

”Talking helps reduce pressure”

MHPSS Insights and Perspectives from Participatory
Workshops with Displaced Female Youth in
The Kurdistan Region of the Republic of Iraq (KRI)

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“The most important thing is to share with others and not keep it inside...when you don’t share you think you are the only person who has these problems in life. When I know that everyone has their own problems, I know that it is not only me who is suffering.”

Unmarried Yazidi female



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Introduction and Background

OVERVIEW

This report provides details on a series of workshops supported by Save the Children Denmark and Save the Children Iraq held in Dohuk, Kurdistan Region of Iraq (KRI) in November 2022. The workshops were led by a team of researchers from the Feinstein International Center (FIC) at the Friedman School of Nutrition Science and Policy at Tufts University, including two local female researchers fluent in Kurdish and Arabic. These workshops serve as follow-on to the Leave No One Behind (LNOB) study—a joint research endeavor between Save the Children Denmark and FIC’s research program on [Early Marriage in Conflict and Displacement](#). A Mental Health and Psychosocial Support (MHPSS) [briefing paper](#) published as part of the LNOB study details how female youth in conflict have pressing MHPSS needs, and that their needs differ greatly depending on their marital status. Female youth in displacement have little access to formal MHPSS resources, but actively try to improve their lives informally, despite limitations challenging their agency and decision-making power.

An overarching objective of the November 2022 workshops was **to support female youth in identifying and prioritizing the main mental health issues they face in relation to their experiences with early marriage to describe the informal and formal coping strategies they rely on, and potential solutions to the problems identified**. An additional objective was **to provide a space for female youth to lead on identifying and strengthening protective MHPSS measures regarding early marriage prevention, and to improve support for female youth after early marriage, divorce and widowhood**. Within this space, it was important for female youth to outline their most pressing challenges and draw on their lived experiences, rather than be bound by parameters and definitions during the workshops. It is for this reason that definitions are not provided in this report, however the themes and measures discussed throughout fall broadly in line with how Save the Children [defines MHPSS](#). The outcome is to advance the development and testing of participant-led methodologies that can potentially be used with girls and young women in other displacement contexts.

Participants were drawn from the LNOB research cohort in the KRI and included unmarried¹, married, divorced, and widowed Syrian refugees, and displaced or returned Yazidis who are now between the ages of 18 and 28². This group also included mothers and people living with psychosocial and physical disabilities. The workshop and follow-up activities were participatory in nature allowing for female youth to feel empowered and in control of the process. It should be noted that all participants have partial or full access to the internet.

¹They are no longer at risk of early marriage because they are above 18. However, some were “at risk” during the earlier part of LNOB while under 18 years of age. Some of these were interesting positive deviance cases in that they managed to avoid early marriage, at times actively. These unmarried female youth were included in the cohort as we were studying early marriage from multiple angles, including the processes leading up to it and the experiences of girls in adolescence. Hence, we did not limit our sample to only those who were already married.

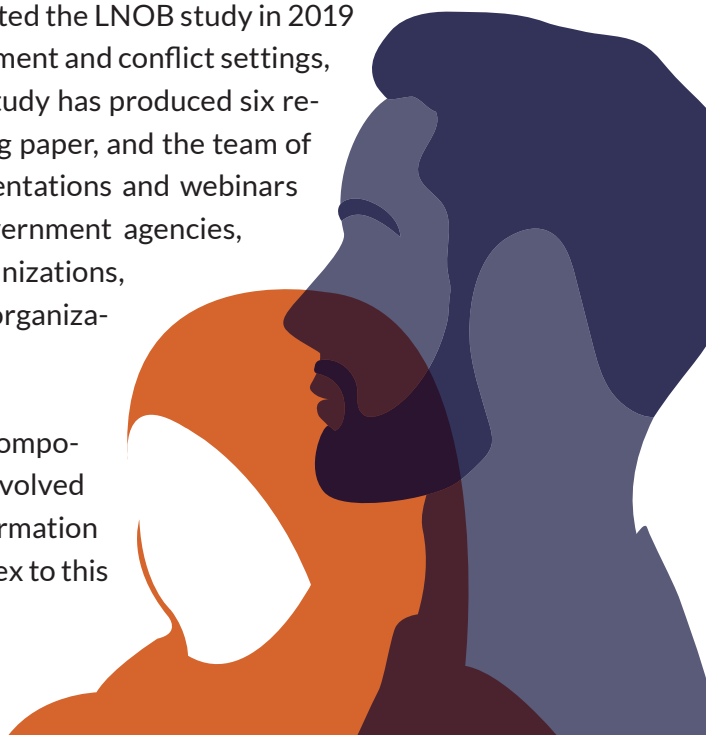
²All the participants in the November 2022 workshops were aged 18-28, except for one 37-year-old widow. She was included in the LNOB study, because she herself was married as a minor and has teenage daughters who married early.

This report begins with brief backgrounds on both the LNOB study and the Dohuk workshops, and then provides an overview of findings from the workshops and associated discussions held with male community members. The report ends with suggestions for possible pilot interventions building upon the workshop findings.

BACKGROUND TO THE LEAVE NO ONE BEHIND STUDY

The LNOB study seeks to address a gap in evidence and knowledge on the experiences of female youth vis-à-vis early marriage in settings of conflict and displacement. While we know that one in five girls marry under the age of 18 globally³, rates of early marriage are believed to increase during conflict and humanitarian crises⁴. There has historically been a lack of empirical evidence on early marriage in conflict, although recent analyses are making strides to fill this gap⁵. Existing research is limited, comes primarily from development (as opposed to humanitarian) settings, is anecdotal, or is based on one-time assessments⁶. Moreover, girls who are already married, married as children and then divorced or widowed, or are living with disabilities are rarely included in studies on early marriage. To address some of these gaps, Save the Children Denmark and FIC created the LNOB study in 2019 to study female youth and early marriage in displacement and conflict settings, focusing on South Sudan and the KRI. To date the study has produced six reports, including the aforementioned MHPSS briefing paper, and the team of researchers have led more than 25 briefings, presentations and webinars for national and international actors including government agencies, bilateral and multilateral donors, international organizations, and national and international non-governmental organizations (NGOs) and civil society organizations.

The details provided in this report relate to the KRI component of the LNOB study as this was the population involved in the November 2022 Dohuk workshops. More information on the LNOB study and sample is available as an annex to this report (see Annex A).



³UNICEF, "Child Marriage," October 2021, <https://data.unicef.org/topic/child-protection/child-marriage/>.

⁴UNICEF, "A Study on Early Marriage in Jordan 2014" (UNICEF Jordan Country Office, 2014); Jennifer Schlecht, Elizabeth Rowley, and Juliet Babirye, "Early Relationships and Marriage in Conflict and Post-Conflict Settings: Vulnerability of Youth in Uganda," *Reproductive Health Matters* 21, no. 41 (2013): 234–42; UNICEF, "Falling through the Cracks; The Children of Yemen," 2016; Girls Not Brides, "Child Marriage in Humanitarian Contexts," Thematic Brief, August 2020.

⁵Save the Children, "Child marriage and adolescent girls in conflict-affected areas; Methodological note to accompany Global Girlhood Report 2022: Girls on the Frontline," 2022. Available at <https://resourcecentre.savethechildren.net/pdf/Methodological-note-Global-Girlhood-Report-2022.pdf/>

⁶Dyan Mazurana and Anastasia Marshak, "Addressing Data Gaps on Child, Early and Forced Marriage in Humanitarian Settings" (Save the Children and Tufts University, December 2019).

BACKGROUND TO THE DOHUK WORKSHOPS

We invited LNOB study participants from the Iraqi Kurdistan cohort to attend the Dohuk workshops⁸. The two local female researchers contacted each participant by phone, explained the objectives and timing of the workshops, and asked if she would be interested and available to participate. We also asked if she preferred to attend an in-person workshop or to provide input through other means. Thirty-one female youth attended the workshops in person, and four participated in an alternative individual format (35 in total)⁹. We held the workshops over five days and grouped participants based on their nationality and marital status. Most of these groups had met previously under the LNOB project and had connected around similar experiences of social isolation and stigma related to their marital statuses. An exception was widows and divorcees, and we combined these two categories and nationalities to prevent the groups from being too small to allow for meaningful discussions. Participants living with physical and psychosocial disabilities were integrated into unmarried and married groups depending on their marital status. There were no participants living with disabilities that were divorced or widowed in the cohort.

Each of the groups participated in a session of approximately four hours. Table 1 below lists the five groups and number of attendees on each day.

Table 1: Workshop Characteristics

	GROUP	NUMBER OF PARTICIPANTS
Day 1	Married Syrians	6 participants
Day 2	Widowed and Divorced Syrians and Yazidis	6 participants
Day 3	Married Yazidis	5 participants
Day 4	Unmarried Yazidis	5 participants
Day 5	Unmarried Syrians	9 participants
Individual Meetings	2 married Syrians, 1 unmarried Syrian, 1 married Yazidi	4 participants
Total		35 participants

The workshops were hosted at the Women for Better Healthy Life center in Dohuk, a local NGO. This female-only space was an ideal setting: participants felt safe, and their relatives felt comfortable allowing them to attend. Seating areas outside the meeting hall were available for mothers and sisters who accompanied the unmarried participants. Participants were provided with refreshments during the workshop and lunch afterwards.

⁸Since LNOB started in 2019, several cohort members have left the KRI, have dropped out of the study, or have changed their phone numbers and thus, are unreachable. All cohort members invited to the workshop accepted to participate in either in group or individual format.

⁹Four respondents wished to participate, but not in a group setting due to family circumstances and concerns over confidentiality.

WORKSHOP METHODOLOGY

Each day of the workshop began with introductions, ice-breaker activities (appropriate for the context and participants), and discussion of objectives and ground rules. The most important ground rules were maintaining confidentiality outside the workshop and listening to others with respect and empathy. We then moved onto three interactive exercises.

1. Listing most pressing issues: We provided respondents with strips of colored paper and asked that they list issues or problems faced by female youth in their community (one issue per strip of paper). These could be issues or problems they themselves experienced, others “like them” (e.g., widowed, married, unmarried, refugee, internally displaced person (IDP), with disability, etc.) experienced, or those experienced by female youth more broadly. Participants could use as many or as few strips of paper as they wished. Participants folded the strips and placed them in a basket in the middle of the table. This format was helpful for maintaining a degree of privacy as the slips of paper did not contain names. Given the extent of our previous interactions and knowledge about personal histories, the local researchers knew which respondents were likely to have trouble writing. The researchers positioned themselves next to these participants and took dictation.

Once all participants were finished, one of the Kurdish-speaking researchers removed one strip of paper from the basket at a time and read the message to the group in both Kurdish and English. The other Kurdish-speaking researcher wrote the issue on a flipchart at the front of the room. Issues listed more than once were indicated with checkmarks. For issues that did not include an overt MHPSS aspect—such as “economic difficulties”—we asked the group to discuss the possible mental or psychosocial components. For example, for economic difficulties participants mentioned “anxiety about providing for your family” and “tension within families about making ends meet.”

2. Ranking most pressing issues: The research team then compiled a list of the issues cited most frequently and grouped some similar responses into umbrella categories, such as “economic and social discrimination against women.” We wrote each of the final issues on a colored piece of paper in English and Kurdish and taped these to the wall at one end of the room. We reviewed the topics posted on the wall with participants and added pictograms to assist those who might have difficult reading. Participants were given sticky notes in accordance with the number of issues listed on the wall, i.e., if there were eight issues on the wall, each participant received eight sticky notes. All the sticky notes were the same color to support confidentiality. Participants then posted their sticky notes beneath the topics they felt were most problematic, with the distribution of their notes corresponding to those they felt were the most serious. As a group we then examined and discussed the results.

3. Scenarios of most heavily weighted issues, coping mechanisms, and possible solutions:


Next, the researchers developed scenarios for those issues weighted most heavily by the group, and role-played them for the participants. For example, in a group in which “sexual harassment” was weighted heavily, one of the researchers described (with simultaneous translation) a scenario in which she was harassed by local men on her way to school. A second researcher asked her questions of clarification. Scenarios were open-ended, e.g., “I don’t know what I should do.” The group then discussed the various ways that the individual might handle, cope with, or address the situation. We encouraged participants to consider what they themselves or other female youth in such settings were most likely to *actually* do, as opposed to just what might be the best thing to do. Returning to the harassment example, a negative coping mechanism that occurred might be “stop attending school” or “don’t leave the house unless accompanied by a male relative.”

After describing possible coping mechanisms, we encouraged the group to think about individual, family, and community strategies to manage the problem, including contact with informal or formal service providers. We then facilitated a discussion around potential solutions from these multiple perspectives. We examined both informal (such as adapting routines) and formal solutions (such as notifying leaders of a problem). We repeated the process of scenarios, likely responses, and discussion of additional solutions with the most heavily weighted problems as identified by participants. In conclusion, we discussed the range of solutions along with potential facilitating factors or barriers for each.

Importantly, the exercises listed above functioned as tools to facilitate discussion and debate among the participants. Notes were taken throughout.

4. Verification and feedback: Following the workshops, the research team compiled a summary list from all sessions of the main problems, coping strategies, and potential solutions. We shared the Kurdish version of this summary with workshop participants and asked for additions, adjustments, and reactions. By circulating back to the female youth, we ensured verification of findings, and also accountability.

5. Consultation with boys and men in the community: After the workshops were completed, the research team conducted four focus group discussions with male community members. This included one group of Syrian boys and young men (ages 17-31, seven participants in total) and one of adult Syrian men (above age 40, seven participants in total) in Domiz 1 Refugee camp, and one group of Yazidi boys (ages 15-18, six participants in total) and one group of adult Yazidi men (above age 40, five participants in total) in Chamishko IDP camp. Groups were assembled by the Gender Champion of the Save the Children Iraq Country Office in collaboration with a local partner, Harikar. The purpose of these groups was to share the problems and potential solutions generated by the female youth, to understand the perspectives of males who live in the same or



similar communities, and to discuss the feasibility of proposed solutions. To ensure the female youth's safety and anonymity, there was no connection between them and the male focus group participants. These group discussions lasted approximately 90 minutes each.

This methodology is underpinned by guidelines established by the Child Marriage Research to Action Network (CRANK)¹⁰, which focuses on holistic solutions, the recognition of power and the need for diverse perspectives, and the relevance and accessibility of research findings, among others. Moreover, while the methodology used can be similarly applied in comparable contexts, it was also a fluid process whereby the findings from one stage informed the design of the next. Hence, we have described the individual methods and provided examples to assist with necessary adaptations, rather than provide a specific tool or guidance.

ETHICAL CONSIDERATIONS

As part of the workshops, participants were reminded of the informed consent process at several key points. In particular, participants were under no obligation to participate in specific activities, they could skip certain questions, they could leave at any time, and they were reassured that they did not have to share personal information or details about their own experiences. No last names were used, and participants were given the option of providing a pseudonym on their name plates. The facilitators also made it clear that while we knew personal information about each participant, we would not disclose such information to the group. During discussions on sensitive topics, facilitators provided empathy and support at both individual and group levels. If the discussion became unbalanced, facilitators provided alternative perspectives to rebalance discussions. Facilitators also actively made space for some of the less active participants. When certain members were visibly upset or disclosed information related to protection issues, the research team suggested taking breaks and checked in with participants. One of the local research team members is a trained social worker currently working with female youth and children. Another research team member holds a Workmaster's degree in clinical social work and worked for twelve years as a psychotherapist with survivors of trauma. As such, the team had the professional expertise to manage the dynamics and emotions that emerged in the workshops. For a handful of participants who displayed extreme distress and/or requested additional support, the research team identified potential supportive services, made referrals, and followed up with individuals after the workshop.

¹⁰At the end of 2022, the Child Marriage Research to Action Network's (the CRANK) held its first online global research convening. The three days of sessions brought together researchers, practitioners, advocates and funders from around the world to take a fresh lens to the latest evidence, working in partnership and the child marriage research funding landscape. Key takeaways can be found: <https://www.girlsnotbrides.org/learning-resources/child-marriage-research-action-network/global-convening/>

II. Findings

This section presents insights and findings from each stage of the workshop, as described in the methodology section above.

STAGE 1: LISTING MOST PRESSING ISSUES

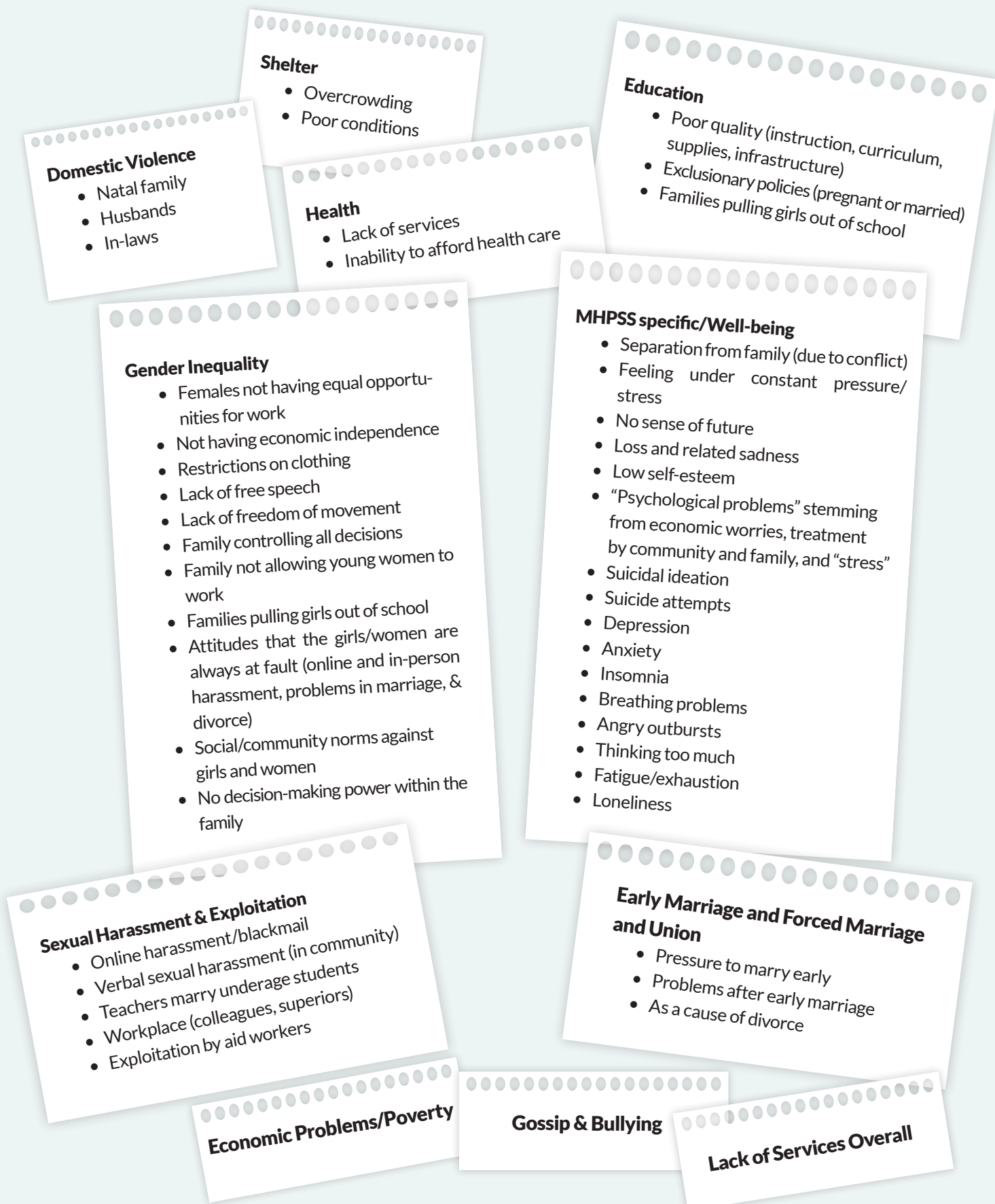
Across the five workshops and four individual interviews conducted with participants, female youth identified 132 unique pressing issues faced by themselves or “female youth like themselves”. As described above, participants identified these topics by writing a single problem on a piece of paper, folding it, and placing it in a basket. For the sake of brevity, we collapsed similar issues into larger thematic categories.

We have pulled out the common issues that were mentioned across groups (Table 2), and those that were more unique to a particular group- such as a specific marital or motherhood status, or ethnicity (Table 3).

We have tried to preserve the participants’ categorizations and language as much as possible.



Table 2: Common problems identified across groups.*



*Not presented in order of significance, importance or frequency.

Many of the problems captured in this table are self-explanatory, but participants provided rich descriptions about how or under which context these issues arose, how each issue is related to other problems, and how these problems affected their sense of well-being. It should be noted that several problems are cross-cutting as opposed to mutually exclusive. For example, the problem of “economics” was presented in each workshop, and participants described how a poor economic situation affected many dimensions of their lives including: an inability to pay for health care for themselves and their children, poor living conditions, school dropout, domestic violence, chronic stress, hopelessness, insomnia, and anxiety, among others. It is beyond the scope of this report to speak about each issue individually, below we provide a few illustrative examples of how participants explained the problems they presented.

EARLY MARRIAGE:

A Syrian who married early spoke about how maturity and life experience impacted how she was treated:

“[If the bride was older] she would be more educated and aware about life in general. And [then] they—the husband, the in-laws—could not say to her, ‘You are a child.’”

Unmarried Yazidis and Syrians spoke about early marriage being widespread and problematic impacting health, well-being and particularly due to its implications of early childbirth or divorce, which often has devastating consequences for the female and her family.

GENDER INEQUALITIES:

This category represents a wide range of problems and comprised an overarching theme that was heavily emphasized by all participants, regardless of marital status or ethnicity. Unmarried Syrians described gender inequality along several dimensions. Examples include: “lack of freedom of speech, participation in the community or opportunities to express opinions”; “girls don’t have economic independence. If we need money we have to ask our fathers and our brothers...There is a lack of job opportunities for girls—if there is a job, it will go to a male”; “communities have an undeveloped attitude toward girls”; “there is a lack of freedom of movement for girls, even leaving the house because the family puts restrictions on her”; “there is inequality between daughters and sons” and “the community doesn’t accept independent girls and whenever she goes outside they talk about her.” The combination of various forms of oppression, forced dependency, lack of opportunities, control and decision-making power, and discrimination led female youth—by their own accounts—to have a range of MHPSS related problems as described in Table 2.

Table 3 captures the “most pressing issues” as perceived by participants that were specific to their marital status, motherhood status, or ethnic group.

Table 3: Unique problems by group

Divorced or Widowed	Yazidi	Married and/or Mothers
Being a widow or divorced when so young	<p>Ongoing impacts of the Islamic State of Iraq and Syria (ISIS):</p> <ul style="list-style-type: none"> • Missing family members • Traumatic memories • Girls still captive 	<p>Post-partum health:</p> <ul style="list-style-type: none"> • Repercussions of C-section • Post-partum depression • Lack of information and confidence in being a new mother
Divorce is always the woman's fault	Cannot return home (to Sinjar) because home destroyed	Separation from natal family
Extreme community stigma towards divorced women	Reduction in services in Internal Displaced People camps (new policies in KRI)	Husbands must work far from female youth (and children)
Poor treatment by family because of divorce status		Problems with in-laws
Targeted exploitation based on being divorced or widowed		Difficulty raising children
Losing custody of children		Overwhelmed with responsibilities (husband, children, in-laws) and resulting psychological stress. In part, leading to violence against children.
Pressure to remarry		<p>Children's health:</p> <ul style="list-style-type: none"> • Lack of economic resources

Divorced and widowed participants described how they regularly face harassment, exploitation and stigma—both from within their families and in their communities—based on their marital status. One divorced participant explained, “Families don’t want you to be successful if you are divorced or widowed—it is like trying to turn an eagle into a chicken by cutting off its wings. They want you to fail so they can control you.” Another divorced youth reported, “My brothers harass me, saying that I’m not a virgin...even though I contribute three times more to the household economically than what my three brothers earn together.” These experiences had profound impact on participants’ mental health and well-being (as listed in Table 2).

STAGE 2: RANKING MOST PRESSING ISSUES

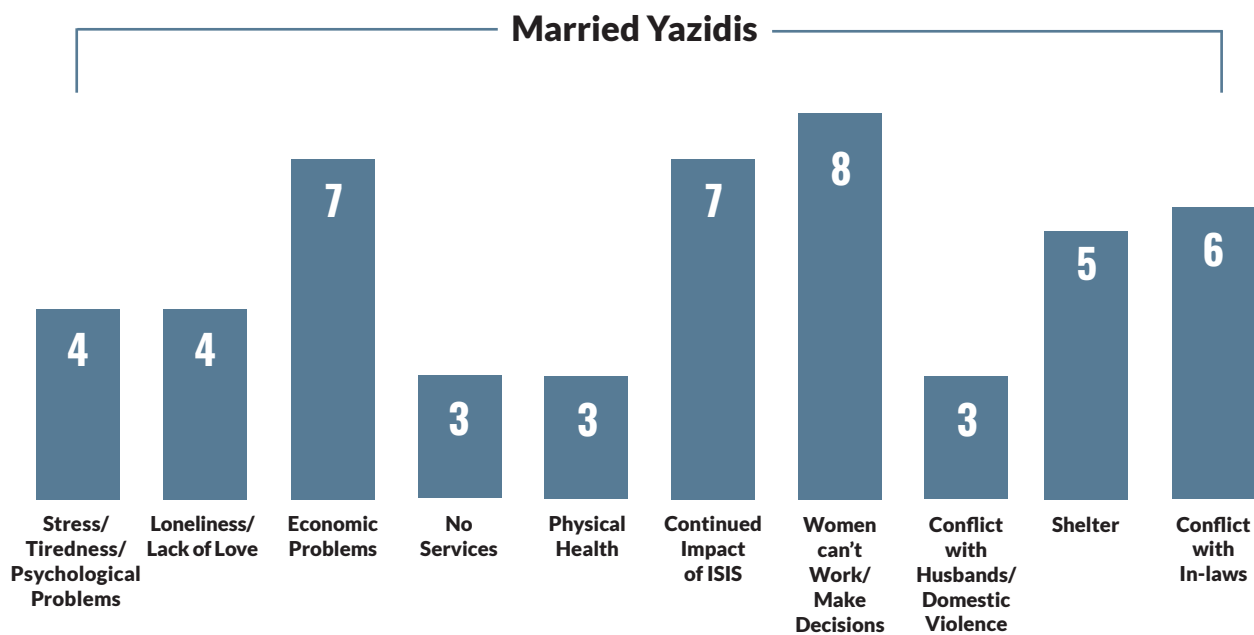
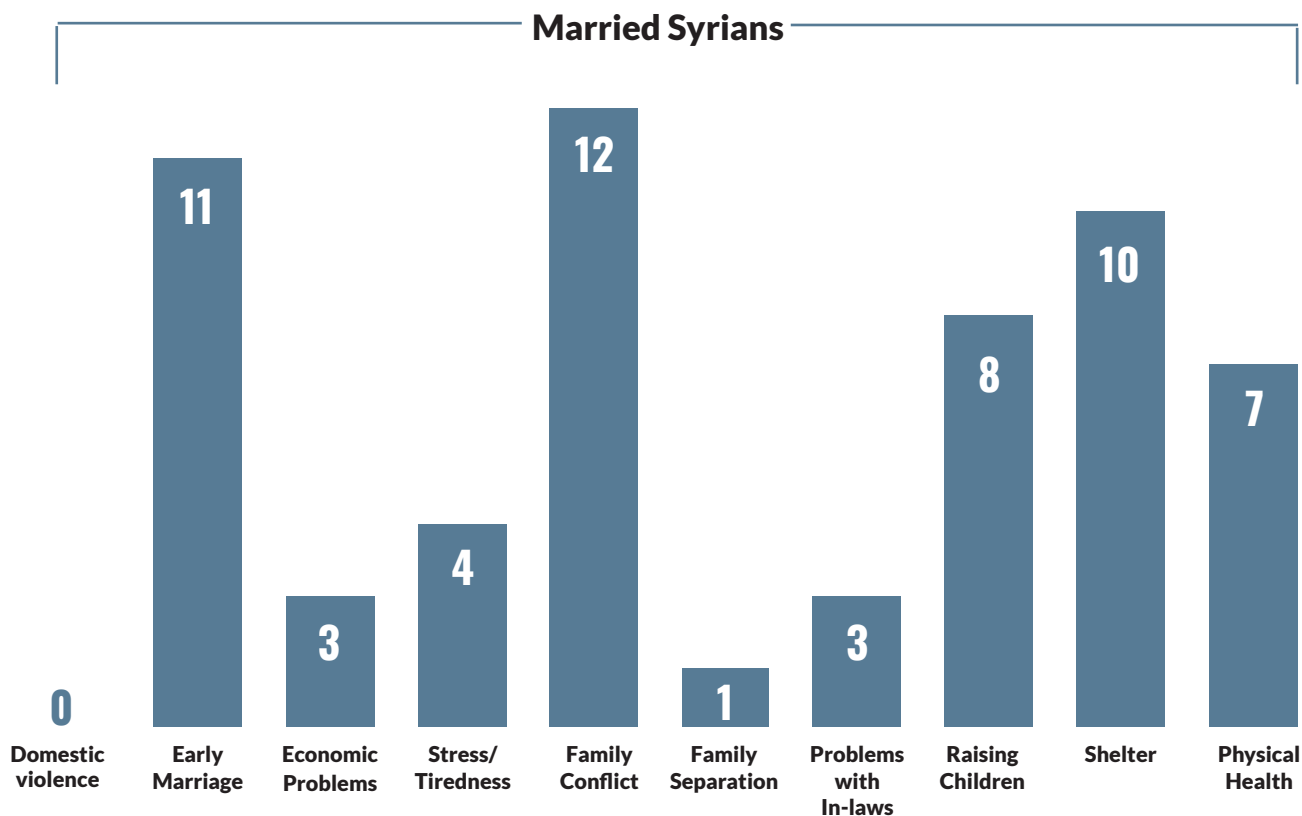
After the full range of pressing issues were identified in each group, problems were grouped into similar categories (ranging from 8-13 total categories depending on the items on the master list). Each problem was written on a card, accompanied by a pictogram, and taped to the wall. Participants were then invited to consider which problems held the most significance for them personally or those like them in their community. With blank sticky notes, participants weighted the importance of each issue. The findings are displayed in the following set of tables. If there is a category listed in the table that has no corresponding bar, this signifies that no participants opted to give weight to that problem. Facilitators designed the subsequent activity—identifying coping strategies and potential solutions—based on the issues that were weighted the most heavily.

We see different priority areas by group in the top ranked issues. This underscores the importance for practitioners to take a disaggregated perspective when considering the needs and priorities of female youth in displacement. Married Syrians rank shelter, family conflict and early marriage as their main issues, while married Yazidis rank economic problems, the continued impacts of ISIS, and gender inequality related to work and decision-making as their top problems. Unmarried Syrians underscored family restrictions, bullying and early marriage as their highest priority problems, while unmarried Syrians talk about a lack of opportunities for female youth, online harassment and blackmail, school dropout and gender inequality writ large as their main challenges. Divorced and widowed Syrians and Yazidis describe the psychological difficulties related to loss (death of husbands, custody of children), economic dependence, and sexual harassment as their most significant problems. This group expressed regret that there were not more sticky notes allotted per person to allow additional emphasis on certain issues. When asked how this would have affected their weighting, one participant explained she would have put more weight on stigma, another participant said she would have emphasized the lack of economic independence and a third would have further stressed the problem of sexual harassment. Lastly, for those participants involved in individual interviews without the chance to be involved in ranking, they underscored post-partum health issues (post C-section health and post-partum depression¹¹), separation from natal family, severe psychological distress (as manifested by suicidal ideation and a history of suicide attempts), and problems with in-laws as the most significant problems. The next section will outline how female youth cope with these problems individually, within their families and communities, and in connection to authorities and the international aid architecture.

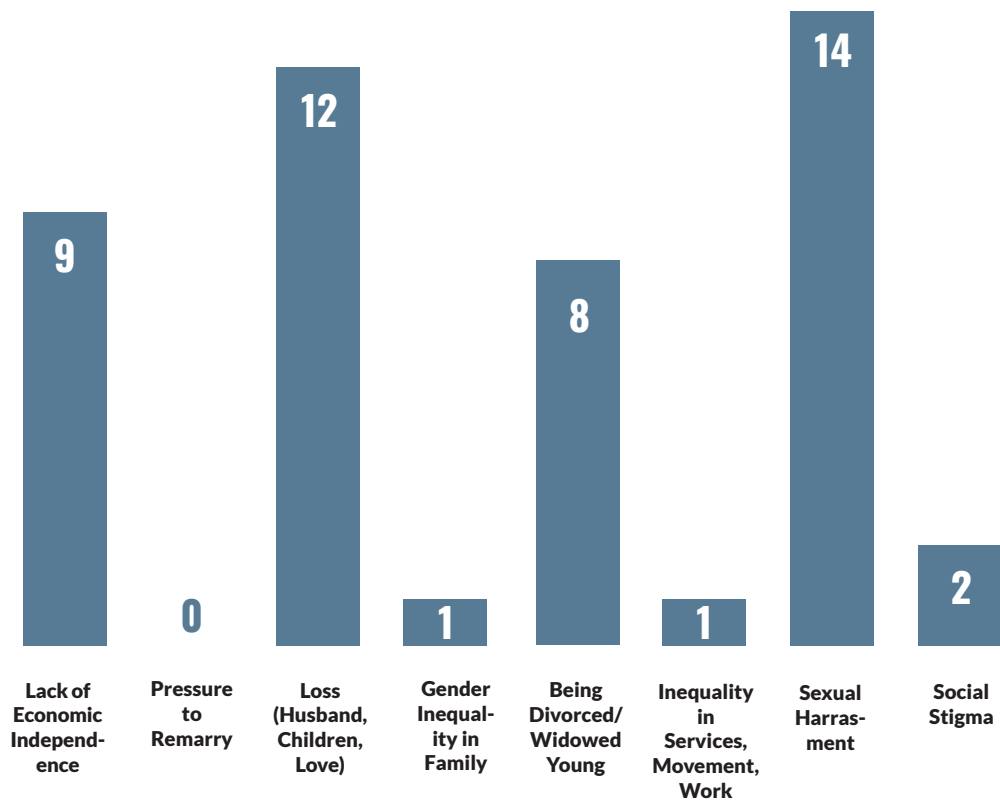
Overall, there was no disaggregation by disability as data was insufficient. A few individuals with physical disabilities described bullying, exclusion from education and work, and social isolation as some of the most pressing issues with mental health impacts that they faced.

¹¹Note that it was the participants who used the term “post-partum depression” to describe emotional problems after birth.

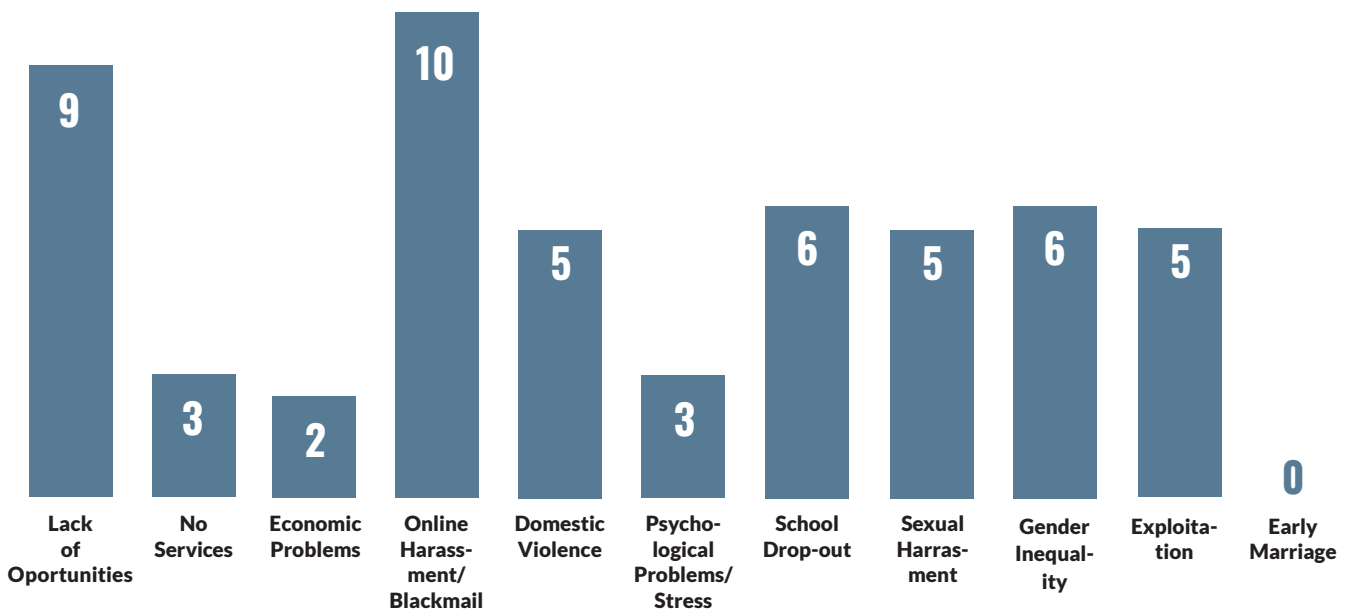
Table 4-8: Ranking of most pressing issues by workshop group



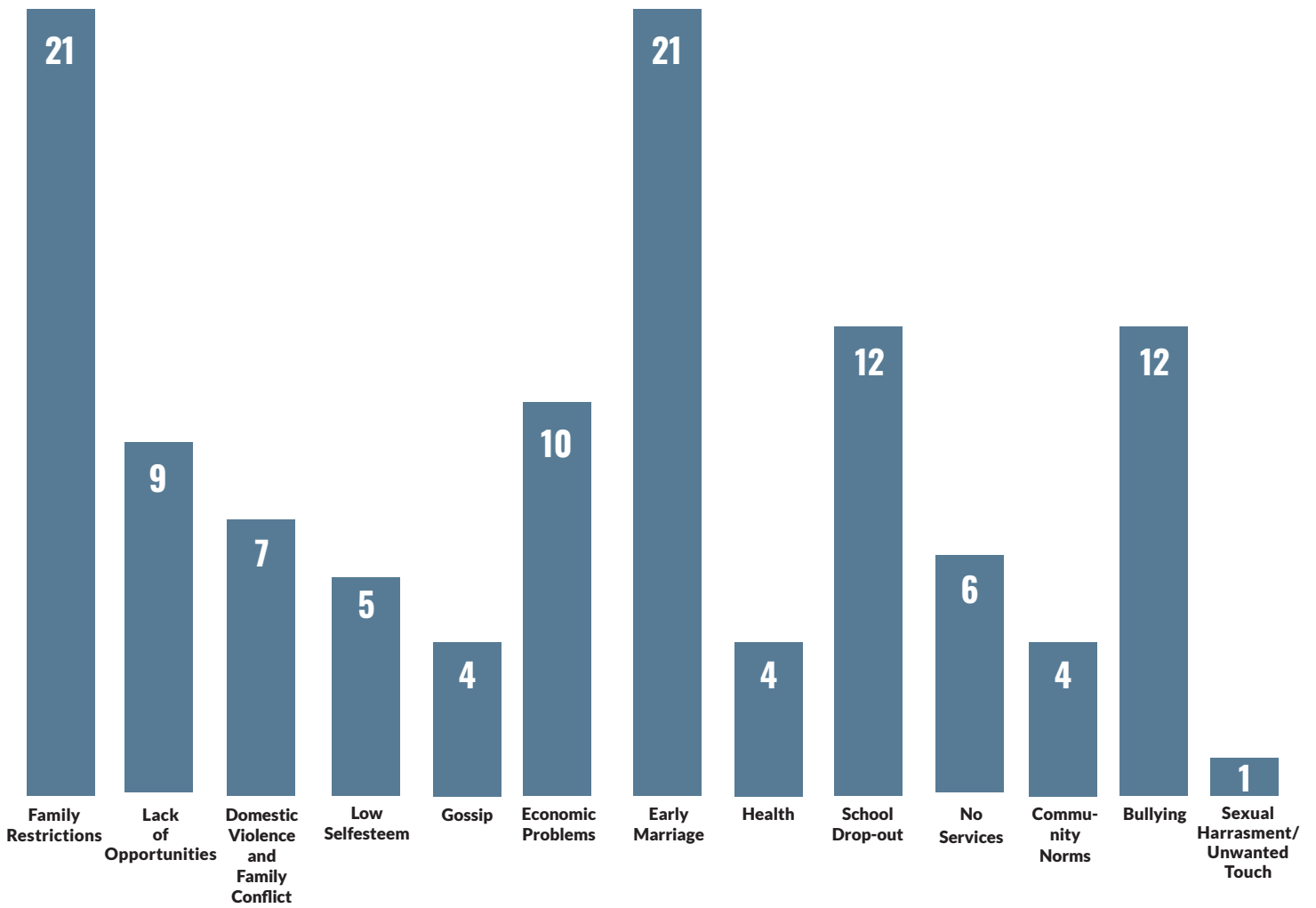
Divorced/Widowed Yazidis and Syrians



Unmarried Yazidis



Unmarried Syrians



STAGE 3: IDENTIFYING COPING STRATEGIES AND POSSIBILITIES FOR MHPSS SUPPORT

After the female youth weighted the significance and relative importance of the problems they identified, the facilitators role-played scenarios where a female youth described one or more of her problems to a friend. Facilitators crafted the stories to incorporate priority problems identified as part of the weighting exercise. At various points during the role-play, facilitators asked the group to provide “advice” to the actor, and to identify the possible coping strategies (positive and negative) available to her. Through this exercise we were able to understand how female youth cope, manage or adapt in response to these problems, the resources available to them, and the barriers they face in accessing existing resources. We also engaged the participants in a discussion about alternative support and potential solutions to these problems. While we specifically crafted the scenarios to respond to the issues weighted as most pressing, we designed the scenarios to also reflect broad themes and widespread experiences that had come up throughout the LNOB study and data analysis. For example, we prioritized gender discrimination and inequalities in several scenarios as these issues (and associated mental health impacts) were recurring themes throughout the LNOB study and the workshop discussions. Similar broad and applicable scenario topics also included bullying and experiences of depression or isolation after giving birth.

Overarching impressions

Regardless of the problem, **participants consistently described and suggested that female youth should help themselves, engage with family, or otherwise rely on internal resources.** A few of the participants spontaneously discussed the possibility of seeking support from an outside structure or service such as an NGO, health center, community leader, police or local government.

Another dominant theme was the recognition that female youth needed to support each other, and that organized (facilitated and unfacilitated) activities and support groups would help. However, in each group, female youth described the problems they faced in finding trusted confidants, and the continued risk of personal information leaking to the community. Within these broader discussions female youth also identified a gap in the availability of professional mental health services (including online, in-person, home visits, anonymous or confidential groups, informational websites, or resource centers).

A third theme dominant throughout the interviews was the positive psychological impacts of participation. A married Syrian explained about her participation in the workshop and LNOB study:

“Yesterday I was feeling so depressed, and I told my husband about my mood. He reminded me that I had this workshop today and it would help me feel better. For every call that I had with you [researchers], it would occupy me for a week, because I would tell my neighbor and my husband.”

Another said, “It has made a big difference to have a stranger care about you, your history, your children....it gave us a feeling of comfort that we had someone to talk to.” We were aware of this dynamic throughout the LNOB research project but were not sure if this benefit to participants was due, in part, to the remote (and hence seemingly anonymous) nature of the interview process. Hearing that the workshops also provided positive psychological support indicates the value for female youth of being able to tell their stories, as well as the extent of the gap of this service within existing options.

Married Syrians

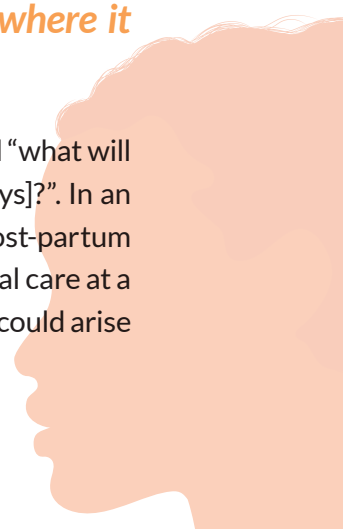
Two scenarios were role-played for this group, each involving early marriage. One focused on separation from the natal family, related loneliness and post-partum depression following birth. When asked what the actor could do, some participants focused on the importance of acceptance. One participant described, “she needs to make herself understand the reality she is living with—that this is your new life, your new family. She should try and focus on this and try not to think about her situation as much.” Another participant suggested that she finds meaningful ways to structure her time, “there are seven days in a week. She should pick one main activity to do each day.” Others suggested that she should turn to God for support. Others emphasized that she should avoid being alone, and that she should try to socialize—either with her husband or a neighbor or a trusted friend.

Specifically, for what participants described as post-partum depression, there was a heated discussion about what causes the condition. At least one participant thought that it was a sign that the husband did not love the wife, while others thought it is caused by the isolation young mothers feel after birth. Several participants suggested that a sheikh can be engaged to lessen the symptoms, and a few others had heard that psychiatry could help. During the discussion it became clear that several of the participants had themselves experienced what they referred to as post-partum depression, at times, with severe symptoms. For example, one participant described:

“I had a terrible depression after the birth of my second child—I have no relative around me, and no one I know in my area. I have a good relationship with my neighbor, but I can’t go to my neighbor 24 hours a day, and I can’t tell her all my secrets. So, I stay alone. I reached a point where it seemed like death was the best option.”

She described that her condition improved after two weeks but she was concerned “what will happen when my husband goes back to the Peshmerga* [and I am alone for 15 days]?”. In an individual interview with a young mother of twins who described suffering from post-partum depression, she explained that despite having had both extensive pre- and post-natal care at a health center and hospital, she had never been told about emotional problems that could arise

*Peshmerga is military forces



following birth. She had instead diagnosed herself with the condition after watching YouTube videos. Female youth agreed that for both social isolation after marriage (and separation from natal family), as well as new motherhood (including but not limited to post-partum depression), support groups could be extremely helpful. They suggested that the groups should be facilitated by “someone skilled” and that female youth could listen or share around specific topics. It was also suggested that the groups be separated by marital status (e.g., newly married, older married, unmarried). Others suggested social or activity-based groups as well for newly married youth or new mothers.

The second scenario focused on a female youth that had married underage. She lived in an overcrowded space with her husband and in-laws. Her in-laws were controlling and restrictive and her husband was periodically violent, often due to economic stress. For this scenario, many participants suggested the actor should seek to placate her husband. One participant said, “Your husband will only beat you if you complain too much or if you stress him out, so you should control your mouth to cope with this.” Some agreed, while others suggested that she should seek help from her natal family and consider divorce. All agreed that divorce would lead to a loss of custody of children, and thus should be an absolute last resort. Facilitators asked about the possibility of married female youth seeking support from more formal services. This received a mixed response, with some participants believing that seeking support from an NGO or the authorities for domestic violence would make the situation worse—the husband would become angrier, the community would find out, and there would be reputational costs for all involved (the female, her natal family and the in-laws). A few participants did think that seeking help from an NGO might “help”. Some felt that the police should only be sought out if there were serious injuries and there was an intention of divorce.

Married Yazidi

For this group, we designed a scenario involving a married female youth living in a very difficult economic situation. The mother-in-law would not let her work even though she had the skills to open a tailoring shop. The husband was an alcoholic and did not provide economic support to the family, and the female youth was depressed. The group agreed that this was a very common scenario and one that all of them could relate to in one way or another. In terms of coping, there was strong agreement that such issues are considered family issues, and that others should not get involved—including the sheikh, elders, NGOs or authorities. In such situations, the female youth can only rely on her own family to intervene.

An in-depth discussion ensued about the prevalence of domestic violence and its connections to entrenched gender inequalities. Participants described that, as girls, their families prevented them from going out, seeing friends, going to school or expressing their feelings. They described that once a girl is married, she is often treated badly by her in-laws and/or abused by her husband. Several participants disclosed that they were currently in physically abusive marriages; two others described abuse by in-laws. One participant explained, “It is common

for women and girls to be disrespected—when they marry, the perpetrators change from fathers and brothers to husbands and in-laws.” Facilitators asked more specifically what female youth can do when they experience domestic violence from their husbands or in-laws. The group concluded that the female could not go to the authorities, and one person explained, “It is not even an option for most girls to go to family members or sisters. They just keep it to themselves, because no one is able to do anything anyway.” Facilitators inquired if females experiencing abuse could seek medical treatment, and most agreed that they could not. One described that her husband had broken her nose but she refused to go to the hospital, “I would prefer to die...it would at least be a release from this life.” She later explained:

“I have the ability to go to the Women’s Protection Unit of the police but then the community would say that I was a girl who was a bitch, that I do bad things—like I’m nasty or dirty. This is why I am not going to the police. It would come back to reflect badly on my family.”

Another individual explained, “If it was me, even if he killed me, I wouldn’t open my mouth [she made a gesture to “zip” her lips]. Because of the stigma, I won’t put my family in that position. Even if (the survivor of abuse) was a friend, I would just tell her to be quiet.”

Several participants described that it was their children that kept them going. They feared what would happen to their children if they disappeared (e.g., through suicide), “Having children allows me to keep going and fight for my life because they are my responsibility. I also keep going because I have my mother.”

Facilitators inquired about what could support normative change around gender inequalities. One participant described that NGOs could engage in awareness raising regarding gender equality, and girls and women’s rights, although she pointed out that such efforts would only help in the long-term. Another felt that some of the girls who had left Sinjar were seeing some positive changes in gender dynamics. She reported that the mixing of Yazidis with other communities had positively influenced some perspectives on girls’ education and work to allow more economic and social freedom for female youth. These changes have resulted in small shifts that are reportedly visible in displacement camps in the KRI. In addition, changes in views on gender equality have reportedly also occurred among Yazidis who have resettled out of the region and who, when they return, encourage their families to treat their daughters and wives differently. Lastly, among the group there was a general sense that if females could engage in income generation, this would help change social norms by commanding more respect towards females from their families and communities. But, as one participant described, a catch-22 still exists with this approach: “If the girls were bringing income to the family, 100% of them would be more respected by their families. But the problem is that 90% of their families won’t allow the girls to work. Even God doesn’t know what to do.”

However, participants did mention that there are some types of income generation that are more acceptable to families than others, such as home-based work.

Facilitators inquired about the role of peer-to-peer social support under these conditions. There was an overwhelming response that female youth and women do not talk to each other about these situations. In the words of one, “We don’t talk, because we all have the same problems.” Although another did say, “We are encouraged by others who are sharing in this session.” We described the proposal for support groups as had been discussed in the workshop with married Syrians. Most believed it would be helpful, but they were concerned that many families would restrict female participation in such services. For some, they said that home visits from female NGO staff would be acceptable. Others said that they would have trouble leaving the home or even using social media as their husbands have access to their phones and Facebook accounts. However, we note that these same participants have been able to navigate being a part of this study, so it may be possible. One of the married Yazidis who participated in the individual interview described that her husband did not let her leave the house and controlled everything she did. She suffers from severe depression and had recently tried to commit suicide. While she had been referred to mental health services in the camp, her husband would not let her see the doctor—nor would he allow a home visit. When we asked her about group support mechanisms she said, “Physically I wouldn’t be able to attend such groups. But online maybe—like a Facebook group where I could ask for advice anonymously and get support. That would work...or a WhatsApp group...but still anonymous.”

Divorced and Widowed Syrians and Yazidis

Two scenarios were role-played with divorced and widowed female youth. The first involved a young widow who lost custody of her children to her mother-in-law, partly because her natal family rejected them. She was incredibly sad and was contemplating suicide. This story provoked a strong and tearful response from a divorced participant who shared the pain of being separated from her children:

“I have three children and I don’t know if they are alive or dead. In the beginning, I would think that I heard them, and I would look around for them. But eventually I decided it was my destiny (nasib)...I tell myself that God’s plan is that I will see them in 20 years’ time. Convincing myself that I will be reunited with them gives me a sense of comfort, even though I know it is unlikely.”

The group provided ideas about how this participant and others like her could manage her painful situation. Participants focused on the role of social support, although there was some disagreement about which format was most useful. One participant felt that the women in

her life were not trustworthy, and that she preferred receiving support from men. Another disagreed, explaining, “I have a friend who was divorced like me, and everyone was blaming her. I was the one who supported her. Because I’ve gone through this [and I am female also], we could support each other.”

The suggestion of group interaction with other divorcees or widows also arose. Most felt that this could be beneficial, but that the members had to be “strangers”; that is, there the participants should not be from the same community. One explained, “Otherwise there will not be confidentiality or privacy. For example, when we talked to you [researchers], you were strangers, which helped us feel safe and supported.” Participants felt that mutual support—hearing that others have had a similar experience and sharing emotional support—would be extremely beneficial, particularly because they struggle with such social ostracism due to their marital statuses. As opposed to other groups, participants in this workshop were clear that the groups should be facilitated by “someone who is specialized in giving support, advising and listening”. At the same time, the participants recognized that a group format would not be for everyone. One member was adamant that she would not join a group because “I lost trust with people; I don’t want to interact with others.” However, she said that she would want to see a therapist (her term). Another person mentioned the possibility of accessing a psychiatrist, but some in the group felt this carried some reputational risk as “other people might think you are crazy.”

The second scenario was related to sexual harassment. The group was adamant that sexual harassment happens everywhere in their lives—online, in the community, at school, in the workplace, or even while receiving services (e.g., aid distributions). Survivors describe that sexual harassment happens no matter the behavior of the female and that the survivor is always blamed. Participants explained that there are usually negative repercussions if the survivor tries to lodge a formal complaint (e.g., social stigma, being fired, gossip, etc.). Participants suggested that female youth should avoid having any interaction with men, dressing as conservatively as possible, or just trying to “ignore” the situation. However, participants agreed that none of these risk mitigation strategies work in preventing this type of abuse.

In discussing the formal options available to victims of sexual harassment, one participant explained that harassment often comes from those in positions to protect communities against violence. “There is no help coming from the camp management or anyone in the government. If you go to someone and explain that harassment is happening, they will start to harass you.” One participant suggested that an option would be to solicit help from the “social police”, which is a branch of the regular police with a mandate to support women and children that experience violence. While discussing this option, several participants described that most females do not seek help (unless the violence is extremely severe) because “there is a negative impact for your reputation if you go there...you would be infamous in the community.” A few participants were not aware that this service existed in their communities.

Unmarried Yazidis

During the workshop with unmarried Yazidis, facilitators role-played a scenario where a female youth was being blackmailed by her boss with photos he took of her without her consent. Her family did not offer support and instead barred her from going to work or engaging in any social activities outside the home. In terms of coping and potential opportunities for action, participants suggested a couple of possibilities. The first is that the girls should seek emotional support from someone trusted—a friend or a family member. A determining factor, according to participants, is whether the family is willing to support their daughter. If the female youth have supportive parents, then they will likely help her to resolve issues—for example, by seeking support by the tribal elders or sheikh or by ensuring the police take her claims seriously. Participants agreed that parents have at least some ability to buffer the girl from the reputational harm that can arise from blackmail or sexual harassment.

Participants also described why authorities are not trusted to support girls and women who face sexual and gender-based violence (SGBV). One participant described a situation in her community:

“I know a girl who was harassed by the owner of a clothing shop, and she took the case to the police. When they started to file the complaint, the head officer of the local station said, ‘If you were a good girl, he would not harass you.’ He said he would not take the case further because of this. So, instead, her parents took the case to the tribal leaders. The man’s shop was closed for a month and he had to pay a fine to the girl’s family. His business suffered longer-term effects because of [this damage to] his reputation.”

All agreed that this had a successful outcome because the parents backed their daughter. The case would not have been brought before the tribal leaders if the parents were not involved. Participants discussed that cases usually only go to the police when there are many women involved. As there is no confidentiality in the process, “If you take something to the police, everyone in the community will know about it.” As with other workshops, participants do not see the police as a benevolent force—they are either unsupportive, blame the victim, are ineffective, and/or do not respect confidentiality.

As part of the workshop, unmarried Yazidis talked about the pressures to marry while still underage. They described that females who do not marry by 25 or 26 are seen as “spinsters”. One participant described that families may start to see their unmarried daughter as an economic burden, “and she will be expected to take on many more domestic responsibilities to make up for this—including taking care of her brother’s children.” Others described that she faces bullying, both from her own family (particularly aunts, uncles and other relatives) and the rest of the community. This leads the youth to be perceived as “unmarriageable” or, if a

marital opportunity did arise, it would be with a widower or as a second or third wife. Female youth described that unmarried youth face much more harassment than married girls, including in the workplace.

Participants discussed the possibilities of psychological support services for unmarried youth. While all agreed that individual and group support are needed, participants felt conflicted about the best ways to provide such services in a community where there is stigma around mental health services. Some participants did say that community attitudes are beginning to shift. One participant described, "Some community members see a person who seeks support as a crazy person. But some have become more accepting of support-seeking following the ISIS crisis." Participants provided several options, stressing the need for different types of services that can reach youth living under various family restrictions. Participants suggested that MHPSS services should be integrated as a part of other activities, like livelihood trainings. This would be acceptable to "all" families. Others thought a female listening center would be a great idea. Others suggested that home visits would be beneficial, although some worried about not having enough privacy in such a situation. Many participants were concerned that face-to-face meetings with others from the community would put them at risk because confidentiality might not be respected. Some suggested that online groups would be helpful if confidentiality could be guaranteed, although others felt that face-to-face would be much more powerful. Another participant suggested a model she had seen on an Egyptian TV show, where people called in anonymously to ask a psychologist for advice. Some thought that this format would be helpful and said that perhaps people could write their problems to a Facebook page and receive answers from a professional. Others could read the responses and learn from this. All agreed that a range of services would be ideal to accommodate the diverse situation of female youth, family restrictions and community norms.

Unmarried Syrians

During the workshop with unmarried Syrians, facilitators role-played a scenario in which a 17-year-old adolescent girl lived with her family who were very restrictive, at times violent, and began to pressure her to marry against her will. Participants provided several layers of advice to the actor including trying to reason with her family, seeking advice from a trusted mentor or role model, or asking support from an NGO. Some thought that a trusted third party could help negotiate with the parents to reconsider the idea of marriage. Most participants thought she should try to avoid marriage at all costs, although one said, "maybe she should consider the proposal. Sometimes difficult situations make you stronger." One participant felt very strongly that the burden was on the girl to "improve herself, like building her skills and getting educated so that she had a stronger voice in her family." Participants eventually agreed that if her family was restrictive, she had not much choice in the matter. Several participants had examples of neighbors or extended family where girls were so restricted "the family won't even allow her to go to the front door."

If an adolescent girl has no choice but to marry, some of the participants suggested that she

should “accept her reality, because she can’t move forward without acceptance.” Others suggested that she could try and control her surroundings—dressing up, changing her hairstyle, rearranging her room or home, adding decorations, or doing some activities in the house that she might enjoy like knitting. Other participants returned to the idea of social support—either friends, someone outside the family, a center, teacher, or someone at an NGO. All agreed that “talking helps reduce pressure.”

Several configurations of MHPSS services were proposed. Similar to the group of unmarried Yazidis, some thought that being able to anonymously seek advice and receive support from a skilled professional would be very helpful (like through a Facebook page). Others thought an active support group to talk through problems would be beneficial. One participant described the benefits, “it would feel good—just like this group. Just listening to each other is good, you don’t even have to be the one talking.” Another participant said that doing any type of social activity would be good, “Girls are under so much pressure all the time, maybe she just wants to be distracted with an activity.” As we heard in other workshops, several participants described that it was difficult to trust others. Some participants thought the group should be in-person within a community, and others thought it should be virtual with “strangers.” As with other groups, participants described the benefits of not knowing each other in our workshop:

“Being part of this study was so, so helpful because [the researchers] were strangers. We know that you don’t even know our family names. So, we felt so safe. Sometimes we told things we never told our families or closest friends—this was so important. I was recently betrayed by a friend. But I trusted you so much.”

Participants did agree, however, that the group should be run by someone with specialized skills. As with the unmarried Yazidis, participants felt that one approach would not work for all youth—that there should be both online and in-person options.

A second scenario was presented where an adolescent girl was in school but having trouble keeping up with her schoolwork. She was bullied by the community because of how she looks and was sometimes sexually harassed. With this scenario, participants focused primarily on coping with the situation of sexual harassment. They felt strongly that she needed to inform a third person immediately—preferably seeking help from someone in her family, but only if her family would act supportively. In the moment, there was disagreement as to whether the girl should stand up for herself or not react at all. One participant explained, “You can’t say anything if you are being bullied. The person bullying will know that he has an effect on you so it will encourage him to keep going. It is a sign of weakness if she speaks back.”

The facilitators brought it to the group’s attention that no one had suggested seeking help

from the authorities. All agreed that it would “destroy the reputation of the family” to go to the authorities. While some families do seek help from the police, it is only in the most extreme cases and “as a last solution.” Like the discussion with unmarried Yazidis, participants described that the community repercussions would be enormous, including blaming the survivor.

Participants described the root cause of sexual harassment, bullying and other manifestations of gender inequality as stemming from communities and families. One explained, “Only if families were raising their boys in a good way would this stop the problem.” Another described that tolerance perpetuated this type of abuse and, “if the police or NGOs were punishing perpetrators of sexual harassment, the others would stop.” Several participants described being sexually harassed by peers and older men and said, “This is why so many girls want to move to Europe.” Participants engaged in discussion of normative change: “The solution is very simple—the problems are coming from families—if they stopped treating girls differently, then society would be better.” They identified that while some families are changing their attitudes towards girls, it is still the more conservative elements of communities that yield the most respect in the community.

STAGE 4: VERIFICATION AND FEEDBACK

An often-overlooked stage in research processes is verification and feedback from participants. To ensure full circle ownership and influence of the process, each of the participants were provided with a short, combined summary of workshop findings. Participants were invited to provide verbal or written feedback on the findings or their experience of the workshops. All of the feedback about the workshop process itself was positive. Most of the participants also reported that the summary was comprehensive, and they had nothing to add. A few participants, however, wanted to elaborate or underscore certain findings. For example, one unmarried Yazidi participant described the urgent need for women’s support groups especially for post-partum care. She felt that these should be led by a nurse and a psychologist and should “provide more information and support regarding health issues related to mothers and babies, also regarding depression and all the stress related to birth and having a new responsibility.” She also suggested that youth who marry early should have support available to them to help manage marital problems in order to prevent divorce. In her feedback, an unmarried Syrian refugee participant disagreed with findings from the married female youth group which suggested that religion and “accepting one’s destiny” were positive coping strategies. She stated, “Such ideas will help negative norms and cultural beliefs to continue.” She advocated for more support to families “as it is the first place” in which a female youth could find support. She also felt that education was the best way to help all female youth, regardless of marital status. Lastly, she said, “girls should start changes in their communities.”

STAGE 5: GROUP DISCUSSIONS MALE YOUTH AND ADULTS

After we completed the workshops with the female youth, we held four focus group discussions with males. The Save the Children Dohuk office mobilized male youth and adult males in Domiz 1 (a Syrian refugee camp) and Chamishko (a Yazidi IDP camp). The purpose of these group discussions was to present findings from the workshops to male members of the same or similar communities from where workshop participants reside. In particular, we sought to present the main problems faced by female youth and potential solutions—as generated by workshop participants—to some of the male youth and adults in order to solicit their perspectives, particularly as they are often gatekeepers or powerbrokers within communities.

Syrian Men

Both Syrian groups — youth and older adult males—presented similar opinions when presented with the “main issues” generated by adolescent girls and young women. Participants were defensive, claiming that what girls and women reported was either exaggerated or simply false. Both groups vehemently denied that females faced sexual harassment. In the youth group, one participant explained: “Girls are oversensitive. Even if someone looks at them, they will say it is harassment.” Another said, “Even if it is happening, it is just some words.” A third said, “It happens because of how she is dressed”, and a fourth described, “I am friends with lots of girls and if this was a problem, they would tell me. I don’t believe it is happening.” The denial was similar with older men, who reported, “There are no men left in the camp, how can sexual harassment be happening?”

Participants in both groups also repeatedly brought the conversation back to their situations as men and the troubles they faced—economic responsibilities, inability to pursue higher education, lack of refugee status (and thus no future) in Iraq. One male youth explained:

“Until now it has been 10 years we are here, and we still are not recognized as refugees in the KRI. We don’t have any kind of human rights here. So many families are living together in a tiny space. Sometimes three full families in a tiny tent. Do you see how much pressure we are under? Plus, the lack of job opportunities creates so many psychological problems.”

Another described that such issues provoke tensions and conflict within the family. Older men also stated there was no need to focus on female’s specific situations, as everyone was in the same situation. He said that poor education affects everyone, as does a lack of services and economic problems.

One older man described that shelter was an issue that particularly affect girls and women, because females are most often at home. They described that in situations of overcrowding

and economic deprivation, conflict ensues between the wife and her in-laws, or the wife and her husband, and may lead to divorce. Older male participants also linked early marriage to divorce stating that, “because the girl is so young she can’t handle the responsibility [of marriage].” As with male youth, older men described that divorced girls have a particularly difficult life. One participant admitted, “There is psychological pressure on her because the community is very hard on her.” Another explained that a divorced woman is unmarriageable.

Participants in the focus group with older men downplayed the existence of domestic violence. When asked what a wife’s options were if there is domestic violence, respondents described that she could “try and understand the man better” or “she could ask for support from her in-laws.” There was a general sense, however, that domestic violence problems stem from the girls and women. There were several comments about how “in today’s generation, girls are less tolerant. They talk too much.” There was a sense that protective services are making the situation worse, and that things were better in Syria. “In Syria we had no such social services, here if you even raise your voice to your wife, she can go to the police.” Another described what he felt were misplaced priorities of the international community: “Nowadays, the problems come from the wives. Women are less tolerant. NGOs should be focusing on services first and rights later. And these rights don’t make sense for our community.” This comment was agreed upon unanimously by the other participants in the focus group.

Returning to the subject of adolescent girls and young women, one youth did spontaneously suggest that “girls need to have a recreational space for themselves; clubs so they can have fun and time alone. A space just for them. Maybe they could play ping-pong or volleyball. A place where there are no males.” He went on to describe that there is a recreational space in Domiz, but that it is mixed gender so girls do not make use of it. Another suggested that perhaps girls have a poor psychological state because they have no activities outside the home, particularly for those not enrolled in school. Another described that an NGO had provided Zumba classes for females in the camp, but that the male community leaders shut it down. “It wasn’t accepted by the men, so it closed. For me, this wasn’t the type of activity that should be happening. Haven’t you seen our culture? Why not make a library or maybe have volleyball or something rather than some crazy dancing? Have activities that the community would accept.” The researchers inquired if a recreational space, in the way they described, would be accepted by the families or husbands of female youth. The male youth focus group discussants said, “yes 100% accepted,” and even by the most conservative families. One youth did also qualify this solution, saying that divorced or widowed would probably not engage in the recreational space because “the social stigma would be too great — people would say, ‘why is she going there?’”

Facilitators ran the idea of a female-only recreational space by the older male group. The reaction was relatively positive, although there were some suggested modifications. One participant suggested that any group activity should have a trusted, educated person present who

was “sensitive to the community norms.” As well, the group should focus on life skills and not just on “open discussion.” Male focus group respondents thought that all husbands and families would allow their daughters or wives to attend. They were completely against the idea, however, of online support groups, for reasons of confidentiality. Most participants felt that phone usage was a source of many problems. Reactions included: “girls here don’t know how to use them properly”, “girls use phones to have relations with boys”, and “blackmail sometimes happens with photos, but it would be the girls’ fault for sharing her pictures in the first place.”

Yazidi Men

Unlike Syrians, Yazidis who participated in the male youth and adult groups generally agreed with the problems faced by female youth, as the workshop participants had described them. There were, however, two points of disagreement with the problems generated in the female youth workshops. First, Yazidi males saw domestic violence as something that happened in the past. A participant in the older male group reported it was “one family in a thousand, but it used to be so much [more]. Domestic violence used to be accepted.” According to the males, on the rare occasions when domestic violence does happen, it is due to cramped living quarters and economic stress, much as the Syrian males had reasoned. The second point of disagreement in both youth and adult Yazidi groups related to the workshop finding that females have fewer work and educational opportunities than males. A youth participant stated, “Equality between boys and girls is now better than it used to be.” An older male stated that girls’ access to education was equal to boys and this had changed “10 or 20 years ago,” while another said, “There are now more job opportunities for females than males.”

Male youth highlighted that the blackmailing of females through social media is very common, as is verbal sexual harassment. The older men said both existed but felt that sexual harassment was less common. They explained that blackmail on social media happens because “girls are all the time on the phone, giving personal information.” These views echoed those expressed in the Syrian older male group—that females, by virtue of using phones, are inviting blackmail and online harassment. We asked the male youth group to describe how they thought the situation of blackmail through social media should be prevented. Some described that it is up to the female youth not to share her personal information with others, although they later admitted that some males do take photos without consent, or photoshop pictures of a female because “she refused to be in a relationship with him.” One participant said that a teacher had engaged in this form of abuse with a married female student and tribal leaders ultimately referred the case to the police. A trial deemed the girl innocent, and the teacher was fined and jailed for four years. They explained that if, however, an unmarried girl was found responsible for the blackmail (e.g., by sharing photos or having an online relationship) she would be forced to marry the person. The older male group thought that the police should always intervene in cases of blackmail in part as a deterrent. However, they did admit the difficulties for a girl to report such harassment due to severe reputational damage. We probed what would happen

to a girl with a so-called 'bad reputation'—the males explained that it would affect all areas of her life — including her ability to marry and her psychological functioning. We inquired about differences between online harassment and verbal sexual harassment. Some of the men in the room said that the female invites the harassment, while others disagreed saying it was the male's fault—that they had "bad morals", were "uneducated" or "raised in a bad way."

Male youth and older men agreed that divorced and widowed youth are discriminated against in the community, as are ISIS survivors, and that these groups of females have profound "psychological problems" as a result. They linked the problem to marriage — in that both categories of females are seen as "unmarriageable." Male youth agreed they would not marry an ISIS survivor, even though "no one could blame her for her experience." A participant explained, the community often says, 'Let ISIS survivors marry each other, their minds have been changed, so let them stay together.'

The male youth linked the problem of divorce to early marriage. They saw divorce as a type of condemnation on the female's life. She will be stigmatized, and if she is young "boys would treat her badly. She would be sexually harassed so much." Another participant added, "The only solution is for the girls not to marry at a young age." The older males in the group described that early marriage only occurs through cases of "ravin" (when the underage couple runs away together without parental consent), and this commonly happened when boys and girls were not in school. For them, the solution to early marriage was to increase school enrollment, and to help parents and teachers keep children in school by improving the quality (of teaching, space and parent-teacher communication). Early marriage, according to older males, was also seen as a cause of divorce.

Facilitators asked both groups how the treatment of females could be improved, in terms of online harassment and blackmail, verbal sexual abuse and discrimination against divorced females and ISIS survivors. The male youth placed the burden on families needing to educate their sons better. They felt that the Baba Sheikh (Yazidi religious leader) and tribal leaders may have a "small influence" on changing norms, but not a significant one. As for NGOs supporting normative change, one participant responded: "NGOs can do nothing for this, they can't solve these problems." Older men did not seem to think that community norms needed to change, but rather youth needed to be more disciplined, have less freedom (including use of phones), and demonstrate more respect.

Older men expressed their concern that female youth were isolated. Unmarried youth are not often allowed outside "because there is no appropriate place for them to go." This echo calls from the younger Syrian male group for female-only recreational spaces. For divorced or widowed youth, one participant described "the stigma for going out if you are divorced or widowed is very, very high because as soon as you try and do something, everyone assumes you are looking for men." At the same time, and like Syrian men, older men collectively thought

that the community should change the way that divorced and widowed females are treated. A participant explained, “For sure, it is not always her fault. The community treatment is too strong.” While there was a suggestion that these norms need to change, there were not many insights provided on how to make this happen. One man suggested that NGOs and women’s listening centers should engage in more outreach and awareness raising about the harms of these attitudes. Another regretted that tribal leaders and the sheikhs did not hold much weight with the younger population, so were limited in the change that they could facilitate. Lastly, the facilitators presented the idea of providing support for female youth through groups. The response was overwhelmingly positive. One participant explained, “any type of activity would be good for girls, women, boys or men.” Another explained, “The general environment in the camp is very depressing. We need everything, groups for women, activities for boys, even a garden for children would help. It would improve everyone’s psychological situation so much.”



“Early marriage is the source of many other problems... For example, early marriage affects reproductive health. [A girl’s] mental and physical health will be affected negatively if she becomes pregnant [underage]. If she doesn’t get pregnant, the husband’s family will blame her.”

A Syrian female who was married as a minor





Possible Pilot Interventions

The November 2022 Dohuk workshops confirmed the findings from the LNOB study regarding the extent of unmet mental health and psychosocial needs among female youth living in displacement settings in the KRI, and in particular those who married early or are at risk of early marriage. Although we have not held similar workshops in other locations, our LNOB findings from South Sudan and our knowledge of similar contexts lead us to believe that these problems are neither isolated nor unique.

Importantly, while the workshops highlighted numerous and serious mental health challenges experienced by female youth in displacement, they also revealed that displaced female youth – including those who have experienced early marriage—are not passive survivors. In contrast, these female youth are proactive, creative, and engaged in trying to manage and improve their lives, despite being faced with sizeable and—at times—nearly insurmountable constraints. While displacement, early marriage and the risk of early marriage have led to profound mental health consequences for female youth, the most pressing burden faced across all participants was clearly linked to their gender and gender inequality.

As such, while targeted support for those who have experienced or are at risk of early marriage is important, broader gender transformative programming is needed for female youth and communities as a whole. These MHPSS interventions should be piloted, tested, low-cost, and sustainable. Interventions need to be culturally appropriated and led by females who are experts on their own lives and have unique experiences. Importantly, any intervention or solution that specifically targets female youth will need to be accepted by the broader community to ensure they are feasible, embraced and safe for the female youth to engage in.

As described above, one of the challenges for designing effective and appropriate interventions in the KRI is that many of the problems identified by female youth have their origins in broader societal norms, particularly issues connected to gender inequality. The reactions of the male respondents (albeit in a small sample) when presented with the problems identified by female participants were primarily to deny the existence of these issues or to blame the females for their occurrence. This set of reactions further confirms the role of gender dynamics as a key challenge. International actors such as Save the Children are hence faced with a conundrum on how to design interventions that are cognizant of social norms while also supporting those groups or individuals who may be at risk of mental health and psychosocial problems due—in part—to these same norms. While the Dohuk workshops did not set out to identify solutions to broader inequalities and structural issues, it is critical to keep these systemic and underlying factors in mind when considering options for and the feasibility of possible approaches.

The workshops focused on the type of mental health and psychosocial concerns experienced by the female youth participants and others living in similar contexts and situations. As part of the workshop process, we therefore discussed with the participants various intervention options at the level of individual or group – within their community. The interventions listed here arose out of the participatory discussions. **Any interventions would need to be first piloted and tested with a robust evaluation component to generate evidence on effectiveness and feasibility. Depending on the outcomes of the evaluations, these interventions could then be expanded and scaled-up.**

Below we first list some of the contextual components that we believe determine the nature of possible MHPSS interventions for female youth who have married early or are at risk of early marriage in the KRI. We stress that these are generalizations and do not necessarily apply in all households or communities, but can be considered as a starting point for other similar contexts.







- Female youth have limited control over their time, movements or social interactions. In addition, married female youth face heavy domestic burdens. These constraints make it difficult for them to participate in extensive regular activities outside of their homes.
- Although based on a limited sample, male community members largely refuse to recognize the extent of the mental and psychosocial challenges faced by female community members. As males largely set the parameters of female movements and interactions, this lack of recognition seriously hinders the ability of female family members to access support services.
- Strong social stigmas exist around mental health services and mental health-seeking behavior.
- There are extreme concerns around privacy and confidentiality due to the severe risks to individual and family reputation should personal information be leaked to the community.
- The needs of female youth, even within the same marital status categories, are diverse. Within each group there was wide variation for preferred modalities of support, suggesting that multiple interventions should be considered simultaneously.

An important corollary intervention to any MHPSS program would be a community-level project to raise awareness around different mental health issues for girls, boys, women and men, and to seek to decrease the stigma around mental health seeking behavior. Such messages could be spread through schools, clinics, women centers, mosques, and local leaders. This effort would need to be community-led and should take place in conjunction with any of the options listed below.

Given the above contextual considerations around gender inequality, gender-based violence, gender roles, stigma around MHPSS and various needs, and based on the discussions with workshop participants, we list the following possible pilot interventions. It should be noted that given the diversity of marital statuses, ages, and experiences, a multi-intervention approach would be the most effective.

¹²Save the Children in Sierra Leone developed an adolescent SRH app, designed with youths (students at Limkokwing University and youths from Freetown) via a 2018-2021 DANIDA-funded project. An educational mobile app provided engaging and age-appropriate information to young people around SRH, GBV and health service information.

Below is a list of eight possible interventions. We also present a table to illustrate priorities that decision-makers should consider in choosing, combining, and designing their preferred interventions.

COLOR CODE	GROUPING	INTERVENTIONS
	PEER-TO-PEER SUPPORT	2, 3, 4, 5
	REMOTE SUPPORT	1, 2, 5, 6
	COMMUNITY LED	3, 4
	MHPSS INTEGRATED ACTIVITIES	3, 4
	MHPSS FOCUSED	7, 8
	LOW COST	1, 2

1. VIRTUAL INFORMATION PROVISION



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Promoting access to information related to SRH (Sexual reproductive health) and rights and MHPSS.</p>	<p>This simple intervention would include the posting of information that might be relevant for a variety of female youth in displacement, such as on community notice boards, at health centers, on an established online page, or through sexual and reproductive health (SRH) apps¹. This could include information about referrals for: pregnancy; C-section care; post-partum depression; and availability of services related to protection or MHPSS. Pictograms could illustrate specific MHPSS problems, such as post-natal depression, anxiety, distress, loneliness, etc., as well as who to call for support. This intervention could also provide information about positive coping strategies and self-care including how to relax, think positively and stay healthy. A professional could periodically “post” stories through the various mediums about how to handle different situations common to female youth. A more robust method would be for the professional to “receive” questions from female youth and provide responses.</p> <p>In addition to the virtual information provision, a small physical action could be to have phone numbers for SRH—including MHPSS and GBV—services displayed prominently around the community for readily available and easy access for female youth and others².</p>	<p>This intervention would be relatively low cost and have broad reach. Female youth who were worried about confidentiality could access the information without providing personal details and only when they felt safe to do so.</p>	<p>This is a relatively “hands off” approach that may not necessarily meet the individualized needs of female youth. In addition, some female youth may have their internet use monitored by other family members, no access to a smartphone, or have no funds for internet data.</p>	<p>The evaluation team would interview or survey “users” about the helpfulness and relevance of content provided. These interactions with “users” could inform the future content of the webpage, as it could be designed according to the changing needs and requests of users as expressed in interviews.</p>	<p>Low cost, although there would need to be a skilled person to seek, collate and upload relevant (and cross-sectoral) content. There would also need to be a skilled professional to post and respond to inquiries if there is an interactive component. This solution could be integrated with bigger interventions.</p>

¹Save the Children in Sierra Leone developed an adolescent SRH app, designed with youths (students at Limkokwing University and youths from Freetown) via a 2018-2021 DANIDA-funded project. An educational mobile app provided engaging and age-appropriate information to young people around SRH, GBV and health service information.

2. DISCUSSION GROUPS, ORGANIZED BY SERVICE PROVIDERS BUT UNFACILITATED



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Promoting life experience sharing through an online platform</p>	<p>A relatively simple intervention would have local service providers (i.e., nurses at birthing centers/health clinics or school/camp administrators) encourage female youth to join WhatsApp (or other) groups of similar individuals. Nurses/teachers/camp administrators could provide females with the information about joining the groups and request that they let them know if they do join the group. Groups could be capped at a set number before the next group was started. There would be no facilitation or ongoing engagement after establishing the groups. However, service providers could in the initial engagement also share information on services related to protection or MHPSS, and offer referral pathways and information illustrated with pictograms of symptoms of post-natal depression, anxiety, distress, loneliness, etc., as well as information on available support resources.</p>	<p>Female youth expressed feeling isolated and with limited support. Virtual groups created around specific experiences (i.e., marriage, motherhood, fertility problems, secondary school attendance) would provide connections to other female youth in similar situations. This intervention would reduce social isolation and increase social connectedness/the power of togetherness. The virtual nature would allow relative anonymity, and widespread smart-phone ownership would make the groups feasible.</p>	<p>The lack of facilitation and mental health support in this model means there is no oversight when problems arise, such as threats to oneself or others. Misinformation (such as around SRH) might also be spread. Anonymity cannot be guaranteed among participants. Other household members might read and/or control online interactions, with potentially negative consequences for the individual or other group members.</p>	<p>An initial evaluation would take place of the training of service providers and referral system of participants. The evaluation could compare the MHPSS outcomes of female youth who opted to participate and those in similar situations who did not participate.</p>	<p>Low cost. Sustainability is difficult to determine due to the absence of ongoing facilitation.</p>

3. FEMALE-ONLY SPACES WITH FACILITATED ACTIVITIES WITHOUT MHPSS SKILLED FACILITATION



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Establish community-led projects to create safe spaces for females while also providing training in relevant economic and/or life skills.</p>	<p>Community centers or safe spaces housed within NGOs/Camp Based Organizations with female-only time periods and facilitated activities. Such a program was implemented, for instance, by ACF in Cox's Bazar, Bangladesh, promoting baby-friendly spaces with MHPSS components for mothers³. UNFPA provides useful guidance for creating "Women and Girls Safe Spaces", as does Save the Children via the "Adolescent girl friendly spaces toolkit"⁴.</p> <p>Another option could be for females to host these sessions within their own homes on a rotating basis⁵. These activities could include income-generation training, health and life skills instruction, nutritional or child-rearing support, or group games. Sensitization would need to occur with community members regarding the type and nature of activities to help enable access by both married and unmarried female youth. Programs would need to appeal to both married and unmarried female youth.</p> <p>Some workshop participants suggested that such activities could be combined with in-person group MHPSS support sessions (see intervention 5 below), although not advertised as such. This was because some female youth felt they would only be able to access MHPSS services under the cover of participating in different activities that did not carry social stigma. This combined model does have risks of community members discovering the additional component – see above recommendations regarding addressing social stigma within the communities as a first step.</p>	<p>Female youth describe being socially isolated and with limited opportunities to engage in acceptable activities outside of their homes. Community centers and female-only activities would give this group access to other female youth in a context which many families are likely to consider appropriate and permissible.</p>	<p>Allow female youth to access these spaces. Maintaining the spaces, sensitizing the community and female youth, and offering quality programming would likely require ongoing external funding and support. Female youth accessing these spaces would not be receiving direct MHPSS services.</p>	<p>An initial evaluation could take place of the well-being of female youth before they started accessing the female-only services and center, and afterwards. A sample of female youth who regularly used the facility could be compared to those who did not.</p>	<p>Moderate cost to set up the space, design and run programs, and offer quality services. Largely unsustainable in the absence of external funding, unless taken over by a local partner.</p>

³See: <https://mhpsknowledgehub.org/wp-content/uploads/2022/11/ACF-Research-Brief-3pg.pdf>

⁴See: <https://www.unfpa.org/resources/women-girls-safe-spaces-guidance-note-based-lessons-learned-syrian-crisis> or <https://resourcecentre.savethechildren.net/document/adolescent-girl-friendly-spaces-toolkit/>

⁵A similar model took place in Cox's Bazar, in which one participant invited other girls and women to her home each week. This helped to foster acceptance from husbands and in-laws, but can be stressful in crowded situations of high poverty.

4. COMMUNITY-BASED INTERVENTIONS SUPPORTED BY A FEMALE YOUTH NETWORK



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Promote social, psychological and personal empowerment and peer support via collective organizing.</p>	<p>This model entails the development of a female youth network (or tapping into existing networks) which would be involved with community-level mental health and well-being promotion activities. This could include community awareness activities promoting mental health and well-being awareness, addressing stigma, and building social and emotional competence and social connectedness among girls and boys. This intervention would include safe spaces for discussions on gender norms and how these impact girls, boys, women and men in the community differently.</p> <p>Such a model would be led by female youth and include a component of female youth mobilization. This model could be integrated into schools, health clinics, or at the community/camp management level and could be combined with educational, arts, sport, or income-generation activity trainings.</p> <p>The model would require significant engagement at various levels of the community to ensure the approach and preferred activities were accepted and that the model had community buy-in. This would allow the female participants to engage safely and would help to mitigate risks of backlash against the female youth.</p>	<p>Female youth describe being socially isolated and with limited opportunities to engage in acceptable activities outside of their homes. Community centers and female-only activities would give this group access to other female youth in a context which many families are likely to consider appropriate and permissible.</p>	<p>Not all families would allow female youth to access these spaces. Maintaining the spaces, sensitizing the community and female youth, and offering quality programming would likely require ongoing external funding and support. Female youth accessing these spaces would not be receiving direct MHPSS services.</p>	<p>An initial evaluation could take place of the well-being of female youth before they started accessing the female-only services and center, and afterwards. A sample of female youth who regularly used the facility could be compared to those who did not.</p>	<p>Moderate cost to set up the space, design and run programs, and offer quality services. Largely unsustainable in the absence of external funding, unless taken over by a local partner.</p>

5. REMOTE GROUP MHPSS SESSIONS LED BY TRAINED FEMALE SOCIAL WORKERS OR OTHER FEMALE MENTAL HEALTH PROFESSIONALS FROM THE AFFECTED COMMUNITIES



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Provide group social support and MHPSS while focusing on strengthening positive coping and supporting girls and women in distress.</p>	<p>This model entails online group support sessions facilitated by trained female mental health workers. Participants would be grouped by issues they have identified and would meet at regular set times. Participants would be able to discuss problems with some anonymity without leaving their homes. These facilitated sessions could also focus on self-care and positive coping strategies. Through sharing experiences, female participants may be able to offer support and encouragement to each other. The information provided should be practical.</p>	<p>Female youth with constraints upon their movement would be more likely to be able to participate in a remote format than in-person. Participants would possibly feel more comfortable sharing personal experiences virtually as opposed to in-person. Participants may learn positive coping strategies and methods for self-care. Costs would be lower than the in-person model (see intervention 6 below).</p>	<p>Participants may have trouble participating from their homes due to crowded living conditions, time constraints, and domestic obligations. Participants may not feel able to discuss their problems and experiences from such settings. (To note, however, the LNOB study in the KRI was based exclusively upon phone interviews, and the participants managed to share a great deal of personal information). Referrals for more serious issues would need to be available. There may also be a lack of trained professionals in this context. Facilitators need to be aware of limitations of online interaction and it is more difficult to read body language/facial expression/feelings/moods of participants.</p>	<p>The evaluation would seek to compare female youth who participated in the group support sessions with those who did not. We would examine changes in mental health indicators and outcomes over time using qualitative and quantitative metrics.</p>	<p>Initial costs would include recruiting, hiring and training of staff, creation of groups, and outreach. This model would have relatively low ongoing costs beyond the time of the mental health professionals. This intervention would need to have adequate resources to provide supervision to mental health professionals. The program would require external support but, if successful, could possibly be taken over by a local partner.</p>

6. REMOTE INDIVIDUAL MHPSS SUPPORT SESSIONS WITH TRAINED FEMALE SOCIAL WORKERS OR OTHER FEMALE MENTAL HEALTH PROFESSIONALS FROM THE AFFECTED COMMUNITIES



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Provide individual remote counselling to support girls and women experiencing symptoms of mental health conditions.</p>	<p>This model would entail individual remote counselling between female youth and female mental health professionals. This service is reportedly already provided by UNOPS and the Government of Iraq, but none of the girls in the LNOB study or MHPSS workshops appeared aware of this service. If this service is functioning, effective, and staffed by female mental health professionals from the region, then an associated intervention could entail disseminating information about this service while also working to decrease stigma for mental health seeking behavior within the community. Depending on the nature of the existing program, Save the Children might also work to build the capacity of the program to respond to the most pressing issues experienced by those in the study, including repercussions of early marriage, early motherhood, loss, stigma, and harassment.</p> <p>If referrals are possible, then priority should be given to those individuals with the most acute mental health needs; in our sample, acute mental health needs included suicidal ideation and attempts, severe symptoms of depression, anxiety, among others. These symptoms were linked to post-partum depression, severe distress related to domestic violence, grief from the loss of children (upon divorce), miscarriage and still birth, and lingering symptoms of trauma from experiences in conflict (including surviving the ISIS attack on Sinjar).</p>	<p>This model would allow for better usage of an existing mental health support program in a confidential environment with minimal chance of social stigma, as the participant does not have to leave her home to participate.</p>	<p>Similar to those associated with the remote support group described above, although without fear of group members sharing information. As mentioned, there may also be a lack of trained professionals in this context and there would be a need to identify a facilitator speaking the local language but sitting elsewhere.</p>	<p>We recommend an evaluation component despite the main program not being implemented by Save the Children (or other NGO). Such an evaluation could focus on the information dissemination and referral pathway as well as the outcomes for participants. The evaluation would entail ongoing conversations with female youth participating in the individual remote therapy sessions, and measurement of mental health and wellbeing over time.</p>	<p>If set up from scratch this model would be of relatively high cost given the one-to-one ratio of care provider to participant. However, if Save the Children (or other NGO) works in conjunction with an existing program, costs would be relatively low and sustainability would be higher. This intervention would need to have adequate resources to provide supervision to mental health professionals.</p>

7. IN-PERSON GROUP MHPSS SUPPORT SESSIONS LED BY TRAINED FEMALE SOCIAL WORKERS OR OTHER FEMALE MENTAL HEALTH PROFESSIONALS FROM THE AFFECTED COMMUNITIES



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Providing MHPSS services in a group setting allowing for social interactions and peer support.</p>	<p>This model would entail group support sessions aimed at female youth in similar marital, motherhood or family situations. These could either be stand-alone or integrated into other activities such as livelihood or nutrition programs. While MHPSS needs are high across the LNOB sample, those who married as children have appear to have particularly pressing needs and we recommend that programming target this group. A similar group with high MHPSS needs is young divorcees and widows. To minimize stigma, support sessions would need to take place in a location that did not only treat mental health, such as a general health clinic or community center. Stigma could be further minimized by combining these services with other activities or programs deemed acceptable to the community.</p>	<p>This model combines the multiple (and possible reinforcing) benefits of social interaction, time away from domestic and reproductive duties (especially for married female youth), and mental health support. If combined with other activities, benefits would also include information and learning from these components.</p>	<p>Participants may initially be hesitant to discuss personal problems in a group setting, as the dangers of rumor, gossip and reputational injury are acute. Strict ground rules would have to be established around confidentiality. Female youth may also not be able to attend regularly due to constraints on their time and movement. Facilitators would need to be highly professional and selected carefully. Referral services for more serious issues would need to be available. As mentioned above, there may also be a lack of trained professionals in this context.</p>	<p>An evaluation would include baseline, midline and endline evaluations of those who were participating regularly in such a group as well as others facing similar situations who were not participating.</p>	<p>Relatively high cost but spread out across multiple participants who would benefit. This intervention would need to have adequate resources to provide supervision to mental health professionals. Costs would include outreach, personnel, and space. Sustainable only if taken on by a local partner.</p>

8. IN-PERSON INDIVIDUAL MHPSS SUPPORT WITH TRAINED FEMALE SOCIAL WORKERS OR OTHER FEMALE MENTAL HEALTH PROFESSIONALS



AIM	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL PROBLEMS	EVALUATION	COST & SUSTAINABILITY
<p>Provide individual counselling to support females facing symptoms of mental health conditions.</p>	<p>This model would entail individual in-person counselling between female youth and female mental health professionals. Priority should be given to those individuals with the most acute mental health needs, as discussed above. To minimize stigma, in-person counselling sessions would need to take place in a location that was not exclusively associated with mental health.</p> <p>This might be a clinic that did maternal and child health or a community center to which females had ready access.</p> <p>This intervention needs to be framed as short-term such as Eye Movement Desensitization Reprocessing (EMDR) techniques or cognitive behavior therapy (CBT).</p>	<p>This model would allow for tailored mental health support in a confidential setting with the high potential for positive individual impact.</p>	<p>It may be extremely difficult for female youth to regularly attend individual counselling sessions. Participants in the Dohuk workshops expressed hesitation that they would be able to seek such treatment without the community knowing and without negative repercussions for themselves and their families. Others explained that they would need permission to be away from home on a regular and repeated basis and that receiving this permission was unlikely. Given these factors as well as the high cost, the relative scope and reach of such a program would likely be limited. As mentioned above, here may also be a lack of trained professionals in this context.</p>	<p>The evaluation component would be similar to the evaluation for remote individual counselling sessions.</p>	<p>This intervention would need to have adequate resources to provide supervision to mental health professionals. Costs are high given the small number of participants likely to be reached. Sustainable only if taken over by a local partner.</p>



Annex A

DESCRIPTION OF LNOB STUDY SAMPLE FROM WHICH WORKSHOP PARTICIPANTS WERE INVITED:

LNOB's main source of data is a cohort of female youth, who were predominantly between the ages of 14 and 23¹⁷ at the start of data collection. They were regularly interviewed between 2020 and 2022 using surveys, semi-structured interviews, and participatory methods that included drawings and photographs. Interviews were conducted by local female researchers from the affected populations; in the case of the KRI our researchers were a young Syrian refugee and an Iraqi Kurdish social worker. Both spoke Kurdish, Arabic and English and were integral to all components of the study.

We selected study participants using referrals from local organizations and snowball sampling. Members of the cohort are unmarried, married as minors, divorced, or widowed and includes those living with physical, emotional, or intellectual disabilities, regardless of marital status. Family members of participants were interviewed when possible¹⁸. The original cohort sample in the KRI numbered 68, and we conducted over 350 interviews with these respondents prior to the Dohuk workshop in November 2022. Topics covered included family background, experience of displacement, experience of conflict, current family situation, education, challenges, and opportunities. The multiple-interview format allowed for the development of trust between the researcher and the participant. Interviews were broad in scope and participants largely steered the direction of the conversation in each session.

¹⁷The sample also includes a subset of participants over the age of 23 because they represented an interesting group of characteristics such as: widows who married as children and have teenage daughters; unmarried women above the "typical marriage age."

¹⁸LNOB also interviewed key informants, including representatives from government entities, the United Nations, international and local non-governmental organizations (NGOs), camp managers, teachers, health workers, and community and religious leaders.