OVERVIEW OF GENDER-BASED VIOLENCE IN SYRIA

In 2020, Syria entered its tenth year of conflict, with over half of the Syrian population having sought refuge outside the country or become internally displaced. Women and girls have faced a steady increase in the risks and forms of gender-based violence (GBV) that affect them. The ongoing conflict and deteriorating economic situation, coupled with the COVID-19 pandemic and its impact on movement restrictions and access to services, have made 2020 a particularly difficult year for women and girls. Lockdown measures and lack of employment opportunities have been associated with a spike in incidents of intimate partner and family violence against women and adolescent girls. Physical, emotional, and sexual violence, sexual exploitation and abuse, early and forced marriage, and denial of education and economic resources are all prevalent forms of GBV that girls and women in Syria continue to face.

SNAPSHOT
GENDER-BASED VIOLENCE IN 2020

AFFECTED POPULATIONS
Women and girls (particularly if they are widowed, divorced and/or displaced), adolescent girls; women with disabilities and older women. Men and boys can also experience sexual violence.

LOCATION OF VIOLENCE
GBV occurs in almost every space: schools, homes, public places, public transport, workplaces, camps and shelters, prisons and detention centers, distribution and service provision points, and online.

CONSISTENT TRENDS
Physical and emotional violence, sexual violence, sexual exploitation, and abuse by men in positions of power continue to be widespread. GBV continues to be normalized by individuals and the wider community.

IMPACT OF COVID-19
The COVID-19 pandemic has resulted in greater risks of gender-based violence (especially in the home) and negative coping mechanisms like sexual exploitation and child marriage.

CONSEQUENCES
Psychological distress, depression, shame, social stigma, family rejection, homelessness, physical health issues (including health consequences of forced puberty and of early/unwanted pregnancy), and suicide.

COPING MECHANISMS
Silence and choosing not to disclose their experience, using available protection services, seeking family and community support, raising awareness, running away, changing their attire and restricting their own movement, searching for employment, and seeking formal or informal education opportunities are some of the most common ways survivors cope with GBV.

REPORTED MORE FREQUENTLY
In 2020, women and girls are more likely to report intimate partner violence, family violence, forced and early marriage, economic deprivation, and restriction to girls’ access to education and resources. Reports of forced puberty continue to emerge.
A CLOSER LOOK

EARLY/FORCED MARRIAGE

Reports of puberty being induced prematurely by parents to anticipate their daughters' marriage. Early marriage continues to be widespread and reaches ever younger girls, with concerning evidence that girls are reaching women and girls who almost universally condemn the practice in principle. However, the economic and social burden of early marriage remains a widespread concern affecting all women and girls, driving them to modify their behavior, including by restricting their movements and adopting specific dress codes. Widows and divorced women, together with adolescent girls, are particularly exposed to sexual harassment and more likely to be sexually exploited for the purposes of sex work. Sexual exploitation and exploitation by employers and other men within the workplace is common, especially for women and adolescent girls who economically support their households. Rape by an intimate partner or by another male family member, as in the case of children or women and girls with disabilities, continues to be reported to GBV actors. Sexual violence against men and women also continues to take place in detention centers.

AFFICTED POPULATION

While all women and girls in Syria are likely to be exposed to GBV, women and girls who are multiply marginalized due to their gender, age, and other forms of discrimination (such as women and girls with disabilities) face additional risks and additional barriers when seeking to access support or services. These groups include: adolescent girls; widowed and divorced women; women and girls with disabilities; displaced women and girls; older women; and persons with diverse sexual orientations, gender identities and expressions, and sexual characteristics (SOGIESC).

TYPES OF GBV IDENTIFIED

SEXUAL VIOLENCE, RAPE AND HARASSMENT

Sexual harassment in public spaces such as markets, distribution points, and public transport remains a widespread concern affecting all women and girls, driving them to modify their behavior, including by restricting their movements and adopting specific dress codes. Widows and divorced women, together with adolescent girls, are particularly exposed to sexual harassment and more likely to be sexually exploited for the purposes of sex work. Sexual harassment and exploitation by employers and other men within the workplace is common, especially for women and adolescent girls who economically support their households. Rape by an intimate partner or by another male family member, as in the case of children or women and girls with disabilities, continues to be reported to GBV actors. Sexual violence against men and women also continues to take place in detention centers.

INTIMATE PARTNER VIOLENCE

Sexual, physical, psychological, emotional, and economic violence by an intimate partner, commonly the husband, is consistently reported as one of the most widespread forms of GBV experienced by adult women and adolescent girls. Adolescent girls who married early and girls and women in polygamous marriages are particularly exposed to cycles of intimate partner abuse. Children are also likely to be subjected to violence and used by the perpetrator to control women's behavior. Social norms that condone the use of violence against women within the home persist, leading to further normalization of GBV. Displacement, severe economic deterioration, COVID-19 restrictions, and the ongoing conflict are all linked to increased levels of GBV within the home in 2020.

EARLY/FORCED MARRIAGE

Adolescent girls continue to be perceived as an economic and social burden on the family, best relieved through forced early marriage. Awareness raising activities on the risks of early marriage are reaching women and girls who almost universally condemn the practice in principle. However, early marriage continues to be widespread and reaches ever younger girls, with concerning reports of puberty being induced prematurely by parents to anticipate their daughters' marriage. Prolonged school closures due to COVID-19 have also increased the risk of early marriage.

“Happy, strong and to be able to stop violence”

“An education sometimes means that our families will starve. We go to work every day so that we can survive.”

-- Yara, an adolescent girl from Damascus

-- Rama, an adolescent girl, Idlib sub-district, Idlib

IMPACT OF GBV

Adolescent girls and women report feeling psychological distress, fear, and despair due to daily experiences of GBV. They recount feeling strong pressure on their physical, mental, and social wellbeing which can lead to suicide in some cases. Health consequences of GBV can include unwanted pregnancy, complications during pregnancy and childbirth, and long-term damage to women and girls’ sexual and general health. Women are also concerned about the normalization of violence against them in society, and the passing of these norms to their children and the next generation. In addition, women and girls who survive GBV face public shaming, social stigma and rejection from their family and broader community, which can in turn result in further acts of GBV.

FAMILY VIOLENCE

Adolescent girls and women, and especially those with a disability, are the target of emotional, psychological and physical violence as well as denial of education and resources by their parents and brothers. Adolescent girls complain of being denied the right to education, either so they can get married, engage in child labor, or due to fears of sexual violence and kidnapping on the way to and/or in school. GBV and neglect against older women by younger members of their family, and in particular their sons, is also a general concern. Widows are commonly denied their right of inheritance and divorced women are often rejected from their family of origin, struggling to find adequate shelter and livelihood options for themselves and their children.

SEXUAL EXPLOITATION AND ABUSE (SEA)

Sexual exploitation and abuse of women and girls by traditional and non-traditional humanitarian actors continues to be present across Syria. This trend must be understood within the context of aid distributions widely being considered unfair, marred by favoritism and as a site of financial exploitation and sexual exploitation. An increase in reports of SEA during 2020 points to the persistence of this phenomenon, but also to improved awareness within communities about SEA and relevant reporting mechanisms.

“An education sometimes means that our families will starve. We go to work every day so that we can survive.”

-- Rama, an adolescent girl, Idlib sub-district, Idlib

OTHER GBV RELATED RISKS

Fears of being kidnapped and sexually abused by strangers continue to affect women and girls, and significantly impact their freedom of movement. Trafficking and organ trading are reported in certain areas of Syria. Likewise, GBV in detention, including physical and emotional abuse, rape and torture can have a devastating impact on the lives of women and girls, who are often stigmatized and rejected by their family and community once released. Verbal abuse and harassment of women in the streets, at their workplace, and in school remain pervasive and are sometimes used as a strategy to entrench gender norms and punish women who do not conform to them.

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COPING MECHANISMS

The most common coping mechanism for survivors of GBV is remaining silent about their experiences, especially in cases of sexual violence. However, humanitarian GBV programmes clearly emerge as a lifeline for girls and women who seek them for psychosocial support and as a safe space where they can feel comfort amongst other women and girls. Girls and women also strongly express their desire for the continuation of awareness raising and GBV prevention activities in order to decrease GBV in their communities, including continuous engagement of men and boys. The use of secure or legal services is limited, but at the same time girls and women wish for more formal state protection. Other coping strategies include seeking support from parents or the family, pursuing formal and informal education, learning a skill, and achieving economic independence in order to minimize the risk of GBV.
RISKS IN OTHER SECTORS

EDUCATION

Girls with a disability are further excluded from educational opportunities either because of social stigma or barriers to access and the inadequate availability of tailored support. However, unanimously across all governorates, adolescent girls rank education as the key priority they wish to pursue. Conservative and patriarchal views, as well as economic hardship and poverty, push families to continue denying adolescent girls’ access to education and forcing them into early marriage or child labor instead. Access to education in 2020 was limited by COVID-19 restrictions and lockdowns that kept many children out of school or required them to shift to online learning.

UNACCOMPANIED AND SEPARATED CHILDREN / CHILD LABOR

Conflict, displacement, and social norms continue to lead to the reconfiguration of family units and, in some cases, the abandonment of children. In addition to exposing girls to child labor and sexual abuse, abandonment increases the risk of early marriage as a coping mechanism, therefore trapping them in a cycle of violence. Working children, including girls, are deprived of a full childhood and subjected to various hazards that may cause them injury and expose them to sexual abuse. While gendered differences in types of work are common, both girls and boys work in dangerous jobs, including recruitment into armed groups.

HOUSING, LAND AND PROPERTY

Adolescent girls and women are deterred from claiming their rightful inheritance and are subjected to social stigma and violence in order to give up their owned property. Displaced and divorced women and girls as well as widows are at a higher risk of losing their homes and rented property due to the absence of a male figure. Disabled persons are systemically kept out of inheritance or property ownership, further increasing their vulnerability to violence.

DURABLE SOLUTIONS

Women are frequently included in decision-making regarding the future of their family, but often with a weaker role. Adolescent girls are systemically ignored in decision making, as well as any members of the family with a disability. Widowed and divorced girls and women face an additional layer of risk when returning to their original homes as they are often shunned and left with neither shelter nor livelihood.

MINE ACTION

Children are the most at risk of injury or death from an unexploded bomb they find and play with. Children and adolescents working in farming, and metal and scrap collection are also at risk. The physical and psychological impact of bombings and mines sometimes lead parents to restrict their children’s movement or their access to education. When causing a serious injury or physical disability, girls and women are pushed into further vulnerability, poverty, and precarity as a result.

WASH

Displaced women and girls have reported being exposed to sexual violence and sexual harassment within or on the way to communal bathrooms. These continue to lack locks, be improperly lit, not segregated by gender, and insufficient in number.

FOOD AND NON-FOOD DISTRIBUTION

Adolescent girls and women fear sexual harassment, sexual exploitation and abuse (SEA), and psychological pressure during distribution of food and non-food items which deters them from seeking needed aid. Distance and lack of transportation continue to be a barrier to accessing food and non-food item distribution for girls, widowed and divorced women, elderly women, and persons with a disability.
“For me, the safe space became more than a lifeline. It became my life, my one outlet from the madness, hatred, discrimination and cruelty I was encountering on a daily basis.”

— Rama, a survivor of gender-based violence from Qamishli, Syria

810,239 People reached with GBV programming/services
390,580 People reached with dignity kits
11,243 People provided with GBV case management
4,584 People trained on GBV-related topics
120,110 People with disabilities reached with services
131,628 GBV beneficiaries accessing other static facilities
192,161 GBV beneficiaries accessing safe spaces
486,450 GBV beneficiaries reached through outreach activities/mobile response

The Whole of Syria GBV AoR continued to assist GBV survivors with specialized services, including case management and psychosocial support, and worked to enhance the capacity of these services to address different needs of survivors. Much of this life-saving work has been further complicated by the COVID-19 pandemic and the various restrictions on movement that have accompanied it. Service providers have spared no effort to adapt their services to meet these challenges and to ensure the continuity of services to those in need. While GBV services are available in 98 percent (or 265) of sub-districts in Syria, which an increase of 77 percent since 2015, the reality is that this only represents 10 percent of communities with GBV specialized services. The year 2020 also saw a drop of 11 percent in the number of beneficiaries accessing services, which corresponded mainly to the initial months of the COVID-19 pandemic when services were still to be adapted to other modalities of service provision.

For donors
- Provide adequate funding to extend reach and accessibility of GBV programs for all women and girls, including the most marginalized, through a combination of in-person and remote service provision
- Recognize and fund the additional needs of women and girls created by the COVID-19 pandemic, including support to adapt GBV programs and respond to increased rates of IPV and other forms of GBV
- Invest in multi-sectoral, long-term, structured GBV prevention programs in the Whole of Syria to meaningfully address harmful social norms and other driving factors of GBV (including livelihood support)
- Invest in and support accountability mechanisms to ensure that all humanitarian actors take responsibility for mitigating the risks of GBV and eliminating Sexual Exploitation and Abuse (SEA) in the region, for example by funding GBV risk mitigation and SEA prevention and response activities and by requiring regular reporting on these areas across all sectors

For humanitarians
- Prioritize and adequately resource GBV risk mitigation across all sectors, especially in light of additional risk factors introduced or exacerbated by the COVID-19 pandemic
- Invest efforts and resources in strengthening mechanisms for preventing and responding to SEA across all distributions and other humanitarian activities, including where non-traditional humanitarian actors are involved. Prioritize the safety of women and girls, especially from retaliation and stigmatization, across all PSEA activities.
- Work closely with GBV to further strengthen multi-sectoral and multi-pronged approaches to preventing GBV and support women and girls’ efforts to become economically self-sufficient.

For GBV actors
- Expand coverage and accessibility of GBV programs for all women and girls (including women and girls with a disability and older women), including by providing safe and affordable transportation options and by further developing both mobile and remote service provision
- Strengthen quality of multi-sectoral GBV services through regularly updated referrals, transparent communication and awareness raising about services, and training and on-the-job support for service providers.
- Leverage communities’ interest in and commitment to awareness raising and other GBV prevention activities to establish community-led, long-term and structured GBV prevention programs.
- Collaborate with other humanitarian actors to develop multi-pronged and multi-sectoral initiatives to address multiple drivers of GBV at the same time, and to support women and girls’ efforts to become economically self-sufficient.
- Ensure that adaptations of GBV programs to respond to COVID-19 constitute an opportunity for learning around new approaches to deliver GBV services and GBV prevention activities, their potential and their limitations.
“I know the world I want to live in. Help me build it, and I will never stop working.”

— Ruba, an adolescent girl from Idlib