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RESEARCH ARTICLE



# ***“They taught us not only our rights as women, but also how to live.” Gender-based violence and empowerment experiences of Syrian women in Turkey and the role of women and girls safe spaces: A qualitative study***

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## **ABSTRACT**

Gender-based violence (GBV) is a women rights violation, particularly during humanitarian crises. Women and Girls Safe Spaces (WGSS) were opened within a project, where refugee women work and receive gender-sensitive services. The researchers aim to reveal the GBV exposure and empowerment experiences of Syrian refugee women in Ankara and WGSS’ role. In-depth interviews were conducted with 26 health mediators working at WGSS. The findings obtained through thematic analysis revealed four main themes: changing forms of GBV during migration, learning women’s rights as a means of resistance to GBV, experiences of women’s working lives and empowerment, and changing gender roles.

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Understanding Syrian women’s experiences, especially those who were exposed to GBV in several forms, together with their migration experiences, is crucial to reach women and carry out empowerment activities. The empowerment experiences are expected to contribute to the processes of policy development and service planning for forcibly displaced people around the world. Within this framework, the “Strengthening Access to Sexual and Reproductive Health and Sexual and Gender Based Violence Services for Syrian and Other Refugees thru Women and Girls Safe Spaces (WGSS)/Women’s Health Counselling Units Project” was carried out by Hacettepe University Women’s Research and Implementation Center (HUWRIC), with technical support from the United Nations Population Fund (UNFPA) and financial support from the European Civil Protection and Humanitarian Aid Operations (ECHO). Three Women and Girls Safe

Spaces (WGSS) were opened in 2015 within the framework of the project, where Syrian and other refugee women were able to receive GBV and Sexual and Reproductive Health (SRH) services in Ankara, Turkey. Each center employed a female social worker, a psychologist, an assistant doctor, and a nurse—all of whom were fluent in Arabic. There were also support personnel such as a translator, cleaning personnel, and security staff. Additionally, 35 Syrian female health mediators were trained and employed to act as bridges between their community and the WGSS (HUWRIC, 2020). As is known, marginalized communities may hesitate to receive services if they are not sensitive to the needs and experiences of the community in terms of service provision. As part of the empowerment activities in the project, Syrian health mediators participated in training on providing rights-based and gender-sensitive services to their own communities, such as for SRH; women's rights; GBV; and laws and services regarding violence against women, the civil rights of women, asylum seekers' rights, and everyday life in Ankara (transportation and the locations of hospitals and important institutions). Some of the gender-sensitive and human rights-based support services for Syrian women carried out in the WGSS were psycho-social support for GBV against women (individual counseling, group work, and training) and awareness-raising activities related to GBV.

The researchers seek to explore GBV and the empowerment experiences of health mediators working at WGSS in a gender-sensitive manner. The researchers conducted this study within the framework of two basic research questions: 1) What is happening regarding participants' exposure to GBV in changing living conditions due to migration? and 2) what are the participants' experiences of empowerment against GBV after the training given at WGSS and starting to work as a health mediator?

## Background

War and conflict have many physical, psychological, and social impacts on the health of women and children. According to recent estimates, 70 percent of the 25 million displaced people around the world are women (UN, 2007, 2017). A large number of Syrians were harmed by war and displaced; many moved to Turkey in 2011. According to the Ministry of Interior, Directorate General of Migration Management there are 3,576,344 Syrian refugees under temporary protection in Turkey, and 96,124 are in Ankara (Turkish Republic Ministry of Interior, 2020). The Syrian female refugee population is 1,654,116 according to those statistics. When refugees who do not have temporary protection status and who are not registered are included in this number, it increases further.

Gender-based violence (GBV) has become a major problem, especially in areas facing emergency situations such as conflict, when civilian women and children are the most vulnerable to exploitation, violence, and abuse simply because of their gender, age, and status in society (Freedman, 2016; Inter-Agency Standing Committee, 2005). Being an ethnic minority combined with economic hardships makes refugee or immigrant women financially dependent on GBV perpetrators and puts them at greater risk of repeated victimization (Thiara et al., 2011). Especially in some societies where women are subordinate, GBV is accepted as a way of resolving interpersonal conflicts (Heise, 1998). In addition, physical insecurity in conflict situations, economic uncertainties, and changes in gender roles further strain family relations (Al-Krenawi et al., 2007). The changing power and gender relations between families and spouses during migration (Freedman, 2016) can increase the incidence of GBV against women and exacerbate violence in the country of migration (Emegwa et al., 2018). Freedman (2016) demonstrate that before, during, and after migration, Syrian women are exposed to intense psychological and physical violence. It was revealed that one out of every three Syrian women who immigrated to Jordan suffered physical violence, mostly perpetrated by their husbands (followed by their fathers and brothers) (Al-Shdayfat & Hatamleh, 2017).

Violence that was already perpetrated in order to maintain power and control over women in a patriarchal structure continued with increasing intensity in parallel to the changing socio-economic conditions after migration (Al-Shdayfat & Hatamleh, 2017). Displacement due to conflict reduces the participation of married women in decision-making processes within the family, weakens their social support networks (Müller & Tranchant, 2019), and affects their language access and immigration status (Kelly, 2013), which leaves refugee women vulnerable to violence. These conditions cause refugee women to remain silent against violence and avoid seeking help and support in the face of violence (Disaster and Emergency Management Authority, 2014; Kelly, 2013).

Empowerment efforts are crucial against GBV. Accordingly, empowerment is defined as “a process through which women and men in disadvantaged positions increase their access to knowledge, resources, and decision-making power, and raise their awareness of participation in their communities in order to reach a level of control over their own environment.” (UNHCR, 2001, p. 3). On the other hand, DuBois and Miley (2008, pp. 23–24) define empowerment as a process and outcome. Empowering as a process involves “increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their lives.” However, empowerment as an outcome is “the end state of achieving power, a state of minds such as feeling worthy and competent or perceiving power and control.” Last but not least, mainstreaming an

interdisciplinary and collaborative effort -including psychology, social work, public health, education and some other disciplines- should have been a priority for empowerment approaches.

## **Methods**

In this study, within the scope of a qualitative research methodology, in-depth interviews were conducted with 26 Syrian women working as volunteer health mediators at three WGSS, which were located inside Migrant Health Unit buildings operated by the Ministry of Health (MoH) in Ankara, Turkey. The interviews were conducted between March 2017 and February 2018. Interviews were held in the meeting rooms of three WGSS. After the completion of the interviews with 26 women, data saturation was reached.

The questions in semi-structured form used in the study were designed to collect information about the life experiences of the women who were working as health mediators at WGSS at various stages: before and during the war, during migration, and in the country of asylum, as well as their views on the lives and rights of women. Social workers and psychologist who were able to speak Arabic fluently acted as interpreters during the interviews. This ensured that the participants felt comfortable, as they were working at WGSS together. After introducing the research team, the purpose of the study was described to each participant. The interviews lasted approximately two hours.

### ***Characteristics of the study participants***

Among the 26 Syrian women who participated in the study and were working at WGSS as health mediators, 22 came from Aleppo in Syria, while 4 came from Damascus and Homs and migrated to Ankara, Turkey. As learned from the narratives of the women, Aleppo has a more closed societal structure where there is much more pressure on women compared to other provinces. The women ranged in age from 24 to 52, and the average number of children was 4. Five of the participants were divorced, 1 was widowed, and 20 were married. Seventeen of the women had a child marriage. Of these, 11 women got married at the age of 15 and under. While 12 of the women were primary school (up to 6th grade) graduates, 10 of them finished secondary school (up to 9th grade). While only one woman was a high school graduate, two were university graduates. Considering the situation of women in terms of working life, only seven had experience of working in jobs such as hairdressing at home, selling clothes at home, tutoring students at home, and working at a bakery in Syria.

### ***Ethical considerations***

Ethical approval was obtained from the Hacettepe University Ethical Committee and permission was obtained from the Ankara Provincial Health Directorate. The anonymity and confidentiality of the information provided was ensured and interviews were conducted after receiving the participants' written consent. In addition, recording of their voices was also included in the consent form. Within the scope of the study, in order to ensure the anonymity of the women, an Arabic name related to nature, age, marital status, number of children, and the province where they lived in Syria was given in parenthesis at the end of the narratives.

### ***Data analysis***

After the interviews, the transcription process was done by two of the researchers. The reliability of the research results was ensured by decoding the information recorded with a tape recorder (Creswell & Miller, 2000). The analysis of the study was done by using the Maxqda 12 qualitative data analysis software program and thematic analysis. The data analysis, as recommended by Creswell and Miller (2000), started with interviews producing data. Thematic analysis was carried out in accordance with the stages of thematic analysis as defined by Braun and Clarke (2006). Accordingly, through the transcription of the interviews by the researchers and repeated reading of the data, the researchers became familiar with the data, which is the first stage of thematic analysis according to Braun and Clarke (2006). Afterwards, during the interviews, the focus was on the remarkable narratives about GBV and empowerment experiences, which were systematically coded in an effort to capture meanings and patterns. Later, the codes were collected under potential themes, the narratives were reviewed, and the themes were named. Finally, striking and convincing direct narratives were selected within the analysis. As a result of the analysis, four themes were found and analyzed in relation to the aims of the study: the changing forms of GBV during migration, learning about women's rights as a means of resistance to GBV, the experiences of women's working lives, and empowerment and changing gender roles.

## **Results**

### ***Changing forms of GBV during migration***

Within this study, although women declared that the prevalence of violence against women is lower in Turkey compared with Syria, it is still one of the biggest problems for women. It is noteworthy that the women described

the burden of the violence they endure as cruelty/torture. Some women's narratives indicated that they are exposed to all forms of violence. In their narratives, expressions of life in which women's living spaces are controlled stood out:

"Now, the biggest problem of Syrian women in Turkey could be violence, that is, various forms of violence. Most of them suffer from physical violence or assault. But some are insolent, so psychological violence may be more frequent. Aside from them, there is also the destructive effect of old traditions and customs. That is, people sustain those traditions and customs to a great extent and this causes a lot of damage to women and society at large." (Şiheb, A43, M, 4C, Aleppo)

Women are exposed to violence not only from their husbands, but also from their mothers-in-law and from male children in the absence of a father. In the women's narratives, it appeared that the type of violence varied according to the perpetrator. While physical, economic, and psychological types of violence are seen in intimate partner violence (IPV), psychological violence manifests itself in violence by a mother-in-law or father-in-law, especially in order to gain power and control over women. However, most women indicated that, with the immigration, by departing from the traditional extended family, violence at the hands of mothers-in-law slightly reduced in Turkey.

"The mother of my husband would continually urge my husband to hit me. 'Look what she is doing. She is not good. Is it acceptable to bathe the infant,' she would say, and she would try to exert pressure on my husband." (Cezire, A23, M, 2C, Aleppo)

One form of violence against women is the practice of forcing women to give birth to many children. The in-depth interviews revealed that Syrian women do not have extensive knowledge of SRH. When they do not receive counseling from centers, they rely on information they gather from each other. As their husbands are against family planning interventions, there is a perception in society that the more children (especially sons) a woman has, the more her husband will love her and thus will not pursue a second marriage. Attempting to use contraception without the knowledge of their spouse is considered a reason for divorce. It was pointed out that poverty as a result of war and migration leads to girl child marriages and families accept their daughters becoming second wives of a man, which is also approved by the religion. This has been used by men as a means of psychological violence through threats toward women. It was observed that women are kept under pressure in all areas such as "with whom to talk to, where and with whom to go, what they say and what to do." The participants stated that many women do not prefer the option of divorce despite all the GBV they are exposed to. Having been perceived as "faulty or wicked" by society; facing even more pressure,

labeling, and restrictions in her social life; confronting negative social attitudes toward her family and sisters; not receiving support from her family in the face of the request for a divorce; not having economic independence; and being obliged to return to her family because living alone is not met positively were claimed as the reasons for that.

“There are many Syrian women who complain that their husband will leave them. ... Either these guys will divorce them and marry someone else, or they will leave them without divorce. I will be left alone, and he will go and marry someone else. ...Here, no one cares even about a civil marriage. Men behave in a manner as if they got married in another country and they got divorced after coming here. And women are concerned that their husbands may leave them. All men have younger wives. ...Women tend to talk about their married lives. They are being threatened. They make too many compromises just to persuade their husbands not to divorce them. For example, a man threatens his wife: ‘Do not do this. Do not do that or I will divorce you. Do not go out. Do not talk to anyone.’ And the woman agrees to do everything he says just to prevent him from divorcing her. Women make too many concessions in terms of their rights and personality.” (Cebel, A40, M, 3C, Homs)

GBV is considered a notion of “special issue regarding family privacy” within the Syrian community in Turkey, too, just like in Syria. The women stated that it is normal to keep silent as domestic violence is a private family matter. It was seen that although women who applied to the centers initially suffered from sharing their exposure to violence, as they gained trust in the centers, they began to disclose their experiences.

“There is a Syrian saying, ‘If you have blood in your mouth, do not show it to anyone by talking to them.’ For this reason, I would always keep silent and I would adorn myself before visiting anyone.” (Kine, A29, D, 3C, Aleppo)

### ***Learning about women’s rights as a means of resisting GBV***

An important goal of the WGSS was to raise women’s awareness and to empower them against GBV, as well as to provide services for those who are exposed to violence. Women working as health mediators have noticed a decrease in the level of violence to which they are exposed, compared to that of the first time they came to Turkey or when they were in Syria. They explained the reasons for this as learning about the mechanisms that protect women against violence, learning about women’s rights, and breaking their silence in the face of violence as a result of their empowerment with the support they receive from the center. In addition, as one woman stated, if the woman’s family has also migrated, having a house to go to is protective against violence. The opposite of this narrative also highlights the insecurity of refugee women in terms of social support. Women use the law as a tool to resist violence and oppression, “by using and spreading the stories of punishments imposed on men who perpetrate



violence on women” they hear from each other. Furthermore, women’s awareness of the illegitimacy of the second marriage and legal guarantees protecting them economically in case of a divorce led them to increasingly bring the aforementioned issues into the agenda against their husbands’ second marriage attempts.

“...When we first came here, it was more frequent. Now, it has declined. Violence decreased as women became stronger and learned about their rights. We no longer keep silent.” (Nicme, A42, D, 5C, Aleppo)

In the narratives of the women, a prominent theme was that they had become stronger with the counseling support and training they received from WGSS. Some women, within their empowerment stories, stated that after learning the laws and mechanisms that protect women against violence, and after building trust in WGSS’ support, they gained control of their lives and took radical steps toward liberation. Distance from the oppressive society in their countries of origin and the strengthening impact of current institutional and social support networks also had an effect on this change. In addition to the changes in their own lives, female health mediators stated that they inform their relatives and their surroundings about what they learned and their experiences, especially in the face of GBV, and inform them about the protective mechanisms against violence and help those who want to divorce.

“My life here differs considerably from the one in Syria. In Turkey, I have lost my children, but I have gained my freedom. I feel more comfortable. In the past, my name was the ‘woman who was beaten by her husband, and who stayed at home and cleaned the house.’ With the information and support I got from here [WGSS], I got divorced and I have now become the woman who works with the physicians at the center [WGSS]. So, I am more relaxed and freer. I was a woman who did not know anything. Now, at least I have regained my dignity. For instance, when I see a woman who has been beaten or subjected to violence, I say to her: ‘Do not remain passive against violence. You have rights.’ Just as they have taught me, I want to be a role model for other women. They should learn that this is not supposed to happen. We are now at a time when we need to change what we learned from our ancestors. We need a change in our lives and in our generation.” (Kine, A29, D, 3C, Aleppo)

In the empowerment narratives of women faced with violence, it was obvious that women were able to stand without fear against their mothers-in-law who had an important role in maintaining the patriarchy in the extended family. They revealed this with their narratives about the development of self-confidence in their decisions and actions as a result of their personal change and that they did not have to be accountable to anyone.

“I have seen a great change in myself. I have started not to get afraid of violence from my mother-in-law. In the past, I would be very scared if she would say

anything, but now, I am not afraid. Currently, I know what I am doing, and I do not have to explain anything to anyone.” (Nicme, A42, D, 5C, Aleppo)

### ***The experiences of women's working lives and empowerment***

For women migrating from a relatively closed society to a more open one, migration can be an opportunity for empowerment and liberation. Most of the women stated that they could not even go out without the permission of their husbands and without a family member accompanying them. However, due to the changing life and working conditions of the man in the family, moving away from the oppressive social environment and putting the responsibility of meeting the family's needs on women, women were partially liberated.

“There was no such thing as women working in Syria. The only thing they did was clean the house and then dress up and wait for their husbands to arrive.... However, here you have to help your spouse. Going to school, enrolling the kids in school, going and receiving aid if there is any, and also doing the housework.” (A37, M, 3C, Aleppo)

Many of the women working as health mediators (22 of them had no working experience ever) stated that they lived in a community where women did not even work in their previous lives. However, after meeting with the WGSS, most women experienced working for the first time. The women stated that their husbands disagreed with their intention to work, but were later convinced. According to the narratives of the women, the reasons they could persuade their spouses about their work were as follows: the economic difficulties brought about by migration, the flexible hours and the work area being related to women so that the work does not interfere with the women's responsibilities at home, and having a contact with the WGSS was good for the women's postwar psychology. While some women's spouses did not allow them to work, they worked anyway and developed different forms of resistance against this patriarchal oppression. Some forms of resistance were not telling their spouses they had started working by offering different reasons such as they were going to language courses or receiving health care and other services; saying that she signed a contract and it had sanctions; and continuing working even if it caused family conflicts.

“I lied to my husband. I did not tell him that it was about women's rights. I said that I wanted to learn Turkish and attend the training. And he agreed. ‘That is enough. Quit the job,’ he eventually said to me. And I said that I could not quit because I had signed a contract.” (Hermel, A27, M, 4C, Aleppo)

Being employed in an income-generating job, particularly a position that provides information and support to women as a health mediator, induces changes such as feeling useful, valuable, strong, responsible, and like a new

person; finding a meaningful purpose for existence; starting to express their thoughts and finding their own voice; and increased self-esteem and self-confidence. This all came to the forefront in the women's empowerment narratives. In particular, some mothers stated that the difference between being a weak mother and a working strong mother distinguished within the family, constitutes an important role model for girls.

"In Syria, I did not have the right to have a say. Here, I now have a say in many matters... I have some power. I see myself as a new individual, that is, I feel as if I have created a second personality. Indeed, the previous personality would be afraid of everything, and would not say anything. Now, I feel stronger. At least, what I say at home is taken seriously, and I can get things done. I feel like I have a voice in this matter. ...I learn new things and feel stronger. I can share my problems. I have learned and acquired lots of things from the training. I learned many things here on health, rights, the law, and women's rights and disciplines and I started practicing these in my life. But not only in my own life. I also share what I have learned with my daughters, close relatives, or more distant relatives." (Zobe, A42, M, 5C, Aleppo)

"The mother's role has changed in the eyes of my daughters. I have transformed from a weak woman into a strong, working, money-earning woman. With my job at this center [WGSS], I have changed from a weak woman into stronger one. I even realized that I had a purpose in this life." (Nicme, A42, D, 5C, Aleppo)

Women stated that, with the activities, training, and working life in the WGSS, they socialized, gained information about accessing resources to meet their needs, and started to be liberated.

"My life has changed a lot. Previously, I would go between children and the house. Now, I have met a lot of women and new lives. I touched people's lives. After I started working with you [the WGSS], I became more sociable. I now reach more people. My life has become a little wider. I have experienced a big change in my life. I can say that I am more free now. I can go out and walk around. We participate in training. We are able to go on trips. This has all affected my life a lot." (Şellel, A35, M, 3C, Aleppo)

In addition to all these empowerment narratives, one of the women expressed her resistance against her husband in terms of going out, benefiting from WGSS services, and attending courses, in the face of her husband's pressure and control over her entire life: "We only have one life. We will not have another chance. I want to lead my own life.... This is my life" (Bürken, A28, M, 3C, Aleppo). She underlined that she makes her own decisions in her life.

### ***Changing gender roles***

In addition to the changes in their social environment and working and living conditions after migration, the fact that female health mediators gain knowledge on many issues *via* the training they receive has also

changed their gender roles and perspectives in their home and social lives. The participants stated that training as well as being employed within the framework of the project have changed their opinions and behaviors concerning family life and also their relationships with their family members. They stated that they have experienced changes, especially in how they see the gender-based division of housework and that they are now more comfortable with sharing their opinions with their husbands. In the narratives of the women, it was seen that they try to change their expectations and actions in line with the gender role patterns in the family functioning and warn their children and relatives so as to create an atmosphere that reduces gender inequality in the family.

“For about a year and a half, I lived here just like I used to in Aleppo. But when I started coming to the center... I learned that women have rights, my opinions started to change, I became enlightened. Previously, I thought that women should stay at home and cook, and their husbands should go work outside, but now I think that women can also work outside and bring home money. For example, I raised my daughters in terms of caring, but this is not only the woman’s responsibility, the man should also take responsibility for this.” (Nahir, A32, M, 5C, Aleppo)

“As I started to work, even my husband changed. ...I started to give my opinions about what I wanted or did not want. ...Our life has fundamentally changed. I have started to have a say in all matters. I have started to be consulted regarding matters such as household spending and the schools our children will attend. For instance, it was me who decided that our daughter should continue to go to school. ...I register for receiving the aid. I go and get it. I have become like him. We have become equal.” (Turab, A40, M, 5C, Aleppo)

The women expressed that they now have egalitarian views on gender roles and responsibilities such as the inclusion of women in working life, childcare, and domestic responsibilities. As part of these thoughts, they conveyed their experiences of taking control of their own lives.

“But after I came here, I learned that I can do all this, that is, I can organize my life and I can take care of my children on my own; I can make a living on my own. So, I have realized that I can do everything I expect from my husband, and this has been a good thing for me. ...So, we have arrived at this point; women and men are and should be equal. ...They should have the same rights.” (Cebel, A40, M, 3C, Homs)

## Discussion

In this study, the ongoing GBV exposure of Syrian women working as health mediators at WGSS and their practices regarding empowerment against GBV together with training and work experience were explored. Female Syrian health mediators are still exposed to GBV in Turkey, and many women are unable to express this. From the perspective of violence

occurring in the country of arrival, displacement and loss of employment in patriarchal societies resulting in men's loss of power and control over other family members' lives and concurrent changes in power and gender relations within families might lead to increasing incidences of domestic violence (Freedman, 2016; Usta et al., 2019). Sharing stories of their own exposure to GBV, the women stated that they were exposed to all forms of violence by their husbands in Turkey; however, the lack of a specific narrative about sexual violence was remarkable. In a study conducted with 413 Syrian women receiving services from WGSS, it was mentioned that 9 out of 10 were exposed to physical violence, 8 to emotional violence, and 8 to sexual violence by men with whom they had been in a close relationship in the last 12 months (Bahar-Özvarış et al., 2019). Sexual violence needs to be addressed in relation to the difficulty of sharing and narrating. An important limitation is that women's experiences of sexual violence in Turkey were not included; however, some of the women talked about their experiences of sexual violence in Syria when they got married.

The participants in our study stated that they had been subjected to psychological violence by their mothers-in-law and fathers-in-law. The women also declared that they had been exposed to less violence from their mothers-in-law due to the disruption of the traditional extended families and they could go out more easily to meet the needs of their home and children when their husbands worked long hours. However, it has been observed that violence can continue in a cycle of surveillance, control, complaints, and criticism if someone still lives close to their extended family, in parallel with the findings of a study conducted in Jordan, which pointed to the role of families in IPV when a man resides with his family or has close kinship relations (Clark et al., 2010).

The violence mentioned in this study manifests itself as a way of controlling the entire living space of women, thus dominating them. In the GBV narratives of women, as Lundgren (2004) stated, an understanding that men who perpetrate violence fulfill the requirements of masculinity or being a man stands out. In this sense, in fact, in the GBV narratives of women, the socially accepted norms of femininity and masculinity and their connection with the structurally unequal power relations between women and men arise. In the narratives, violence appears as a systematic act with a specific purpose and method to ensure the control of women's lives, as a means of constructing gender, as noted in Lundgren's book. In the GBV expressions of women, it is seen that whom the woman is going to meet, what she will wear, what she will think, and what she will say to whom are shaped by the rules set by the man; otherwise, the threat of divorce by the man confirms this definition of violence.

Despite the severity of GBV, women tend to refrain from filing complaints or talking with anyone about it due to the doctrine of privacy. Challenging the “privacy of domestic violence,” discussing this matter, and attempting to report violence in a life shaped by the patriarchy means “betraying the family and violation of social integration” (Abadeer, 2015; Alsaba & Kapilashrami, 2016). In another study conducted with 413 Syrian refugee women who applied to WGSS, only 42 percent stated that they told their inner circle about the violence they were subjected to by their husbands or intimate partners (Bahar-Özvarış et al., 2019). Similarly, in this study, it was observed that with the increase in trust in WGSS, health mediators broke the doctrine of silence. All these experiences confirm the importance of establishing community mechanisms for women’s empowerment and full protection of their rights (Tappis et al., 2012), as in WGSSs.

One of the focuses of this study was the participants’ experiences of empowerment against GBV after training in WGSS and working as health mediators. Kulig (1994) and Deacon and Sullivan (2009) found that, besides the change in their perceptions of femininity and masculinity, women try to exist in public spaces by reducing their domestic responsibilities slightly. The narratives of participants demonstrate that they had quite empowered views on GBV and gender roles. The long working hours of their husbands required the women to take on new responsibilities to meet the needs of their home and children, and their interactions with their environment and resources increased. It has been observed that after migration, moving away from the extended family and living in a relatively free environment reduces patriarchal control over women, which leads to an increase in such interactions. All of these factors have crucial impacts on women’s empowerment in terms of ensuring access and control of resources. Additionally, refugee women who have never worked outside the home are able to start working and learn to find a new balance in the household responsibilities.

The psychological, social, and economic difficulties that emerged due to war and migration helped women to convince their spouses to let them start working. To put it more clearly, earning an income that would support the family in the face of economic difficulties, not neglecting domestic responsibilities due to flexible working hours, and working at a women-only workplace enabled women to make a patriarchal negotiation with their husbands. In addition, the services and activities provided in the WGSS helped women in their psychological well-being, socialization, and adaptation, which also helped them persuade their husbands.

Similar to the results of the research conducted by Jabbar and Zaza (2016), in our study it was found out that working life increases the self-confidence and self-esteem of refugee women and improves their life satisfaction and individual well-being, as they can help their families. In

addition, it was observed that as a result of the training received in WGSS, women felt like useful, valuable, powerful, responsible, and new individuals; found a meaningful purpose for existence; started to express their thoughts, find their own voices, become more active in accessing the services, and use their decision-making power; and developed better communication with their children, husbands, and social environments. Women's work with women exposed to GBV as health mediators further empowered the women; helped them realize the importance of solidarity; and increased their self-esteem, self-efficacy, and self-confidence.

The patriarchal and resource theorists of GBV argue that GBV results from cultural and economic power imbalances according to gender, which frame women as objects of control. According to these theorists, with the participation of women in working life, the long-term effects of GBV decrease, as the control of men decreases (Arthur & Clark, 2009). As part of a gender-sensitive project, WGSS aim to ensure that women are able to access health care services and, at the same time, develop awareness about GBV and provide the tools needed to combat violence. The female Syrian health mediators who participated in the study confronted the patriarchal oppression they had internalized and tried to build a new identity in the face of it. The women interviewed stated that there are no mechanisms to protect women from violence in their own country. Through learning about women's rights in general and specifically the legal mechanisms to prevent GBV in Turkey at WGSS, the women declared that they use such information against their spouses to prevent their violent acts. However, some women may choose divorce after they depart from their traditional community and learn of the laws regarding custody and the mechanisms that protect women after divorce. As Foucault (1978, pp. 95–96) mentioned, “Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power.” “Resistance can thus take many different forms... [such as] contesting public transcripts (established ways of behaving and speaking) through rumor, gossip, disguises, metaphors, euphemisms, sarcasm, and humor” (Scott, 1985, p. 137). As Scott mentions about moments of resistance in daily life, women claiming that they cannot leave their jobs because they signed a contract, stories they tell about punishments for men who perpetrate violence on their wives to intimidate their husband, and women's conscious sharing and solidarity with each other, were the forms of resistance used by the women in this research. This resistance highlighted within the narratives of women with regard to their strengthening in the face of GBV in Turkey also indicates that strength develops with migration, so there is even more need for efforts to empower women against GBV.

It can be seen that empowerment training against GBV, psycho-social support, and working at the WGSS had a significant effect on women's empowerment and rebuilding resilience. The narratives of the women about the change in their perspective on gender roles showed that women take action through their responses to their husbands and children. In other words, these narratives revealed their perceptions of and actions toward transforming the structurally unequal power relations between women and men. To use Freire's (1991) expression, it shows that they got rid of the culture of silence arising from unequal relationships and the perception of dominant gender roles.

In all of these women's narratives, it was seen that they experienced a process of empowerment against GBV on the basis of gender equality at the individual, familial, and communal levels. When examining the empowerment narratives of the women, all components in the empowerment definitions were seen. In brief, the changes seen as a result of the activities conducted with women in WGSS have similarities to the results of the empowerment-based implementation of Barnes and Bowl (2001). The prominent empowerment narratives of the women at WGSS can be briefly summarized as follows:

- Self-development
- Effective in transformation of the functioning of social groups such as families
- Increased control over life choices
- Becoming active in accessing services
- Feeling safe thanks to raised awareness about rights and protective services against GBV and using them as a tool to prevent violence
- Resisting GBV as well as the destructiveness of dominant discourses and practices
- As a result of working at an income-generating job, finding their own voices and gaining decision-making power
- A change in their perspective on gender roles
- Expanding efforts to establish more egalitarian relationships at home

These can all be explicated as creating structural changes such as reducing gender inequality. It is important to gain a deeper understanding of these empowerment narratives and to further study how they find a place in women's lives, in order for evaluating and developing programs.

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## References

- Abadeer, A. S. Z. (2015). *Norms and gender discrimination in the Arab world*. Palgrave Macmillan.
- Al-Krenawi, A., Graham, J. R., & Sehwail, M. A. (2007). Tomorrow’s players under occupation: an analysis of the association of political violent with psychological functioning and domestic violence, among Palestinian youth. *The American Journal of Orthopsychiatry*, 77(3), 427–433. <https://doi.org/10.1037/0002-9432.77.3.427>
- Al-Shdayfat, N., & Hatamleh, R. (2017). Syrian refugee women’s reasons for not reporting violence: An exploratory study. *International Journal of Nursing Education*, 9(4), 96–100. <https://doi.org/10.5958/0974-9357.2017.00103.9>
- Alsaba, K., & Kapilashrami, A. (2016). Understanding women’s experience of violence and the political economy of gender in conflict: The case of Syria. *Reproductive Health Matters*, 24(47), 5–17. <https://doi.org/10.1016/j.rhm.2016.05.002>
- Arthur, C., & Clark, R. (2009). Determinants of domestic violence: A cross-national study. *International Journal of Sociology of the Family*, 35(2)147–167.
- Bahar-Özvarış, Ş., Yüksel-Kaptanog˘Lu, İ., Konşuk-Ünlü, H., & Erdost, T., (2019). Determining the needs of Syrian women applying to women’s health counselling centres related to services in reproductive health and gender-based violence survey report. Merdiven Publishing. Retrieved January 25, 2020, from [http://www.huksam.hacettepe.edu.tr/English/NicelArastirma\\_ENG.pdf](http://www.huksam.hacettepe.edu.tr/English/NicelArastirma_ENG.pdf)
- Barnes, M., & Bowl, R. (2001). *Taking over the asylum: Empowerment and mental health*. Palgrave Publishing.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Clark, C. J., Silverman, J. G., Shahroui, M., Everson-Rose, S., & Groce, N. (2010). The role of the extended family in women’s risk of intimate partner violence in Jordan. *Social Science & Medicine*, 70(1), 144–151. <https://doi.org/10.1016/j.socscimed.2009.09.024>
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124–130. [https://doi.org/10.1207/s15430421tip3903\\_2](https://doi.org/10.1207/s15430421tip3903_2)
- Deacon, Z., & Sullivan, C. (2009). Responding to the complex and gendered needs of refugee women. *Affilia*, 24(3), 272–284. <https://doi.org/10.1177/0886109909337401>
- DuBois, B., & Miley, K. K. (2008). *Social work: An empowering profession*. Pearson.
- Disaster and Emergency Management Authority. (2014). Syrian women in Turkey. Retrieved January 25, 2020, from [https://www.afad.gov.tr/upload/Node/3932/xfiles/turkiye\\_deki-suriyeli-kadinlar\\_-2014.pdf](https://www.afad.gov.tr/upload/Node/3932/xfiles/turkiye_deki-suriyeli-kadinlar_-2014.pdf)

- Emegwa, L., Saboonchi, F., & Tinghög, P. (2018). Prevalence and predictors of violence among Syrian refugee women resettled in Sweden. *European Journal of Public Health*, 28(suppl\_4), cky213457. <https://doi.org/10.1093/eurpub/cky213.457>
- Foucault, M. (1978). *The history of sexuality: Volume I-An introduction*. Pantheon Books.
- Freedman, J. (2016). Sexual and gender-based violence against refugee women: A hidden aspect of the refugee “crisis”. *Reproductive Health Matters*, 24(47), 18–26. <https://doi.org/10.1016/j.rhm.2016.05.003>
- Freire, P. (1991). *Ezilenlerin Pedagojisi* (Çev: D. Hattatoğlu ve E. Özbek). Ayrıntı Publishing.
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence against Women*, 4(3), 262–290. <https://doi.org/10.1177/1077801298004003002>
- HUWRIC. (2020). Strengthening access to sexual and reproductive health and sexual and gender based violence services for Syrian and other refugees thru Women and Girl Safe Spaces (WGSS)/Women Health Counselling Units Project. Retrieved January 25, 2020, from <http://www.huksam.hacettepe.edu.tr/English/HUWRICProject180618.pdf>
- Inter-Agency Standing Committee. (2005). *Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies*. Retrieved March 2020, from <https://interagencystandingcommittee.org/system/files/2021-03/Guidelines%20for%20Gender-based%20Violence%20Interventions%20in%20Humanitarian%20Settings.pdf>
- Jabbar, S. A., & Zaza, H. I. (2016). Evaluating a vocational training programme for women refugees at the Zaatari camp in Jordan: Women empowerment: A journey and not an output. *International Journal of Adolescence and Youth*, 21(3), 304–319. <https://doi.org/10.1080/02673843.2015.1077716>
- Kelly, L. (2013). Moving in the shadows: Introduction. In Y. Rehman, L. Kelly, & H. Siddiqui (Eds.), *Moving in the shadows: Violence in the lives of minority women and children* (pp. 1–11). Ashgate.
- Kulig, J. (1994). Old traditions in a new world: Changing gender relations among Cambodian refugees. In L. A. Camino & R. Krulfeld (Eds.), *Reconstructing lives, recapturing meaning: Refugee identity, gender, and culture change* (pp. 67–87). Gordon & Breach.
- Lundgren, E. (2004). *The process of normalising violence*. National Organisation of Women's Shelters and Young Women's Shelters in Sweden.
- Müller, C., & Tranchant, J. P. (2019). Domestic violence and humanitarian crises: Evidence from the 2014 Israeli military operation in Gaza. *Violence against Women*, 25(12), 1391–1416. <https://doi.org/10.1177/1077801218818377>
- Scott, J. C. (1985). *Weapons of the weak. Everyday forms of resistance*. Yale University Press.
- Tappis, H., Biermann, E., Glass, N., Tileva, M., & Doocy, S. (2012). Domestic violence among Iraqi refugees in Syria. *Health Care for Women International*, 33(3), 285–297. <https://doi.org/10.1080/07399332.2011.645969>
- Thiara, R. K., Condon, S. A., & Schröttle, M. (Eds.). (2011). *Violence against women and ethnicity: Commonalities and differences across Europe*. Verlag. <https://doi.org/10.3224/86649409>
- Turkish Republic Ministry of Interior. ( 2020, February 14). *Directorate general of migration management. Temporary protection statistics*. Retrieved March 13, 2020, from <https://www.goc.gov.tr/gecici-koruma5638>
- United Nations. (2007). *Gender, remittances and development. Feminization of migration 2007* (Working paper 1). United Nations Instraw.
- United Nations. (2017). *The international migration report (highlights) 2017*. Retrieved January 25, 2020, from <https://www.un.org/development/desa/publications/international-migration-report-2017.html>

- United Nations High Commissioner for Refugees. (2001). *A practical guide to empowerment: UNHCR good practices on gender equality mainstreaming*. Retrieved March 14, 2020, from <https://reliefweb.int/report/world/unhcr-good-practices-gender-equality-mainstreaming-practical-guide-empowerment>
- Usta, J., Masterson, A. R., & Farver, J. M. (2019). Violence against displaced Syrian women in Lebanon. *Journal of Interpersonal Violence*, 34(18), 3767–3779. <https://doi.org/10.1177/0886260516670881>