

OVERVIEW OF GENDER-BASED VIOLENCE IN SYRIA

ADVOCACY BRIEF

The crisis in Syria has been globally recognized as one of the worst humanitarian crises of our time, displacing millions inside the country and forcing millions of others take refuge in neighbouring countries throughout the region. One of the most egregious and often misunderstood manifestations of the violence afflicting Syrians is gender-based violence (GBV), which remains a serious protection issue, particularly for women and girls, who are most at risk of gender-based violence in any humanitarian crisis.

SNAPSHOT

GENDER-BASED VIOLENCE IN 2019



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 continues to occur everywhere: at homes, on the streets and public places, in markets, camp settings, and others.



CONSISTENT TRENDS

Various forms of physical and emotional violence; sexual exploitation/harassment; domestic violence; family violence; denial of resources and opportunities; child/forced marriage.



REPORTED MORE FREQUENTLY

Online harassment, revenge pornography/ sextortion, and sexual violence are all trends that were more frequently reported in 2019.



NEWLY REPORTED TRENDS

Several new trends emerged in 2019, including forced pregnancy; forced puberty and denial of working women's opportunities to marry.



CONSEQUENCES

Shame, stigma, psychosocial distress, suicide, health issues (wounds, bruises, unwanted pregnancy, sexual transmitted infections), loss of childhood and opportunities, fear, movement restrictions, and death.



NEGATIVE COPING MECHANISMS

Silence, victim blaming, movement restrictions, aggression and the use of violence towards others, running away, crying and engaging in unhealthy behaviors, child and early marriage.



POSITIVE COPING MECHANISMS

Family and community support, raising awareness, seeking support from protection services, positive activities or actions such as building self-esteem, studying, physical exercise or journaling.



UNITED NATIONS POPULATION FUND



WHOLE OF SYRIA GBV AREA OF RESPONSIBILITY

GENDER-BASED VIOLENCE

A CLOSER LOOK

GBV continues to pervade the lives of women and girls in Syria, inside and outside the home. Its brutal consequences affect individuals, families and communities at large. Women, girls, boys and men have confirmed that GBV occurs everywhere in urban, rural and camp settings: in homes, at schools and universities, and in the streets and public spaces, resulting in very few spaces where women and girls can feel safe.

AFFECTED POPULATION

Populations mostly affected by GBV are women and girls (particularly if they are widowed, divorced and/or displaced), adolescent girls; women with disabilities and older women. Power disparities between males and females, coupled with the effects of negative social norms, customs and traditions, all impede the realization of individual human rights. Men and boys are also at risk of sexual violence particularly within the context of torture.

TYPES OF GBV IDENTIFIED

Different types of gender based violence — particularly physical violence; emotional, verbal and psychological violence; sexual violence and sexual harassment; domestic violence; family violence against women and girls; denial of resources and opportunities; and early/forced marriage — emerge as continuous trends over the years, while new GBV trends have also been identified. The normalization of various forms of violence has become a new underlying factor, meaning that the violence experienced by women and girls is indicative of a cultural shift that is directly correlated with (or largely caused by) the crisis.

SEXUAL VIOLENCE, HARASSMENT, AND EXPLOITATION

The threat of all forms of sexual violence is a constant fear in the lives of women and girls. Reported incidents of rape are on the increase in some areas, which does not necessarily mean an increase in prevalence but signifies an improvement in the quality of services. Online harassment, revenge pornography, sextortion, and sexual exploitation, have all become more widespread through various communications and social media platforms, with adolescent girls, widowed and divorced women being more vulnerable targets. Sexual violence against men and boys has also been reported within the context of torture.

Sexual harassment has been a pervasive form of sexual violence throughout the nine years of crisis, with 2019 being no different. Girls and divorced and widowed women in particular are vulnerable to sexual harassment. This has led many families to resort to restricting the movement of girls as a coping mechanism, forcing them to forego their education in the process. Meanwhile, the harassment of divorced women is inherently viewed as acceptable because they are no longer deemed chaste. Lastly, persons with disabilities are at high risk of sexual harassment (and assault/rape) due to their inability to either physically evade perpetrators and/or comprehend what is happening.

PHYSICAL VIOLENCE

Physical violence emerges as a deeply-rooted and culturally-influenced phenomenon in the daily lives of Syrian women and girls. It initially manifests during early adolescence in the form of family violence (often accompanied by restriction of movement) as a means of exercising control over a girl who is approaching adolescence. As the girl matures, physical violence continues to accompany her development and, if she is married, transitions into intimate partner violence. Physical violence is cited as part of the traditions and customs and as a method of teaching women to be upstanding members of the household.

“We, women and girls, are the most oppressed. A little more oppression and they will hold us accountable for the breaths we take.”

— Mariam, adolescent girl from Aleppo

CONSEQUENCES OF GENDER-BASED VIOLENCE

The consequence of GBV can be long-term, permanent or fatal; they include shame, stigma, suicide, psychosocial distress, health problems and fear, particularly since survivors are often shunned or ostracized by their families and communities. Some of the consequences of early marriage in particular include the loss of childhood, the inability of girls to adequately develop physically, health problems associated with early pregnancy that follow early marriages, in addition to the many psychological consequences with the practice, such as long-term trauma and stunted emotional development.

EMOTIONAL AND PSYCHOLOGICAL VIOLENCE

Women are regularly insulted and repeatedly told that their role in the community is relegated to household work (cooking, cleaning, etc.). Emotional and psychological abuse is pervasive against divorced and widowed women merely as a result of their civil status, as divorcees and widows are perceived as liabilities by their families and the larger community. Older persons, especially older women, are particularly prone to verbal violence and are marginalized by family members.

ECONOMIC VIOLENCE AND DENIAL OF RESOURCES, OPPORTUNITIES, OR SERVICES

Women, especially divorcees and widows, are exploited through denial of employment, low paying wages or by being forced to work without having control over their earnings. Adolescent girls are exploited sexually and economically in the workplace or prevented from going to school, while women and girls alike are denied the right to their dowries and/or inheritance. Women with disabilities are exploited in the workplace, while older women don't often have the ability to work, making them financially (and otherwise) dependent on family, that in some households force older persons to relinquish their assets and property.

EARLY/FORCED MARRIAGE

In 2019, child/forced marriage continues to be a form of violence experienced by adolescent girls. Adolescent girls are forced into early marriage for a variety of reasons: to ease financial burdens within the home; as a misguided protection measure against mounting risks by parents; or to cover the shame of sexual violence that the girl may have experienced. In some cases, girls willingly choose to accept marriage under the notion of securing her future or escaping to a better environment.

Girls are often wed to men whom they had not chosen, who are often much older and/or already married, which is likely to increase their vulnerability to other forms of GBV. This year, however, GBV experts working in NW Syria also noted a disturbing trend of hormone therapy being used on pre-pubescent girls as a means of forcing early puberty and marry girls at an even earlier age.

OTHER GBV-RELATED RISKS

During humanitarian crises, the many forms of GBV that arise are often interlinked and linked to other forms of violence or violations of individual human rights. For instance, if an adolescent girl survives sexual assault or abduction, this is often followed by the intrusive procedure of “virginity testing” to prove that sexual violence did not occur, often as a misguided means of safeguarding the reputation of the family. Forced serial marriages are also being arranged by parents/families to ease crisis-borne financial burdens and forced pregnancy as a means of replenishing lives lost during the crisis, while some men are forcing their wives to have sex-selected abortions to ensure they have male heirs.

COPING MECHANISMS

Silence, withdrawal and social isolation, victim blaming, movement restrictions, aggression and use of violence, running away, crying and engaging in unhealthy behaviors (such as excessive drug consumption) are the main negative coping mechanisms cited by women and girls in response to GBV. Silence around incidents of GBV, especially those involving sexual violence, is a practice employed by survivors and their families to avoid shame. Positive coping mechanisms were also identified, including seeking support from family and community or from protection services, positive activities or actions such as building self-esteem, studying, going to the gym, journaling, meditation, and seeking health services.

RISKS IN OTHER SECTORS

GBV REMAINS A CRITICAL RISK FOR BENEFICIARIES ACCESSING HUMANITARIAN ASSISTANCE ACROSS OTHER SECTORS.



EDUCATION

The fear of violence is a common cause for not sending children, particularly daughters, to school. Meanwhile, child and forced marriage continues to deprive adolescent girls from pursuing their education.



FOOD SECURITY / LIVELIHOODS

The risk of sexual and economic exploitation at food distribution sites have been identified as barriers to receiving food aid. Additionally, there have been reports of families selling the contents of food aid packages, in addition to these contents being of low quality or unavailable, all of which places women and girls at greater risk of exploitation as they may feel forced to participate in transactional sex in order to obtain food.



WASH

Women and girls are at risk of verbal, physical and sexual violence at water distribution points or on the way to get water, while accessing latrines and when having to bathe in places that are deemed unsafe. Many women and girls are often forced to access WASH services with a male escort in order to avoid potential risks.



SHELTER

Living with strangers, often in overcrowded shelters that lack privacy, places women and girls at a higher risk of GBV. Shelter rehabilitation services are also mostly provided by male workers, which poses a risk for female-headed households during the implementation of these services.



CHILD PROTECTION

Unaccompanied/separated children and child head of households are at risk of various forms of violence. They experience verbal and physical violence by other children within their host families as well as sexual violence, with the potential for marginalization when they survive such violence. Children may be at risk of being forced to work, with boys being particularly exposed to heavy labor and abuse, while girls are at extreme risk of sexual exploitation and verbal and sexual harassment when forced to work or beg.

GENDER-BASED VIOLENCE WHOLE OF SYRIA ACHIEVEMENTS IN 2019*

OPERATING IN SYRIA AND CROSS-BORDER VIA TURKEY, THE WHOLE OF SYRIA GBV AREA OF RESPONSIBILITY CONTINUES TO ENSURE THAT MINIMUM STANDARDS ARE IN PLACE TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE IN EMERGENCIES.

“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. Rama has been receiving psychological support services from a Women and Girls Safe Space

913,271

People reached with GBV programming/services

96,335

People reached with dignity kits

18,124

People provided with GBV case management

2,515

People trained on GBV-related topics

1,013

People with disabilities reached with case management

182,953

GBV beneficiaries accessing other static facilities

201,009

GBV beneficiaries accessing safe spaces

529,309

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. Data received from partners in northwestern Syria shows a notable increase in reported rapes of women and girls. Fortunately, the data also underscores the increase in the quality of and access to services, as half of the recently reported rape cases were able to access life-saving services within 120/hours.

The Whole of Syria GBV AoR has also noted the satisfaction with which users/beneficiaries view GBV specialized services, outreach and awareness raising. Over the course of the year, beneficiaries and GBV experts alike have noted that the mindset of parents, families and community members are changing, demonstrating greater knowledge of basic GBV concepts and the negative impact of some social norms and traditions, such as child/forced marriage.

GENDER-BASED VIOLENCE

RECOMMENDATIONS

MOBILIZING GLOBAL EFFORTS TO CREATE A SAFER SYRIA FOR WOMEN, GIRLS AND COMMUNITIES AT LARGE.

FOR DONORS

- Increase support for specialized GBV services to ensure their expansion to cover the geographical needs and meet standards of quality. GBV specialized services are still unavailable in 90 percent of communities across Syria.
- Increase support for a multi-sectoral response to GBV survivors, for example focusing on the integration of sexual and reproductive health and GBV services, and prioritize both the emergency response and acute humanitarian GBV needs addressed through a medium to long-term response.
- Increase support for GBV risk mitigation in other sectors to make the humanitarian response in Syria safer, including through direct funding of GBV risk mitigation initiatives conducted by different sectors.
- Increase support for GBV prevention interventions that tackle the root causes of GBV and work toward changing harmful social norms.
- Consider supporting different actors (MPHSS, protection, health, etc.) to increase the response capacity to address the specific needs of male survivors of sexual violence.

FOR HUMANITARIANS

- Humanitarian leadership should continue to ensure that a strategic approach to GBV risk mitigation is used in the Syria response. GBV should remain in the agenda of humanitarian coordination and response in Syria at all levels. Humanitarians should also consider costing GBV risk mitigation activities in the HRP.
- GBV risk mitigation is non-negotiable in humanitarian response. Humanitarian actors should therefore ensure that each sector assesses and addresses GBV risks throughout the humanitarian programme cycle.
- Relevant sectors, especially health/MHPSS and protection, should take on the shared responsibility to organize a multi-sectoral response to address the needs of male survivors of sexual violence. All sectors should enhance referrals for GBV survivors, ensuring GBV survivors are included in each sector's vulnerability criteria in an effort to provide a more holistic and multi-sectoral response.

FOR GBV ACTORS

- Increase the geographical coverage and quality of GBV specialized services, including case management and psychosocial support, and implement targeted GBV prevention interventions in an effort to change negative social norms that perpetuate GBV.
- Work with the GBV coordination mechanisms to identify relevant gaps and to ensure access to technical support and coordination with other actors, and work with other sectors to enhance multi-sectoral support to survivors.
- Analyze and address barriers to access to services as well as specific GBV risks of different groups, especially adolescent girls, older women, women and girls with disabilities, and widowed and divorced women and girls.

“Taking into consideration the bad conditions that resulted from the war and the rarity of young people, parents feel that they are obliged to marry their daughters to good young men propose to them, regardless of the age of the girl and her physical and psychological capacity to be his wife.”

— Rama, an 18-year-old girl from Damascus



“After the war came, we thought we would have to worry about fighter planes and bullets, but instead we found ourselves worrying about harassment, kidnapping, and rape.”

— Dalia, an adolescent girl from Idlib

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