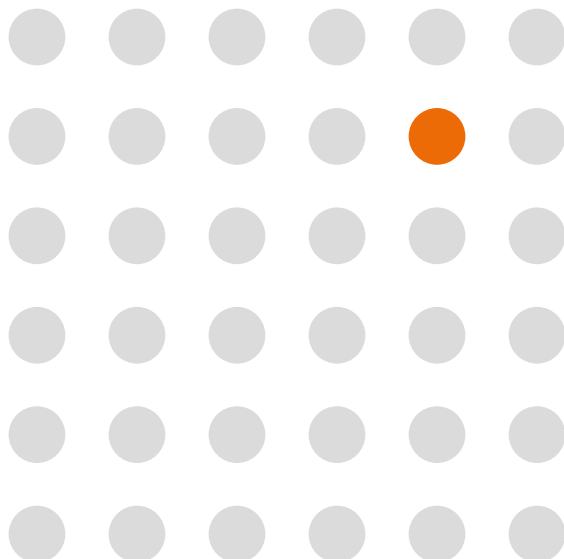


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# GUIDE for GENDER-BASED VIOLENCE in HUMANITARIAN SETTINGS

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JANUARY 2018



supporttolife





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Support to Life is a humanitarian organization founded with the principal aim of working with disaster-affected individuals and communities to help them meet their basic needs and rights.

Support to Life works to reduce risks and responds to disasters by building capacities and increasing resilience of the most vulnerable communities. Adopting the humanitarian principles, Support to Life works with a commitment to humanity, impartiality, neutrality, independence and accountability in Turkey and the region.

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# 1. Introduction



## 1.1 What is the Purpose of This Document?

The Guide is primarily intended to assist Support to Life (STL) staff in coordinating, planning, implementing, monitoring and evaluating their humanitarian work and to support them in reviewing their actions so as to ensure that they contribute to the prevention and mitigation of gender-based violence (GBV). This Field Guide is also intended to be used by the field staff of the other NGOs who provide humanitarian assistance in Turkey.

STL is a humanitarian aid agency founded with the principal objective of working with communities to help them meet their basic needs and rights. STL is involved in humanitarian assistance, protection of displaced populations, and the resilience of disaster-affected communities, concentrating on the needs of children, youth, women, and the most vulnerable. The main program areas of STL include relief aid, cash assistance, food security, psycho-social support, education, capacity building, livelihoods support, and overall promotion of participatory approaches to humanitarian assistance and protection work. This guide is expected to assist STL staff working in all these program areas, in developing a better understanding of causes, forms, consequences of GBV which is crucial in providing adequate support to its victims/survivors<sup>1</sup>. The guide also identifies best practices in the world and in Turkey which may provide inspiration to STL and other humanitarian NGOs.

## 1.2 How This Guide is Organized

**Part One** introduces this Guide and presents how it is organized.

**Part Two** presents an overview of GBV, provides a background to the key definitions related to GBV and introduces its formation process, possible reasons, types and consequences.

**Part Three** provides an explanation of the main principles and approaches for struggling against GBV. In this part, as approaches to be applied, human rights-based approach, survivor-based approach, community-based approach and systems approach are discussed. Also, this part presents strategies for struggling against GBV in refugee settings in general and in case of affected refugee women.

**Part Four** presents a framework for GBV prevention and response in refugee community. In this part, response to GBV is discussed based on the examples of supporting community, empowering survivors and applying a multi-sectorial approach.

1. A survivor is a person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. (victim) is a term often used in the legal and medical sectors, while the term (survivor) is generally preferred in the psychological and social support sectors because it implies resiliency. This Guide employs the term (survivor) in order to reinforce the concept of resiliency.

**Part Five** focusses on GBV response in refugee situation in Turkey. This part tackles the scope of GBV in Turkey and in refugee community and presents a referral pathway for GBV survivors or persons under this risk living in Turkey. Also, this part introduces best practices of the local actors in Turkey.

# 2. Overview of Gender-based Violence



## 2.1 Definition of Gender-based Violence

Gender-based violence (GBV) is one of the most widespread problems and is considered as a violation of basic human rights in most of the countries. GBV is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females<sup>2</sup>. This type of violence occurs "as a result of the normative role expectations associated with each gender, along with the unequal power relationships between males and females, in a specific society" (Jones, 2014, p. 576). GBV refers to the violation of fundamental human rights and denial of human dignity and the self-determination of the individual. In the UN Declaration on the Elimination of Violence against Women adopted by the General Assembly on 20 December 1993<sup>3</sup>, it is defined that Violence against women is

*" Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm to or suffering of women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."*

Although women and girls are the primary victims of GBV, men and boys may also be victims of GBV. The term gender-based violence is also used in this guide to describe violence perpetrated against lesbian, gay, bisexual, transgender and intersex (LGBTI) persons. Among other forms of violence, GBV includes intimate partner violence and other forms of domestic violence, forced and/or coerced prostitution, child and/or forced marriage, female genital mutilation/cutting, female infanticide, and trafficking for sexual exploitation and/or forced/domestic labour.

The reasons and consequences of GBV must be solved with appropriate programs to prevent any prospective violence and to respond to survivors of violence. GBV may also occur in public contexts when individuals overlook the violence that is driven by the family, the community, its norms and the state. In UNHCR and Implementing Partners' declaration, (based on Articles 1 and 2 of the UN General Assembly Declaration on the Elimination of Violence against Women and Recommendation 19, paragraph 6 of the 11th Session of the CEDAW Committee) it is indicated that

*...Gender-based violence shall be understood to encompass, but not be limited to the following<sup>4</sup>:*

2. Inter Agency Standing Committee (IASC). Guidelines on Gender-Based Violence Interventions in Humanitarian Settings (2013). More information can be found here [http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf)

3. UN General Assembly. 48/104. Declaration on the Elimination of Violence against Women (1993). More information can be found here <http://www.un.org/documents/ga/res/48/a48r104.htm>

4. Ibid.

a) *Physical, sexual and psychological violence occurring in the family, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation*

b) *Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.*

c) *Physical, sexual and psychological violence perpetrated or condoned by the State and institutions, wherever it occurs.*

GBV addresses socially ascribed differences between males and females. Specifically, sexual violence means someone forces someone else into unwanted sexual activity without their consent; whilst gender-based violence means “violence that is directed against a woman because she is a woman or that affects women disproportionately” (Istanbul Convention, art.3). ‘Gender-based’ term is used to distinguish ‘common violence’ from ‘gender-based violence’. This does not mean that all acts against a woman are gender-based violence, or all survivors of gender-based violence are female. Under some circumstances, men could also be the survivor of violence and could be a man being harassed, beaten or killed because they do not conform to constructed masculinity of the society. However, the women and girls encounter this problem more than men due to gender discrimination that causes subordination of women and increases their vulnerability to violence. Committee on the Elimination of Discrimination against Women (CEDAW)<sup>5</sup> defines this disadvantage as “*violence that is directed against a woman because she is a woman or that affects women disproportionately*”. Hence, main reasons of the GBV are based on gender roles, power relationships and, particularly, discrimination against women that occurs due to the societal and relational contexts. Gender-based violence has devastating long-term effects on the lives of the survivors, their families and their communities. GBV often rises in crisis and conflict settings, where systems of protection and justice are void. During a violent conflict, rape is often used as a military tactic to harm, humiliate and shame the target people.

## 2.2 Key Definitions Related to Gender-Based Violence

**SEX:** It is biological characteristics of males & females assigned at birth. The characteristics are congenital and their differences are limited to physiological reproductive functions.

**GENDER:** Gender is the term used to define the social characteristics assigned to men and women. Gender term is constructed on the basis of different factors, such as age, religion, national, ethnic and social origin. They differ both within and between cultures and define identities, status, roles, responsibilities and power relations among the members of any culture or society. *Gender is learned through socialization, therefore, it is changeable.*

5. Committee on the Elimination of Discrimination against Women. General Recommendation No. 19 (11th session, 1992). More information can be found here <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>



**GENDER IDENTITY:** Gender is a term that directly defines “the roles”, the responsibilities attributed to those roles, the constraints of the roles, opportunities and privileges of men over women in any context. Gender identity, on the other hand, is one’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. *One’s gender identity can be the same or different from their sex assigned at birth.*

**GENDER EXPRESSION:** The external appearance of one’s gender identity, usually expressed through behaviour, clothing, haircut or voice. It may or may not conform to socially defined behaviours and characteristics typically associated with being either masculine or feminine.

**POWER:** It refers the capacity to make decisions regarding other people / on behalf of others. When power is used to dominate, it imposes obligations on, restricts, prohibits and makes decisions about the lives of others. To prevent and respond to gender-based violence effectively, the power relations between men and women, women and women, men and men, adults and children, and among children must be analysed and understood carefully.

**VIOLENCE:** Violence is an oppression that includes an emotional social or economic force, coercion or pressure, or physical harm. The person targeted by violence is compelled to behave as expected or to act against her will out of fear<sup>6</sup>.

Series of harmful acts are actualized by a perpetrator or a group of perpetrators against women and girls. It may involve multiple types and repeated acts of violence over a period of time, with variable durations. It can take minutes, hours, days or a lifetime.

Overt Violence: Physical assault (beating or sexual); threatening someone with a weapon

Covert Violence: Intimidation-threats, humiliation, psychological persecution or social pressure; deception.

**ABUSE:** It is physical or verbal maltreatment, application for an inappropriate or bad purpose; misuse of power through which the perpetrator gains control for using and causing physical or psychological harm or inciting fear of that harm.

Abuse prevents persons from making free decisions and forces them to behave against their will. The abuse types are domestic violence, child abuse, any type of violence, sexual assault, which are all illegal.

Exploitation and abuse occur when this disparity of power is misused to the detriment of those persons, who cannot negotiate or make decisions on an equal basis. Exploitation and abuse can take the form of physical and psychological force or other means of coercion with the aim of gaining sexual or other favours in exchange for services.

**COERCION:** It means forcing, or attempting to force another person to engage in behaviours against her will by using threats, verbal insistence, blackmail, manipulation, deception, cultural expectations or economic power.

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6. UNHCR. Guideline on GBV on Refugees, Returnees and IDP (2003). More information can be found here [https://www.unicef.org/emerg/files/gl\\_GBV03.pdf](https://www.unicef.org/emerg/files/gl_GBV03.pdf)

**CONSENT:** It means a person gives acceptance on something or agree freely and voluntarily to do something. In the case of GBV, if the woman or girl does not give consent for a sexual relationship and the other side forces her to do so, then a sexual assault occurs, without the acceptance of women. If there is no consent, then there are uses of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation.

**PERPETRATORS:** A perpetrator is a person, group, or institution that directly inflicts, supports and condones violence or other abuse against a person or a group of persons. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their survivors<sup>7</sup>.

*The perpetrator might be anyone else* and cannot be categorized; however according to UNHCR's GBV Guideline (2003; p. 14), there are some potential perpetrators that a refugee woman in particular may come across.

### **Who might be the Perpetrator?**

- Perpetrators of gender-based violence are sometimes the people whom survivors depend on to assist and protect them. They can be **community members**, such as leaders, teachers, and politicians. Leaders and other community members in positions of authority can abuse their power through acts of gender-based violence. The survivor in these situations is even more reluctant to report the violence because of the perpetrator's position of trust and power within the community.
- They might be **intimate partners**, such as husband or boyfriend. In most societies, the accepted gender role for male intimate partners is using power over the female partner. This power can be exerted through discrimination, violence, and abuse.
- Gender-based violence can be perpetrated by **family members**; girls are far more likely to suffer gender-based violence within the domestic sphere. From neglect to incest, these human rights violations are not always reported, since they involve fathers, stepfathers, grandfathers, brothers and/or uncles as perpetrators. Harmful traditional practices also take place with the knowledge and sometimes the participation of family members, close relatives and friends
- During war and conflict, gender-based violence is frequently perpetrated by **armed members** from warring factions. Soldiers are often the embodiment of ultimate power. They are usually armed and have a mandate to ensure security in communities. In some settings, soldiers can - and do - detain and/or arrest people with impunity. Often, soldiers and security forces are in the position of granting or withholding rights and privileges for refugees. Crossing borders, going through checkpoints, and requesting goods and services from armed forces can increase the risk of becoming subjected to gender-based violence, especially for refugee women.
- In the refugees camps, perpetrators are most commonly '**fellow refugees or civilian members of the same community**'. These perpetrators could be outside the camp and

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7. Ibid.

inside the city, where the camp is located. They might be also the staffs who work in international, national and refugee humanitarian aid organisations, including NGOs, UN Agencies and host government ministries and who hold positions of great authority in refugee settings. They are perceived by the community to have money, influence and power. They might abuse their monetary power for gender-based violence.

■ As well as in *the social life*, the potential perpetrator might be *a friend or a close friend*.

## 2.3 Types of Gender-Based Violence

GBV encompasses many types of violence, each of which may be understood differently by individuals, groups, cultures, etc; because of their different understanding of how GBV is defined. Acts of gender-based violence can be grouped into five categories, although not limited to<sup>8</sup>:

- Sexual violence
- Physical violence
- Emotional and psychological violence
- Harmful traditional practices
- Socio-economic violence

### Sexual Violence

First type of act that comes to mind on sexual violence is '**rape and marital rape**'. The perpetrator might be any person -including husband, intimate partner or caregiver- who holds power and control. More specifically, sexual violence refers to the invasion of any part of the body of the survivor or of the perpetrator with a sexual organ, or of the vaginal opening or anus of the survivor with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine **consent**.

Second type of sexual violence is '**child sexual abuse and incest**'. A child might be perpetrated by someone he/she trusts including family members, friends, teachers, leaders or any caregivers. This perpetrator might have a position of power, authority and control over a child. Child abuse occurs for the sexual satisfaction of the perpetrator and the child faces all kinds of sexual relations or interactions. In the future these abuses create psychological traumas on children.

Third type of sexual violence is '**forced sodomy or anal rape**'. This might be actualized by any person who has a position of power, authority and control. It is coerced anal intercourse and happens between males or a male and a female.

Fourth type of sexual violence is '**attempted rape or sodomy or anal rape**'. This might be actualized by any person who has a position of power, authority and control. But there is no penetration.

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8. Ibid.

Fifth type of sexual violence is '**sexual abuse**'. This act might be actualized by any person in a position of power, authority and control, such as family/community members, co-workers, including supervisors and strangers. In sexual abuse, there is an actual or threatened physical intimacy, including inappropriate touching, by force or under unequal or coercive conditions.

Sixth type of sexual violence is '**sexual exploitation**'. This act might be acted by anyone in a position of power, including humanitarian aid workers, soldiers/officials at checkpoints, teachers, smugglers and trafficking networks. In sexual exploitation there is abuse of a position of vulnerability, differential power or trust for sexual purposes. Mostly women and girls are used by the perpetrator for sex trafficking, sex tourism and prostitution<sup>9</sup>. The perpetrator performs in a sexual manner and uses force on women for undressing and/or nakedness. In addition, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits and sexual slavery are other examples of sexual exploitation. In forced prostitution, there is a forced/coerced sex trade in exchange for material resources, services and assistance.

Seventh type of sexual violence is '**sexual harassment**'. It mostly happens in working places and streets. Employers, supervisors, colleagues or any person in a position of power might be a perpetrator. It is an unwelcome sexual advance, requests for sexual favours and other verbal or physical conduct of a sexual nature. The word 'unwelcome' does not mean 'involuntary'. A survivor may give consent or agree to certain conduct and actively participate in it even though it is offensive and objectionable.

Eighth type of Sexual Violence is '**sexual violence as a weapon of war and torture**'. This type of sexual violence occurs particularly in the case of war. The perpetrator can be committed, sanctioned and ordered by the military, police, armed groups or other parties in conflict.

### **Physical Violence**

First type of physical violence is '**physical assault**'. It is beating, punching, kicking, biting, burning, maiming or killing with or without weapons; often in combination with other forms of gender-based violence. This violence may be inflicted by anyone; including spouse, intimate partner, family member, friend, acquaintance, stranger, anyone in position of power or members of parties to a conflict.

Second type of violence is '**trafficking and slavery**'. Both might be actualized by any person in a position of power or control. Women trafficking and slavery occurs in the form of selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.

### **Emotional and Psychological Violence**

Emotional and psychological violence involves acts, threats of acts or coercive tactics. These acts mostly happen in a verbal way or in the form of specific behaviours, such as humiliating a person, controlling what he/she can and cannot do, withholding information from the person, deliberately doing something to make them feel diminished or embarrassed and denying

9. Committee on the Elimination of Discrimination against Women. General Recommendation No. 19 (11th session, 1992). More information can be found here <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>

access to money or other basic resources. It is considered psychological/emotional violence if physical or sexual violence or threat of physical or sexual violence occurred prior to it. On the other hand, there is a specific type of emotional and psychological violence, namely stalking. It generally refers to a recurring series of harassing or threatening behaviour, such as following a person, appearing at their home or place of business, making harassing phone calls, leaving written messages or objects or vandalizing their property.

First type of emotional and psychological violence is '**abuse/humiliation**'. It is a non-sexual, verbal abuse, such as insulting, degrading or demeaning, compelling the survivor to engage in humiliating acts whether in public or private or denying basic expenses for family survival. It can be acted by anyone in a position of power and control; often perpetrated by spouses, intimate partners or family members in a position of authority.

Second type of emotional and psychological violence is '**confinement**'. It encompasses some situations when anyone in a position of power and control, such as a spouse, intimate partner or family member isolates a person from his/her friends/family or restricts his/her movements. It is a deprivation of liberty or obstruction/restriction of the right to free movement.

### **Harmful Traditional Practices**

One of the well-known cultural codes that results from deep-rooted beliefs with regards to women subordination as well as GBV is **female genital mutilation (FGM)**. The perpetrators of this act are traditional practitioners (mostly others and women in the society) and are supported, condoned and assisted by families, religious groups, entire communities and some states. The examples of the FGM are; cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial or total cutting to removal of genitals or stitching for cultural or non-therapeutic reasons; often undergone several times during life-time, i.e., after delivery or if a girl/woman has been a survivor of sexual assault.

Second important harmful tradition on women is **early forced marriages** that are designed and actualized by parents or are forced by community. It is an arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions). In a similar vein, **forced marriage** is also another harmful tradition that is actualized by the family members or members of the community. It is an arranged marriage against the survivor's wishes, which is exposed to violent and/or abusive consequences if he/she refuses to comply.

One of the most crucial and harmful traditional is **honour killing**. It is actualized by the husband of the women survivor or by family members or by members of the community. The forms of this tradition are maiming or murdering a woman or a girl as a punishment for acts considered inappropriate with regards to her gender, and which are believed to bring shame on the family or community (e.g. pouring acid on a young woman's face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honour of the family (i.e. as a redemption for an offence committed by a male member of the family).

**infanticide** is also another harmful tradition practiced by family members or by members of the community. The main acts are killing, withholding food from and/or neglecting female children as they are considered to be of less value in a society than male children. Last but not least harmful tradition is **denial of education for girls or women**, in which family members, community and sometimes states remove girls from school, prohibiting or obstructing their access to basic, technical, professional or scientific knowledge.

### **Socio-Economic Violence**

This economic abuse involves behaviours that control a person's ability to acquire, use and maintain economic resources, thus threatening their economic security and potential for self-sufficiency. Examples of economic violence are controlling use of money; monopolizing income; withdrawing from financial responsibilities; interference with work by showing up at place of employment; harassing a person with frequent calls throughout the workday; harassing co-workers; destroying resources; forbidding, discouraging and actively preventing women from working outside their home; interfering with the ability to find employment; controlling how resources are distributed or monitoring how they are used; intentionally depleting women's available resources as a means of limiting their options.

There are three specific types of acts related to social and economic violence. First is **discrimination and/or denial of opportunities and services**. It is actualized by family members, society, institutions and organisations as well as government actors. The examples of this discrimination are exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights.

The second type of socio-economic violence is **social exclusion/ostracism based on sexual orientation**. Mostly the LGBT individuals encounter this problem. They are excluded from the society and the perpetrators can be family members, society, institutions and organisations as well as government actors. The examples of this exclusion are denial of access to services or social benefits, prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practises or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites.

The last type of the socio-economic exclusion is **obstructive legislative practice**, which can be made by family, community, institutions and State. In the case of obstruction, examples for denial are prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights by women.

## **2.4 When Does Gender-based Violence Happen?**

Gender-based violence against girls and women may occur at different points in their lifecycle. Many women experience several problems starting from their prenatal period and continue through childhood to adulthood and old age. This lifecycle approach on gender-based violence reveals the cumulative impact of violence experienced by girls and women, especially in terms of its physical and mental health consequences (Ellsberg and Heise, 2005). According to World

Health Organization, the forms of violence to which women can be subjected during different stages of their lives are as follows;

Phase	The life cycle approach to GBV
Pre-birth	Sex-selective abortion, battering during pregnancy; coerced pregnancy
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care
Girlhood	Child marriage, genital mutilation, sexual abuse by family members and strangers, differential access to food, medical care and education.
Adolescence	Violence during courtship, economically coerced sex (e.g. for school fees), sexual abuse in the workplace, rape, sexual harassment, arranged marriage; trafficking.
Reproductive Age	Physical, psychological and sexual abuse by intimate male partners and relatives; forced pregnancies by partner; sexual abuse in the workplace; sexual harassment; rape; abuse of widows, including property grabbing and sexual cleansing practices
Elderly	Abuse of widows, such as taking over their property; accusations of witchcraft; physical and psychological violence by younger family members; differential access to food and medical care.

Gender-based violence may also happen during the **refugee cycle**. When armed conflict occupies a land, political and social structures of land are disrupted, and under these circumstances fundamental human rights of the individuals are easily ignored. Women and children face the risks of being subjected to gender-based violence when fleeing, fighting against enemy and seeking an asylum. Family members are often dispersed during this process, and they may leave children separated from the rest of their families. Women become responsible for protecting and maintaining their households all by themselves. The following chart describes the types of violence that can occur in the phases of the refugee cycle.

Phase	Type of Violence Present
During conflict, Prior to flight	Abuse by persons in power; sexual bartering of women; sexual assault, rape, abduction by armed members of parties in conflict, including security forces; mass rape and forced pregnancies
During flight	Sexual attack by bandits, border guards, pirates; capture for trafficking by smugglers, slave traders
In the country of asylum	Sexual attack, coercion, extortion by persons in authority; sexual abuse of separated children in foster care; domestic violence; sexual assault when in transit facilities, collecting wood, water, etc.; sex for survival/forced prostitution; sexual exploitation of persons seeking legal status in asylum country or access to assistance and resources, resumption of harmful traditional practices.
During repatriation	Sexual abuse of women and children who have been separated from their families; sexual abuse by persons in power; sexual attacks, rape by bandits, border guards, forced/coerced repatriation
During reintegration	Sexual abuse against returnees as a form of retribution; sexual extortion in order to regularise legal status, exclusion from decision-making processes; denial of or obstructed access to resources, right to individual documentation and right to recover/own property.

## 2.5 Possible Reasons of Gender-based Violence

Gender-based violence is not caused by a single factor; rather it is a combination of several factors that increase the risk of an individual experiencing any type of violence. The causes of gender-based violence lie in a society's rigid values and norms that construct gender inequality, in which gender discrimination that is derived from this inequality drives men to seek to maintain privileges, power and control over women and girls. Gender roles and identities are determined by sex, age, socio-economic conditions, ethnicity, nationality and religion. Lack of awareness about human rights, gender equality, democracy and non-violence can be assumed as the causes of the GBV. It is hard to cluster or categorize the reasons behind the causes of the GBV, it can happen any time to any person in anywhere. However, certain evidenced reasons are generally aligned as the contributing factors of GBV<sup>10</sup>, although they are not limited to;

- On the **individual level**; personal history factors might increase the risk of violence. As to exemplify; a low level of education, early age marriage, low-economic status/income, loss of security, dependence to someone, lack of alternatives to cope with changes in socio-economic status, displacement, disrupted roles within family and community.
- On the **relationships level**; husbands, intimate partners and family members' power imbalance within the relationship might cause physical violence on women. On the other

10. WAVE and UNFPA Regional Office for Eastern Europe and Central Asia. "Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia - A Resource Package" (2014). More information can be found here <http://www.health-genderviolence.org/guidance-for-health-care-professionals-in-strengthening-health-system-responses-to-gender-based-vi-0>



hand, continuous disagreements, as well as disparities in education status between the partners. On the **family level**, men in the family might blame women or kill her for restoring lost family honour, rather than punishing the men that committed GBV.

■ **Community-level factors** refer to the extent of tolerance of the Community towards GBV. GBV might reveal its face in schools, workplace, worship places and the neighbourhood. In here, Community's attitude and sanctions against violence, including moral pressure, is noteworthy.

■ **Society-level factors** include the cultural and social norms that shape gender roles and the unequal distribution of power between women and men. Particularly the norms constituting the culture might be composed of discriminatory cultural, religious and traditional beliefs and practices. Intimate partner violence occurs more often in societies where men have economic and decision-making powers in the household and where women do not have easy access to divorce and where adults routinely resort to violence to resolve their conflicts. Furthermore, ideologies of male sexual entitlement which are common in many cultures exclude the possibility that a woman is entitled to make autonomous decisions about participating in sex and to refuse a man's sexual advances and are used to legitimize the use of sexual violence.

■ **Legal Factors;** The risk of GBV may increase due to the malfunctioning legal system in the given country; where possible problems would be;

- Discrimination, condoning or normalizing the GBV cases
- Lack of legal protection for women's and children's rights
- Lack of laws against gender-based violence
- Lack of trust in the law enforcement authorities
- Application of customary and traditional laws and practices that enforce gender discrimination
- General insensitivity and lack of advocacy campaigns condemning and denouncing GBV
- Discriminatory practice in justice administration and law enforcement
- Under-reporting of incidents and lack of confidence in the administration of justice
- Lack of willingness to effectively and fairly prosecute all cases reported to authorities
- Low number of prosecutions obtained in proportion to the number of cases reported
- Police and courts inaccessible because of remote location of camp
- Absence of female law enforcement officers
- Lack of administrative resources and equipment on the part of local courts and security officials
- Laws or practices in the administration of justice that support gender

■ **Refugee, returnee and internally displaced situations:** Immigrants, refugee women and girls are also the survivors and targets of the GBV. Many factors may increase the

risk of GBV for these people, including but not limited to;

- Collapse of social and family support structures
- Geographical location and local environment (high crime area)
- Distance of services and facilities
- Gender-biased decisions of male camp leaders
- Unavailability of food, fuel or income generation, leading to relocating to isolated areas
- Lack of any kind of security
- Lack of UNHCR/NGO presence in the camp places or inside the host city
- Lack of individual registration and identity cards (immigration authorities)
- Hostility of local people

## 2.6 Consequences of Gender-based Violence

The main consequences of the GBV are the high risk of severe health and psycho-social problems, sometimes death, even in the absence of physical assault. These psychological as well as biological problems would have long-term effects such as emotional and physical trauma that should never be underestimated. In addition, any inefficiency in the legal system, such as impunity for the perpetrator, would pave the way for potential other GBV cases. Hence understanding these possible consequences of GBV will help field workers to develop appropriate strategies to ameliorate to these after effects and prevent any further harm. Typical results of GBV are grouped as follows.

### 2.6.1 Legal/Justice

- If national laws do not provide any safeguards against gender-based violence, or if practices in the judicial and law enforcement bodies are discriminatory, this kind of violence can be perpetrated with impunity.
- Community attitudes of blaming the affected woman and the belief that it is the result of woman's provocation are often reflected in the courts. Many sexual and gender-based crimes are dismissed or the sentence given to guilty perpetrators is ineffective. The emotional damage to affected woman is compounded by the implication that the perpetrator is not at fault.

### 2.6.2 Safety/Security

- When the affected woman is insecure, threatened, afraid, unprotected, then she is at risk of further violence.
- When she deals with incidents of trafficking in persons, police and security workers, then she is at risk of retaliation.

- If police and security workers are not sensitive to the affected woman's immediate needs such as care, dignity and respect, she is at risk of secondary trauma.

### 2.6.3 Health

GBV seriously affects all aspects of women's health, namely physical, sexual and reproductive, mental and behavioural health. Negative health consequences may continue long after the violence stopped and there might be a possibility that GBV can result in women's deaths. Fatal outcomes may be the immediate result of a woman being killed by the perpetrator (homicide). Mental health problems resulting from trauma can lead to suicide or diseases that can in turn result in death.<sup>11</sup>

The non-fatal social consequences of the GBV might be,

- The fear of social stigma,
- Loss of role/functions in society (e.g. earn income, child care),
- Increased gender inequalities,
- Social rejection and isolation,
- Feminisation of poverty, which means an increasing proportion of the world's poor people are female

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11. Ibid.

# 3. Main Principles and Approaches for Struggling Against Gender-based Violence



Struggling against GBV requires co-operation among multiple sectors, organisations and disciplines; as to identify and design joint strategies to address this human rights violation. All actors involved in developing strategies should understand that GBV is a human rights violation. This principle can be crystallized by development; implementation and monitoring programs on one hand and by the governmental protection and assistance for affected survivor on the other. Decreasing the prevalence of GBV first requires acceptance, especially in a society where affected survivor is blamed and perpetrators are excused. Unfortunately, it still remains that, in many societies men should have the right to control women's actions and do have the right to discipline or use power over women. In the long run, elimination of GBV needs a period to construct gender equality from education to health in every sphere of the life and along with several actors. In the short and medium term, this construction would occur by integrating gender mainstreaming perspective into the content of the different policies. Hence in the case of GBV, UN Recommendation Reports 2005, supporting the individual must be provided, but simply seeking to mitigate the worst excesses will never decrease the incidence of violence. According to Inter-Agency Standing Committee's Guideline on 'Integrating Gender-based Violence Interventions in Humanitarian Action' (2002; p. 46-47) in the case of GBV, the underlying approaches in the short and medium term are aligned as follows.

## 3.1 Human Rights-based Approach

Human Rights-based approach tries to reveal the unseen causes of problems and acknowledge affected populations as *"rights holders."* This approach considers how the rights and needs are determined and addressed by legal and moral obligations and accountability; how humanitarian actors along with state organs are seen as *"duty-bearers"* that are bound by their obligations to encourage, empower and assist "rights-holders" in claiming their rights. A human rights-based approach requires those who undertake GBV-related programming to<sup>12</sup>:

- Identify the immediate, underlying and structural causes for non-realization of rights and to participate in the solution-seeking
- Assess the capacities and limitations of duty-bearers to fulfil their obligations.

12. Gender-based Violence Area of Responsibility Working Group (GBV AoR). Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings (2010). More information can be found here [https://www.unicef.org/ecuador/GBV\\_Handbook\\_Long\\_Version.pdf](https://www.unicef.org/ecuador/GBV_Handbook_Long_Version.pdf)

- Develop sustainable strategies for building capacities and overcoming the limitations of humanitarian actors
- Monitor and evaluate the outcomes and processes of human rights standards

## 3.2 Survivor-centred Approach

In this approach survivor's rights, needs and wishes are prioritized when designing and developing GBV-related programming. This approach mostly has been conducted by the national and international humanitarian agencies in the host cities. This approach has four guiding principles as follows.

- **Safety:** The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.
- **Confidentiality:** Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.
- **Respect:** The survivor is the primary person, and the role of humanitarian worker is to facilitate her recovery and provide resources for problem-solving. All actions taken should be guided by respect for the choices, wishes, rights, and dignity of the survivor.
- **Non-discrimination:** Affected woman should receive fair treatment regardless of their age, gender, race, religion, nationality, ethnicity and sexual orientation.

### DO NO HARM PRINCIPLE!

Preventing and mitigating GBV involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms. Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. GBV-related interventions should be context-specific in order to enhance outcomes and "do no harm." The concept of "*do no harm*" means that humanitarian organizations must strive to 'minimize the harm they may inadvertently be doing by being present and providing assistance'. Such unintended negative consequences may be wide-ranging and extremely complex. Humanitarian actors can reinforce the "*do no harm*" principle in their GBV-related work through careful attention to the survivor-centred, human rights-based, community-based and systems approaches.

### 3.3 Community-based Approach

A community-based approach insists that affected people should be the leaders and key partners in developing strategies for assistance and protection. In particular, the survivor may;

- allow for a process of direct consultation and dialogue with all members of communities, including women, girls and other at risk groups.
- engage groups who are often overlooked as active and equal partners in the assessment, design, implementation, monitoring and evaluation of assistance.
- ensure all members of the community will be better protected, their capacity to identify and sustain solutions strengthened, and humanitarian resources used more effectively.

### 3.4 Systems Approach

Using a systems approach means analysing GBV-related issues across an entire organization, sector and/or humanitarian system to come up with a combination of solutions most relevant to the context. The systems approach can be applied to introduce systemic changes that improve GBV prevention and mitigation efforts both in the short-term and in the long-term<sup>13</sup>.

Humanitarian actors can apply a systems approach in order to;

- Strengthen agency/organizational/sectorial commitment to gender equality and GBV-related programming.
- Improve humanitarian actors' knowledge, attitudes and skills related to gender equality and GBV through sensitization and training.
- Reach out to organizations to address underlying causes that affect sector capacity to prevent and mitigate GBV, such as gender imbalance in staffing.
- Strengthen safety and security for those at risk of GBV through the implementation of infrastructure improvements and development of GBV-related policies.
- Ensure adequate monitoring and evaluation of GBV-related programming.

### 3.5 Struggling Against GBV in the Case of Refugees in General

Since 1990s, gender-based violence in armed conflict situations has increasingly been recognized as a human security issue and is manifested in UN Security Council Resolution 1325. This resolution requires *"all parties to armed conflict to take special measures to protect women and girls from gender-based violence."* It refers to earlier activities to redefine violence against women as a part of human rights and 'human security'. That's why international organizations engaged in the protection of civilians have begun to address gender-based violence, both in times of war and in post-conflict situations. In order to combat with the GBV

13. Inter Agency Standing Committee (IASC). Guidelines on Gender-Based Violence Interventions in Humanitarian Settings (2013). More information can be found here [http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_to-res.pdf](http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_to-res.pdf)

women, girls and children refugee survivors, the short and medium term cautions are aligned as follows;

- **Engage the refugee community fully.** The refugee community should be central to all programme activities that address gender-based violence. Community involvement in decision-making is essential. It requires research to obtain an understanding of gender power relations and other power dynamics at play within the community.

- **Ensure equal participation by women and men, girls and boys in planning, implementing, monitoring and evaluating programmes.** A wide range of groups and individuals in the community should participate in all stages of programming for prevention and response to gender-based violence.

- **Strive to integrate and mainstream actions.** Actions to prevent and respond to gender-based violence should be mainstreamed and integrated into existing programmes and sectors. They should not be established as special programmes or projects, as this undermines their sustainability in the long run.

- **Ensure co-ordinated multi-sectorial action by all actors.** Involvement of key sectors (community services, health, protection, security) is crucial if programmes targeting gender-based violence are to succeed. Actors (governments, NGOs and UNHCR) must be willing to co-ordinate, co-operate and collaborate.

- **Ensure accountability at all levels.** All those involved in programmes targeting gender-based violence should be held accountable for their actions and for accomplishing agreed-upon tasks and responsibilities.

### 3.6 Struggling Against GBV in the Case of Affected Refugee Woman

The guiding principles on GBV in the case of affected refugee woman might be listed as follows.

- **Ensure the safety of the affected woman and her family at all times.** The survivor may be frightened and need assurance of her individual safety. In all cases, ensure that she is not at risk of further harm by the assailant or by other members of the community. If necessary, ask for assistance from police, or other law enforcement authorities, field officers, or others. Be aware of the safety and security of the people who are helping the survivor, such as family, friends, community service or gender-based violence workers, and health care workers.

- **At all times, respect the confidentiality of the survivor(s) and their families.** This means: share only the necessary information, as requested and as agreed by the survivor, with those actors involved in providing assistance. The confidentiality of the perpetrator should also be respected. Information about survivors/survivors should never be shared if it includes the individual's name. Information concerning the survivor/survivor should only be shared with third parties after seeking and obtaining the survivor's (or their parents', in the case of children) explicit consent in writing<sup>14</sup>.

■ **All written information must be maintained in secure, locked files.** If any reports or statistics are to be made public, only one officer in the organisation should have the authority to release the information. That person should disclose only general information about the survivors. **Any identifying information (name, address, etc.)** should be removed<sup>15</sup>.

■ Sometimes, interpreters or translators may be needed during interviews with survivors. In these instances, **it is advisable to engage translators from outside the community** and to establish terms of reference for their work. Since trained, independent interpreters/translators are not always available, organisations should allocate adequate financial and human resources to ensure that quality interpreting/translating services are accessible<sup>16</sup>.

■ **All actions taken will be guided by respect for the wishes, the rights, and the dignity of the survivor.**

■ **Ensure non-discrimination.** Every adult or child, regardless of his/her sex, should be accorded equal care and support. Survivors of violence should receive equal and fair treatment regardless of their race, religion, nationality or sexual orientation<sup>17</sup>.

14. United Nations High Commissioner for Refugees, "Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response" (2003). More information can be found here <http://www.unhcr.org/3f696bcc4.pdf>

15. Ibid.

16. Ibid.

17. Ibid.



# 4. A Framework for Gender-based Violence Prevention and Response in Refugee Community



Female refugees are vulnerable groups due to inefficient protection mechanisms and the lack of income opportunities. In that sense the roles and responsibilities of the actors, such as state institutions, local and national NGOs, international organizations and local authorities are essential and complementary to constitute well-functioning structure in the refugee and asylum places. The aim and responsibility of the community must be clearly defined to avoid any confusion. By referencing the Istanbul Convention's (2011) Chapter III on prevention of GBV<sup>18</sup>, the addressee stakeholders on the refugee and asylum GBV prevention and response programmes are:

- The refugee community,
- International organizations (such as UNHCR) and their field officers,
- Local and international NGOs engaged in community.

These bodies prior aim should be based on providing psycho-social, legal programmes and related case managements. In addition, if possible, local authorities and local people may also be included in the solution-seeking, prevention and response to GBV. Local to international actors are the particular addressees in order to heighten the potential for refugee protection.

Their contributions in the prevention and response process extend the domain of operation in which humanitarian actors may reach more affected women.

The humanitarian organizations' approach on GBV is based on developing appropriate mechanisms for refugee women and answer their psycho-social needs; guiding and encouraging them for the legal process and lastly empowering their livelihoods and self-reliance. Hence prevention or response of GBV can be categorized as threefold; first to develop GBV trainings for the community members as to raise their awareness on GBV; second to help them in the judicial pathways, to develop social protection and prevention methods; and third is to provide effective implementation of livelihood activities; such as income generating projects, micro-credit programmes, agriculture, and vocational training programmes in order to increase women's economic independence and self-reliance.

<sup>18</sup>. Council of Europe. Convention on preventing and combating violence against women and domestic violence (2011). More information can be found here <http://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e>

In terms of distributing financial resources, increasing the self-reliance and raising the awareness on the GBV, there is also a need to link the question of livelihoods with the issues of rights and protection (Crisp, 2003; Vriese, 2006). As GBV is a part of human violence, rights based approach with regard to GBV survivors is as significant as technical assistances to empower the women in the labour market and social realms. Right-based approach is normatively based on international human-rights standards and operationally directed to promoting and protecting human rights. Therefore, there is a need to train the refugee women and affected women, as well as men in the refugee community. In addition, humanitarian actors should also realize that GBV is a human rights problem and there is a need to re-build existing capacities by obtaining rights-based approach.

## 4.1 Developing Community Education, Awareness and Supportive Activities

In the GBV prevention and response phase, the training and awareness raising activities on violence and sexual harassment should obtain inclusive methods that are based on including men into the process; including women and affected women in the prevention and solution-seeking process, and last but not least increasing job-related training to ensure women regain their self-esteem and get involved in the society. Complementary to those aforesaid, it is important to include local people and authorities in order to eliminate prejudices and create employment options for refugee community development.

### 4.1.1 Refugee Community

The refugee community should be at the heart of all GBV programming activities. Community involvement in GBV programmes related to decision-making is essential for developing the content of the prevention and response activities and implementing them regularly. As indicated in the 2001 UNHCR conference conclusions; *GBV programmes implemented in partnership with humanitarian organizations and refugee communities have proven to be more effective, providing fully operational services sensitive to positive cultural filter*. In addition, conclusions from research strongly advise that the refugee community should be involved in all programme stages: assessment, planning, implementation, monitoring and evaluation. The advantages of inclusion of refugee women in collaboration with other actors are essential in creating a space for women. As a result of this refugee women would, therefore, limit the possibility for stigmatization, isolation, and breaches of confidentiality.

#### **What is supposed to be done for the Refugee Community Inclusion?**

The role of humanitarian actors<sup>19</sup>;

- build and increase knowledge and understanding of gender relations and gender-based violence within the refugee community,
- maintain and strengthen existing social support networks,
- act as awareness-campaign promoters for GBV prevention and response,

19. UNHCR. "Prevention and response to sexual and gender-based violence in refugee situations" (2001) More information can be found here <http://www.unhcr.org/3bb44cd811.pdf>

- support the role of women as equal decision-makers and community leaders,
- provide safe shelter and immediate emergency assistance to survivors,
- escort survivors to seek social, medical and legal assistance,
- ensure the safety of the survivor, the perpetrator, their families, and the community,
- provide co-ordination within the refugee community and with other actors to promote effective GBV prevention and response activities,
- advocate for refugee inclusion in decision-making for GBV programme activities, such as what services to be provided, at what location,
- advocate for culturally sensitive GBV services, including translation services,
- advocate for the rights of survivors and for the rights of women in general, and train refugees' families to be aware that GBV is a human violence and keeping silent means being a part of this violence.

#### **4.1.2 Particular Roles and Responsibilities of International Organizations**

International organizations are another addressee group in the case of GBV. In order to prevent any GBV risk for refugee women and ameliorate the conditions of the survivors; international organizations and their field workers/humanitarian actors are crucial and are supposed to be the guides in the process. They are mostly the donors of several projects related to the specific cases in the host community or they are the service providers that work with their own field teams.

##### **What are the Roles and Responsibilities of the International Organizations?**

- Support the establishment and maintenance of a GBV database.
- Ensure safety for the survivor, the survivor's family, and the refugee community.
- Ensure compassionate assistance, emotional support and psychological counselling to survivors.
- Provide advocacy and legal assistance for the survivors within their organization or in other actors.
- Support the establishment of referral and reporting systems and outreach identification strategies.
- Support the establishment of community-based social support networks.
- Support the inclusion of refugee women in leadership roles and in decision-making bodies.
- Support the inclusion of men in GBV prevention and response activities.
- Support initiatives that promote the social re-integration of survivors and perpetrators into the community.
- Establish co-ordination bodies within the humanitarian organizations and between other actors; through these bodies, GBV might be analysed and many strategies for

prevention and responses can be developed.

- Increase the use of guidelines and information resources; solicit feedback on revisions and/or additions needed in guidelines and resource materials<sup>20</sup>.

#### **4.1.3 Community Services of NGOs (International, National and Local NGOs)**

Local grassroots, national and international NGOs are the unseen but most significant actors in the process. They are the central part and maybe the backbones of the GBV prevention and protection process; because they are relatively closer to dispersed refugee communities or they procure places for the refugees to create their communities. They are the direct and easily accessible communities for the refugee people, women and GBV survivors. Hence the roles and responsibility of the community NGOs are more comprehensive than other actors.

##### **What should the Community NGOs do in order to prevent and respond to GBV?**

- Train the service providers in the community with regards to the legal and psychological steps in the case of GBV.
- Receive and review incident reports.
- Ensure survivors' safety and provide compassionate assistance, emotional support and counselling.
- If possible, to procure a women shelter for the survivors in case the local authorities and governmental women shelters are unreachable.
- Provide direct emergency material aid to survivors, and advocate on behalf of survivors for assistance from all actors.
- Establish referral and reporting systems; outreach identification strategies, and mobilize the community.
- Establish service-provision facilities (e.g., drop-in centres, safe shelters) with the active participation of the refugee community.
- Conduct awareness campaigns to increase an understanding of GBV, encourage reporting, and promote refugee participation in programme strategies.
- Build the capacity of community-based awareness campaign promoters.
- Support the existing social support networks in the refugee community<sup>21</sup>.

These humanitarian actors need elbowroom to enrich their activities and build their capacities. An important outcome of this interaction is to find multi-level solutions and responses among actors in any given refugee protection situation and to be able to shape the views about the complementarity of actors.

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20. Ibid.  
21. Ibid.

#### 4.1.4 Best Practices Worldwide

**Female Leadership:** It is experienced in some of the GBV cases; inclusion of refugee women in leadership structures has increased the level of female involvement in decision-making. In situations where there are women representatives, their recognition as leaders and their inclusion in leadership structures has led to increased presentation of GBV issues. For instance in Tanzania, the women representatives are recognized as leaders and are included in the decision-making structures or they attend peace negotiation conference. Some of the participants are refugee women leaders and members and GBV programmes staff. Women leaders have played a critical role in providing services to survivors and encouraging survivors to come forward to seek assistance. Women leaders, when trained in the case of GBV, could act as a social force raising GBV issues in the community and ensuring that gender issues are not left aside (UNHCR, 2001)<sup>22</sup>. It is just as important to include men in the process in order to increase their awareness and empathy. They should be encouraged to discuss their own experiences of violence and how it was directed towards them because of their gender. These exercises might help men to understand how women experience violence.

**Refugee Committees Against GBV:** In GBV cases one of most important struggles which all the actors come across is that the refugee culture is more likely to be linked with domestic violence, female genital mutilation and the forced marriage of the young girls. That's why it is crucial to have discussions and trainings for the groups or committees of refugees. The entire refugee community must be involved in GBV prevention and response activities. An inclusive strategy should be followed particularly targeting males and females of all age groups from all ethnic and religious groups. Firstly, all members of the refugee community should be aware that GBV is a human rights violation. As an example, in Dadaab, in Kenya, Anti-Rape Committees were formed and met regularly to review the progress of the GBV programme. Committee members were given letters of introduction from UNHCR. These letters were used when committee members came in contact with Kenyan authorities, such as the police (UNHCR, 2001). Considering the best practices in GBV prevention and response activities, all refugee communities should have legal workers; assistance both for the survivor and the perpetrator; and a safe place for the survivors.

**Safety and Security:** Refugees are subjects of the host country's legal system. Hence a comprehensive host countries' legal system should be trained in order to ensure survivor and community safety. Elimination of perpetrator's harassment on survivors should be guaranteed under legal system. Building awareness among refugees and the local population is essential to prevent gender-based violence. The refugee population becomes active in the community-based security system that prevents and responds to GBV. These teams are effective as they are chosen by the community. They are also refugees and they can understand the refugee environment, language and culture or other structural problems. They know about both the home country and the host country and the community knows and trusts these team leaders.

**Assistance for Perpetrators:** Most refugee communities view perpetrators as being in need of punishment and not assistance. This makes it difficult to assist and train perpetrators of

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22. Ibid.

domestic violence who are often persistent offenders and are not aware that this is a human violation and not a normal thing. Gender-based violence response activities should create inclusive methods for the perpetrator to confront them with their faults. Particularly if the perpetrator is a family member, there is a need for constant GBV training for these people. This might be a family group therapy. Survivors of domestic violence will most often choose to remain with the perpetrator for economic reasons. If the perpetrator is not helped, he is likely to continue the abuse<sup>23</sup>.

**Safe Place for Survivors to Ask for Help:** Most of the refugee settings do not have ideal assistance centres for the refugee women and GBV survivors to ask for judicial services and psychological support. In refugee camps, these services can be provided as “Drop-in Centres”, “Women’s Centres”, community service offices or other suitable locations, aiming for the confidentiality, dignity and comfort the survivor. The public services might not be enough or well-functioning in finding appropriate women shelters, hence local NGOs and international organizations should provide a secure place for these survivors. Capacity building on women shelters is noteworthy<sup>24</sup>.

**Advocacy:** Host governments do not allow refugees to be involved in political and judicial activities. This restricts the ability of refugees to form women’s social movements, to make the survivors’ voices louder and to advocate on their rights in the country of asylum. Therefore well-organized host nation NGOs should be involved in gender and GBV advocacy work that enables the refugee population to benefit from public advocacy without violating laws of the host country. Local NGO members, humanitarian activists or supporters should be first trained by the Host countries’ women commissions of local Bar Association. This way they would get information about the judicial steps that they should follow in the case of GBV on refugee women. A good practice about this kind of advocacy can be seen in Association for Female Lawyers of Liberia (AFELL). They advocate the rights of Sierra Leonean refugees, who experienced GBV<sup>25</sup>.

## 4.2 Promoting Livelihood Activities and Self-reliance

Although the formal and informal sectors of the urban economy offer a wide variety of employment and business opportunities, refugee livelihoods pursued in the urban and rural areas present the risk of exploitation and serious protection problems. The urban women are vulnerable to the dangers of working in the streets without protection against theft, rape, sexual abuse and exploitation. It is observed that *“refugee women find it easier to earn a living, as they have the possibility to sell items on the market or to find work in the domestic sector, restaurants and hotels”* (Vriese, 2006, p. 17). Several academic studies on urban refugees indicated that women are the most effective bread-winners, and it is recommended for the national and international actors to maximize the existing earning potential for the refugees by providing supports for women and working mothers. There is also the need for the policy on urban refugees to define the meaning of the term self-reliance. It might be expected that municipalities can be involved in the GBV prevention and livelihood activities. However as can be seen in many of the municipalities’ examples, municipalities do not have everything in place

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23. Ibid.  
24. Ibid.  
25. Ibid.

and they do not currently possess the necessary competence.

### **Relying on social networks and solidarity and sharing-economy:**

One of the common problems on refugee livelihood is the uncertain reactions of local people to the refugee community. Local people might refuse to co-work with them or hesitate to create solidarity ties in the work place. In addition, most of the developed and developing countries have no functional social welfare system for the refugees and lack solidarity. There is a need for networks based on solidarity to provide a 'safety net' built by local people via mutual aid to overcome the issue regarding limited income-generating opportunities and social insecurity. For instance, shared economy can be encouraged by the NGOs or local people and GBV survivors of the Refugee community can be gathered in specific places to share their experiences.

Although refugees have no formal employment, youth could be provided with a satisfactory level of vocational training by NGOs or businesses. They can become paid volunteers in the NGO's social works. Youth and adults who receive vocational training are also able to seek jobs and start their own small businesses in the host community. There is a great need to help the youth excel more in income generating activities by providing access to savings and loans groups.

### **Rural refugee livelihoods: subsistence farming:**

One of the main problems of the rural refugee livelihood is that refugees are used in farming or seasonal works, which are mostly preferred by the local people. Refugees are paid lower wages in these works and this situation leads to social dumping. The diminution of income for both refugees and the local population inevitably leads to tensions between these people (De Vriese, 2002). In the former case, women and children are used as cheap labour and they do not benefit from any farming products or safe housing etc. The disadvantage of this situation is GBV, as they do not have easy access to any legal system. In addition they are far from any NGO, INGO or public bodies' GBV assistance mechanisms. Particularly local NGOs, which are closer to communities than many institutions are, could arrange rural GBV trainings, group meetings and create livelihood activities. Women refugees can become productive members of a host society and can play a positive role in alleviating poverty.

### **Engaging refugee livelihoods in Urban areas through entrepreneurship:**

In assessing the urban livelihood context, there is a need to analyse strategies taking into account that livelihood strategies are used differently by men and women, and strategies change over time. In addition, it is important to identify protection challenges arising from livelihood strategies in a particular urban setting as well as the specific needs of individuals and groups, such as women at risk (for instance ex-sex workers), survivors of human trafficking and GBV<sup>26</sup>. It is also important to promote access for persons with specific needs and to avoid exclusion of women and children. In Sperl's 2001 report on refugees in Cairo, it is suggested that ensuring a healthy development for children and assisting refugee women for their accession in the labour market would help them to build their future family.

This level of engagement goes some way beyond providing the minimum level of support for the shortest time. In Cairo experience, Cairo government adopted a refugee strategy with two components: first is a micro-credit pilot project for refugee women and the second is establishment of job-related vocational training programmes. However, neither could be implemented, because the Egyptian authorities refused to give micro-credit while shortage of funds on the part of UNHCR precluded the expansion of education and vocational training programmes. Micro credit granting might create problems or would have short term results, however humanitarian actors in the local area might arrange an intermediate technical staff or other type of vocational training programme for the women and girls. They can encourage refugee women to express their skills and join the vocational training programmes.

### ***Investing in education and skills training:***

Urban authorities are the key actors to establish education and training opportunities for the refugees to provide the best foundation for the acquisition of self-reliance. These policies should include ensuring 'all children' have access to primary schooling as well as facilitating access to education and training at secondary and post-secondary levels. It should be acknowledged that such support may involve longer term funding commitments in the form of fees or education grants and the placement of refugees in private schools if no other option is available (Sperl, 2001). Specify the specific strengths/capacities and weaknesses/needs relevant to each wealth-group, for men, women and youth. Identify gaps and the means to address them in a way that is relevant to target groups. However, one of the halting parts in this process is that local authorities, including the public bodies do hesitate to engage in the refugee problem. NGOs as well as local people should generate pressure on developing appropriate human conditions for these people and provide coordination with local NGOs.

There is a need to reduce the vulnerability and assess risk of exposure to any harassment that can be associated with some livelihood strategy. Livelihood intervention targeting displaced women should take into consideration and build in protective elements, such as mixed gender discussion groups, to ensure that they reduce the female participants' vulnerability and exposure to GBV (UNHRC, 2011b). Another alternative way to increase the livelihood of the refugee women is the 'cooperatives' that can increase purchasing power and may reduce with economies of scale in the purchase of materials and also reduce marketing costs. Cooperative bodies can take an active role in sharing and engage in group activities. The example of Liberian refugees' entrepreneurship in Ghana (Dick, 2002) can be given as an illustration of refugee livelihood. The Liberians trade what they have in order to get what they need. Culturally inappropriate maize rations received from UNHCR were sold to the Ghanaians to buy rice. Also, men and women are running successful tailoring, clothing, shoe, carpentry and electronic goods repair shops and beauty salons as well as selling clean water and cooked food.

26. UNHCR. "Promoting Livelihoods and Self-reliance Operational Guidance on Refugee Protection and Solutions in Urban Areas" (2011). More information can be found here [http://www.un.org/refugees/library/Promoting%20Livelihood%20SelfReliance\\_eng.pdf](http://www.un.org/refugees/library/Promoting%20Livelihood%20SelfReliance_eng.pdf)



### 4.3 Multi-sectorial Approach for the GBV Prevention and Response

The multi-sectorial approach is the framework of actions aiming to prevent and respond to GBV. The schematic diagram below represents how different actors work together to respond to the needs of survivors in the medium & long term.



In the diagram, there is an inter-agency and multi-sectorial framework which is designed to struggle against GBV in the places where refugees are located. This network is composed of UN Organizations; Government; National NGOs; Other international organizations; local authorities; local NGOs and they are the main actors in struggling with GBV for refugees. Prevention of and response to gender-based violence involves actions taken by many actors, most of whom represent one of four key sectors: health, psychosocial, safety and security, and legal/justice.

**Health actors include:** health facility staff, doctors, nurses, midwives, traditional birth attendants, community health workers, traditional health practitioners, health managers, administrators and co-ordinators, host country health ministry officials and staff.

**Psycho-social actors include:** staff and volunteers in the community, members of the community, NGOs implementing GBV programme activities, educational staff, refugee groups, vocational training staff, income generation and micro-credit personnel, and host country social services/welfare ministry officials and staff.

**Safety and security actors include:** police, security forces, security and field officers from UNHCR and NGOs, refugee security workers, and refugee leaders/community members.

**Legal/justice actors include:** protection staff of UNHCR and human rights organisations, host country judges and other officers of the court, legislators and lawmakers, community leaders, including sub-committees of refugee committees overseeing community-initiated policing and sanctions, law enforcement bodies, NGOs and advocacy groups working to improve national laws and policies concerning gender-based violence.

# 5. Gender-based Violence Response in The Refugee Situation in Turkey



## 5.1 Gender-based Violence in Turkey

Violence against women, which is directly related with the patriarchal structure, has been one of the social agenda topics of the women's movement in Turkey since the beginning of the 1990s. Turkey signed the Istanbul Convention in 2012 and introduced its efforts on respecting international human rights norms and approaches. However, despite all these arrangements and developments, violence against women in Turkey is one of the challenges regarding gender equality. Particularly domestic violence including physical abuse towards adult and adolescent women is a common problem not only in Turkey but also all around the world. In recent years, Turkey has witnessed dramatic and rapid increase resulting in the death of three women every day, although new laws are signed, introduced and counter-measures are taken. According to Turkey Statistics Corporation's research in 2014, 37, 5% of the women in Turkey are subjected to domestic violence at home by their husbands or boyfriends<sup>27</sup>. This means one in every three women is exposed to violence.

Especially in Turkey, gender inequality is based on rooted patriarchy and cultural structures in a given society where male domination is common, because inequality is a multi-layered structural problem. Men use violence in order to establish their domination and superiority. Murder is one of the most horrific consequences of this violence. One of chronic murder type in Turkey is honour killing. The problem of this murder is it is embedded into the culture and not only constructed on men's "superiority" but also commodification of girls and women.

In order to reduce this risk or prevent and protect women, NGOs act as a complementary part of the cycle. Mor Çatı, for instance, is one of the first organisations founded in Turkey to struggle against violence towards women. It was established soon after the 'Solidarity of Women against Domestic Violence Campaign' which was led by feminists and involved hundreds of women in Istanbul in 1987. This campaign is regarded as one of the turning points in women's struggle and it highlighted the need for a solidarity centre and a shelter run in accordance with feminist analysis. Now on average 10 women a day approach the solidarity centre via telephone or by visiting. The centre's work focuses on establishing solidarity and a network of women against violence rather than helping individual women<sup>28</sup>.

27. TÜİK. Türkiye'de Kadına Yönelik Aile İçi Şiddet Araştırması (2014). More information can be found here [http://www.tuik.gov.tr/MicroVeri/KYAS\\_2014/ozet-tablolar/index.html](http://www.tuik.gov.tr/MicroVeri/KYAS_2014/ozet-tablolar/index.html)

28. Mor Çatı Women's Shelter Foundation. More information can be found here <https://www.morcati.org.tr/en/>

## 5.2 Gender-based Violence in Refugee Community

Since the start of the civil war in 2011, the total number of Syrian Refugees<sup>29</sup> that had to flee from their country and seek refuge in other countries is 4,957,907<sup>30</sup>. Turkey is the one of the central countries that is directly influenced by the Syrian Refugee fleeing. According to UNHCR reports<sup>31</sup>, the number of persons concerned is 3 Million by December, 2016 and 2,910,281 of them are registered. These numbers make Turkey the host country with the largest refugee population in the world. From a demographic view; among the Syrian refugees, 53.2% are male and 46.8% are female, and their age range is between 18 and 59.

Considering the interviews with the refugee women, humanitarian workers and public institutions; there are five obstacles which can hinder women from dealing with GBV situation since they have arrived at Turkey.

- First is the language problem as it might be hard for these women to express themselves and the violence they have experienced.
- Second is the identity problem, if a refugee woman/girl hasn't received any temporary protection ID, she could not benefit from the legal and shelter rights in Turkey. Hence it is crucial to obtain a Temporary Protection ID (the number starts with '99' which means humanitarian resistance) from the Immigration Authority. When they receive this ID, they can benefit from the health facilities and the legal system just like the women in Turkey, as they became the subject of Law No 6284. In case of GBV, refugee women can stay in the women shelter for six months, yet the period can be extended. However, in some of the interviews, humanitarian workers from a national NGO indicated that some shelters accept only for 15 days, which is illegitimate.
- Third one is the content and how their cultures interpret the violence. Refugee women probably flee from their country of origin to Turkey with their family members. Inside their family, GBV situations might be seen as their families' 'privacy' and family members may be exposed to violence, where the affected woman would probably not reveal this because she acknowledges it as privacy. This perception dissuades a woman from going to the police station and confessing the tragedy she is living.
- Fourth problem is the unconcerned behaviour of the public authorities, police officers and gendarme. In the case of GBV, refugee woman should first go to police station to describe the violence she is exposed to and write a minute. However, as indicated in many of the interviews, some police officers do not have knowledge about the vulnerability of the woman and seriousness of the GBV. Hence they may accept it as an unnecessary incident or under the privacy of the family, because the GBV cases do not always have prior importance for them. There is also a translator issue in many of the police stations in which the police officers do not clearly understand the struggle of the woman.
- Fifth obstacle is that refugee women themselves refuse to go to police station or call 155 and 156. According to humanitarian workers' (from INGOs and NGOs in the host

29. In Turkey, "refugee" status has not been given for Syrian people in legal terms, but it is politically used in national and international scale. Syrian people who fled from Syria are designated as temporary protected people in Turkey

30. Syria Regional Refugee Response. Inter-agency Information Sharing Portal. Available at: <http://data.unhcr.org/syrianrefugees/regional.php>

31. Ibid.

cities) statements in the interviews, refugee women consider their GBV experiences to be unimportant because they are primarily the survivor of the war, not GBV. On the other hand, they hesitate to go the police station as they are not sure whether their complaint would cause a problem in their stay in the host country. They are afraid of being deported or excluded.

### 5.3 Referral Pathways for Gender-based Violence Survivors

Referral pathway is necessary to explain how survivor might access services. It is a process by which a GBV survivor gets in touch with the professionals and institutions just for her specific case. It might be the first time that a woman communicates with the professionals about her privacy. In the referral, the GBV experts and professionals are expected to work together with the survivor as to support her and make her feel that she is safe. Referral pathway refers the survivor to the competent and related institutions. In the case of the refugee GBV, the survivor faces bureaucratic stages while applying for a health, asylum, psychosocial, security, protection and legal/judicial process and economic independence /integration. The experts should help and accompany her in each stage.

The survivor has to stay in a safe environment; without any judgements, respecting her confidentiality and including comprehensive supports. During and after the GBV situation, the needs of the survivor are various and one single organization/institution cannot provide all these required services. That's why coordination among the related actors is necessary and noteworthy.

The GBV confession may happen as such;

- survivor can tell this to a person that she trusts (family member, friend, or teacher),
- survivor can directly request help from the close distance NGO or INGO,
- survivor can directly go to the police station.

Anyone the survivor shares her GBV experience with has a responsibility to give comprehensive information about the services available and the bureaucratic stages. An expert person or professional should accompany her in this process *without judging or blaming*, but rather encouraging her to seek for help.

#### 5.3.1 Referral Pathways for Turkish Citizens

There are three alternative referral pathways for Turkish Citizens.

# 1

GBV survivor can directly apply to 'Violence Prevention and Monitoring Centre' (ŞÖNİM). If there is a ŞÖNİM in the province, the survivor first has to write a petition that describes her reason to stay in the shelter. After the ŞÖNİM experts review her excuse, ŞÖNİM refers the survivor to the Woman Shelter and respects her confidentiality. If the survivor prefers to go the police station to give a violence report, the shelter would help, but cannot force her to do so.

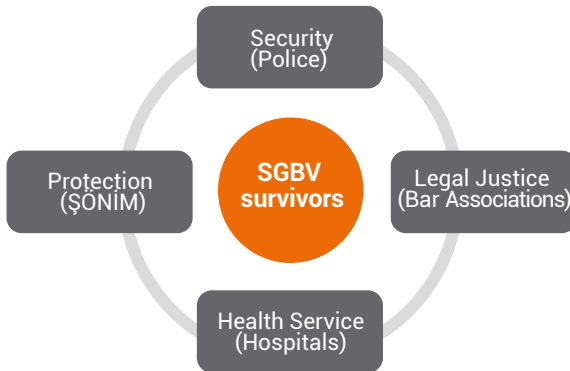
GBV survivor can go to any law enforcement agency (police headquarters or gendarme) to make a complaint about the unjust treatment she experienced. The authorized person (probably the police) should report the survivor's complaint and refer her to the forensics medicine.

- At this moment the survivor may refuse to further the process and may not want to write a minute. In this case the authorized person should respect her decision and take her to ŞÖNİM.

- The survivor may accept to go to the forensics medicine to report her wounds, but may not prefer to further the process in the judicial level. The authorized person is expected to give her advice on going to the prosecution office and starting judicial process, but shouldn't force her to do so. If the woman refuses to go to the prosecutor, then the authorized person should respect her decision and confidentiality, and bring her to ŞÖNİM.

- The survivor may accept to write a minute with regards to the violence that she has been through. In this process, the authorized person should guide and accompany her in the judicial process. The survivor can request a lawyer from the Bar Association. Particularly the Women Rights Commissions of the bars help those survivors free of charge.

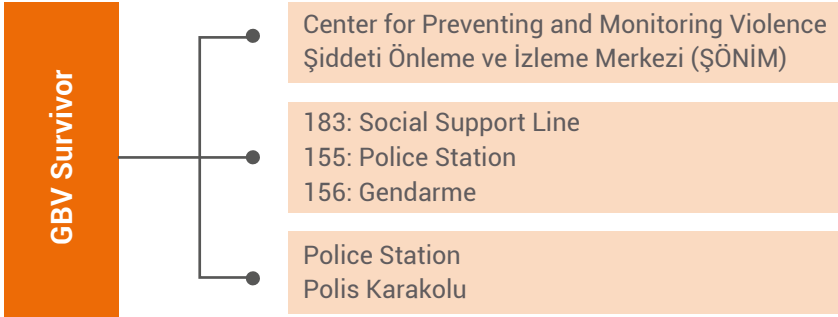
The circulation among the actors is as follows. In the case of GBV, Turkish citizens may directly go from any of this below mentioned institutions.



# 3

In the case of a GBV, honour killing orchid bride, not only the survivor herself, but also a deponent, who witnesses the GBV or observes a risk, can call 183, 155 or 156 and denounce the situation.

### 5.3.2 Referral Pathways for Refugee Community



There are five alternative referral pathways for the refugee community.

1

When the survivor is a refugee woman, then the process operates differently. Since the refugee woman obtains a Temporary Protection Identity Document from the Directorate General of Migrant Management, she has the same rights with the Turkish Citizens. If she could not get a Temporary Protection ID, the experts in local NGOs, in INGOs or in the shelter should accompany her in the process of obtaining a Temporary Protection ID, otherwise refugee woman would be deprived of the Turkish public services (such as health and security).

2

If a refugee woman does not have a Temporary Protection ID but is a survivor of GBV; she can directly go to an authorized person (Police or Gendarme) and ask for an asylum request. The distinction between a refugee woman holding an ID and a Turkish woman is that refugee woman cannot directly apply to ŞÖNİM, instead, in company of the police, ŞÖNİM accepts refugee woman's petition and places her in the Shelter. In the shelter, the experts help her in receiving Temporary Protection ID.

3

If GBV survivor has already obtained a Temporary Protection ID, she has the same rights with the Turkish citizens. She can go to police station to file a complaint about the unjust treatment. Police would ask to report her complaint and refer her to the forensics medicine.

- At this moment the refugee woman survivor may refuse to further the process owing to several reasons and may not want her statement to be written on the minute. In this case, the police should respect her decision and take her to ŞÖNİM.
- The refugee survivor may agree to go to the forensics medicine to report her wounds, but not to further the process on a judicial level. This is a common problem among the refugee women, because they are scared of being expelled from Turkey just because of this case. At this stage the police or the person accompanying her is expected to give her advice. They should

clearly indicate the advantages and disadvantages on applying for prosecution and starting the judicial process, but should not force her to do so. If the woman refuses to go to the prosecutor, then the police should respect her decision and confidentiality, and bring her to ŞÖNİM.

- The refugee survivor may agree to write a minute with regards to the violence that she is faced with. In this process, the police should guide and accompany her in the judicial process. The survivor can ask for a lawyer from the Bar Association. Particularly the Women Rights Commissions of the Bars also help refugee survivors free of charge. During this period, the GBV survivor woman stays at the Woman Shelter.

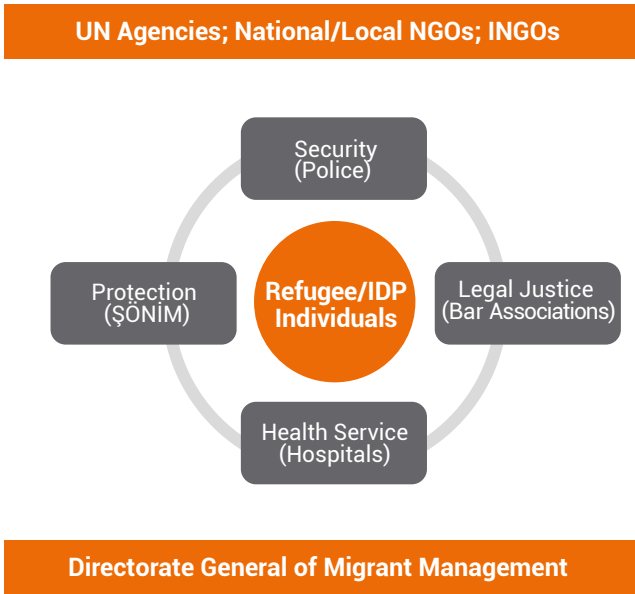
4

If the survivor is under 18 years old: If the GBV survivor is under 18 years old, in addition to ŞÖNİMs, the provincial directorates of Directorate General of Child Services are also responsible.

5

GBV survivor refugee can also call 183, 155 or 156 and ask for a police help. Also, if a man takes possession of the passport of the refugee women and forces her for woman trafficking and makes indecent proposals or debauches her, the affected woman or a deponent should call 157.

Different from the Turkish Citizens' GBV situations, the circulation among the GBV actors in terms of protecting and preventing refugee women encompasses INGOs; international institutions; Directorate General of Migrant Management (DGMM), and other local NGOs.



## 5.4. Encountered Problems and Solution Recommendations

Violence against women is a chronic problem in Turkey and with the inclusion of refugee women the problem has become beclouded. In the case of GBV on refugees, humanitarian actors and their working staff should first realize that they are dealing with the vulnerability of female refugees. It is even harder for these women as they have been facing a threat since they reached the border. These threats can be illegal deportation; women trafficking; forced or asked-for informal marriage. On the other hand, there is lack of education, economic independence, housing, secure environment etc. that intensify their vulnerability. The outcomes of the interviews with the humanitarian actors demonstrate that the problem is multi-layered and there are specific unseen problems that need to be addressed.

As indicated in UNHCR "*Action Against Gender-based violence Report (2011b)*", there is a need to enhance the quality of protection through comprehensive protection strategy in all GBV situations regarding refugees. Humanitarian actors **might follow the best practices** of the other field workers. For instance, in Turkey, INGOs and UNHCR follow worth-stressing strategies in the refugee areas.

1. *Protecting children of concern against GBV*: Displaced children are particularly at risk of GBV, because they are very vulnerable and they (may) come face to face with harmful traditional practices, sexual exploitation and abuse. In addition to sexual exploitation, children are also subjects of economic exploitation and are also used as cheap labour in several sectors. The field workers should also take the children into account while producing protection policies.

2. *Addressing survival sex as a coping mechanism in situations of displacement*: Survival sex can be a direct consequence of gaps in assistance or failures of registration systems. In some cases, refugee women and girls prefer to move to another host country due to specific reasons. Perpetrators may distract on these women's passports; pledge them on bringing to another country, and force them to survival sex. In order to prevent this sexual exploitation, field workers along with the foreign branches in the police station and DGMM develop prevention and monitoring mechanisms.

3. *Engaging men and boys*: GBV programmes mostly involve refugee women in prevention activities rather than men and women. However, this strategy weakens the protection environment for women and girls as well as for men and boys. In order to disseminate the importance of the GBV, all the refugees considering and respecting their prior preference (whether men and women together or separate) should be included into GBV policies and prevention mechanisms.

4. *Providing safe environments and safe access to domestic energy and natural resources*: Many displaced women and girls run the risk that they will be raped, beaten or killed whenever they collect firewood, water or other essential resources. The humanitarian actors and related field workers (INGO and NGO workers) are encouraged to create close relations with municipalities; develop common plans for providing safe and easy channels for refugee women's necessary equipment.



5. *Protecting lesbian, gay, bisexual, transgender and intersex (LGBTI) persons of concern against GBV:* LGBTI persons face high levels of discrimination and violence and they are direct targets of social exclusion. That's why, similar to refugee women, LGBTI people also need psychological and legal help.

6. *Protecting persons of concern with disabilities against GBV:* Persons with disabilities are often at risk of GBV and are frequently unable to access any services. Although disabled refugee women have not been visible in Turkey, the humanitarian actors should also consider their extra vulnerability and ease disabled women's paper works and other access for services.

### **Recommendations for Capacity Building:**

Apart from these urgent acts that should be implemented at first, there is a need for efficient capacity building and permanent solution for structural problems. As the refugee population has been increasing day by day, the humanitarian actors in the host places mostly focus on official, paper work and accommodation-oriented issues (case management) rather than concrete capacity building for GBV survivors. In order to prevent and protect GBV in Turkey's host cities, there is a need for enhanced capacity building including refugee women's social inclusion and elimination of any potential risk of GBV. Considering the needs of the refugee host cities in Turkey, the humanitarian actors should enhance their capacity in six subtitles.

- Create broad networks that allow for access to professionals, who can advise on policy issues; legal assistance; program development, fundraising, communications and evaluation.
- Strengthen the networks of partnering NGOs in fields such as education, livelihood and workforce development, health and sanity assistance, legal support and protection of the women. This would enhance the capacity of the local and international organizations.
- Not to hesitate to share best practices among each other and offer standardized training programs to their local communities.
- Particularly the International non-governmental organizations should increase their visibility in order to create more trust on the host cities' community and public authorities.
- As a result of this interconnection and consensus, all these field workers (INGO and NGO workers together) should create 'alternative women shelters', under one common roof or these local organizations may find ways to cooperate with the host cities' Municipalities and force them for creating a secured women shelter for refugee women. There are two reasons behind this need;

- first, there are 137 Women Shelters (including civil and public shelters) in 49 cities in Turkey and these shelters are not efficient enough to cover all the needs of all women in the regions. This is the most mentioned need of the public authorities in the refugee hosting cities,

- second is there are 49 ŞÖNİMs that are designed for women in Turkey. Although

refugee women possessing temporary identity card do have the same rights with women in Turkey, in the case of GBV they cannot directly apply for ŞÖNİM. Hence in order to close this gap, INGOs and NGOs should collectively create an alternative accommodation method just for refugee women.

■ Both in the public institutions and in the local NGOs, there is a need for educated and qualified social services workers. Existing service is lack of comprehensive GBV knowledge and they do underestimate the GBV case when compared with the other issues. On the other hand the civil servants of the public institutions are not familiar with refugee migration and their struggles. NGOs engaged in refugees may offer particular trainings for these public servants.

### **Recommendations for Structural Problems**

■ Not only the refugee women but also women in rural parts of Turkey do not have full access to education. National NGOs in these rural or less developed regions should provide education models for these girls. This model should not only involve Turkish citizens but also refugee girls and lead to socialization of both groups to reduce prejudice.

■ There is hate among some Turkish citizens against refugees. Instead of generating solidarity ties, residents of the host cities have intolerance to refugees' existence in their city. NGOs should play a central role in this kind of circumstances. Through several activities or training programmes, NGOs may provide platforms to socialize both groups in order to prevent any exacerbated hate. They can prepare some common women training courses in which all women can share their common interests or problems; it is important to bear in mind that Turkish women in specific cities (such as Hatay; Urfa; Gaziantep) speak Arabic.

■ The interviewer Dr. Tuba Coşandal Duman (2017) indicated that in her recent research on refugee women in Turkey, one of the invisible threats that both refugee women and women in Turkey are faced with is being a co-wife. Being a fellow wife in a polygamous household is not legal but unfortunately common in Turkey. Besides, religious marriage is also legal in Syria. In Coşandal's research, the results show that men from all social classes do not hesitate to talk to or joke around their wives about bringing co-wife. Refugee families also give their daughters to those men to secure her future in Turkey. Hence they can perform a religious marriage ceremony with refugee women, although they have civil marriage with another woman.

■ Language is another problem that poses an obstacle in the communication between refugees, people and public bodies. It is important to provide Turkish language (reading; writing; understanding; speaking) courses for refugee girls and women.

■ Woman trafficking is very common but invisible and unprovable issue in all conflict situations. Although some humanitarian actor interviewers believe that there hasn't been such a problem in Turkey; throughout their displacement, women refugees are always a target for this threat. They experience it during their journey; in detention or reception centres; and in the host country.

■ Another problem that is noted by the interviewers is the discrimination of Alevi refugee women. Their sect is distinguished by the dialect of their Arabic and this paves the way for exclusion in the refugee community; in the public sphere or in emergency places.

**Fundamental needs in the GBV situations:** Actors on Humanitarian Aid do not always include GBV activities in their agenda. Considering the importance of the case in Turkey, these actors along with the public bodies, if possible, should develop themselves on prevention and protection of GBV cases for the refugees in Turkey. Both being a refugee and being woman increase the vulnerability of these people. Hence the fundamental needs which all actors should take into account are as follows.

**To intensify the 'psychosocial assistance':** Psychological First Aid means to give supportive response to a fellow human being who is suffering and who may need support. All humanitarian aid staff should at least learn GBV-centred approach; how to 'look', 'listen' and 'respond to' survivors' primary needs. The key part is to respect her, provide a safe environment for her, respect her confidentiality and the sensibility of the situation, and be aware of emergency responses. Humanitarian aid staff should put a focus on helping her in the information, services and social support stages.

When a GBV survivor arrives at the community centre or office and shares her situation or asks for help, the humanitarian aid staff;

- should remember the context of the work she/he is doing,
- should realize that the survivor is under stress, because she is sharing her privacy,
- should understand the importance of safety and security concerns, and protect her,
- should concern her other needs; such as childcare, pregnancy or specific illness,
- should listen to her carefully, but without judging or forcing her to give exact details, rather asking about the specific needs by developing empathy,
- should help her to access related services by using referral pathways,

**To get training on GBV:** The central problem of the humanitarian aid staff is they are not aware of what's supposed to be done in the case of GBV. While they are coping with several other problems, GBV cases are bypassed either by the staff, because the priority is given to other issues or by the survivor herself, because she feels that the violence she faces is not that much important when compared with the other cases. The other alternative is she doesn't want to share this privacy or she is ashamed of the violence she has been exposed to. However the staff should realize that GBV is not only violence on women but also violation of human rights. That's why they should constantly be trained about gender equality; women empowerment and the importance of GBV in human life.

**To get training on legal steps of the GBV:** In the field studies, it is observed that several actors do not know each other and aren't knowledgeable about what to do on the legal aspect of GBV.

The Bar Associations in the host cities give volunteer training for the humanitarian actors as well as women in the region, including refugee women. If the survivor's financial situation is poor and she can prove it, then the attorney service is offered free of charge. It is important to have knowledge about the legal steps of GBV cases for the purpose of saving time.

**To create networks with the other humanitarian actors and women's NGOs:** It is significant to have broad network with the other actors in the host city. The advantage of this networking in the case of GBV is they may share knowledge and solve the problem from different angles, create common solution methods, work on alternative women protection projects; advice each other about the gaps to consider. The governmental bodies might not agree to be a part of this networking. In this case the INGOs and most especially women's NGOs in the local should provide platforms and sessions to find solutions and alternative methods for preventing GBV.

**Community-based protection approach:** Community based approach is followed by the INGOs in the host cities. All humanitarian staff should actualize a similar programme and its modules as a best practice. Community-based approach focuses on women's socialization, vocational trainings, improvement of their handicraft, GBV trainings not only for women in Turkey and refugee women but also including men. It should be comprised of 12 weeks and each week the GBV topics should be mainstreamed in the daily activities. Besides, these socialization sessions may lead to GBV experience sharing and solution seeking on the one hand, harmonization of Turkish citizen women and refugee women as to eliminate any prejudice, on the other hand.

**Livelihood activities:** many of the humanitarian actors already have livelihood programmes, but in order to develop these programmes; Kermis organization can be arranged to sell women's handicraft, specific cultural foods in the bazaar places or other historical places.

**Interviewing with GBV survivors:**

- conduct interviews in private settings and with same sex translators, wherever possible,
- always try to conduct interviews and examinations with staff of the same sex as the survivor/survivor (e.g., woman survivor/survivor to woman interviewer),
- be a good listener,
- maintain a non-judgmental manner,
- be patient; do not press for more information if the survivor/survivor is not ready to speak about her experience,
- ask survivors/survivors only relevant questions,
- the status of the virginity of the survivor/survivor is not an issue and should not be discussed,
- avoid requiring the survivor/survivor to repeat the story in multiple interviews.
- do not laugh or show any disrespect for the individual or her culture, family or situation,

- the survivor/survivor should be referred to appropriate/relevant actors when there is no qualified individual available to conduct an interview,
- do not interview the offender of the GBV case to check on the answers of the GBV survivor,
- ask the survivor/survivor separately whether they want their married/unmarried partner to be present during the interview,
- If the survivor/survivor is a child, the best interests of the child principle should inform decisions about what type of care and support is provided<sup>32</sup>.

## 5.5 Best Practices of the Local Actors in Turkey

Several best practices have been implemented in the refugee host cities in Turkey. Most of them are the national NGOs that conduct projects on preventing GBV and gender discrimination on refugee women. Their projects have been funded by UNHCR, GIZ or other international donors, since the refugee flow intensified in the metropolitans. Since they left their country of origin, these women's journeys are perilous and they face uncertain futures when they reach Turkey. Yet governments and humanitarian organisations are failing to meet their specific needs. It is important to generate gender-sensitive practices or modules in the humanitarian works. However some NGOs are aware that it is more traumatic for those women to stay in a variety of places. These places can be unsafe and they are unable to get access to protection and services. For instance pregnant women don't have access to medical care or other supplies such as food and baby milk or they are vulnerable to sexual exploitation and sexual abuse. Concerning the specific needs and potential risks, these national NGOs in Turkey take measures to prevent or protect these women in the places where they are located. The core help of these NGO is to eliminate the barriers these women face in accessing aid and legal protection, with a goal of developing practical recommendations to improve conditions and responses for their social inclusiveness. Among these Civil Society organizations, Human Resource Development Foundation (HRDF / İnsan Kaynağını Geliştirme Vakfı - İKGV) and Women's Solidarity Foundation (Kadın Dayanışma Vakfı - KADAV) are the most prominent ones that take concrete steps to minimize the risks of social exclusion or sexual exploitation of these women and girls. Their best practices comprise not only of prevention and protection of GBV but they also include women solidarity.

### 5.5.1 Human Resource Development Foundation (HRDF/İKGV)

Established in 1988, İKGV is a non-profit and non-governmental organization. It is founded in response to the unhealthy population growth, uncontrolled development, fast urbanization and large migration movements in Turkey. Their priority areas are; reproductive and sexual health, irregular migration including prevention of human trafficking and refugee support.

İKGV has been working on irregular migration since the early 1990s and the organization has been one of the implementing partners of UNHCR-Turkey since 2007. As of July 2017, besides the headquarters office in Beyoğlu, Istanbul İKGV has nine Refugee Support Offices in Turkey: Istanbul (Elmadağ and Esenler psychosocial support offices and Kadıköy outreach/field office), Ankara, Bilecik, Eskişehir, Kütahya, Van and Ağrı.

32. United Nations High Commissioner for Refugees, "Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response" (2003). More information can be found here <http://www.unhcr.org/3f696bcc4.pdf>

In general İKGV's Refugee Support Program is based on two interlinked units;

**Psychosocial and Legal Support/Protection Unit:** Composed of (senior) protection officers, legal advisors, social workers and translators. Based on a rights-based approach, İKGV teams work in coordination to provide counselling and support to refugees on their fundamental rights and enable them to reach services. Besides, psychologists provide psychological counselling for the refugees in need of mental health support. İKGV teams also support refugees by providing interpretation services and they may accompany the beneficiaries in need to related units, such as hospitals and police stations.

**Community-based activities/Outreach Unit:** Until the suspension of educational activities by the Ministry of Education, humanitarian workers provided vocational trainings and implemented social activities (such as trips, panels, concerts) and training courses concerning the needs as well as social cohesion of the refugees. As of June 2017, all community-based activities are suspended until HRDF signs a protocol with the Ministry of Education.

İKGV Support Office for Syrian refugees is located in Esenler- where refugee population and internally displaced people (IDP) or other immigrants live all together. Despite various groups in the district, Syrian refugees come across with discriminations or hate speeches more than any other groups. Under these circumstances, İKGV mostly puts emphasis on comprehensive counselling to vulnerable women, such as *refugee single mothers* and *woman who lost his husband at war*, as they are alone and having post-trauma; but also have responsibilities for their children in this exclusionary environment. Hence İKGV considers not only individual psycho-social and legal counselling for them but also other extra support to ease their life in Istanbul, such as group counselling. Taking the demands into account, the 14-week 'Women's Solidarity Program' was prepared to respond to and analyse the women's major needs. The participants of this program comprise of different women profiles, who do hesitate to contact each other at first meetings. However in the following weeks, as 'being a woman' is their common ground; they become more socialized.

In the Women's Solidarity Program, paying attention for not evoking their trauma, İKGV team is sensitive in its treatment regarding GBV cases. Nilgün Yıldırım, coordinator of the Program indicates:

*The war, itself, is the worst violence these women have lived. That's why; emotional or economic struggles are not called 'violence' in their mind. They have other prior and urgent problems. They participate to our GBV programs for their daughters, and since then they started to behave differently to their daughters. They haven't experienced such a program in the country of origin, they are surprised when they hear the importance of GBV. Now they are aware that in the case of GBV, they can come to a place for help. At least this relieves and empowers them.*

The content of the 14 weeks model is designed in collaboration with the Syrian refugee women who are invited by the team. In 14 weeks model, the focus is on determining the central needs of the women; finding a common ground to discuss solutions for current problems; refugee

women's fundamental rights; discussions on temporary protection legislations and related legal issues; gender equality; social activities; health; Turkish culture and everyday life in Istanbul.

Within the increasing child-labour cases among refugee groups, in particular Syrians, the schooling rates are still at the critical edge. In cooperation with Esenler Municipality, İKGV team arranged street festivals, and workshops at the Mother-Children Campus in Esenler to create a space and promote schooling for children and their families. For the adolescent girls, the team prepared workshops on psycho-social support and discussed the legal and psychological aspects of early marriages. Both the women and girls are informed that in the case of GBV they can apply to İKGV. In addition to women-inclusive programs, İKGV team also arranges a program for Syrian refugee men using similar approaches. Refugee men feel themselves less secure and incapable as they are unemployed. In the programs, the team provides counselling on GBVs, social, legal and psychological support to men to reduce their struggles in paternity.

### 5.5.2 Women Solidarity Foundation (KADAV)

KADAV is another independent and non-governmental women organization, which defines itself as a solidarity group that focuses on struggle with violence against women, women's labour and employment; solidarity with immigrant and refugee women; with imprisoned women and with LGBTİ people. Since the period when the refugees hadn't fled to Turkey yet, KADAV has intensified the solidarity with immigrants dimension and it considers gender mainstreaming activities for refugee women, especially in terms of GBV, encouraging development of self-solidarity groups and providing livelihood and psychosocial support for Syrian refugees and other migrant communities.

KADAV has been actively present in the field of migrants since 2011, before Syrian refugees first entered Turkey. During this period, it started its solidarity works with migrant women through Women Without Borders (Sınır Tanımayan Kadınlar), of which KADAV was among the initiators. In 2016, it signed a protocol with Support to Life (STL) as to work together in refugee issues in STL's Community Centre in Küçükçekmece. Küçükçekmece is one of most populated districts of Istanbul which has the highest Syrian population by 38.278<sup>33</sup>. KADAV team arranged a woman room in STL's Community Centre to be closer to refugee women who come to the-center. But at the same time the team visits the neighbourhoods to meet refugee women in their houses. Like İKGV, KADAV team also observes that the common problem of the refugee women is to cope with social exclusion in their neighbourhood. In addition to that, women are faced with unemployment and financial hardships. In finding jobs, one issue was that women who had migrated from the rural area in their country of origin were not preferred or were not allowed to work; whereas women who used to live in the urban tried to find ways to work. Although this was the general tendency at the beginning, now many more women who were not allowed to work before have to work outside due to harsh economic conditions. If they find a job, which are unsecured and underpaid, this time they need somebody to look after their children. If their children are not a baby, then these children also work or are forced to work as cheap labour.

33. INGEV. Istanbul Labour Market Assessment (2017) More information can be found here [http://ingev.org/raporlar/Istanbul-%20Labour-Market-Assessment-%20Report\\_13.07.2017.pdf](http://ingev.org/raporlar/Istanbul-%20Labour-Market-Assessment-%20Report_13.07.2017.pdf)

KADAV has a 'Violence Working Group', which contains not only Turkish citizens but also includes the Refugee women. This group makes home visits and prepares workshops on GBV awareness.

**House visits:** The visits are organized in coordination with Syrian women; they organize these house visits with the initiative of KADAV by inviting their friends or neighbours to talk and debate about their struggles in Istanbul and in Turkey, in general. Throughout these gatherings, KADAV team first represents themselves, their foundation and get consent on talking on violence. After the introduction, the group starts a mini-workshop on gender based violence. At the beginning of these meetings, many of the refugee women do not prefer to talk about the physical or sexual violence they experience, as they consider it as their privacy or that it is a luxury to talk about physical violence while they experience a high level of poverty and discrimination in Turkey. In this case, KADAV team starts the discussion, talks about the visible and non-visible examples of various forms of gender based violence. The reason for this initial talk is to relieve them, and to underline that being a woman is the common ground for all women. After this relieving conversation, refugee women might talk about the economic, psychological, physical and/or sexual violence they experience in Turkey. High level of poverty is the economic violence they live; besides they experience all types of discrimination everywhere, including in public institutions. The team hears the stories of women and informs them about the legal pathways that they may follow in the case of GBV.

Another issue of focus is about the early-forced marriages, informal marriages or divorces. The team also informs women on Turkish law, and how the legal process continues in Turkey. KADAV field team identifies some women among the participants after the visit. This identification is made based on the level of their enthusiasm, interest and active participation. These women are asked individually after the meetings whether they accept to be a focal point for KADAV in their social circles and if they agree, KADAV organizes periodical focal point trainings with potential focal points from different districts on GBV and protection mechanisms. During the house visits, voluntary KADAV team members look after the children of the refugee women.

**Woman Room:** KADAV prepared a woman room in STL's Community Centre in Küçükçekmece. This was designed as refugee women's socialization area. In this room the aim of the team was to create a sincere and warm environment for the refugee women and to get closer to them in order to build solidarity groups to support them in their struggles, especially from a gender perspective. They started working by inviting them to drink tea or coffee and chat. Then they organized workshops such as storytelling sessions, food workshop, daily life Turkish lessons, and body workshop, in addition to celebrating important days such as birthdays, New Year or International Women's Days.

**Livelihood:** In 2016, KADAV founded a 'Woman solidarity centre' in Kanarya neighbourhood which is supported by the GIZ funding. The centre was established to support Syrian women although the KADAV team wanted to include Turkish citizen women as well, yet all participants were Syrian. Its name was Göçmen Dünya Kadın Dayanışma Merkezi (Migrant World Women Solidarity Centre) and it was built again with more capacity in Sefaköy district in 2017. The place in Kanarya was two-storey apartment, and KADAV used storeys both for textile training



workplace and for solidarity workshops. They give 'textile training' because on the one hand the refugees live close to the textile industry districts and on the other hand, some of the refugee women used to work in the textile sector in their country of origin. Since they increased the capacity of the centre 60 % more than the original plan, KADAV team divided the women in the same shift into two groups; one group takes courses/training at one storey, while the other women socialize and get social training in the other storey, called 'solidarity workplace'. In the textile training; women get courses on design and textile machinery. In the solidarity workplace, the topics of discussion are on discrimination; sexual harassment; body workshop; protection from gender based violence and so on.

One of the significant sensitivities of KADAV was nursery service for participant's children and transportation service. They provide shuttles for these women's transport. Actually the day care was ran by all women in solidarity. Each day 2 women were responsible for the day care and they were paid for their daily work.

In 2017, a new centre in Sefaköy was arranged concerning the needs of the refugee women in the distinct. It includes rehabilitation and psychosocial support centre, language exchange workshops, and other income generating production activities for women. The team also considers working on the child-labour problem and schooling the refugee children is another goal of the Sefaköy centre.

**LGBTI Refugees:** As a part of a project, a team in KADAV is also working together with LGBTI refugees and supporting LGBTI struggle in Turkey. The team is working in contact with LGBTI organization and their individual networks in solidarity. In the conversations or by the networks, it is realized that the LGBTI Refugees conceptualize themselves differently from the LGBTIs in Turkey, and the team give importance to this detail and try to give support and show solidarity accordingly. KADAV team provides an emergency phone number for those networks to reach to KADAV in case of GBV. KADAV provides legal and psychological support for LGTBI in case of exposure to GBV as well. The main problem of LGBTI refugees as locals is homophobia and transphobia in society as well as accommodation and livelihood as with the other refugees.

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