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Social Educational Economic Development

The Impact of COVID-19 on Gender-Based Violence and Response Services

| Kurdistan Region of Iraq

September 2021

Consistent with global trends, the COVID-19 pandemic has catalyzed a dualistic public health crisis in the Kurdistan Region of Iraq (KRI). The KRI has also seen a surge of gender-based violence (GBV) throughout COVID-19. In particular, there has been a deadly escalation in domestic violence and intimate partner violence, some of which tragically manifests in “honor” killing. As of September 2021, approximately 900,000 persons are at risk of GBV in Iraq, mostly women and girls.¹ According to the latest Women, Peace and Security Index for 2021/2022, Iraq ranks number 166 out of 170 countries on gender equality, slipping even further down the scale compared to the 2019/ 2020 ranking.²

Iraq ranks 166 out of 170 countries on gender equality, making it one of the worst places in the world for women

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Over the course of the pandemic, the Kurdistan Regional Government (KRG) has sought to prevent and contain the spread of the COVID-19 through measures such as lockdowns, restrictions on mobility, social distancing, and service reductions. While intended to protect lives, these measures have deepened pre-existing gender inequalities, exacerbated security, health, and financial strains, isolated survivors, and reduced crucial support services--leading to a toxic mix of stress, vulnerabilities, control, and abuse of power in homes.

This dual pandemic has immediate and long term consequences for survivors, their families and wider society.

This dual pandemic has immediate and long term consequences at individual, family, and societal level in the KRI, devastating the security and stability of the people of Kurdistan and the Region itself. As the world faces another wave of COVID-19, it becomes increasingly clear that the pandemic will continue to wreak gendered repercussions, both in the KRI and globally, for the foreseeable future. It is essential, therefore, that the

KRG and non-governmental actors acknowledge and address the duality of the pandemic, by taking multifaceted action to address and prevent GBV in tandem with COVID-19 response.

Impact of COVID-19 on GBV in the KRI

Since the arrival of COVID-19 in the KRI in March of 2020, the KRG has responded with periodic and intermittent lockdowns and curfew measures. Services for GBV survivors were reduced, closed, or redirected, and the health sector prioritized COVID-19 response. While these measures were enacted in attempts to stymie the spread of COVID-19, their enforcement restricted mobility and service reductions had deadly unintended consequences for survivors of domestic violence and intimate partner violence (IPV) who became trapped at home with their abusers with limited access to services and support networks.

Moreover, the lockdowns have had significant economic repercussions such as increasing unemployment, reduced working hours, and withheld public employee salaries;³ UNICEF and the World Bank estimate that the poverty headcount in the KRI will increase to approximately 12% due to COVID-19--more than double the rate from 2018.⁴ Decreasing household income and resources can lead to increasing tensions and stress in the home. COVID-19 has forced men out of their expected gender roles as breadwinners, challenging the idealized form of Kurdish masculinity; there is the risk that men

¹ GBV Subcluster Iraq, GBVIMS Report, Jul - Sept 2021.

² Women, Peace and Security Index, Georgetown Institute for Women, Peace and Security 2021/ 2022 <https://giwps.georgetown.edu/the-index/>

³ The New Arab, (2020), “Iraq Stops Paying Salaries to Kurdish Regional Government Employees Over Oil Revenues Dispute.”

⁴ UNICEF & The World Bank, (2020), “Assessment of COVID-19 Impact on Poverty and Vulnerability in Iraq.”

may try to reassert their masculinity by exercising greater power and control over those around them, such as women and children.

According to one assessment, 77% of GBV incidents in Iraq are linked to domestic violence, which increased during COVID-19.⁵ According to the Iraq Health Cluster, “Of those reporting an increase, 94% reported an increase in intimate partner and family member violence within their own household.”⁶ In an assessment by the GBV Sub-Cluster of Iraq, 3 out of 4 women and girls reported that they had experienced domestic violence during the months of April - May 2020,⁷ which coincided with the lockdown in the KRI and federal Iraq from March - May 2020. Since then, violence has only increased. According to the GBVIMS report for the first half of 2021, there was an increase in reported GBV incidents as compared to the same period in 2020. Of particular concern is the increase in reported intimate partner violence (IPV) in the third quarter of 2021, compared to the same period last year (6% increase). In the KRI, studies show significant increases in physical and emotional spousal violence during lockdown periods.⁸ The Iraq Health Cluster identified movement restrictions and the socio-economic impact of COVID-19 as factors in the surge in GBV.⁹ The 2020 GBV IMS report shows that 98% of GBV cases reported were perpetrated against women or girls, reflecting the highly gendered nature of violence in the KRI and Iraq.

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‘Honor’ killings and particularly honor-related suicides in the KRI have been increasing at an alarming rate, even perpetrated against survivors of sexual violence including technology facilitated GBV. While honor violence is a deep-rooted issue ingrained in hegemonic forms of masculinity, a Kurdish cultural honor code defined by men, and the systemic discrimination of women and girls in Kurdistan, COVID-19 has provided an environment where this form of violence can flourish; compounding factors include the aforementioned immobility of survivors, reduced GBV-related services, economic stressors and compromised masculinities.

Restricted mobility, increased economic tensions, and lack of access to services and social networks also exacerbate pre-existing vulnerabilities in at-risk groups such as children, adolescent girls, the elderly, persons with disabilities, female-headed households, communities with diverse gender identities and sexual orientations, and refugee and displaced communities in the KRI. Moreover, for those who have the means to access technology, increased time spent online for social use, remote work, or education has increased the prevalence of technology facilitated-GBV. Cyber-abusers in the KRI have capitalized on this opportunity and have launched attacks on women and girls; some abusers have even gone so far as to groom victims into exploitation.¹⁰

5 GBV Sub-Cluster, (2020), “Iraq Rapid Assessment: Impact of COVID-19 on GBV.”; GBVIMS Q2 2020 report; CARE, (2020) “Rapid Gender Analysis - COVID-19”; Oxfam, (2020), “Analysis of the COVID-19 Pandemic in Iraq.”

6 Iraq Health Cluster, (2020), “Responding to Uptick in GBV in the Context of the COVID-19 Pandemic.”

7 Iraq GBV Sub-Cluster, (2020), “The GBV Sub-Cluster Rapid Assessment on the Impact of COVID-19 Outbreak on Gender-Based Violence in Iraq.”

8 Mahmood Kazhan et. al, (2021), “The Impact of COVID-19 Related Lockdown on the Prevalence of Spousal Violence Against Women in Kurdistan Region of Iraq.”

9 Iraq Health Cluster, (2020), “Responding to Uptick in GBV in the Context of the COVID-19 Pandemic.”

10 Dr. Nazand Begikhani, (2020), “COVID-19, Gender and Cyber Violence in the Kurdistan Region.”

Impact of COVID-19 on GBV Response Services in the KRI

Survivors of GBV rely on an array of services to provide support and safety in often highly complex and dangerous situations. In May 2020, 87% of the service provision points reported movement restrictions in place.¹¹ To address the new COVID-19 obstacles surrounding access, GBV service providers generally aimed to transition from in-person to remote service delivery, while working to ensure the safety of the survivor in accessing remote services. The Iraq GBV Sub-Cluster reported in May 2020 that nearly half of the planned target for GBV case management was not reached in March/April of 2020, indicating the highly challenging context that both service providers faced in offering services and survivors faced in seeking support. The transition has been fraught with challenges as service providers and case managers have struggled with issues around survivors' lack of access to the necessary technology, as well as the safety risks of service provision to survivors who have been trapped in the same space as their abusers, in what is referred to as 'heightened perpetrator surveillance.'

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Health Response: Around the world, health services have pivoted to address the COVID-19 public health crisis. Governments and nongovernmental actors have reallocated funds and resources towards bolstering immediate COVID-19 health service response capacity. In general, Iraq has a very restricted health sector budget; only 2.5% of the \$106.5 billion budget is allocated to the health sector.¹² The GBV Sub-Cluster of Iraq observed that resources tend to be redirected to health interventions, leading to gaps in GBV service provision. As demonstrated during other crises and pandemics, women and girls' health services are often the first to be cut. This can have serious implications for survivors of GBV, who may be in need of mental health and psychosocial support services, health services to address physical injuries or the Clinical Management of Rape (CMR), or sexual and reproductive health services, all of which are critical to the safety and wellbeing of survivors.

Protection Response: The Directorate for Combating Violence Against Women and Families (DCVAW) is a multi-sector law enforcement unit whose mandate is to address violence against women and children in the KRI. With limited human and material resources, DCVAW has restricted capacity to respond to the surge in GBV, and particularly domestic violence, during COVID-19. Further, the judicial system in the KRI is also ill-equipped to handle the increase in GBV. On a normal basis, the courts face limited human resources to respond to GBV. While there is a specialized court for domestic violence cases in the KRI, there is only one judge and one prosecutor per anti-domestic violence court, which in some areas are processing other non-GBV cases, making it not uncommon for cases to take an unreasonably long time to process. During COVID-19 lockdowns, courts were shut down or operations were restricted, creating an even greater backlog of cases than normal.

Shelters: With only four public shelters for survivors of GBV in all of the KRI, and only one shelter designated for survivors of trafficking, the Kurdistan Region is already highly limited in its shelter services, considering its population size and high rate of GBV. Shelters in the KRI have generally been underfunded, with staff working in shifts and without the necessary resources to adjust to crises. For

11 Iraq GBV Sub-Cluster, (2020), "The GBV Sub-Cluster Rapid Assessment on the Impact of COVID-19 Outbreak on Gender-Based Violence in Iraq."

12 UN Women, (2020), "A Gender Response to COVID-19 in Iraq: A Guidance Note on Actors' Engagement."

example, during COVID-19, shelters lacked the financial resources needed for PPE equipment. During lockdowns, many of the NGOs in the KRI were unable to offer their services in the shelters due to concerns around COVID-19 spread and the inability to enforce proper social distancing measures.

Consequences of GBV

GBV is a grave violation of human rights, with profound consequences at the individual, familial, and societal levels. At the individual level, the physical, mental, and sexual and reproductive health of survivors may be subject to severe harm. With mental health and psychosocial support services in short supply in the KRI, survivors may be forced to grapple with trauma and mental health issues on their own. Survivors of GBV can be deprived of nutrition, education, or financial autonomy. GBV compromises one's basic security and wellbeing, preventing survivors from fully participating in society. In the KRI, sexual violence in particular is highly stigmatized and underpinned by shame and survivor-blame, which can be life-threatening for survivors.

GBV can also have severe repercussions at the family level, dismantling the family structure. Children are potentially exposed to witnessing violence or experiencing violence themselves, becoming co-survivors. In cases of domestic violence, there may be psychological implications for all family members as violence becomes normalized. GBV can also lead to the breakup of families through divorce or separation of married couples. In addition to being destructive to the lives of survivors and their families, GBV results in major public cost implications for governments.¹³ Survivors of GBV will, understandably, have lower productivity, thus contributing less to the KRI's economic output and growth. GBV also places increased strain on public social and health services. GBV is interlinked with gender inequality and has a strong correlation with political instability and the impediment of socioeconomic progress. Parallel to this, gender equality is the number one predictor of peace--over religious identity, democracy, and the wealth of a state.¹⁴ Advancing gender equality reduces GBV, improves health outcomes, produces economic growth, increases access to education, fosters democracy, and increases security and political stability.

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Sex and World Peace

Recommendations

The KRG must lead efforts through a gender-informed COVID-19 response policy, committed to tackling the GBV crisis. A gender-informed COVID-19 response entails the adoption of an inclusive and actionable approach to recovery with proposed solutions for the treatment of the 'dual pandemic' as a way to mitigate violence against women, girls, and other vulnerable groups. Globally, there is mounting evidence that gender equality progress will be set back by decades if response and recovery efforts are not comprehensively gender-informed. While COVID-19 demands our current attention and efforts, the cruciality of integrating gender applies to all crisis response. The work of the KRG now will inform a strong gender-informed strategy in the face of future emergencies.

¹³ World Bank, (2019), "Gender-Based Violence."

¹⁴ Valerie Hudson et al., *Sex and World Peace*, (New York: Columbia University Press, 2014).

Donors, NGOs, and UN agencies must proactively intensify existing efforts in supporting the KRG's response services, including injecting funding and the provision of technical assistance on GBV best practices to the key response entities. The KRG and non-governmental actors must work cohesively on strengthening and prioritizing mental and physical health, shelters and physical protection, criminal justice, and legal services. As the world grapples with the long road to recovery, it is crucial that the KRG focuses on the future, capitalizing on the turmoil of the pandemic to turn calamity into progress--not to return to 'normal,' but to build a prosperous, secure, and just Kurdistan Region for all.

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- **Ensure that a gender lens is applied to all COVID-19, and future crises', response and recovery efforts, with a clear, robust and actionable GBV service delivery plan to ensure quality and comprehensive service provision.**
 - » Collect sex and age disaggregated data to inform response and recovery policies, with data on how COVID-19 has disproportionately impacted women and girls.
 - » Take targeted measures to address GBV and gender inequality and ensure that these plans receive equitable allocations of COVID-19 response funding.
 - » Integrate and mainstream GBV risk mitigation strategies into all COVID-19 public health measures.
 - » Ensure the meaningful participation of girls, women, women's organizations, and other vulnerable groups in decision-making at all levels of response, including in the High-Level Committee of the Kurdistan Region on Combating Coronavirus.
 - » Uphold and strengthen implementation of existing laws and strategies regarding GBV, such as the Anti-Domestic Violence Law 8 of 2011 and the Kurdistan High Council of Women Affairs strategies.¹⁵ Such pre-existing laws and strategies must be integrated into COVID-19 response plans and bolstered as necessary to fully respond to new COVID-19 challenges.
- **Develop an intersectional, evidence-based gender policy for the KRI to increase the opportunities and rights available to women and girls, further their socio-economic advancement, and ultimately address the root causes of GBV through an actionable commitment to promoting gender equality.**
 - » Set clear priorities on how the KRG will strengthen gender equality, and uphold international commitments, such as UNSCR 1325, the Sustainable Development Goals, and the Convention on the Elimination of all forms of Discrimination Against Women.
 - » Support the meaningful engagement and leadership of women, girls, other vulnerable groups, and women's organizations in the development of the KRG gender policy.

¹⁵ Kurdistan High Council for Women's Affairs' National Strategy to Confront Violence Against Women in Kurdistan 2017 - 2027 and National Strategy for The Development of Women in Kurdistan Region 2016 - 2026.

- **Invest in COVID-19 responsive, survivor-centric GBV-related services and treat them as life-saving. Service deliverers should consider creative and safe approaches to reaching the most vulnerable.**
 - » Support and facilitate health services as an entry point for survivors. Develop dedicated GBV response units in the emergency hospital of each governorate.
 - » Push for rule of law and end legal impunity for perpetrators through functional, well-staffed courts. Increase the number of GBV-specialized judges and prosecutors per governorate. Continue to provide the option of interim judicial orders such as protection orders, restraining orders, in place of full trials to support the immediate safety of survivors of GBV. Offer remote court services, and assist survivors in accessing the necessary technology. NGOs and UN agencies should provide IT training/assistance to the courts of the KRI.
 - » Reassign policewomen to DCVAW to assist with the COVID-19 related surge in domestic violence.
 - » Ensure schools remain open, in line with social distancing and COVID-19 prevention policies to allow mothers to return to work, thereby decreasing unpaid care, increasing financial autonomy, and alleviating household income concerns.
 - » Provide financial and technical assistance to shelters and DCVAW, with dedicated and adequate budgets to address immediate funding needs.
 - » Ensure that GBV response efforts are adapted to meet the challenges of social distancing and face-to-face services with the highest considerations for survivor safety and confidentiality, including free, safe and accessible remote (online and telephone) service delivery.



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