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**Risks and Prospects in SGBV Prevention,
Intervention and Protection:
The Service Providers' Perspective in Turkey**

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Abstract

Risks and prospects of SGBV prevention, intervention and protection in forced migration contexts display similarities as well as differences across countries. This working paper discusses the risks and prospects in SGBV prevention, intervention and protection by analysing the international protection context through the service providers' perspective in Turkey. The paper begins with a brief introduction to governance of international protection in Turkey, and how SGBV experience is situated in the overall legal and institutional framework. After a note on methodology, the paper presents the current institutional and organisational context for SGBV prevention, intervention and protection. The rest of the paper presents the risks and prospects by referring to the challenges that emerge through defining SGBV while moving forward with interventions, the shortcomings of the nature and scope of the interventions, the gaps that emanate from the existing policies and legal framework that constrain SGBV interventions, the vulnerabilities that magnify and diversify through SGBV experience in forced migration contexts, the prospects for resilience by SGBV survivors as viewed by the service providers, and the service providers' perspective on how SGBV affects integration. The paper concludes with a discussion on the findings.

Keywords

Sexual and gender-based violence, SGBV, refugees, resettlement, integration, Turkey.

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I. International Protection Governance in Turkey and SGBV as a challenge

Many Syrians fled to Turkey soon after the Syria conflict started in 2011, and Turkey responded with an ‘open door’ policy. As increasing numbers of Syrians continued to flee to Turkey over the next years, the policies governing international protection consisted of dispersed sets of laws, regulations and directives. One of the most distinguishing characteristics of international protection governance in Turkey is that those who qualify for refugee status need to meet the refugee definition of 1951 Geneva Convention and arrive from a ‘European country of origin’. Turkey applies a geographical limitation to the Geneva Convention and those from non-European countries are not considered for refugee status to the time of the drafting of this paper in 2020. In 2013, however, Turkey ratified the Law on Foreigners and International Protection (LFIP hereafter), which came into effect in 2014, and provided a single coherent framework for migration and international protection governance. The LFIP also established the Directorate General for Migration Management (DGMM hereafter) as the coordinating public authority responsible for migration management within the Ministry of Interior Affairs. LFIP has amalgamated a plethora of legislation that governed immigration and international protection to date (See Annex 1 and Annex 2 for articles that pertain to the different aspects of international protection). Those who come from a ‘non-European country of origin’ are considered for “conditional refugee status” under LFIP while those with “conditional refugee status” have access to sets of rights and entitlements lesser than that of “refugee status”. The “subsidiary protection” status covers persons who would be at “risk of indiscriminate violence” because of war or internal armed conflict in their country of origin. The “subsidiary protection status” complies with the eligibility definition for a similar status in the EU Qualification Directive. Persons with “subsidiary protection” receive lesser sets of rights and entitlements when compared to those with “refugee status”, and they are not entitled to long-term integration in Turkey. Another difference between those with “conditional refugee” and “subsidiary protection” status is that those with the former status are not given family re-unification rights while the latter are. International protection status holders are issued with the International Protection Status Holder Identification Document. Beneficiaries of Temporary Protection are issued a Temporary Protection Identification Document. Refugees are provided an International Protection Status Holder

Identification Document valid for three years, conditional refugee status holders and subsidiary protection status holders are issued a document for 1 year.¹

In Turkey, birth registration is a right and an obligation, and notification is done to the Population and Civil Registry Departments under the Governorates. Birth registration allows the child to access healthcare and education, and also aims to protect the children from vulnerability to trafficking, child labour, illegal adoption, sexual exploitation and early age marriage. Marriage procedures are carried out according to the Turkish law. Turkish authorities can authorise procedures to marry a Turkish national and an applicant or a beneficiary, or two applicants or beneficiaries of different nationalities. A religious marriage is not recognized as official in Turkey. The withdrawal of international protection status takes place with the following conditions: If the status was granted by way of false documents, fraud, deceit, or withholding facts, or should have been excluded from international protection.² A refugee or a beneficiary of subsidiary protection may reunite with the following family members: a spouse, whereby only one spouse may benefit from family reunification in the case of polygamous marriages; minor children or minor children of the spouse; dependent children or dependent children of the spouse.³ Family members receive a “family residence permit” with a duration of maximum 2 years. The holders of the permit can access primary and secondary education institutions. After three years of residence in Turkey, adult family members may apply to transfer to a short-term residence permit. In the cases where the spouse has been a victim of domestic violence, or in the event of death of the sponsor, this condition is waived.⁴ According to LFIP, for conditional refugees and those with subsidiary protection, the DGMM may restrict residence to a specific province and expect reporting requirements due to public security and public order concerns.⁵ The Regulation on International Protection adds the criteria, “person’s request, his or her special situation, medical and educational situation, kinship relations, culture, personal circumstances and capacity of the provinces” for decisions for eligibility of conditional refugees and subsidiary protection holders

¹ Article 83(1) LFIP, Article 83(2) LFIP.

² Article 86(1) LFIP

³ Article 34(1) LFIP; Article 30(2) RFIP, Article 34(2) LFIP; Article 30(3) RFIP

⁴ Article 34(5) LFIP. Article 34(6) LFIP Article 34(7) LFIP.

⁵ Article 82(1) LFIP; Article 110(4) RFIP.

to reside in a designated province.⁶ Since 10 September 2018, the DGMM identifies cases with the criteria of vulnerability and refers them to the UNHCR for the resettlement procedure to be followed for the temporary protection status holders.⁷

After the break out of Syrian civil war, as mentioned above, Turkey began to provide humanitarian assistance to the arriving forcibly displaced and continued to do so as the numbers steadily increased to millions. In 2014, Turkey introduced the Regulation on Temporary Protection (TPR hereafter) based on Article 91 of LFIP. The TPR is expected to be compliant with the LFIP. When the presidential system was introduced in 2018, the references to the “Council of Ministers” have been replaced by the “Presidency” in LFIP. There were no amendments introduced to the TPR. DGMM remains as the institution authorised to determine eligibility for temporary protection in accordance with the declaration of the Presidency and the criteria identified by the TPR. As of March 2018, DGMM has taken the responsibility to also govern accommodation and other services which were previously managed by the Disaster and Emergency Management Authority (AFAD). TPR covers regulations *“to determine the procedures and principles pertaining to temporary protection proceedings that may be provided to foreigners [who] seek urgent and temporary protection and whose international protection requests cannot be taken under individual assessment.”* (TPR, Art. 1) The LFIP and TPR constitute the fundamental legal framework for the service provision, protection and support provided to Syrians under Temporary Protection (SuTP hereafter) by public authorities in Turkey.

Turkey hosts over 3.5 million forcibly displaced registered Syrians in 2019.⁸ The majority of SuTP are concentrated in 10 provinces, most of which are in the Southeast of Turkey, bordering Syria.⁹ There are also displaced persons of other nationalities who are under international protection from Iraq, Iran and Afghanistan.¹⁰ The support provided to SuTP goes through three phases from 2011 to 2019 (Ozcurumez and Icduygu, forthcoming). In the 2011-2013 period, the forcibly

⁶ Article 110(1) RFIP.

⁷ Article 44 TPR

⁸ [Operational Portal Refugee Situations - Syria Regional Refugee Response](#)

⁹ [Republic of Turkey Interior Ministry](#), last accessed 12 January 2020.

¹⁰ [Republic of Turkey Interior Ministry Statistics](#), last accessed 12 January 2020.

displaced Syrians stayed mostly in temporary accommodation centres, (TACs, also known as camps). During this period, most of the policies focused on provision of basic needs and humanitarian assistance to the forcibly displaced Syrians all over the country. In this period, AFAD coordinated the TACs, which were located in provinces close to the Syrian border. In the 2013-2016 period, the LFIP and the TPR come into effect introducing clear regulations about services that SuTP can access. In this period, the numbers of SuTP continue to increase and begin to live in the cities. From 2016 onwards, the signing of the EU-Turkey Deal with a considerable financial assistance for the Syrians in Turkey with the programme Facility for Refugees in Turkey (FRiT), Turkey's international protection governance enters a new phase. In this recent phase, SuTP have access to extensive targeted services such as healthcare through Migrant Health Centres (MHCs), and SuTP children's access to mainstream Turkish public education system is supported by active policies financed partly by the FRiT budget. Programs for social cohesion have expanded with financial support from a variety of international sources providing capacity building for the SuTP to access the labour market as well as large scale cash assistance schemes such as the Emergency Social Safety Net (ESSN). All public agencies in the field of migration and social cohesion collaborate on a variety of activities which target vulnerable groups for access to psycho-social services alongside language courses or vocational training. As of 2019, almost all TACs have been closed down except for a few close to the border, and almost ninety per cent of the SuTP live in different cities in Turkey. Most of the SuTP continue to reside in cities close to the border. While the debates about whether and when the SuTP will return to Syria remain as vibrant as ever among the local communities, the institutional efforts for improving the life conditions of the SuTP as well as comprehensive efforts for promoting social integration have both expanded and accelerated.

As the needs of SuTP diversified, the institutional and legal structure have been amended to meet the increasing demand and to adjust the capacity of the public resources in Turkey. In the initial period, the SuTP could access health services and medicine at no cost. Later, the regulations stipulated some contributions in small percentages by the SuTP for purchasing medicine. The current Ministry of Family, Labour and Social Services (former Ministry of Family and Social

Policies, MoFLSS hereafter) coordinates all social services and assistance as well as psychosocial support for vulnerable groups inside and outside TACs (TPR, Art. 27 (5), Art 30(2). According to TPR Article 23(4), the MoFLSS is responsible for activities concerning unaccompanied children, provision of their basic needs such as food, and access to education. The Ministry of Health (MoH) is responsible for provision of health services to SuTP both in TACs and in the cities. Psychosocial support provided to SuTP by MoH is coordinated with MFLSS. The Ministry of National Education (MoNE) is responsible for coordination and provision of access to education for all SuTP. Article 28 of the TPR stipulates that education for foreigners under temporary protection may include: pre-school for children 36-66 months old, primary and secondary education, and language, vocational and skills training. Access to education, especially primary and secondary education is a critical component of the support for SuTP as over half of the SuTP are minors. The MoFLSS, with the Directorate General for International Labour Force, is responsible for processing applications and issuing work permits for SuTP. According to the Regulation on Work Permit for Foreigners under Temporary Protection,¹¹ Syrians can apply for a work permit six months after their registration and obtaining a Temporary Protection Identification Document in Turkey. In 2019, international protection governance in Turkey involves a plethora of international, national and local actors who operate in a context of international and national laws and regulations that shape humanitarian action as well as social integration.

While the institutional and legal framework on international protection governance in Turkey impacts the risks and prospects around SGBV interventions, how SGBV has been addressed in the national context constitutes another part of the organisational puzzle around responses to SGBV experience of forcibly displaced persons. The 2000s mark the beginnings of the accelerated incorporation of the gender perspective to laws and regulations in Turkey. The Constitution reflected these changes with Articles 41 and 66 (2001), and Articles 10 and 90 (2004). In 2001, within the Law No. 4709, Article 17 “and is based on equality between the spouses” has been added to the first paragraph of Article 41 of Constitution of the Republic of Turkey. Following this amendment, Article 41 of the Constitution titled “Protection of the Family” took the following

¹¹ [Implementation Guide for Work Permits for those under Temporary Protection.](#)

form: “Family is the foundation of Turkish society and is based on equality between spouses. The state takes the necessary measures to ensure the peace and well-being of the family and especially the protection of the mother and children and the implementation and teaching of family planning and establishes the organisation.” In 2004, Article 10 of the Constitution noted; “Everyone is equal before the law without discrimination because of language, race, colour, gender, political thought, philosophical belief, religion, sect and similar reasons. Women and men have equal rights.”. There were also amendments made to the Turkish Civil Code in 2002, the Labour Law in 2003 and the Turkish Penal Code in 2005 to include the perspective of equality between men and women in all aspects of social and economic life. In 2003, Family Courts were established. In 2006, the Ministry of Justice issued a circular for effective implementation of Law No. 4320 (Circular no. 35), and to prevent honour killings and violence against children and women.

While the national legal and institutional framework went through a gradual and sure transformation with respect to the incorporation of a gender perspective, the Istanbul Convention definitively sets the stage for the national commitments for action against violence against women and domestic violence. The text of the Convention aims to set the standards, jurisprudence and developments at international and national level. The Convention stipulates that states parties will ensure that the implementation of the provisions of the Convention shall be secured without discrimination against any group including migrants or refugees (Article 4). The definition of violence in the Convention was adopted in the Law No. 6284 on the Protection of the Family and the Prevention of Violence against Women, which was drafted on the basis of the Convention and entered into force on 8 March 2012. With the enactment of the said Law, the Regulation on the Establishment and Operation of Women's Shelters for the restructuring of women's shelters was drafted and came into force on 5 January 2013.

In 2011, the Ministry of Women and Family Affairs was replaced by the Ministry of Family and Social Policies, the current MoFLSS, with the Decree Law No. 633 on the Organisation and Duties. A variety of institutions responsible for social protection, social assistance, women, children, family matters and disability, have been merged into one institution to facilitate coordinated

action in all these fields. The Directorate General for the Status of Women (DGSW) has been restructured and linked to the current MoFLSS. DGSW became responsible for women's shelters and acquired a larger budget and more personnel. DGSW is mainly responsible for providing shelter, drafting action plans and organising activities to fight against violence against women. Women's Health Counselling Centres have been established to provide psychosocial support to women and children, to inform them about health and gender-based violence. The Ministry of Health clinics and UNFPA centres provide reproductive health services. Women's Guesthouses and the Violence Prevention and Monitoring Centres (VPMC - ŞÖNİM) are also open to survivors of violence including migrant women and provide them protection, accommodation and legal guidance. In addition, training activities covering themes on recognizing violence against women are also offered to women. The MoFLSS provides services for unaccompanied children under their Directorate General of Child Services. There are 10 Children Support Centres specialized for children who have been separated from their families during migration (Ombudsman Institution 2018).

Municipalities have also acted as first respondents to the increasing and diversifying demands of forcibly displaced vulnerable groups including SGBV survivors. Existing laws and regulations defining the responsibilities of municipalities toward non-nationals do not provide solid and clear grounds for municipalities to extend services to the SuTP directly. However, most municipalities pursue efforts to provide social assistance to the vulnerable SuTP or refer them to the relevant public authorities, NGOs or international organisations (Ozcurumez and Icduygu, forthcoming). International non-governmental organisations (INGOs) and non-governmental organisations are also active participants and stakeholders in international protection efforts in general as well as for facilitating service provision to SGBV survivors. INGOs and NGOs working in the field of international protection are subject to laws and regulations governing NGOs in Turkey.

As the mass influx of Syrians in Turkey remains as part of a global challenge of a humanitarian crisis due to the protracted conflict in Syria, international organisations remain as part of the legal and institutional context significantly. In most settlement countries, international protection governance is the exclusive domain of public authorities, national and local NGOs. In

Turkey, however, international organisations such as various UN agencies (UNHCR, IOM, UNWomen) are actively participating in addressing the needs of all groups under international protection including the SuTP, and vulnerable groups within all groups in international protection including SGBV survivors of all nationalities.

In a nutshell, service providers in the SGBV field in forced migration context in Turkey operate within three intersecting realms: (i) the national legal and institutional framework of international protection, which also has specific regulations for the SuTP with the TPR complemented by increasing efforts for social integration; (ii) the national legal and institutional framework that addresses SGBV for nationals which also increasingly covers Syrian women and children; (iii) the humanitarian assistance framework that manifests itself mostly within the protection programs designed to support the SuTP and implemented by different international, national and local actors.

II. A Note on Methodology

The data for this working paper has been collected through 30 in-depth interviews with the representatives of NGOs, INGOs, IOs, and public institutions in Turkey working in the field of SGBV in forced migration. The interviews were conducted in Ankara, Istanbul, Hatay and Gaziantep between October 2018-September 2019. Gaziantep (454.002 SuTP, 22.30% of total population) and Hatay (439.483, 27,30% of total population) are the two cities with the highest number of SuTP as percentage of total population and close to the border with Syria. Istanbul and Ankara are the two largest cities in Turkey, which host forcibly displaced individuals of different nationalities. Types of organisations and the cities where they are located are listed in Table 1 (Annex 3). Researchers have obtained Ethics Approval by Bilkent University Ethics Committee for the consent forms, questions and the processes for conducting the interviews before starting the data collection through interviews. The interviews have been conducted in the language preferred by the interviewee. Each interview lasted between 45 to 100 minutes, and the interview data has been anonymised. The interviews were either recorded or noted by the interviewer in accordance with the preference of the interviewee. The interviews were translated by the authors. The transcripts of the interviews were coded in NVivo data analysis software with

the coding scheme that had been prepared for comparative analysis purposes by the SEREDA research team.

III. Organisational context for SGBV prevention, intervention and protection

In Turkey, there are many organisations at different levels (local and national) which pursue prevention and/or protection activities alongside provision of a variety of services to nationals as well as the forcibly displaced. When seeking help, SGBV survivors or those who have witnessed violence may contact police stations, Provincial Directorates of MoFLSS, Violence Prevention and Monitoring Centres (ŞÖNİM), Social Services Centres within Provincial Directorates of MoFLSS, public health institutions, gendarmerie, Public Prosecution Offices, Bar Associations, Women's Rights Centres of Bar Associations, municipalities and NGOs. Our findings suggest that, the number of organisations that explicitly and exclusively focus on SGBV faced by forcibly displaced and offering targeted interventions to SGBV survivors, however, is limited.

The Istanbul Convention is a milestone for designing, implementing and monitoring policies as well as projects to address SGBV related challenges for both nationals as well as those who are under international protection in Turkey, as noted by one of the service providers;

The Istanbul Convention...is one step ahead of the previous conventions in terms of widening the definition of violence against women. To inspect the effective implementation of the Convention by states' parties GREVIO (Group of Experts on Action against Violence against Women and Domestic Violence) has been established as independent expert body. (TNS)

The GREVIO baseline report that the service provider refers to, notes that Turkey needs "to introduce systematic and mandatory in-service training on all forms of violence covered by the Istanbul Convention for case workers, decision-makers and interpreters dealing with asylum seekers, migrants and refugees, including temporary refugees" (GREVIO 2018: 48). Most service providers highlight GREVIO as a mechanism that aims to ensure that all countries uphold the principles highlighted in the Convention for the fight against violence, and suggest that while the legal framework on the fight against violence has expanded, there are many challenges that they observe during implementation of the laws.

Our findings suggest that one of the key actors in the field of SGBV prevention, intervention and protection at the national level are public institutions. They are the institutions with clear mandate for acting as help and referral points for SGBV survivors. Public institutions, in contrast to all other actors, have the capacity to provide shelter for women from Turkey and from other countries who experienced SGBV.

In our Centres we are only hosting women and their children. We are also hosting refugees as their main and the most important need is shelter. This law [6284] is the main legal instrument aimed at combating violence against women in Turkey. (...) When a survivor of SGBV goes to report to the police, the officer can refer to our Centres. But she must be documented. (TNS)

Public institutions have the capacity to address targeted needs of SGBV survivors with a comprehensive network tied into the public system of social assistance already set and accessible by nationals.

...the most important thing is to offer help according to their specific needs. (TNS)

Although municipalities can only provide services and offer interventions in SGBV within their mandate and jurisdiction for social services and social assistance, they stand out among the most prominent actors in SGBV prevention efforts alongside NGOs. The scope of the services offered by municipalities is fairly wide as noted by representatives from different municipalities;

We are like protection officers. We are responsible for counselling in all areas (protection, legal counselling, social-support, psychological support)...We decide whether we can help them here or do we need to refer them to another organisation which has more experience in that particular area. For example, we have an agreement with an organisation and when someone applies for specific legal support here, we refer them to that organisation. Or when they need psychological support we have a psychologist here and we direct them to our psychologist. (TES)

We are funding urgent healthcare operations if refugees cannot have them in government hospitals. We have lawyers, psychologists, and interpreters. I think its weakest side is educational counselling. (TOSS)

While public institutions and municipalities are distinguishable as the most visible organisations for SGBV interventions, our findings suggest that the collaboration among relevant units in municipalities aiming to help SGBV survivors, the public institutions and the NGOs working in the

field is pivotal for effective service provision. It is only through such collaboration that municipalities and NGOs are able to offer responses that are relevant to the needs of SGBV survivors, that they would not be able to offer by themselves. Some municipalities highlight the significance of collaboration with IOs to expand the range of services they are able to offer to the SGBV survivors as well as the groups they are able to reach such as the LGBTQI communities among the forcibly displaced.

(Unit of municipality) has been working under Social Services Department since 2007. We have been working with (public institution) on human trafficking since 2015. We provide shelter and protection for survivor women and their children. Since 2017, we have developed vocational training for refugees of all kind with UNHCR...we have started a project with the UNHCR and (a feminist NGO) on awareness raising for children to combat forced and early marriages. (TFS)

We established a centre with (an NGO), and we have restructured a community centre with World Academy for Local Government and Democracy for refugees. (TOSS)

Our findings suggest that representatives of municipalities aim to overcome the limits of their capacity in service provision with two strategies: (i) they increasingly resort to collaboration with public institutions, IOs and NGOs in all fields; for example they organise workshops with NGOs where they invite both women from local communities as well as SuTPs and those under international protection covering themes such as;

(...) Gender and Migration; Feminism and Importance of Solidarity; Elimination of Violence Against Women and International Experience; Feminist Activism; Women Labour; Conflict, Post-Migration Defense of Body and Soul; Cultural Differences and Coexistence. (TOSS)

(ii) they aim to increase awareness raising activities through other efforts such as language courses;

(...) We are also training women about violence during our language courses...We inform them about legal procedures available if they face violence. (TFS)

Another significant actor in the field is the national branch of an international humanitarian movement, which also acts alone and in collaboration with other actors, mainly international actors. This organisation stands out because (i) it offers varying services designed for prevention

and protection in accordance with the specific needs of the different communities in different cities in Turkey;

At first, we only worked with the refugees, but now we also work with the local population. I am doing both individual and group sessions with both women and children. ...sometimes I join the field work when my expertise [psychology] is required. We have training for them. Often, we choose women for training, we have only one male trainee. We train them about basic healthcare. (TMS)

(ii) it pursues innovative ways of including the SuTP communities in their activities, accounts for the significance of language and communication skills for effective implementation of their projects and involving experts as well as volunteers;

(...) a new project, health volunteer project. The aim of the project is to train and to educate refugees to work in the field for needs assessment of the refugees living in those neighbourhoods. We accompany them with interpreters because one miscommunication could lead to disaster(...)We are working in coordination with the gender experts... many volunteers and we work in coordination with them. (TMS)

(iii) it aims to meet the needs of children and teenagers through connecting with their parents and supporting the SuTP families as a whole;

There are children coming to this centre from schools and throughout the year, we reach out to the parents of these children. We try to understand their lives within their household. There are many applicants to the centre who are facing deep poverty and/or violence (...) as adults mostly consult here to find solutions to their problems related to their refugee statuses such as poverty, or lack of education opportunities, or the problems with the access to education. As social workers, we meet with them and guide them according to their problems. This is our general responsibility. (TLS)

While there are many INGOs and NGOs working on SGBV, our findings suggest that they (i) adopt different approaches while presenting their work, (ii) pursue a plethora of strategies to provide services and reach different groups, (iii) offer a wide range of interventions and collaborate with public institutions, municipalities, IOs and other NGOs in several networks based on different projects.

Our findings also indicate that some NGOs would like to distinguish their approach, strategies for offering services, range of services they cover and the collaboration they promote as adopting a

'feminist lens'. By 'feminist lens', these NGOs highlight two main components of their work on SGBV: (i) that the interventions need to focus on *women*; (ii) that the interventions need to be *comprehensive and integrated*:

This centre is a *women-only* centre. We are providing language courses, vocational training, consultations, awareness sessions, social cohesion sessions. Usually, service providing for migration is compartmentalized. For example, livelihood segment is not really involved in protection and vice versa. What we argue is that *all those departments should act together in order to have a meaningful intervention*. I mean for a *holistic approach*. (TCS) (italics added by authors)

We are *an organisation for women*. (...) We are working cooperatively with other NGOs and Embassies (...) we are going to conduct neighbourhood meetings with refugee groups of 15 people (...) we will also conduct focus groups and in-depth interviews on the issue. [We] have a psychologist and a lawyer in our Women Counselling Centres once a week, they would be ready to help those who want...our aim is to *empower* those women. (TKS) (italics added by authors)

(The NGO) was founded by women who were already in women's movement. (...) We started working in the field in 2015 and we started working on this issue in 2011 before the Syrian crisis; so we basically work on in the base of SGBV, women labour and employment and solidarity with women and LGBTI in prisons and migrant and refugee women with LGBTI these are basically working fields. (...) We work with *Turkish women, work with women from all backgrounds, not only Syrian women, not only with one group but also women from African countries, former Soviet Union countries, from Iran, Afghanistan there are many different groups of migrants in Turkey...* (TD1S) (italics added by authors)

We have a *feminist* lens. This is the most important thing. (...) We are mainly doing field work. (...) We collaborated with other feminist NGOs in the region. (TXS) (italics added by authors)

These NGOs which prefer to identify their organisations as *feminist* organisations mainly offer similar services to all those who seek assistance from them. Among these organisations that there is subtle complexity as to how the representatives would prefer women's organisations to define their roles and expertise in activities around protection and interventions on SGBV in forced migration. One group of NGOs highlights its origins as coming from the *feminist movement* in Turkey underline that their experience situates them in a more privileged position due to their long-term familiarity with processes of protection and advocacy in Turkey. The other group

consists of organisations who provide protection *only to women* without identifying themselves individually or their organisations as *feminist*.

One organisation defines itself as a *LGBTI* organisation and distinguishes its stance from all other organisations working on SGBV as “against heterosexism and (...) against this binary understanding of the gender regime” (TGS).

I do not have a problem to call (the organisation) as an LGBTI organisation or association in Turkey. (...) Since 2007, (the organisation) has been working with immigrants and trying to support immigrant LGBTI....we are visiting cities with a major immigrant population for face to face meetings. We are listening to their stories and the plans for the future. (...) [We are] providing legal counselling, our social service counsellor provides social counselling...we cannot provide psychological counselling. (TGS)

There are also *rights-based* organisations focusing on the service and advocacy needs of all migrants, refugees as well as local vulnerable groups. These organisations collaborate extensively with international organisations and public institutions, and provide a wide range of services to all migrants and refugees including those with SGBV experience.

Since we are working as *rights based*, we are not working as a relief agency. We provide material support when we have means for the people in need. We assess their needs and try to provide individual solutions. (TUS) (italics added by authors)

We are trying to mobilise resources for refugees. (...) It is always *rights-based*. (...) an international partner of many UN agencies; UNWOMEN, UNFPA, UNHCR, and UNICEF. We have field officers who directly work with *asylum seekers and refugees in Turkey regardless of nationality*. We provide psycho-social and legal assistance to the refugee; ...cash and material assistance..., awareness raising sessions with the key entities in Turkey also with refugees. (...) we are trying to encourage refugees to establish committees and we contribute policy development process in Turkey. (...) We have different projects with different organisations. (TAS) (italics added by authors)

Most of the *rights-based* organisations conduct projects that aim to cover different target groups in different regions in Turkey. Our findings suggest that while there are many projects run by NGOs, they reach small numbers of people, run with limited resources for a defined period of time, and have to rely on partnerships that may not be sustained for long, all of which we discuss later in the sections, constitute challenges for effectiveness of SGBV interventions.

In this project, we provide medical case management support and psychosocial support to people who have been subjected to ill-treatment or sexual violence in their own countries or during their migration processes. (...) Since our budget and human resources are limited, we only serve a limited number of patients through an appointment system. Our goal for this year is to serve 120 clients. Most of our clients are from Syria and Afghanistan. Approximately 75 percent are referred to us by other non-governmental organisations. The other 25 percent found us through their own networks. (TPSS)

INGOs continue to have a noticeable presence in SGBV work in Turkey. As the humanitarian crisis in Syria continues and the scale of forcibly displaced is in the millions in Turkey, the INGOs remains crucial partners in SGBV interventions for especially migrants, those with SuTP and international protection status in Turkey and those with SGBV experience in Syria. One of these organisations, established its Turkey office in the post-Syrian civil war period, fights against poverty, and aims to empower women and girls as priority target groups both in Turkey and across the border.

(the organisation) was founded in 2014 as a response to Kobane influx and first started its operations across the border but as time passes it has also expanded to Turkish territory. Since 2014 (...) it has been reaching out to vulnerable Syrian displaced refugees. Cross border as well as in Turkey. (...) We are working on human trafficking, early and forced marriages, honour killings. (TC1S)

In Turkey, IOs continue to have a sizeable presence in humanitarian assistance, offer services for prevention, protection, coordinate responses among themselves as well as national and local stakeholder and constitute a significant resource for actors in the field of SGBV. They have roles in setting the agenda for inclusion of SGBV in protection programmes in humanitarian assistance schemes, facilitating networking among different actors and knowledge exchange, involving all actors at different levels as well as the forcibly displaced themselves and also highlighting the role of research in improving SGBV related efforts. As IOs act as the main funding agencies for all different SGBV efforts, they emphasise inclusion of all segments of the society (children, youth, women, elderly, people with disabilities) with a strategy developed for pursuing a *multi-sectoral* approach through assessment and monitoring of existing activities alongside networking among different actors.

Without talking to each other, we cannot learn. That's why, we are not only doing lobbying but we are communicating with all of the actors. This is also the beginning for an effective multi-sectoral approach (...) for SGBV, it is how we can challenge the existing barriers. (TB1S)

IO representatives also highlight the importance of priorities in addressing SGBV experience such as adopting a case management process on domestic violence, incest and early and forced marriages. Accordingly, when the multifaceted causes of these priorities are considered as being rooted in deep psycho-social, economic, socio-spatial and cultural processes in forced migration contexts, the IO representatives highlight the impact of outreach activities on SGBV related knowledge sharing, emphasised the extent to which IOs pursue collaboration with trained professionals in their activities:

Instead of waiting for refugees to come to our centres, we could reach them with our mobile outreach teams in their neighbourhoods. (...) Not everyone has the same professionalism in this profession. Therefore, you would only work with those who share your perception of these issues. (TDS)

IOs have been active in introducing the vocabulary of the existing international framework on SGBV and strategies on SGBV interventions. Our findings suggest that IOs are instrumental in connecting national and local level actors' agendas, priorities on SGBV prevention and protection within the discursive and institutional complexity that exists in the country.

There is a different structure in Turkey because it is a very big country with all the refugees. There is an office in (different cities) after the Syrian crisis (...) (city) office is the country office in which we have different units. Within the protection unit, there are different functions and (...) a community-based protection team since 2016. Before that, there was another unit called Syrian protection, a unit which was established in 2013. (...) There is a lot of advocacy ongoing at the national and international level in terms of promoting access of refugees to the already provided rights which is quite strong in Turkey. There are so many actors (TTS)

Given the multi-sectoral nature of the response SGBV may require, IOs stand out in advocating for and implementing the survivor centred approach.

We have two programs under emergency. One of them is GBV prevention and response and (...) sexual and reproductive health. (...) We have different programs related to GBV. (...) five centres for key refugee groups and what we mean by key refugee groups is LGBTI

individuals and sex workers and people living with HIV so that is the concentration, (...) we have 20 centres in social service centres that we provide personnel in order to increase their (SGBV survivors') capacity through social service centres. (...) they all have separate workers because (city) may have their own concerns and issues and gaps, in (city) there might be some issues that ...(region) would not concern as priority; so they have separate working plans (...) so somehow interrelated but not necessarily a carbon copy of each other's so they are separate entities with separate members. (TBSS)

As noted also in the quote above, IOs promote a focus on the specific needs of the SGBV survivors and targeted service provision to be pursued by all actors in the field. IOs facilitate a survivor-focused approach by promoting collaboration and simultaneously aiming to provide some structure to the complexity of the organisational context around SGBV and supporting service provision efforts alongside capacity building, particularly for actors working with Syrian women.

As an international actor, we have put women organisations, humanitarian organisations, and local actors together and introduce them to each other (...) We want them to provide support to Syrian women as well. For example, they (different organisations) have a counselling centre, but Syrian women cannot benefit from those services. Because their organisational structure and capacity were not prepared for refugees. So, we want to help them while they are building upon their foundations to be able to work with Syrian women as well. (TIS)

Capacity building and development activities organised for NGOs active in the field aim to facilitate the access to safe and a wide range of services for refugees in general, and for survivors of SGBV in particular. Overall the organisational context for SGBV prevention, intervention and protection remains complex in Turkey. However, all service providers emphasise the benefits of cooperation among different actors toward a more comprehensive and coordinated organisational response at all levels.

IV: Linking SGBV Definitions and Concepts to Services Provision

Service providers at all levels refer to a multitude of definitions of SGBV. Our findings suggest that each service provider adopts a different definition to identify the priorities for the organisation, to design of SGBV interventions and to implement certain strategies for prevention and protection.

While some NGOs are classified as “local”, the representatives of those NGOs define SGBV with reference to international laws and regulations, or laws used in another country.

We are using UNHCR’s and UNICEF’s. (definitions) (TRSS)

We are using the definition set by Istanbul Convention. Psychological, sexual, economic, physical violence as well as the threat of violence are considered as violence in this definition. (THS)

SGBV is any kind of act or risk of an act, threat of an act that can harm a woman physically or psychologically, sexually, economically or politically (...) I refer to SGBV from new Tunisian violence prevention law because (...) they also defined institutional and political violence in their law so; it is any kind of act or risk of that act that can harm to women or LGBTI person in any ways. (TD1S)

One NGO criticises all existing definitions of gender-based violence because they ‘narrowly define gender’ and reproduces the ‘binary understanding of the gender regime’ (TGS). Another NGO refers to a definition of SGBV they constructed by amalgamating themes from different organisations’ definitions in order to tailor one for their own projects.

We use the definition of the ICRC for maltreatment, torture, and dishonour (...) we added sexual violence to their definition. (...) We rely on UNHCR’s sensitive group criteria. (TPSS)

Representatives from municipalities refer to how different organisations use different definitions. Each organisation seems to have a rationale for adopting a certain definition which may be due to their accumulated knowledge based on implementation of projects or the mandate of different organisations;

We are using (NGO’s) module in our training and there is no definition of violence in our modules. I think violence should be treated in a holistic way, but it is always there (...) you cannot discuss sexuality without discussing sexual violence. While discussing violence during those modules, sometimes participants want to talk about it (...) in our latest module, there was a case of sexual abuse. (TOSS)

I think (an NGO) has a clear framework for SGBV, (public institution) has a clear definition of human trafficking, Turkish Red Crescent has no SGBV definition for instance. (TFS)

Our findings suggest that many actors in the SGBV field have not agreed on a common terminology on SGBV either. The main uses of the term GBV, or “Violence against Women”, are contested by many service providers. Even though “-violence against women” does not include

manifestations experienced by men and LGBTQI, many organisations use that concept to define their work.

We don't use SGBV in our internal documents. We use "violence against women" when we refer to violence (...) refugee response programs might use SGBV. (TIS)

Some representatives suggest that referring to GBV or SGBV also remains as a point of contestation for different organisations.

For (IO) it is SGBV, sexual and gender-based violence; for (the organisation) it is gender-based violence because we believe sexual violence is a major part of GBV. So, it is not like we try not to say SGBV sometimes we say SGBV (TBSS)

Thank you for calling it SGBV. Because as you may know interagency abbreviation of the term was GBV. We are also using SGBV which put sexual on top of gender-based violence. This has been a discussion for a long time we would like to emphasize the sexual dimension of the gender-based violence and hence we continue using SGBV rather than GBV (TTS)

Overall, our findings indicate that organisations construct their own definitions for their own purposes and activities. Most of the service providers claim that they do this in order to 'broaden' the definition of gender-based violence. Our analysis of the different comments by the representatives on the definition of SGBV suggest that while constructing their own definitions to expand categories in order to include different forms of violence (physical, psychological, economic and other forms) very few of the organisations highlight the 'sexual' dimension.

We accept a broader definition of violence. However, those (SGBV survivors) women only perceive physical violence as violence. Our aim is to discuss discrimination, psychological, economic, other forms of violence and ask them what kind of violence they face in their daily lives (TKS)

We construct a definition of SGBV based on the types of violence such as sexual abuse, sexual harassment. (TWS)

A major gap in the circulation of a multitude of definitions of SGBV is that very few organisations note the need to bring in the survivors' lens to the definition of violence.

We have a broad scope on violence. We are using the definition of the UN but still it is always the *woman herself* who defines the violence. (TES) (italics added by authors)

Our findings confirm the call for the need for a social constructivist approach (Sjkelsbaek, 2001) for the definition of SGBV because only through incorporating the survivors' lens as well as subjective experiences the definitions of and the framework for SGBV will be adequately expanded.

Different actors in the field of SGBV which focus on providing protection and prevention for survivors adopt different strategies through which they present their own work. One group of organisations highlight that their approach while designing and implementing their strategies encompasses 'working for refugees':

(Public institution), (NGO), (IO), (humanitarian organisation). They all are working *for* refugees. (TFS) (italics added by authors)

We are working *for* the applicant who are not able to somehow reach the public services and then we are trying to provide accommodation *for* them. (TAS). (italics added by authors)

Other organisations emphasize that they are 'working with refugees', and note that through this approach they are able to account for the specific views and experiences of the refugees:

Aid has a passive connotation; therefore we do not use that word. But I care about the word 'support'. Mental health and psychosocial support are actually conceptualized in the humanitarian field. Solidarity is not a widely used concept in humanitarian literature, but I find it very important. (...) A lot of people say *we work for refugees*, but I think *we work with refugees*. There are cooperation and solidarity. (TPSS) (italics added by authors)

While migration-based organisations have the expertise and staff in the field but lacking gender sensitivity, women organisations have gender expertise, but they do not know how to *work with refugees*. (TIS) (italics added by authors)

When you work with the women we need to be subjective, we need to take a side; we need to be *with* women's side. (TAS) (italics added by authors)

Some organisations note that they merge the two approaches. On the one hand, they recognize their capacity to negotiate within the system on behalf of refugees to facilitate their access to existing humanitarian assistance and protection programmes. On the other hand, they show awareness of the heterogeneity of needs among the refugee groups, especially those of women, and highlight that they try to identify specific needs with a 'feminist' perspective.

V. Repertoire of Interventions: Objectives, Framing and Levels

The interventions offered by the different service providers can be classified along two lines: (1) according to the objectives of the interventions, (2) according to the framing and presentation of activities at different levels. According to their objectives, the interventions consist of knowledge-sharing, prevention, protection and integration and socialisation (Table 1). Provision of material support, according to our findings, is a fundamental component which facilitates participation in other services.

Table 1. Interventions by Service Providers according to Objectives of Intervention

Objectives of Interventions	Knowledge-sharing	Prevention	Protection	Integration and Socialisation Focused Approach	Material Support
Types of Activities	Legal Counselling	Providing safe Spaces	Assessment of problems of refugees	Touristic tours	Food support
	Focus Group Discussions	SGBV and Gender Equality trainings to women (and men)	Preparing a road map for safety of women	Language Courses, Female Empowerment and GBV/SGBV seminars	Accommodation and Rent Assistance
	Raising Awareness Sessions	Household visits	Legal Support	Occupational Trainings	Transportation Rent Help

	Phone and e-mail counselling	Campaigns against misinformation in media	Psychological Support	Tea Hours with refugees and professionals, breakfasts	Cash Fund
	Psychological Counselling	Preparing an emergency call list	Cooperation with Police and Hospitals	Movie nights, concerts	Healthcare Support
	Language Courses	Working against human trafficking		Theatre performances by refugees, folklore dance classes with refugees	Translation Support

Source: Constructed by authors based on data collected during fieldwork in Turkey.

According to how organisations at different levels frame and present their interventions, the activities can be classified according to the level at which they manifest themselves as individual and group level, local level, national/international level (Table 3). Our findings indicate that the international and national level activities are sufficiently similar in terms of their rationale and scope so as to allow for grouping them in the same category.

Table 2. Interventions by Service Providers according to Framing and Presentation of Services at different Levels

Activity Level	Individual and Group	Local	National-International
Framing and Presentation of Activities	Case Management Processes	Cooperation with organisations at local level	Challenging cultural norms on violence
	Focus Group Activities, Occupational Trainings and gender and violence focused seminars	Establishing “Refugee Women Committees” and collaboration with other women’s organisations	Trying to create a common ground for organisations at national level

	Field and household visits	Work with local and religious leaders like mukhtars, imams and public institutions such as police and hospital staff against GBV/SGBV and, early and forced marriages	Campaigns against human trafficking and cooperation with public institutions
	Psychological and Legal Support	Preparing social activities in cooperation with other local organisations	Campaigns against forced and early marriages

cted by authors based on data collected during fieldwork in Turkey.

... e providers present a variety of activities to present their work on prevention interventions which has been classified above on the basis of objectives, framing and presentatio , and types. Each service provider justifies how the interventions they pursue serve the purposes of prevention of and/or protection from SGBV.

One group of service providers comment on the relevance and effectiveness of their interventions by highlighting that many of the activities that they conduct with refugee groups lead to several intersecting outcomes. For example, while the intervention is the provision of a ‘safe space for women and girls’, the space becomes a hub of awareness raising, knowledge dissemination among the community, confidence building for SGBV survivors and improved access to services. All service providers agree that interventions need to be integrated and facilitate access to a set of connected services, which complement each other to address a variety of vulnerabilities causing and caused by SGBV.

(...) it is a safe space, women and girls’ safe spaces; so it is a place for people to come together, they have tea hours, there are awareness raising sessions, they meet each other and they talk then there is maybe awareness raising topics on what is gender, gender based violence and so on. (...) So because not reported it is a fact that sometimes people, not sometimes, almost all the time people say we are going through a really tough time. (...) We have thirty-one awareness raising topics approved, revised by (public institutions), (...) we provide to men and boys and women and girls (...) we feel like as their awareness increases and they stand up and talk. Either individually or as a group (...) we have health mediators, health mediators meaning that there are people from the community that come to our centres and they also want to carry on this information to people within their community so once they attend awareness raising sessions, group

activities, (...) receive psycho-social services activities, once they talk about what services we provide, they go and talk with their own community, (...) then people come to our offices and talk about their experiences of GBV or (...) if they want to go with the case management process or sometimes they want to see the psychologists. (TBSS)

Some service providers differentiate among the relevance and effectiveness of different activities based on how they directly or indirectly shape one another. For example, one service provider notes that skills development activities or language courses may also serve as venues for SGBV awareness raising or a venue for a discussion on cultural norms that may reinforce different forms of violence. Another service provider suggests that the relevance and effectiveness of interventions depend on how safe the SGBV survivors feel in the locations where the services are provided, or how accessible and welcoming the beneficiaries perceive those locations.

We are training women about violence during our language courses. We inform them about legal procedures if they face violence and tell them what to do. (...) First, raising awareness. We need to explain to them the definition of violence and help to challenge their cultural norms. Unless they recognize the violence, they have been facing, we cannot involve directly from outside. Secondly, we have to provide them 'doors' as if they are doors of their own houses. Unless they feel safe to apply to those centres, it is hard to sustain any kind of support. (TFS)

Other service providers note that the interventions are relevant to the extent that they are tailored to the specific needs of specific groups of survivors. For example, these service providers call for a need to distinguish between whether, for example, the person who is seeking help needs employment or a panic button.

They can stay in our shelter for six months. First, we have a risk assessment of the situation. Does she need urgent protection? Does she need immediate healthcare? Does she need psychological care? After that, we assess if she needs a lawyer. Because we can arrange free legal consultancy from (city) bar association. Does she need a protection verdict from court? Does she need a bodyguard from the police force? Does she need a panic button? Does she need employment? According to their needs, we provide them with the support for following bureaucratic procedures. What we are doing is to prepare a road map with *the woman according to her wishes and her needs*. (TES) (italics added by authors)

Those service providers who aim to design and implement interventions tailored toward specific needs also advocate a case management approach for SGBV interventions. According to this

approach, each individual would have access to targeted interventions that aim to help them cope directly with their own conditions and contexts of SGBV. Adopting a targeted, or tailored, intervention approach, according to many service providers, enhances the relevance and effectiveness of all activities aimed at protection and prevention.

Among our cases, we have GBV survivors. We have a lawyer, we have sexual services officer solely responsible for referrals, agreements with public authorities and other INGO's and NGO's. We try to support them with their *specific needs*. It depends on our assessment of their situation and what they would like to do (...) sometimes they would like to file a complaint, sometimes they would like to live in the same place, they don't want to leave their husbands (...) In that case we would work on a security plan with them. If they prefer to file a complaint, or go to a shelter, or start an independent life, we support them with our lawyer and other case workers. We provide support for rent, provide main relief items and food (...) (we) mainly work with Syrian community... they (Syrians) trust more to their own people so rather than a foreigner (...) one of them conveying these (SGBV) messages is more effective. When these women gather as 4-5 people, the organisation's community activators support these women with GBV training, early marriage training and family planning training....our lawyer informs them in the session about the civil law, the Turkish penal code, violence against women code, temporary protection regulation, labour law. The participation is very good in these events. (TC1S) (italics added by authors)

(...) every person is unique, (...) the activities, the location, all of them are contributing somehow (to prevention and protection); (...) psychological sessions (...); the communities, case management (...), women committees, focus group discussions, group activities (...) what I find really important is *with whom they are working*; the NGO's INGO's, the team, the colleague; because it is affecting them (SGBV survivors); (...) It is really important that as an NGO or institution or colleague, you have this experience and knowledge about refugees; and it is important that you have the right approaches and methodologies. (TAS) (italics added by authors)

Some service providers note that the interventions they designed are maintained by refugees themselves, which in itself confirms that the intervention could be identified as both relevant and effective.

Three years ago, our psychologist started a session about increasing solidarity among refugee women. Our psychologist organised group psycho-social sessions and called those sessions "Teatime". Without any predetermined context, twelve Syrian refugee women gathered around and discussed whatever they wanted to. After a year, those

sessions evolved into this committee. They came to us and told us those sessions helped them through hard times, empowered them and they wanted to do the same for other women. (...) They are reaching out to more and more women every day. I can keep talking about them and their achievements. (TCS)

Overall, the service providers highlight that there is a large repertoire of interventions. The relevance of a specific intervention and its effectiveness on helping the SGBV survivor cope with that particular individual's experience, however, varies from one person to another. While endorsing the significance of availability and accessibility of a wide range of options, service providers highlight the constraints on resources elaborately.

The urgent need to overcome the continuous resource challenge is identified with a complex rationale. Some service providers themselves voice their concerns about how they may be held responsible for increasing the vulnerability that they are trying to overcome by due to their own the gaps in knowledge concerning the relevant services to be accessed, or merely being located in remote places hardly accessible by refugees.

Women would know what to do (when they experience SGBV), how to go about doing (what they need to do) but they do not have the necessary tools or do not have access to these tools. (TB1S)

They (different organisation) are all working for refugees and sometimes they provide the same services for refugees (...) lack of coordination (among service providers) confuses refugees. Refugees do not know whom to contact, or where to go. They (service providing organisations) are also located in different parts of (city). It is too hard for refugees to find all of these institutions and seek help from them. (TFS)

Service providers quote financial difficulties as creating challenges for the sustainability and quality of services provided.

Municipalities created a migration platform but there was no second meeting. There are problems with budgeting and planning. (TOSS)

Moreover, (women's shelter) is structured a bit like a prison. You have limited phone calls; you cannot leave as you like. Even though it is designed to protect women from outside, it also limits their freedom. Therefore, we don't insist. If they refuse protection of state institutions, then we offer them protection in the form of accommodation support. I have discussed how insufficient (women's shelter) are in terms of protection and sheltering the survivors. A different protection mechanism needs to be discussed. (TA1S)

Service providers highlight the difficulties around finding qualified personnel who are able to perform different skills for a variety of interventions. Service providers note that some interventions require personnel with legal expertise specialising on SGBV;

As a lawyer, you usually file a lawsuit and follow the litigation process which results in a positive or negative outcome. That outcome provides you data. However, you cannot follow up all cases in NGOs. That was one of my biggest problems in the intervention process. (TA1S)

Or language skills to facilitate proper access to health care, which is available to all refugees;

They are not increasing the number of interpreters in the hospitals ...there are one or two interpreters. They neither want Arabic to be spoken nor want to employ Syrian doctors. (TVS)

Or qualified personnel working on SGBV who also can adopt a gender lens;

They have to be experts on violence and gender as sometimes they could further traumatize survivors with questions that they should not have asked. (TES)

While migration-based organisations have the expertise and staff in the field but lack gender sensitivity, women organisations have gender expertise, but they do not know how to work with refugees. (TIS)

Some interventions may need to have sufficient institutional capacity in addition to personnel who has the authority to pursue for example legal charges or criminal activity;

The police officer cannot follow up the case for sure. It is something about capacity of those institutions. (TNS)

Service providers also raise concerns about how they are not able sustain their services or follow up with the progress of different cases such as the progress of legal action taken against perpetrators.

It is a little difficult to maintain continuity of clients (...) we use an appointment system, and sometimes people who have temporary employments have difficulty coming to appointments. (TPSS)

We don't know the result of the criminal trial since we don't do follow-ups. (TA1S)

Overall all service providers reflect on the challenges they experience in the field and note that maintaining the quality and extent of their services remains constrained due to the scale as well as complexity of the causes and consequences of SGBV.

All service providers identify women of all nationalities SGBV survivors as their main target group.

We started working in this issue in 2011 before the Syrian crisis; so we basically work on SGBV, women's employment and solidarity with women and LGBTI in prisons and migrant and refugee women (...) we work with Turkish women, with women from all backgrounds, not only Syrian women, not only with one group but also women from African countries, former Soviet Union countries, from Iran, Afghanistan there are many different groups of migrants in Turkey...(TD1S)

For us, women and children suffer the most from SGBV. Therefore, women and children are our priority in our projects. (TE1S)

Some service providers present the rationale for addressing different groups exclusively such as women and/or LGBTI.

We do not offer services to men, *only women*, and *LGBTI*. We are working with (an NGO) for the refugees. It is hard for refugees to contact us because of the language barrier. Therefore, we are working with refugee women and LGBTI referred to us from (an NGO) (...) Usually, they refer to refugees who need shelter. (TES) (italics added by authors)

Since 2007, (NGO) has been working with immigrants and trying to support immigrant LGBTI. Immigrant Rights used to be part of the Human Rights programme. Since 2016, we have decided that Immigrant Rights should be separate from the Human Rights programme. (TGS)

Very few service providers note that they also aim to address the needs of men.

Women refugees apply to the centre more than male refugees. However, I am working on research with (a university) on the fatherhood perception of Syrian fathers. (TLS)

Some projects conducted by NGOs aim to cater to the needs of LGBTQ communities and men. (TLS)

All service providers recognise the vulnerabilities and the risks associated with the consequences of SGBV experience for all forcibly displaced individuals as well as local communities. However, most service providers continue to focus their efforts on women and children, and only recently expand their activities to LGBTI and men.

The analysis of the narratives of the interventions as presented by the service providers indicates that interventions are not provided consistently across cities. While an NGO pursues an awareness raising activities in one city, the same NGO may pursue access to shelter services in another. Service providers justify the reason for pursuing different types of interventions by

suggesting that they observe that various activities have different consequences for SGBV survivors in different cities.

We are aware of the fact that these (SGBV) cases need psychological support as much as legal help. We provide basic information about women's or human rights in Turkey. (...) about the protection mechanisms in Turkey (...) about operating procedures of (women's shelter). Why they need to file a legal complaint about protection and get a health report if there is physical violence in order to stay in (women's shelter) (TA1S)

We don't have any shelters for refugees and asylum seekers. We have a guest house in (city). We are working for the applicants who are not able to somehow reach the public services and then we are trying to provide accommodation for them...Governorship and municipality of (city) is financially supporting them. All of them are men. Some...are elderly, (...) who have disabilities, (...) Afghan young men who need extra institutional care in Turkey. (TAS)

Each year on 8 March, thousands of women refugee women coming to (city) with the leadership of (NGO) (...) we are talking, dancing, talking about the importance of 8 March... Syrians, Iraqi, Afghans, different nationalities, they can come with their children as well. Only women, even if they have a husband they have to leave their husbands behind. (...) We have this *bohça günleri* (brides have bundles that includes new items that might be necessary for their new life) it is like (...) all of the women are writing their experiences; (...) they are reading all of refugees' experiences there. (TAS)

In the latest event about forced-early marriages, we invited the representatives of the different non-profit organisations to (city) from 20 different cities which have the highest rate of these marriages (...) to discuss an emergency action plan. Another project is in collaboration with an (IO) and (a city municipality) which is called "Bridging", that is for different sectors in the fight against violence and particularly against SGBV. (THS)

Activities include awareness-raising training was about legal rights and procedures in Turkey, what is sexual violence, what are the legal procedures of marriage in Turkey, (...) how to divorce...details of temporary protection. themes were selected as a result of the previous activities. (...) (refugees) approached us and sought our support to tackle these problems. First that 16 women received training of trainers. (...) In this project, we have trained humanitarian aid personnel about violence and train women's organisations about temporary protection (...) we organised local collaboration workshops. We are training women lawyers who are working with refugees. (...) We (lawyers) have never received a course on international law or refugee law...there is a growing need for training lawyers because of the quality of service that refugee women are receiving and it depends on the quality of the lawyers who are providing the service. (TIS)

Public institutions are the only service providers that pursue similar interventions across all cities. However, in their case, all intervention types suffer from similar shortcomings.

I don't think six months in (women's shelter) is enough for a survivor to overcome the traumas related to the violence and death threats and start a new life...tension between Syrian and Turkish women in those centres, lack of interpreters, discrimination have led almost all Syrian survivors to return to their husbands or houses where they face violence again. (TCS)

The problem with (women's shelter) is that they are not properly functioning for refugee women. What I felt when I took this Syrian woman and her family to (women's shelter) is they were not open to the idea of having a Syrian woman. I felt that they would treat her differently if I wasn't there with her. (TKS)

Service providers' perspectives on why the interventions differ across different cities suggest that they would like to provide a range of services that all SGBV survivors may find relevant for their own needs. However, none of them quote a systematic monitoring and evaluation process which led them to select certain interventions for certain cities over others or quote their effectiveness in different contexts.

VI Policies, Legal Framework and Governance

All service providers highlight the knowledge gaps about regulations among all actors as impacting implementation of all activities. Moreover, they note that there is the issue of lack of a comprehensive and integrated approach through which they can systematically decide on which interventions to implement where and how.

Perhaps temporary protection met some needs when it first came out, but there is a need for a new policy, an integration policy rather than hoping for people to return. And since this is not the case, people have problems with the most basic human rights. (TPSS)

Even the law enforcement bodies here...have no idea about the existing legal procedures and laws combating SGBV (...) I refer to the law on the protection of the family and the prevention of violence against women. (TCS)

Service providers point out the severe negative impact of lack of knowledge of the existing policies and procedures among the forcibly displaced as well as the service providers themselves. Our findings indicate that such gaps in knowledge constrain consistent and quality service delivery across the system for SGBV prevention and protection processes.

I would not go to police for an SGBV case if I don't have to. I prefer calling prosecutor or judge because those police officers in that unit often change, and their treatment (of SGBV survivors) might change. However, if you have a working relationship with a police officer you can rely on their system. (...) Another issue is the number of SGBV cases that we report is higher than the number of women who want to pursue legal action. (TRSS)

I have a gynecologist friend (...) "when a 12-13 years old Syrian girl gives birth, I asked hospital police to do something about it and what they tell me that "she is Syrian, our law does not apply to her". Either they do not know (...) or they do not apply comprehensively. However, if women know their rights, they could pursue law enforcement if they know how to. (THS)

Service providers note that knowledge gaps concerning policies and procedures have two major consequences. First, the service providers have difficulties in pursuing the needs of the SGBV survivors with public authorities. Second, public authorities remain constrained while providing their services due to lack of comprehensive knowledge dissemination across the system informing the public actors of their responsibilities as well as mandate.

All service providers note that due to lack of comparable data collected on SGBV survivors, they are unable to identify needs on a consistent basis. All service providers agree that evidence based policy design approach would facilitate implementation of effective policies. Since they lack sufficient data on SGBV survivors, they note that they apply different methods for assessing urgency, risk and vulnerability. The issues concerning data collection include access to reliable data as well as data differentiated for assessing specific needs of different groups.

It seems like we are fighting in the dark (...) it is really hard to find out what is happening where it is happening, who the perpetrators are and is it underreported because numbers we receive are so low...those are not the data that we should or we can rely on (NGOs') data collection is limited, (...) either they collect data but they do not want to share this (...) (when they) share with you (...) the data collected by this organisation and that organisation does not necessarily fit because they are two separate set of data. So one problem with the

programming on GBV is we do not necessarily see the pictures (...) so you do not necessarily know what needs to be done. (TBSS)

We do not distinguish our data whether they are migrants or not. We do not ask them any further questions, we just note what they say and we think it is not ok to ask them a further question about their stories. (TES)

Service providers also report that there are challenges in evaluation and monitoring of the services provided including access to relevant data, which further impedes effective assessment of the existing services for SGBV.

We are measuring (impact of interventions) through the feedback we receive. We organise evaluation meetings in the cities where we pursue our activities with the refugees (...) since sometimes they do not fill feedback forms, so we ask them “How to improve” (...) We do not ask them what they think about the activities we performed but also what they think about our attitudes even in our face to face meetings. We are trying to develop a mechanism for their complaints. (TGS)

In terms of implementations, there are some problems, so we have undertaken a lot of outreaching, monitoring, evaluating in the field, a lot of participatory assessments we undertake with different refugee groups and local communities to understand the gaps and to be able to identify solutions. (...) We are not able to get consistent data because (public institution) is the main service provider. So, data we have consisted of what we collected when we used to do the registrations of non-Syrians, (public institution) took over this responsibility from us. (...) Assessing SGBV impact of activities is harder, it really depends on the specific activity... In term of awareness-raising activity...if it is a specific training module (...) we ask people about their knowledge (about SGBV), their response (to SGBV experience), their approach (to coping with SGBV). When you finish the activity, you do the post-assessment and you have to do the comparison between the two and analyse if the activity helped you change the minds of the people you are targeting. (TTS)

Overall, there seems to be a major gap in assessment the impact of existing SGBV interventions, which impedes improvement of interventions significantly. Some service providers raise concerns about the scale of the attention that SGBV needs and note their pessimism about bringing about any change with or without knowledge gaps:

We are trying to increase awareness, but we are unable to increase the change in mentality (about SGBV). (TCS)

Some service providers comment on the consequences of the vagueness of policy principles and strategies concerning governance of international protection in general and the policies on SGBV in particular as impacting SGBV interventions negatively. Service providers note that the widespread discourse of referring to forcibly displaced Syrians living in Turkey as ‘guests’ causing the local communities as well as stakeholders at all levels to expect that all individuals seeking international protection including Syrians under temporary protection will eventually return to their country of origin.

(...) the hateful acts actually increased (...) not only against Syrians but all migrant groups. (...) But only Syrians are visible; so everything is revolving around them (...) I mean in order to fight discrimination you have to have a policy to do that. You cannot do that by repeating the words like ‘guest’ (...) they have no (permanent) status.(TD1S)

Our findings suggest that service providers point to the main challenge concerning the approach to the forcibly displaced in Turkey as the ambiguity around whether they are expected to stay and integrate to the society or return to their countries of origin.

All service providers agree on the need to provide ‘durable solutions’ for the challenges that refugees face in general and SGBV survivors face in particular. The main challenge, from the perspective of the service providers, concerning policies is lack of clear policy principles, commitments and strategies on how to address the question of SGBV in international protection. The plethora of tools, service providers note, present options for pursuing different strategies, and simultaneously cause confusion among service providers about how to proceed with each case.

We have no problems with other NGOs, but we have difficulty communicating with public institutions. For example, there is no problem in healthcare services, but accommodation is a serious problem and as far as I know, no NGO can meet the housing needs of refugees. I think local governments could support NGOs on this matter. (TPSS)

At the beginning of 2014, I have reported an SGBV case of a Syrian refugee woman and I have been told that “We are not accepting Syrians”. I replied, “The law says ‘women’ and there is no indicator in of ethnicity or nationality of the women.” They told me “Yes you are right, but she is not a woman, she is a Syrian lady” (...) However, there is a critical difference between municipalities in (city) and other provinces. Some other provinces in this region might tell us ‘We do not assist foreigners’. But in (city), all municipalities have

been trained by (IO) and they received funding for supporting migrants. Also, there is improved cooperation between municipality and NGO in (city) which allow both sides to tackle these problems effectively. (TRSS)

(...) Main gap that (...) is the capacity of the public service providers to respond to the needs of individual survivors (...) after the refugee influx (we need) awareness raising and training of service providers to ensure that refugees in Turkey have the same rights as Turkish citizens. Some service providers are not aware of this and there are different implementations in different provinces. (TTS)

Service providers also note that the shift from short-term protection principles to long-term 'durable solutions' for SGBV has not taken place as of yet. One of the most cited interventions in the health field concerns the establishment of Migrant Health Centres, and how they affect services for SGBV survivors. Service providers report on this strategy as having mixed results.

These are very few in numbers actually, Migrant Health Centres. What you call as primary health care should be close to your home, you should be able to go there on your feet. But those people have no such thing because these centres are few in number. So they cannot go to that as well (...) or they do not have enough funding and they are trying to build more because I want to think in better terms. (TVS)

Our findings suggest that there is widespread awareness among all service providers about the ambiguities around policy principles around international protection. On the one hand, through TPR all SuTP have access to a range of services and social assistance to meet their basic needs. On the other hand, neither all SuTP nor all service providers have sufficient knowledge, resources or capacity to implement activities to meet the basic needs effectively. When the complexity of vulnerabilities and inequalities in SGBV are considered, the decoupling between needs and available opportunities becomes magnified.

VII Factors Exacerbating Vulnerabilities

Service providers note that the experience of SGBV throughout the migration pathways may have dire consequences that exacerbate the vulnerabilities of the survivors differing by personal resources as well as which countries they arrive from.

(SGBV) started definitely in the country of origin. (...) Migration is a trigger. (TAS)

They are really vulnerable in Turkish territory, because they are new comers and unaware of the laws, it also depends on their (personal) wealth (...) if they have some assets or financial means it can be easier but if not it is really difficult because it will take time for them to have their temporary protection ID's. (TC1S)

Most African women or women from Soviet Union countries, they come by themselves so they are more vulnerable to violence and exploitation especially in work place sexually harassment and violence. (TD1S)

(...) that woman used to live in an unhealthy place. Even her children had some form of a dermatological disease. We referred her to an NGO to be able to help her on rent and some furniture. However, even if we wanted to help her our means are limited, and she was living outside our jurisdiction. (TOSS)

SGBV survivors may also seek to move from one location to another within the country for a variety of reasons. Such moves, service providers note, may be detrimental to their well-being because their access to services may deteriorate, or such mobilities may disrupt the healing practices that they may have accessed.

People move to another city (...) the (SGBV) survivor has some kind of shame or guilt (...) inflicted by the family or the neighbours or the community (...) that they can't survive there, so one thing we realize is that once you try to reach the person for a second time for another session (...) we cannot reach people (...) with the registration process and then people can't receive the basic services elsewhere then where they are registered. (TBSS)

Service providers note that refugees are vulnerable to SGBV in all kinds of settings including schools, homes and in the streets.

Schools (...) especially, bullying and psychological violence against boys and girls. (...) But these are not to be reported these are all anecdotal (...) (streets) are not found to be very safe or women and girls especially after certain hours. (TBSS)

They are facing this oppression at home, mostly at home, but also in streets and everywhere. (TXS)

(Men and boys) think that they (Syrian women) are safer target to attack for all the vulnerabilities (...) most of them (Syrian women) are afraid of Turkish authorities (...) one Turkish guy like harassing the women on the street verbally and when the Syrian guy said "Why did you do this?" he replied "She is Syrian.". (TBSS)

Service providers observe that the ‘patriarchal’ structures that refugee women have been socialised into intensify the experience of SGBV, and diminish the impact of any intervention which they may access to.

Some women have deep rooted prejudices. It is not easy to overcome those but we are doing our best to enable them to touch each other, hear each other. In middle eastern societies, there are so many similar patterns. It is patriarchy of course. But here, being a refugee triggers that inequality (...) This creates a vicious circle of vulnerability. The worst is discrimination that they have been facing. (TXS)

(...) one time, a trainee told us “I would not complain about my husband to anyone but *Allah*”. So how do you expect that woman to explain referral mechanisms? (TIS)

Service providers also note that the vulnerabilities are caused by combined impact of a variety of factors, and since vulnerabilities are intersectional, service providers have significant difficulties in supporting resilience.

In our Centres we are only hosting women and their children. We are also hosting refugees as their main and the most important need is shelter. But with refugees our main problem is about language...when a survivor of SGBV goes to report to the police, the officer can refer to our Centres. But she must be documented. (TNS)

VIII Facilitators and Inhibitors of Resilience

Based on their observations that disclosing SGBV experience to another person and seeking help is extremely hard, service providers note that the very fact that SGBV survivors are motivated to seek support from service providers in and of itself is a component of empowerment.

Most of the time it (SGBV) is kept invisible, it is kept like a secret so it is really hard for them to reach out and to make official complaints. (TD1S)

Our findings suggest that service providers identify (i) language as a main barrier to overcome all challenges that impede disclosure of SGBV experience;

We are trying to support them first with language training because it is a must if they want to integrate into Turkish society and to avoid discrimination from society. Once they

reached a certain level then we try to support them with vocational training courses depending on what is available and depending on their interest. (TTS)

I think language barrier poses a big problem. Language support is an important step for the empowerment of women. They are open to physical and psychological abuse because of this language barrier. (TLS)

(ii) when language skills are deficient, the need for a 'safe space' as a pre-requisite for disclosure;

It is very important to give the space for them to express themselves. (TAS)

It seems so little for some but for me creating women-only space in this centre is one of the first things we should do. I mean creating a space for women to express themselves and discuss their needs is essential. Because they do not want to talk in spaces where their perpetrators can find them. (TCS)

Service providers view the act of seeking help by disclosing the SGBV experience as being facilitated through different activities that promote self-reliance of refugees ranging from improving language skills for clearly expressing their needs to safe spaces where they will feel confident enough to express their feelings.

Service providers share their observations that the most resilient survivors they have observed are the ones that have experienced the most extreme forms of violence. Service providers share several examples of how SGBV survivors have developed strategies to cope with the pressures from their immediate and extended families as well as the society as a whole.

We also have another gay friend... he was staying with his uncle because he was going to a high school in the city centre. Then his uncle started to be troubled with his clothes, earrings, and his long hair. So, he ran away from his uncle and he lives alone right now. Sometimes he visits his family in (city) but he changes his clothes, removes his earrings and wears a hat to hide his hair. In other words, he has to take on a completely different person, which is psychologically very difficult situation. He told us that his parents have been suspicious of him lately and if they find out that he is gay they would kill him. (TA1S)

Many service providers note that having a safe accommodation is a pre-requisite for SGBV prevention and protection, and also facilitating resilience. They emphasise that the need to focus on providing shelter especially to women and children is imminent.

We have a few (SGBV) cases which have led to dire consequences such as murder. I am talking about serious threats even to us and our centres. However, we have problems with the role of the state and NGO in this matter. We need more women's shelters in this region. Because the only place that SGBV survivors could find refuge is (women's shelter). (TCS)

I have always talked about the need for a more efficient women's houses in every province and even every district. In these women's houses, it is absolutely essential that there is a space where women can socialise. Moreover, they need to develop themselves further by vocational training, or language course, etc. Because women are powerless because of this ignorance. Women are very strong if they become aware of their rights. (TA1S)

Service providers note that having women only networks as support groups may have a mixed impact on resilience of SGBV survivors. Some service providers suggest that women-only networks are indispensable for healing processes of SGBV survivors.

They need to be organised and have their own organisation and seek cooperation with other women's organisations in Turkey. It would be really empowering for them. If they have their own networks or organisations. They could easily act together when somebody reached out to them. (THS)

Others, however, observe that there are factors that impede forcibly displaced women from forming and sustaining support groups among themselves that go beyond resource availability or awareness of SGBV. Some service providers note that forcibly displaced women bring the hostilities from their country of origin to the country of refuge, which lead to forming small support networks that exclude women from different backgrounds and reinforce ethnic and socio-economic boundaries from country of origin.

Critically, we can't let them gather around from different cities. Only women from (city) want to come together or women from (city) want to get together. (TDS)

Refugee mothers who have experienced SGBV, according to all service providers, constitute the most resilient group among SGBV survivors.

There are many cases where women experienced violence in Syria and still experience violence in Turkey (...) one day they get tired of this violence. Most of the time, the

violence their children especially their daughters experience triggers their (mothers') decision to reach out to us or police. If it is somewhat related to sexual abuse, mothers react to that situation even faster. (TRSS)

For example, there are stories of mothers who changed their minds about marrying their minor daughters. (...) Another woman, for example, decided to divorce her lost husband. Before she met with our trainers, she had no idea that she could divorce her husband. (TIS)

IX Integration Prospects and SGBV

Causes and consequences of SGBV have different implications for the integration prospects and processes of the forcibly displaced individuals and their dependents. When analysed through the perspectives of most commonly cited objectives of integration processes such as basic language skills, employment and social interaction, SGBV experience has several effects that constrain integration processes significantly. Many service providers highlight that the experience of migration and SGBV need to be thought through together when considering challenges for integration.

We cannot mutually exclude migration and SGBV from each other. This is really challenging for us. Therefore, I cannot single out our work as SGBV (TE1S).

However, even when service providers are part of social cohesion processes while also doing their work on SGBV, they note that social cohesion is 'hard to define' and 'hard to measure', and therefore linking how SGBV affects social cohesion needs a detailed analysis and policy design.

Social cohesion is (...) hard to achieve and hard to measure the outcomes also. You don't necessarily know if you take this group of people to picnics if they can cook and serve each other, if they come to this one location and share and talk. (...) How much do you contribute? (TBSS)

Most service providers share their observation that as SGBV survivors, women experience considerably higher difficulties in integration processes. Service providers note integration processes such as participation in different activities in the community or engaging in social

interactions require self-esteem which, service providers note, SGBV survivors lack because of their experiences during the migration processes.

This is a multi-layered process like an onion. They have been through traumatic experiences while leaving their home, the addition of SGBV to that traumatic experience and double their suffering while passing the border. We cannot mutually exclude migration and SGBV from each other. (TE1S)

Service providers add that along with their psycho-social needs, most of the women in migration, SGBV survivor or not, experience poverty to the extent that no matter how comprehensive the existing strategies may be, integration processes are seriously constrained.

(...) women find it difficult to start a new life because they have no economic power. This is one of the underlying reasons why women do not seek their rights. For example, I came across these cases during interviews. “Yes, I have good rights, but after I got a divorce how will I take care of my children?”; “Can my husband take away my children because I don’t have any money to look after them?” Women have to fight this. That is why it is not easy for them to adapt. (TAS1S).

For many service providers, refugees have a lot of difficulties building trusting relationships within the communities they live in or with the service provider they are expected to contact, or with their own communities. They live in a consistent state of anxiety and experience of discrimination, which results in leading isolated lives avoiding social contact. Service providers highlight the need for ‘coping mechanisms’ (TB1S) for addressing trust issues and ‘fear’ (TJS).

Isolation is the most critical part of it (not being able to integrate) (...) they ask “Why the people of (...) hate us, Syrians? Why does my neighbour shut her door when she sees me?” (THS)

All service providers emphasise language barriers as preventing SGBV survivors from accessing services and prevention and protection interventions. As they remain in their traumatic experience, SGBV survivors are unable to engage in any meaningful social interaction to pursue social integration.

(...) because they have language barrier, they have challenges to express themselves. Because they don't use the language, they don't know the places (where they can seek help), what they can do, how to behave. (TAS)

(SGBV) will affect their integration to society, it will affect the language learning, they won't be able to earn money, won't find jobs because they won't go out, they won't learn the language and they will not make money. (TC1S)

We are trying to support them (SGBV survivors) first with language training because it is a must if they want to integrate into Turkish society and to avoid discrimination from society. Once they reach a certain level then we try to support them with vocational training courses depending on what is available and depending on their interest. (TTS)

Service providers note that refugees lack self-esteem. Low self-esteem restricts their capacity to interact with the local communities in the country of refuge. A recurrent theme among all service providers is an overwhelming sense of shame, as mentioned earlier, originating from a feeling of having brought upon themselves the plight (SGBV) that they have been through.

(SGBV) causes a lot of negative psychological effects. This would of course impact their social life. Because you wouldn't feel like you are a person worthy of love, good friends or relationships; you would be sort of depressed. (TC1S)

Most of the time they (SGBV survivors) feel like they are aliens in the host country. They go out when the local population is not outside. They do not want to attract the attention of the host community. They further isolate themselves from the host community. (TDS)

Each case (SGBV survivor) has different problems but the most common problem for those women is they do not believe they can survive on their own (TE1S)

The main problem with women (SGBV survivors) was their low self-esteem. If this happens to me, I definitely did something wrong about it and I deserve it. That's how they think. They tend to do self-blaming. (TMS)

All service providers highlight that the trauma instigated by the experience of forced migration and SGBV experience effects the lives of refugees throughout, which causes prolonged PTSD, and

when left unattended, the SGBV survivors' possibilities to become part of the local communities diminish exponentially.

SGBV causes psychological problems such as trauma fear, anxiety. It causes enuresis for children. It is not possible to limit its' effects as short-term and long-term. (TSS)

Women prefer to stay in their closed circle. This sustains their trauma even further. (TWS)

SGBV experience by itself may be viewed as a major impediment to integration directly or indirectly due to the main psycho-social effects accompanied by various social and economic vulnerabilities. Some service providers report on their work and their observations of SGBV survivors' behaviour as pointing to some initiatives leading to positive outcomes in some settings. One service provider commented on the differences that a variety of support mechanisms may have on 'resilience' of these women, which may contribute to social integration.

It depends on the success of support mechanisms. We have seen increasing resilience in many cases. Women, who had nowhere to go when we placed her to a shelter have a job right now. After receiving support, they learn the Turkish language, they learn laws and regulations, they help each other. (TRSS)

Service providers highlight that the critical role of support mechanisms is not only what they provide access to (shelter, language skills, employment) but also the social interactions refugee women experience while accessing the support.

Women are strong together. During integration if refugee women come together with other women, they become stronger. (TXS)

Processes of integration depend on the nature of social interactions with the local communities as well. Service providers note that inherent contradictions in the interaction with local communities and considering SGBV in forced migration is composed of complex processes, one service provider highlights how the transformation of attitudes of the local communities is significant for alleviating all vulnerabilities including the SGBV related ones.

(...) social cohesion increases as local people concede to the idea of living with Syrians. It will get better but at first there were many (...) making money from the vulnerabilities of Syrian refugees. (TZS)

Our findings suggest that consequences of SGBV experience on integration processes are complicated. The main challenges associated with integration processes remain due to limits of trauma informed policies and implementation for all actors and processes central to integration processes where the forcibly displaced reside.

X Concluding remarks

In 2019, Turkey ranks as the country hosting the highest number of refugees worldwide for fifth year in a row after the country began receiving Syrians. Turkey's forced migration governance has gone through a significant transformation in the same period. Turkey has passed the most comprehensive law on governing migration, the LFIP; and established a distinct institution responsible for migration management, the DGMM. While these institutional and legal developments are not attributable to the presence of the Syrians exclusively, they began to steer the legal and institutional framework which regulates those under international protection in Turkey, and also impacted how SGBV survivors have been addressed. Syrians have come under temporary protection with the TPR, and other nationalities remained under international protection. The Istanbul Convention on Preventing and Combating Violence against Women was signed in 2011 a few months after the Syrian conflict had started. In short, the past nine years constitute an interesting temporal intersection at the local, national, regional and global levels to think through interventions, prevention and protection on SGBV as the experience unfolds in Turkey. The findings of this study based on the data from interviews with the service providers in Turkey reveal many important issues that need both immediate and long-term attention of policymakers as well as scholars. Some of these findings point out the challenges experienced among service providers.

First, service providers experience several challenges as they aim to intervene in the field of SGBV. The first challenge concerns the multiplicity of definitions that circulate to define SGBV. At first glance, the flexibility to define SGBV according to the specific service provider's capacity, jurisdiction and/or level of operation may present itself as an opportunity. However, a closer examination reveals that such flexibility of definition of SGBV may impede the accessibility, quality of service delivery and consistency of interventions across local and national contexts. While the duties and responsibilities of public institutions are fairly clear, the implementation of interventions for prevention and protection is difficult. While all service providers recognise the value of collaboration around design of interventions and service delivery, the differences concerning their capacities as well as their mandate limit the scope of cooperation. The NGOs remain indispensable partners in the field of SGBV, however, the public institutions and the IOs play key roles in setting the agenda on SGBV and support the activities of NGOs as well as each other. The mark of the Istanbul Convention on the SGBV prevention, protection and intervention scene is clear in shaping how international, national and local actors perceive and act for SGBV survivors.

Second, service providers suffer from lack of funding and human resources as they aim to provide services. Part of the problem is also a consequence of the worldwide challenge of NGOs in securing funding, retention of qualified personnel and sustainability of their services. In Turkey, however, service providers also differ among themselves about which interventions they find as effective to prevent SGBV and to protect SGBV survivors, and facilitate healing processes as well as integration to society of SGBV survivors. NGOs need to compete for similar resources allocated by IOs within humanitarian assistance schemes through securing financial support for their projects. There is evidence of cooperation around SGBV activities among public institutions, IOs and NGOs, and that all actors value collaboration among themselves. However, our analysis reveals that service providers find it necessary to distinguish their approaches and why they target certain groups (feminist, women-only, LGBTI community, all vulnerable groups). The conversation around why and how to address all vulnerable groups also needs to be expanded. Whether such differences among NGOs about their approaches and the complexity of the

collaboration schemes which are contingent on mainly resource availabilities support the fight against SGBV in the forced migration context needs further research.

Third, service providers announce that they are not able to address effectively one common challenge that all seem to agree on that they have: providing safe shelter to SGBV survivors and those at SGBV risk. Additionally, all service providers realise that an SGBV intervention strategy that can adopt a case-by-case approach and attend to the specific needs of the SGBV survivor presents itself as the most effective way forward for combatting SGBV. While safe shelter (accommodation) provision (as service) and a case management approach (as strategy for addressing needs of SGBV survivors) are pronounced as most likely to reduce vulnerabilities, to facilitate resilience and to support social integration, an analysis of the service providers accounts on these matters provide an explanation for why this is hard to achieve. First, both require a major resource allocation and commitment on the part of public institutions, IOs and NGOs financially as well as concerning human resources (particularly for the case management approach). Second, both require sustainable and solid collaboration among all actors over a long time, which entails a coherent legal and institutional framework at all levels for combatting SGBV. Third, both would need to be evidenced by rigorous monitoring and evaluation of the impact of existing interventions to highlight how and why safe shelter and case management approach are identified as the key to 'durable solutions' for SGBV in forced migration.

Fourth, all service providers recognize and act to alleviate the trauma suffered by SGBV survivors. However, their efforts remain limited because they are challenged by lack of systematic data collection and analysis on causes and consequences of SGBV. They also lack sustainable mechanisms which could facilitate knowledge exchange among themselves, which is highly likely to facilitate better planning of, improving the design of new interventions as well as increase effectiveness of the existing ones.

Finally, our analysis points to three major transformations that have the potential to jump start the conversation on SGBV in forced migration. The participation of SGBV survivors themselves as part of service provision seems to be essential. The studies that inform service providers about the effectiveness of the interventions they pursue, need to increase, and generate an evidence-

based intervention inventory. Collaboration among different service providers might be enhanced through an understanding of how each service provider can contribute to prevention and protection interventions. While doing so, the service providers need consistent knowledge exchange among themselves on the transforming and diversifying causes of SGBV in forced migration pathways which range from a full-fledged discussion on issues such as legal status of forcibly displaced to a variety of vulnerabilities and inequalities that enhance risk factors for experiencing SGBV.

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Annex 1

Rights that people under international protection have in Turkey according to the Law on Foreigners and International Protection (compiled by authors, January 2020)

RIGHT	LEGISLATION
NON-REFOULEMENT	ARTICLE 4 - (1) No one within the scope of this of this Law shall be returned to a place where he or she may be subjected to torture, inhuman or degrading punishment or treatment or, where his/her life or freedom would be threatened on account of his/her race, religion, nationality, membership of a particular social group or political opinion.

RIGHT	LEGISLATION
IDENTITY	ARTICLE 83 - (1) An identity document bearing the foreigner identification number shall be issued to persons granted refugee status, with three years validity period at a time. (2) Persons granted conditional refugee or subsidiary protection status shall be given an identity document bearing the foreigner identification number issued with one year validity period at a time. (3) The identity documents set out in first and second paragraphs shall substitute a residence permit and shall not be subject to any fee. The Directorate General shall determine the format and content of the identity documents.
INFORMATION AND TRANSLATION SERVICES	ARTICLE 70 - (1) At the time of the registration, applicant shall be informed about the procedures to be followed regarding the application, his/her rights and obligations, how to comply with these obligations and the possible consequences of failing to comply with these obligations or cooperate with the authorities, and about the procedures and time limits for appeal. (2) Upon request of the applicant, translation [and/or interpretation] service shall be provided during personal conversations at stages of application, registration, and interview.
EDUCATION	ARTICLE 89 - (1) Applicant or international protection beneficiary and family members shall have access to primary and secondary education.
HEALTH	ARTICLE 89 - (3) For those applicants or international protection beneficiaries who: <ul style="list-style-type: none"> a) are not covered with any medical insurance and do not have financial means [to afford medical services] provisions of the Social Security and Universal Medical Insurance Law № 5510 of 31/05/2006 shall apply. For the payment of the premiums on behalf of persons to benefit from the universal medical insurance, funds shall be allocated to the budget of the Directorate General. Persons, whose premiums are paid by the Directorate General, shall be asked to contribute fully or partially in proportion to their financial means. b) those who at a later date would be found to already have had medical insurance coverage or the financial means or, to have applied [for asylum] for the sole purpose of receiving medical treatment shall be reported to the Social Security Authority within ten days at the latest for termination of their universal health insurance and the expenditures related to the treatment and medication shall be reimbursed from them.
ACCESS TO LABOUR MARKET	ARTICLE 89 - With respect to access to the labour market: <ul style="list-style-type: none"> a) an applicant or a conditional refugee may apply for a work permit after six months following the lodging date of an international protection claim. b) the refugee or the subsidiary protection beneficiary, upon being granted the status, may work independently or be employed, without prejudice to the provisions stipulated in other legislation

RIGHT	LEGISLATION
	<p>restricting foreigners to engage in certain jobs and professions. The identity document to be issued to a refugee or a subsidiary protection beneficiary shall also substitute for a work permit and this information shall be written on the document.</p> <p>c) access of the refugee and the subsidiary protection beneficiary to the labour market may be restricted for a given period, where the situation of the labour market and developments in the working life as well as sectoral and economic conditions regarding employment necessitate, in agriculture, industry or, service sectors or a certain profession, line of business or, administrative and geographical areas. However, such restrictions shall not apply to refugees and subsidiary protection beneficiaries who have been residing in Turkey for three years; are married to Turkish citizens; or, have children with Turkish citizenship.</p> <p>ç) the principles and procedures governing the employment of applicants or international protection beneficiaries shall be determined by the Ministry of Labour and Social Security in consultation with the Ministry.</p>
<p>SOCIAL ASSISTANCE AND SERVICES</p>	<p>ARTICLE 89 - (5) Other than those falling under Articles 72 and 79, an applicant that would be determined to be in need may be provided with an allowance with the assent of the Ministry of Finance, in accordance with the principles and procedures to be determined by the Ministry.</p>
<p>LEGAL SERVICES AND COUNSELLING</p>	<p>ARTICLE 81 - (1) Applicants and international protection beneficiaries may be represented by a lawyer regarding activities and actions stipulated in this Part, provided that the [attorney’s] fee is covered by them.</p> <p>(2) In cases where the applicant and international protection beneficiary is unable to afford the attorney’s fee for their judicial appeals regarding actions and activities stipulated in this Part, legal assistance shall be provided pursuant to the provisions on legal assistance stipulated in the Attorneyship Law № 1136.</p> <p>(3) Applicant and international protection beneficiary may make use of counselling services provided by non-governmental organizations.</p>
<p>SUPPORT FOR VOLUNTARY RETURN</p>	<p>ARTICLE 87 - (1) Material and financial support may be provided to those applicants and international, protection beneficiaries who would wish to voluntarily return.</p> <p>(2) The Directorate General may carry out the voluntary repatriation activities in cooperation with international organizations, public institutions and agencies, and civil society organizations.</p>

Annex 2

Rights that people under temporary protection status have in Turkey according to the Temporary Protection Regulation (compiled by authors, January 2020)

RIGHT	LEGISLATION
NON-REFOULEMENT	ARTICLE 6 - (1) No one within the scope of this Regulation shall be returned to a place where he or she may be subjected to torture, inhuman or degrading punishment or treatment or, where his/her life or freedom would be threatened on account of his/her race, religion, nationality, membership of a particular social group or political opinion.
HEALTH SERVICES	<p>ARTICLE 27 - (1) The following health services shall be provided or have provided inside and outside of the temporary accommodation centres under the control and responsibility of the Ministry of Health.</p> <p>a) Health centres, which would continuously be active to provide health services, may be established. Sufficient number of ambulances and health personnel shall be kept available, if there are already existing health centres.</p> <p>b) Patient contribution fee shall not be collected for primary and emergency health services and the respective treatment and medication.</p> <p>c) The cost of health services, including second and third step health services, shall not exceed the costs in the Health Budget Law [SUT] determined by the Presidency of Social Security Institution for beneficiaries of general health insurance.</p> <p>ç) The cost of health services provided, not exceeding the cost in the Health Budget Law [SUT] determined by the Presidency of Social Security Institution for beneficiaries of general health insurance, under the control of the Ministry of Health.</p> <p>d) Persons benefiting from temporary protection cannot directly approach private health institutions, unless emergency imperative conditions occur.</p> <p>e) All measures shall be taken and necessary vaccinations and scanning activities shall be conducted against the risk of infectious diseases.</p> <p>f) Competent personnel shall provide information and conduct support activities about reproductive health.</p> <p>g) Sanitary conditions of personal and collective areas of use shall be controlled and necessary measures shall be taken to amend identified defects and to render the environmental conditions of the temporary accommodation centre appropriate in line with health considerations.</p> <p>ğ) Necessary measures, including transfer to a health institution, shall be taken, if drug addiction or psychological problems are detected among foreigners benefiting from temporary protection.</p> <p>h) All measures with respect to conduct of necessary vaccination for children shall be taken.</p>

RIGHT	LEGISLATION
	<p>i) The necessary and appropriate physical equipment shall be installed during the construction of accommodation centres and they shall be referred to the Ministry of Health.</p>
EDUCATION	<p>ARTICLE 28 - (1) Education activities for foreigners under this Regulation shall be conducted inside and outside temporary accommodation centres under the control and responsibility of the Ministry of National Education.</p> <p>In that regard:</p> <ul style="list-style-type: none"> a) Pre-school education services may be provided to children who are 36-66 months old, where the children who are 54-66 months old are prioritized. b) Education activities for those at the age of primary and secondary education shall be carried out in line with the relevant legislation of the Ministry of National Education. c) Language education, vocational courses, skills trainings and hobby courses addressing all age groups may be organized depending on the demand. <p>(2) Procedures and principles related to associate, undergraduate, masters and doctorate degrees shall be determined by the Presidency of Council of Higher Education.</p> <p>(3) A document indicating the content and duration of the education shall be issued for foreigners receiving education in our country within the scope of this Regulation. If the foreigner has received education under a different curriculum, which was documented, these documents shall be evaluated by relevant units of the Ministry of National Education or Presidency of Council of Higher Education and equivalence proceedings shall be conducted for the grades deemed appropriate.</p> <p>(4) Other relevant procedures and principles regarding the education activities for foreigners under this Regulation shall be regulated by the Ministry of National Education.</p>
ACCESS TO LABOUR MARKET	<p>ARTICLE 29 – (1) Principles and procedures regarding the employment of persons benefiting from temporary protection shall be determined by the Council of Ministers upon the proposal of Ministry of Labour and Social Security after receiving the opinion of the Ministry.</p> <p>(2) Persons, who hold a Temporary Protection Identification Document, may apply to the Ministry of Labour and Social Security for receiving work permits to work in the sectors, professions and geographical areas (provinces, districts or villages) to be determined by the Council of Ministers.</p> <p>(3) Provisions under this Article are without prejudice to the provisions stipulated in other legislation regarding the jobs and professions in which foreigners may not be employed.</p> <p>(4) Validity period of the work permits given to the persons benefiting from temporary protection shall not be longer than the duration of the temporary protection. The validity of the work permits issued within this scope shall end upon the end of temporary protection.</p> <p>(5) The work permits issued to persons benefiting from temporary protection shall not substitute residence permits regulated in the Law.</p>

RIGHT	LEGISLATION
<p>SOCIAL ASSISTANCE AND SERVICES</p>	<p>ARTICLE 30 - (1) Those among the foreigners under this Regulation, who are in need may be allowed access to social assistances within the scope of the Law No. 3294 on Encouraging Social Assistance and Solidarity of 29/5/1986 in accordance with procedures and principles to be determined by the Board of Encouraging Social Assistance and Solidarity Funding as indicated in Article 3 of the aforementioned Law.</p> <p>(2) Access to social services by foreigners under this Regulation, who are in need, shall be granted pursuant to the procedures and principles determined by the Ministry and the Ministry of Family and Social Policies.</p>
<p>INTERPRETATION SERVICES</p>	<p>ARTICLE 31 – (1) Free of charge translation services shall be provided in case communication with the foreigner cannot be had at the desired level in the absence of an interpreter.</p>
<p>CUSTOMS PROCEDURES</p>	<p>ARTICLE 32 - (1) Principles regarding the procedures to be conducted in relation to the goods and vehicles brought into our country by foreigners and their family members, if any, who arrive in our country to seek temporary protection, as well as the goods, which may be sent to these persons in various ways during their stay in our country, shall be determined by the Ministry of Customs and Trade upon receiving the opinions of relevant public institutions and organizations.</p>
<p>FAMILY REUNIFICATION</p>	<p>ARTICLE 49 - (1) Foreigners under this Regulation may apply for family reunification in Turkey to reunify with his or her spouse, children who have not attained maturity and dependent children who have attained maturity, who are in another country. These applications shall be evaluated by the Directorate General and necessary actions may be carried out in cooperation with relevant public institutions and organizations, international organizations, and civil society organizations.</p> <p>(2) Family reunification procedures for children who are identified to be unaccompanied shall be immediately initiated without waiting for the request of the child.</p>

Annex 3

Service Providers by Organisation Pseudonym, Organisation Type and City

Organisation code	Type of organisation	City	Organisation code	Type of organisation	City
TAS	NGO	Ankara	TKS	NGO	Ankara
TA1S	NGO	Hatay	TLS	Public Institution	Ankara
TBSS	IO	Ankara	TMS	Public Institution	Ankara
TB1S	INGO	Ankara	TNS	Public Institution	Ankara
TCS	Public Institution (Project)	Gaziantep	TOSS	Public Institution (Municipality)	Istanbul
TC1S	INGO	Gaziantep	TPSS	NGO Funded Project	Istanbul
TDS	INGO	Gaziantep	TRSS	NGO	Istanbul
TD1S	NGO	Istanbul	TSS	NGO	Istanbul
TES	Public Institution (Municipality)	Ankara	TTS	IO	Ankara
TE1S	NGO	Istanbul	TUS	NGO	Ankara
TFS	Public Institution (Municipality)	Ankara	TVS	NGO	Ankara
TGS	NGO	Ankara	TWS	IO	Hatay
THS	NGO	Ankara	TXS	NGO	Hatay
TIS	IO	Ankara	TYS	Private	Hatay
TJS	NGO	Ankara	TZS	NGO	Hatay

NGO (Non Governmental Organisation), INGO (International Non Governmental Organisation),

IO (International Organisation)