DISMANTLING PATRIARCHY AND STRUCTURAL OPPRESSION IN WAR AND CONFLICT: GENDER-BASED VIOLENCE IN IRAQ, OCCUPIED PALESTINIAN TERRITORY AND YEMEN

OXFAM
أوكسفام

ACKNOWLEDGMENT

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LIST OF ABBREVIATIONS

CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
ISIS	Islamic State in Iraq and Syria
HNO	Humanitarian Needs Overview
MENA	Middle East and North Africa
OPT	Occupied Palestinian Territory
WRO	Women's Rights Organizations

EXECUTIVE SUMMARY

This paper is a summary of the full comparative study report produced by Abu Hwaij Assurance & Consulting Services in 2022. It is meant to inform the programming and policy work of Oxfam internally and the international community externally, including the UN, INGOs and members of the donor community who are involved in the struggle to eradicate gender-based violence (GBV) in the Middle East and North Africa (MENA).

The comparative study was conducted as part of the 'Naseej: Connecting Voices and Actions to End Violence Against Women and Girls in the MENA Region' programme, which aims to contribute to more gender-equitable societies, in which women and girls live free from violence across all spheres of life. The study particularly focused on understanding the different forms and expressions of GBV in conflict areas. The participants included a total of 1,430 women and men in three countries: the Occupied Palestinian Territory (OPT), Iraq and Yemen. The context in the three countries is characterized by armed conflict, political instability, prolonged occupation and structural oppression. Consequently, affected communities suffer from protracted humanitarian crises and displacement which produce poverty and hunger, loss of security and stability, unemployment and inability to support family, thus creating a cycle of violence and continuous humanitarian needs. All these factors increase the magnitude of GBV and in its many forms.

Women and girls in all three countries face very difficult life circumstances, with various kinds of oppression compounded by war, economic and climate related shocks, and occupation. Violence manifests in new ways and its many forms intersect and become more intense during war and conflict. This is combined with structural

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violence rooted in patriarchal systems and traditions, and the structural reinforcement of inequalities through legal institutions and some social institutions such as the media and education. Moreover, in all three countries there is evidence of systemic and structural, formal and informal factors hindering the work of women and feminist activists, policy makers and service providers. These are deeply embedded in legal frameworks and social norms, and manifest themselves in GBV and backlash against those working to address GBV. The study strongly points to the fact that multi-level, multisectoral, all-encompassing strategic advocacy work is fundamental to achieving transformative change in legal frameworks and harmful norms and attitudes. Advocacy work for long-term systemic change should address the concerning gaps in domestic laws to protect survivors, and ensure law enforcement and justice. Existing domestic laws and personal status laws reflect patriarchal oppression and injustice and need to change to ensure sustainable, systematic transformation. In other words, there must be a more holistic approach to GBV – one that includes all sectors and levels: individual and relational (family), community, systemic and institutional, and societal norms.

ABOUT THIS PAPER

BACKGROUND

In line with its work to end violence against women and girls and promote gender justice and women's rights, Oxfam adopts the Inter-Agency Standing Committee (IASC) definition of GBV as 'an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.'[1]

With this understanding, Oxfam is implementing a programme titled 'Naseej: Connecting Voices and Actions to End Violence Against Women and Girls in the MENA Region' in the Occupied Palestinian Territory (OPT – West Bank, in particular Area C, and Gaza Strip), Iraq (Anbar and Diyala) and Yemen (North and South, specifically Sana'a, Lahj, Aden and Taiz). The programme is co-funded by the European Union. The overall objective of Naseej is to contribute to more gender-equitable societies in these countries, in which women and girls live free from violence across all spheres of life.

In 2022, Oxfam contracted Abu Hwaij Assurance & Consulting Services to conduct a comparative study to further understand the different forms of gender-based violence in conflict areas, specifically in the three countries where Naseej is implemented. The study aimed to unpack structural and systemic underpinnings of GBV by interrogating how it intersects with the effects of war, occupation and conflict. More specifically, the objectives of the study were to:

- develop a comparative understanding of the forms of expression of GBV in these conflict zones
- explore differences and similarities in types and patterns of GBV across the three countries
- identify commonalities and differences in responses to GBV
- offer recommendations that can be used in advocacy efforts to end GBV.

The research was informed by Oxfam's feminist principles to ensure that gendered power relations at individual, community and structural levels were studied using a participatory, rights-based and localized approach. A mixed-methods approach was used to enable quantitative and qualitative primary data collection. In addition, more than 66 sources were reviewed and examined for secondary data analysis.

Participants were drawn from the most vulnerable and disadvantaged groups in each of the three contexts, including women/girls in shelters, refugees and internally displaced people in camps, women and girls with disabilities, older women, adolescent girls, victims of early and/or forced marriage, female heads of household, and detainees and their spouses.

The participants included a total of 1,430 women (1,342) and men (88) in the three countries. The sampling strategy involved the following:[2]

1,430 PARTICIPANTS RESPONDED TO A SURVEY QUESTIONNAIRE

- 1,167 women GBV survivors, 376 from OPT, 382 from Yemen, 409 from Iraq, who responded to a survey questionnaire.
- 15 high-risk survivors (all female) with multiple forms of violence, 5 per country were engaged through in-depth individual interview.
- 23 GBV service providers (all female) engaged through 3 focus group discussions/ group interviews
- 30 experts in group interviews and 15 experts in individual in-depth interviews
- 180 university students (92 female and 88 Male students) who responded to a survey.

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PURPOSE

This paper is a summary of the full report produced by Abu Hwaij Assurance & Consulting Services in 2022. While the full report contains a wealth of data and analysis, this paper presents the key findings for the purpose of advocacy. It is meant to inform the programming and policy work of Oxfam internally and the international community externally, including the UN, INGOs and members of the donor community who are involved in the struggle to eradicate GBV in the Middle East and North Africa (MENA).

THE CONTEXT IN THE THREE COUNTRIES

The MENA region has witnessed prolonged conflicts in different countries. The region continues to score the lowest on women's political and economic participation, according to the Global Gender Gap Reports.[3] Consequently, multiple forms of pre-existing GBV rooted in patriarchal structures have increased and manifested in new ways.

Iraq: Iraq has seen a series of brutal international and civil conflicts, and periods of crippling sanctions, that have spanned the last four decades. Following the 2003 war in Iraq, insurgencies over the next decade culminated in the 2014-2017 control of various locations by the Islamic State in Iraq and Syria (ISIS),[4] who have committed inhumane acts against women and girls, including killing, kidnapping, forced marriage, sexual slavery and rape.[5] These wars have significantly impacted people's lives, destroyed infrastructure and created an unprecedented humanitarian crisis affecting the whole of society. They have resulted in the large-scale
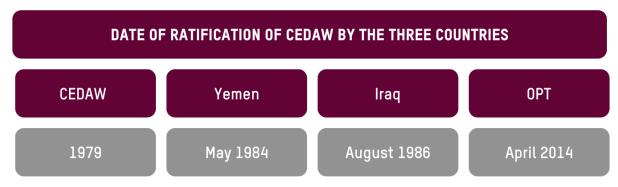
displacement of millions of people across the region, creating socio-economic problems and psychological health issues for both the displaced population and the host communities.[6] According to the Iraq Humanitarian Needs Overview (HNO) of 2022,[7] 1.5 million Iraqis need protection services and 920,000 people, of whom 87% are women or adolescent girls, need GBV interventions.[8] The main drivers of GBV in Iraq are displacement, poverty, lack of security, imbalanced gender relations and traditional practices that discriminate against women and girls.[9]

Occupied Palestinian Territory (OPT): The protracted occupation by Israel and resulting structural oppression affects all aspects of political, economic and social life in OPT. The occupational power continues 'to kill, confiscate land, enact racist laws, including demographically oriented regulations, and attempt to negate Palestinian identity by controlling [people's] bodies, lives, and educational institutions'.[10] Other violations of the rights of Palestinians include the building of the separation wall, demolition of housing that has led to displacement of families, daily attacks on civilians, denial of access to resources, movement restrictions, settlement expansion, collective punishment and attacks by settlers.[11] All have major implications for women, who suffer as a result of 'losing [their] family, home, security, privacy, and access to educational institutions, etc., and the intense militarization of their bodies and lives which has obstructed the progress of [their] lives'.[12] Israeli occupation policies, practices and imposed laws have also led to the separation of Jerusalem by the segregation wall and the division of the West Bank into three areas, A, B and C, according to the Oslo Accord signed between the Palestinians and the Israelis in 1993. Area A is under complete Palestinian control, Area B is under Palestinian civil control and Israeli security control, while Area C is under full Israeli control. Gaza has been under blockade since June 2007, with successive wars initiated by Israel that violate international law by targeting civilians and using collective punishment and other forms of systemic violence. These have damaged people's quality of life, with huge implications for women.[13] This extensive geographical fragmentation, along with strict control of movement and broken political and legal systems, has made many people more vulnerable to violence. Violence in the Palestinian context is multidimensional and deeply embedded in occupation, and in the patriarchal social norms that are reproduced and reinforced in the context of occupation.[14]

Yemen: Yemen was already the poorest country in the MENA region before the outbreak of civil conflict in 2014. The crisis in Yemen is considered to be one of the worst humanitarian crises in the world. Women and children make up nearly 76% of displaced people, which puts them at increased risk of different forms of violence. The military checkpoints throughout the country, the newly imposed Mahram restrictions (requiring women to be accompanied by a male guardian) and the other restrictions on movement have led to the loss of the fragile improvement in the status of women and a decline in the means of protection from violence.[15] They have also significantly impacted the development of public organizations and the legal system, leading to delays in legal reforms concerning many issues, including sexual and gender-based violence.[16] In addition to the formal legal system, tribal customary laws as a means to resolve conflict are predominant in many areas of Yemen. Yemenis usually choose the channels of customary law to seek justice or conflict resolution in these areas.[17] For women, the choice of seeking justice through legal systems or customary law is influenced by gender dynamics, in addition to other factors such as age, educational status, wealth and cultural standing.[18]

LEGAL FRAMEWORK ADDRESSING GBV

All three countries' constitutions are generally consistent with the principles of human rights and in line with the related international law, with reference to ending all forms of discrimination against women. All three countries have ratified CEDAW, the Convention on the Elimination of All Forms of Discrimination Against Women. However, none of the countries criminalizes intimate partner violence.[19, 20]

DATE OF RATIFICATION OF CEDAW BY THE THREE COUNTRIES			
CEDAW	**Yemen**	**Iraq**	**OPT**
1979	May 1984	August 1986	April 2014

Source: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CEDAW&Lang=en (visited 17 January 2023)

SOME NOTES ON LAWS IN THE COUNTRIES:

Article 41 of the Iraqi Penal Code No. 111 of 1969 gives a husband a legal right to punish his wife within certain limits prescribed by law or custom.
Article 41. There is **no crime if the act is committed while exercising a legal right**. The following are considered to be in exercise of a legal right: (1) **The punishment of a wife by her husband**, the disciplining by parents and teachers of children under their authority within certain limits prescribed by law or by custom.[21]

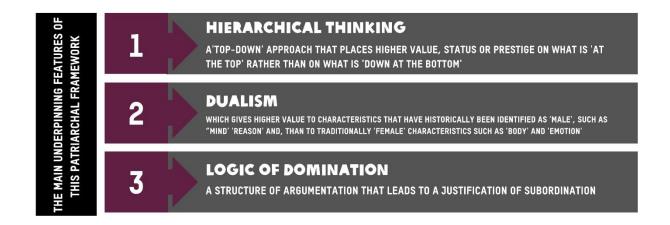# FRAMING GBV AT THE INTERSECTION WITH WAR AND OCCUPATION

Gender-based violence constitutes a complex phenomenon and is one of the most prevalent human rights violations worldwide. GBV disproportionately affects women and girls, although men, boys and sexual and gender minorities are also affected. However, it needs to be noted that violence against men and boys has different root causes from violence against women and girls. Although violence against men and boys can have gendered dimensions, it does not stem from structural gender-based inequality, which is the root cause of GBV.[22]

GBV takes many deadly or damaging forms, which vary in magnitude and prevalence. It affects all societies and cuts across different age, socio-economic, educational and geographic boundaries, and develops context-specific features and traits. In the three societies featured in this study, GBV affects around one-third of all women and girls:[23]

- In Iraq, the prevalence of violence against women is 38.7%.[24]
- In OPT, 59.3 %[25] of women experienced some sort of violence in 2019, compared to 37% in 2011.[26]
- In Yemen, GBV has increased by 63% since the escalation of the conflict.[27]

GBV does not happen in a vacuum. It is rooted in the way all societies are organized, which is generally based on the 'social, political, moral and proprietary primacy of men above all others on Earth'.[28] Beliefs, values, attitudes and assumptions about oneself and others are shaped by 'an oppressive patriarchal conceptual framework, the purpose of which is to explain, justify, and maintain relationships of domination and subordination in general and men's domination of women in particular'.[29]

The main underpinning features of this patriarchal framework are shown in the figure below

THE MAIN UNDERPINNING FEATURES OF THIS PATRIARCHAL FRAMEWORK

1 HIERARCHICAL THINKING
A 'TOP-DOWN' APPROACH THAT PLACES HIGHER VALUE, STATUS OR PRESTIGE ON WHAT IS 'AT THE TOP' RATHER THAN ON WHAT IS 'DOWN AT THE BOTTOM'

2 DUALISM
WHICH GIVES HIGHER VALUE TO CHARACTERISTICS THAT HAVE HISTORICALLY BEEN IDENTIFIED AS 'MALE', SUCH AS "MIND" 'REASON' AND, THAN TO TRADITIONALLY 'FEMALE' CHARACTERISTICS SUCH AS 'BODY' AND 'EMOTION'

3 LOGIC OF DOMINATION
A STRUCTURE OF ARGUMENTATION THAT LEADS TO A JUSTIFICATION OF SUBORDINATION

Sylvia Walby's definition of patriarchy as a system of social structure and practices in which men dominate, oppress and exploit women was one of the first attempts to theorize patriarchy.[30] She argues that in its most basic form, patriarchy is a system of social relations and that it exists as six societal practices: (1) patriarchal mode of production; (2) patriarchal relations in paid work; (3) patriarchal relations in the state; (4) male violence; (5) patriarchal relations in sexuality; and (6) patriarchal relations in cultural institutions like religion, the media and education.

Importantly, Walby offers two forms of patriarchy through which these practices flourish: **public** and **private**, and suggests that private patriarchy involves the exclusion of women from social life beyond the household, while public patriarchy subordinates women in all other arenas of social life, such as in paid work and livelihoods.

This unequal system that patriarchy fuels relies on different forms of domination, and is hard to imagine without violence. Raewyn Connell identifies some of the patterns of violence that emerge.[31] First, members of privileged groups use violence to sustain their dominance, with a full spectrum ranging from harassment, to rape, to murder by a woman's patriarchal 'owner'. Second, violence becomes important in gender politics among men, i.e. terror is used as a means to draw boundaries and create exclusions.

In this study, the concept of **patriarchal violence** is used as a lens to allow us to better understand the dynamic, interconnected and sophisticated system that protects, normalizes and condones the dangerous behaviour of those who do harm, most often men and boys, and upholds, reproduces and enacts patriarchy and other systems of oppression that we need to dismantle. Patriarchal violence is a system of institutions, practices, policies, beliefs and behaviours that harm, undermine and terrorize girls, women and gender non-conforming people. While being widespread and normalized, it is based on the domination and control of bodies, genders and sexualities, and it occurs in every community globally. It is rooted in interlocking, intersecting systems of oppression. Patriarchal violence normalizes rape culture, and entails policies and laws that restrict access to abortion and birth control.[32]

During war, occupation and conflict, patriarchal violence is aggravated by unsafety, forced displacement, poverty, destruction of social support systems as well as the breakdown of institutions, protection mechanisms and the rule of law, with the result that patriarchal violence in general and GBV in particular are 'a significant feature of war'.[33] Without protection from institutions, the rule of law and positive social norms, patriarchal violence prevails in setting oppressive rules within families and communities.

The impact of conflict and occupation increases the pressure of patriarchal violence on men and women. Although women are the most affected by the implications and consequences of crises in which patriarchal
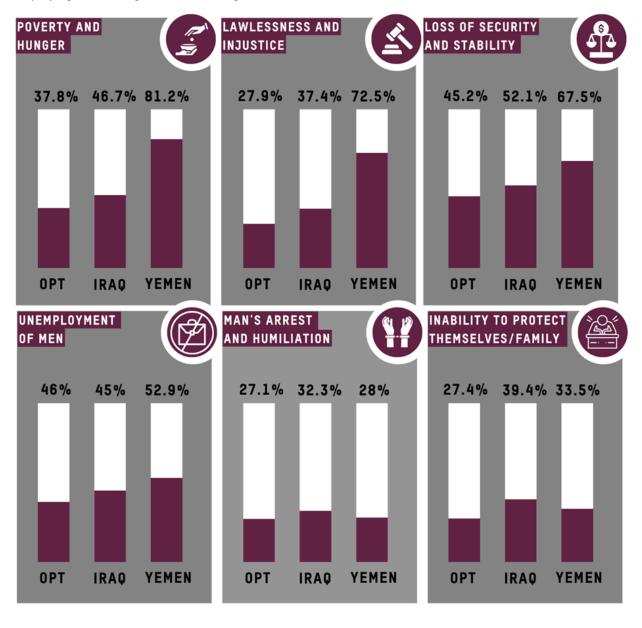
violence plays a large role, such as wars, political conflict and public health crises, men suffer greatly too. When referring to her own country, the USA, the author and activist bell hooks describes this male suffering, saying: 'Patriarchy is the single most life-threatening social disease assaulting the male body and spirit in our nation.'[34]

MAIN FINDINGS

A. MULTI-LAYERED FACTORS AFFECT THE MAGNITUDE OF GBV

The women interviewed for this study were asked about their views on the factors that amplify GBV. While the vast majority of women in Yemen (91.9%) and Iraq (90.8%) believed that occupation/war/conflict and the conditions it created on the ground impacted GBV, only around two-thirds (57.7%) in OPT agreed. This discrepancy is contrary both to expectations and the visible reality in OPT. It may be partially explained by the protracted nature of the occupation, whereby most acts of violence became daily lived realities.

More specifically, the women in the three countries perceived the following factors as contributing to amplifying violence against them, to a greater or lesser extent.

POVERTY AND HUNGER			LAWLESSNESS AND INJUSTICE			LOSS OF SECURITY AND STABILITY		
37.8%	46.7%	81.2%	27.9%	37.4%	72.5%	45.2%	52.1%	67.5%
OPT	IRAQ	YEMEN	OPT	IRAQ	YEMEN	OPT	IRAQ	YEMEN

UNEMPLOYMENT OF MEN			MAN'S ARREST AND HUMILIATION			INABILITY TO PROTECT THEMSELVES/FAMILY		
46%	45%	52.9%	27.1%	32.3%	28%	27.4%	39.4%	33.5%
OPT	IRAQ	YEMEN	OPT	IRAQ	YEMEN	OPT	IRAQ	YEMEN

The women and girls in all three countries experienced very difficult life circumstances, with various forms of oppression compounded by war, conflict and occupation. These cause violence to manifest in new ways and its various forms to intersect and become more intense. This combined with other structural violence rooted in patriarchal systems and traditions, and the structural reinforcement of inequalities through legal institutions and some social institutions such as the media and education.

The study found evidence of a variety of impacts of war and occupation that led to GBV at different levels: individual and relational (family), community, systemic and institutional, and societal norms. These are explored in greater detail below.

INDIVIDUAL AND RELATIONAL (FAMILY) LEVEL: The most common factors conducive to GBV highlighted in the three countries include, firstly, fear, anxiety and despair, especially among those who had lost their loved ones and/or homes, and in consequence were internally displaced or became refugees. The significance of the loss of life and being uprooted has pervasive consequences and leaves lifelong wounds. Secondly, conflict and occupation contexts subject people to severe humiliation, loss of dignity and personal privacy. In several contexts, men's arrest and humiliation creates a desire for revenge that is often directed against those closest to them, namely their wives. Thirdly, conditions on the ground induced by conflict also result in shifts in gender relations, with the traditional male 'breadwinner' role being jeopardized by precarity and poverty. This in turn causes anger and despair, leading to subsequent cycles of violence.

In terms of location-specific variations, focus group participants in Iraq pointed to violence emerging due to complete loss of livelihoods and economic hardship, which was not common before the war. In OPT, the occupation continues to exacerbate the patriarchal system, making it increasingly prescriptive, violent and oppressive towards women and girls. The more men are subjected to violence, the more they use psychological, physical and/or sexual violence in their homes.

COMMUNITY LEVEL: In terms of context-specific variations of GBV at the community level, in Iraq, the pattern relates to political instability and discrimination against older women, marginalized groups and people with special needs in terms of their access to services. Another consequence of the war at the community level is the localized increase of cancer and bodily malformations, reportedly as a result of soil pollution caused by remnant weapons.[35] In OPT, the factors leading to community-level violence include women choosing to stay at home, within their perceived 'safety zone', due to exceptionally aggressive Israeli occupation practices and violence that make them unsafe in public. This imposed limitation of movement traps women GBV survivors in a cycle of violence and fear of stigmatization, unable to report being subjected to GBV or to access the services they need. In cases where women in Gaza live in shelters (camps and schools), widespread reports emerged around humiliation and loss of privacy and dignity. In Yemen, the proliferation of weapons induces a general fear among bystanders, discouraging them from intervening when they witness violence against women. Traditional norms underpin the effects of the conflict and are being imposed on new generations. For example, in one case a traditionally minded grandmother discouraged sexually abused girls (aged 4–11) from reporting the perpetrators (their brothers), telling them that addressing such matters is shameful.

SYSTEMIC AND INSTITUTIONAL LEVEL: The factors conducive to GBV at the systemic and institutional level in the three countries comprise limited and often no access to protection, justice/judicial system and health services as well as the absence or weak framework of multi-sectoral services. In particular, in the context of the COVID-19 pandemic, healthcare services were reported as being hard to access. This further reduced states' ability to cope with GBV cases directly linked to pandemic-induced unemployment. In addition, ineffective (or non-existent) laws and law enforcement, and lack of legal support are compounded by the police and justice systems ignoring multiple types of GBV, in some cases leading to femicide. Gender inequalities are further reinforced by the perpetuation of harmful gendered stereotypes in the media. Overall, the prevalence of

violence against women, and fear of backlash and stigma, prevent women from participating in social and political life.

In the context of occupation, the OPT focus group discussions captured reports of sexual and psychological violence at Israeli checkpoints as well as arbitrary arrests and sexual harassment by the Israeli army and settlers. Violence by occupation forces was particularly highlighted in border areas such as Khan Younis or Beit Hanoun. In turn, the Palestinian Authority exacerbates violence at institutional level by omission, for example when GBV perpetrators escape to Israeli-controlled Area C to avoid punishment or when the complex administrative and military control limits the transfer of cases from one judge to another, preventing the timely response to protection needs. In addition, the Palestinian Authority's imposition of pandemic restrictions has undermined the right to hold peaceful demonstrations to demand accountability.

In Yemen, the focus groups highlighted the perpetration of rape against girls and boys by security forces, militias and school staff. The outbreak of war and the subsequent dysfunction of response systems has significantly reduced access to justice for victims.

SOCIETAL NORMS LEVEL: Across the three countries, participants highlighted the prevailing rape culture and, connected to this, the socially imposed silencing of women. Social and cultural norms expect husbands (or any male guardians) to 'discipline' women and girls. An example of this is so-called 'honour killing', whereby men punish women by death for bringing shame to the family through 'inappropriate' female sexual behaviour. In addition, early marriage, forced marriage and consanguineous marriage are alarmingly prevalent. When a family loses a member due to war, women are expected to have more children to compensate, thus reinforcing female reproductive gender roles.

INTERSECTIONALITY AND GBV

The study revealed intersectionality in women/girls' lived experiences of GBV that included the impact of living with disabilities or chronic diseases and being heads of household. Participants from Yemen fared worst in terms of the three reported health status measures, with the least healthy women and the most with disabilities or chronic diseases. This could be a result of the history, social ecology and acuteness of the conflict at this point in time in Yemen, compared to OPT and Iraq. This interpretation aligns well with the approach of theorist Kemberlé Crenshaw (1996), who advocates for an intersectional approach that looks at the overlap between race, class, gender, conflict and others in analysing women's lives and experiences, including violence.
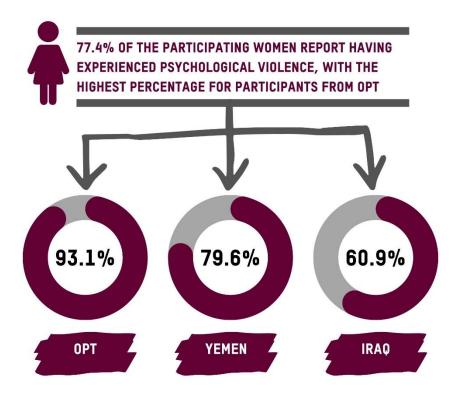
The research findings indicate how war and occupation aggravate GBV for women who suffer from multiple vulnerabilities. Elderly women have suffered from the brutality of the war and occupation, with the loss of their homes and the death of their husbands and children and thus of their main breadwinners. This in turn causes them suffering from economic and psychological violence, and a serious deterioration in their health status, especially given that they often already had one or more chronic diseases such as diabetes or heart disease. Many of the women who were directly subjected to violence from war and occupation sustained severe injuries that led to temporary or permanent physical disabilities.

B. TYPES OF GBV EXPERIENCED BY PARTICIPANTS

Women in all three countries suffered the consequences of patriarchy and war/occupation as two intertwined systems of oppression. The results of this study show the compounding impact of multiple forms of violence on women.

PSYCHOLOGICAL VIOLENCE

Psychological violence was found to be the form of GBV most often experienced by women participating in this study.

77.4% OF THE PARTICIPATING WOMEN REPORT HAVING EXPERIENCED PSYCHOLOGICAL VIOLENCE, WITH THE HIGHEST PERCENTAGE FOR PARTICIPANTS FROM OPT

93.1% OPT

79.6% YEMEN

60.9% IRAQ

Psychological violence involves causing fear by intimidation; threatening physical harm to self, partner or children; destruction of pets and property; 'mind games'; or forcing isolation from friends, family, school and/or work.
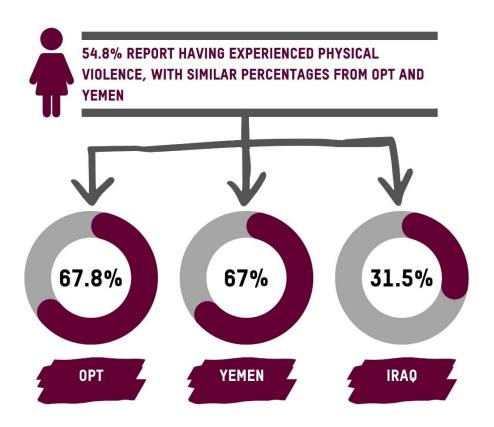
(UN WOMEN, see glossary)

Examples of psychological violence reported by participants include being insulted by the use of offensive or obscene words or inappropriate gestures, having false accusations made against them, suffering from rejection or marginalization, and being undermined, ignored and belittled or ostracized. Psychological violence can result in scapegoating, whereby someone with less power is blamed for negative events that are not of her/his making. Psychological violence against women is extremely damaging and toxic; at the same time it is highly tolerated and seen as being non-harmful and 'disciplinary'.

PHYSICAL VIOLENCE

Physical violence is the second most prevalent type of GBV the participating women experienced in their lives.

Physical violence [in the context of domestic violence] involves hurting or trying to hurt a partner by hitting, kicking, burning, grabbing, pinching, shoving, slapping, hair-pulling, biting, denying medical care or forcing alcohol and/or drug use, or using other physical force. It may include property damage.
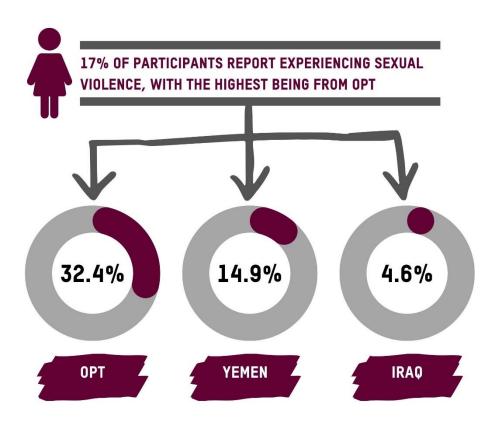
(UN WOMEN, see glossary)

54.8% REPORT HAVING EXPERIENCED PHYSICAL VIOLENCE, WITH SIMILAR PERCENTAGES FROM OPT AND YEMEN

67.8% OPT

67% YEMEN

31.5% IRAQ

The examples shared by study participants point towards a male determination to hold on to authority and dominate women by degrading and silencing them. In the process, women participants noted that men resort to culturally and supposedly religiously legitimized control over women's thinking, expression and social being. This extends to both the private and public realms.

SEXUAL VIOLENCE

The survey results reveal a broad scope of sexually violent acts and occurrences against study participants, especially in OPT. Types of sexual violence reported included rape, sexual assault, indecent gestures, obscene words of a sexual nature, sexual abuse and female genital mutilation. In all types of GBV, violence is used primarily by males against females to subordinate, disempower, punish or control. Violence is used as a way of maintaining the existing power imbalances in families, communities and societies, resulting in the isolation, silencing and intimidation of women. While serious psychological and physical harm were integral elements of the sexual violence reported, the study also revealed elements of a rape culture that condones physical and emotional terrorism against women as the social norm, where both men and women assume that sexual violence is an inevitable fact of life. Much of what is accepted as inevitable is in fact the expression of values and attitudes that can be changed. For example, the study revealed evidence of sexual violence in the form of female child sexual harassment in Yemen, where girls were intimidated and silenced by adults in their family.

17% OF PARTICIPANTS REPORT EXPERIENCING SEXUAL VIOLENCE, WITH THE HIGHEST BEING FROM OPT

32.4% — OPT

14.9% — YEMEN

4.6% — IRAQ

It is important to note that while all forms of GBV are under-reported, this is even more the case for sexual violence, which is rarely reported by survivors. Sexual violence is strongly linked to social stigma and fear of consequences that may lead to 'honour' crimes.[36] It has physical, emotional and social effects on women and may result in multiple negative effects on reproductive health such as an unintended pregnancy outside marriage, which puts women at the risk of unsafe abortion. Given that many women and girls choose not to speak about it because of the dishonour and stigma, or to avoid the risk of further violence or femicide, it is one of the most underestimated types of GBV.
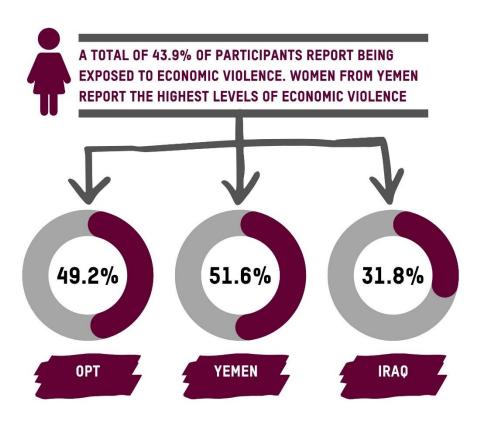
ECONOMIC VIOLENCE

Economic violence greatly reinforces women's dependency, which further deepens and exacerbates other types of GBV.
Like other types of violence, economic domination and financial control is deeply rooted in harmful social norms and beliefs. However, GBV survivors' economic empowerment is only occasionally integrated in humanitarian responses, despite its vital role in securing a livelihood for these women and their families.
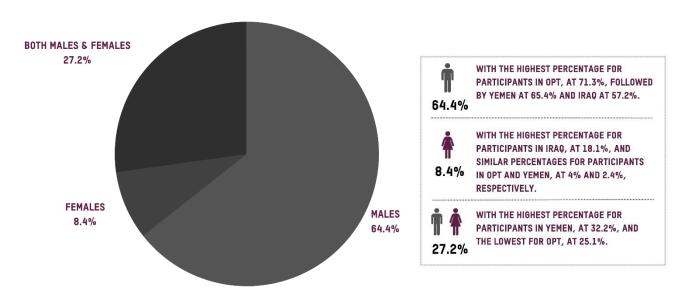
> Economic violence involves making or attempting to make a person financially dependent by maintaining total control over financial resources, withholding access to money, and/or forbidding attendance at school or employment.
>
> (UN WOMEN, see glossary)

A TOTAL OF 43.9% OF PARTICIPANTS REPORT BEING EXPOSED TO ECONOMIC VIOLENCE. WOMEN FROM YEMEN REPORT THE HIGHEST LEVELS OF ECONOMIC VIOLENCE

49.2%	51.6%	31.8%
OPT	**YEMEN**	**IRAQ**

C. PERPETRATORS OF GBV ARE NOT ALWAYS MEN

Although violence in most cases is assumed to be an act by men against women, the study results indicate that significant levels of GBV are committed by women. This highlights the complexity of GBV and its role in securing and sustaining the asymmetric power relations inherent in the status quo. This is traditionally espoused by men but may also be supported by women themselves. Violence is a patriarchal act, and patriarchy as an institution is produced, reproduced and sustained by both men and women. According to respondents, the perpetrators of GBV were distributed as follows among men and women:

BOTH MALES & FEMALES
27.2%

FEMALES
8.4%

MALES
64.4%

64.4% WITH THE HIGHEST PERCENTAGE FOR PARTICIPANTS IN OPT, AT 71.3%, FOLLOWED BY YEMEN AT 65.4% AND IRAQ AT 57.2%.

8.4% WITH THE HIGHEST PERCENTAGE FOR PARTICIPANTS IN IRAQ, AT 18.1%, AND SIMILAR PERCENTAGES FOR PARTICIPANTS IN OPT AND YEMEN, AT 4% AND 2.4%, RESPECTIVELY.

27.2% WITH THE HIGHEST PERCENTAGE FOR PARTICIPANTS IN YEMEN, AT 32.2%, AND THE LOWEST FOR OPT, AT 25.1%.

When participating women were asked about their relationship with the main perpetrator of GBV, the most common response in all three countries was the husband (50.6%). This is followed by a first-degree relative (father, brother) and second-degree relative (uncle, cousin). In both categories, the highest percentage was for participants from Yemen, at 38.7% and 18.1% respectively. These results confirm that the greatest risk and harm women endure comes from people they know and have strong ties to, often including economic and other dependence.

Yemeni participants were most likely to cite neighbours or friends as perpetrators (16.8%) and Palestinians the least likely (6.9%).

For other types of relationships, such as grocery shop owner, teacher and stranger, the percentages were lower. This may be because women face restrictions in accessing public spaces and mostly occupy and operate within private spaces. The findings do however indicate that women and girls' are exposed to violence in public, i.e. in grocery shops, schools and on the streets, which is one of the factors jeopardizing their access in the first place.

PERCENTAGE OF MALE PERPETRATORS OF VIOLENCE AGAINST WOMEN, ACCORDING TO THEIR RELATIONSHIP WITH THE SURVIVOR

RELATIONSHIP WITH THE SURVIVOR	OPT	YEMEN	IRAQ	TOTAL
HUSBAND	60.1	54.2	38.6	50.6
FATHER, BROTHER	31.9	38.7	34.7	35.1
UNCLE, COUSIN	12.0	181	13.4	14.5
NEIGHBOUR, FRIEND	6.9	16.8	10.8	11.5
STRANGER	4.5	12.0	7.3	8.0
GROCERY SHOP OWNER	0.3	1.8	1.0	1.0
TEACHER	2.1	1.0	1.0	1.4

D. CHALLENGES WOMEN ACTIVISTS FACE IN ADDRESSING GBV

Participants indicated that regardless of the level or form of GBV, all instances are shaped, influenced by and intertwined with, the political violence and the conditions this creates on the ground. In all three countries there is evidence of systemic and structural, formal and informal factors hindering the work of women and feminist activists, policy makers and service providers.

Based on the reports of GBV service providers and activists from women's rights organizations (WROs) who participated in the study, factors hindering their work to address GBV can be categorized as follows.

TRADITIONAL SOCIAL NORMS STRONGLY EMBEDDED IN LOCAL CULTURES

Participants of the focus group discussions shared their insights into the negative effects of the social norms that are being reproduced, reinforced and exacerbated in the context of conflict and occupation. In essence, women's role in society is limited to that of wives and mothers who are expected to obey their husband or male guardian and keep him happy, as a duty and obligation. This is complemented by the importance placed on female sexual purity. The hierarchical social organization also allows parents and elders to have prime authority over their children's lives, meaning a girl must obey her parents over the timing of her marriage and the choice of partner. A responsible parent is expected to ensure that their daughter is married by early adulthood, while sexual activity should only take place within heterosexual marriage. This all results in lack of opportunities for women and girls in society, and economic systems that place greater economic value on males than females. The underpinning social beliefs about early marriage as a key route to social and economic protection increase the prevalence of early marriage in crises.

RESISTANCE AND BACKLASH

Women suffer from multiple forms of negative responses to actions they take to address GBV. The deadly forms involve increasing numbers of women activists and leaders being killed or subjected to varying degrees and types of GBV. Participants reported a dominant and growing anti-feminist discourse among extremist parties and tribal groups who are strongly resistant to women's attainment of their human right to protection from violence and access to justice. There are persistent attempts to silence women, with increased levels of societal attacks and hostilities against individual feminist activists and WROs widely reported by participants. Iraqi women activists are often threatened with murder, as they are considered instigators who encourage women to rebel against social norms. Women leaders and activists also receive threats from certain tribes. In OPT, WROs reported being threatened with closure of their premises in some governorates and with personal attacks on staff in others. At home, men forbid women to work with feminist organizations. In cases of divorce, men threaten women with taking custody of their children. While there is no government protection for leading activists in the women's movement, rigid gender roles and stereotyping are justifying and downplaying GBV, which leads to 'normalization' of violence.

> "
> All kinds of violence come from religious rhetoric. I can't stress enough the need for religious leaders' involvement in mechanisms and programmes to combat GBV.
> "
>
> (WRO focus group discussion, Yemen)

INSTITUTIONAL RESPONSE AND POLICY GAPS

Conflict and occupation has weakened the states and their systems' ability to function properly, creating more complex situations in which GBV is more severe, brutal, compounded and intersectional. For example, in Yemen, WROs confirmed that there were no policies, plans or programmes developed by the state with regard to women's issues, including GBV. Action on this was left entirely to civil society organizations, even though it is the responsibility of the state.

There are problems with the prevailing legal practices, including in law implementation and law interpretation in GBV cases. Women 'revictimization' by state violence is another deterrent. This is when women survivors come into conflict with the law, or are forced to withdraw their complaint through failure to prove lack of consent in rape cases. There are also instances when judges themselves commit GBV against women and vulnerable men. In Yemen and Iraq, national statistics on GBV are lacking and institutions' capacities for collecting and analysing high-quality data on violence require serious attention.

> " Confronting the influence and power of extremist religious narrative and discourse is an utterly important priority in addressing GBV "
>
> (WRO focus group discussion, OPT)

Another challenge is the governments' failure to fulfil their responsibilities in providing the necessary instruments and requirements that would enable women to reject violence and live decent and dignified lives. As a result, women do not trust legal institutions and the judiciary. Laws do not provide sufficient protection for women or accountability for perpetrators of crimes against them. Legal systems do not set or enforce a marriage age to a minimum of 18 years of age. The amendment, enactment and implementation of laws that protect women, including Family Protection Law, continue to be a serious challenge. In Iraq, a clear national mechanism to manage the women portfolio does not exist. Iraqi WROs emphasized that the existing structure does not provide the necessary protection for women and girls, with more efforts required to ensure accountability and law enforcement.

In OPT, WROs affirmed that there have been substantial achievements at the policy level in relation to GBV. However, there has been no progress in ratifying laws since the Palestinian political divide in 2006. The Palestinian Legislative Council has been inactive and unable to perform its duties ever since, hindering the approval of much legislation, including the long overdue Family Protection Law that has been under discussion and revisions for more than 17 years. Meanwhile, law amendments or endorsements that male decision makers believed were urgent have been endorsed by a presidential decree; this could also have applied to the Family Protection Law, had the political will existed. (It should be noted that introducing new laws by presidential decree is contested in OPT, as many consider it an anti-democratic process).

Participants also raised concerns about lack of accountability and law enforcement in relation to "honour crimes" against women, with full impunity for perpetrators and without the slightest consideration for the women's right to justice. Furthermore, the state deprives certain marginalized groups such as Black and Mohamasheen people of both sexes from civil status identity because of social stigma. Lack of official documents isolates these groups and prevents them accessing and benefitting from all state systems and services, and their rights and entitlements as citizens. This is one of the most comprehensive forms of state violence and discrimination against its citizens.

CAPACITY, ATTITUDES AND MINDSET OF SERVICE PROVIDERS, PARTICULARLY IN PUBLIC INSTITUTIONS

Prevalent social norms concerning women's rights, participation and GBV penetrate the institutions through their staff, guiding principles, mindsets, values and beliefs, and the way they do programming, implement activities and provide (or do not provide) their services. Therefore, the patriarchal and conservative mentality of service providers themselves continues to prevail, most critically in the justice sector and among male doctors in the health sector, who are the key actors in high-risk GBV situations. In OPT, most service providers still need capacity development to be able to work in accordance with the National Referral System for GBV Survivors, and the latter still lacks procedural provisions to support adequate adherence.

LACK OF LONG-TERM FUNDING AND PROGRAMMES THAT HOLISTICALLY ADDRESS GBV

According to participants in the focus groups, a key challenge they face when dealing with governments and donors is the lack of long-term funding and programmes that holistically address GBV. The current short-term approach doesn't allow the complete spectrum of violent acts to be addressed. This results in partial and sometimes truncated approaches that serve only short-term purposes, and may fail to provide a full range of services such as medical response structures, hotlines, protection shelters and adequate referral services, as in Iraq and Yemen. In addition, economic empowerment to enable women to support themselves and their children is missing from all programmes, even though it may be an effective way for women to free themselves from GBV.

WROS' APPROACHES ARE IN CONSTANT NEED OF ADAPTATION

The overwhelming evidence and impact of GBV forces feminist leaders to constantly rethink and reconsider their theoretical and conceptual frameworks and ways of working, so that they go beyond simply being responsive to the immediate problems and are able to work to create a more conducive environment for change.

E. NETWORKING AS A PROMISING PRACTICE IN TACKLING GBV

Some of the WROs interviewed reported being members of many local, regional and global coalitions and networks whose role is prevention of and advocacy on GBV. The broadest network membership base was reported by the Yemeni WROs. Such coalitions facilitate harmonizing and reciprocity among institutions, and sensitize them to work on GBV.
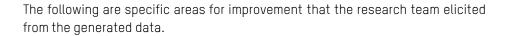
Unifying their efforts and learning through exchange of information and experiences at the local, regional and global levels is empowering for WROs. One of the few positives of the COVID-19 pandemic that interviewees considered relevant was that it made the online virtual space more open and effectively used for communication and meetings. This was especially the case where geographical mobility was restricted by public health measures or was not a reasonable possibility, as for WROs working in long-besieged Gaza.

Key informants strongly believed that coalitions were particularly important in advocacy work as a valuable platform for collective action, collective messages and collective pressure. Institutional membership of coalitions was seen as crucial for influencing and creating momentum for change, despite the need for it to be selective and qualitative so that it was not ornamental or ineffective.

However, participants widely shared recognition of the poor understanding among donors of the role a coalition/network is meant to play. For example, it is unusual for a coalition to apply for funding for a project or to actually implement it, which is the job of organizations/institutions rather than coalitions/networks. Participants particularly stressed the 'hijacking' of coalitions by some strong member organizations with access to resources, to use to serve its own interest in fundraising. This defeats the coalition's very purpose of collectively, joint influencing and achievement of strategic change, whether at the community, legislative or policy level.

WAY FORWARD AND RECOMMENDATIONS

As demonstrated in this study, social resistance and anti-feminist discourse, rigid religious narratives and growing fundamentalism are key characteristics of the societal-level challenges that weaken awareness raising and sensitization efforts on GBV in the three countries. In addition, lack of long-term vision, funding and programmes that comprehensively address the continuum of violence cause setbacks, resulting in a scattered, incoherent and uncoordinated response to GBV. Therefore, the study strongly points to the fact that multi-level, multisectoral, all-encompassing strategic advocacy work is fundamental to achieving transformative change in legal frameworks and harmful norms and attitudes. In other words, there has to be a more holistic approach to GBV – one that includes all stakeholders, levels and sectors.

The following are specific areas for improvement that the research team elicited from the generated data.

EXPANDING AND ENHANCING PARTNERSHIPS:

- *Oxfam and like-minded INGOs*: Expand partnerships, including revisiting forms of existing partnerships, to ensure that partners have fair treatment, equitable representation and equal opportunities for input, institutional and individual capacity building and strategic growth, and to optimize use of available national human resources. Expanding partnerships, including with civil society organizations, academia and the media, was also suggested.
- *Oxfam and like-minded INGOs*: Ensure timely and ongoing consultation with partner organizations. This is a prerequisite for positive impact.
- *Oxfam and like-minded INGOs*: Enable partners to take their programme to scale through synergies with other programmes.
- *Oxfam and like-minded INGOs*: Support stakeholders' capacity strengthening to create momentum on changing gender and social norms. Partners should advocate for significant investment and systems strengthening to foster consistent and sustained social norms change, targeting service providers, leaders and local communities so that they espouse and are actively engaged in achieving the desired social change. For campaigns to be more effective and strategic, they should be informed by formative research.

UTILIZING NETWORKING AND ALLIANCE BUILDING:

- *Feminist organizations and WROs*: Design effective coordination mechanisms, build alliances and expand networks for influential policy advocacy to add impetus and create momentum for legal amendments and policy revisions in support of GBV survivors' rights to protection.
- *Feminist organizations and WROs*: Renew their rhetoric and tools at work, and not just in their safe spaces. Work must be done with innovation, determination and focus, tackling one big target at a time

> "Our utter need to work on the question of masculinity as an instrument of patriarchy cannot be underestimated. We need a better understanding of masculinity. This effort must be institutionalized and geared toward creating a conducive environment for women and gender equality.
>
> (WRO activist, focus group discussion)

> "Today one can easily see an institution whose specialization does not include GBV implementing a project in this area, only because GBV is in fashion these days, and it's the donor who is to blame for this.
>
> (WRO focus group discussion)

and following it through to full achievement. Most critical and urgent may be the ratification of the Family Protection Law in the three countries.

- *Oxfam and like-minded INGOs*: Support and activate established coalitions, networks and lobbying entities, such as the UN Res 1325 Alliance and others with expertise.
- *Oxfam and like-minded INGOs*: Support and activate established coalitions, networks and lobbying entities, such as the 1325 Alliance, to strengthen and expand the institutional support offered to partners; and support the creation of local networks and other CSOs with expertise in providing legal and social support services to women.

STRENGTHENING EVIDENCE-BASED RESEARCH AND ADVOCACY:

- *Feminist organizations and WROs*: Initiate broad awareness and advocacy campaigns to change public opinion to support women's rights and vilify GBV.
- *Feminist organizations and WROs*: Provide legal awareness services to women and strengthen laws to advance legal accountability for perpetrators of violence against women, during and after any phase in the conflict.
- *Feminist organizations and WROs*: Produce research/publications to generate evidence needed to inform, update and illustrate solutions to GBV, and put forward recommendations which can be adopted by decision makers and stakeholders.
- *Feminist organizations and WROs*: Produce a series of policy briefs using data and evidence produced in this study, as well as other research, to influence policy.
- *Feminist organizations and WROs*: Develop a well-structured communication strategy that includes a media plan to raise public awareness on GBV.
- *Oxfam and like-minded INGOs*: Establish effective cooperation mechanisms among themselves and with other institutions to organize joint lobbying and advocacy campaigns to amend legislation, address gender stereotypes in education.

PRIORITIZING EDUCATION AND CHALLENGING GENDER STEREOTYPES:

- *Feminist organizations and WROs*: Education (formal and nonformal) should remain a priority to change gender stereotypes.
- *Feminist organizations and WROs*: Create safe spaces and give young people in universities (both men and women) a chance to express their ideas, needs, questions and concerns, or allow them to participate in awareness-raising sessions in communities to address harmful social and gender norms and discrimination against women, and promote positive behaviour, attitudes and social norms related to GBV. Institutions that adopt the ideas of young people and support them can detect and recruit champions for change, and strategically contribute to a gender-sensitized future labour force for relevant sectors.
- *Oxfam and like-minded INGOs*: Increase investment in women-led, community-based organizations by building capacity, thus enhancing their role in changing norms and attitudes through community awareness and the participation of young girls and boys.
- Work regularly with schools to conduct awareness-raising activities with teachers, parents (mothers and fathers), and male and female students at various stages of their education.

IMPROVING SERVICES AND PROTECTION:

- *Donors and humanitarian actors*: Without the full range of central services (health, psychosocial, justice) and peripheral services (finance, education and employment), any GBV response programme will offer only partial responses that can leave survivors even more vulnerable.
- *Donors and humanitarian actors*: Build a protection mechanism and push to enact laws to protect women and enhance their participation and access to equal opportunities. Initiate broad awareness and advocacy campaigns to change public opinion to support women's rights and vilify GBV.
- *Feminist organizations and WROs*: Provide legal awareness services to women and strengthen laws to advance legal accountability for perpetrators of violence against women, during and after any phase in the conflict.

ENABLING LONGER-TERM PROGRAMMING:

- *Donors and humanitarian actors*: Consider longer-term programming with joint funding modalities for achievement of results and fulfilment of GBV survivors' human rights.
- *Donors and humanitarian actors*: Change the funding landscape by encouraging joint calls for proposals by WROs, who would then join forces instead of competing for funds. This would allow for adequate time and funds to fully provide the interventions an GBV survivor needs, and take it through to completion and optimal response on the side of the service provider. It is crucial that organizations to avoid duplicating interventions in the same targeted areas with the same target women.

ANNEX 1

GLOSSARY

Access to resources means having the opportunity to make use of certain resources in order to satisfy personal or collective needs and interests.[37]

Access and control over resources means having access to and agency with regard to <u>productive resources</u> (e.g. land, livestock, seeds, farming tools, fishing equipment) and <u>social resources</u> (spare time to engage in project activities, freedom of movement to attend training or meetings).[38] Also see 'control over resources', below.

Backlash is a negative response to an action. When an individual or a group is forced to do something against their will, they will often resist or try to get back at the person or group who forced them. This can result in the reversal of an apparently resolved situation, and may even escalate the conflict.[39]

Control over resources means having the permanent possibility to use resources when required, and to make decisions about them.[40]

Economic violence involves making or attempting to make a person financially dependent by maintaining total control over financial resources, withholding access to money and/or forbidding attendance at school or employment.[41]

Empowerment is the process of gaining control over the self, over ideology and the resources which determine power. Women's empowerment is the process through which women (individually and collectively) become aware of how power structures operate in their lives and gain the confidence to challenge the resulting gender inequalities.

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed, learned and changeable over time. Sex, in contrast, refers to the physical differences between males and females that are determined by biology.

Gender-based violence (GBV) an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Gender justice is the goal of full equality and equity between women and men in all spheres of life, resulting in women jointly and on an equal basis with men defining and shaping the policies, structures and decisions that affect their lives and society as a whole, based on their own interests and priorities. Gender justice commits to taking a gender perspective on the definition and application of civil, political, economic and social rights.

Feminist organizations are political entities that focus primarily on advocating for women's rights and equality for all women. Feminist organizations are diverse, organic, fluid, complex and constantly changing across historical, geographical, political, economic and social landscapes.

Intersectionality is a methodology for studying multiple dimensions of social relationships and identities. Intersectionality holds that different types of oppression – such as racism, sexism and homophobia – do not act independently of one another, but interrelate to create the 'intersection' of multiple forms of discrimination.

Mahram restrictions is a policy/ socially imposed practice requiring women to be accompanied by a male relative as a guardian

Mohamasheen "the marginalized ones" are an Arabic-speaking ethnic group who live in Yemen. They are considered to be at the very bottom of the supposedly abolished caste ladder, socially segregated from other Yemenis and mostly confined to menial jobs in the country's major cities.

Participation is a process through which stakeholders influence and share control over initiatives, decisions and resources that affect them. The level and nature of participation varies from passive participation (the affected population is informed of what is going to happen) through to active control (the affected population conceives and runs its own local initiatives).[42]

Patriarchy refers to societal structures and practices that institutionalize male power over women and children.[43] Patriarchal systems are built around male privilege and dominant masculinities that perpetuate sexist and hierarchical power relationships. They legitimize the discrimination and exclusion of women and gender non-conforming people through harmful social norms, policies and institutions.[44]

Patriarchal violence is a system of institutions, practices, policies, beliefs and behaviours that harm, undermine and terrorize girls, women, and gender non-conforming, LGBTIQ+ and other gender-oppressed people. Widespread and normalized, it is based on the domination, control and colonizing of bodies, genders and sexualities, and it occurs in every community globally. It is rooted in interlocking, intersecting systems of oppression. Patriarchal violence normalizes rape culture and entails policies and laws that restrict access to abortion and birth control.[45]

Physical violence (in the context of domestic violence) involves hurting or trying to hurt a partner by hitting, kicking, burning, grabbing, pinching, shoving, slapping, hair-pulling, biting, denying medical care or forcing alcohol and/or drug use, or using other physical force. It may include property damage.[46]

Psychological violence involves causing fear by intimidation; threatening physical harm to self, partner or children; destruction of pets and property; 'mind games'; or forcing isolation from friends, family, school and/or work.[47]

Sexual violence is any sexual act committed against the will of another person, either when this person does not give consent or when consent cannot be given because the person is a child, has a mental disability, or is severely intoxicated or unconscious as a result of alcohol or drugs. Sexual violence can include the following:
- Sexual harassment encompasses non-consensual physical contact, like grabbing, pinching, slapping, or rubbing against another person in a sexual way. It also includes non-physical forms, such as catcalls, sexual comments about a person's body or appearance, demands for sexual favours, sexually suggestive staring, stalking, and exposing one's sex organs.

- Rape is any non-consensual vaginal, anal or oral penetration of another person with any bodily part or object. This can be by any person known or unknown to the survivor, within marriage and relationships, and during armed conflict.
- Corrective rape is a form of rape perpetrated against someone on the basis of their sexual orientation or gender identity. It is intended to force the victim to conform to heterosexuality or normative gender identity.
- Rape culture is the social environment that allows sexual violence to be normalized and justified. It is rooted in patriarchy and fuelled by persistent gender inequalities and biases about gender and sexuality.[48]

Transformation is fundamental, lasting change. Transformation in Oxfam's gender justice work refers to fundamental change in the structures and cultures of societies.[49]

Transformative leadership is a social change strategy that focuses on providing an enabling environment for the actualization of the leadership potential of individuals, facilitating the empowerment of others and influencing them to bring about fundamental change. It includes every act of leadership identified in all arenas, including the home, formal and informal environments.

Women's rights organizations (WROs) are organizations that address the many forms of violence that women and girls face, in a holistic way. Their actions, from challenging social attitudes, to delivering frontline services to survivors, to political action, address the root causes of violence.

Vulnerability is the susceptibility of a person, group or society to harm. In an emergency context, vulnerability is contingent on an intersection of numerous social identifiers in any given setting, e.g. gender, age, class, caste, religion, tribe, urban or rural.

ANNEX 2

RESEARCH DESIGN AND SAMPLING

The research adopted a mixed-methods design to ensure the possibility of triangulation and data cross-checking, using quantitative and qualitative methods and data collection tools. The security context and the COVID-19 epidemic context in each country at the time of data collection were two key influential factors in the process. The quantitative data were harvested through desk review of secondary data, and two survey instruments, while the qualitative data were collected from a combination of experts' consultation (WROs group meetings), key informants' individual interviews (KIIs), focus group discussions and a desk review of available sources.

Desk review for secondary data analysis. The regional perspective was integrated by conducting secondary analysis of available literature on sexual and gender-based violence in selected countries, in addition to the three countries where primary data were generated. Similarly, in relation to the three study countries, pertinent previous study reports and documents were reviewed; this included the review of existing policies/laws and strategies, examining their alignment with international instruments to help with the policy recommendations. This enabled the research team to gain insights into the different GBV operational and strategic country contexts prior to the fieldwork.

Primary qualitative and quantitative data collection from direct sources. These data were collected using purposive sampling methods for the sample selection in all sampling groups. A total of 1,430 participants were selected in such a manner that each of them is rich in information about the parameters that we were trying to study in each of four pre-identified target population groups and sub-groups. The purposive sampling methods used were as follows:

1. *Expert opinion sampling*: Expert consultations with WROs' leaders were carried out at the initial phase of the study as well as subsequently, as needed. Three group interviews – one per country – were carried out with participants from 10 NGOs in each, totalling 30 experts interviewed altogether, to explore their views, information needs and experiences in working with women survivors of violence, and the kind of data that would help them improve their responses to GBV survivors. Moreover, 5 selected experts from each country, totalling 15, were individually interviewed for deeper understanding of key activism, mobilization and advocacy issues and priorities related to GBV.

2. *Criterion sampling*: These were identified as the most vulnerable and disadvantaged groups of people who had survived one or more forms of GBV, but whose population size was not known to us. A sampling frame that places women with the identified criteria under one specific category that is known to the research team was not found in any of the three countries. Therefore, to determine this sample size we used the online sample calculator (ROASOFT) that recommends using 20,000 individuals as the default number in cases where the target population size is not known. Given the confidence interval of 95% and accepting the margin error of 5%, our sample size was 373 participants per country, totalling 1,119 altogether. However, accounting for data cleaning and quality imperatives, a total of 1,176 questionnaires were collected; of these 9 were discarded, leaving us with 1,167 completed questionnaires that were confidently included in the analysis. Access to the participating GBV survivors was obtained through service-providing NGOs, mainly WROs or relevant government ministries such as the Ministry of Social Development or Ministry of Justice.

3. *Convenience sampling*: A total of 180 fourth-, fifth- and sixth-year university students were equally selected from AlQuds University on OPT, Adan University in Yemen and Dohuk university in Iraq. 60 from each. Participants were targeted with a specially designed survey questionnaire to explore their perceptions about GBV.

4. **Stakeholder sampling** involves identifying the major stakeholders who are involved in giving or administering the concerned services, which in the case of this study are GBV services. Three focus groups discussions, one per country, were conducted with a total of 7-9 participants per group, totalling 23 participants altogether, to explore selected GBV service-related issues. Participants were GBV-related service providers from the health, police and social development sectors (men and women).

5. **Critical cases sampling** is about making logical generalizations by taking a handful of special cases because they provide us with enough information about the target population. In-depth individual interviews were conducted with 15 high-risk GBV survivors, 5 per country. We solicited person-to-person responses to predetermined questions designed to obtain in-depth information about the interviewees' impressions, perceptions and experiences of GBV, with an attempt to delve into surrounding influential structures and systems and the way they impacted the lives of the participants.

Summary of selected sampling and data collection methods

Purposive sampling method	Data collection method	Sample size	Sample distribution per country
Expert opinion sampling (WROs)	- Group interviews - Individual interviews	30 experts 15 experts	10 per country 5 per country
Criterion sampling	Survey questionnaire	1,167 GBV survivors	376 OPT 382 Yemen 409 Iraq
Critical cases sampling	In-depth individual interviews	15 high-risk GBV survivors	5 per country
Stakeholder sampling	Focus group discussions (FGDs)	23 service providers in 3 FGDs	1 FGD with 7-9 participants per country
Convenience sampling	Survey questionnaire	180 university students	60 per country

NOTES

[1] IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. https://gbvguidelines.org/en/

[2] For more details on the sample design, please see Annex 2.

[3] World Economic Forum (2021). Global Gender Gap report. Geneva: World Economic Forum.

[4] Oxfam International (2020). Factors Influencing Misconduct Reporting in Saladin and Nineveh, Iraq.

[5] UNDP (2018). IRAQ Gender Justice: Assessment of laws affecting gender equality and protection against gender-based violence. United Nations Development Programme.

[6] UNFPA (2019). The Assessment of the Needs of and Services Provided to Gender - Based Violence Survivors in Iraq.

7 OCHA (2022). Humanitarian Needs Overview Iraq. https://www.ecoi.net/en/file/local/2070137/iraq_humanitarian_needs_overview_2022_-_issued_27_march_0.pdf

[8] GBV Sub-Cluster (2021). The GBV Sub-Cluster Rapid Assessment on the Impact of COVID-19 Outbreak on Gender-based Violence in Iraq. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/gbv_sc-iraq-covid-19_assessment_report-april-may_2020.pdf.

[9] Ibid.

[10] Nadera Shalhoub-Kevorkian (2014). 'Palestinian Feminist Critique and the Physics of Power: Feminists Between Thought and Practice'. *Feminists @Law* 4 (1), p. 2.

[11] Oxfam (2019). *Baseline Study Occupied Palestinian Territories*. Final report, Naseej: Connecting Voices and Action to End Violence Against Women and Girls in the MENA Region.

[12] Nadera Shalhoub-Kevorkian (2014). 'Palestinian Feminist Critique and the Physics of Power: Feminists Between Thought and Practice'. *Feminists @Law* 4 (1).

[13] Oxfam (2019). *Baseline Study Occupied Palestinian Territories*. Final report, Naseej: Connecting Voices and Action to End Violence Against Women and Girls in the MENA Region.

[14] Ibid.

[15] Abdulkarim Ghanem (2021). *The impact of war in Yemen on violence against women and girls*. Arabia Felix Center for Studies, July 4.

[16] UNDP (2018). *Yemen Gender Justice: Assessment of laws affecting gender equality and protection against gender-based violence*. United Nation Development Program.

[17] Oxfam (2020). A Baseline Study of 'Naseej: Connecting Voices and Action to End Violence against Women and Girls in the MENA Region: Yemen'.

[18] UNDP (2018). *Yemen Gender Justice: Assessment of laws affecting gender equality and protection against gender-based violence.* United Nations Development Programme.

[19] Ibid.

[20] UNDP (2019). *Palestine Gender Justice: Assessment of laws affecting gender equality and protection against gender-based violence.* United Nations Development Programme.

[21] Article 14 of the Constitution of Iraq: Iraqis are equal before the law without discrimination based on gender, race, ethnicity, nationality, origin, color, religion, sect, belief or opinion, or economic or social status.

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