to Lebanon after delivery, to avoid care expenditures.[83] Since the beginning of the Syrian civil war, the overall maternal mortality ratio in Syria has increased from 49 to 68 per 100,000 live births.[84]

Moreover, Syrian women activists underscore the need for contraception as a safety and survival issue, otherwise women are not only left to face the psychological consequences of rape, but also of an ensuing pregnancy.[85] Many women and girls have been forced to carry pregnancies resulting from rape to term, especially because induced abortion is illegal in Iraq and Syria unless the life of the mother is in danger. Even then, authorisation from the woman's husband or parents is required. Not only after rape but also more generally, the lack of safe abortion options is a huge health issue. The WHO estimates that unsafe abortions contribute to 11% of total maternal mortality in the region.[86] Post-abortion care (care that is required when women have undergone unsafe abortion procedures) has been identified as one of the major challenges in refugee camps.[87]

Security: Most regions lack safe shelters for women. Iraq has a few shelters run by the government of Northern Kurdistan, but very few exist in central and southern Iraq. There it is even considered to be against the law for NGOs to provide shelter to women. "Illegal" NGO-run shelters are targeted by police raids.[88] Law 28/2012 on Combating Trafficking in Persons states that the Ministry of Labour and Social Affairs should create shelters to assist the victims of human trafficking and exploitation. Government officials in central and southern Iraq have interpreted this to mean that only the state can run shelters. However, especially in the current refugee and IDP crises, the government has failed to respond to women's protection rights. In particular, services for victims of trafficking are lacking. Due to a potential complicity of political structures in prostitution combined with the lack of shelters, many victims of trafficking who are serving prison sentences for prostitution prefer to stay in prison even past their sentences rather than to leave and risk being trafficked again or punished by their families.[89]

Legal/justice support: The impunity exhibited during war is a reflection and intensification of the weakness of the national justice system that was already a huge barrier to gender justice before the current crises, and is at the same time a consequence of flaws in international justice. E.g., although evidence on war crimes and crimes against humanity including SGBV in Syria is not lacking[90], many experts doubt that these cases will be

82 Spencer et al. (2015), p.48.
83 Ibid.
84 Centre for Reproductive Rights (2017).
85 See Human Rights and Gender Justice Clinic, MADRE & Women's International League for Peace and Freedom (2016), p.6f.
86 United Nations Population Fund (2010).
87 Krause et al. (2015), p.4.
88 The International Women's Human Rights Clinic, MADRE & The Organization of Women's Freedom in Iraq (2015).
89 Minority Rights Group International (2015), p.33.
90 Above all by the Commission for International Justice and Accountability (CIJA), see Rankin (2018).

prosecuted.[91] As Syria has never ratified the International Criminal Court's Rome Statute, the ICC has no independent authority to prosecute crimes that take place within Syrian territory. In 2014, a measure to give the ICC jurisdiction in Syria came before the UN Security Council, but Russia and China blocked it. While some low- and mid-level ISIL members have been tried in European domestic jurisdictions,[92] crimes committed by other actors, especially high-level offenders, are far from being prosecuted.[93]

Economic support: Although more and more women work, especially among refugees and IDPs, women's economic independence is still not envisaged in society. In Jordan and Syria for instance, women need a male's permission to work. Even if women develop professional skills through vocational training and income-generating projects that allow them to make a living independently of male partners or relatives, there are often negative reactions from the social environment that obstruct their economic development.

Apart from these deficiencies, health, legal/justice, security and economic measures are also not always trauma-sensitive, which means that they are not designed to consider the special needs of survivors of violence.[94] Activities meant for supporting survivors can actually (re-)traumatise, if designed or implemented such that safety is not guaranteed, demands on survivors are overwhelming, trust is breached or expectations are disappointed.

Good practices and recommendations for contextualisation

Some organisations have successfully established combined services and referral systems around their MHPSS work. In other words, they have defined their core areas of intervention and the services for which they refer to other agencies. In spite of all the structural deficiencies, especially organisations with a long history of supporting survivors of SGBV have managed to find reliable governmental or non-governmental partners to complement their own intervention. *For example, KAFA in Lebanon provides psychosocial support, therapy and legal advice plus advocacy for changes in legislation as well as awareness raising, but for health care they refer to medical service providers* (Psychotherapist, KAFA Beirut, interview July 2018).

Another model is that of the Jiyan Foundation, which combines MHPSS with basic medical / gynaecological health services and legal counselling and carries out referrals for specialised medical support (for instance, gynaecological surgeries) or particularly tricky legal cases. Experienced psychotherapists offer seminars in trauma-sensitivity for staff of schools, prisons or the police (Jiyan Foundation Kirkuk, interview July 2018).

A prominent example for a multi-sectoral response in Duhok, KRI, is the "Survivors' Centre", established in 2014 by the UNFPA and the Directorate General of Health of the Duhok Governorate. The Centre provides medical, psychosocial and psychiatric services as well as legal counselling and social activities. The staff were among the first to support women and girls escaping from ISIL captivity through specialised mental health services. The Centre also has a community outreach component and engages with community leaders for advocacy work.[95]

Some organisations, for example CARE, have integrated post-abortion care into their services in Syria, which has also proved to be an important entry point for psychosocial counselling services.[96]

GUIDING PRINCIPLE 2: MULTI-LEVEL APPROACH

In a multi-level approach, "all levels, i.e. the individual, family, community, state (including policy, legal and institutional framework) are included in the analysis of the problem and in the response"[97]. It is usually combined with the multi-sectoral approach to achieve a

91 Kenny (2017).
92 Ibid.
93 Mlodoch (2018) and Taub (2016).
94 Griese & Mehlau (2016).
95 See United Nations Iraq (2017).
96 CARE (2013).
97 Swiss Agency for Development and Cooperation (2016), p.14.

comprehensive response to and, above all, prevention of SGBV. According to this combined model, interventions must take place across all the key sectors at different levels, so that structural, systemic and individual protections for survivors are institutionalised.[98] On the broadest societal and political level, organisations push for structural reforms that expand women's spaces, rights and participation through public campaigns and advocacy. For example, the first draft of the Lebanese Law on Protection of Women and Families from Domestic Violence was originally written by KAFA in 2014. Moreover, in Kurdistan-Iraq, PDO and KHANZAD, amongst other women's rights organisations or activists, had an active role in the debate on the reforms of the Personal Status Law in 2008 and the Family Law of 2011.[99] At the institutional level, organisations work for effective protection mechanisms against SGBV, for instance by training actors who provide health, security, legal/justice and social welfare services to women and girls. At the level of the person and her direct environment, many engage in awareness-raising activities or the strengthening of community-based support networks as well as MHPSS.[100] Not only is this work on multiple levels crucial for a successful prevention and important for fostering a rights-based approach to SGBV (→ Guiding Principle 3). It also does justice to the fact that gender-based violence in conflict is rooted in patriarchal contexts that existed prior to the war.

Contextual challenges

A multi-level approach requires collaboration with state structures and a long-term, progressive theory of change since it aims to transform institutions and societies. In the contexts of the crises in Iraq and Syria, governments are often part of a system of violence and oppression of women and girls. Although some changes in legal frameworks have been achieved in recent years, they have often been extremely slow. Moreover, most MHPSS and SGBV programs currently financed in the region are humanitarian in nature and thus based on assessments of conflict-related emergency needs, prioritising short- and medium-term goals. Against the backdrop of increased levels of migration into Europe, donor states' considerable investments into the region are frequently marked by relatively short expenditure deadlines, creating time pressure in the outflow of funds. In this setting, funding decisions for SGBV projects are not necessarily based on the expected long-term, multi-level impact of a project, nor are short and medium-term goals reviewed and adjusted based on an envisioned long-term and progressive theory of change.

Good practices and recommendations for contextualisation

Many organisations manage to work toward progressive, multi-level change and to maintain continuity in their programs despite the current focus on conflict and emergency needs.

Partners of WADI for instance continue campaigning against FGM despite the current focus on war-related violence (WADI Berlin, interview March 2018).

Most organisations **combine their lobby-work with close cooperation with the police and judiciary**. Capacity-building or training of legal/judiciary actors is a key component for *medica mondiale*, ABAAD, KAFA, Al Amal organisation, the Jiyan Foundation, HAUKARI and KHANZAD. By addressing topics such as trauma-sensitivity, a survivor-centred approach or the psychosocial consequences of SGBV the organisations contribute to the quality of legal protection. Additionally, by creating a common understanding and meaning in these trainings, they improve their dialogue and cooperation with the police and courts.[101]

98 Ward & The United Nations Entity for Gender Equality and the Empowerment of Women (2013), p.96.
99 See Mlodoch (2018).
100 See *medica mondiale* (2018).
101 In Germany, organisations supporting survivors of SGBV are also usually in close cooperation with the police and judiciary. However, in the Middle East, the integration of counselling and protection is particularly crucial.

KAFA manages a lobbying campaign on relevant issues of women's rights. Among other topics, they lobby for a unified civil law that protects and guarantees rights to women in case of divorce. Up to now, in Lebanon, divorce and custody issues have been handled by the different confessional legislations. KAFA also conducts regular awareness-raising seminars both with and for women and for children on their rights and other related issues in the refugee camps in the Bekaa area and in other locations (Amica / KAFA, interviews July 2018).

GUIDING PRINCIPLE 3: RIGHTS-BASED APPROACH

The rights-based approach reflects a paradigm change in humanitarian work, from a charity model, i.e., delivering assistance to beneficiaries, towards a human rights model. In SGBV MHPSS interventions, this means seeing women and girls not as passive recipients of support, but as rights-holders with legal and human rights: to protection and vindication of violations against them as well as to mental health and personal fulfilment.[102] MHPSS practitioners should thus make sure that women and girls know about their rights and should clearly frame SGBV as a human rights violation, regardless of the sociocultural contexts: "A rights-based approach recognizes that SGBV cannot be justified or condoned for reasons of culture or religion. Rights cannot be traded away (are indivisible) based on such justifications."[103]

Contextual challenges

Adhering to a rights-based approach in contexts in which the universality of human rights is questioned, where national legislation discriminates against women and girls or where legal vacuums exist, as it is the case in active conflict zones, is very challenging (→ Chapter 1, historical, macrosocial and institutional level). Concerning the first point, although the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) are universally ratified in the MENA region, various authorities claim that international human rights instruments do not apply in those cases in which they contradict Islamic Shari'a or specific national laws, particularly in the area of family or personal status laws concerned with marriage, divorce, inheritance and child custody.[104] These laws are highly relevant when it comes to vital questions of divorce due to intimate partner violence. In other words, governments "seek to preserve a space within the domestic law that cannot be touched by international human rights norms."[105] According to ESCWA cultural relativism, i.e. the idea that there are no all-encompassing principles that apply in all cultures, is often used as a political tool to justify human rights abuses, including the denial of women's rights.[106]

In addition to formal national legislation, informal justice mechanisms that are not part of the government, i.e. community-based dispute resolution or tribal law[107], often violate women's rights.[108] The person chosen to lead the informal dispute resolution process usually adopts the procedures that have proven historically acceptable to the local community, generally to the disadvantage of the female party.[109] Many family-violence, divorce, inheritance etc. cases are reportedly dealt with in informal systems, because courts are in far-away towns and people tend to mistrust formal government-led judicial mechanisms.[110]

Third, concerning the abovementioned legal vacuum in the ongoing combat zones of Syria, impunity is rampant and there is no accountability of any actor regarding the violations. A similar legal vacuum exists in the case of "illegal" refugees who are not recognised as such, as is for example the case of Syrians in Lebanon. The country has not ratified the 1951 Convention on the Status of Refugees. In such a situation, women undergoing SGBV, either by the hosting community or by their husbands, have no

102 See GIZ (2017), p.13.
103 United Nations High Commission for Refugees (2016).
104 Bahdi (2007).
105 Ibid., p.17.
106 See Economic and Social Commission for Western Asia (2017), p.8f.
107 Justice mechanisms established and operated under the code of custom of tribes, see for example Saadoun (April 2018).
108 "Informal justice mechanisms derive their power from social groups or community structures and are not part of the government. Social groups and structures can include specific ethnic or faith communities, rituals or traditions, indigenous governance systems, or local community organizations." See The Advocates for Human Rights & The United Nations Entity for Gender Equality and the Empowerment of Women (2011).
109 Bahdi (2007).
110 Riach & James (2016).

chance to claim their rights in the formal court system. Their legal options are almost inexistent, and they fear what will happen to them and their families if they report the violence to local authorities (AMICA / KAFA, interviews July 2018).

Good practices and recommendations for contextualisation

Basing interventions on human rights, even in areas where they are not respected, is a clear political statement that SGBV is not a private issue in which the survivor is blamed for what has happened to her but a human rights violation for which ultimately the state must be held accountable.

Even if this does not technically change a specific psychosocial intervention, a rights-based approach has an impact on the views of the practitioners.

Change of trauma concepts in therapists' views: Inge Joachim, body psychotherapist and trainer of the Jiyan Foundation, emphasises that psychotherapists working on sexualised violence in the region need to develop a socio-political concept of trauma so that they do not pathologise the "victims". *This change of view could be achieved through trainings in which practitioners reflect on the political nature of SGBV* (Joachim, body psychotherapist and trainer, interview July 2018).

Moreover, even though national legislations discriminate against women and girls, laws still provide them with a certain degree of protection**. Legal advice can therefore have an empowering quality, broadening options for action:** *Many organisations, among them KAFA in Lebanon, have departments that cover the legal aspects of the problems that women face. First, many women come and ask for legal consultation in case of intimate partner violence. They then receive all the information they need to see their chances and choices before them. According to one of the psychotherapists of KAFA, changes need to be worked on not only via the personal processes of the clients but also by changing the reality that the women face* (through lobby-work, awareness-raising etc.→ Guiding Principle 2, Multi-Level Approach). *Giving legal information is also considered to be therapeutic, since it opens up possibilities and options that the women may not have seen, and might have felt hopeless and depressed about* (KAFA Beirut, interview July 2018).

A contextualised example of a cognitive-behavioural therapeutic intervention with legal information: *A psychotherapist from the Kirkuk branch of the Jiyan Foundation offers what she calls "education therapy", an approach related to cognitive behaviour therapy. She informs her clients about their rights and emphasises that their husbands are not entitled to beat them according to the law and can be punished.* (from 2014 to 2017, Kirkuk province was under the control of Iraqi Kurdistan, where domestic violence is criminalised). *These well-informed and correct pieces of education often have an empowering effect and change the cognitive beliefs – in the framework of cognitive-behavioural therapy – that women have about themselves and their hopeless situation in which they are damned to endure violence against them as their fate. According to the psychotherapist of the Jiyan Foundation, knowing about one's rights often quickly diminishes the distress and feelings of hopelessness. Some women go home with this information and change their negative view about themselves and about life. This changes the couple dynamics, often – if not in all cases – for the better* (Jiyan Foundation Kirkuk, interview July 2018).

On the other hand, in contexts in which legal frameworks are weaker than in KRI or laws are not enforced, for example Central Iraq or Syria, talking about rights can generate hopelessness instead. In these cases, working with family members or non-governmental authorities in the community is key (→ Guiding Principle 4: Community-Based Approach).

Further recommendations by the authors: Concerning the situation of "illegal" refugees who cannot easily access the formal justice system, collaborating with the informal justice system that emerges in refugee camps and communities is an option worth evaluating. Some women's organisations in the region report that they have successfully pushed for incorporating women's rights considerations in informal justice mechanisms.[111] However, it is crucial to carefully monitor to what extent the informal mechanism in question actually takes women's interests into account. Authorities should be trained in the dynamics of violence against women (→ Guiding Principle 9: Excursus: Religious leaders as a special group for the principle of engaging men – allies or part of the problem?). In work with refugee women, informing about the host country's legislation in cases when it adheres to human rights more than the country of origin does, as is the case for refugee women in KRI, can have an empowering potential because it suggests that progressive societal change is possible.

GUIDING PRINCIPLE 4: COMMUNITY-BASED APPROACH

In a psychosocial community-based approach, families and neighbours are integrated in the violence prevention, trauma and recovery management process. Interventions launch social processes that strengthen resources and connections within communities, with the goal of making them more able to integrate and support survivors of SGBV, generate feelings of solidarity and actively prevent further violence.[112]

Contextual challenges

In the given regional contexts, the family as part of the bigger clan structure is a major source of people's sense of belonging, which is why most organisations implement a community-based approach through family-based interventions. Mediation and reconciliation efforts are of utmost importance for mental health and psychosocial wellbeing of survivors since the "family is the central stage of social life and the source of happiness, emotional support, acknowledgement and pride, and often women (…) consider a life outside the family senseless and unhappy."[113]

However, as has become clear in the systemic analysis, the family can also be a major source of insecurity and repression.

In order to create support structures that transcend the family and prevent further violence, it is thus necessary to shift the issue of violence from the private into the public arena, expanding psychosocial work to larger community structures, including institutions such as the police, shelters, civil society organisations, political party committees or religious-based networks.

Religious-based networks are an important resource for Syrian and Iraqi refugees belonging to religious minorities, although kinship still seems to play a much greater role.[114] Since the police or religious leaders are often equally part of oppressive structures, community-based psychosocial work requires a careful balance between practical and strategic gender interests, between cooperation and differentiation. Moreover, building community-based protection and support networks in rural areas requires a great deal of mobility and long-term commitment.

Good practices and recommendations for contextualisation

Mobile teams: WADI has mobile teams comprised of a social worker and a health worker or legal worker in different places in KRI that go out to villages for awareness-raising, e.g. on FGM and intimate partner violence. After these sessions the women who have questions or need individual advice approach WADI's mobile teams. Since they have regularly visited the communities for years, they are trusted, and the women are allowed to come to meetings

111 Riach & James (2016).
112 Swiss Agency for Development and Cooperation (2006).
113 Mlodoch (2018), p.15.
114 Dorai (2011).

organised by WADI. Over time, also men have come and asked for support and for seminars especially for them. *This would not have been possible without the long-term relationship that WADI has established in some communities* (WADI Berlin, interview March 2018).

Collaboration with community institutions: Different organisations, for instance the Women Rehabilitation Organization (WRO) Iraq are in close collaboration with police units, such as the DCVaW in KRI, and with the justice system, in order to put visible pressure on families to restrain from further violence.[115] Although legal action is often not taken, the pure threat of sanctions can serve as a face-saving strategy for fathers and brothers who can thus justify not committing murder. Police officers or courts make families sign a document committing themselves to ending the violence, which is sometimes effective, because "the issue is brought from a family business to a semi-public sphere".[116] Moreover, a good practice is to carry out close follow-ups with the families so that any deterioration of the situation does not remain unnoticed.

Family interventions involving religious leaders and political stakeholders: In 2015, KHANZAD carried out a nine-month mediation process for the case of a young couple having a pre-marital relation, each belonging to one of two competing powerful and armed clans in a remote Iran-Iraq border region. Both tribes had announced their intention to kill the young man and the young woman. During negotiations, the young woman was in the governmental shelter, the boy hidden in an unknown place.

KHANZAD visited, partly with police accompaniment, both families, first separately, later in joint meetings and involved also religious leaders of the region as well as political stakeholders interested in avoiding an inter-tribal clash. After nine months of initially harsh rejection of any conciliatory solution, it was ultimately negotiated that the couple could marry, but had to leave the region cutting all ties to the respective clans. The couple lives now in Erbil and is being followed-up by KHANZAD. Both fathers signed a paper at the court that they will restrain from killing their children.[117]

GUIDING PRINCIPLE 5: PRIMACY OF SAFETY

According to the inter-agency GBV case management guidelines, "safety refers to both physical safety and security, as well as to a sense of psychological and emotional safety."[118] Safety is a priority issue for all trauma-sensitive MHPSS interventions and a precondition for psychological recovery.

Contextual challenges

A severe lack of safety exists in conflict-ridden areas, where perpetrators exist on all sides and commit atrocities against the civilian population and SGBV against women and girls with total impunity. After having escaped the violence of the conflict or non-conflict-related SGBV, survivors face a risk of further threats to life from external perpetrators or family members. Finding ways to safety is often a core activity for MHPSS staff and requires tremendous efforts and skilful negotiations with family members, for instance when organising a place for the survivor to live far away from the perpetrator. For professionals who do not come from the same sociocultural context, it is often impossible to understand when and how to negotiate with family members and perpetrators and when this would only aggravate the survivor's situation. Many women are referred to KHANZAD because they have extra-marital or pre-marital relations and fear that this may be discovered by their family. In the easier cases, KHANZAD negotiates the consent of both families for the young people to marry. Yet often the young woman or both man and woman are threatened by honour killing by their families. Here, safety

115 Women Rehabilitation Organization & United Nations High Commissioner for Refugees (2017).
116 Mlodoch (2018), p.16.
117 Mlodoch (2018).
118 Interagency GBVIMS Steering Committee (2017), p.20.

has priority, and KHANZAD approaches the police and Family Court for transferring the woman to a governmental shelter and the man to police custody, while KHANZAD starts a mediation process with both families.[119]

Even if physical safety can be achieved, it is often paid for with isolation and severe forms of social deprivation. In the KRI for example, the only place of real safety for survivors are often shelters, which women enter and leave by court decision. They are not free to leave when they want and feel like "crazy people" or prisoners.[120] Due to living conditions in the government shelters, the supposedly safe context can be psychologically extremely destabilising and might bring about mental health consequences. In Sulaymaniyah (KRI) for instance, the authorities also send women with serious mental illnesses to the shelter due to a lack of psychiatric facilities. The shelter is not equipped for dealing with these cases, which reinforces a climate of helplessness. Another example, the government shelter of Duhok registers high rates of self-harming behaviour. Joint cooking of food, known to be a very consoling group activity is not an option, since sharp objects, such as knives, are banned, and so are other activities that require tools such as needles, ropes, scissors etc.[121] In this way, options for active, adaptive coping strategies are reduced, which might, in a vicious cycle, actually lead to an increase of passive, maladaptive coping strategies, such as self-injury.[122]

Considerations about the price of safety are similarly important when women have the option to go to another country. In the case of 1100 Yezidi women and children who found refuge in Baden-Wuerttemberg, for instance, many accepted the offer by the German state due to safety reasons: "I said, 'of course I want to go there and be safe and be the old Yasmin again'."[123] However, not all of them felt safe or better in Germany, but rather isolated and deprived of family and spiritual support, since they were far away from home and Lalish, the holiest site of the Yezidi faith. In addition, many Yezidi women have family members in other parts of Germany, but were legally obliged to stay in Baden-Wuerttemberg.[124]

These "downsides" of safety come with a high risk that a survivor might not opt for the safer option, e.g. she may decide not to leave the country or not to go to a shelter, and thus experience further violence or even lose her life, with potentially devastating psychological consequences for the helper who was not able to keep her safe.[125]

Good practices and recommendations for contextualisation

Safety is paramount and a key practical gender interest that cannot be compromised. However, safety also needs to be conceptualised on a continuum. There are often, though not always, gradual options between the two poles of going to a shelter or a far-away hiding place on the one hand and being with loved ones but at risk of being killed on the other hand. At the same time, a life outside of the family is also risky due to the social and economic vulnerability it entails.

Key interventions are therefore to consider the continuum of safety together with the survivors and to reflect with them on the trade-offs between physical safety and staying in the familiar environment.

Although awareness of what it means to be in a shelter or hidden might not sooth the pain of social deprivation, survivors can at least make an informed decision.

119 Mlodoch (2018).
120 Interviews with shelter inhabitants in Duhok, KRI, by one of the authors (2016).
121 Information by shelter staff shared with *medica mondiale* during trainings in the governmental Duhok shelter (2016).
122 Goethem, Mulders, Muris, Arntz & Egger (2012).
123 Gillmann (2016).
124 Interview by one of the authors in Baden-Württemberg (2017).
125 Interview by one of the authors in Iraq (2017).

Establishing safety through an analysis of key agents in the family system: In advanced trainings of MHPSS staff, *medica mondiale* has connected local practices with notions and techniques of systemic coaching or therapy. Some systemic tools have shown to work in different sociocultural contexts. For instance, systemic constellations with system boards (family boards) are useful to visualise sources of threat and support.[126]

When a survivor of violence committed by the husband or father, e.g. because of unaccepted "moral" behaviour, is referred to KHANZAD, KHANZAD's counsellors usually start a long process of counselling, first with the survivor, i.e. how she can calm herself down so that she can come to conclusions about her safety and what she wants to do now. Then the counsellors ask her about the sources of support within the family and about those family members who may be a risk to her safety. The guiding questions in the counselling process are: Who in her family is supporting her? Whom does she trust? Who has influence over the others? Who may pose a risk? The counsellor and the client together think about options for returning to the family and what the steps are; then KHANZAD begins contacting the family members who they have both agreed are the most advantageous to start with. Prior to the first contact of the survivor at home with the family, several sessions and home visits may be carried out (Haukari Berlin, interview March 2018).

Taking into consideration the continuum of safety: *In most counselling processes, two social counsellors from KHANZAD work together. This reduces dependencies of clients on one specific counsellor and, as every counsellor has different approaches, provides two perspectives. The woman can choose, for instance, between more conciliatory or more radical legal responses to her situation. Usually she can either take legal measures (divorce, file a complaint, seek legal protection etc.) or try to find a solution with her family or both in parallel. KHANZAD counsellors work together with the women to produce family/conflict mappings, thus identifying supportive and non-supportive members of the family and possible strategies for consultation. They will then visit or invite fathers, mothers, husbands etc. as well as supportive members of the extended family for individual or group talks. Using a combination of announcement/threat of legal sanctions on the one hand and conciliatory approaches on the other hand (outlining for example the impact of violence and/or divorce on children), they step by step negotiate solutions. Solutions might be the reconciliation of wife and husband under condition of continuous follow-ups by KHANZAD and DCVaW or a father's family consent on their daughters' divorce with guaranties on reintegrating her into the family, etc. At the same time, KHANZAD will accompany the woman though the legal procedures of divorce, achieving child custody, etc. and support her psychologically in this process* (Haukari Berlin, interview March 2018 and Mlodoch, 2018).

Practical gender interests in the midst of complete insecurity: *In some areas of Syria the general insecurity of women is extremely high and perpetrators of sexual and gender-based violence come from all armed groups but sometimes also from the neighbourhood whereby males exploit the situation of many women being heads of families. Due to abject poverty, many women and girls need to search for work and take what they can get, often working in "informal employment" or in factories under harsh conditions, where they easily fall prey to (sexual) exploitation. Many of them "decide" to prostitute themselves to survive and feed their children. None of the clients coming to the community services of the Jesuit Refugee Service (JRS) wishes to report the abuse, since with the widespread impunity, it is unlikely that they will get justice, and they would risk being killed or being rejected by their families.*

In conversations with JRS staff at a community centre, they are listened to without being judged and together with the person listening, they try to find a path to improved security, e.g. by exploring with the helper whether to change shifts in the factories so that they do not risk abuse at night or at check-points, or by arming themselves with knives. Protection may

126 Observation shared by one of the authors in Cologne (2017).

also mean that the women and girls prostituting themselves find means to protect themselves from pregnancies and diseases. In some cases, where there is a serious risk to life, the women are placed in a nearby female convent in the absence of a functioning shelter system.

This approach of going along with what the women and girls want and trying to improve a situation that the women and girls do not feel able to change at the moment, has helped to establish an high level of credibility and trust: These encounters are the only place where they can speak about the abuse without fear and without being judged (JRS Damascus, interview July 2018).

Working with shelters: *NGOs like KHANZAD or* medica mondiale *work with government shelters in KRI, offering a range of activities, such as sports, yoga or sewing, which many of the women enjoy. Although this can only temporarily distract them from the feelings of powerlessness and helplessness, it creates spaces for fun, positive encounters and mutual support.*[127]

GUIDING PRINCIPLE 6: CONFIDENTIAL ACCESS

Confidentiality is a core value and central aspect of psychosocial helping interventions. It means that what the survivor is sharing with the helper will not be shared with others and that survivors have the right to choose to whom they will or will not tell their story; it also means that information should only be shared with the informed consent of the survivor.[128] In many contexts in which SGBV and mental illness are highly stigmatised, confidentiality goes even beyond this and implies the social environment not knowing that a survivor makes use of MHPSS services at all. Mental health is highly stigmatised in the Middle East[129], although as a result of the shared experiences of violence, loss and displacement, psychological assistance is becoming more and more accepted.[130] This change is also likely due to presenting the provision of services without using technical terms such as 'counselling' and offering the services as part of an overall health program.[131] Confidentiality is highly connected to the principle of safety, particularly where talking about sexual- and gender-based violence may entail danger of being killed for shaming the family honour. In an ongoing conflict setting such as in some parts of Syria, confidentiality is paramount in the same way, since impunity makes it impossible to bring about justice, and women and girls may risk their lives when talking about the violence they have experienced.

Contextual challenges

First, it is difficult to create a setting in which survivors can choose to whom they will or will not tell their story. Due to high degrees of family control, women cannot always decide in whose company they will attend health services or counselling. Unless she manages to come in a completely secret manner, she is likely to be accompanied by a relative, who can be a major source of support but also a serious threat when disclosing information. In crowded camp settings, the level of social control is even higher. Infrastructure, for example thin container walls, does not provide enough privacy. Second, the principle of sharing information only with the informed consent of the survivor conflicts in the case of suicide attempts with the national legislations of some countries of the region. As some aspects of Shari'a law are codified in national laws, in Jordan, Syria and Lebanon, attempting suicide is a crime that MHPSS practitioners are required to report to the authorities.[132] This looming confidentiality breach – in addition to the stigma of suicide – may impede women from disclosing attempts or thoughts, which negatively affects the client-helper relationship. Another deterrent to trust is a lack of transparency in the management of the files that contain the survivors' stories: Clients are usually not informed and cannot track how those files are passed on in the course of case management and who gains access to them.[133]

127 Conversations with shelter inhabitants in Duhok and Sulaymaniyah by one of the authors (2016).
128 This is a standard of all SGBV-related guidelines, see e.g. Inter-Agency Standing Committee (2015).
129 Ciftci, Jones & Corrigan (2012).
130 Hassan et al. (2015)
131 Ibid.
132 Ibid., p. 24.
133 Observation shared by GIZ regional program in Eschborn (2017).

Finally, not all MHPSS interventions can or should be hidden, since otherwise, the prevailing mental health-stigma will never end. It is challenging to appropriately educate against stigma while also addressing the confidentiality needs of clients.[134]

Good practices and recommendations for contextualisation

There is a need for services that ensure women and girls have best possible protection from being "controlled" (and potentially prevented from accessing services) or "detected" and perceived as potentially sharing information that will bring shame to the people around her.

Many organisations in the regions affected by the Syrian and Iraqi crises (and all over the world) have developed strategies for establishing contact with SGBV survivors and setting up visible support structures. For example, they might offer workshops on education or children's health and start addressing violence against women once some trust has been built up among the participants. In infrastructural terms, MHPSS is ideally integrated in facilities with a broad range of services.

KHANZAD offers vocational courses including literacy, handicrafts, hairdressing and sewing in a big tent next to the camps: "These courses offer the women a possibility to step out of the men's and family's control, exchange experience with other women and seek counselling in cases of GBV or family conflict in a protected and non-stigmatised space. Many IDP women, many of whom come originally from extremely narrow tribal structures in Anbar or Salahuddin, state that participation in these programs is their first step out of the family and a main reason for them for not wanting to return to their home regions."[135]

In these tents are also other forms of counselling services such as health counselling or counselling by a governmental (mostly male) counsellor for those who seek individual help. Once they enter the tent, nobody will check to which corner they exactly go (Haukari Berlin, interview March 2018).

Medical services as a strong "cover" for MHPSS services: Physical health is important in a threefold sense. First, reproductive health as a "women's issue" has the potential to exclude male listeners. Second, psychological or mental problems may initially be expressed as physical complaints within a medical setting. According to Hassan et al., "most Arabic and Syrian idioms of distress do not separate somatic experience and psychological symptoms, because body and soul are interlinked in explanatory models of illness".[136] Somatic expressions of survivors might be, for example, unspecific abdominal pain, tightness in the chest, numbness of body parts or heaviness in the heart.[137] Third, sexual violence is associated with acute and long-term gynaecological symptoms, such as urinary tract infections, pelvic pain, irregular menstrual cycle, obstetric fistulas etc.[138] Medical services, if doctors and nurses are adequately trained, enable the identification of SGBV in a confidential setting.

In a clinic in Aleppo, JRS has strongly advocated for and finally been able to employ a female gynaecologist. When the women and girls come with their husbands or fathers to the clinic, it is possible to negotiate with the males to go out and leave the female gynaecologist alone with his wife or daughter. This has enabled the survivor to have a confidential conversation with the doctor. Since the clinic is also associated with the community centre where the women can share their experiences, going to both places has been possible without any trouble from the family. Sometimes, the whole family of the survivors is invited for social gatherings where food is shared and children play (JRS Damascus, interview July 2018).

Since medical treatment is offered in all branches of the Jiyan Foundation, it is possible for the women to claim officially that they go there for medical treatment. Even if they are accompanied by husbands who wait for them, the women can easily go

134 Observation shared by GIZ regional program in Eschborn (2017).
135 Mlodoch (2018), p.11.
136 Hassan et al. (2015), p.22.
137 Ibid., p.23.
138 Mark, Bitzker, Klapp & Rauchfuss (2008).

to the therapy department for sessions without "outing" themselves based on which door they exactly go through in the building (Jiyan Foundation Kirkuk, interview July 2018).

Supporting gender mobility of women to access a confidential setting: Some organisations such as KAFA Lebanon and the Jiyan Foundation in KRI offer transport refunds, so that women who come from faraway places have the possibility to keep attending a counselling or therapy process (KAFA Beirut and Jiyan Foundation Kirkuk, interviews July 2018). Moreover, when costs for child care are taken care of, it is much easier for women to join activities, because if they travel with the children, there will be fewer questions and the family may not even find out (AMICA, interview July 2018).

GUIDING PRINCIPLE 7: EMPOWERMENT

SGBV guidelines stress that the empowerment of survivors should both be the outcome of the intervention as well as a standard guiding the whole support process. In the first sense, since "people affected by SGBV do in most cases feel powerless in the situation of violence, (…) the recovery process is about gaining control over one's life and becoming empowered".[139] In the second sense, an intervention is understood as being empowering if it means for the helper "(…) to respect the person's wishes and not to take over too much responsibility. (To) support them to regain control of their own situation, to consider their options and take their own decisions. This will empower them to begin meeting their own needs."[140] UN SGBV guidelines use the umbrella terms "survivor-centred approach" or "right to self-determination" for interventions that put the choices of the women and girls first, meaning that they decide themselves, for instance, which kind of counselling they want and by whom, whether to file a complaint with the police or not, whether to make use of health services, etc. Although not so explicit in the aforementioned technical guidelines, empowerment is a profoundly political process about (re)gaining power. Jo Rowlands defines four different dimensions of that power:[141] First, the dimension of **power over** others, for instance over males, by occupying positions of political and economic decision-making. Second, empowerment as **power to**, i.e. a productive energy to generate new life possibilities; third, empowerment also entails the notion of **power with**, thus a sense of power through togetherness with others, based on the idea that the whole is greater than the sum of the individuals, and finally a **power from within**, an inner personal strength, nurtured by self-acceptance and self-respect. Feminist understanding of empowerment often stresses "power to" and "power from within" as the outcomes of processes through which women develop an understanding of their capacity and their right to "act and influence decisions".[142] Similarly, the UNHCR understands empowerment as a "process through which women [...] in disadvantaged positions increase their access to knowledge, resources, and decision-making power, and raise their awareness of participation in the communities, in order to reach a level of control over their own environment".[143]

Contextual challenges

The first challenge could be described as a "mentality challenge" linked to the self-concept of women in their collectively and patriarchally-defined sense of belonging: In the regional contexts of the Middle East and in other highly patriarchal societies, as seen above in the systemic analysis of socialisation experiences, many women learn to silence their selves in the process of growing up, not developing a connection to their desires and feelings, because being a "good woman" implies putting the needs of male family members first and following their guidance (or that of the mother-in-law and potentially other in-laws). The sociocultural contexts of the Middle East tend to favour interdependent self-construals (i.e., the conception of the self as

139 International Federation of Red Cross and Red Crescent Societies (2015), p.20.
140 Ibid., p.46.
141 Rowlands (1997).
142 Ibid., p.27.
143 United Nations High Commissioner for Refugees (2001), p.3.

connected to in-groups) over independent self-construals (i.e., the conception of the self as an autonomous and unique entity).[144] In this sense, women might find it difficult to verbalise what kind of needs they have or what intervention they prefer because they are more accustomed to reflecting on the needs and preferences of groups, not individuals or themselves. Clients may thus ask for guidance and advice from MHPSS staff instead of making their own decisions in the counselling process. Helpers need to be highly self-disciplined to avoid replicating societal patterns by telling their clients what to do.

Particularly in mental health, it is challenging not to reinforce the region's systemic patterns of disempowerment through medical diagnoses. Practitioners in the region name "depression" as one of the most prevalent forms of psychological problems for SGBV survivors, refugees and IDPs.[145] Diagnostic criteria of depression are in many ways equivalent to profound disempowerment: hopelessness, loss of energy, loss of interest, indecisiveness etc.[146] Medical diagnoses, according to the so-called labelling theory, potentially bring about a "mental illness label", which can further impair self-efficacy and decrease the self-esteem of patients.[147] In other words, the "label" of depression, in itself an expression of disempowerment, runs the risk of precipitating additional disempowerment processes. MHPSS practitioners need to be aware of that risk and also of the normative, value-driven nature of medical diagnoses.[148] For example, values regarding "proper" feminine behaviour are said to have driven disorder categories such as histrionic and borderline personality disorder.[149] In the case of depression, its higher prevalence in women is one of the most robust and global findings in epidemiological research, and how this relates to gender roles is discussed in a multitude of studies[150] (→ silencing the self, Chapter 1.1).

Another challenge is that many women in the region have an actual lack of choices due to a high level of dependency on male guardianship and provision, especially rural women and refugee or internally displaced women. In fact, many psychosocial practitioners who were interviewed for this paper stressed that while it is a core part of their interventions to think about options, when the women and girls are socially and especially economically dependent on men, even if the men do not have a job, options for empowerment in the sense of access to resources, decision-making power and control over one's environment are very limited for women.

Ultimately, empowerment in the sense of leaving gendered roles behind and doing what one considers right can be life-threatening. Helpers sometimes find themselves in the position of making decisions for clients to save their lives, for instance if a family member is an immediate threat. According to an example quoted by Haukari, a woman living in Sulaymaniyah (KRI) who had divorced her husband against her father's will was threatened with death by her father. She found refuge in a governmental shelter but could not stand the prison-like life conditions. She then convinced the Family Court to release her from the shelter against the advice of the counsellors working with her. The day after her release, she was shot dead by her father in broad daylight. The father has still not been arrested.[151]

Good practices and recommendations for contextualisation

We suggest that practitioners in the field of MHPSS working with survivors of SGBV might benefit from familiarising themselves with a nuanced empowerment concept that takes into account the four dimensions of power. In other words, instead of focusing interventions necessarily on power over (power in terms of decision-making and economic independence from others)

144 Kanagawa, Cross & Markus (2001).
145 Hassan et al. (2015), p.15.
146 American Psychiatric Association (2013) see the criteria of Major Depressive Disorder.
147 Pasman (2011).
148 Sisti, Young & Caplan (2013).
149 Ibid.
150 Kuehne (2003).
151 See Mlodoch (2018), p.17.

or power to (a productive energy to generate new life possibilities), we recommend incorporating power with (a sense of power through togetherness with others) and power from within (an inner personal strength), as well as the interrelations between the two. These powers have traditionally been at the core of MHPSS interventions.

A nuanced empowerment concept alleviates pressure on staff to create options when there are none available or to force a client to make a choice if she does not want to or cannot, because in these cases practitioners can work with clients on *power with* and *power from within.*

To strengthen **power from within** professionals may employ counselling questions or therapeutic techniques directed at developing a sense of self and identity, for example through body-oriented tools. MHPSS interventions strengthen women's power with, for example, by working with them on their abilities to negotiate and influence the nature of family relationships. It can also imply a strong focus on group-based psychosocial interventions that create power through solidarity with other women.

Power from within: The *Jiyan Foundation offers cognitive behavioural therapy for their clients, which has proven very successful in cases of deep-seated depression and symptoms of anxiety and anger. The therapist challenges their negative cognitive beliefs such as the idea that they are not worthy, that their lives have no meaning and that they are incapable of changing their lives. These negative cognitive beliefs are replaced by more productive ones that are also more realistic: They are very strong, otherwise they would not have survived so many difficulties; they are trying their best to give their children a good home; they are trying to earn a living, which is often the case with the women, and they have the right to not be subjected to violence in their homes. When the women learn to think differently about themselves and see themselves as worthy and strong, this eventually changes their relationships with their children. Their anger changes and when they value themselves more, they also start valuing their lives and their children more. Often this also has a positive impact on the couples' lives* (Jiyan Foundation Kirkuk, interview July 2018).

Psychotherapists of the Jiyan Foundation who work in a stationary setting with Yezidi survivors are trained in body psychotherapeutic methods: Being able to manage trauma symptoms through certain body awareness exercises and by awareness of feelings in the body has deeply empowering effects, improving the ability to contain all the feelings they experience. Especially for those women who have problems accepting their body after the violence they have gone through, it also helps to offer an exercise in which they learn to touch the different parts of the body and affirm: "This is my arm", "this is my hand" etc. This exercise is intended enable a re-appropriation of the body. All this improves negative feelings associated with the body (Joachim, body psychotherapist and trainer, interview July 2018).[152]

Even where the clients do not want to address the abuse at home, they learn through the therapy and the homework they get that they can lead a better life by caring for themselves, exercising or doing things that they enjoy doing, which they may have not done before in the general apathy that depression often brings along with it (Jiyan Foundation Kirkuk, interview July 2018).

A Syrian refugee woman who had married at the age of 16 was now alone with her two children in a refugee camp in Lebanon. During her flight to Lebanon, but also in the hosting country, she was subjected to SGBV. When she had originally married, she had learned to adapt to the conditions of marriage, giving up her dream for further education while having two children. Being alone was difficult for her now, but she gradually learned to adapt, to open up to possibilities and to see the choices she could now eventually make. She began participating in awareness-raising on violence against women and other issues and was then trained as a facilitator. Now, years later, she is the one giving training on violence against women, a job that makes her very happy. She has become more self-confident and self-aware. The question remains

152 The exercise belongs to a set of exercises created by Peter Levine, founder of the body psychotherapeutic method called Somatic Experiencing (information provided by Inge Joachim).

what will happen to her if she returns to Syria after the war, when the social conditions may mean a setback to her empowerment (AMICA, interview July 2018).

Power with: *KAFA offers group counselling and is open to all women from different backgrounds. Although Lebanon and Syria have a very complicated and difficult relationship with each other, being implicated in the wars that were and are being fought, when the women meet in the counselling groups and discuss issues of gender-based violence, they feel a sense of togetherness in their suffering. Especially the Syrian refugee women feel that they are not alone and that also women from the host community go through similar experiences. This creates solidarity among the women that transcends the political conflict* (AMICA / KAFA, interviews July 2018).

Similarly, WADI offers counselling and sharing groups for both Kurdish and Arab Iraqi women. Although politically it is very difficult to deal with the history between the two peoples, on the level of experiences of women with SGBV, the women feel a sense of togetherness and learn from each other. This sharing of similar experiences despite different backgrounds creates links that go beyond the politics that divide them (WADI Berlin, interview March 2018).

In a clinic of the Jiyan Foundation, a group therapy session of Yezidi women was about art therapy. They drew what was and still is positive in their lives. They drew and shared their experiences and listened to each other and gave support to each other (Joachim, body psychotherapist and trainer, interview July 2018).

Economic empowerment as creating power to and power from within: Almost all key informants during the interviews, and especially those from the region itself, emphasised the dire need for economic empowerment as a central aspect of the psychosocial well-being of the women, since having professional training and an income possibility raises self-esteem and the freedom to have alternatives to violence, thus **power from within** and **power to**.

In a camp setting in KRI where many survivors of ISIL terror live, 35 girls who had been kidnapped and returned from captivity were trained as hygiene promoters by the local NGO Women for Better Healthy Life. They had been selected because they all had serious traumatic reactions and attempted suicide at least once or several times before. After some time, through their empowerment experience to have a social role in their community, they were able to develop plans for how they wanted to continue with their education or open a restaurant or be resettled in other countries etc. *Although the community knows that these girls are survivors of SGBV by ISIL, their power in the community due to their social role has increased; they regained the respect of their communities. Empowerment in the psychosocial sense must be connected to some sort of change in their socio-economic status and can thus function like a social compensation* (Manneschmidt, psychologist and trainer, interview July 2018).

When implementing economic empowerment interventions, it is important to monitor their impact on systemic family dynamics, because males might react violently to a gain in power by women. *However, according to WADI's experience in KRI, economic empowerment of women does not always and necessarily lead to an increase in intimate partner violence: Some husbands are positive about their wives gaining an income and regret that they had not enabled her to have a job before. But of course, there are other cases in which men do not want their wives to know about their rights* (WADI Sulaymaniyah, interview July 2018).

GUIDING PRINCIPLE 8: NON-DISCRIMINATION

As the IASC guidelines for integrating gender-based violence interventions in humanitarian action point out, all "humanitarian actors are responsible for (…) ensuring that humanitarian assistance is provided impartially, without bias or discrimination based on age, gender, race, ethnicity or religion".[153]

153 Inter-Agency Standing Committee (2015), p.10.

Contextual challenges

Since political leaders in their power struggles have used ethnic and religious arguments to mobilise followers, the region's population is increasingly divided along these lines. In consequence, MHPSS staff supporting survivors of SGBV might find themselves in the situation of helping members of "other" groups that may have caused severe suffering for their "own" people. In the Garmyan province in KRI for example, Kurdish professionals whose communities have been targeted by Saddam Hussein's Baath-regime support women from Sunni Arab families from Anbar and Salahuddin, former centres of Baath-party supporters. Syria also had a permanent deployment of armed forces in Lebanon between 1976 and 2005, which certainly plays a role in the fact that Syrian refugees are not acknowledged by the Lebanese state.

As Karin Mlodoch points out, "former perpetrator groups become victims and vice versa."[154] Some practitioners report how the experience of supporting women belonging to historically adversarial communities diminished stereotypes and rancour.[155] However, on the other hand, psychosocial staff work under extreme stress, with high time pressure and personal exposure to violence, which can affect empathy and reflection on one's own discriminative behaviour.

Another potential source of discrimination that we need to mention here given current trends and related to the specific attention that SGBV may arouse is the humanitarian tendency to provide more support to highly publicised forms of SGBV. In and around Iraq and Syria for the last seven years funding opportunities and public recognition were greater for those organisations supporting survivors of "extraordinary" conflict-related violence, for instance Yezidi women, than those addressing "normalised", structural violence or legal reforms. Discrimination through funding decisions can reinforce tensions between host and refugee or IDP communities and can ultimately even increase the risk for women to experience gender-based violence through perpetrators belonging to host communities.[156]

Thirdly, gender discrimination can play a role, since local MHPSS staff have equally grown up with the image that women suffering from sexual and gender-based violence in their homes or outside are responsible for bringing shame on the family. They may find it difficult neither to blame the survivor for what she has gone through nor to silence her by discouraging her from looking for judicial support.

Good practices and recommendations for contextualisation

Ethnic or religious discrimination: First, directed to donors, we propose systematically screening for ethnic and religious affiliation before funding an organisation working on SGBV in order to not reinforce existing divisions by disproportionately channelling money to one specific group. It is not uncommon in the region that an organisation has a known political, religious or ethnic character that donors are not always aware of. Second, organisations should consider ethnic and religious diversity when hiring counsellors or therapists. For some SGBV survivors, it can be easier to open up to a professional from the same ethnic or religious group, wearing a Hijab for instance, while for other survivors the opposite is true, because they fear information might be disclosed in her clan. Due to a shortage of qualified staff in the region, it is certainly often impossible to have the right counterpart for every survivor, but organisations could consider this criterion and make it transparent. In a diverse organisation, special attention should be given to teambuilding activities and reflection of group dynamics. Third, and related to the previous point, few organisations have spaces in which staff can reflect on group-based stereotypes or prejudices, as the topic is often a taboo.

154 Mlodoch (2018), p.6.
155 Interview with MHPSS staff in Duhok by one of the authors (2016).
156 Spencer et al. (2015).

We recommend using professional supervisions, which are provided by many organisations in the region, for reflecting on the impact of ethnic or religious stereotypes and inter-group conflicts on the psychosocial process. This also highlights the fact that MHPSS work is never apolitical.

Additionally, we recommend addressing this topic during capacity-building of counsellors or therapists in the form of self-reflection activities.

In trainings, both male and female counsellors or therapists need to become aware of how, due to socio-cultural attributions, the nature of the violence and the perpetrator (i.e. whether they are an "enemy" or somebody from one's own group) are important and will eventually influence what survivors will share with somebody from the same group – be they male or female – or with a professional belonging to the other group. Also, one's own judgements about other social groups need to be reflected upon, since they may interfere with a successful counselling or therapy process (Manneschmidt, psychologist and trainer, interview July 2018).

Discrimination between survivors of extraordinary and "everyday" violence: A good practice is to design programs that provide services to survivors of both structural and conflict-driven violence, in host as well as IDP/refugee communities or to visibly partner with another organisation to complement each other in working with different groups. The latter is sometimes more realistic, given that even when refugee or internally displaced women live inside host communities and not in camps, they have distinct psychosocial and general support needs. However, whenever possible, we recommend joint activities (→ Guiding Principle 7, Empowerment, "power with").

WADI collaborates with different community centres in KRI that have opened their doors and programs for Iraqi internally displaced women. Sewing and other courses are thus offered to both local Kurdish women AND to internally displaced women, and also to the Yezidi population. Bringing women from different parts of Iraq together, given the suffering of the Kurdish population, has been beneficial and created a sense of commonality amongst women. By learning about Kurdish legislation, it is also often the first time that many women from very traditional Arab parts of Iraq learn about women's rights. This eventually also opens their eyes to other topics that they want to learn about (WADI Berlin, interview March 2018).

Gender discrimination: We strongly recommend incorporating self-reflection units in the training of MHPSS staff, during which trainees work on their potentially internalised images of devaluation of women.

GUIDING PRINCIPLE 9: PREVENTION BY ENGAGING MEN AND BOYS

Most SGBV guidelines stress the importance of working with men and boys and the fostering of "positive masculinities", i.e., a non-traditional understanding of manhood not based on norms such as male dominance and "power over".[157] In line with a multi-level approach, this means to not only respond to SGBV through psychosocial interventions, but to use psychosocial methodologies in order to prevent SGBV from being continuously perpetrated.

Contextual challenges

According to IMAGES-MENA, a majority of the men participating in the survey "support a wide array of inequitable, traditional attitudes".[158] Interestingly, in other parts of the world where the survey was also carried out, younger men hold views that are more equitable. Not so in IMAGES-MENA where younger and older men have developed similar attitudes on gender equality. The study assumes that the difficulties of young men finding a job and thus achieving the socially important hallmark as male provider might be one of the underlying reasons. "One fifth to one-half of men reported being ashamed to face their families because of lack of work or income."[159] Depression in

157 For example United States Agency for International Development (2015).
158 El-Feki, Heilman & Barker (2017), p.7.
159 Ibid., p.11.

the MENA region – even beyond conflict-related dynamics – is high among men. Changing concepts of masculinity through alternative images of male power in the midst of an economic crisis and pervasive joblessness in the region is especially challenging.

In the case of refugee men and women, changing gender roles add to the psychosocial complexity of their vulnerability due to multiple losses. Many are legally not allowed to work in their host countries, especially Syrians in Lebanon. Due to the experience of unemployment and perceived discrimination, refugee men frequently suffer from a lost sense of masculinity and depression. According to IMAGES-MENA, 37% of Syrian refugee men had given up looking for work. In some contexts, women get a job easier than men do and are usually the ones picking up aid supplies, thus becoming the provider of the family. This can lead to an increase in violent behaviour: "When roles changed, women go to work and men stay home. Men feel helpless. No ego, no dignity. So they became verbally and physically violent with their wives. They would shout for no reason."[160] Others "have no choice but to temporarily accept caregiving roles (…) that they consider un-masculine. They may be more likely to accept other notions of masculinity (…) that relieve them of the stress of not being able to assume stereotypical masculine roles."[161]

Thus, crisis situations such as armed conflicts and displacement ironically have the potential to provide a societal opportunity for changing notions of masculinity. However, the converse is also true[162]: According to interviews with AMICA and KAFA, it is extremely difficult to change deeply-rooted masculinities when a whole world of belonging and status has been turned upside down and the future is completely unsecure. Crises tend to foster regressions to old images of self and relationship. The readiness for opening up to new gender roles decreases, especially in men, for whom a change in gender roles means losing (even more) power. In addition, many more men and boys than previously understood have been subjected to sexual violence in the Syria crises[163], which may have an impact on the extent to which they are able or willing to engage in prevention of SGBV against women and girls.

Good practices and recommendations for contextualisation

To reach actual and future role models as well as perpetrators, it is crucial that organisations coordinate and create a diversified range of access strategies for men and boys.

Men with progressive opinions about gender roles could act as role models but are not easy to identify and to reach.

One successful approach is to work with children and youth on gender roles and violence. Children and youth may have seen examples of non-stereotypical behaviour of adult men in their environment, given the shifts in gender roles that have been triggered by precariousness and insecurity. These experiences of new patterns of male behaviour may be used to reflect on alternative masculinities.[165]

Using school environments and education programs: *Many education programs in refugee camps – like the program of Save the Children Germany – favour education of both girls and boys going to school. Part of these programs are regular meetings with parents underlining the importance of the girls' education* (Save the Children Germany, Interview March 2018). These programs could be expanded for further prevention work by including gender-sensitive policies in the school curriculum and teaching boys and girls about the value of equality. In the meetings with parents, they should be encouraged to support both sexes in their family to share responsibility and to have the girls participate in education rather than marrying them off at an early age due to poverty. The main messages could be: The whole family will benefit if the girls are educated.

160 Keedi, Yaghi & Barker (2017), p.35; the quotation is from a Syrian man – Bass camp in Lebanon.
161 Ibid., p.44.
162 Regarding this ambiguity of the crisis of masculinity as an entry point for social change or rather for re-traditionalisation, see also Keedi, Yaghi & Barker (2017).
163 United Nations High Commissioner for Refugees (2017).
164 Keedi, Yaghi & Barker (2017), p.44.

Especially in a camp setting, one could stress that one day, when they are able to return to their home countries, they will all be better off if their children – including girls – are educated. This provides both parents with a positive and deep sense of meaning associated with their efforts: Good parents – including good fathers – enable their daughters to be educated.

Awareness-raising on the impact of violence against children can contribute to interrupting the on-going transmission of violent behaviours between generations. For this reason, WADI's "No to violence" campaign addresses violence on all levels of society and also in schools in order to establish more peaceful patterns of teacher-pupil, parent-children and children-children relationships. Schools are given a tag "violence-free school" when they participate and fulfil certain criteria such as participating in workshops and practicing what they have learned. In seminars and awareness-raising meetings, WADI addresses corporal punishment of schoolchildren (WADI Sulaymaniyah, interview July 2018). Such a campaign could be expanded by acknowledging "gender-based violence free" schools, where teachers, pupils and parents are trained on how to achieve GBV-free school environments. When the boys and girls see that such environments are possible, this will encourage them to develop different everyday practices in their homes.

Training young men and women in different relationship patterns: *Various organisations, among them the Jiyan Foundation, offer pre-marriage counselling in which young couples who are getting married are given education on happy marriage life and gender roles. Many young men want to break away from oppressive ideas about their future wives and want to enjoy a happier marriage* (Jiyan Foundation Kirkuk, interview March 2018).

Save the Children offers vocational trainings for youth in which they incorporate gender equality issues (Save the Children Fund Germany, interview March 2018).

Interrupting the cycle of violence: *KAFA has a child protection unit in which – among other activities – they offer psychotherapy for abused children. They also consider this to be prevention work, because when a child can get support and is listened to, the child – whether a boy or a girl – may not be condemned to repeat the cycle of violence* (KAFA Beirut, interview July 2018).

Offering gendered MHPSS services to men: Offering MHPSS to men suffering psychosocial consequences from the exposure to conflict-violence and loss of social power is also important prevention work. However, as men are culturally expected not to display emotions, these services need a good, non-stigmatised label, for example "anger management" or "dealing with daily stress".

ABAAD opened a Men Centre in Lebanon in 2012, which has reached more than 350 men, thanks to public campaigns.[165]

In all branches of the Jiyan Foundation there is a male department, and often both wife and husband visit the centre and go to their respective departments. It is helpful to have male colleagues and a separate department for men (Jiyan Foundation Kirkuk, interview July 2018).

A psychotherapist from the Jiyan Foundation shared that when there is a couple's problem, she invites the husband of the wife to come with her for a session, and some husbands are ready to come. In case the psychotherapist feels that the husband could benefit from psychological interventions too, she can easily refer him to the male department and to a male colleague, so referral is very easy (Jiyan Foundation Kirkuk, interview July 2018).

From December 2018, KAFA will offer a new therapy program specifically to perpetrators of intimate partner violence, whereby the first 10 men will have individual therapy for at least 6 months and then therapy in groups and awareness-raising. Issues covered will be anger management, the role of patriarchal ideas in

165 http://www.abaadmena.org/direct-services/men-centre. Accessed on 11.09.2018.

committing violence against women, socialisation as boys and experiences of violence against them when they were children, attachment styles and coping behaviour etc.. While for the groups, male psychotherapists will likely be utilised, since they have more legitimation to challenge gender images, for individual therapy, they may benefit from the choice between male and female therapists, since these men often also lack positive female role models (KAFA Beirut, interview July 2018).

Training male psychotherapists (and other males in psychosocial issues) can actually be another avenue of changing perceptions of masculinity, because they themselves go through a transformation process during the training by learning new skills, and this transformation may even be reinforced when self-reflection, e.g. on roles and images of masculinity, is included in the curriculum. *A counsellor in a training group working with a female survivor of SGBV who presented aggressive behaviour and had a history of suicide attempts learned from his client that she had been sent to a mullah to be exorcised and was hurt by him. The psychotherapist then asked the father to promise not to send his daughter to this mullah again or any other mullah in the future, because this would definitely further harm her. When the father despite his promise tried another mullah who eventually sexually assaulted the daughter, the psychotherapist reacted immediately, and introduced a progressive and educated mullah who had already been in contact with the trainer. This mullah strongly condemned the previous mullah's behaviour and started working with the family and the survivor. Based on this intervention the client improved and the family's attitude changed. As of today the client's mental health has greatly improved* (Manneschmidt, psychologist and trainer, interview July 2018).

The approach matters: A good practice is to address men and boys in a way that does not reinforce their guilt as actual or potential perpetrators, because defence of self-worth will prevent information from going through, but instead to stress how positive masculinities may improve the quality of partnerships, sexual life, men's well-being and their relationship with their children. More progressive men usually respond well to this discourse and may feel encouraged to share their positive experiences: "The concept of a man is like the concept of a woman, there is no difference between them these days. They both need to help the family be a successful family, make sure that the children are being brought up the best way possible."[166]

WADI's No-to-violence campaign shows that violence is an issue of society as a whole, not only one that concerns women. Generalising violence and contextualising it into a social setting often helps men to support the campaign, since they also have experiences of violence to contribute to the discussions. The objective that they convey is "having healthy families" and a violence-free Garmyan region (WADI Sulaymaniyah, interview July 2018).

It is important in campaigns to portray men not as perpetrators, but as people who matter, and to show empathy and comprehension for the stresses associated with the challenges they face in society due to gendered expectations of what they are supposed to provide (KAFA Beirut, interview July 2018).

Excursus: Religious leaders as a special group for the principle of engaging men – allies or part of the problem?

When Khurto Hajj Ismail, known to Yezidi believers as Baba Sheikh, declared in 2014 that women and girls coming back from ISIL captivity were still members of the faith, he made an enormous contribution to the psychosocial recovery of thousands of Yezidi women and girls. They were now allowed to go to the sacred village of Lalish for a cleansing ritual in the "holy white spring", a small cave in the village where babies are baptised. "In Lalish, we were freed", states Nour, a Yezidi woman, to a journalist.[167] Women and girls of the Yezidi community are forbidden to have any sexual contact with nonbelievers, no matter if of their own will or by force. They are banned from the

166 Keedi, Yaghi & Barker (2017), p.43: quote from a Lebanese man in a Focus Group Discussion in Ein el Remmeneh.
167 The Guardian (July 2017).

community or murdered. Baba Sheikh's example shows the enormous influence of religious leaders on mental health and psychosocial wellbeing. However, there is a controversial debate among women's organisation in the region about whether to collaborate with religious leaders. Some warn about unintentionally strengthening their power in the community and thus catering to a group of actors that reinforces traditional gender roles. Moreover, they argue, their organisations should offer a feminist, secular alternative to faith-based social norms.[168]

On the other hand, moderate religious leaders could be important for offering a non-fundamentalist interpretation of Islam and thus reducing the grounds for legitimisation of violence through religion. Religion plays a big role in people's lives and their sense of meaning, especially in rural areas. According to the coordinator of WADI Sulaymaniyah this is true not only for older people but also for young men.

WADI used a Mullah for their Anti-FGM campaign who wrote a booklet on FGM with the message that FGM is not about Islam and actually has nothing to do with faith. The same mullah did a TV spot with WADI on this topic. This cooperation has given the message of the campaign a strong value (WADI Sulaymaniyah, interview July 2018).

In Kurdistan-Iraq, local NGOs frequently involve religious leaders in family consultation processes. KHANZAD and the Directorate to Combat Violence against Women (DCVaW) of Garmyan organise round tables with religious leaders and women's organisations for joint action in GBV prevention.[169]

The Jiyan Foundation holds awareness-raising seminars for religious leaders. The topics especially in Kirkuk are the rise of extremist religious ideas, that it has nothing to do with Islamic faith and that women's rights are not a contradiction to Islam (Jiyan Foundation Kirkuk, interview July 2018). *Several women's rights organisations participating in the regional exchange on psychosocial support for SGBV survivors in Duhok recommended that projects involving religious leaders enter the alliance with a clear position on the role of faith and religious authorities in order to not compromise the group's own feminist and secular positions.*[170]

WADI Sulaymaniyah recommends that religious leaders are addressed by a whole body of civil society in order to get them on board and compliant with the objective of educating people about religion and women's or human rights not being in conflict with it (WADI Sulaymaniyah, interview July 2018).

GUIDING PRINCIPLE 10: CONTEXTUALISED CAPACITY-BUILDING

Humanitarian actors call for "contextualised capacity-building packages"[171] and "contextualised (training) materials and tools" for MHPSS staff and others.[172] In a general understanding, this means an adaptation of standardised and internationally recognised guidelines, manuals and techniques to specificities of the context, ideally in a participatory manner, for instance through expert review panels and validation sessions with local trainers and practitioners. Capacity-building measures are then based on the adapted manual, which contains knowledge and techniques that have been identified as appropriate for the given context or have been modified accordingly. However, in our understanding of this principle,

contextualisation can even go beyond adaptation and modification of standards. It is a bidirectional conversation between global ideas and local practices, which mutually inform each other, and it is always normative: there is more than one local context, and contextualisation requires choosing between different local norms and cultures.

Even within one country, there are vast differences between rural and urban places, different levels of education and economic situations (Ghaderi, professor of psychology, interview July 2018).

168 Mlodoch (2018).
169 Ibid.
170 Ibid.
171 United Nations Children's Fund (2016).
172 For an in-depth discussion see also the GIZ recommendation paper on training and capacity development in mental health and psychosocial support (MHPSS) in the context of the crises in Syria and Iraq: GIZ (2018).

Contextual challenges

In the contexts of the crises in Syria and Iraq, like in other conflict areas, local professionals often feel that they are not adequately equipped to deal with the massive psychological suffering, overwhelming sometimes not only individuals' capacity to cope but also professional mechanisms. Therefore, they often ask to be trained in "modern" or "western" techniques, for example of trauma therapy, that seem to work better than their own practices. Correspondingly, many "western experts" find the specific regional contexts within the Middle East very challenging[173] and thus tend to find refuge in the safety of standard knowledge and training methods as learned during their own professional education. In the midst of the violence and unpredictability of the given contexts, trainers need a high level of resoluteness to not fulfil the expectation of bringing supposedly salvific new knowledge, and to engage instead in a bidirectional dialogue, building trainings on the practices that are already present. This form of capacity-building is also didactically much more challenging since it requires attuning to topics that spontaneously emerge out of group processes.

In addition, and especially in the contexts of the Syria and Iraq crises, prevalence rates for clinical post-traumatic stress reactions are so high[174] that many organisations and institutions train local practitioners in exposure-based trauma interventions[175] which are supposed to help survivors control a set of avoidance symptoms and traumatic memories in a comparatively short therapy time. They are less costly than long-term support and can thus reach many people. However, most exposure-techniques were developed in contexts of relative security and with single traumatic events, not the sequential trauma of war or SGBV. In addition, these treatments neither tackle the deep-seated depression fuelled by intense feelings of shame and fear of reprisals, nor the consequences of social isolation and marginalisation that survivors of SGBV often undergo. If not applied in a trauma-sensitive way, assuring that the client fully controls the exposure situation (which is often technically very difficult), interventions can be re-traumatising and thus increase the level of suffering. Moreover, in contexts in which women and girls are forced to be silent because of the level of shame SGBV entails for the whole society, the cultural appropriateness of therapeutic methods that are based on exposing narratives of these experiences should at least be critically discussed.

Good practices and recommendations for contextualisation

A good practice employed by some organisations is to invite experts from other MENA countries for capacity-building measures or to train local staff in the relevant skills. *The Jiyan Foundation, for instance, is conducting a 2-year training in supervision skills for the local staff of the women's clinic in KRI. Once these trainees have enough training in how to conduct supervision sessions, they will replace the German experts in supervision who, up to now, have been regularly coming to Iraq for multi-day supervision and have accompanied the work of the clinic since its beginnings* (Communication with Jiyan Foundation Berlin, August 2018).

If "western" trainers are employed, they need to learn about the context beforehand. For instance, it makes a big difference whether counselling takes places in a centre or camp setting, so the trainer needs to understand what "camp" means as a setting for counselling in order to ensure the relevance of his/her training input.

medica mondiale has the policy that trainers accompany trainees on the job before starting capacity building to understand the setting of the interventions, specific challenges etc..[176]

173 Personal conversations with trainers and consultants by one of the authors in Cologne (2017).

174 According to a study by Mobayad in camps (referred to in Quosh, Eloul & Ajlani, 2013) prevalence rates of PTSD were from 36% to 62% among adult refugees. The main predictors for PTSD among adults were exposure to fighting and hostility, as well as a history of trauma before the conflict. Prevalence rates of PTSD were reported from 41% to 76%, among children. The main predictor for children was the number of traumatic experiences related to the conflict.

175 ABAAD, for instance, has staff trained in Narrative Exposure Therapy (NET), see their annual report 2016.

176 Experience shared by one of the authors.

Supervision of cases should also take place in the very contexts in which the practitioners work, so that the trainers/supervisors understand the settings that exist and the different categories of clients the practitioners deal with (Manneschmidt, psychologist and trainer, interview July 2018).

We also recommend strengthening and more systematically disseminating training methodologies that are based on the knowledge that local SGBV practitioners have gained through their everyday work. *Haukari has run a series of workshops for SGBV-professionals in Northern Iraq, to which the organisation invited Cinur Ghaderi from the Bochum University of Applied Sciences, a psychotherapist educated in Germany and a native of Kurdistan-Iraq. Instead of introducing new psychosocial techniques or interventions, the workshop participants were encouraged to reflect on the tools and methods of counselling they were already using. Prof. Ghaderi supported participants in validating these approaches and situating them in academic lines of thought and terminology (systems theory, contextualised trauma approaches etc.). In other words, instead of adapting or transferring concepts, the trainer encouraged a connection between local practices and international debates, and in doing so placed value on and reinforced local knowledge.*[177]

If, on the contrary, the training does focus on the adaption of standards, we recommend not to adapt it to a single hegemonic "context" only but to consider the multiplicity of contexts within contextualisation. By reflecting with training participants on all the different contexts they deal within their work with clients, for instance camp vs. host community, urban vs. rural, IDPs vs. refugees, varying age groups, ethnicities and religions, trainees can develop an awareness of their own conscious or subconscious tendencies in terms of taking into account these context variables in their interventions.

GUIDING PRINCIPLE 11: STAFF CARE

In all contexts in which SGBV occurs, the burden of professional helpers is high due to the level of psychological and social destruction SGBV creates. For MHPSS practitioners more generally, staff care is increasingly considered central for assuring a professional quality of services. For instance, according to InterHealth Worldwide, "the purpose of staff care is to create a healthy and productive workforce; to prepare, sustain and support the health and wellbeing of your staff (…) and improve the quality of their work (…) by promoting emotional, cognitive, spiritual and physical help".[178]

Contextual Challenges

In the Middle East (but not only there), interventions related to cases of SGBV often happen under the immense pressure of saving the lives of survivors, who not only suffer from the violence itself but also from the social consequences. Many practitioners have clients who may be at risk of honour killing or contemplating suicide to avoid honour killing. This entails a high level of time pressure and a massive sense of responsibility for helpers. Added to this are feelings of immense hopelessness or guilt when practitioners see the situation of clients deteriorating, when there is nothing they can do to prevent it, for instance if women stop coming to therapy out of fear or cancel a divorce process from a violent husband because they are left without any economic resources after being ostracised by the family.

In addition, working with survivors of SGBV is also often associated with stigmatisation: the scope of the stigma that survivors face is expanded. Working in prisons with women accused of "moral transgression" means that the staff also face the stigma associated with this target group. Most families do not approve of the work with survivors. Some professionals therefore hide what they are doing.[179] *There are even cases in which engagements are broken because the future husbands, due*

177 Mlodoch (2018), p.19.
178 InterHealth Worldwide (2015), p.1.
179 Interviews in KRI by one of the authors; for instance one member of the shelter team in Dohuk said: "I tell my family I work for the Department of Labour and Social Affairs." The shelter is under the jurisdiction of that department in 2017.

to family pressure or due to their own perceptions, do not want to marry somebody working with "bad" women (Interview Haukari Berlin, March 2018). Generalised stigmatisation also extends to helpers working with refugees when the refugees are seen negatively by the host community (Sheese, research associate at SFU Berlin, presentation April 2018).

Many staff members may have their own personal experiences of violence, sometimes a strong motivation that draws them into this type of work, and they are living in the same situation of chronic insecurity as their clients. Due to a high level of competition between organisations in the region, scarce resources are often allocated to reaching quantifiable project goals, neglecting staff care activities that have a less measurable effect. Discourses in the helping community centre is often focused on qualities of "strength, resilience, endurance"[180], and few spaces exist to express feelings of impotence, inadequacy and despair. Many organisations in KRI have reported high levels of personnel turnover, which can at least partially be attributed to a lack of mutual support and sense of belonging among staff.[181]

Staff care is also necessary to counteract the risk of sexual exploitation through humanitarian agents that has become increasingly known and documented.[182] Due to a high vulnerability of women and girls in the contexts of the crises in Syria and Iraq, the power gradient between them and staff members is immense. Therefore, staff members who may actually feel powerless themselves or have not sufficiently reflected on their motivation and feel a need to compensate their own experiences of powerlessness may be more likely to exploit those who are even more powerless. A further challenging but necessary precaution is therefore to integrate power issues into staff care considerations in order to prevent power abuse by "helpers".

Good practices and recommendations for contextualisation

A good practice is to combine structured and non-structured forms of staff care. In *medica mondiale*'s experience, staff care does not always need to be formalised to be effective. It can be integrated into everyday routines that are often very effective, for example a shared breakfast or lunch, birthday celebrations, instances in which colleagues spend time together in a confidential setting without a specific expected result or task.[183]

In the context of ongoing conflict such as in Syria, humanitarian staff are overwhelmed by the level of suffering that they encounter in the field, especially because it is also their own situation. The Jesuits who work in the project make themselves available for informal talks whenever a staff member expresses the need. It is rather informal but sends an important message that the staff also matter (JRS Damascus, interview July 2018).

According to the field observations of one of the authors, what characterises stable organisations is sharing moments of "we couldn't care less about the pressure". In an environment of continuous demands by donors, international colleagues, politicians and one's own families, it is both strengthening and relieving to collectively, once in a while, not meet everyone's expectations, for instance by not organising an unreasonably high number of camp trips in a week for a visiting donor or not taking on too many cases when the organisation's capacity to deal with them professionally is already overstretched. In other words, staff care is successful if organisations manage to build a strong "in-group" to shield themselves against an oftentimes hostile environment.

Additionally, healthy organisations are the ones that are able to create shared meaning amidst violence and suffering: *Given that the situation of powerlessness is not only the situation of the people, but also of the staff, albeit to a lesser*

180 "What helps the helpers?" (16.04.2018), p.10, presentation for GIZ regional program Psychosocial Support for Syrian and Iraqi Refugees and Internally Displaced People.
181 Interviews by by one of the authors in Iraq (2016).
182 See, for example, the #MeToo campaign in the aid sector, The Guardian (February 2018).
183 Interviews by one of the authors (2016).

extent (due to them having a job), the suffering of the people they serve also reminds them of their own suffering. However, the staff does not only feel connected to the beneficiaries in their suffering, but also in their joy. When JRS organises social gatherings with the families of the beneficiaries, the staff also feel happy when they see the happiness of these families and especially the children who are able to play. This gives them a lot of energy.

JRS Damascus works with a team that represents all denominations and therefore all different political views, which is sometimes not so easy. While talking about the difficulties they have with the differences among them, they also gradually realise that it is not one's political views that matter, but that each of them is an individual with the same right to be heard and respected. They also feel that their team composition provides them with a sense of meaning that nurtures them in the midst of powerlessness: that they eventually through their team and in their work are already working toward reconciliation and peace (JRS Damascus, interview July 2018).

Therefore, staff care is not only – and not even primarily – a question of personal self-care strategies, but an issue of organisational care, i.e. of structures, policies and attitudes of the whole organisation towards the well-being of its staff, and it is a central component of organisational leadership.

In highly violent contexts, as an expansion of that very violence, conflicts within organisations are frequent. Staff care is often misunderstood as a way to resolve these tensions and inevitably fails to do so. As the GIZ-funded research project "What helps the helpers?" points out, it is important to first address reasons underlying discontent or disconnectedness before working on a staff care framework.[184] Usually inappropriate working conditions (e.g. too many cases, long working days, lax security measures) or leadership issues (e.g. abuse of power, lack of recognition and appreciation, tabooing of conflicts and tensions, discriminative treatment of staff) play an important role.

Structural changes can solve many problems, for instance by revising hierarchies or introducing part-time working days in consideration of the fact that female staff members are expected to fully fulfil their multiple roles as daughters, wives and mothers.

In terms of structured forms of staffcare, the organisation of sharing for intensive cases is crucial, because the level of suffering and powerlessness entailed in these cases can be overwhelming for the whole group if not appropriately contained. A good practice is therefore to create structured spaces especially designated for talking about difficult cases (i.e. structured interventions of peer sharing).[185] Elements of staff care can also be introduced into organisational routines such as planning meetings. *After being trained in* medica mondiale*'s stress and trauma-sensitive approach, the project coordinators of an international organisation in Dohuk decided to change and re-arrange the structure of their planning meetings and make them less stressful: Now, they consciously organise the meetings in the office and not in the camp. This creates a secure space for the staff members where they are free from constant interruptions and emergencies to take care of, which helps them to be more present and more connected to one another. Their superiors know about the meetings and respect them, so they are not taken away for other urgent issues. The meetings have a facilitator – one of the staff members – who manages the group's atmosphere and makes sure that both men and women get equal space for talking. The group agrees on rules for the meeting to assure an atmosphere of safety and confidentiality. In the beginning, the meetings have an introductory round in which the project coordinators talk about their situations and needs and start with a body movement or concentration exercise. During the meetings, energisers are offered to relax and rest. The meetings are evaluated at the end and the coordinators go for lunch together* (Maria Zemp, body psychotherapist and trainer and consultant of *medica mondiale*, observation shared in September 2018).

184 Interviews by one of the authors in Cologne (2016).
185 Observation shared by Maria Zemp, trainer and consultant of *medica mondiale* in Cologne (2016).

There is no one-size-fits-all recipe for staff care. Similar to the observation of multiple contexts within one regional context, every organisation/institution has its own unique psychosocial group dynamics and staff needs. Ideally, every organisation should start by creating a shared understanding of what staff care means for its members before co-constructing step-by-step a staff care framework. Staff care is not synonymous with and should not be replaced by clinical or counselling supervision in its different forms (case-, team-, peer-supervision etc.).[186] Providing supervision is a professional obligation for every organisation working in MHPSS. It has a restorative component and can be a setting to work successfully on professional boundaries or feelings of guilt. However, apart from being restorative, supervision has also a formative (i.e. complementing professional education and training) and normative (i.e. quality control) character and should therefore, in our opinion, be differentiated from staff care.
Last but not least, every staff care framework implies additional expenses. Donors should be open to the need and costs for staff care and should consider the provision of staff care measures when reviewing project designs. And finally, donors should be conscious of their own approach towards implementing organisations and the potential of their demands and imposition of structures to ultimately contribute to the exhaustion of staff members of the organisations, creating an even greater need for funding measures for staff care.

186 Clinical supervision is „the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused, and which manages, supports, develops and evaluates the work of colleague/s. The main methods that supervisors use are corrective feedback on the supervisee's performance, teaching, and collaborative goal-setting. It therefore differs from related activities, such as mentoring and coaching, by incorporating an evaluative component. Supervision's objectives are "normative" (e.g. quality control), "restorative" (e.g. encourage emotional processing) and "formative" (e.g. maintaining and facilitating supervisees' competence, capability and general effectiveness)." See Milne (2007).

CHAPTER 3: KEY RECOMMENDATIONS FOR SGBV-MHPSS PROGRAMMING

As each of the 2 systemic conclusions and 11 guiding principles has various, complex implications for the design, implementation and funding of mental health and psychosocial support activities with SGBV survivors, here are the ones we consider the most important for the contexts of the crises in Syria and Iraq:

A	Contextualising MHPSS	• Do not focus your intervention on single traumatic experiences but take into account the sequential trauma of lifelong gender-based oppression and self-silencing that many women and girls go through. The level of suffering from traumatising violence not only depends on the horror of specific experiences but also on their broader socio-cultural meaning. • Societal dynamics have an impact on which information women share with whom and to what they attribute their suffering. Always interpret women's narratives as part of broader systemic dynamics.
B	Balancing Practical and Strategic Gender Interests	• The more fragile the life situation of a woman, the more need for practitioners to prioritise practical gender interests, which means that they must strongly consider limitations set by socially accepted barriers. In extreme fragility, make sure to appreciate and respect seemingly "conservative" work that does not challenge the status quo or "rock the boat of gender relations", but that may still introduce different attitudes towards women and girls.
1–2	Combined Multi-Sectoral and Multi-Level Approach	• Provide focused person-to-person psychological and psychotherapeutic interventions for SGBV survivors only if you or a close cooperating partner can also address the underlying reasons for the legal, social, health and economic vulnerability of women and girls. It is not sufficient to refer to other services. You and/or your partner organisation should work systematically on the structural and institutional changes in key sectors required for the long-term mental health, psychosocial wellbeing and protection of SGBV survivors. • Design and implement or fund MHPSS programs for women and girls only when this program is part of a long-term strategy for change. Although refugees and IDPs are constantly on the move, the regional contexts of structural violence remain in place if they are not addressed in a joint effort by all actors in humanitarian and civil society. • To achieve these changes, and also because an NGO cannot provide the level of safety that the police can, work with the government whenever possible. However, be aware that sometimes governmental structures are also part of a system of violence and oppression; carefully consider and continuously monitor the benefits and the dangers.
3	Rights-Based Approach	• Train psychosocial workers and psychotherapists in a rights-based concept of SGBV-related trauma by reflecting with them on the political nature of sexual and gender-based violence. • Although legal frameworks discriminate against women and girls, they can still open up new options. Make systematic use of the therapeutic quality of legal information by incorporating it as an important component in your focused person-to-person intervention. In parallel, lobby for improvements in the legal frameworks. • Partner with/fund organisations with a long-standing history of working for women's rights in the region, without excluding emerging initiatives with new approaches that can complement well-established organisations.

4	Community-Based Approach	• Work with the community also beyond the family or clan structure (police, shelters, civil society organisations, political party committees, religious-based networks etc.). • Develop action plans on how to bring violence from the private family sphere to the (semi-)public arena, for instance through working with the justice system in spite of its flaws or with informal justice mechanisms.
5	Primacy of Safety	• In your counselling intervention, conceptualise safety of the survivor as a continuum, showing the trade-offs between safety on the one hand and staying with loved ones but being threatened on the other hand, to prepare the survivor for the psychosocial and mental health consequences of her decision. • Make use of and modify techniques developed within systemic approaches to elaborate mappings and analyses of key safety agents within the family system. • In the complete impunity of active combat zones, make a clear decision to prioritise practical gender interests and find ways to improve security even though this can sometimes undermine strategic gender interests (e.g. protection in sexual exploitation scenarios that cannot be avoided etc.)
6	Confidential Access	• Frame MHPSS services for survivors with terms that do not induce fears from the family, so that they are not prevented from going or "detected" when doing so. • Create multi-use facilities where MHPSS is just one offering among many others. • Integrate MHPSS in reproductive health services and train health and other professionals in a trauma-sensitive approach. Mobile health clinics are an especially powerful confidential access strategy. • Provide transport refunds and child care for women's activities, because women who don't need to ask for money to attend an activity and who take their children with them are not as "suspicious" and face fewer barriers.
7	Empowerment	• Adopt a gradual and nuanced empowerment concept that starts with a strong focus on power through togetherness with others (power with) and inner strength (power from within), before working on decision-making power or a more independent life plan. • Power with: Create mixed group counselling with women from different religious, ethnic and social background (refugee and host communities, Arab and Kurdish etc.). • Power from within: Consider working on self-worth and self-care to revise negative beliefs about oneself and using trauma-sensitive, body-oriented therapeutic methods. • Look for strategies for socio-economic empowerment that change the survivors' socio-economic status, for instance by training them as facilitators, health promoters etc.

8	Non-discrimination	• When hiring MHPSS staff, try to create social, ethnic and religious diversity and promote inclusive group dynamics in teambuilding and staff care activities. • Encourage in trainings reflection on how socio-cultural attributions bidirectionally affect the client-psychotherapist/counsellor-relationship. • Provide/fund MHPSS services to survivors of both "normalised" structural violence as well as "extraordinary" conflict-driven violence, from the host as well as IDP/refugee communities.
9	Engaging Men and Boys	• Start prevention work with children through educational programs addressing gender roles and stereotypes, for example as part of the activities in child-friendly spaces. • Offer pre-marriage counselling and discuss the advantages of gender equality for a happy marriage. • Provide gendered MHPSS services to men under less stigmatising labels such as "anger management" or "dealing with daily stress". • Do not portray men as perpetrators but as agents who matter for a peaceful society.
10	Contextualised Capacity-Building	• Organise on-the-job trainings and on-the-job supervisions so that supervisors/trainers understand the setting in which MHPSS is provided. • Use and diffuse didactical methodologies that are successful by basing trainings on local knowledge and practices instead of one-sidedly "adapting" internationally acknowledged manuals or techniques to the regional context.
11	Staff Care	• Be aware of the specific challenges that working with survivors of SGBV pose for helpers with regard to their own personal balance. • Create informal spaces where colleagues can be together in moments of "we couldn't care less about the work pressures" or in moments of shared meaning. • Create structured spaces for sharing regarding heavy cases. • Do not equate staff care with conflict management. First address the reasons behind discontent or disconnectedness (often found in working conditions or leadership issues), before working on a staff care framework. • Revise organisational work structures, policies and attitudes and make staff care an ingredient of organisational leadership. • There is no one-size-fits-all recipe for staff care. First create a shared understanding of what staff care means for your colleagues before co-constructing step-by-step and participatorily the staff care framework that fits your (partner) organisation's needs and group dynamics.

ANNEXES

ANNEX 1: LIST OF ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DCVaW	Directorate of Combatting Violence against Women
DHS	Demographic and Health Study
ESCWA	Economic and Social Commission for Western Asia
FGD	Focus group discussions
FGM	Female genital mutilation
GBV	Gender-based violence
GIZ	German Agency for International Cooperation
IASC	Inter-Agency Standing Committee
ICC	The International Criminal Court
IDPs	Internally displaced persons
IMAGES-MENA	International Men and Gender Equality Survey
IFHS	Iraq Family Health Survey
ISIL	Islamic State in Iraq and the Levant
ISIS	Islamic State of Iraq and Syria
JRS	Jesuit Refugee Service
KRI	Kurdistan Region of Iraq
LGBTI	Lesbian, gay, bisexual and transgender, intersex
MENA	Middle East and North Africa
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organisation
SGBV	Sexual and gender-based violence
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
WHO	World Health Organisation
WRO	Women Rehabilitation Organisation Iraq

ANNEX 2: BIBLIOGRAPHY
REPORTS AND BOOKS

ABAAD. Men Centre Programme (2018). *Description and Objectives*. http://www.abaadmena.org/direct-services/men-centre [accessed on 11.09.2018].

Ahmad, A., Becker, D., Kühner, A., Langer, P.C. & Sheese, K. (2018). *What Helps the Helpers? Staff Care in Fragile Contexts*. Presentation for GIZ regional program Psychosocial Support for Syrian and Iraqi Refugees and Internally Displaced People. 16.04.2018.

Akkoç, N. (2004). *The Cultural Basis of Violence in the Name of Honour*. In: N. Abdo & S. Mojab (Eds.), *Violence in the Name of Honour. Theoretical and Political Challenges*. Istanbul: Istanbul Bilgi Üniversitesi Yayınları, 113–126.

Al-Atrushi, H.H., Al-Tawil, N.G., Shabila, N.P. & Al-Hadithi, T.S. (2013). *Intimate Partner Violence against Women in the Erbil City of the Kurdistan Region,* Iraq. BMC Women's Health, 13:37. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/1472-6874-13-37 [accessed on 28.09.2018].

Al-Khayyat, S. (1990). *Honour and Shame. Women in Modern Iraq*. London: Saqi Books.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition. Arlington, VA: the author.

Aras, B. & Yorulmazlar, E. (2017). *Mideast Geopolitics: The Struggle for a New Order. Middle East Policy*, 24:2, 57–69. https://onlinelibrary.wiley.com/doi/abs/10.1111/mepo.12267 [accessed on 02.09.2018].

Bahdi, R. (2007). *Background Paper to Women's Access to Justice in the MENA Region*. Presented for IDRC, Regional Consultation Dec. 9–11th, Cairo, Egypt. http://www.uwindsor.ca/law/rbahdi/sites/uwindsor.ca.law.rbahdi/files/womens_access_to_justice_in_mena-bahdi_en.pdf [accessed on 07.09.2018].

CARE (2018). *Supporting Access to Family Planning and Post-Abortion Care (SAFPAC), Chad*. https://www.care.org/sites/default/files/documents/SAFPAC_Final.pdf [accessed on 15.09.2018].

Centre for Reproductive Rights (2017). *Ensuring Sexual and Reproductive Health and Rights of Women and Girls Affected by Conflict*. Briefing Paper. https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/ga_bp_conflictncrisis_2017_07_25.pdf [accessed on 04.09.2018].

Ciftci, A., Jones, N & Corrigan, P.W. (2012). *Mental Health Stigma in the Muslim Community*. Journal of Muslim Mental Health, 7:1. http://dx.doi.org/10.3998/jmmh.10381607.0007.102 [accessed on 03.09.2018].

Coker, A.L., Smith, P.H., Thompson, M.P., McKeown, R.E., Bethea, L. & Davis, K.E. (2002). *Social Support Protects Against the Negative Effects of Partner Violence on Mental Health*. Journal of Women's Health & Gender-Based Medicine, 11:5, https://doi.org/10.1089/15246090260137644 [accessed on 11.09.2018].

Constitution of the Republic of Iraq. 15 October 2005. http://www.refworld.org/docid/454f50804.html [accessed on 06.09.2018].

Crowley Jack, D. & Dill, D. (1992). *The Silencing the Self Scale. Schemas of Intimacy Associated with Depression in Women.* Psychology of Women Quarterly, 16:1. https://doi.org/10.1111/j.1471-6402.1992.tb00242.x [accessed on 10.09.2018].

Darves-Bornoz, J. M. (1997). *Rape-related Psychotraumatic Syndromes.* European Journal of Obstetrics & Gynaecology and Reproductive Biology, 71, 59–65.

Davis, L. (2016). *ISIL, the Syrian Conflict, Sexual Violence, and the Way Forward: Syrian Women's Inclusion in the Peace Process.* International Law and Politics, 48. http://nyujilp.org/wp-content/uploads/2010/06/NYU_JILP_48_4_Davis.pdf [accessed on 11.09.2018].

Department of Statistics Jordan & The International Children's Fund (2012). *Jordan Population and Family Health Survey.* Calverton, Maryland, USA: Department of Statistics/Jordan and ICF International. https://dhsprogram.com/publications/publication-fr282-dhs-final-reports.cfm [accessed on 11.09.2018].

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (2018). *Guiding Framework for Mental Health and Psychosocial Support (MHPSS) in Development Cooperation. As exemplified in the context of the crises in Syria and Iraq.* Amman/Eschborn: the author.

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (2019). *Recommendation Paper on Training and Capacity Development in Mental Health and Psychosocial Support (MHPSS) in Development Cooperation. As Exemplified in the Context of the Crises in Syria and Iraq.* Eschborn: the author.

Dorai, M.K. (2011). *Iraqis in Exile: Migratory Networks as a Coping Strategy.* International Journal of Contemporary Iraqi Studies, 5:2, 215–229. https://halshs.archives-ouvertes.fr/halshs-00660141/document [accessed on 05.09.2018].

El-Feki, S., Heilman, B. & Barker, G. (2017). *Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa: Executive Summary.* Cairo/Washington, DC: The United Nations Entity for Gender Equality and the Empowerment of Women and Promundo-US. https://imagesmena.org/wp-content/uploads/sites/5/2017/05/IMAGES-MENA-Executive-Summary-EN-16May2017-web.pdf [accessed on 19.09.2018].

El-Saadawi, N. (1980). *The Hidden Face of Eve: Women in the Arab World.* London: Zed Press.

Euro-Mediterranean Human Rights Network (2013). *Violence against Women, Bleeding Wound in the Syrian Conflict.* https://euromedrights.org/wp-content/uploads/2015/03/Doc-report-VAW-Syria1.pdf [accessed on 02.09.2018].

Gender-Based Violence Information Management System (2015). Mid-Year Report 2015 SGBV Sub-Working Group Jordan. https://data2.unhcr.org/fr/documents/download/44532 [accessed on 28.09.2018].

Ghanim, D. (2009). *Gender and Violence in the Middle East.* Westport: Praeger Publishers.

Gillman, O. (2016). *Their Voice was in my Ears, I was so Scared: Yezidi Teenager Raped by ISIS Militants Reveals how she Doused herself in Petrol and set herself on Fire to look "undesirable" in case Islamist Fighters came for her again.* Mail Online. 24. August 2016. https://www.dailymail.co.uk/news/article-3755910/Raped-tortured-IS-Yezidi-women-recover-Germany.html [accessed on 07.09.2018].

Goethem, A.v., Mulders, D., Muris, M., Arntz, A. & Egger, J. (2012). *Reduction of Self-injury and Improvement of Coping Behaviour during Dialectical Behaviour Therapy (DBT) of Patients with Borderline Personality Disorder.* International Journal of Psychology and Psychological Therapy, 12:1, 21–34.

Griese, K. & Mehlau, A. (2016). *Ein Solidarischer, Stress- und Traumasensibler Ansatz zur Multisektoriellen Unterstützung von Gewaltüberlebenden. Trauma – Zeitschrift für Psychotraumatologie und ihre Anwendungen,* 14:1, 4-16. https://www.medicamondiale.org/fileadmin/redaktion/5_Service/Mediathek/Dokumente/Deutsch/Pressespiegel/Trauma-Zeitschrift_Heft-1-2016_multi-sektorielle-Unterstuetzung.pdf [accessed on 04.09.2018].

Hassan, G., Ventevogel, P., Jefee-Bahloul, F., Barkil-Oteo, A. & Kirmayer, L.J. (2016). *Mental Health and Psychosocial Wellbeing of Syrians Affected by Armed Conflict.* Epidemiology and Psychiatric Sciences, 1:2, 1–13.

Human Rights and Gender Justice Clinic at the City University of New York School of Law, MADRE & The Women's International League for Peace and Freedom (2016). *Human Rights Violations Against Women and Girls in Syria.* Submission to the United Nations Universal Periodic Review of the Syrian Arab Republic. 26th Session of the UPR Working Group of the Human Rights Council. https://www.upr-info.org/sites/default/files/document/syrian_arab_republic/session_26_-_november_2016/js7_upr26_syr_e_main.pdf [accessed on 06.09.2018].

Human Rights Watch (2017). *Iraq: Strengthen Domestic Violence Bill, Increase Protections for Victims; Set Penalties for Abusers.* 19. March 2017. https://www.hrw.org/news/2017/03/19/iraq-strengthen-domestic-violence-bill [accessed on 11.09.2018].

Human Rights Watch (2018). *Yezidi Girl's Freedom Opens Door to Justice in Iraq. Prosecute ISIS Members for Specific Crimes.* 2. April 2018. https://www.hrw.org/news/2018/04/02/yezidi-girls-freedom-opens-door-justice-iraq [accessed on 01.09.2018].

Inter-Agency Standing Committee (2005). *Guideline Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.* https://interagencystandingcommittee.org/system/files/legacy_files/tfgender_GBVGuidelines2005.pdf [accessed on 07.09.2018].

Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support (2010). *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?* http://www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf [accessed on 03.09.2018].

InterHealth Worldwide (2015). *Staff Care Guidelines. Promoting Staff Health and Wellbeing.* https://www.mhinnovation.net/interhealth-worldwide-2015-staff-care-guidelines [accessed on 08.09.2018].

International Centre for Missing and Exploited Children (2013). *Child Marriage in the Middle East and North Africa – A White paper.* https://www.icmec.org/wp-content/uploads/2015/10/Child_Marriage_in_the_MENA_Region.pdf [accessed on 20.09.2018].

International Crisis Group (2017). *Tackling the MENA Region's Intersecting Conflicts.* https://d2071andvip0wj.cloudfront.net/tackling-the-mena-region%20(1).pdf [accessed on 05.09.2018.]

International Federation of Red Cross and Red Crescent Societies (2015). *Sexual and Gender-Based Violence. A Two-Day Psychosocial Training.* https://www.rcrc-resilience-southeastasia.org/document/sexual-and-gender-based-violence-a-two-day-psychosocial-training/ [accessed on 15.09.2018].

Joachim, I. (2005). *Sexualised Violence in War and its Consequences.* In: *medica mondiale* (ed.), Violence against Women in War. Handbook for Professionals Working with Traumatised Women, 63–110. Frankfurt: Mabuse.

Kanagawa, C., Cross, S.E., & Markus, H.R. (2001). *"Who am I?" The Cultural Psychology of the Conceptual Self.* Personality and Social Psychology Bulletin, 27:1, 90–103. http://dx.doi.org/10.1177/0146167201271008 [accessed on 11.09.2018].

Keedi, A., Yaghi, Z. & Barker, G. (2017). *We Can Never Go Back to How Things Were Before: A Qualitative Study on War, Masculinities, and Gender Relations with Lebanese and Syrian Refugee Men and Women.* Promundo. https://promundoglobal.org/wp-content/uploads/2017/05/IMAGES-Study_Quali_Eng.pdf [accessed on 06.09.2018].

Keilson, H. & Sarphatie, H. R. (1992). *Sequential traumatization in children: A clinical and statistical follow-up study on the fate of the Jewish war orphans in the Netherlands* (Y. Bearne, H. Coleman & D. Winter, Trans.). Jerusalem, Israel: Magnes Press.

Kenny, C. (2017). *Prosecuting Crimes of International Concern: Islamic State at the ICC?* Utrecht Journal of International and European Law, 33:84, 120–145. http://doi.org/10.5334/ujiel.364 [accessed on 18.09.2018].

Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M. & Nelson, C.B. (1995). *Posttraumatic Stress Disorder in the National Comorbidity Survey.* Archives of General Psychiatry, 52:12, 1048-1060. https://www.ncbi.nlm.nih.gov/pubmed/7492257 [accessed on 04.09.2018].

Kizilhan, J.I. (2018). *PTSD of Rape after IS („Islamic State") Captivity.* Archives of Women's Mental Health, 21:3, 517–524.

Koss, M.P. & Burkhart, B.R. (1989). *A Conceptual Analysis of Rape Victimization. Long-term Effects and Implications for Treatment.* Psychology of Women Quarterly, 13:1, 27–40. https://doi.org/10.1111/j.1471-6402.1989.tb00983.x [accessed on 20.09.2018].

Kousha, M. (1997). *Ties that bind: Mothers and daughters in contemporary Iran.* Critique: Critical Middle Eastern Studies, 6:11, 65–83.

Krause, S., Williams, H., Onyango, M.A., Sami, S., Doeden, W., Giga, N., Stone, E. & Tomczyk, B. (2015). *Reproductive Health Services for Syrian Refugees in Zaatri Refugee Camp and Irbid City, Hashemite Kingdom of Jordan, An Evaluation of the Minimum Initial Service Package.* Conflict and Health, 9, S4. https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-9-S1-S4 [accessed on 16.09.2018].

Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B. & Lozano, R. (2002). *World Report on Violence and Health.* Geneva, World Health Organization. http://www.who.int/violence_injury_prevention/violence/world_report/en/ [accessed on 27.09.2018].

Kuehne, C. (2003). *Gender Differences in Unipolar Depression: An Update on Epidemiological Findings and Possible Explanations.* Acta Psychiatrica Scandinavica, 108:3. https://doi.org/10.1034/j.1600-0447.2003.00204.x [accessed on 15.09.2018].

Kvinna till Kvinna (2017). *Syrian Women in Political Processes. The Participation of Syrian Women in Political Processes 2012–2016*. Literature Review. https://kvinnatillkvinna.se/wp-content/uploads/2017/11/syrian-women-in-political-processes-ktk.pdf [accessed on 11.09.2018].

Loncar, M., Medved, V., Jovanovic, N. & Hotujac, L. (2006). *Psychological Consequences of Rape on Women in 1991–1995 War in Croatia and Bosnia and Herzegovina.* Croatian Medical Journal, 47, 67–75. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080379/ [accessed on 07.09.2018].

Mark, H., Bitzker, K., Klapp, B.F. & Rauchfuss, M. (2008). *Gynaecological Symptoms Associated with Physical and Sexual Violence.* Journal of Psychosomatic Obstetrics & Gynaecology, 29:3, 167–175. https://www.tandfonline.com/doi/full/10.1080/01674820701832770?scroll=top&needAccess=true [accessed on 03.09.2018].

***medica mondiale e.V.* (2018)**. *Mehrebenenansatz zur Prävention und zum Schutz vor Gewalt.* https://www.medicamondiale.org/fileadmin/redaktion/5_Service/Mediathek/Dokumente/Deutsch/Grundsatzdokumente/medica_mondiale_Mehrebenenansatz_2018-07.pdf [accessed on 07.09.2018].

Medica Zenica & *medica mondiale e.V.* (2014). *"We are still Alive. We have been Harmed but We are Brave and Strong." Research on the Long-term Consequences of War Rape and Coping Strategies of Survivors in Bosnia and Herzegovina.* Zenica, June 2014. https://www.medicamondiale.org/fileadmin/redaktion/5_Service/Mediathek/Dokumente/English/Documentations_studies/141128_Research_We-Are-Still-Alive_CR-Medica-Zenica_medica-mondiale.pdf [accessed on 02.09.2018].

Miller, R. (2007). *Rights, Reproduction, Sexuality, and Citizenship in the Ottoman Empire and Turkey.* Signs, 32:2, 347–373. https://www.journals.uchicago.edu/doi/10.1086/508218 [accessed on 07.09.2018].

Milne, D. (2007). *An Empirical Definition of Clinical Supervision.* British Journal of Clinical Psychology, 46:4, 437–447. https://onlinelibrary.wiley.com/doi/abs/10.1348/014466507X197415 [accessed on 04.09.2018].

Minority Rights Group International (2015). *No Place to Turn: Violence against Women in the Iraq Conflict.* http://www.refworld.org/docid/55b610224.html [accessed on 17.09.2018].

Miquel, J. & Sonntag, R. (2017). *Voices from Syria 2018, Assessment Findings of the Humanitarian Needs Overview, Whole of Syria, Gender-Based Violence Area of Responsibility.* https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017-12_voices_from_syria_2nd_edition.pdf [accessed on 11.09.2018].

Mlodoch, K. (2018). *Different Experiences – Joint Answers? The Intersections between Gender-Based Political, Social and Domestic Violence. A Regional Exchange on Psychosocial Practices of Supporting Refugee and Host Community Women Affected by Violence.* May 2017, Duhok, Kurdistan-Iraq. Amended by input from further exchange with participants after the workshops and on-the-job observations after the workshop until September 2017. Report final draft (unpublished).

Moser, C.O.N. (1989). *Gender Planning in the Third World: Meeting Practical and Strategic Gender Needs.* World Development, 17:11, 1799–1825.

No Lost Generation (2018). *Read-out of No Lost Generation Donor Briefing and Roundtable Discussion on Gender Based Violence against Adolescent Girls and Boys.* 09. May 2018. https://nolostgeneration.org/sites/default/files/makhalid/Read%20out%20of%20No%20Lost%20Generation%20donor%20briefing%20May%202018%20final%20(002).pdf [accessed on 03.09.2018].

Pasman, J. (2011). *The Consequences of Labeling Mental Illnesses on the Self-Concept. A Review of the Literature and Future Directions.* Social Cosmos, 2, 122–127. https://dspace.library.uu.nl/handle/1874/202471 [accessed on 11.09.2018].

Perkonigg, A. & Wittchen, H.-U. (1999). *Prevalence and Comorbidity of Traumatic Events and Posttraumatic Stress Disorder in Adolescents and Young Adults.* In: A. Maercker, M. Schützwohl & Z. Solomon (Eds.), Posttraumatic Stress Disorder: A life-span developmental perspective, 113–136. Göttingen: Hogrefe.

Quosh, C., Eloul, L. & Ajlani, R. (2013). *Mental Health of Refugees and Displaced Persons in Syria and Surrounding Countries: A Systematic Review.* Intervention, 11:3, 276–294. https://www.interventionjournal.com/sites/default/files/Mental_health_of_refugees_and_displaced_persons_in.5.pdf [accessed on 04.09.2018].

Rankin, M. (2017). *The Future of International Criminal Evidence in New Wars? The Evolution of the Commission for International Justice and Accountability (CIJA).* Journal of Genocide Research, 20:3, 392–411. https://doi.org/10.1080/14623528.2018.1445435 [accessed on 07.09.2018].

Republic of Iraq (2011). *Act of Combating Domestic Violence in the Kurdistan Region of Iraq* (Law No.8 of 2011), 21 June 2011. http://www.refworld.org/docid/5b2911044.html [accessed on 07.09.2018].

Riach, G. & James, Z. (2016). *Strengthening the Rule of Law on the Margins: Experiences from Za'atari Refugee Camp, Jordan.* The International Journal of Human Rights, 20:4, https://doi.org/10.1080/13642987.2015.1128144 [accessed on 07.09.2018].

Rowlands, J. (1997). *Questioning Empowerment. Working With Women in Honduras.* Oxfam, Dublin.

Saadoun, M. (2018). *Will Iraq's New 'Tribal Court' Undermine Rule of Law?* Al-Monitor, 12, April 2018. https://www.al-monitor.com/pulse/originals/2018/04/iraq-tribalism-sheikhs-justice-law.html [accessed on 07.09.2018].

Seifert, R. (1993). *Krieg und Vergewaltigung, Ansätze zu einer Analyse.* SOWI-ARBEITSPAPIER NR. 76. http://www.mgfa-potsdam.de/html/einsatzunterstuetzung/downloads/ap076.pdf?PHPSESSID=92bb8 [accessed on 08.09.2018].

Shalhoub-Kevorkia, N. (2000). *Mapping and Analyzing the Landscape of Femicide in Palestinian Society.* Report by Women's Center for Legal Aid and Counseling submitted to UNIFEM.

Sisti, D., Young, M. & Caplan, A. (2013). *Defining Mental Illnesses: Can Values and Objectivity Get Along?* BMC Psychiatry, 13:346, https://doi.org/10.1186/1471-244X-13-346 [accessed on 07.09.2018].

Spencer, R., Usta, J., Essaid, A., Shukri, S., Gharaibeh, Y. El, Abu Taleb, H., Awwad, N., Nsour, H., Alianza por la Solidaridad, United Nations Population Fund Lebanon & Clark, C.J. (2015). *Gender Based Violence Against Women and Girls Displaced by the Syrian Conflict in South Lebanon and North Jordan: Scope of Violence and Health Correlates,* https://www.alianzaporlasolidaridad.org/wp-content/uploads/GBV-Against-Women-and-Girl-Syrian-Refugees-in-Lebanon-and-Jordan-FINAL.pdf [accessed on 03.09.2018].

Swiss Agency for Development and Cooperation (2006). *Gender, Conflict Transformation and the Psychosocial Approach.* Toolkit. https://www.eda.admin.ch/dam/deza/en/documents/themen/gender/91135-arbeitshilfe-gender-konflikttranspsycho-soz-ansatz_EN.pdf [accessed on 11.09.2018].

Swiss Agency for Development and Cooperation (2016). *"Violence against an individual is violence against society, and the family as a whole" SDCs experience in addressing Sexual and Gender-based Violence.* https://www.eda.admin.ch/dam/deza/en/documents/themen/gender/gender-based-violence-schlussbericht_EN.pdf [accessed on 08.09.2018].

Syria Justice and Accountability Centre & Syria Research and Evaluation Organization (2015). *Societal Attitudes towards Sexual and Gender-Based Violence in Syria.* http://syriaaccountability.org/wp-content/uploads/Societal-Attitudes.pdf [accessed on 11.09.2018].

Taub, B. (2016). *Does Anyone in Syria Fear International Law?* In The New Yorker, 31. August 2016. https://www.newyorker.com/news/news-desk/does-anyone-in-syria-fear-international-law [accessed on 11.09.2018].

The Advocates for Human Rights & The United Nations Entity for Gender Equality and the Empowerment of Women (2011). *Working with the Justice Sector to End Violence against Women and Girls.* http://www.endvawnow.org/uploads/modules/pdf/1325624043.pdf [accessed on 08.09.2018].

The Economic and Social Commission for Western Asia (2017). *The State of Gender Justice in the Arab Region.* https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/state-gender-justice-arab-region-english.pdf [accessed on 07.09.2018].

The Guardian (2017). *'I was sold Seven Times': The Yazidi Women Welcomed Back into the Faith. 01 July 2017.* https://www.theguardian.com/global-development/2017/jul/01/i-was-sold-seven-times-yazidi-women-welcomed-back-into-the-faith [accessed on 11.09.2018].

The Guardian (2018). *#MeToo Strikes Aid Sector as Sexual Exploitation Allegations Proliferate, 12 February 2018*. https://www.theguardian.com/global-development/2018/feb/12/metoo-strikes-aid-sector-as-sexual-exploitation-allegations-proliferate [accessed on 08.09.2018].

The International Women's Human Rights Clinic at the City University of New York School of Law, MADRE & The Organization of Women's Freedom in Iraq (2015). *Women's Human Rights Violations in Iraq. In Response to the Fourth Periodic Report of the Republic of Iraq. Submission to the UN Committee on Economic, Social and Cultural Rights.* https://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/IRQ/INT_CESCR_CSS_IRQ_21592_E.pdf [accessed on 02.09.2018].

The Lebanon National GBVIMS Steering Committee (2016). *Lebanon: How GBVIMS Data Contributed to a Coordinated Response to Intimate Partner and Family Violence and Violence in Public Spaces.* Linking Data Analysis to Programming Series: No.4. Available at: http://www.gbvims.com/wp/wp-content/uploads/Lebanon_Linking-Data-Analysis-to-Programming_Finalv7.pdf [accessed on 28.09.2018].

The United Nations Entity for Gender Equality and the Empowerment of Women (2013). *Inter-agency Assessment of Gender-Based Violence and Child Protection among Urban Syrian Refugees in Jordan, with a Focus on Early Marriage.* New York. https://data2.unhcr.org/en/documents/details/39522 [accessed on 08.09.2018].

The United Nations Entity for Gender Equality and the Empowerment of Women & The Advocates for Human Rights (2011). *Working with the Justice Sector to End Violence against Women and Girls.* http://www.endvawnow.org/uploads/modules/pdf/1325624043.pdf [accessed on 02.09.2018].

Ullman, S.E., Townsend, S.M., Filipas, H.H. & Starzynski, L.L. (2017). *Structural Models of the Relations of Assault Severity, Social Support, Avoidance Coping, Self-Blame, and PTSD among Sexual Assault Survivors.* Psychology of Women Quarterly, 31:1, 23–37. https://doi.org/10.1111/j.1471-6402.2007.00328.x [accessed on 07.09.2018].

United Nations (2000). *Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.* https://www.osce.org/odihr/19223?%20download=true [accessed on 09.09.2018].

United Nations Assistance Mission in Iraq (2013). *Women in Iraq Factsheet.* http://www.uniraq.org/index.php?option=com_k2&view=item&id=498:women-in-iraq-factsheet&Itemid=626&lang=en [accessed on 04.09.2018].

United Nations Children's Fund (2016). *Refugee and Migrant Crisis in Europe* H*umanitarian Situation Report #12.* https://www.unicef.org/appeals/files/UNICEF_Europe_Refugee_and_Migrant_Crisis_Regional_SitRep_13_June_2016.pdf [accessed on 15.09.2018].

United Nations Children's Fund (2016). *The State of The World's Children – a Fair Chance for Every Child.* https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf [accessed on 05.09.2018].

United Nations Development Fund for Women (2005). *Violence against Women in Syria Study.* http://evaw-global-database.unwomen.org/en/countries/asia/syrian-arab-republic/2005/violence-against-women-in-syria-study-2005 [accessed on 11.09.2018].

United Nations High Commissioner for Refugees (2001). *UNHCR Good Practices on Gender Equality Mainstreaming: A Practical Guide to Empowerment.* Geneva. http://www.refworld.org/pdfid/413476574.pdf [accessed on 11.09.2018].

United Nations High Commissioner for Refugees (2016). *SGBV Prevention and Response – Training Package.* http://www.unhcr.org/publications/manuals/583577ed4/sgbv-prevention-response-training-package.html [accessed on 06.09.2018].

United Nations High Commissioner for Refugees (2017). *We Keep it in our Heart. Sexual Violence against Men and Boys in the Syria Crisis.* Geneva. https://data2.unhcr.org/en/documents/download/60864 [accessed on 09.09.2018].

United Nations High Commissioner for Refugees (2018). *Syria Regional Refugee Response August.* https://data2.unhcr.org/en/situations/syria [accessed on 04.09.2018].

United Nations Human Rights Council (2016). T*hey came to destroy: ISIS Crimes Against the Yazidis. Conference room paper of the Independent International Commission of Inquiry on the Syrian Arab Republic.* Thirty-second session, 15 June 2016, Agenda Item 4. https://www.refworld.org/docid/57679c324.html [accessed on 05.08.2018].

United Nations Human Rights Council (2018). *I Lost my Dignity: Sexual and Gender-Based Violence in the Syrian Arab Republic.* Conference room paper of the Independent International Commission of Inquiry on the Syrian Arab Republic. 37th session, 26.2.–23.3.2018, Agenda Item 4. https://www.ohchr.org/Documents/HRBodies/HRCouncil/CoISyria/A-HRC-37-CRP-3.pdf [accessed on 03.09.2018].

United Nations Iraq (2017). *UN Special Representative on Sexual Violence in Conflict Visits UNFPA Women's Center in Dohuk*. Press Release, 05. March 2017. http://www.uniraq.org/index.php?option=com_k2&view=item&id=6889:un-special-representative-on-sexual-violence-in-conflict-visits-unfpa-women-s-center-in-dohuk&Itemid=605&lang=en [accessed on 03.09.2018].

United Nations Population Fund (2010). *Situation of Abortion and PAC in Arab Countries. PAC meeting in Alexandria, Egypt*, 12–13. May 2010. https://www.unfpa.org/sites/default/files/jahia-events/webdav/site/global/shared/documents/events/2010/pac/eladawy_051210.pdf [accessed on 11.09.2018].

United States Agency for International Development (2015). *Working with Men and Boys to End Violence Against Women an and Girls Approaches, Challenges, and Lessons.* https://www.usaid.gov/sites/default/files/documents/1865/Men_VAW_report_Feb2015_Final.pdf [accessed on 11.09.2018].

Ward, J. & The United Nations Entity for Gender Equality and the Empowerment of Women (2013). *Violence against Women in Conflict, Post-conflict and Emergency Settings*.http://www.endvawnow.org/uploads/modules/pdf/1405612658.pdf [accessed on 11.09.2018].

Women Rehabilitation Organization & United Nations High Commissioner for Refugees (2017). *Project Description: Reducing Risk of SGBV among IDP populations in Duhok and Ninewa Governorates*. January–December 2017. http://www.wroiraq.org/portfolio-items/reducing-risk-of-sgbv-among-idp-populations-in-duhok-and-ninewa-governorates [accessed on 12.09.2018].

World Organization against Torture (2003). *Violence against Women in Turkey*. http://www.omct.org/files/2004/07/2409/eng_2003_09_turkey.pdf [accessed on 11.09.2018].

GUIDELINES RELATED TO SGBV USED IN CHAPTER 2

Interagency GBVIMS Steering Committee (2017). *Interagency Gender-Based Violence Case Management Guidelines – Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings*. http://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf [accessed on 11.09.2018].

Inter-Agency Standing Committee (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action – Reducing risk, promoting resilience and aiding recovery*. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf [accessed on 01.09.2018].

United Nations Population Fund (2015). *Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies*. https://www.unfpa.org/featured-publication/gbvie-standards [accessed on 01.09.2018].

World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees (2004). *Clinical Management of Rape Survivors. Developing Protocols for use with Refugees and Internally Displaced Person, (Rev. Eds.)*. https://www.unfpa.org/sites/default/files/pub-pdf/clinical-mgtrape-2005rev1.pdf [accessed on 02.09.2018].

ANNEX 3: GLOSSARY OF TECHNICAL TERMS

The following terms reflect main concepts used in this paper.[189]

MHPSS (Mental Health and Psychosocial Support) is support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. An MHPSS approach is a way to engage with and analyse a situation and to provide a response, taking into account both psychological and social elements. This may include support interventions in the health sector, education, community services, protection and other sectors.

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. GBV against females is thus equivalent to the term "Violence against women and girls" used in CEDAW.

The term GBV is also used to describe some forms of sexual violence against males and/or targeted violence against LGBTI populations in cases referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.

GBV is mostly used interchangeably with Sexual and Gender-based Violence (SGBV). The nuances have historical reasons: The very earliest humanitarian programming addressing violence against conflict-affected women and girls focused on exposure to sexual violence and was primarily based in refugee settings. In 1996, the International Rescue Committee (IRC), in collaboration with the UNHCR, introduced a project called the Sexual and Gender-Based Violence Program in refugee camps in Tanzania. The inclusion of the term 'gender-based violence' was reflective of the project's commitment to address types of violence other than sexual violence that were evident in the setting, particularly domestic violence and harmful traditional practices. In 2005, the IASC officially adopted the term 'GBV' in the IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings. Sexual violence was recognised within these guidelines as one type of GBV. Many of the original global guidelines and resources use the language of SGBV. This term continues to be officially endorsed and used by UNHCR in relation to violence against women, men, girls and boys. We also use SGBV here – instead of GBV only - in order to underscore the particularly destructive consequences that sexual violence has for victims, both male and female, but consider sexual violence a form of structural violence based on gender.

Sexualised violence is a term used particularly in the context of feminist analysis of sexual violence and underlines that sexual violence ought to be conceptualised not as an aggressive form of sexuality triggered by uncontrollable male sexual desires, but as a sexual expression of aggression and power over women that also exists outside of sexual expression.[190]

188 For the following and other terms related to SGBV, see Inter-Agency Standing Committee (2015), with adjustments.
189 See e.g. Seifert, R. (1993).

Conflict-related sexual violence refers to incidents or (also according to the United Nations Security Council Resolution 1960) patterns of sexual violence, including rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilisation and any other form of sexual violence of comparable gravity, against women, men, girls or boys. Systematic conflict-related sexual violence is also often named as a "weapon of war" and the related crimes can, according to international law and depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide.

Intra-familial/family violence or domestic violence are terms that are used interchangeably to describe violence that takes place within the home. It encompasses intimate partner violence – i.e. violence between spouses – and violence among family members, e.g. child beating, disciplining of girls by older brothers or violence against a wife by her family-in-law etc. We prefer the term "intra-family" or "intra-familial violence" in order to name the conditions under which the violence takes place and which have an impact on the suffering: It is violence carried out by close people whom victims ought to be able to trust, namely members of the same family with whom they live and on whom they depend; it is also a form of violence that is often seen as "family" issue and thus private, in which the police or the State is not supposed to interfere. The term "domestic violence" does not reflect this specific relational dimension clearly enough.

Intimate partner violence can be one form of intra-family violence (in which the partners are formally part of the same family) and applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined by the WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services.

Female Genital Mutilation refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. Even though several countries in the Middle East permit marriage before age 18, international human rights standards classify these as child marriages, based on the reasoning that people under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage, since children are not legally capable of agreeing to such unions.

Sexual exploitation means any actual or attempted abuse of a position of vulnerability, power differential or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.

Trafficking in person is defined as "the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."[191]

190 United Nations (2000).

ANNEX 4:
LIST OF INTERVIEWED ORGANISATIONS AND INTERVIEWEES

With great thanks and appreciation for their work and for sharing their stories of change, empowerment and recovery with us:

AMICA e.V.

In Lebanon, AMICA e.V., in cooperation with the Lebanese women's rights organisation KAFA, supports Syrian and Lebanese women who experience sexual and gender-based violence through psychosocial, therapeutic, legal counselling, trainings as well as community and advocacy work.

Interview partner: Dagmar Ihlau: Regional Manager Middle East/North Africa, Freiburg

KAFA

A feminist, secular, Lebanese NGO aiming to eradicate all forms of gender-based violence and exploitation. KAFA is active in e.g. advocacy and lobbying, empowering women and children affected by violence, research and capacity building, for instance for Lebanese security forces and police.

Interview partner: Vanessa van Vliet: Psychotherapist KAFA, Lebanon

Haukari e.V.

The Germany-based organisation HAUKARI e.V. has been engaged in supporting women survivors of political and gender-based violence in the Kurdistan region of Iraq since 1996 – together with its local partner KHANZAD's women centre in Sulaymaniah – focusing on state-civil society cooperation for achieving sustainable structures of protection and counselling for women affected by GBV.

Interview partner: Dr. Karin Mlodoch: Board of Haukari, Berlin

Jiyan Foundation for Human Rights

The Jiyan Foundation for Human Rights is a non-governmental and non-profit organisation based in Iraq and Germany that supports survivors of various forms of human rights violations in Kurdistan-Iraq. Local teams of medical doctors and psychologists provide clients with free-of-charge medical and psychological treatment, psychotherapy and legal counselling. In addition, the Jiyan Foundation offers professional training, human rights education, public awareness-raising, and political advocacy.

Interview partners:
Lena Otte: Capacity Building Berlin office
Friederike Regel: Project Coordinator Berlin office
Leyla Rifat Tawfeeq: trauma therapist and clinical lead, Kirkuk / Kurdistan

MISEREOR e.V.

The Misereor with KZE (Katholische Zentralstelle) partners contribute to improving the living conditions of refugees and the hosting populations in the MENA region. Special consideration is given to coexistence of different denominations and ethnic-cultural groups. Funding priorities are health care, including mental health and psychosocial support, education and social services.
One of their main partners in the region is the Jesuit Refugee Service in Syria.

Interview partners:
Astrid Meyer: Desk officer in charge of MENA region and Maghreb
The Jesuit Refugee Service Office Damaskus / Syria

Save the Children Germany

Save the Children Germany fights for children's rights in Iraq and Syria as well as the neighbouring countries of Egypt, Jordan, Lebanon and Turkey. They help boys and girls to recover from the extreme psychological and emotional distress they have been through by meeting their basic needs, by fulfilling their right to quality education and by providing safe spaces, psycho-social support and protection.

Interview partner: Jacqueline Dürre: Regional Manager Middle East & North Africa, Berlin

WADI

WADI has promoted self-help programs since 1992 in the Middle East – with a focus on the Autonomous Region of Kurdistan Iraq. In their projects, practical help is combined with monitoring of and lobbying for citizen rights: education and training for women, public awareness of and the fight against domestic violence as well as campaigns against FGM (Female Genital Mutilation).

Interview partners:
Shokh Mohammad: Women Project Coordinator of WADI, Sulaimanya (Kurdistan)
Anne Mollenhauer: Chairwoman of WADI, Berlin

Interviews with individual consultants and trainers:

Prof. Cinur Ghaderi, professor of psychology, Bochum, Germany
Inge Joachim, body psychotherapist and trainer, Germany
Dr. Sybille Manneschmidt, psychologist and trainer, Canada
Maria Zemp, body psychotherapist and trainer, Germany

IMPRINT

Published by
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Registered offices
Bonn and Eschborn

Godesberger Allee 119
53175 Bonn
Tel. +49 (0) 228 24934 - 0
Fax +49 (0) 228 24934 - 215

Dag-Hammarskjöld-Weg 1-5
65760 Eschborn
Tel. +49 (0) 6196 79 - 0
Fax +49 (0) 6196 79 - 1115

www.giz.de

Psychosocial Support for Syrian and Iraqi Refugees and IDP

Responsible
Dr. Judith Baessler

Text
Dr. Simone Lindorfer and Alena Mehlau for *medica mondiale e.V.*

Design and layout
Eva Engler, Berlin

Picture credit
Anna Verena Müller

As at
Amman/Eschborn, 2019

GIZ is responsible for the content of this publication.

On behalf of the
German Federal Ministry for Economic Cooperation and Development (BMZ)

Adresses of the BMZ offices
BMZ Bonn
Dahlmannstraße 4
53113 Bonn
Tel. +49 (0) 228 99 535 - 0
Fax +49 (0) 228 99 535 - 3500
poststelle@bmz.bund.de
www.bmz.de

BMZ Berlin im Europahaus
Stresemannstraße 94
10963 Berlin
Tel. +49 (0) 30 18 535 - 0
Fax +49 (0) 30 18 535 - 2501

June 19 is the International Day for the Elimination of Sexual Violence in Conflict. The women's rights organisation *medica mondiale* set a clear message in Cologne/Germany on this day with thousands of crafted peace doves.

Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Registered offices
Bonn and Eschborn

Friedrich-Ebert-Allee 40
53113 Bonn, Germany
T + 49 228 44 60-0
F + 49 228 44 60-17 66

Dag-Hammarskjöld-Weg 1-5
65760 Eschborn, Germany
T + 49 61 96 79-0
F + 49 61 96 79-11 15

E info@giz.de
I www.giz.de

On behalf of

Federal Ministry
for Economic Cooperation
and Development