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Foreword

“I want to live safely and have a small plot of land and a house to protect me and my children from the cold of the winter and the heat of the summer. I want a source of income to avoid asking people or organisations for assistance.”

This heartfelt aspiration, voiced by a young mother in Ar-Raqqa governorate, is typical of the hopes and dreams of many Syrian women and girls, who have seen their lives curtailed over the last 11 years. They want respite from the many types of gender-based violence that have become so commonplace. They want the freedom to be an adolescent girl and go to school, to walk down the street with dignity or spend time with friends, without the fear of abuse and shame.

As the Syria crisis stretches into a second decade, complicated further by the social and economic impacts of the COVID-19 pandemic, women and girls continue to bear the heaviest burden of this enduring humanitarian disaster. Voices from Syria provides a detailed picture of what it means to be a member of society’s most vulnerable groups at a time when social and protection networks have disintegrated.

And yet, there are accounts of remarkable resilience. We hear from young women who embrace awareness raising and refuse to accept that change is beyond reach. Some have the courage to fight back and challenge harmful social norms. Women and girls safe spaces continue to offer a unique haven for women and girls in need across numerous communities, delivering specialised services, awareness, and engagement that makes an enormous difference in the lives of those accessing them. Women are taking steps to ensure financial independence, which is a proven barrier to certain types of violence.

Yet, this optimism battles against a rising tide of hopelessness, especially among women and girls affected by multiple forms of violence and discrimination, such as widows and divorcees, adolescents, older women and people with disabilities. Violence against women has become so normalised across all facets of life that it must now be recognised as a key phenomenon within modern Syrian culture — one that is quickly eroding the resilience of women, based on assessments conducted in 2021.

Restriction of movement, forced and early marriage, and family and intimate partner violence continue to be among the most common violations observed, now made worse by the COVID-19 pandemic and the lack of employment opportunities for adult men. The last year has witnessed a worrying increase in femicide, particularly in refugee camps, related to the social notions of honour and shame. Fortunately, increased efforts to address sexual exploitations and abuse have also led to wider acknowledgement of this violence, with more women, girls, boys and men knowing where to report. Still, much more work needs to be done to undo the damage wrought by a decade of violence.

Voices from Syria aims to serve as a unique resource for specialised gender-based violence organisations and the overall humanitarian response in Syria with the information required to ensure a comprehensive, effective and safe response is delivered in one of the most complex and far-reaching humanitarian crises of our times.

As ever, our sincere gratitude goes to all those who have contributed to this publication, particularly to the inspiring women and girls, boys and men who have generously shared their testimonies and insights and to all the partners who work to address GBV in Syria. We are also grateful to all donors whose support has enabled the delivery of a wide range of programmes targeting Syrian women and girls, which has helped provide the platforms and support they need to share their voices with the world.

Sincerely,

Luay Shabaneh
UNFPA Regional Director, Arab States
Intended Use of the Report

The primary aim of Voices from Syria is to support the development and implementation of humanitarian programmes to prevent and respond to gender-based violence (GBV) across the Whole of Syria (WoS) response. The publication is also intended to be a resource for humanitarian workers’ programming within other sectors/clusters – Camp Coordination and Camp Management, Early Recovery and Livelihoods, Education, Food Security, Health, Nutrition, Protection, Child Protection, Mine Action, Shelter and Non-Food Items, Agriculture and Food Security, and Water, Sanitation and Hygiene (WASH) - to better understand the risks of GBV that need to be mitigated throughout their response.

**Voices from Syria does not represent prevalence data on GBV.** This report should be read with an understanding of the complexities of the context of Syria.

It is important to note that this publication is not intended to present a picture of Syria to the media or provide journalists with information on GBV. Voices from Syria is not to be quoted by – or to – colleagues working in the media. If any journalist is interested in further information on GBV in Syria, they should contact GBV coordinators at WoS level or in the hubs as listed under humanitarianresponse.org.
Gender-Based Violence (GBV) is a dominant feature of the Syrian humanitarian crisis, affecting the lives of millions of women and adolescent girls across the country. In 2021, women and girls across all governorates of Syria were subjected to physical violence (hitting, beating, physical injuries, torture, murder, and femicide), psychological and emotional violence (verbal abuse, forced isolation, gaslighting, social stigmatisation and ostracisation), sexual violence (sexual assault, blackmail, exploitation, harassment, and rape), social violence (stigma and discrimination), as well as forced and early marriage, systemic denial of economic resources and education, movement restrictions, and exploitation at work. Although mentioned less frequently, women and girls also continued to face threats of kidnapping, arrest, and detention.

These various forms of violence were most commonly perpetrated by women’s and girls’ male partners, male family members, and men and boys in public. They were also upheld by patriarchal norms, customs, and institutions that maintain gender inequality. Women and girls faced compounded forms of violence when exposed to overlapping and mutually reinforcing forms of discrimination and social exclusion, such as for divorced and widowed women who are not only exposed to heightened social policing, but also systematically deprived of inheritance and resource ownership. Women and girls with disabilities consistently faced denial of rights and barriers in accessing services and distributions. Older women complained of being overlooked and facing neglect, family violence, and multiple barriers in accessing services and distributions as well. Virtually every space that women and girls accessed was marred with experiences of GBV, including homes, schools, workplaces, camps, markets, public roads, distribution points, and online.

As women and girls continue to navigate the variety of types of GBV inflicted on them in 2021, several key findings emerge from the experiences they shared during the data collection for this report:

• A triangle of factors: humanitarian crisis, economic deterioration, and COVID-19

The combination of the prolonged humanitarian crisis (continuation of armed conflict, population movements, and cyclical displacement); alongside the Syrian economy’s swift deterioration (currency devaluation, rising food prices, rising unemployment); coupled with the lasting effects of the COVID-19 pandemic (lockdowns and movement restrictions, fear of infection, shrinking working opportunities) emerge as a triangle of conditions that have exacerbated women’s and girls’ risks of GBV in 2021. Women and girls connected the above set of circumstances not only to a perceived increase in the violence they experienced in 2021, but also to their diminishing resilience, as their options to seek safety and support shrank, and their hopes for the future dimmed.

• Perceptions of increased risks of intimate partner violence (IPV), forced/early marriage, and technology facilitated GBV

With overwhelming frequency, women and girls discussed how the prolonged presence of men in the home due to lockdowns, unemployment, and/or fear of infection led to a rise in physical, psychological, and sexual violence committed against them. Moreover, women and girls insisted on the persistence of IPV, family violence, and early and forced marriage in several governorates and displacement camps. In addition, sexual harassment, exploitation, and blackmail using social media and online applications emerged as an increasingly common form of GBV, targeting both adolescent girls and adult women.

• GBV protection services as a lifeline for women and girls

GBV service providers and Women and Girls Safe Spaces (WGSS) clearly emerged as key allies of Syrian women and girls in their daily struggle against GBV. Women and girls predominantly mentioned seeking protection services, case management support, health services and legal counselling amongst the primary mechanisms they use to cope with GBV. The impact of GBV protection services is also demonstrated in women’s and girls’ clear demands for their increased number, improved accessibility and long-term sustainability.

• Erosion of resilience

The impact of GBV on women and girls is tremendous and long-lasting, frequently aggravated by forms of victim blaming, social stigma, and isolation from the family and community. Despite seeking protection and health services, family and community support, women and girls are also increasingly engaging in harmful and life-threatening coping mechanisms such as self-harm and suicide. The sense of being unable to escape GBV, combined with the impact of 11 years of conflict and instability, is eroding women’s and girls’ sense of hope and resilience, sounding a loud alarm about their heightened vulnerability.
Introduction
2021 marked the 11th year of conflict in Syria and a continuation of one of the largest and longest modern humanitarian crises in the world. This year’s Voices from Syria report brings forward women’s and girls’ voices to highlight the ways in which the continuation of conflict, coupled with a deepening economic crisis, and the effects of the COVID-19 pandemic exacerbated GBV committed against them. Women and girls insist that GBV has not declined; rather, they see sustained and, in many cases, increased levels of violence. They also send a clear message that the combination of a long-term humanitarian crisis alongside rapidly worsening economic circumstances is leading to the gradual erosion of their resilience. In honouring their voices, this report delivers women’s and girls’ messages of the pain and injuries that GBV causes them, their resilience to it, their demands of humanitarian actors, as well as their hopes and dreams.

**Key Developments in 2021**

**Volatile security and displacement**

“All we think about is whether we are going to stay or be displaced again. We no longer think about the future” (Adult woman, Idleb sub-district, Idleb).

Armed clashes continued in 2021, namely in Idleb, Aleppo, Al-Hasakeh and in Dara’a in southern Syria, which have led to civilian deaths, injuries, and renewed displacement of tens of thousands of people. Several areas were also repeatedly cut off from services due to clashes or bombings that targeted health facilities, including those providing lifesaving and life-sustaining services. Many of those seeking shelter had already been internally displaced several times in the conflict’s previous cycles. According to UNHCR, by March 2021 the number of internally displaced persons (IDPs) had risen to a total of 6.7 million. Considering ongoing clashes specifically in Dara’a and Idleb in July and August of 2021, this number is likely to continue to grow, further exacerbating humanitarian needs.

A deteriorating security situation was also marked in several camps. Most notably, in Al-Hol camp in Al-Hasakeh governorate – the largest camp for Syrian displaced persons and Iraqi refugees inside Syria, hosting 57,679 persons – at least 69 persons were killed between January and August of 2021. The murders included a high number of cases of femicide – that is, targeted killings of women and adolescent girls – as well as continuous threats of violence against humanitarian staff. Such cases ignited fears of deteriorating security conditions for the camp’s residents and humanitarian workers alike, prompting several security raids, arrests, and a wider international effort aiming to return some of the camp’s residents to Iraq, specifically those perceived as ideologically radicalised or affiliated with the Islamic State. The camp continues to lack proper protection mechanisms for its residents, or an early warning system that provides safe shelter for victims of human rights violations. In addition, displaced persons often spend months in the camp’s reception area waiting for a permanent solution, which exposes them to higher security risks.

As argued in previous Voices from Syria reports, continued armed violence has a direct impact on rising rates of GBV that girls and women are subjected to. A recent study with 1,225 girls and women in North-Western Syria affirms this link in its findings: “When a family is subjected to different types of pressures during military escalation, women suffer a greater [and] more diverse number of abusive and violent acts by their husbands compared to that during times of peace”. In addition, the continuation of armed conflict significantly restricts women’s and girls’ freedom of movement and their ability to seek employment, protection services, healthcare, information, and aid, trapping them in cycles of vulnerability and abuse. Multiple waves of displacement, and the return to their areas of origin, also pose specific risks of GBV for women and girls, including the risk of sexual violence during travel, early and forced marriage to reduce the cost of return and family violence linked to property ownership. The voices of girls and women in this report not only confirm these findings, but they also reflect on the various forms of overlapping violence they are subjected to as a direct result of continued displacement and absence of safety and security.

**Economic deterioration**

A central factor to the deepening of the humanitarian crisis in Syria has been the economic downturn caused by further devaluation of the Syrian currency, tightening sanctions, and the subsequent rise in the prices of basic goods. In 2020, only 10% of households in Syria were considered to be food secure, and over 90% of the population was considered to live below the poverty line. 2021 did not bring much relief from rising food prices. While prices fluctuated in the spring of 2021; in July the Syrian government announced further increases in the price of subsidised items such as food and clothing.

4. UNHCR Al-Hol Population Data October 2021
as bread and fuel. According to OCHA’s Syria Situation Report, 12.4 million people were food insecure and 1.3 million were severely food insecure in June 2021. High food prices were also accompanied by ensuing poverty and unemployment, specifically among the youth that emerged out of a decade of war: “In Syria, more than one in six young men – and one in three young women – say they have no source of income at all”10. In fact, up to 73% of Syrian households “report food as one of their most pressing priority needs” in June 2021, followed by income-generating opportunities as the second most pressing need11.

Poverty and unemployment rates are significantly higher in female-headed households, and households with members with disabilities. Amongst Syrian returnees consulted in 2020, for example, 90% of female-headed households reported their monthly income was insufficient to cover their needs (compared with an average of 83% across all types of households)12. According to the 2021 Humanitarian Needs Overview, “the income deficit of female-headed households is significantly higher (30%) than that of male-headed households (15%)”13. Women’s unemployment rates continue to be significantly higher than men’s, placing them further under the poverty line and with little opportunities for income generation. Less than 30% of women without a disability and only about 12% of those with a disability are in employment, compared with 85% of men without a disability and 74% of men with disabilities14. Considering the prevalence of disabilities among women and girls – for example, some estimates show that up to 55% of disabled women have a disability in North-East Syria15, in comparison with the national rate of 28%,16 and that 43% of female heads of households across Syria consider themselves to have a disability17 – these staggering figures demonstrate that women and girls with disabilities are some of the most vulnerable to the effects of economic deterioration.

The combination of rising prices, poverty, and unemployment are making it difficult for women and girls to find and maintain affordable shelter. As a displaced woman in Idleb explains: “Obstacles and challenges facing IDPs include high home rental prices, where most are not capable of paying the rent and so are forced to go back to live in camps” (Adult woman, Harim sub-district, Idleb).

In the 2021 Multi-Sectoral Needs Assessment, 40% of those communities and neighbourhoods consulted mentioned begging as a coping mechanism adopted by women in the past three months, while 29% reported adolescent girls using begging as a survival strategy. As we explore in this report, rising levels of food insecurity, poverty, and unemployment due to economic deterioration exacerbate women’s and girls’ risk of GBV, including the risks of early marriage and child labour for adolescent girls, systematic denial of inheritance to widows, and deprivation of resources for women and girls overall.

COVID-19’s Persisting Impact

The continuation of the COVID-19 pandemic in 2021 led to the implementation of further protective measures such as lockdowns, curfews, quarantines, social distancing and limited contact. While infections continue to spread and rates are difficult to assess given the lack of accurate data, vaccinations are being administered in several areas: “By 23 August [2021], over 218,900 people, more or less, were vaccinated in Government-controlled areas and the north-east, while 58,000 people were vaccinated in the north-west. [...] However, the available vaccines are sufficient to cover less than 1% of Syria’s population”18. The vaccines’ limited reach indicates the likely continuation of the pandemic and associated protective measures.

Combined with the already rising food prices and economic downturn, the COVID-19 pandemic pushed more Syrians into unemployment, forcing many to remain at home either due to lockdowns, loss of work, or fear of contracting the disease. Most notably, women and girls perceived that the combined effect of men’s loss of work and spending more time at home led to a rise in intimate partner, physical, and family violence, as well as further restrictions in women’s and girls’ movements.

GBV experts affirmed the trend and explained the correlation between the pandemic, economic deterioration, and perceived rise of GBV as a circular process: “COVID-19 has magnified some already existing issues by having an impact on the psychological well-being of the family which led to an increase of GBV. For example, the economic hardship was already existing, but COVID-19 has exacerbated it. [At the same time,] the economic situation has become worse due to COVID-19 which in turn led to more GBV cases” (GBV expert, Whole of Syria). The effect of this self-reinforcing cycle also limited women’s and girls’ abilities to seek education, services, and employment, and deepened barriers of access for marginalised groups such as limiting access to health services for people with diverse sexual

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17 Idem. P. 9
orientations, gender identities and expressions and sexual characteristics (SOGIESC) and people with disabilities.

A shifting ground for gender norms

The compounded effects of conflict, economic deterioration and the COVID-19 pandemic described so far are forcing an increasing number of women and adolescent girls to work in order to provide for their families, either as sole breadwinners or contributing to the family income. Research by the Syrian Resilience Consortium showed that “close to 74% of adult women who report changes in their roles state that these relate to the need to ‘provide for my family financially’”, with widows (70%) being significantly more likely to have acquired a breadwinner role compared with married women (28%).

Women’s participation in the labour market, and the relative decline of men’s traditional role as sole providers for their families, is heralding a gradual but noticeable shift in gender norms. Women who earn an income are much more likely to be consulted and be seen as active decision-makers within their families: “My wife is the one who works to provide for us, and this gives her the right to express her opinion because she is as much as I do.” (Adult man, Ar-Raqqa sub-district, Ar-Raqqa). While this is a positive development which many female respondents lauded, women’s participation in decision-making appears to be strictly linked to their economic contribution rather than a broader recognition of their rights: “Some working women with limited income have more rights to express their opinion than non-working women because they are financially independent.” (Adult woman, Al-Hol camp, Al-Hasakeh). This stark distinction is confirmed by surveys showing that “while overall, 70.4% of surveyed female adults of working age (18-54) do not participate in household decision making, 50% of those who work to earn income actually do participate, while only 17% of those in the same age group who do not work confirmed the same.”

Furthermore, while women are now expected to contribute to their family’s income, they also remain responsible for all caregiving and household work, resulting in a significantly greater overall burden: “We work from morning until they fall asleep, there is no rest, and [men’s] requests must be [fulfilled] as soon as they are requested.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa). Adolescent girls and young women are also more likely to be expected to work rather than pursue an education or, in some cases, get married. While these new expectations are opening up more opportunities for young women’s independence, they have also exposed adolescent girls to dangerous forms of child labour and reduced their time for education, recreation and acquiring life skills.

Despite these increased burdens, many women and girls cherish the prospect of gaining financial independence, taking on more responsibilities within their households and participating in decision-making: “It is not wrong to have a job, and I have the right to work [and] to have my own income.” (Adult woman, Maaret Tamsrin sub-district, Idleeb). Recent circumstances were considered by some as an opportunity which allowed women to flourish: “During [COVID-19] women became stronger and worked to raise up their children” (Adult woman, Homs sub-district, Homs), and to engage in traditionally masculine activities: “We also see a number of women seizing the initiative to take tasks that are normally for men, such as fixing the electricity in their home and community, and so breaking the stereotype in the process.” (GBV Expert, Whole of Syria).

More equitable gender norms are a fundamental step towards the elimination of GBV, as was recognised in community discussions: “Violence decreases if there is awareness that women have rights like men. If there is work for women, surely men will stop violence against them as they will become valuable.” (Adult woman, Dana sub-district, Idleeb). At the same time, however, shifts in gender roles can generate resistance amongst some men: “When women get to this stage where they work and the man doesn’t, they forget about the equal rights they used to claim, and they themselves become the leaders.” (Adult man, Idleeb sub-district, Idleeb).

Ultimately, inequitable gender norms which relegate women and girls to positions of subordination and justify the use of violence against them persist across Syria. Not all women and girls have been able to access the job market, for instance, still constrained by social norms and family restrictions: “My parents reject the idea of me going to work.” (Woman with a disability, Aleppo). Adolescent girls and young women see their gender as an obstacle to achieving their dreams and expressing themselves freely. Inequality between girls and boys and the imposition of marriage and other key life decisions on young women and girls remain a daily problem.

19 CARE (2021). ‘If we don’t work, we don’t eat’. Syrian women face mounting food insecurity a decade into the conflict. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/CARE%20Syrian%20Women%20Face%20Mounting%20Food%20Insecurity%20-%20FINAL%20-%20Web.pdf
21 Idem P. 14
22 CARE (2021). ‘If we don’t work, we don’t eat’. Syrian women face mounting food insecurity a decade into the conflict. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/CARE%20Syrian%20Women%20Face%20Mounting%20Food%20Insecurity%20-%20FINAL%20-%20Web.pdf
reality for girls across the country: “Girls and adolescents cannot object to violence, and their opinions are not heard, and their rights to education and to work and to choose a husband are taken away from them.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

The current situation in Syria has offered women and girls the opportunity to step outside of traditional gender roles and acquire, in some cases, economic and social independence. Nonetheless, as widely documented in this report, GBV continues to be a real and significant barrier in the lives of many women and girls. The prevalence of GBV, impunity of perpetrators, and the absence of functional institutions that guarantee their rights and safety, all negatively impact women and girls, limiting their freedoms and eroding their resilience.
3

Feminist perspective and methodology
The annual Voices from Syria report represents a unique opportunity to bring to the fore the voices of Syrian women and girls who have been living with conflict and violence for over ten years. The methodology used to collect and analyse the data which contributes to the Voices from Syria 2022 report has been developed and fine-tuned over seven years to harness this unique opportunity and ensure that women’s voices remain prominent in the analysis and presentation of results.

This commitment to centre women’s and girls’ words emerges from a feminist understanding of GBV as rooted in a system of unequal gender relations which silences women and girls through violence and excludes them from decision-making processes and public life. By drawing on qualitative focus group discussions (FGDs) as one of the primary methods of data collection, the Voices from Syria 2022 report provides a space for women and adolescent girls to be heard, share their experiences, fears and hopes, knowing that these will reach a wide audience and directly influence decisions made about GBV programmes in which they participate, and humanitarian assistance more broadly. For the reader, the Voices from Syria 2022 report represents a singular opportunity to hear what women and girls in Syria have to say, not just about the violence they face, but also about their incredible resilience and their hopes for the future.

**FGDs** have a long history within feminist research methods as a more equitable form of research compared to quantitative surveys or even qualitative interviews. Their reliance on collective dialogue and interaction can disrupt, to a certain extent, the hierarchical power dynamics between researchers and research participants by centring participants’ voices. Importantly, they also create opportunities for participants to connect over shared experiences and discuss sensitive issues, such as GBV, in their own terms. These effects were evident in some of the FGDs conducted for the Voices from Syria 2022 report, where women and girls compared and contrasted their own experiences, sometimes challenging dominant narratives and instead demonstrating the coexistence of a variety of norms and attitudes.

While there are similarities and differences in how GBV experiences were discussed across different areas of Syria (see the Analysis by Governorates section), the analysis of the data assumes that even when a type of violence – such as early marriage – is discussed more frequently in one area, it is likely occurring in other areas of Syria. While qualitative data does not provide a measure of the magnitude or the prevalence of a phenomenon, it reveals key issues to analyse, patterns, and previously unexplored connections between themes and events.

A wide range of women, girls, men and boys participated in data collection for the Voices from Syria 2022 report, as detailed below. Building on previous years’ experience, additional efforts were made in 2021 by the data collection teams to engage women and girls who face intersecting forms of discrimination and violence, such as adolescent girls of different age groups, women and girls with disabilities and older women, and to provide them with a comfortable space to discuss the specific forms of GBV they encounter and the particular barriers they have to overcome when seeking support and accessing services. Paying attention to the intersectionality of violence and discrimination is essential not only to understand how diverse and marginalised women are affected by GBV, but also, and crucially, to ensure that GBV services and humanitarian assistance more broadly do not leave them behind or inadvertently exclude them.

**Intersectionality:** a tool used to analyse how different systems of oppression interact and reinforce each other. It highlights how discrimination and violence based on gender, race, class, sexuality, religion and disability are connected.

The voices of Syrian men and boys are likewise included in the Voices from Syria 2022 report as they provide an essential insight into existing gender norms and attitudes towards GBV, revealing how these have changed throughout the Syrian crisis. Their participation also signals their responsibility towards ending violence against women and girls. While this report focuses on women and girls as being disproportionately affected by GBV, it is worth noting that various forms of violence against men and boys were mentioned during the FGDs, including torture and other forms of violence in detention, forced recruitment by armed groups, and child labour. While these forms of violence are outside the scope of this report, sexual violence against men and boys which emerged during data collection is discussed alongside sexual violence against women and girls.

**Data sources, Collection and Analysis**

The Voices from Syria 2022 report presents data collected in the framework of the 2022 humanitarian
needs overview. The report draws upon six main sources of quantitative and qualitative data, listed below:

1. FGDs with women, girls, boys, and men in North-East and North-West Syria, including members of the following groups: adolescent girls and boys (aged 12-14 and 15-17), adult women and men (aged 18-64), older women (65 and above), women and girls with disabilities and their carers, short and long-term IDPs, and host communities.
2. Programme monitoring data from UNFPA in government-controlled areas of Syria.
3. FGDs with GBV experts working in the Syrian humanitarian response.
5. Secondary literature desk review, including reports, studies and media published in 2021.

A total of 110 FGDs were conducted by GBV and other protection actors in the North-East and North-West Syria regions between July and August 2021. All FGDs were led by a trained facilitator, supported by a note-taker, using a tested qualitative questionnaire developed by WoS GBV coordinators in partnership with the Protection Cluster coordinators (general protection, child protection and mine action). Using GBV and protection staff as facilitators ensured that standards of safety, dignity and confidentiality were upheld during each discussion and access to follow-up care and support was facilitated for any FGD participant who might have required it. FGDs were complemented with UNFPA programme monitoring data from government-controlled areas of Syria.

FGDs were held in groups of between four and 14 participants brought together on the basis of gender, age, and, in some cases, disability status. The table below shows the breakdown of research participants according to these factors.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>302</td>
</tr>
<tr>
<td>Girls</td>
<td>261</td>
</tr>
<tr>
<td>Men</td>
<td>136</td>
</tr>
<tr>
<td>Boys</td>
<td>128</td>
</tr>
<tr>
<td>Grand Total</td>
<td>827</td>
</tr>
<tr>
<td>People with Disabilities</td>
<td>68</td>
</tr>
</tbody>
</table>

FGD notes were taken in Arabic during each FGD and subsequently translated in English. The analysis of FGDs and other qualitative data was based on thematic coding following a pre-agreed coding system developed by GBV and Protection Cluster coordinators. This approach to analysis also allowed for the extraction of all quotes presented in this report and general information as to the gender, age and location of the person to whom the quote is attributed to. Similar information is also provided, whenever available, through data collected by UNFPA and its partners during programme monitoring exercises in government-controlled areas of Syria.

Four FGDs were also conducted with GBV experts working on the Syria humanitarian response in September 2021. As in previous years, the Delphi method was used for these discussions to facilitate the emergence of a consensus which would accurately represent the current situation in Syria as perceived by practitioners supporting GBV survivors and leading GBV prevention activities.

Findings of the Multi-Sectoral Needs Assessment (MSNA) conducted by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with all humanitarian actors operating in Syria were also integrated in this report, providing a helpful triangulation for the qualitative data emerging from FGDs. Quantitative data on GBV service provision and programming in Syria was also derived from the WoS GBV Area of Responsibility (AoR) dashboard and compared with available data from previous years.

Finally, a thematic literature review of 33 secondary sources was conducted, focusing on documents published at the end of 2020 and throughout 2021 on the themes of women, girls, children, people with diverse SOGIESC, gender norms and violence in the Syrian context. A complete list of these sources can be found in Annex 3. The literature review was conducted through systematic coding, using the same coding system developed for the FGDs in order to connect the two sources of data in the analysis and provide contextual background to the quotes extracted from the FGDs and programme monitoring activities.

**Limitations and challenges**

Collecting data in humanitarian contexts can be challenging, especially when seeking information about sensitive issues such as GBV and gender norms. Security concerns limited the access of research teams and GBV partners to certain areas of the country, sometimes temporarily and sometimes preventing all forms of data collection, as was the case in the governorate of Dara’a which was affected by heavy...
fighting. Furthermore, in areas where an increase of COVID-19 cases was reported, gathering participants in a group was not recommended and data collection could therefore not take place.

While extreme care was taken in identifying safe and confidential spaces to collect data in, the extent to which research participants feel comfortable in sharing sensitive information can vary depending on several factors outside of the facilitator’s control. The use of recording equipment was not always accepted by participants, which created additional challenges in accurately recording the content of discussions.

While FGDs are recommended as a comparatively equitable methodology, the use of humanitarian staff as facilitators and the integration of data collection during programme monitoring activities in some areas might have influenced some of the responses either positively or negatively. Some facilitators also noted a certain level of research fatigue amongst participants, either due to the length of the discussion or attributed to a sense of futility about research and consultations, as they have failed to see the impact of previous research exercises in their lives.

The recruitment of FGD participants who were older or had disabilities presented additional challenges at times due to difficulties in identifying a suitable and comfortable location for discussions. The provision of transportation partly addressed these issues. Communication challenges were also experienced with these groups, which required the involvement of caregivers in the discussion. A difference in levels of comfort and engagement in the discussion was also noted between women and girls who had participated in GBV prevention and response activities in the past and those who had not. Other factors which might have impacted women’s and girl’s participation in research activities included: movement restrictions imposed by families, transportation costs especially for poor and displaced persons, lack of childcare, work commitments, lack of awareness, fear of social stigma and discomfort in discussing GBV. While these are all common challenges within the context of qualitative research, it is important to note that the voices of some of the most marginalised women and girls might be missing from the Voices from Syria 2022 report.
A life marked by violence:
Analysis of gender-based violence trends
The Voices from Syria 2022 report describes, as in previous years, the lives of Syrian women and girls as marked by mutually reinforcing forms of GBV and gender discrimination. Highly unequal gender norms, often exacerbated by discriminatory attitudes based on age, displacement status, disability and/or marital status, create an environment in which women and girls are devalued, controlled, and blamed for the violence they face. In 2021, the deterioration of the economic, food security, service delivery and safety conditions in Syria has contributed not only to harder living conditions for women and girls, but also to an increase in the frequency and variety of GBV: “Violence is increasing year after year due to the bad circumstances. Women may face violence because their husbands can no longer make a living. Sexual violence and harassment against girls have increased due to the lack of jobs and electricity cuts. We feel afraid to go out of the house.” (Adult woman, As-Sweida sub-district, As-Sweida).

**Figure 1: GBV Trend Analysis**

**CONSISTENT TRENDS**

Women and girls continue to be subjected to physical, economic, psychological, and sexual violence by their partners, fathers, brothers, in-laws, and other extended family members. Men in positions of power, such as employers and landlords, continue to sexually exploit and abuse women and girls, especially those marginalised or stigmatised in their communities. Sexual harassment and violence also pose a constant threat to women and girls in their places of work, study, and in public spaces.

**REPORTED MORE FREQUENTLY**

In 2021, women and girls reported facing intimate partner violence to a significantly higher degree than in previous years. In the case of adolescent girls, physical and emotional violence and restriction of movements within the home are also perceived to be on the rise. There are increased reports of early and forced marriage as well as sexual harassment and exploitation. Cases of femicide are becoming a growing concern in some areas. Lastly, technology-facilitated GBV, such as harrasment and sexual exploitation committed online, has also been reported more frequently.

**Types of GBV**

“Women and girls are exposed to all kinds of violence such as psychological, physical, sexual, verbal and emotional violence, in addition to deprivation of financial resources and their right to education, work, inheritance and travel. They are also exposed to early marriage and rape. These cases mostly happen in camps given the total lack of security there.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

Women and girls living in Syria continue to be exposed to multiple and interconnected forms of GBV throughout their lives. Sexual violence continues to affect women and girls within and outside their homes, having a distinct impact on their sense of safety and capacity to move freely. Forced and early marriage remains a threat for girls as young as 10 years old and is linked to the family’s economic situation as well as to caregivers’ wishes to protect girls from sexual violence by marrying them off. Women who are widowed or divorced are exposed to continuous psychological violence by both their families and the broader community, as well as seeing their movements and other rights severely restricted. These groups are also systematically prevented from accessing their inheritance and are being forced into marriage and to abandon their children.

The compounded impact of the COVID-19 pandemic and the economic crisis throughout Syria was closely associated with a stark increase in IPV and family violence against adolescent girls and children. Reports of femicide, often linked to notions of ‘honour’ and shame continued to emerge. In addition, discrimination and violence against women and girls who survived detention remain present across communities, sometimes with tragic outcomes: “As for women and girls: they suffer greatly after being released from detention. They face community intolerance, which causes physical and psychological ill health, fear, isolation and introversion.” (Adult man, Harim sub-district, Idleb).

During 2021, several more types of technology-facilitated GBV were discussed compared to previous years, including blackmail of young girls leading to rape and sexual exploitation: “Participant 3 said that the victims are girls with special needs, because they would find someone who treats them kindly online, and so she sends them pictures and in return they would exploit and blackmail them.” (Facilitator of an FGD with women with disabilities, Atma camp, Idleb).

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The dramatic economic situation faced by many women and girls during the past year also contributed to widespread sexual, economic and emotional abuse of women and girls by employers. Displaced women and girls, in particular, are at risk of being exploited and abused by resident employers and landlords due to intersecting forms of discrimination based on gender, displacement and marital status.

Sexual Violence

While all women and girls are exposed to some, and often multiple, forms of sexual violence during their lives, women and girls who are affected by multiple systems of discrimination, such as widows, women and girls who are displaced or have a disability, can be exposed to higher levels of risk overall and face specific forms of sexual violence as well. For instance, women with intellectual impairments are five times more likely to be sexually abused\(^ {29}\) and women who are divorced or widowed are considered much more likely to be sexually exploited in the process of seeking housing or employment compared to married women: “Sometimes women are harassed by homeowners, especially widows.” (Adult man, Harim sub-district, Idleb) – (See also Section: Housing, Land and Property).

Overall, the analysis revealed an increasing openness to speak about this type of GBV amongst women, girls, boys and men, though it remains a sensitive topic: “There is sexual violence and I heard about it many times, but many people feel afraid to talk about it because the surrounding community blame women alone for causing it.” (Adult woman with a disability, Al Bab sub-district, Aleppo). While the vast majority of mentions of sexual violence referred to the victimisation of adult women and adolescent girls, participants sometimes recognised that “boys are also subjected to harassment and sexual assault”. (Older woman, Al-Hasakeh sub-district, Al-Hasakeh). Importantly, however, an openness to discuss sexual violence as a generic problem affecting the community does not yet correspond to a shift in victim-blaming attitudes and stigma affecting survivors of sexual violence within the community: “I know a story about a girl who was raped when she was nine years old by the neighbour’s son. The girl has still not got married and her family spread rumours that she has a mental illness. They [think] that it is better that people consider her as mentally insane than to know that she was raped at a young age. The girl is always a victim, and they refuse to let her meet any stranger.” (Adult woman, Al Bab sub-district, Aleppo).

Sexual harassment and sexual assault

Sexual harassment and assault, including verbal comments and inappropriate touching, were amongst the most discussed types of GBV during 2021: “All the girls agreed that they are subjected to harassment and violence, especially by young men and that they are exposed to disturbing and indecent harassment and innuendo.” (Facilitator of FGD with adolescent girls, Areesha sub-district, Al-Hasakeh).

Adolescent girls, in particular, voiced their frustration with their daily experiences of sexual abuse: “Girls are always insulted and harassed by the local community. For example, when a girl goes to run some errands, some young men will harass her.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo). Adolescent girls who are discriminated against because of a disability are equally, if not more, at risk of sexual harassment: “I think that young adolescent and girls with disabilities face a lot

Multiple and varied forms of sexual violence emerged from the 2021 data collection exercise. This year, as with other types of GBV, women and girls talked about feeling more exposed to sexual violence than in the past and overall feeling less safe in their communities and as they go about their daily tasks: “Sexual violence and harassment against girls increased due to the lack of jobs and power cuts. We are afraid to go out of the house.” (Adult woman, As-Sweida sub-district, As-Sweida). As a consequence, the threat of sexual violence strongly influences the decisions women and girls make about their movements, their work, and their education: “We feel less safe than before. We are afraid of harassment, rape and kidnapping when leaving the house.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). More often, however, such decisions are imposed on women and girls by other family members who use the fear of sexual violence as a justification to curtail their movements and other freedoms: “We’re noticing a lot of focus on reducing mobility of adolescent girls to reduce their exposure to sexual harassment and sexual violence. We even had an adolescent girl in a recent FGD […] saying that ‘everything with ISIS was bad, but at least we had security’” (GBV Expert, WoS).

of violence from fathers and brothers, and harassment in the streets and at school. I have a teenager daughter with a disability who has been harassed a lot, unfortunately. This issue has affected the family a lot and caused her and me a lot of psychological harm.” (Adult woman, Tartous sub-district, Tartous).

Women and girls who are working also tend to be exposed to increased levels of sexual harassment and assault, as well as sexual exploitation in exchange for work or wages as described below: “When a girl works outside the home and mixes with men, she is at risk of exploitation and sexual harassment.” (Adolescent girl, Basira sub-district, Deir-ez-Zor).

Sexual harassment seems to be present in almost all places where adolescent girls might spend time including schools, markets, and public spaces. Public transport and private taxis were mentioned as high-risk sites by adolescent girls and adult women with physical disabilities (who rely on taxis to move and access essential services): “There is exploitation, for example: if she wants to go somewhere by taxi, the driver will stop and accept to drive her, but only if she agrees to sit next to him. If she refuses, he will refuse to drive her.” (Adult woman, Al Bab sub-district, Aleppo). On the other hand, a taxi driver was mentioned in the case of positive by-stander intervention reported during 2021: “My sister was once harassed, and a taxi driver noticed, and he stepped out of his car and told the guy off.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

In addition, overcrowding in markets and other public spaces, as well as lack of lighting caused by increasingly frequent power cuts, were mentioned as key factors that have led to a spike in cases of sexual harassment: “Of course it increased due to the economic downturn and poor living situation. Power cuts increased violence in the markets and streets against girls.” (Adult woman, As-Sweida sub-district, As-Sweida).

Rape

As with other forms of sexual violence, rape was mentioned in 2021 more frequently than in past years, in particular within the context of kidnapping and detention: “Children and girls detained were also subjected to violence, humiliation and sometimes rape.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). However, mentions were often cursory, still revealing a level of discomfort in discussing this specific type of GBV.

The overall crisis in Syria, displacement and living in camps were conditions often associated with rape: “Rape cases have increased due to displacement and camps.” (Adult man, Salqin sub-district, Idlib). Generic references to rape as an inevitable consequence of conflict were often made: “And war always results in bad things happening, whether violence, rape, or legal problems.” (Adult man, Idlib sub-district, Idlib). Secondary sources also highlight the use of rape against women, adolescent girls and boys and gay men by different armed groups30.

While these statements highlight a direct link between the Syrian crisis and sexual violence, it is important to note that rape also continues to happen within the context of marriage, including early marriage: “Forcing girls to leave school and get married and forcing the wife into sexual relations […] There is a lot of violence at home, and no one talks about it because houses have secrets.” (Adolescent girl, Dana sub-district, Idleb). GBV experts confirmed that: “Rape by intimate partners has increased.” (GBV Expert, WoS).

In the context of family violence, young women and adolescent girls are also subjected to virginity testing, an invasive inspection of their genitalia of no scientific merit31: “If we do not accept the practice of virginity testing for a girl, they will say she must have done some shameful act.” (Adult woman)32. Virginity testing is also imposed on girls and young women before marriage: “Virginity testing is regarded as a necessary practice through fear of shame. Families want to obtain a deed of honour for their girls by conducting this examination, especially when girls travel to another country to get married”33.

Sexual Exploitation and Abuse

The worsening economic situation was mentioned as directly contributing to sexual exploitation and abuse. The need for an increasing number of women and girls to work outside the home and the difficulty of finding alternative employment were key factors enabling employers to demand sexual favours in return for employment and payment: “I know of a woman who works on a farm, and she leaves work for an hour every day to go with the landowner to his car in order to receive more money.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). Sexual harassment within the context of work was mentioned across different sectors of employment, including sectors where young adolescent girls are likely to be working, such as agriculture and domestic work: “Of course, girls who work in private houses are exposed to sexual exploitation.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

Women and girls who are widowed, divorced or otherwise heads of their own household were considered particularly at risk of sexual harassment, due to their reliance on paid work: “Widows and divorcees are forced to work and are subjected to violence, psychological and sexual abuse, and they cannot complain or speak. They are forced to work and to remain silent.” (Adult woman, Al Asyanah camp, Aleppo). Displaced women and girls, especially those who live in camps, face a number of

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compounding forms of deprivation and discrimination which not only place them at risk of sexual abuse by their employers, but also limit the extent to which they can seek support and protection within their families and communities: “There isn’t any kind of respect, and we get abused by employers and their sons outside the camp, but we can’t defend ourselves because we need to work, without which we can’t earn enough to eat. We also can’t tell our parents or husbands because we are afraid of their reaction. They might get in trouble with local people, who might hurt them. This is their area, while we are displaced.” (Adult woman, Sahla Albanat camp, Ar-Raqqa).

Challenges in finding and retaining work also expose persons of diverse SOGIESC, including women and girls who identify as lesbians, queer, bisexual or trans, to sexual and financial blackmail within the context of work. The extreme stigma they face within the community means they have very limited opportunities to seek support or denounce their employer.34

Accessing accommodation was also highlighted as an activity which exposed women and girls to high levels of sexual exploitation, especially during the current crisis as rental costs are becoming increasingly prohibitive: “If a girl or a woman is beautiful, they reduce the rent price and ask for her phone number.” (Adolescent girl, Al Bab sub-district, Aleppo). However, women and girls seem to be targeted by sexual exploitation while looking for accommodation regardless of their capacity to pay for rent, especially if they are perceived as not having a male partner: “Women are harassed and sexually abused while looking for houses to live in. Divorced women and widows are more likely to be exposed to this phenomenon.” (Adult woman, Al Asyanah camp, Aleppo). Seeking shelter in informal displacement camps was also associated with sexual exploitation: “A number of girls said they were exploited before they entered the camp in order to house them in safe places and homes, in exchange for doing immoral things.” (Facilitator of FGD with adolescent girls, Al-Hasakeh sub-district, Al-Hasakeh). (See also Section: Housing, Land and Property).

The dire economic situation, combined with the harsh living conditions can expose women and girls to transactional sexual exploitation, or survival sex35. Worrying trends in this regard were reported in at least one displacement camp: “The percentage of prostitution has increased in the camp.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). Women and girls in greatest need and with least access to community and family support, such as widows and divorced women are especially likely to have to resort to survival sex.36

Sexual exploitation and abuse – abuse of a beneficiary by those providing humanitarian assistance and services – continued to be reported within the context of accessing humanitarian aid, services and other forms of assistance27 in 2021 as well: “Women may be sexually exploited in return for receiving humanitarian aid.” (Adolescent girl, Duma sub-district, Rural Damascus). Most examples provided during data collection referred to distributions of aid relief baskets, such as food or non-food items: “‘You have to kiss my hand to get it [humanitarian assistance].’” (Adolescent girl, Duma sub-district, Rural Damascus). During MSNA data collection, 17% of communities and neighbourhoods reported requests for personal relationship (such as emotional and/or physical) in exchange for (or as a condition of) receiving humanitarian assistance/services for adult women in the previous three months, with 14% of communities highlighting the same had happened to adolescent girls.

Female-headed households were highlighted as being more susceptible to sexual exploitation while seeking to obtain services or humanitarian assistance: “[Divorced or widowed women’s and girls’] needs may be exploited, for example they might be required to perform sexual acts in exchange for services.” (Adolescent girl, Bosira sub-district, Deir-ez-Zor). This is consistent with recent household level findings on sexual exploitation and abuse (SEA) and humanitarian assistance. At the national level, female-headed households are nine times more likely to be asked for personal relationships in exchange for humanitarian assistance and services (46%) compared to male-headed HHs (5%). Noting that female-headed households in the Syria context are a minority (only 9%), these households are impacted by SEA at highly disproportionate levels38.

Women with disabilities have also been targeted by aid providers: “I faced exploitation from one of community members who offered to give me more assistance if I gave him my number. I was sad and confused.” (Adult woman with a disability, Al Bab sub-district, Aleppo). At the same time, women and girls in certain locations all felt equally exposed to this form of violence when seeking support: “Most women in the region are exposed to sexual exploitation and abuse in order to receive their rightful share.” (Adult woman, Sur sub-district, Deir-ez-Zor).

The stigma of sexual violence affects women and girls who have been sexually exploited as well, limiting their opportunities to report the abuse and seek alternative sources of support in their communities: “Fear of being denied assistance, fear of scandal and stigma.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). Nonetheless, some women and girls revealed the positive impact


37 Women, girls, men and boys used a range of terms to refer to perpetrators of sexual exploitation and abuse in the context of distribution and service delivery. From the data, it is however not possible to distinguish if and when perpetrators are staff of humanitarian organisations which abide by formal codes of conduct and subscribe to the Prevention of Sexual Exploitation and Abuse (PSEA) strategy, as opposed to community structures and local institutions, such as local councils, who are involved in the delivery of relief packages but do not fall under the mandate of the PSEA Network.

of recent efforts by humanitarian actors to raise awareness about the issue of sexual exploitation and abuse and how to report it (see text box: Knowledge and use of reporting mechanisms for sexual exploitation and abuse): “The awareness services carried out by some humanitarian organisations helped reduce sexual exploitation and harassment, and helped educate how to communicate and report any case of exploitation.” (Adult man with a disability, Darkosh sub-district, Idleb).

**Physical violence**

The data collected for this report included multiple examples of physical violence being directed towards women and girls both within and outside the home: “I think that physical violence is the most common type that we see everywhere today at school and on the streets unfortunately.” (Adolescent girl, Latakia sub-district, Latakia).

Physical violence was primarily discussed in the context of family or intimate partner violence: “A form of violence involves a brother beating his sister. A brother comes to take his sister from school and hits her at the school door. Or the husband beats his wife.” (Adolescent girl, Dana sub-district, Idleb). Husbands, brothers and male children were all indicated as potential perpetrators of physical violence against their wives, sisters: “[Girls] are subjected to physical violence, beatings and abuse by the family, especially from their young brothers, on the pretext that they want what is best for them.” (Adolescent girl, Areesha sub-district, Al-Hasakeh); and mothers: “My neighbour is a widow with two sons, one of which [has a disability] and the other one is the head of the family, and he beats his mother and […] brother and exposes them to violence in a big way because he is not capable of providing for the house.” (Adult man, Salqin sub-district, Idleb).

Multiple examples of unaccompanied or separated girls being physically abused by their guardians were also shared, demonstrating the increased vulnerability affecting this specific group of children: “A girl started crying when we raised the topic. When we asked the question to her she said that she does not have parents and lives with her uncle’s wife and that she is violent and beats her and treats her body and without mercy.” (Facilitator of adolescent girls FGD, Areesha camp, Al-Hasakeh). Physical violence was also reported by women living with a disability: “Physical violence, for example, striking with the hand or using a sharp object or beating the actual deformity itself.” (Adult woman with a disability, Al-Hasakeh sub-district, Al-Hasakeh).

Physical violence was perceived as being on the rise along with other forms of GBV in the home, once again in part due to the worsening economic situation in the region: “Beating and insults and violence increase day by day. We are not used to beating at all, but what can we do? We know that there is no work and that men are unable to provide for their families, which makes them edgy and resort to beating.” (Adult woman, Dana sub-district, Idleb). The threat of physical violence, furthermore, continues to act as a deterrent for women and girls who wish to claim their rights and demand greater gender equality, even within a context of greater awareness and shifting gender norms: “We don’t dare talk about demanding for our rights, as we will receive a beating.” (Adult woman, Basra sub-district, Deir-ez-Zor).

**Femicide**

The murder of women and girls, or femicide, emerged as a concern during data collection in 2021: “Unknown people murdering women, who represent the majority of camp’s residents.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). During consultations for this report, women and girls often mentioned “honour”-related forms of GBV, and specifically femicide, as commonly present in their community: “Harassment and honour murders at home.” (Adolescent girl, As-Sweida sub-district, As-Sweida). These were more likely to be mentioned when discussing forms of GBV affecting adolescent girls in particular: “Murder, accusations about leaving the house or loss of honour.” (Adult woman, Al-Malahy Camp, Aleppo).

As with many other forms of GBV, femicide linked to “honour” was perceived as having increased in comparison to last year, with COVID-19 and the more frequent use of social media seen as contributing factors: “Violence has increased over the past period and cases have increased significantly. They include honour killings and early and forced marriages. COVID-19 played a role in the increase in violence, particularly digital violence, due to increased cases of exploitation through social media.” (Adult woman, Atma camp, Idleb). GBV experts working in Syria have also perceived an upward trend: “Increase in honour killings, not only the number, but also the type, becoming more and more violent. The things we are hearing are very scary. We used to hear and deal with one case, but this year we heard of three, four cases and they were more violent in Ar-Raqqa, Al-Hasakeh, Kobane and from different backgrounds, such as Arabs, Kurds, etc.” (GBV Expert, North-East Syria).

Excuses used by perpetrators to justify femicide can be varied and sometimes quite trivial, indicating how quickly women’s and girl’s lives can be endangered: “If a girl was harassed and rumours spread about her, then killing her is the simplest solution”. (Adolescent girl, Jisr-Ash-Shughur sub-district, Idleb). A report by Syrians for Truth and Justice documented 22 cases of femicide in the period between January 2020 and February 2021 within the context of family or intimate partner violence, primarily justified through notions of honour and shame. In those cases, women and adolescent girls were killed for becoming pregnant, suspected pregnancies which were later revealed as being unrelated medical conditions, for taking their hijab off in public, having the ‘wrong’ friends, or after being accused of having an affair.

Boys have also been victims of homicide where notions of morality and ‘honour’ were called into question: ‘A 16-year-old boy was abducted at a […] checkpoint near Idlib [Idleb] city. After information was found on his mobile

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phone, he was held for having ‘improper’ relations with a girl, tortured for three weeks and executed.”⁴⁰ Men, boys, women and girls who have diverse SOGIESC are also considered at risk of homicide and other forms of violence as they are considered to have brought ‘shame’ on their families: “My uncle’s family considers my blood halal (can be killed) because according to them I have disowned our family’s name. (FGD FF2, Aleppo, Syria)”⁴¹

The threat of femicide is a powerful factor in preventing women and girls from reporting GBV they experience, as they fear being killed by a family member if they find out they were raped or sexually abused⁴². Furthermore, women who seek legal assistance to escape situations of GBV also face the threat of being murdered by their relatives for defying social and gender norms: “The consequences for anyone who turns to the law is to be disowned, ostracised or killed.” (Older woman, Al-Hasakeh sub-district, Al-Hasakeh).

Early marriage

Research by the Syria Resilience Consortium showed that early marriage continues to increase in Syria, with close to 19% of girls aged 15-17 who were surveyed being currently married, and close to 30% of households surveyed reporting that at least one girl in their family got married before turning 18. Furthermore, the research shows that female-headed households are slightly more likely than male-headed households to have a girl under the age of 18 marry.⁴³ Secondary data also shows that the age of marriage is decreasing for girls, with reports of girls as young as 10 being forced to marry⁴⁴, and increasing for men due to youth unemployment rates. This discrepancy is leading to widening age gaps between spouses⁴⁵. Participants in data collection for the Voices from Syria 2022 report confirmed that girls are sometimes forced to marry before reaching puberty, raising concerns about the practice of inducing puberty through hormonal treatment, despite the prohibition of the sale of unprescribed hormones in some governorates like Idlib and Aleppo: “Early marriage has become widespread. Girls who have not yet reached puberty are being forced to get married.” (Adolescent girl, Todaf sub-district, Aleppo).

The 2021 MSNA also confirmed that early marriage continues to disproportionately affect adolescent girls between the ages of 12 and 17. Early marriage was considered a very common occurrence in 26% of communities and neighbourhoods surveyed, and happening, though not as commonly, in another 45% of those communities. In comparison, 66% of communities and neighbourhoods reported that early marriage does not affect boys in the same age range.

**Figure 3: % of locations in which early marriage is occurring**

<table>
<thead>
<tr>
<th></th>
<th>Girls (12-17)</th>
<th>Boys (12-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it is very common</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>Yes, but not very common</td>
<td>45%</td>
<td>27%</td>
</tr>
<tr>
<td>No</td>
<td>29%</td>
<td>66%</td>
</tr>
</tbody>
</table>


⁴³ Syria Resilience Consortium (2019). Hidden, overlooked and at risk. The role of gender, age and disability in Syria


⁴⁵ Syria Resilience Consortium (2019). Hidden, overlooked and at risk. The role of gender, age and disability in Syria
As in previous years, a direct link was identified by GBV experts and community members between the economic situation and the rise in early marriage: “The most widespread form of violence is early marriage due to displacement and difficult financial conditions.” (Adult man, Salqin sub-district, Idlib). Girls were once again described as ‘burdens’ which parents could relieve themselves of through marriage: “He can’t afford the rent of the house and the life expenses. The circumstances are difficult, which forces them to marry their daughter at an early age and deprive her of education. They no longer need to support her, so do not worry about her anymore.” (Adult woman, Maaret Tamsrin sub-district, Idlib). According to the MSNA exercise, financial hardship was a key reason behind cases of early marriage in 72% of communities and neighbourhoods who took part in data collection.

The same sense of relief amongst parents was mentioned in cases where ‘protection’ from sexual violence and other forms of GBV was used as a justification for early marriage and as a way to further pressure girls into it: “Parents feel relieved when they marry their daughters, especially in the camps, because of the fear of sexual harassment, to get rid of the girl’s responsibility and put it on the young man that she marries.” (Adult woman, Idleb sub-district, Idleb).

Fear of sexual abuse appeared particularly relevant within camp settings and amongst displaced respondents: “The percentage of minor girls’ marriage is rising, especially in the camp. That is due to customs and traditions and to get rid of girls’ burden and the concerns of protecting them from sexual harassment and rape.” (Adult woman, Al-Hol camp, Al-Hasakeh). MSNA data shows that 19% of communities and neighbourhoods also considered fear of sexual harassment as a key driver of early marriage.

Unaccompanied or separated girls, including those who live with extended family following the death or divorce of their parents, can also be forced into early marriage to relieve the economic and care burden on their caregivers: “I know children whose father died, and mother remarried, so they were subjected to violence by the uncle and his wife. They married the girl at an early age to get rid of her.” (Adult woman, Maaret Tamsrin sub-district, Idlib). At the same time, early marriage was indicated as a cause of separation from caregivers in 62% of communities and neighbourhoods during the MSNA exercise.

While some women and girls pointed to ignorance regarding the consequences of early marriage as a potential explanation: “Ignorance of parents and the trend towards depriving girls of education and marrying them at an early age without knowing the danger of early marriage” (Adolescent girl, Harim sub-district, Idlib), several also revealed the persistence of clear gendered norms regarding the necessity of marriage and the appropriate age for a woman or girl to become a wife: “As for early marriage, this young age is considered to be the right age for marriage. Otherwise a girl would be considered a spinster and her chances of getting married will become slimmer. If she does get the opportunity, it will be as a second wife.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). In 96% of communities and neighbourhoods which were involved in the MSNA data collection exercise, social and cultural practices were highlighted as contributing to early marriage, raising important questions regarding the persistence of such norms despite GBV awareness and prevention efforts.

The following exchange during one of the FGDs is reported in full as a vivid representation of how increased awareness about the negative consequences of early marriage and shifts in gender norms coexist with social norms that justify and condone this form of GBV:

“A. It is natural. We married at a young age and so our girls have too, because it is hard to grow up safely at home when we are living in a camp full of men. It would be better to marry soon than stay vulnerable to abuse.

B. It is violence. Some families do not wed the girl until she is 20 years old.

C. It is natural. It is better for girls to get married early, especially during our current circumstances.

D. It is natural. These are our traditions and habits, and we cannot change them alone. It is too hard.

E. I am against early marriage, and I consider it a crime. But in my opinion, there must be more awareness in society.” (FGD with adult women with disabilities, Al Bab sub-district, Aleppo).

Figure 4: Reasons for girls to be married early
Despite the persistence of social norms supporting early marriage, many women and girls clearly articulated the negative consequences of this form of GBV, based on their own experiences or those of their friends and family members: “I experienced a similar situation and my family forced me to get married without my consent. I still cannot forgive them. My wish was to learn and become an active member in society.” (Adult woman, Maaret Tamsrin sub-district, Idleb). The effect of early marriage on girls’ access to education was often highlighted: “For girls, the type of violence differs, as parents make them quit school in order to get them married.” (Adolescent boy, Dana sub-district, Idleb). The impact of awareness campaigns focused on the health and long-term consequences of early marriage could also be perceived in some of the discussions: “When a girl marries early and becomes a mother, she is not ready to raise her children. This, in turn, affects how her children are brought up and their performance in life.” (Adult man, Idleb sub-district, Idleb).

The relationship between early marriage and other forms of GBV was also prominent in the data. On one hand, early marriage can lead to IPV, divorce and further stigmatisation following the separation: “ Depending on the environment and the community a girl lives in, she might be forced to get married at an early age and to hold responsibilities that are not suitable for their age such as taking care of children, her husband, her home, and working in farmlands, or shepherding sheep. And there are girls who cannot take this kind of pressure which leads to fights with their spouses and divorce becomes the only solution.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

On the other hand, physical and emotional violence are used to force adolescent girls to get married and shame them when they do not: “We endure verbal and physical violence because we have not got married yet.” (Adolescent girl, Hama sub-district, Hama).

Forced marriage

The practice of forcing widows and, sometimes, divorced women to marry again was discussed frequently: “They use their authority and power over her, because she is within a vulnerable group. They consider her inferior, and not entitled to anything, not even her opinion about remarrying. She does not have a choice.” (Adult woman, Maaret Tamsrin sub-district, Idleb). Being economically independent and able to provide for their own children is often not sufficient to protect women and girls who are divorced or widowed: “Even if she is independent and has a separate home, they still control her and her decisions with regard to marriage or keeping her children.” (Adult woman, Maaret Tamsrin sub-district, Idleb). Multiple mentions were made of women being forced to abandon their children in order to get married again, undoubtedly causing distress and long-term consequences for both the mother and the children: “I am raising my brother’s children. Their mother was forced to get married again after my brother died, so they are living with me.” (Adult woman, Sahla Albanat Camp, Ar-Raqqa).

Marrying the deceased husband’s brother is often the only option available to a woman in order to avoid being separated from her children: “It is her destiny to become a widow. Despite that, she faces humiliation, neglect and sometimes threats to take her children if she does not marry her brother-in-law, whether by force or consent.” (Adult woman, Maaret Tamsrin sub-district, Idleb). Interestingly, this practice was bemoaned by some men as well, who considered it violent towards both men and women as they are forced to enter a loveless marriage: “One form of violence is forcing a guy to marry his brother’s widow even though he doesn’t love her, but for the sake of protecting the guy’s nephews and nieces. This violence is directed towards both males and females alike.” (Adolescent boy, Dana sub-district, Idleb).

In the case of women and girls who are divorced, this added stigma can create further pressure from the family: “Furthermore, divorced women are forced to remarry, and they are obliged to say yes to anyone who proposes to them. From her family’s point of view, they see this new husband as the person who will preserve their honour and save them from the burden of her responsibility, such as looking after her and supporting her financially.” (Adult woman, Kisreh sub-district, Deir-ez-Zor).

Denial of rights and freedom

“There are families who prefer men more than women. They deprive a woman of her rights and prevent her from expressing herself.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo).

Community discussions revealed a clear awareness, especially, but not exclusively, amongst women and girls, of the many ways in which women and girls are denied their rights, from “deprivation of medical care” (Adult woman, Afrin sub-district, Aleppo) to “depriving mothers of the right of making decisions concerning the lives of their children” (Adult woman, Nawrouz camp, Al-Hasakeh). Adolescent girls were amongst the most vocal groups in discussing this form of GBV: “Girls are deprived of everything, especially education and going out of the house. They have no rights and their opinions are disregarded.” (Adolescent girl, Hama sub-district, Hama).

Being denied access to education was widely discussed as a key violation of their rights as children and young women: “Girls are not allowed to go to school for fear they will mingle with boys. That’s why my parents forbid me from going to school. Instead they made me take private lessons, which I don’t like.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). Children, including girls, with a disability, face additional challenges in accessing education, thus often being deprived of this fundamental right: “People with physical or mental disabilities: there are children and friends who are deprived of education and cannot go to schools here. There are no schools for them, and they are subjected to bullying and beatings from their friends if they go to school.” (Adolescent boy, Jisr Ash-Shugur sub-district, Idleb).

Adolescent girls also appeared to be the primary targets of movement restrictions imposed by their families: “Girls are prevented from going out and visiting friends or going anywhere except with their father, brother
or husband, while young men and men can go out at any time anywhere.” (Adolescent girl, Dana sub-district, Idleb). Girls easily recognised the inequality which underpins the different treatment reserved for adolescent boys and girls, and some were vocal in expressing their frustration with gendered norms around shame and honour which families adhere to: “The cruelty of some parents who prevent girls from ever leaving the house. They would rather see them die than breathe fresh air, claiming that they brought their family shame and humiliation.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo). Some adult women and men defended social norms which limit girls’ movements: “Adolescence is considered a sensitive phase for teenage girls. They are subject to close monitoring because at this stage they are preparing to get married, become a mother and a wife. They should not leave the house and mix with boys or men in public or in private. They have no right to make their own decisions.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). Adolescent girls who defy restrictions imposed on their movements and overall freedom are often punished: “Our neighbour has cut his daughter’s hair because she went out to the supermarket to buy something. This affected the girl’s psychological state badly and she was yelling and begging him not to cut her hair, but we didn’t have the courage to interfere.” (Woman with a disability, Al Bab sub-district, Aleppo).

Adult women are also subjected to strict limitations of their movements. In areas of Syria under the control of religiously conservative groups, restrictions have been imposed preventing women from moving outside their homes without a male relative. Restricting a woman’s movement can also be part of a broader situation of IPV: “Preventing me from leaving the house. I want to go to my family or my sister, but he prevents me according to his mood.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa). Furthermore, women and girls who are widowed or divorced are often confined within their home by their parents, brothers or in-laws: “And she returns to live in her family’s house under the guardianship of the father or older brother or uncle. She is deprived of all her rights, even from going out to the centres or the market, under the pretext that it is a social stigma and that she should not go out. The community always puts the blame on her.” (Adult woman with a disability, Atma camp, Idleb). Overall, widows and divorced women and girls see their rights infringed upon in various ways, including limitations on their movements and how they dress, being denied the right to decide if and when to remarry and having their children taken away: “Of course widows and divorced women are abused because of ignorance, backward thinking and outdated habits. They control how they dress as well.” (Adult woman, Derik sub-district, Al-Hasakeh). Older women, and sometimes men, can also be neglected by their families and deprived of their rights. Being denied access to healthcare and food were the most discussed forms of deprivation in relation to older people: “Some older people are facing violence, especially from male children, and do not receive treatment, medication and psychological comfort.” (Adolescent girl, Jebel Saman sub-district, Aleppo).

Figure 5: % of locations in which spousal/family/community restrictions have been identified as causes of movement restrictions for IDPs, returnees and host community women and girls.

<table>
<thead>
<tr>
<th>Category</th>
<th>Women (34%)</th>
<th>Men (83%)</th>
<th>Girls (&lt;18) (33%)</th>
<th>Boys (&lt;18) (67%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spousal/family/community restrictions NOT identified as causes of movement restrictions</td>
<td>66%</td>
<td>17%</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Spousal/family/community restrictions identified as causes of movement restrictions</td>
<td>34%</td>
<td>83%</td>
<td>33%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Economic abuse

As the economic situation deteriorates, women and girls appear increasingly aware and concerned about the economic violence they are subjected to by their families. Various forms of economic violence were described, such as taking control of women's income: “There is violence, which is discrimination and prejudice between certain groups in society, especially by men, towards their wives, in relation to financial matters where women work and men take their salary against their will” (Adult woman, Areesha sub-district, Al-Hasakeh), or forcing adolescent girls to work: “Forcing girls to work in order to earn money, though they are unable to control the money they get.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo). On the other hand, women who wish to work outside the home are often prevented to do so in the name of “traditions” and “customs”47.

Other forms of economic violence within the context of marriage included husbands depriving their wives of their regular “allowance” to purchase personal items: “Financial deprivation of personal money, even though a woman needs to buy special things for herself” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa); or demanding financial support from their wives’ families: “Men […] exploiting their families through the wife. For example, asking for money from the wife’s family and if they do not give him what he wants, he will prevent her from visiting them.” (Adolescent girl, Dana sub-district, Idleb).

Women who are facing multiple forms of discrimination are sometimes more vulnerable to economic violence. For instance, women with disabilities are considered “weak” and incapable of managing their resources, especially if they have intellectual difficulties, and are therefore prevented from controlling their own economic assets and income by family members48. Widows and divorced women also face multiple and complex forms of economic abuse, primarily intended to ensure their dependency on male relatives and to take control over their financial assets: “Financial violence is practiced in all its forms: it is forbidden to work, it is forbidden to learn, and it is forbidden to have money, because if a divorced woman has money, it would be possible for her to buy a mobile phone and thus bring shame on the family. So, it is better to deprive them of any financial resources.” (Adult woman, Kisreh sub-district, Deir-ez-Zor).

Preventing women, especially widows and divorced women, from inheriting their fair share of assets from their parents and husbands appeared to be a very common practice: “There are women who are deprived of their inheritance because they are women or because they have been divorced.” (Adolescent girl, Idleb sub-district, Idleb). The long-term impact of inheritance deprivation and denial of ownership means that women and girls face higher risks of homelessness and eviction, and remain dependent on male family members for shelter (see also Section: Housing, Land, and Property).

Psychological and emotional violence

Psychological and emotional violence was one of the most frequently discussed types of violence affecting women and girls: “Violence in the community could be psychological abuse and swearing directed at women and girls.” (Adolescent girl, Harim sub-district, Idleb). A recent study in North-West Syria found that 65% of women they interviewed had experienced psychological abuse at least once during the previous year49.

This form of GBV appears to have increased over the course of 2021, once again due to the compounding effects of COVID-19 and the protracted economic and security crises in Syria: “Psychological violence has increased due to high prices and insufficient salaries that mean the father cannot meet the needs of his family.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor). GBV experts confirmed this widely held perception as well: “Case Management partners are indicating specific types of violence such as psychological and emotional abuse is increasing and is mostly committed by intimate partners.” (GBV expert, WoS). On the other hand, the presence of dedicated WSGS and other services was considered an important mitigating factor: “Increasing the number of safe spaces contributes to reducing psychological violence caused by the constant pressure that impacts the lives of all people.” (Adult woman, Deir-ez-Zor sub-district, Deir-ez-Zor).

Psychological violence and emotional abuse were often discussed within the context of IPV: “Women in the house are subjected to great psychological violence by the husband and treated without respect.” (Adult woman, Deir-ez-Zor sub-district, Deir-ez-Zor). Verbal abuse was often presented as part of a continuum of violence affecting women and girls within their homes: “We women are responsible for everything in the house, from buying vegetables to cooking and washing. And if there is a shortage of anything, we can expect insults, yelling and sometimes even blows.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa).

Emotional abuse is regularly used to force adolescent girls and young women into strict gender roles, including by their fathers, brothers and mothers: “Mothers subject their daughters to violence. Simply because a girl did not get married, she must become the servant of the family. In this community the girl gets married at 12 years of age, so if she reaches 20 years old, no one will marry her. In this way, her life becomes hell, and she becomes a burden to the family. They even give her a hard time about the food she eats.” (Adult woman, Dana sub-district, Idleb).

47 Syria Resilience Consortium (2019). Hidden, overlooked and at risk. The role of gender, age and disability in Syria
48 Idem.
As gender roles shift within the context of the crisis, verbal abuse can also target men who are not seen to fulfil their traditional role of family providers, though to a much lesser extent: “I am constantly humiliated by [my] stepmother because I am unemployed. She has a job and provides for the entire family.” (Adult man, Dana sub-district, Idleb).

Overall, adolescent girls talked about being targeted often by psychological violence, especially if they have a disability or are displaced: “Girls face verbal violence and yelling the most, especially those who do not have parents or have some kind of disability.” (Adolescent girl, Latakia sub-district, Latakia). In 2021 reports of psychological violence by women and girls who are displaced notably increased: “We are subject to insults and mockery by local people, because we are displaced.” (Adolescent girls, Sahla Albanat camp, Ar-Raqqa).

This kind of violence is primarily perpetrated by residents of the area where IDPs are currently staying, with several mentions of landlords and employers directing insults and other forms of abuse towards displaced women and girls: “I was exposed to insults many times at work and received very hard words being a displaced person. I was even forbidden from drinking water by the landowner I am working for.” (Adolescent girls, Sahla Albanat camp, Ar-Raqqa). In addition, women and girls who are widowed or divorced tend to be subjected to continuous verbal and emotional abuse by family and community members alike: “We never leave the camp or do anything, and yet the community always talks badly about us and criticises us” (Adult woman, Al Asyanah camp, Aleppo).

**Technology facilitated gender-based violence**

Women and adolescent girls are facing an increasing range and number of forms of GBV on digital platforms, including social media, online games and through online file sharing: “There is violence that occurs through social media such as stealing others’ photos, or hacking their accounts and blackmailing women using those methods.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor). Adolescent girls, in particular, highlighted how online spaces have become yet another avenue used by men and boys to constantly subject them to sexual harassment and other forms of GBV: “Even on social media, we are exposed to a lot of abusive comments, harassment and indecent images, because we are girls.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

The variety of methods deployed by perpetrators to contact and abuse women and girls online was striking. Online games are used to contact adolescent girls: “Online games […] where boys and girls of all ages are asked to share pictures, audio clips or videos to receive special features within these games and then turn them into money. But this type of work can expose girls to exploitation or extortion through pictures or videos that are shared online.” (Adult woman with a disability, Atma camp, Idleb). Grooming techniques are also being deployed to gain the trust of girls on social media and other online platforms: “Girls are exploited online by luring them with false promises of marriage. In some cases, the guy asks the girl to send him nude pictures and he may use those pictures to blackmail her later.” (Adult woman, Deir-ez-Zor sub-district, Deir-ez-Zor). The use of real or digitally modified images for blackmail was a primary concern shared by adult women and adolescent girls alike: “Adolescent boys trick girls and exploit them by taking their photos and editing them using Photoshop with indecent images” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa); and “Unemployment leads to stealing for young people. Boys on motorbikes harass students, steal bags which contain personal documents, identification papers, phone and pictures, and blackmail the girl with pictures that are on the phone.” (Adult woman, Idleb sub-district, Idleb). Men and boys leverage the fear of severe social, emotional and physical repercussions if a photo were to be shared publicly to force women and girls into sex or to extort money: “Some people took photos during weddings, and then they blackmailed the girls. These are real stories, threatening them until they give money or sex. If they refuse, they will post pictures on social media.” (Adult woman, Al Bab sub-district, Aleppo).

Importantly, GBV which begins online can easily turn into ‘offline’ GBV, and particularly sexual violence, exploitation and abuse: “The internet has become a tool for harassment and exploitation. Girls send their photos to some of their relatives. As an example, an uncle threatened his niece that if she doesn’t sleep [with him] he will post the photos he has of her. Or [he told her] she must send more photos and he flirts with her. She has not dared to inform anyone except one of her friends, but even though the matter is now publicly known to one has stopped the aggressor because he is very powerful.” (Woman with a disability, Al Bab sub-district, Aleppo).

Being a victim of technology facilitated GBV can also have severe repercussions in a girl or woman’s life due to the stigma associated with all other forms of GBV: “Online learning has opened the way for technological exploitation and harassment, to which girls are often exposed. For example, one of the students was contacted, threatened with scandal and then denied an education as a result.” (GBV Expert, Turkey Cross-Border Hub). Several participants voiced a fear of being murdered by their families if they became associated with technology facilitated GBV, with multiple respondents referring to a specific case of femicide which was linked to the use of social media: “We heard a while ago that someone killed his cousin because she shared a photo by mistake on social media.” (Adult woman with a disability, Atma camp, Idleb).

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50 “The terms ‘technology-facilitated violence’ and ‘technology-related violence’ are used by many actors, and in this report, to be inclusive of all the ways that technology is used to perpetrate violence against women and girls, including online violence as well as other violence perpetuated using ICTs, such as mobile phone calls, texts and cameras. […] The terms ‘digital’ and ‘online’ violence are also used where relevant throughout [this report] to refer to specific forms of technology-facilitated GBV.” GBV AoR Helpdesk (2021). Learning Series on Technology-Facilitated Gender-Based Violence. Learning Brief 1: Understanding technology-facilitated GBV. Available at: https://gbvao. net/sites/default/files/2021-09/TFGBV%20Learning%20Brief%201. pdf
Intimate Partner Violence

“Some men marry a woman only to torture her.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo).

IPV was cited as a pervasive form of GBV affecting women and girls in almost all FGDs and secondary sources, often in conjunction with other forms of family violence: “A man always beats a woman and a daughter for no reason. He will also subject her to verbal violence and abuse.” (Adolescent girl, Al-Hasakeh sub-district, Al-Hasakeh). In 2021, women, girls, men, boys and GBV experts all described at length the clear linkages between the COVID-19 pandemic, the economic crisis, high levels of unemployment and a visible increase in cases of IPV, confirming trends that had started to emerge the previous year: “I think that many problems between my mother and father occurred during the [COVID-19] period when prices rose a lot. As a result, my father can no longer cover the costs of the house and children.” (Adolescent girl, Tartous sub-district, Tartous). While some groups focused on the impact of unemployment: “Men no longer have work abroad and are relieving their psychological stress by beating their women.” (Adolescent girl, Idlib sub-district, Idlib); others highlighted how movement restrictions due to COVID-19 lockdowns also increased pressure and GBV: “Yes, of course it increased dramatically, especially at homes during lockdown.” ( Adolescent girl, Damascus sub-district, Damascus).

Inflation was also mentioned as contributing to violence within the home: “Prices are high, and men take out their frustration on women by hitting them, which causes the women anxiety.” (Adult woman, Idlib sub-district, Idlib). Furthermore, displacement and inadequate housing can compound all these factors: “There are cases of verbal or physical violence resulting from mental strain faced by IDPs such as limited space, lack of financial income and poverty.” (Adult man, Harim sub-district, Idlib). It is ultimately impossible to distinguish the impact of each stressor on rates of IPV. Rather, it is important to recognise the confluence of these multiple contributing factors in perhaps unprecedented ways over the course of 2021 and the ensuing dramatic increase in reports of IPV.

When describing incidents of IPV, women and girls mentioned both physical and verbal forms of abuse: “If we asked for money for personal expenses, and he did not have any, then he would get angry and insult or beat us.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa). Violence can be triggered by a woman simply expressing her opinion on a family matter: “It also happens in homes where a husband beats his wife if she answers or expresses her opinion. The power is always in his hands. This life is unbearable.” (Adult woman, Al Bab sub-district, Aleppo). Forms of IPV discussed included being forced into a position of inferiority: “Exploitation of the woman as a man’s servant.” (Adolescent girl, Jebel Saman sub-district, Aleppo); being denied access to a phone, friends and relatives: “The husband monitors his wife’s phone and doesn’t allow her the freedom to even talk with her friends. This causes a lot of marital problems and violence by men towards women, until they reach the point of murder” (Adolescent girl, Dana sub-district, Idlib); and having their movements controlled: “Her neighbour is tortured on a daily basis. She does not have a phone and cannot leave the house because her husband locks her in the house, and the neighbours don’t even dare to help her.” (Adult woman with a disability, Aleppo).

Women who are subjected to IPV fear having their children taken away and being further stigmatised as a divorced woman if they seek support to escape the situation: “Divorced women sometimes would be oppressed by the husband, and that is why they get divorced. But people have no mercy or understanding of these things.” (Adult woman, Al Asyahan camp, Aleppo). Violence can expose women and girls to a range of other forms of GBV and discrimination, which dramatically reduces opportunities for survivors of IPV to leave abusive relationships: “When family violence cases occur, the problem is hidden especially by women who fear divorce and losing their children.” (Adult woman, Al Hol camp, Al-Hasakeh).

The unwillingness or inability of community members to intervene in situations of IPV was also a recurring theme: “I always hear my neighbour shouting and screaming while being beaten, asking for help but no one ever responds.” (Adult woman with a disability, Jebel Saman sub-district, Aleppo). Women and girls described the social norms that justify IPV and prevent them from seeking help: “Homes are considered the most violent place. The husband or the family live in privacy and they have the right to act freely without any limitations. Domestic violence happens often, and women consider this type of violence simple or normal or private. In the end, it is between her and her family and no one can intervene. Even if she told her family or friends about the violence she is subjected to, they will tell her that it is a normal thing and happens to everyone and that there is no need to make a big issue out of it.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). Men and boys were instead more likely to express victim-blaming attitudes that considered women responsible for ‘provoking’ the violence perpetrated by their intimate partners: “Many women are subjected to violence from their husbands and fathers due to poor management or cleanliness of the house, and also being too demanding, which exposes them to verbal and physical violence.” (Adult man, Salqin sub-district, Idlib).

51 The report uses Intimate Partner Violence to describe GBV perpetrated by an intimate partner, such as a boyfriend or husband, against women and girls. Family Violence is used to describe GBV against women and girls perpetrated by other family members, such as fathers, brothers, uncles and, in some cases, mothers-in-laws and other female family members. The term “domestic violence” was used by some research participants, primarily to refer to cases of IPV and therefore remains in direct quotes.
Family violence

Discussions of IPV were often followed by reference to violence perpetrated by men against other female members of the family, and especially against adolescent girls: “Mostly at home where the father would beat all the family members when one of the children does something wrong, and even the mother would receive a beating as well.” (Adolescent girl, Tadaf sub-district, Aleppo). Similar to IPV, these forms of violence were perceived as on the rise due to the combined effects of the economic crisis, COVID-19, unemployment and displacement: “Yes there is violence at home, due to the difficult living conditions as a result of war and displacement, which affect the psychology of the father. This reflects on the family and how he deals with them, so he would be angry most of the time. The most affected by violence at home are women, girls and children.” (Adolescent girl, Basira sub-district, Deir-ez-Zor).

While both male and female children might be subjected to violence from their parents or other relatives, distinct gendered elements emerged in the forms of violence experienced by adolescent girls within their homes: “[Adolescent girls] face violence that is caused by the father discriminating between his children.” (Adult woman, Basira sub-district, Deir-ez-Zor). During MSNA data collection, 35% of communities and neighbourhoods reported that adolescent girls face risks to their safety within their homes and families, though most considered this phenomenon to be uncommon.

Parents of adolescent girls are amongst the primary perpetrators: “The father and mother subject the adolescents to psychological violence, forbidding them to leave the house and depriving them of money, as they worry about the harassment of adolescent girls in the outside world.” (Older woman Al Asyanah camp, Aleppo.). At the same time, older and younger brothers also use various forms of violence against their sisters: “My brother controls what I do, what I wear and when I leave the house. My father knows and he does not object.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor). The use of physical violence to control adolescent girls’ behaviours and ensure their adherence to gender norms was frequently mentioned: “Brothers beat their sisters because they use mobile phones.” (Adult man, Al-Hasakeh sub-district, Al-Hasakeh).

Displaced girls were considered to be at higher risk of GBV within their family according to some groups: “I think that young girls are the most exposed to violence from their parents or brothers, especially displaced ones. Parents may marry them off at an early age and leave school, and this happened with many of my friends.” (Adolescent girl, Tartous sub-district, Tartous). At the same time, girls with disabilities were sometimes more at risk of neglect from their family members: “My sister is a person with a disability, and I help her with everything she needs, but when I am not at home, my mother doesn’t pay any attention to her and that is a form of violence. And I feel I am subjected to violence when I have to be responsible for my sister, although I love her and I do not complain, but when I leave the house, I remain worried about her.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

Concerning reports of physical and emotional violence, as well as forced and early marriage against girls who do not live with their parents: “I heard a story about a neighbour that they have an unaccompanied child in their care because of the death of her parents during the war. They said that they beat her daily and without reason. They don’t care if she is fed, clothed or educated. This is found frequently in the camp.” (Adult woman, Areesha camp, Al-Hasakeh).

Violence by stepmothers against children of their husband’s first wives was discussed: “My son is six years older than his wife, and she was an orphan who was beaten and burnt with an iron by her violent stepmother. She got married to escape this reality” (Adult woman, Maaret Tamsrin sub-district, Idleb); as was violence from mother-in-laws and other acquired relatives: “In the family, violence occurs regularly, carried out by the mother-in-law or brothers and sisters-in-law.” (Adolescent girl, Jebel Saman sub-district, Aleppo).

Violence within the family can also target members with diverse SOGIESC. Research by Maydaa et al. found that most of the respondents had been rejected by their relatives and accused of bringing “dishonour” to their family. Some had faced threats and various forms of physical, emotional and economic violence. During one FGD in Aleppo, reports emerged of lesbian women and girls “kept essentially as ‘domestic slaves’ and not allowed contact with outsiders”52.

As already explored in other parts of this report, widows and divorced women also experience various forms of GBV perpetrated by family members. These include physical violence by their brothers: “If they happen to go out of the house, they will receive a beating by their brother once they are back home, as it is considered shameful for a divorced woman to go out of the house.” (Adult woman, Kisreh sub-district, Deir-ez-Zor); as well as their children: “My neighbour is a widow, her children beat her.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). Children and in-laws can also perpetrate violence against their older parents: “The elderly are more exposed to violence, especially from their children, or the daughter-in-law.” (Adult woman with a disability, Al-Hasakeh sub-district, Al-Hasakeh).

Other forms of violence affecting women and girls in Syria

Violence and exploitation within the context of work was a frequent theme of discussion during 2021,

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highlighting a range of discriminatory practices against women. Firstly, seeking a job can expose women and girls to sexual exploitation and other forms of violence: “Women face violence when they are trying to find job opportunities.” (Woman with a disability, Jebel Saman sub-district, Aleppo). On the other hand, social norms and community stigma might prevent women from seeking employment altogether: “I want to work in a sewing workshop, but I cannot because the community rejects that. I am scared of the community’s judgmental outlook.” (Woman with a disability, Jebel Saman sub-district, Aleppo). Furthermore, gender and age discrimination both have an impact on the salaries that women and adolescent girls are able to earn: “There are a number of women and girls who go to work in agricultural lands and work all day at a low wage of 1.5 TL per hour.” (Adult woman, Atma camp, Idlib). Women and girls with health issues or disabilities are also subject to exploitation and unable to demand their rights due to their need to remain employed: “I suffer from a disease, but I still work and can’t rest because the employer won’t agree to give me a break and he might not accept me back at work again.” (Adolescent girl, Sahla Albanat camp, Ar-Raqqa).

Conflicts between displaced and resident communities were mentioned more frequently in 2021 than in previous years, perhaps due to increased competition over resources and spaces such as housing. Displaced women and girls spoke about being insulted and discriminated against while going about their daily activities: “Displaced women are sometimes subjected to repression and exploitation by the host community.” (Adult woman, Atma camp, Idlib). Landlords from the host community were often mentioned as deliberately exploiting displaced women and girls, either financially or sexually: “The displaced person may be exposed to violence and exploitation from the owner of the house.” (Woman with a disability, Qudsya sub-district, Rural Damascus). The practice of raising rental prices when renting to displaced groups can also expose women and girls, either financially or sexually: “The displaced person may be exposed to violence and exploitation from the owner of the house.” (Woman with a disability, Qudsya sub-district, Rural Damascus). The practice of raising rental prices when renting to displaced groups can also expose women and girls, either financially or sexually: “The displaced person may be exposed to violence and exploitation from the owner of the house.” (Woman with a disability, Qudsya sub-district, Rural Damascus). The practice of raising rental prices when renting to displaced groups can also expose women and girls, either financially or sexually: “The displaced person may be exposed to violence and exploitation from the owner of the house.” (Woman with a disability, Qudsya sub-district, Rural Damascus).

Data collection also revealed a perceived increase in cases of kidnapping, especially of adolescent girls: “The most common thing is kidnapping in the camps, especially for girls aged from 15 to 18 years, on the abandoned roads.” (Adolescent girl, Jebel Saman sub-district, Aleppo). According to GBV experts, requests for ransom are behind most kidnap cases: “Kidnapping is affecting both boys and girls and most of the cases are related with requests for ransom, but some of the children later appear dead.” (GBV Expert, WoS). According to Syrians for Truth and Justice “thieves realise that ransom-kidnapping is a winning opportunity to demand from the victim’s family whatever they want because perpetrators are always certain that the family will not inform the authorities or let anyone know of the incident for reputational concerns.” However, death can be the outcome of kidnapping, as recounted in several incidents: “Female students were kidnapped one time in front of my brother’s house and a girl was later found dead.” (Adult woman, Idlib sub-district, Idlib). Fears of kidnapping have a profound impact on adolescent girls’ lives and their movements: “Kidnapping and the disappearance of girls. I worry about my daughter when she goes to the mosque, so I don’t let her go alone. She either goes with her friend or with her brother.” (Adult woman, Idlib sub-district, Idlib). Girls themselves limit their movements, especially in displacement camps, in order to keep safe: “We are afraid to use washrooms and sanitary areas because it is mixed, and we may get sexually abused.” (Adolescent girl, Sahla Albanat camp, ar-Raqqqa). In addition, the kidnapping of unaccompanied or separated children was specifically associated with organ trafficking: “Children might be subjected to human trafficking or recruited by armed factions or targeted by organ sellers.” (Adult woman, Al-Malkeyye sub-district, Al-Hasakeh).

Human rights violations, including arbitrary arrests, detention, and torture remain prevalent. Prisons and other sites of detentions are considered to be locations where all forms of GBV take place, including rape against men, women, boys and girls: “We have heard many incidents that woman and girls faced at detention places such as sexual assault, beating and harassment.” (Adult woman with a disability, Al Bab sub-district, Aleppo). As highlighted in previous Voices from Syria reports, violence against women and girls who survived detention and torture continues at the community level after their release, demonstrating that this form of social violence against women and girls remains pervasive: “I know the story of a woman. Her husband divorced her after she was released from detention, and her family kept her in the house. The community and neighbours all talked about her and even deprived her of her children because they said she would bring shame to them, even though the woman is innocent.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

The stark differences in the treatment reserved to men and women once they return from detention was perceived as unfair, including by male respondents: “In prisons or places of detention, the view of men and women is different. Women are blamed and their parents wish that she dies in detention, and if they are released from detention, they are greatly subjected to violence. As for men, they feel pity for them once they are released.” (Adult man, Salqin sub-district, Idlib). Women are rejected by their communities, their families and, often, their husbands: “Her husband rejects her and is never intimate with her. If he did not divorce her, he would leave her at home like a maid, and he refuses to have any sexual relations with her.” (Adult woman, Al Bab sub-district, Aleppo). However, men also sometimes faced community rejection when released from detention: “Yes, there is violence in detention centres,

especially for men and boys, where they are beaten and psychologically abused, and when they return home, they are bullied and patronised by the community.” (Adult woman, Dana Sub-district, Idleb).

**Risk Factors**

**Figure 6: Main risk factors identified**

![Risk Factors](image)

**Home**

Home remains one of the most dangerous locations for women and girls: “There is violence in the home because it is a closed space and no one knows what is happening inside.” (Adolescent girl, Jebel Saman sub-district, Aleppo). As in past years, women and girls recounted the various forms of GBV they are subjected to in their own homes by their husbands, fathers, sons, uncles, brothers, in-laws, and other family members: “In homes, the father, husband, and brother practice violence against his wife, children and sister.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). The normalisation of violence in the home also continues to be widespread: “Much violence occurs at home. Unfortunately, they say it is natural and no one has right to interfere with family affairs.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

Most prevalent forms of interpersonal violence in the home include physical violence such as beatings, as well as psychological violence such as insults and verbal abuse: “Shouting leads to beating in homes.” (Adolescent girl, Duma sub-district, Rural Damascus). These are often practiced by the father or brother, though mothers also admitted beating their children. Married adolescent girls also mentioned being subjected to the same forms of violence from in-laws if living in the same household: “Violence exists in a lot in homes and the aggressors are men and their mothers against wives and their daughters.” (Adult woman, Dana sub-district, Idleb). Alarmingly, GBV case managers and service providers have noted that reports of marital rape are increasing in some areas, making the home a highly unsafe space for married girls and women: “There is an increase in the frequency of marital rape, domination and exploitation of women and girls.” (GBV Expert, Turkey Cross-Border).

**School**

Verbal, physical, and psychological violence by teachers and peers were consistently mentioned by all research participants as vastly widespread in schools across all governorates in Syria: “School beatings, verbal abuse by teachers, strictness, and punishment by taking away the things we love.” (Adolescent boy, Afrin sub-district, Aleppo).

For adolescent girls, schools are an unsafe space in which they experience specific forms of GBV, including sexual harassment on the way to school: “Many youths stand at the gates of girls’ schools.” (Adolescent girl, Duma sub-district, Rural Damascus). Women recounted hearing stories of sexual assault in schools, raising their fears about sending their daughters for education: “We heard cases of child molestation in the restrooms a while ago” (women with disabilities, Dana sub-district, Idleb) and “a male student attempted to break in on my daughter while she was in the bathroom, due to the lack of supervision in the school.” (Adult woman, Damascus sub-district, Damascus). Furthermore, adolescent girls confirmed experiencing a wide range of forms of violence in the school, including from their male peers: “Beating, bullying and harassment in bathrooms happened a lot among students at school.” (Adolescent girls, Sweida sub-district, Sweida). Although the main references of violence in schools were of teachers mistreating students or violence amongst students, some also indicated that female teachers could face GBV in a school setting: “Female teachers face violence from male students.” (Adult woman, Homs sub-district, Homs).

The respondents also stressed that social and psychological violence increases if the student has a disability or is internally displaced, in which cases they suffer from harassment from the host community on the way to school, as well as bullying from their peers. The intensity of violence against displaced children was another key contributing factor in the decision to pull children out of school according to some parents: “In some cases we send children to schools where they get exposed to violence and insults, and this forced us to walk them to school every day. Then we stopped sending them to schools at all.” (Adult man, Sahla Albanat camp, Raqqa).
Camps

Women and girls identified camps and collective shelters as unsafe locations where they are subjected to all forms of sexual violence, including sexual harassment: “There is some harassment in the camps.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). As previously mentioned, deteriorating security conditions in some camps such as Al-Hol in Al-Hasakeh have led to a series of serious acts of violence including femicide, and death threats against humanitarian staff members. Femicide cases were also mentioned in other camps and frequently discussed in relation to honour.

Fear of exposure to sexual violence specifically has led many families to further restrict women’s and girl’s movement within the camp itself: “[For] girls: prevention to leave the tent or talk to strangers. Her brother accompanies her everywhere.” (Adolescent girl, Areesha camp, Al-Hasakeh). Moreover, men admitted to forcing some women and girls to live in the camp – even when they can afford to leave it for more secure and less crowded housing – in order to protect male family members against forced recruitment: “Returning home is almost impossible, as the majority lost their houses and are escaping [...], women and children are upset, but men prefer staying in the camp as it is safe for them.” (Adult man, Ar-Raqqa sub-district, Raqqa).

Lastly, specific in-camp locations in which women and girls feel unsafe and experience sexual violence continue to be bathrooms, latrines, water points, as well as distribution points: “When we were in the camp, I was afraid for my daughter when she went to the bathrooms because they were not safe.” (Elderly woman, Azaz sub-district, Aleppo). Such conditions make even the basic functions of life fraught with danger and risk for women and girls, especially those who are displaced and/or have a disability, in turn exacerbating their multi-layered vulnerabilities: “We feel afraid to go outside the camp to the markets, public places and work without company or either of our parents.” (Adolescent girl, Sahlal Albanat Camp, Ar-Raqqa).

Public spaces

Women and girls continue to face sexual harassment and assault from men in public roads, public parks, streets, and when navigating their neighbourhoods in order to reach a school or a market: “The most violent place is the street, where there are verbal and physical violence, in addition to bullying.” (Adolescent girl, Sur sub-district, Deir-ez-Zor). Women and girls with disabilities also marked the street and public space as locations in which they are subjected to physical, psychological and social violence: “The street is where violence happens often as well, especially verbal and physical harassment.” (Women with disabilities, Al-Hasakeh sub-district, Al-Hasakeh).

In areas in which means of public transport are widespread and/or congested, so is sexual harassment, assault, and even kidnapping: “Violence can also occur on public transport by abducting a girl or a woman and taking them to an abandoned place.” (Adolescent girl, Harim camp, Al-Hasakeh). As with last year, women and girls planned their movement around their neighbourhoods in ways to avoid both isolated areas (such as isolated roads or abandoned buildings) but also crowded ones, such as distribution points and markets. Additionally, although many women and girls avoid movement during the night specifically, other times of the day were considered equally risky times to be outdoors in public spaces: “Public roads or parks are where most violence happens to a girl, for example, going to her school. Harassment happens mostly during the afternoon.” (Adolescent girl, Idlib sub-district, Idlib).

Workplaces

All types of working places, including work in the field, shops, or in offices, were marked as locations where GBV happens: “Working in markets and shops where they get abused sexually and physically.” (Elderly woman, Hol camp, Al-Hasakeh). Sexual harassment and sexual exploitation were reported most frequently, especially by women and girls working in enclosed environments such as homes or clinics: “I know a girl who experiences harassment and sexual abuse by a doctor whom she works with at his clinic. He says: if you gave me a kiss, I will give you a pay rise.” (Woman with a disability, Al Bab sub-district, Aleppo).

Economic exploitation was also widely discussed: “Violence is often present at home and at work, such as exploiting our hard work, [as] young girls’ wages are lower than those of adult women.” (Adolescent girl, Dana sub-district, Idlib). As more female children and adolescent girls spoke of being forced to join the job market in order to meet economic needs, they also recounted a wide range of violence types they are exposed to by employers: “We are constantly exposed to exploitation, harassments and sexual abuse by our employer.” (Adolescent girl, Sahlal Albanat camp, Ar-Raqqa). Moreover, if working women were also displaced, widowed, divorced, or with a disability, then they faced additional layers of violence and discrimination in the workplace, including sexual and economic exploitation: “I think that employed women are vulnerable to sexual harassment and exploitation by employers, especially displaced women. They exploit her need for money and ask for sexual services in return. I personally have heard about many cases.” (Adult woman, Latakia sub-district, Latakia).
Prisons and detention centres

Female detainees that are kept in prisons or detention centres are subjected not only to physical violence such as torture, but also to sexual violence: “They are subjected to various kinds of physical and psychological torture, humiliation and insults, and may [have a permanent disability] or killed under torture and harassed, and it may extend to rape.” (Adolescent girl, Basira sub-district, Deir-ez-Zor). Speaking from personal experiences, some participants discussed other forms of violence practiced against female prisoners such as the denial of food: “My two sisters are in detention. Twenty-four hours without food and overcrowding. The worst kind of torment in prisons.” (Adult woman, Maaret Tamsrin sub-district, Idleb). Even when surviving the various forms of violence in detention centres, women and girls are singled out and met with social and community violence upon being freed: “There is violence in detention places, and the greater violence happens when a detainee is released especially for women where the husband and the family make them outcasts due to the stigma they bring to the family as prisoners.” (Adult woman, Harim sub-district, Idleb).

Virtual spaces

Increasingly, virtual spaces including social media platform such as Facebook and chat applications such as WhatsApp, are locations where women and girls are subjected to sexual harassment and sexual exploitation: “Also on the internet, where violence and bullying are remarkably common.” (Adolescent girl, Sur sub-district, Deir-ez-Zor). Most troubling are blackmail attempts of adolescent girls, where girls are threatened with exposing private chats, pictures (including digitally altered images) and other information publicly, which in turn places them at risk of severe forms of GBV from their families: “Violence through the internet: for example, young people have a relationship with girls and ask for pictures of them. After a while they are exploited with these pictures. They ask them for money or to meet with them or they threaten to publish the pictures or send them to their families and brothers. They are then doomed to be killed.” (Adolescent girl, Dana sub-district, Idleb). Women and girls fear the escalation of technology facilitated blackmail and its repercussions from male family members and their community at large, sometimes with tragic consequences: “The internet, because many girls are exposed to exploitation, harassment and this might lead to her murder or suicide.” (Adolescent girl, Jisr-Ash-Shugur sub-district, Idleb).
### Affected populations

As explored in this report, social markers (gender, sexual orientation, race, class, age, disability, marital status, among others) as well as conflict-related circumstances (displacement, economic deterioration, long-term effects of the COVID-19 pandemic) produce specific, intersecting, and compounded risks of violence, exclusion and discrimination. Population groups such as adolescent girls continue to be vulnerable to specific forms of GBV including sexual harassment, early marriage, denial of education, and increasingly, child labour. Because their experiences of GBV cut across multiple social markers and circumstances, this report integrates the voices of adolescent girls in each section, examining in depth how their age and gender influence their experiences of various forms of GBV, access to service provision, coping strategies and resilience. Similarly, the prevalence of displacement in Syria – including repeated displacements and relocation – renders displaced women and girls vulnerable to early and forced marriage, sexual exploitation and abuse, and IPV, especially for women and girls living in camps.

Other population groups such as racialised persons and persons with diverse SOGIESC also face risks of GBV on the basis of intersecting forms of social exclusion and discrimination, further exacerbated by conflict circumstances. The data available on these groups is limited this year, with very few mentions of either group’s experiences, or experiences on the basis of race, racialisation, ethnicity, and sexual and gender non-normativity. Despite the limited data, all participants agreed with the general statement that persons from diverse ethnic backgrounds, or members of ethnic minorities face further discrimination from society in general: “Ethnic groups are more vulnerable to violence, especially during displacements and wars.” (Older woman, Al-Hasakeh sub-district, Al-Hasakeh). Moreover, other reports demonstrate that women and girl members of ethnic minorities are subjected to severe forms of sexual and physical violence on the basis of their ethnicity such as rape, abduction, trafficking, and enslavement: “Cases included five Yazidi girls who had been abducted in Iraq, trafficked to ISIL-held areas in the Syrian Arab Republic and enslaved for sexual and domestic purposes. Yazidi abductees as young as five have known only enslaved lives, with no memory of their parents, having been bought and sold multiple times and raised in a different language and religion to their communities.”

Reports also show that people, including women and girls, with diverse SOGIESC are vulnerable to specific forms of violence such as blackmail and forced disappearances by armed groups on the basis of their sexual or gender non-normativity. These risks force many either into permanent displacement and remove the option of returning to the community if their gender or sexuality are revealed, or into conforming to dominant gender and sexuality norms in order to reduce the possibility of unpredictable social, public, and police violence: “During the FGDs in Aleppo, respondents highlighted the risks of being ‘disappeared’ by militias.”

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**Figure 8: % of HH indicating locations where women and girls feel unsafe (by type)**

<table>
<thead>
<tr>
<th>Location</th>
<th>% of HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the way to women community centers/health centers</td>
<td>6%</td>
</tr>
<tr>
<td>When crossing checkpoints</td>
<td>63%</td>
</tr>
<tr>
<td>On public transportation</td>
<td>48%</td>
</tr>
<tr>
<td>At work</td>
<td>5%</td>
</tr>
<tr>
<td>On the way to work</td>
<td>12%</td>
</tr>
<tr>
<td>In schools</td>
<td>1%</td>
</tr>
<tr>
<td>On the way to school</td>
<td>7%</td>
</tr>
<tr>
<td>Social/community areas</td>
<td>7%</td>
</tr>
<tr>
<td>Water points</td>
<td>9%</td>
</tr>
<tr>
<td>Distribution areas</td>
<td>8%</td>
</tr>
<tr>
<td>Markets</td>
<td>58%</td>
</tr>
<tr>
<td>Latrines and bathing facilities</td>
<td>6%</td>
</tr>
</tbody>
</table>

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The threat of harassment and abuse by state authorities, whether Syrian, Turkish or Lebanese also figured as a constant in the narratives. Respondents stressed the need for men to appear ‘hard’ and avoid any sign of ‘softness’ or ‘effeminacy’, including for example towards children in one’s family.

In line with the Voices from Syria feminist intersectional approach, the below boxes dedicate a spotlight for three groups of women and girls whose experiences at the intersection of multiple forms of discrimination and multi-layered forms of violence combine to produce specific forms of vulnerability to GBV. Although the report also integrates analysis about these affected groups in other sections, thanks to specific efforts made to engage marginalised women and girls in the Voices from Syria process through dedicated FGDs, data collected during 2021 was especially rich and provided a rare opportunity to unpack how intersecting forms of marginalisation can impact women and girls with disabilities, who are divorced or widowed, and who are older. Spotlighting their experiences and their voices also brings attention to the main risks and challenges these overlooked populations face when confronted with GBV.

Form of GBV faced by women and girls with disabilities

While verbal abuse, insults, and beatings were mentioned as a common experience by all women and adolescent girls, disability is frequently used to justify such forms of physical and psychological abuse against women and girls: “There is verbal violence. It is too hard. When they said that I am a fool or worthless, it causes me a lot of harm and affects my psychological state. I feel so upset.” (Woman with a disability, Al Bab sub-district, Aleppo).

Additionally, emotional violence becomes a daily feature of intimate partner abuse in which women’s and girl’s disability is used as justification for such violence, causing a distressing impact: “I am very responsive to the bad words from my husband. He says disturbing words to me because of my health condition. For example: ‘you are useless, disabled and paralysed and can’t make me happy’.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

Social violence in the form of social stigma, public shaming, and harassment dominates the experiences of women and girls with disabilities in public space: “Yes, people look down on people with disabilities and some kids make fun of them and hit them with stones.” (Woman with a disability and carer, Jebel Saman sub-district, Aleppo). Women and girls also face public mockery of their visible disabilities, which is often tolerated by the
community: “People with disabilities are more susceptible to psychological and physical violence by the community because they cannot defend themselves and they constantly hear the community saying that they are useless.” (Woman with a disability, Dana sub-district, Idleb).

The exposure to social shaming was also linked to restrictions of movement of a woman or girl with a disability by her family in order to avoid public scorn: “People with a disability do not leave the home usually because their parents worry about people making fun of them.” (Adolescent girl, Tadaf sub-district, Aleppo). This is especially the case for women and girls with a visible intellectual disability: “It is very difficult for those with disabilities, especially with a mental disability, to leave the house because their families are afraid of their behaviour or that they may get things wrong.” (Adolescent girl, Jebel Saman sub-district, Aleppo).

Family violence in the home also echoes social and psychological violence outside the home, reinforcing the idea that disability is a social and economic burden through beatings and insults: “In our community, the mother blames the girl who has disability, she curses her like: ‘I ask God to get rid of you. You have disability, why did I have you?’. She abuses her by either beating or insulting her. She says that she is not obliged to take care of her because she has brought them shame and humiliation. If her parents offer her anything, they abuse her for that and pray that she’ll die to be rid of her.” (Adolescent girl, Jebel Saman sub-district, Aleppo).

In contrast, stigma associated with disability can also become redirected at the mothers of children born with a disability within the context of IPV. They are also blamed and mistreated for allegedly failing to fulfil an ideal pregnancy and not delivering an able-bodied child: “Women are blamed for giving birth to children [with disabilities], saying she is responsible for that. ’I do not want neither you nor your children’. Problems may increase and they may get divorced, or the mother may commit suicide.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo).

Specific findings

1. Barriers to accessing services

As women and girls with disabilities are confined to the home by their families and face abuse when in public, their access to education, work, services, and even public leisurely places remains acutely limited: “They are not capable of going anywhere such as the park, and they have no designated places or specialised transport.” (Woman with a disability, Jebel Saman sub-district, Aleppo).

Additionally, the majority of women and girls with a physical disability as well as their carers noted that lack of wheelchairs, accessible buses, and safe roads all pose an additional critical barrier to accessing services and exacerbate their exposure to the risk of GBV. “[As for the] disabled: they are need of glasses, hearing aids, and wheelchairs. If their requests were met, they would not be subjected to violence.” (Elderly woman, Azaz sub-district, Aleppo). Even when available, many face systemic discrimination when seeking healthcare services with no acknowledgment of their special needs: “It is very difficult to access services. I have a disability. I struggle to go to physical therapy, even though it is free. I cannot reach the service there because I cannot afford private transport and it is very difficult for me to go by public transport.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

2. Lack of tailored and inclusive education

Women and girls repeatedly mentioned the unavailability of specialised education centres that would welcome children with intellectual and physical disabilities and provide quality support and education tailored to their needs. Lack of access to education has a significant impact on girls’ increased exposure to forms of GBV such as early marriage, but also on social development and loss of childhood: There is difficulty in reaching schools, especially since they are far away and do not include all age groups. Schools do not have facilities for people with disabilities, which causes difficulty for them to use the restrooms.” (Adult woman with a disability, Al-dana sub-district, Idleb). Schools’ inaccessibility also includes practices of social, physical, and psychological abuse against persons with disabilities, many of whom consequently drop out: “I know a boy who left school because of bullying by the students and the teacher about wearing glasses by calling him names.” (Adult woman with a disability, Dana sub-district, Idleb).

3. Securing livelihoods in the face of discrimination

Finally, women and girls discussed their inability to secure their own income and livelihoods in the face of discrimination and exploitation practiced against them due to their disabilities. Additionally, many face significant exploitation when receiving aid distributions aimed at supporting them financially: “Their parents register them to receive a food basket or a voucher for cleaning items and they take those vouchers on their behalf. They do not give them anything from it, on the pretext that the parents know how to manage the house allowance better, and then buy groceries.” (Adult woman with a disability, Atma camp, Idleb). Moreover, many are also denied their rightful inheritance or ownership of properties by able male members of the family, citing the disability as reflective of lack of decision-making ability, or simply claiming that disability forfeits the right to own: “Their exploitation [is an issue], and not registering their properties under their ownership.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). As issues of accessibility, exploitation, and discrimination compound each other, women and girls also try to adapt to specific forms of income generation: “Women with functional difficulties in particular are situated at the bottom of the wage hierarchy. Therefore, many start their own small business or work in family businesses”\textsuperscript{54}.

\textsuperscript{56} Syria Resilience Consortium (2019). Hidden, overlooked and at risk. The role of gender, age and disability in Syria. P. 13
OLDER WOMEN

Forms of GBV faced by older women

The forms of GBV that older women are subjected to overlap with those directed against women and girls with disabilities, as by some estimates: “99% of people aged over 59 have disabilities” [57]. Women consulted for this report raised the alarm over the rising forms of violence against older women, frequently based on their age and the assumption that they are weak members of society and cannot defend themselves: “I think it is necessary to raise awareness among women and girls about the issue of violence and to support the older people. Unfortunately, we are witnessing many cases of violence against the older people that did not exist previously.” (Adult woman, Tartous sub-district, Tartous).

Older women themselves recounted the types of violence they experience, including being treated as insignificant members of the family due to their age: “Older people are marginalised, exposed to psychological violence, neglected and have no role among their family, as well as in society, but it is all relative.” (Older woman, Al-Hasakeh sub-district, Al-Hasakeh). Most commonly, older women are subjected to physical violence by the family members with whom they live, including by their children: “There are cases where a girl beats her mother who is old in age, and she could do nothing, except receive help from the neighbours.” (Adolescent girl, Idlib sub-district, Idlib). Family members also systematically deny food and resources to older women, including the aid distribution they receive: “I know some old people, where their daughter-in-law sells their food baskets under the pretext that it’s the price of living with them.” (Woman with a disability, Atmah camp, Idlib). Such forms of economic abuse by the family members extend to neglect of older women’s health and well-being, and not assisting them in reaching needed medical services: “The older people do not receive full medical care from their families.” (Adolescent girl, Ar-Raqqo sub-district, Ar-Raqqo). Moreover, if still married, older women remain exposed to IPV as well: “Older women are vulnerable to verbal violence from their husbands.” (Adolescent girl, Tall Kalakh sub-district, Homs).

Specific findings

1. Social rejection

The social rejection of older women emerged as a trend, due to perceptions about their inactivity and lack of proper social role: “Yes, it is different for people with disabilities and the older people as they are rejected in the home and community,” (Adolescent girl, Ar-Raqqo sub-district, Ar-Raqqo). The impact of this social perception co-relates with ignoring and neglecting older women socially and contributing to their vulnerability to exploitation and invisibility as members of community: “Facilitator: Are persons with disabilities, widows, divorcees, women and girls and the elderly more vulnerable to such exploitation? Older woman: Yes, because they are the weakest in society and even if they talk no one will hear them and people will not believe them.” (Facilitator of and FGD with older women, Al-Hasakeh sub-district, Al-Hasakeh). The same sentiments or rejections are communicated to older men, who are also considered unproductive and treated as economic burdens: “Older people are not appreciated, especially men, because they are not capable of working and cannot find any job opportunities, and so most family members treat them as a burden and as incompetent.” (Woman with a disability, Jebel Saman sub-district, Aleppo).

2. Invisibility of Violence

GVB against older women is rendered invisible not only due to obstacles in reaching this group, but through the normalisation of violence committed against them. Some participants communicated their belief that older people are spared from GBV typically due to their perceived status as respectable elders in the family or community: “Older people are less likely to be exposed to violence.” (Adult woman, Harim sub-district, Idlib). At the same time, older women were also blamed for normalising violence and being keepers of customs and traditions: “Facilitator: Is violence different for older people? P1: Yes, it differs – due to their lack of understanding and awareness of the risks of violence and its types. P2: Yes, it differs, because they surrender to reality and believe that violence is normal and necessary to preserve customs and traditions.” (Adult woman, Basira sub-district, Deir Az-Zor).

On the one hand, this kind of normalisation might lead older women to condone GBV against other women and girls and, in some cases, to perpetrate violence themselves, for instance against their daughters-in-law. On the other hand, older women also discussed the normalisation of violence as a coping strategy, similarly to younger girls and women, rather than as a commitment to preserving customs and traditions: “We adapted because we can’t do anything to change this reality.” (Older woman, Al-Hasakeh sub-district, Al-Hasakeh). Additionally, older women discussed being targets of violence repeatedly: “Where does violence occur? Everywhere and all the time” (Older woman, Al-Hasakeh sub-district, Al-Hasakeh), and being unable to confront the violence due to their age and disabilities: “When violence occurs against the elderly and the disabled, they cannot defend themselves because of their circumstances.” (Older woman, Al-Hasakeh sub-district, Al-Hasakeh).

3. Barriers to accessing services and distributions:

Older women have difficulty in accessing distributed aid not only due to the aforementioned violent practices of social rejection, vulnerability to exploitation, but also

due to distance and lack of transportation: “Distributions are difficult to be accessed by people with disabilities and the elderly due to the distance of the distribution location and transportation costs” (Older woman, al-Kisra sub-district, Deir-ez-Zor), as well as their inability to withstand the conditions of distributions which may include waiting long hours, difficult weather, and higher risks of exploitation: “During distributions, the person who is supposed to receive the basket must be present. Even if he/she is elderly or disabled, they will still have to wait in turn, which causes them fatigue and psychological distress.” (Woman with disability, Atma camp, Idlib). Older women who are displaced and living in camps and shelters also face similar obstacles to girls and women with disabilities when accessing washrooms and bathrooms due to their distance and inaccessible structure: “Older people suffer a lot in the camp because they are unable to get their rights and they can’t use washrooms because of the distance and difficulties to go there.” (Adult woman, Sahla Albanat camp, Ar-Raqqa).

The COVID-19 pandemic impacted older women’s access to services in specific ways based on age. For example, older women’s concern for their own health and fears of infection were listed as reasons for not seeking protection services or accessing safe spaces: “COVID-19 disproportionately affected access to people with disabilities and older women to GBV services in WGSS. In focus group discussions, people with disabilities and older women confirmed they stopped coming to the WGSS for fear of contamination, as they believe their immune system is weaker due to their age or their disability.” (GBV expert, Turkey Cross-Border Hub). In addition, older women are also recognised as facing a technological barrier which prevented many from being reached by service providers: “COVID-19 has contributed to the increase the prevalence of GBV due to the lack of available mechanisms to reach and respond to women and girls. Other barriers were identified that affect particular certain groups such as older women who struggle with technological literacy.” (GBV Expert, WoS).

WOMEN AND GIRLS WHO ARE WIDOWED OR DIVORCED

Forms of GBV faced by divorced and widowed women and girls

Living as a widow or as a divorced woman or girl in Syria today carries an indelible stigma which affects every aspect of a woman or girl’s life and exposes her to specific forms of discrimination, abuse, and GBV. Respondents repeatedly indicated this group as one of the most marginalised in society: “I think widowed and divorced women are more subjected to violence because the community is against them and does not protect them. They are always worried and stressed that someone will harass or exploit them, or the family would take away their children.” (Women with disabilities, Qudsia sub-district, Rural Damascus). This is also confirmed by data from the 2021 MSNA, where 57% of communities and neighbourhoods mentioned that widows are at risk of exclusion from receiving humanitarian aid and services, making them the most at risk to exclusion.

Judgement from the community, often resulting in verbal violence, was a recurrent theme: “My daughter is a widow, and she is responsible for her family, as she has a job outside the house and runs the daily house chores as well, yet everyone keeps watching her whenever she comes and goes.” (Adult woman, Al Asyanah camp, Aleppo). Fear of stigma and community criticism was cited as a reason for widowed and divorced women to not work, access services and assistance or make any decisions: “If she lives alone without her parents, she can make decisions, but she is always afraid of the consequences and of community criticism of her decision.” (Adult woman, Al Bab sub-district, Aleppo).

Widows and divorced women and girls who had some financial independence were considered to be in a better position to make their own decisions and escape family control: “If there is a divorced woman or a widow and she does not have a house or money, she cannot give her opinion because she needs someone from her family to help her and stand by her.” (Adolescent girl, Jebel Saman sub-district, Aleppo). However, they also risk facing economic violence, as they are often deprived of their rightful inheritance and forced to leave their economic resources and assets in the hand of their in-laws, brothers, or other male family members: “They are considered as failures and that they are unable to manage their own affairs. There are always those who act on their behalf and take over their affairs.” (Adolescent girl, Basira sub-district, Deir-ez-Zor).

Importantly, widows and divorced women and girls face unique forms of GBV, such as being forced to abandon their children in order to re-marry: “Widows in the camp are exposed to sexual harassment and are largely deprived of their rights, even by their families. People consider widows and their children a burden. Some parents demand that their daughters abandon their children to have a chance to get married again. Some force them to do that and deprive them of the children, in addition to being constantly exposed to accusations and suspicion which prevents them from doing any activity.” (Adult woman, Sahla Albanat camp, Ar-Raqqa).

Specific findings

1. Disproportionate stigma against divorced women and girls

While most conversations lumped divorced and widowed women and girls together when discussing their vulnerability, some respondents pointed out how women and girls who have gone through a divorce face specific forms of stigma and GBV: “The divorced woman in our society is like a dead person where she has no right to interfere in anything because she is divorced. She does not have the right to speak or give opinions.” (Older woman, Al-Hasakeh sub-district, Al-Hasakeh).
Divorced women and girls are often blamed for the divorce by their families and communities: “They also say to divorced women ‘If you were a good woman, you wouldn’t have left your husband’” (Adult woman, Azaz sub-district, Aleppo); and accused of having shamed or brought dishonour to their families: “Divorced women are considered the group most susceptible to violence in all respects. In general, the community considers them a disgrace and they worry that divorced women will bring them shame and gossip, which is why they are subjected to psychological violence. This includes insults, blame and accusations. They are prevented from leaving the house, whether for work or fun.” (Adult woman, Kisreh sub-district, Deir-ez-Zor).

Divorced women and girls face the rejection of their family, directed towards them and their children: “When a woman gets divorced and returns to her family, she faces hurtful words saying they are not obliged to take care of her children. This causes her more problems; they blame her for being the reason for her divorce and the deprivation of her children.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo).

2. Widows’ camps

Displaced widows in Syria are sometimes hosted within so-called “widows’ camps” situated within larger displacement camps or urban areas. Based on the assumption that women who live without a male family member are at greater risk of GBV, widows’ camps are designed to offer women and their children some protection, primarily by banning older adolescent boys and adult men from these residential areas. While women living in widows’ camps might welcome the relative safety that living in a women-only space provides them58, living in such camps also comes with severe restrictions and limitations to women’s freedom, in addition to potentially increasing the stigma that widows face: “There is a camp for widows, but it prevents them from going out and restricts their movement.” (Woman with a disability, Dana sub-district, Idlib).

In displacement camps, areas reserved for widows are highly regulated. For example, adolescent boys over the age range of 13-15 are not allowed to reside within those areas, which forces widows to abandon their older children: “The majority of widows have a special camp […] and these residences deny them the right to be integrated into society because they are enclosed and have a schedule in place for entering and exiting the camp. This curfew deprives many mothers from seeing their children who are above the age of 15, which affects the psychological state of widows and divorcees.” (Adult man, Harim sub-district, Idlib). Adolescent boys who are abandoned by their mothers sometimes resort to living alone on the streets where they are exposed to violence and exploitation, including recruitment by armed groups.

The integration of widows in society was a subject debated amongst women, with some participants favouring dedicated spaces, and services, for widows in recognition of their perceived vulnerability, while others argued for their inclusion in existing safe spaces and services to avoid their further isolation and stigmatisation: “For widows and divorcees, I suggest that they have private spaces, while others opposed the idea, saying that they should be integrated into society by not discriminating against them.” (Adult woman, Deir-ez-Zor sub-district, Deir-ez-Zor).

Reports of IDP sites exclusive to widowed and divorced women and girls have emerged since at least 2014. Protection violations intertwined with the establishment and management of these sites not only violate women’s and girls’ basic rights but also exacerbate GBV risks. Key protection violations experienced by women and girls living in these sites include are movement restrictions and economic violence, while the primary forms of GBV experienced by widowed and divorced women and girls in these camps are sexual exploitation and abuse and early marriage59.

3. Accessing humanitarian assistance

When discussing humanitarian services and assistance, widows and divorced women and girls were often described as a group that could face exclusion and exploitation: “Sometimes there is exploitation or denial of assistance, especially for women, and widows, because they have no provider.” (Adult man, Salqin sub-district, Idlib).

As outlined in the Sexual Exploitation and Abuse section of this report, widows and divorced women are at greater risk of facing sexual exploitation when seeking accommodation, trying to access services, and within the workplace: “Divorced women and girls sometimes have difficulty accessing services because of the fear of the community’s prejudices, in addition to the fear of exploitation and violence while trying to access these services.” (Adolescent girl, Harim sub-district, Idlib). Furthermore, they might face financial exploitation when claiming humanitarian assistance: “Because widows raise orphaned children, God is generous with them, but they still can be exploited by some people. In the camp, for example, she received $125, but they tell her that she has to pay $50 or else she will not receive the aid.” (Adult woman, Idlib sub-district, Idlib).

Family restrictions and community stigma can prevent widowed and divorced women from leaving their homes to seek support: “Widows cannot go out and are controlled by the husband’s family and they are restricted to raising the children.” (Adolescent girl, Jebel Saman sub-district, Aleppo). Finally, financial responsibilities and the need to provide for their families were also flagged

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as an important obstacle preventing women and girls who are divorced or widowed from accessing services, and in particular WGSS and GBV response: “As for divorced women and widows, if they have children, they take up all their time, especially if there is no one to take care of them or gift them money for expenses. The mother then works outside and inside the house from morning until afternoon to provide money, and from afternoon to evening, she takes care of her children.” (Adolescent girl, Jebel Saman sub-district, Aleppo).

GBV Impact and coping strategies

“Women have no power and can only cry.” (Woman with a disability, Dana sub-district, Idleb).

Psychological impact and coping

When discussing the effect that various forms of GBV have on women and girls in their daily lives, most highlighted the severe impact on their mental health, Signs of psychological distress such as anxiety, agitation, crying, despair, heightened fear, loss of confidence, nervousness, sadness, stress, and trauma were some of the most frequently cited feelings, clearly demonstrating the alarming toll of violence on women and girls. GBV practitioners and experts also confirmed a rise in mental health issues and an overall decline in women’s and girl’s psychological well-being: “We are starting to see the signs of burnout, extended trauma and break down.” (GBV Expert, WoS).

Findings from the MSNA confirm high levels of psychosocial distress for women and girls, with 62% of households (HHs) participating in the assessment mentioning that women were showing signs of distress in the last three months, compared to 31% of HHs mentioning the same for adolescent girls.

Adolescent girls in particular connected their feelings of helplessness with the constant fear of experiencing GBV at home and in school. Being unable to control or stop the abuse exacerbates their sense of hopelessness: “I think that the older people, girls and children cannot defend themselves because they are weaker than those who practice violence against them, so they only cry and get hurt without being able to defend themselves.” (Adolescent girl, Latakia sub-district, Latakia). Adolescent girls also highlighted the severe impact that family and IPV in the home has on their long-term mental well-being, including when witnessing violence against their mothers or siblings: “The father beats the mother in front of her young children. This also affects the personality of the children, leaving children alone at home and fearing abuse by others.” (Adolescent girl, Idleb sub-district, Idleb). Adult women communicated a similar feeling of losing one’s personal strength as an impact of long-term exposure to violence: “Her psyche is affected. She becomes less self-confident and more isolated.” (Adult woman, Al Bab sub-district, Aleppo).

Feelings of debilitating fear and anxiety also extended to performing basic activities outside the home, such as navigating roads and public spaces where women and girls face sexual harassment and abuse: “Being afraid to walk alone. Constant anxiety and stress.” (Adolescent girl, Al-Hol camp, Al-Hasakeh). In addition, for some girls, the impact of physical violence in schools was so severe that they considered dropping out: “Crying, thinking about leaving school, and running away from school.” (Adolescent girl, Dana sub-district, Idleb).

Other psychological impacts that adult women mentioned were strong feelings of despair and loss of hope, doubting whether violence would ever stop due to the perceived impossibility of improving their situation: “A person does not get used to violence but reaches the stage of despair and accepts reality because nothing can be done.” (Adult woman, Dana sub-district, Idleb). Women and girls discussed crying both as an impact of violence but also as a coping mechanism: “Crying comforts me.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). In the absence of other options of releasing psychological distress, girls and women with disabilities also resorted to crying as a coping method: “Sometimes I spend long hours crying.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

Women and girls spoke of developing depression as a consequence of violence, and turning to self-isolation, silence, and disengaging from daily life. In relation to isolation, women and girls also mentioned “spending time using the phone” (Adult women, Afrin sub-district, Aleppo) or browsing online as a way to cope. While adolescent boys mentioned playing video games as a coping mechanism, adolescent girls also added the use of social media to escape reality and gain mental relief: “We resort to social media as a means of escaping the violence to which we are subjected.” (Adolescent girl, Harim sub-district, Idleb). However, in order to cope with the increased despair, women and girls also resorted to substance abuse, including smoking cigarettes or drug use: “Smoking and rejecting reality and the community.” (Adult woman, Afrin sub-district, Aleppo). GBV experts confirmed the rise in substance abuse in North-East Syria in particular: “Consumption of drugs (pain killers) are being reported by women and girls to be linked with harassment and sexual assault, although causation has not been proven.” (GBV Expert, WoS).

Alarmingly, women and girls also increasingly resorting to self-harm, either as an emotional coping mechanism or as a way to attempt interrupting the cycle of violence: “I know a woman who drank chlorine to threaten her husband so that he stops beating her.” (Adult woman, Dana sub-district, Idleb). Various types of self-harm were noted specifically in North-West Syria including among adolescent girls in Idleb, reaching suicide: “Resorting to self-harm such as cutting themselves, suicide and consuming toxic substances.” (Adolescent girl, Dana sub-district, Idleb). GBV experts also confirmed the rise in harmful coping mechanisms and specifically attempts of suicide among women and adolescent girls, sounding the alarm over women’s and girl’s heightened
psychological distress and desperation: “Women and girls resort mainly to negative coping mechanisms: early marriage, dropping out from school, keeping women and girls in the house, isolation, mental health issues, self-withdrawal, suicide attempts. I believe this is because they reached a state where they have no coping mechanisms left. This explains the higher rate of suicide attempts. Girls are most affected as they lose confidence, they faced dropout of school and missed the possibility to access safe spaces.” (GBV Expert, WoS). As girls confirmed in their own words: "I resort to isolation, crying with fear, or wishing to die." (Adolescent girl, Dana sub-district, Idleb).

Moreover, psychological distress due to losing family members, surviving torture, or being subjected to social stigma after returning from detention can also lead women to contemplate suicide: “Suicide due to people gossip. I know a story of a woman who was happy after she returned from detention. However, she committed suicide due to the great psychological pressure exerted on her by the community.” (Adult woman, Al Bab sub-district, Aleppo). Suicide was not limited to adult women, but tragically reported among children as well: “They said that they have not gotten used to violence and that it was leading to negative effects and repercussions such as depression and despair. One of them claimed that her children almost committed suicide because of the violence directed at them by the father in particular and the family in general.” (Facilitator of Adult women’s FGD, Areesha camp, Al-Hasakeh). The tremendous psychological impact of GBV on women and girls and their efforts in managing this impact point towards a deepening and urgent crisis in mental health across Syria.

Loss of childhood and education

Adolescent girls who are forced into early marriage experience disproportionate psychological distress, as well as the loss of childhood: “My neighbour’s daughter was obliged to marry at 13 years old, they didn’t ask for her consent but seduced her with gold and dresses. Now when I see her, I can notice her tiredness and sadness.” (Woman with a disability, Al Bab sub-district, Aleppo). As a consequence of early marriage, girls are also denied education, and often forced to move away from their parents, hence losing access to a familial support network: “Due to current circumstances, girls get married at a very young age and leave her family. This may increase risk of violence. The husband took [my daughter] away so the family doesn’t know where she is living.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

As already noted, the correlation between early marriage and denial of education has not only been maintained throughout 2021, but also magnified by the economic crisis, as families cope with new economic hardship by pushing their adolescent girls into marriage: “For early marriage it seems to have increased compared to last year; it is one of the most common and the worse negative coping mechanisms.” (Expert FGD, WoS). At the same time, early marriage was sometimes referred to as a way out of family violence, becoming a coping mechanism in itself: “She may think about early marriage to get rid of violence. I hear girls say marriage is better than life with an unfair father.” (Adult woman, Al Bab sub-district, Aleppo).

Health consequences

Injuries, chronic diseases, and disability were seen as potential consequences of GBV, and in particular physical violence in the context of IPV, early marriage and physical, psychological and sexual violence. Women and girls highlighted the impact of early marriage on a girl’s general health, sometimes mentioning potential complications in childbirth and a girl’s body not being ready for sexual activity: “Prevent early marriage as it harms girl’s health.” (Adolescent girl, As-Sweida sub-district, As-Sweida). The risk of contracting sexually transmitted infections and early pregnancy, as well as complications during birth, all pose a serious risk and long-lasting health impact for married girl children and adolescent girls.

Health complications also derive from torture and other forms of physical violence experienced by women in detention, which can further isolate women and girls from their community due to social stigma: “After returning, there are those who are subjected to mental illnesses, physical disabilities, and some are unable to bear children as a result of electrocution. And women are treated as the culprits and with scorn by the community, instead of supporting them.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). Memory loss and contagious diseases were also listed as possible health repercussions of GBV in detention centres.

Disclosure and non-disclosure

Non-disclosure remains among the most prevalent responses to GBV by women and girls. The impact of non-disclosure influences the above-mentioned forms of psychological distress and relates to the development of further harmful coping strategies. This correlation was acknowledged by some men who relayed how various forms of GBV overlap, thereby increasing women’s and girl’s vulnerability and compounding the impact of violence: "In cases of sexual assault for example, and due to customs and traditions, a girl or a woman cannot complain to anyone no matter how close that person was to her because it would be shameful. This causes psychological problems that could lead to suicide.” (Adult man, Idleb sub-district, Idleb).

Women and girls pointed out that silence and non-disclosure are overwhelmingly gendered coping mechanisms: “Due to pressures of work, adolescent boys and men take out their frustrations on women and..."
girls, and [the latter] have no such means. They just keep silent.” (Adolescent girl, Jebel Saman sub-district, Aleppo). Moreover, ‘keeping silent’ and not disclosing GBV is adopted when women and girls fear the continuation of abuse, or new violent consequences such as social stigma or retaliation: “All participants said that there is fear that the person they would complain about would seek vengeance and there is also the fear of causing a scandal.” (Facilitator of FGD with women with disabilities, Dana sub-district, Idleb). In this sense, non-disclosure becomes crucial in safeguarding women’s and girls’ well-being and is used to mitigate the impact of GBV and further risks of violence.

However, women and adolescent girls also discussed several strategies of disclosure including finding a trustworthy person to speak with, talking with friends, approaching one parent or an older male family member, and doing so despite the social impact and risks it may carry:

- **P1:** I would tell my family about the harassment.
- **P2:** I would tell my parents if I were harassed even though I am afraid of the consequences, but I would ask for their help.
- **P3:** I would ask for my father’s help.
- **P4:** I would ask for my uncle’s help.
- **P5:** I would ask for my mother’s help. (Adolescent girls, Azaz sub-district, Aleppo)

Women discussed the relief that one can obtain when disclosing violence to a close circle of friends who share similar circumstances and are able to support each other: “Some women said that they cry and some do sessions with other women and they talk with each other, which relieves the impact of abuse.” (Adult woman, Areesha sub-district, Al-Hasakeh). For many, a pre-condition for disclosure is the confidentiality of the exchange and the creation of a safe environment in which women and girls can speak: “The presence of a supportive person, dialogue and discussion, a person they trust, the emphasis on confidentiality and privacy to encourage them to speak about violence they are facing.” (Adult woman, Maaret Tamsrin sub-district, Idleb).

From another perspective, adolescent girls remarked that disclosure is part of building one’s own personal strength and a step towards building one’s ability to confront violence itself: “Violence influences our personality and psychology. However, if we kept silent to violence, it would increase.” (Adolescent girl, Duma sub-district, Rural Damascus). Finally, disclosure is seen as an end in itself especially if it provides women and girls with relief and a sense of support in the face of their inability to confront ongoing GBV: “I think that girls scream when they are exposed to violence and are affected a lot, but they cannot defend themselves because they are young, especially displaced girls who do not have parents and may resort to the centre here to talk about their problems.” (Adolescent girls, Latakia sub-district, Latakia).

**Seeking protection, health, and legal services**

Among the most popular and most sought-after coping strategies by women and girls in 2021 was the seeking of GBV protection services from various GBV actors including the use of safe spaces, case management, psychological support sessions, online services, registering for group activities, and joining youth centres (see Services section): “We cope [with] violence by coming to the centre to train or practice a profession, acquiring more knowledge and going out of the house.” (Adult woman, Homs sub-district, Homs).

In the MSNA exercise, 35% of communities and neighbourhoods indicated that women had resorted to community services such as community centres, women centres, and child friendly spaces in the past three months. The very frequent mentions of GBV response and other forms of service provision are an encouraging sign of the impact of efforts of GBV actors not only to raise awareness about the importance of seeking support after experiencing GBV, but also to make these services both acceptable and accessible by community members. The use of protection services was marked by GBV experts as well: “The number of cases increased and the number of people speaking out that they have been exposed to violence has increased due to the expanded services.” (GBV Expert, Turkey Cross-Border Hub).

Rural women and girls were willing to travel to the city to seek these services when their circumstances permitted: “Most of the people in the village go to Aleppo whenever they need services including widows and divorcees.” (Adolescent girl, Tadaf sub-district, Aleppo). However, for adolescent girls specifically, obtaining permission to seek protection services – and health services – was a frequent obstacle: “Others come to the centre here but not all girls can, and some of them are not allowed to do so by their parents. This space is the only one in Deir-ez-Zor. As a city, it may be far from their houses and transportation may be a barrier to some.” (Adult woman, Deir-ez-Zor sub-district, Deir-ez-Zor).
Health providers were also considered an important lifeline for women and girls, specifically if subjected to physical, sexual, and reproductive violence: “If I had to go to the hospital because of the violence I am subjected to, I would ask for the nurse’s help and then I would seek legal aid.” (Adolescent girl, Azaz sub-district, Aleppo). Once more, adolescent girls’ access to health services depends largely on the willingness of a parent to take them for treatment, greatly diminishing their access: “Girls can get psychosocial and medical service if they are employed and generate an income, because there is no freedom to go out and move for all girls.” (Adolescent girl, Dana sub-district, Aleppo). Nevertheless, health services were frequently mentioned as an option for coping with GBV among marginalised groups of women and girls too: “The ways to minimise violence for the older people, displaced, divorced women and widows differ from one person to another. Some of them resort to the law to protect themselves, and some resort to the community while others seek medical care.” (Adult woman, Tell Samin camp, Ar-Raqqa).

Women and girls frequently mentioned seeking legal services as a suggested coping mechanism with violence, whether in the form of legal advice or opening cases at the court, especially when they are aware of their legal rights as an option for coping with GBV among marginalised groups of women and girls too: “The ways to minimise violence for the older people, displaced, divorced women and widows differ from one person to another. Some of them resort to the law to protect themselves, and some resort to the community while others seek medical care.” (Adult woman, Tell Samin camp, Ar-Raqqa). Very few women however shared stories of successful legal battles, citing distrust of the legal proceedings’ fairness, and reiterating that such an act poses further risk of retaliation and community shaming, hence forcing them to waive their rights.

Although less common, acts of self-defence were mentioned by several women and girls. Adolescent girls in particular demonstrated a strong will to fight against sexual harassment: “I defend myself verbally, and I resist anyone trying to harass me.” (Adolescent girl, Sahla Albanat Camp, Ar-Raqqa) and “When we girls face harassment from a boy, we will yell and insult him.” (Adolescent girls, Tall Kalakh sub-district, Homs). Women also shared the forms of verbal resistance they employ when met with harassment or social violence, and in rare cases also mentioned defending oneself: “I face violence by defending myself.” (Adult woman, Al Asyanah camp, Aleppo).

Among communal coping mechanisms women mentioned going to the mosque, or if at home, performing prayers and reading the Qu’ran: “We prefer not to complain to our relatives and bother them, and instead we resort to prayer.” (Adult woman, Harim sub-district, Idlib). Adolescent girls also mentioned religious activities as a pleasant coping exercise: “There are positive adaptation mechanisms such as reading books, reading the Qu’ran and prayer.” (Adolescent girl, Dana sub-district, Idlib). Less frequent methods of coping among women and girls include forming a relationship to escape violence: “A girl can make relationship with a stranger as a result of the pressure on her.” (Adult woman, Al Bab sub-district, Aleppo). Finally, women and girls also adopted safety planning measures in order to mitigate violence, such as removing dangerous objects from the house, avoiding the escalation of conflict, and “leaving the house for a few hours”. (Adult woman, Al Bab sub-district, Aleppo).

Other Strategies

Women and girls frequently discussed raising awareness about the violence they are subjected to as a tool to mitigate and cope with GBV. A hoped-for impact of raising awareness is the change of dominant gendered-perceptions that perpetuate the belief that women and adolescent girls are helpless victims: “We need to raise awareness in our community. So far there is no confidence in a woman that she may be able to defend herself.” (Adolescent girl, Jisr Ash-Shughur sub-district, Idlib). Adolescent girls in particular seemed committed to raising awareness about GBV and women’s rights in their communities, an act which can be understood as an effort to gain a sense of independence, empowerment and control, especially after an experience of abuse: “[I] try to address and reduce this violence and confront it through dialogue and by demanding my rights.” (Adolescent girl, Basira sub-district, Deir-ez-Zor).
Figure 10: % of locations where each coping mechanism has been used by women, men, girls and boys in the last 3 months

Local/community support

- Male < 18: 44%
- Male 18+: 56%
- Female < 18: 47%
- Female 18+: 67%

Getting support from community services (community centres, women centres, child friendly spaces)

- Male < 18: 21%
- Male 18+: 16%
- Female < 18: 30%
- Female 18+: 35%

Relying on humanitarian assistance

- Male < 18: 45%
- Male 18+: 47%
- Female < 18: 57%
- Female 18+: 61%

Engaging in illegal activities (i.e theft, smuggling)

- Male < 18: 39%
- Male 18+: 67%
- Female < 18: 9%
- Female 18+: 15%

Begging

- Male < 18: 32%
- Male 18+: 28%
- Female < 18: 29%
- Female 18+: 40%
Responding to GBV:
Analysis of specialised services and their impact
The encouraging trends reported above in terms of help-seeking when women and girls experience GBV are further explored in this section, which presents data relating to the availability and quality of GBV specialised services for survivors. Women and girls tended to describe their experiences in WGSS and with case management and psychosocial support services in enthusiastic terms, although some concerns emerged regarding the accessibility of remote services during the COVID-19 pandemic. The perceived impact of dedicated GBV services, including awareness sessions, will also be presented here, showing widespread support for programmes delivered by GBV implementing partners. Overall, participants felt that GBV, and the safety of women and girls more broadly, is an issue that humanitarian organisations are increasingly attending to: “There is a new trend which is the increasing interest of organisations in this subject.” (Adult woman with a disability, Al-Hasakeh sub-district, Al-Hasakeh).

Availability, quality and access to services

Women and Girls Safe Spaces

WGSS, or ‘safe spaces’ more generally, were by far the most frequently mentioned service by women and girls, both when discussing where a survivor of GBV could seek support and when listing protection services more broadly: “There are organisations that support and protect women, such as [...] safe spaces for women and girls.” (Adult woman, Areesha camp, Al-Hasakeh). Only a handful of respondents were not aware of any safe spaces in their place of residence, although the recruitment of participants amongst women and girls who regularly access WGSS might have created a bias in the responses: “I have no information about the existence of safe spaces for women and girls in the village.” (Adolescent girl, Dana sub-district, Idleb).

Compared to previous years, the data collection conducted in 2021 revealed a stronger understanding of the role of WGSS and the support they could provide to women and girls in living lives free of violence: “Women and girls, they resort to protection, support and empowerment centres for women to develop their skills and learn professions and crafts that help them earn money and live in dignity in order to obtain the simplest of life needs, which reduces their susceptibility to violence and exploitation. They also resort to psychological support centres in order to relieve the anxieties they suffer from and receive help to find positive means of adaptation and build supportive social networks.” (Adult woman, Atma camp, Idleb). This increased familiarity with the range of activities available in WGSS and their objectives might indicate that safe spaces are becoming an integral part of women’s and girl’s lives and their communities: “There are community centres for women and children, such as safe spaces for girls and women, and child-friendly spaces, as well as a council for the protection of women and psychological support centres for women, girls and children. We are going to these centres on an ongoing basis.” (Adolescent girl, Areesha camp, Al-Hasakeh).

A number of discussions focused on the importance of WGSS for women and adolescent girls to find solace from the violence and demands experienced within their homes: “They assume that a girl is responsible for everything, so we need safety spaces because we could relieve our stress and do some activities. There, we find supportive people who help in raising parents’ awareness especially if the staff consists of females, so we feel comfortable there because they are well known and trustworthy.” (Adolescent girl, Jisr Ash-Shugur sub-district, Idleb). Women and girls also have the opportunity to express their concerns and debate issues with other women, something that is rarely accepted within their homes: “We heard about safe spaces for women and girls that women can stay there for several hours in a safe place and can express their opinion.” (Adult woman, Al Bab sub-district, Aleppo).

Importantly, several respondents highlighted WGSS as a critical service in the response to GBV which provides women and girls with the means to, at least temporarily, escape violent situations: “When we are subjected to violence, we go to the safe spaces for women and girls so that we can get out of the house and relax. We seek out a place where people give us support.” (Adolescent girl, Al- Areesha camp, Al-Hasakeh). GBV experts confirmed that the level of acceptance of WGSS has increased in recent years, contributing to increased GBV reporting rates: “Women now accept the idea of safe spaces and resorting to them, and the disclosure of violence incidents and demand for the activities and strategies provided in the centres has increased.” (GBV Expert, Turkey Cross-Border Hub). These perceptions of increased access to GBV individual support are in line with CARE’s recent research on the impact of WGSS in North-West Syria. According to the study, adult women and adolescent girls who regularly accessed WGSS had significantly more awareness about GBV services and were significantly more likely to seek formal support services if they felt unsafe, compared to women and girls who had not had access to WGSS.61

Adolescent girls often spoke of their and their parents’ comfort within safe spaces, confirming that efforts by GBV actors to adapt services to the needs of this particular group continue to be successful: “We feel safe when we go to the nearby community centres and we get their services with ease, and even the parents feel safe when we go to these places.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). In CARE’s study, adolescent girls who attended WGSS activities generally showed higher levels of resilience than girls who did not and had a

higher number of female friends outside the family (the latter being true for adult women as well). Moreover, as per a recent UNFPA study of WGSS across the Arab world, higher levels of resilience indicate the success of gender transformative approaches in supporting women and girls to “make more informed decisions and exercise agency”

Safe spaces are also considered appropriate for widows and divorced women: “Some divorced women come to the safe space for education and entertainment, and to relieve stress. Given the services are free, divorced women and widows are encouraged to come.” (Adult woman, Deir-ez-Zor sub-district, Deir-ez-Zor). Older women also noted using WGSS and joining some activities: “Yes, there are protection programmes in their community and in their opinion these activities are very useful as they raise people’s awareness and help them.” (Facilitator of FGD with older women, Kisreh sub-district, Deir-ez-Zor).

Overall, women and girls appeared satisfied with the support and activities found within WGSS: “Women’s Safe Spaces are very useful. There is confidentiality.” (Adult woman, Maaret Tamsrin sub-district, Idlib). Men also showed good levels of acceptance of WGSS, appreciating in particular skill-building activities that support women’s economic contribution to the family: “[WGSS are] good, especially that these centres contribute to teaching women new crafts. My wife attended more than one sewing course and she helps me with the expenses of the house.” (Adult man, Azaz sub-district, Aleppo). On the other hand, women and girls who had lost access to WGSS due to their closure at the end of a project cycle were left without alternative options to seek support in case of GBV and shared their sense of hopelessness in their current circumstances: “[Violence happens] at home and online, especially within the current circumstances. We have no place to resort, especially after the closing of [WGSS name] which was our only shining light in the city of Jisr- Ash-Shugur.” (Adolescent girl, Jisr Ash-Shugur sub-district, Idlib).

Case Management and Psychosocial Support

Improved knowledge and use of WGSS compared to previous years also corresponded to more discussions which directly referenced both psychosocial support and case management as key services available to GBV survivors: “Women and girls turn to psychological support and women’s protection centres in order to relieve stress. Women’s empowerment centres provide privacy and discretion for women and girls and help improve their protection environment through skills sessions, psychosocial support sessions and vocational sessions.” (Adult woman, Atma camp, Idlib)

Group psychosocial support activities were specifically mentioned by some women and girls: “I am attending psychosocial support sessions that talk about life skills and child nurturing. They are very useful.” (Adolescent girl, Jebel Saman sub-district, Aleppo); while others focused on individual case management services: “We can resort to existing community centres to obtain psychological support that helps us to confront violence and reduce its effects.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). Case management and psychosocial support were considered helpful for adult women and adolescent girls: “I think girls can come to the centre, ask for help from the psychotherapist here, and talk about their problem” (Adolescent girl, Tartous sub-district, Tartous), as well as for widows and divorced women and girls: “Widows and divorced women can seek help and are referred to case managers if they need help and express their approval.” (Adolescent boy, Jisr Ash-Shugur sub-district, Idlib). Once again, women and girls were generally positive when discussing their personal experiences of accessing case management and psychosocial support: “Frankly, I have received great psychological support upon visiting the centre and found people who listen to and respect me.” (Adult woman, Maaret Tamsrin sub-district, Idlib).

Health services

General discussions about the quality and availability of health services painted a very mixed picture, highly dependent on respondent’s location, displacement status, and types of service available. Some participants spoke highly of the medical services they were able to access: “There are very good services in the hospitals. They perform medical analysis and x-rays to young and old people. They treat patients well. They take care of them all. Excellent health care as well. Keeping hospitals clean using sterilisers. In general, everything is excellent including the staff.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo). Health services considered important included those reserved specifically to women and girls and focusing on reproductive health and family planning: “There are health clinics specialised in women’s reproductive health and they are for free, and there is the family planning centre”. (Adult woman with a disability, Jebel Saman sub-district, Aleppo).

Other respondents, however, and often those who lived in displacement camps, complained about either the total absence of health services: “Healthcare is so bad to the extent that there is no medical centre inside the camp or close to the camp.” (Adult man, Al Asyanyah camp, Aleppo), or severe gaps in the assistance they provide: “As for medical care, the service is very specific and limited to first aid.” (Adult woman, Derik sub-district, Al-Hasakeh). Some participants mentioned mobile clinics to be specifically useful for adolescents and the elderly, in comparison to other services: “Older persons can receive medical assistance from the mobile unit, but they cannot get the other services because in their opinion they are useless.” (Adult woman, Basir sub-district, Deir-ez-Zor).

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Accessing medical care and, in particular, medication, was associated with high costs that are often prohibitive for many families: “We are shocked by the high prices of medicines.” (Adult woman, Al Bab sub-district, Aleppo). Costs of medical care are particularly problematic where no humanitarian or government actors are involved in healthcare provision, and where communities need to rely on private service providers: “As for healthcare, there are no medical centres that are run locally by organisations or the government, which are free of charge. There are private hospitals available only.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). The lack of civil documentation, a widespread issue within Syria affecting women and girls in distinct ways,64 can also present an insurmountable barrier to care: “Yesterday I went to the doctor, but they refused to give me medication because I do not have an ID, and I have no money to purchase the medication.” (Adult woman, Al Asyanah camp, Aleppo).

These findings align with current assessments of the capacity of the Syrian healthcare system. According to the 2021 Humanitarian Needs Overview (HNO), over 50% of public hospitals are only partially or not at all functioning. Shortages of healthcare staff, driven by displacement, death and injury, COVID infection rates amongst health staff and other factors, are now considered to be chronic: “Shortage in medical service and medical personnel that cannot cover all needs.” (Adult woman, Maaret Tamsrin sub-district, Idlib). Scarcity and turnover of health staff are also key challenges in camp settings.65 In an ICRC recent study with young Syrians, health care was mentioned as one of the top three resources that respondents struggled to access.66

Women and girls with disabilities and older women face specific challenges in accessing healthcare, including lack of safe, affordable transport: “There is medical service, but people with disabilities and the elderly are unable to come to medical centres sometimes because there is no one to transport them.” (Adolescent boy, Dana sub-district, Idlib). They spoke of favouritism within the health care system: “I needed many acquaintances with people in power to help me get a care appointment.” (Woman with a disability, Al Bab sub-district, Aleppo), as well as discrimination and abuse perpetrated by health care staff against people with a disability: “People with disabilities are more vulnerable to violence. During my visit to a doctor, I asked the nurse to take into account my circumstances because I am a visually impaired person. She responded in a violent manner and said that I should not be treated differently.” (Adult woman with a disability, Al-Hasakeh sub-district, Al-Hasakeh).

While the barriers described so far apply to all people seeking health services, they are likely to compound social stigma and other barriers faced by survivors of GBV who might require medical care. Health services were named by women, girls, boys and men as a potential avenue to seek support when they faced different forms of violence: “There are community centres that provide services to girls and vulnerable women, as well as medical service centres that provide them with assistance and advice. All girls go to these centres in case they are subjected to any violence or harm.” (Adolescent girl, Areesha camp, Al-Hasakeh). Girls however also recognised that accessing health care would be easier for men and boys than women and girls, as the latter would face uncomfortable questions and possibly judgement if they sought help after facing GBV: “As for the boys, they can go to the private hospitals and doctors with ease. People do not ask who did this and why go to the doctor.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

During data collection, however, health services were primarily associated with care needed after physical violence: “Regarding medical services, they are also very widely available. In every region and in every town, you will find services available, especially for cases of physical violence. There are hospitals providing emergency services for such cases.” (Adult man, Idlib sub-district, Idlib). This primary link raises questions regarding the knowledge amongst respondents of the health consequences of sexual violence and the importance of accessing Clinical Management of Rape (CMR) services after experiencing this form of GBV.

Low availability and access to CMR was a key concern highlighted by GBV experts, especially given recent difficulties in procuring post-rape treatment kits to be distributed in certain areas of Syria and the lack of trained gynaecologists still working within Syria.67 In addition, mandatory reporting of rape cases, lack of trained staff and stigma affecting women and girls who disclose GBV all combine in preventing women and girls from accessing medical care after rape and other forms of sexual assault.

Finally, GBV experts also raised concerns about the availability of safe abortion services, as demand for these has increased amongst women and girls, including survivors of rape and other forms of GBV. Abortions remain illegal in Syria except for when the continuation of a pregnancy endangers a woman’s life, in which case approval for the procedure is needed by at least two physicians, the pregnant person, and/or their male guardian. In all other cases, penalties and imprisonment for both women who seek abortion and for healthcare professionals who administer them apply.68 Despite the tough laws, abortions are available in a small number of healthcare clinics but for high

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costs. Women and girls continue seeking abortions to terminate unwanted pregnancies, often risking their lives through unregulated procedures.

Justice and Legal Services

Women and girls consulted for the Voices from Syria report recognised both formal and informal justice systems as components of GBV response: “There are some women and girls that turn to the courts to file a complaint and get their rights.” (Adult woman, Atma camp, Idleb). Importantly, the provision of limited forms of legal support within WGSS, such as legal counselling and support in accessing civil documentation, was highlighted as a successful practice by women from the community who felt safer accessing such services within a space that they already considered welcoming and familiar: “We seek help and the counsel of lawyers who visit the centre where most women feel safe.” (Adult woman, Hama sub-district, Hama).

Increased awareness and availability of legal support in certain areas of the country were linked by GBV experts to a recent rise in cases of GBV being reported through legal channels: “Due to increased awareness and increased demand for centres and services, women have learned new strategies and have become stronger. For example, women have recently sought out the available legal services, which was not previously the case.” (GBV Expert, Turkey Cross-Border Hub). It is however important to note that legal counselling and, when possible, legal support are limited to areas of civil and family law, such as helping women file for divorce, obtain civil documentation, fight for their right to inheritance and secure alimony payments following a divorce. No free legal support is available in areas of criminal law, meaning that GBV survivors are mostly unable to seek legal redress to hold perpetrators accountable. In the MSNA data collection, 76% of communities and neighbourhoods identified civil documentation (CD) as an issue for adult women, 74% for girls aged 12-17 and 67% for girls below the age of 12.

Regardless of the availability of either formal or informal legal pathways, “very few resort to the law, because the women who resort to the law in our community are abused and suffer from stigmatisation, reprimand and ridicule”. (Adult woman, Tell Samin camp, Ar-Raqqa). Beyond stigma and ridicule, women fear other violent consequences – such as divorce and deprivation of rights by family members – if they disclose violence publicly and through legal means: “Judicial proceedings are not useful and if women resort to them, everyone will talk about them in the community as this thing is not acceptable here, especially if the woman is complaining about her husband or brother. The consequences are often divorce or more violence, threats or prevention from leaving the house.” (Adult woman, Dana sub-district, Idleb). Moreover, retaliation for seeking justice could include social ostracisation, revenge violence, and even femicide: “Facilitator: What are the consequences for these groups when they try to obtain their rights? Participant: Being made an outcast, murder and shame.” (Facilitator of an FGD with older women, Al-Hasakeh sub-district, Al-Hasakeh).

A general distrust of formal legal institutions and traditional legal mechanisms persists across all governorates for various reasons, such as their perceived patriarchal bias or inefficacy in addressing GBV: “The judiciary law offers insufficient protection because they detain the aggressor for only six months, then they release him, and the violence returns worse than before.” (Woman with a disability, Qudsia sub-district, Rural Damascus). An overall sense of impunity was considered to be a key barrier to women and girls seeking legal support by GBV experts as well: “It’s also the overall situation here, because men are not being punished for what they do, and the legal situation is not clear. People get away with the crimes they do, and they feel they will not be punished, and women therefore feel they have no escape and no way of coping.” (GBV Expert, North-East Syria).

Women experiencing multiple forms of discrimination must contend with additional barriers, including financial ones: “Likewise with regard to divorced women, they have no financial resources to help them afford the expense of reporting violence, in addition to the community’s prejudices against them because they are divorced.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). Adolescent girls, and boys, require parental consent to initiate a legal proceeding that prevents them from accessing justice in cases where their caregiver is the perpetrator or where they might fear violence from their family members if a case of GBV is exposed: “Even adolescent girls and boys are legally unable to practice judicial procedures without the consent of the guardian, who is usually the source of violence.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). Effective justice mechanisms also seemed inaccessible to women and girls who are displaced, who would rather move again than resort to local authorities: “Women solve these disputes by moving to another place if they were IDPs, while resident women can turn to the authorities.” (Adult woman, Kisreh sub-district, Deir-ez-Zor).

Because of these overlapping challenges in accessing justice, recourse to legal avenues was considered a measure of last resort by many respondents: “Domestic violence can be solved at home if it were between the couple only and especially if it was verbal abuse only. But when there is physical violence, the community does not allow the woman to complain to the judiciary. So, she can only resort to her family who in turn don’t take a strong position against the husband. This gives the husband more freedom to continue his violence. And in worse cases the woman would go to the judiciary and complain, and this usually leads to divorce.” (Adult man, Idleb sub-district, Idleb).

Despite this bleak picture, women and, more frequently, adolescent girls called for stronger legal instruments to hold perpetrators accountable and protect women and girls: “I think that in order to reduce violence, the people who practice violence against women should be punished
so that they are afraid to continue.” (Adolescent girl, Latakia sub-district, Latakia). This sentiment is echoed in research conducted by Save the Children which found that displaced adolescent girls often spoke strikingly about the need for justice and rule of law, including punishment for perpetrators of sexual harassment and other forms of GBV.

GBV Awareness Raising

Several participants, when asked about the types of protection or GBV services they benefited from, mentioned awareness raising activities focusing on the risks of GBV and how to access GBV services: “There were mobile teams that taught people about the dangers of violence.” (Adult woman with a disability, Atma camp, Idleb). These activities target adolescent boys and girls: “Children in the camp, male and female, participate in protection activities to prevent violence, and they confirmed that they have learned how to deal with others, avoid violence as much as possible and solve problems” (Adolescent boy, Faraj Allah Camp, Idleb); men: “Roving teams where males provide awareness sessions and activities for men. As there are no fixed centres, these sessions are done in a mosque, tent or school” (Adolescent boy, Jisr Ash-Shugur sub-district, Idleb); and women alike: “Sometimes awareness sessions are held for women about early marriage and violence against women, and even during [COVID-19] services were available through online and WhatsApp.” (Adult woman, Areesha camp, Al-Hasakeh).

Themes covered during awareness raising activities varied, but often included different types of GBV to help community members name the violence perpetrated against women and girls and understand their negative impact: “Here, there are several organisations […] which raise awareness of how women can demand their rights. They educate the community in general not to deprive women of their rights in inheritance and ownership.” (Adult man with a disability, Jisr Ash-Shugur sub-district, Idleb). Interestingly, the COVID-19 pandemic seemed to increase, rather than decrease, awareness raising opportunities in some locations, as GBV partners focused on the potential risks faced by women and girls during lockdowns, and activated remote, mobile, and online services: “There were changes during COVID-19 due to increased awareness about violence and its serious effects on the community and individuals, and this awareness was spread through WhatsApp.” (Adult woman, Atma camp, Idleb).

Overall, women, girls, men and boys tended to speak positively of awareness raising and GBV prevention activities: “As girls, we participate in awareness sessions in the […] organisation for teenage girls, and we found great benefit from it. We learned the types of violence and ways to confront it.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). Adolescent girls were particularly keen to highlight the impact that such activities had on their own understanding of GBV and how to address it: “I learned in awareness sessions about the importance of making decisions, early marriage and GBV. I like to know more about these subjects.” (Adolescent girl, Tall Kalakh sub-district, Homs). Adult men and women tended instead to underline the role that these activities could play in preventing GBV: “Men and boys increase violence rather than reduce it. To reduce violence, men and boys should be involved in awareness sessions about GBV.” (Adult woman, Basira sub-district, Deir-ez-Zor).

Services’ Adaptation to COVID-19

During 2021, and in order to continue minimising the risk of COVID-19 infections, many services and activities were moved to online platforms, organised remotely, or adapted to provision and delivery via telephone lines. According to GBV experts, WGSS’ transition to online activities helped certain marginalised groups access WGSS programming: “After introducing the new [digital] methods, the community were able to disseminate these services. It gives more access to women, adolescent girls, women-headed households, women with disabilities and older women, as it is more comfortable to access services from home.” (GBV Expert, WoS).

Most women and girls appeared knowledgeable about the services provided online, and several mentioned attending: “During [COVID-19], upon suspension of the centre, we continued training and communicating on WhatsApp and social media.” (Adolescent girl, Tall Kalakh sub-district, Homs). Amongst those who took part in online activities, there remained a strong preference for in-person activities within WGSS: “We were attending sessions on our phones, but we faced some difficulties, and we prefer activities within the centre more.” (Woman with a disability, Atma camp, Idleb). Such a preference is not surprising given the important role, highlighted above, of WGSS as spaces for women and girls to escape violent and difficult homes, express their needs and opinions and connect with other women and girls.

At the same time, not everyone was aware that WGSS activities continued in other formats during the pandemic: “We were registered, but we did not know that the support service continued during COVID-19 […] We haven’t heard of remote protection services during the lockdown period.” (Woman with a disability, Qudsia sub-district, Rural Damascus). Moreover, online or remote WGSS activities over the phone could not reach women and girls who did not have access to phones or the internet, who lived with the perpetrators of GBV, or those who have only one device in the family often used by a male member, making it harder to reach some marginalised women and girls such as those displaced or on the move (See Section: Barriers to Accessing Services).

Similar adaptation strategies were employed for GBV psychosocial support and case management services, which were also provided remotely via telephone or messaging applications to respect infection-control measures: “Remote services continued by the phone, such as psychological support sessions.” (Adolescent girl, Jebel Saman sub-district, Aleppo). Again, while women and girls took advantage of these remote services to keep in touch with case managers and continue their psychosocial support journeys, they considered them to be inferior to in-person services: “During the lockdown I received psychological support through the hotlines but of course it was better when it was face to face.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa).

The impact of COVID-19 on health services provision was also marked: “Health-care centres became few and difficult to reach after the [COVID-19] pandemic.” (Adolescent boy, Areeisha camp, Al-Hasakah). Both limitations of movement and new procedures put in place to minimise the risk of infection within health clinics resulted in less women and girls accessing the care they needed: “Our movement and ability to access medical centres were restricted due to COVID-19 procedures, and we tried to book appointments on the phone more than once, but there was no response whenever we tried to call.” (Adult woman with a disability, Atma camp, Idlib). GBV experts confirmed the additional challenges created by the COVID-19 pandemic: “Some survivors also didn’t want to access health facilities based on the risks associated with COVID-19.” (GBV Expert, WoS). To adapt to these obstacles, some health services were switched to mobile clinics: “A participant said there is a mobile team for [name of association] that provides medical services.” (Facilitator of FGD with Adolescent girls, Al-Mayadin sub-district, Deir-ez-Zor).

GBV experts debated the limits and advantages of technology facilitated service provision at length. On the one hand: “Because of the availability of remote/online services, access has become higher, especially for people who had less access to safe centres and spaces.” (GBV Expert, Turkey Cross-Border Hub). Online services were considered particularly helpful for groups who have limited freedom of movement, such as adolescent girls and women and girls with disabilities: “Adolescent girls’ access to services is no longer linked to the caregivers’ agreement to go to the safe space. Remote services helped them to access directly and more confidentially, and also decreased access barriers.” (GBV Expert, WoS).

On the other hand, the advantages of remote services seemed to be offset by their challenges when talking specifically about GBV survivors seeking to access individual case management or psychosocial support services (PSS): “For prevention and recreational PSS activities, COVID has created new opportunities to access services, but for survivors, there are challenges in remote support, safe spaces are often preferred for disclosure.” (GBV Expert, WoS). According to GBV practitioners, challenges include the impossibility of building trust over the phone or messaging service: “Hotlines do not really work. We are not reaching new survivors but existing survivors, because there is trust built already.” (GBV Expert, WoS); and ensuring confidentiality and safety when a survivor is living with the perpetrator: “It’s difficult to implement remote case management efficiently. For instance, when the violence is at home, remote/online/mobile does not work properly, and access is a problem. For example, remote case management could not be implemented in the most severe cases as the women can be locked in with the perpetrator. There is no way to support her to go to a shelter, to talk about violence and request support. There is also no way for a child to pick up the phone and talk about violence, if the child is living with the perpetrator of violence.” (GBV Expert, WoS).

Overall, in the view of GBV experts, adaptations to COVID-19 enabled access for some specific groups who preferred remote service delivery such women and girls whose movements are restricted, but with mixed results: “While COVID has provided new opportunities for access (online, mobile, remote) it does not mean that more people are reached. In fact, it has created gaps in terms of access and who can be reached. More people can be reached with prevention [activities] but they are harder to reach for response services.” (GBV Expert, WoS). The next section addresses in detail the various barriers to access faced by women and girls when seeking services, and in particular those affected by intersecting forms of discrimination.

Perceived impact of GBV services

During the Voices from Syria 2022 consultations, women and girls shared numerous ways in which they felt GBV programming had impacted their lives directly and those of their families and communities more broadly.

On an individual level, women and girls spoke of feeling relieved when attending activities at WGSS: “We, as girls, want to come to the centre to practice some positive activities that make us feel happy and relieve the pressure we are experiencing.” (Adolescent girl, Maaret Tamsrin sub-district, Idlib). Knowledge of violence and women’s rights were often mentioned as important aspects of WGSS and GBV activities, enabling women and girls to recognise the violence they face and take action to improve their safety: “Previously, we did not know the meaning of the word violence and we considered what was happening to us to be our customs and traditions, but after the founding of protection centres, we developed knowledge about the types of violence.” (Adult woman, Kisreh sub-district, Deir-ez-Zor).

The importance of learning safety planning strategies was also highlighted by women and girls: “The most important strategies are the ability of girls to protect themselves and we have made a play on how to address violence and it was very useful.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). Communication skills which might help women defuse violent situations at home were also praised amongst topics that women
Increased awareness of GBV was connected, in women’s and girl’s words, to a “stronger personality”, improved self-confidence and a greater sense of self-efficacy, including the capacity to “reject violence”: “I participated [in GBV programmes] and my personality became stronger.” (Adolescent girl, Jbel Saman sub-district, Aleppo). Psychosocial support was described as particularly valuable by women and girls who had received individual services: “I participated in most of the activities, including the psychological support programme. Its programmes are nice and enjoyable. It gave me strength and self-confidence and improved my psychological state. I became aware of my rights. I like psychological support so much.” (Adolescent girl, Jbel Saman sub-district, Aleppo). GBV experts equally connected the availability of GBV services with increased resilience of the women and girls who take part in the activities: “Resilience has increased, especially because of services provided, empowerment activities, for women and girls to trust in themselves and find strength within themselves. We know that women are resilient human beings.” (GBV Expert, North-East Syria).

Women and girls, and men in a few cases, did not consider the impact of GBV services to be limited to their individual wellbeing and protection from violence, however. Some discussed the positive changes they were able to enact in their own families: “We are applying what we are learning at home. My little brothers were always frustrated and swore, but now I am encouraging them and teaching how to act.” (Adolescent girls, Damascus sub-district, Damascus). Several community-level effects of the presence of GBV actors were also discussed: “There are many protection projects and psychosocial support projects that spread awareness. All of the projects contribute to alleviating these problems that we are talking about which we did not exist before 2011. These projects are paying off, I think.” (Adult man, Idlib sub-district, Idlib).

Moreover, awareness raising, or GBV prevention activities were discussed as an important element of GBV activities at the community level: “There are protection programmes in their community and in my opinion these activities are very useful as they raise people’s awareness and help them.” (Older woman, Kisreh sub-district, Deir-ez-Zor). The importance of raising awareness about GBV at the community level was frequently mentioned by adolescent girls and boys as a domain they can have an active role in: “We have to raise awareness of males about our role in society and need to decrease the control of customs and traditions over our life.” (Adolescent girls, Hama city sub-district, Hama). However, it was the presence of safe spaces which was more often linked to greater safety of women and girls and a reduction in GBV by respondents: “The safe spaces helped reduce violence in the community greatly.” (Adult woman, Azaz sub-district, Aleppo). CARE’s research also showed that participating in WGSS programming was positively associated with having attitudes more supportive of gender equality, a key contributing factor towards the reduction of GBV.

Ultimately, awareness raising, WGSS and individual GBV specialised support are all part of a comprehensive approach towards the elimination of GBV, which was both recognised and deemed effective by women and girls in Syria: “All of these types of violence have been decreasing lately due to the work that has been done by the organisations that support women and encourage them to speak up about the injustice they are exposed to in addition to offering those women support services, case management, and awareness sessions that included all age groups.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

### Barriers to accessing GBV specialised services

The impact of COVID-19 restrictions on access to GBV services was predominantly perceived as negative, both in terms of access and availability: “[COVID-19] has affected access to services and made it more difficult. The lockdown has made it difficult for people to access protection services.” (Adult man, Dana sub-district, Idlib). The impact was seen in terms of availability of services: “COVID-19 restrictive measures decreased the availability of services related to violence.” (Adolescent boy, Selqin sub-district, Idlib); limitations of movement: “The lockdown and COVID measures made it more difficult by restricting transportation and movement to reach community centres or protection ones.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa); and uncertainty over whether services were interrupted or not during the various lockdowns: “It certainly became difficult to move. We did not know that you continued with psychological support.” (Adult woman with a disability, Qudsiya sub-district, Rural Damascus).

However, not all protection services became inaccessible, and some women and girls continued to visit WGSS and other GBV specialised services: “Some protection centres were still open during the (COVID-19) period and provided case management and awareness services within the centres with preventive measures put in place such as sanitisers and social distancing.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). Furthermore, some positive impacts of COVID-19 adaptations on services were mentioned: “Because of [COVID-19] things became more organised, and we got rid of the over-crowdedness.” (Adult woman, Al Asyanah camp, Aleppo).

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An important barrier which emerged in 2021, within the context of many GBV services moving to online and remote platforms, was related to access to technology. Older people and people with disability were highlighted as two key groups which might struggle to use smartphones and digital technologies: “Yes, [access to services] became more difficult as they started relying on delivering the services online and remotely, which makes it difficult for some groups, especially older people having to use a smartphone.” (Adult man, Horim sub-district, Idlib); and: “People with disabilities have lost access due to the provision of remote services, because a large proportion of them are unable to use mobile phones or social media and more attention should be paid to this.” (GBV Expert, Turkey Cross-Border Hub).

However, all women and girls were affected by power cuts and weak internet connections which made attending online sessions difficult: “As for remote services, they are useless due to power cuts and lack of internet connection.” (Adult woman, As-Sweida sub-district, As-Sweida). The 2021 HNO indeed highlights a “considerable gap between the number of people dependent on internet and tele-based services for certain forms of protection support and the financial means available to access it”71, as only 4% of households report spending any income on phone credit and data coverage and 28% of household named electricity as one of their top three unmet needs72.

Not having access to a phone or a private space where to have a confidential phone call also prevented many women and girls – and in particular those who live in camps – from accessing GBV services, and in particular case management and psychosocial support: “COVID-19 limited survivors’ access to centres and services due to the lack of mobile phones and access to social media or the lack of a safe place in their home while receiving remote services, and also because of the poor internet connection.” (GBV Expert, Turkey Cross-Border Hub). In general, GBV service providers in 2021 were acutely more aware of the multiple challenges in delivering remote GBV support: “Yes, remote case management services were provided, but when services were provided in person, they were better. The pandemic provided remote opportunities, but with obstacles such as not having a private mobile phone, or beneficiaries may be unable to commit because of the technology and their lack of awareness of which GBV services are available.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor). Concerns about the lack of GBV and protection services for women and girls were specifically raised in some camp settings: “There are no protection services provided in the camp for women and girls so they receive no support” (Adult woman, Sahla Albanat camp, Ar-Raqqa). A finding supported by the 2021 HNO which highlights the limited availability of socio-psychological assistance for IDPs who live in camps or informal sites73. Several women and girls also complained of GBV services, and in particular WGSPP, closing without providing them with an alternative space where to access GBV services: “These centres are temporary. When we begin to feel comfortable and safe, the centre closes. It is better to be there always. We need it.” (Adult woman, Al Bab sub-district, Aleppo).

GBV experts also confirmed that the decline in funding, partially related to the COVID-19 situation, is creating concerns about their capacity to sustain lifesaving services for survivors of GBV. “The situation is getting worse with COVID and limited funds. The decrease of funding is growing the fear of service restrictions.” (GBV Expert, WoS). Specific advocacy efforts have been undertaken by the GBV AoR and by GBV implementing organisations targeting donors with requests for predictable, long-term and stable funding. Ethical exit strategies have also been developed to minimise the impact of such disruptions on GBV survivors and women and girls at risk of GBV, who are losing access to specialised GBV services.

72 Idem
73 Idem
Similar to previous years, distance from GBV services and the need to use transportation was one of the most frequently mentioned barriers by women and girls: “At this time, it is necessary to have a women protection centre in every neighbourhood, because there are women who cannot come to the centres, because the fees are expensive and the venue is far away.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa). The cost of transportation was a key consideration for many respondents: “As for accessing services, there are many barriers but the most is the expensive transport costs. I need 3,000 S.P. to get here which is expensive for me.” (Adult woman, As-Sweida sub-district, As-Sweida). Notably, several women and girls living with a disability spoke of their challenges in securing safe and affordable transportation to access WGSS and other GBV services: “I have difficulty concerning transportation, because of the long distance and my health condition. I could come if a car was sent from the centre.” (Adult woman, Mareet Tamsrin sub-district, Idlib). GBV actors in Syria are increasingly making efforts to reduce barriers related to distance by providing free transportation, specifically targeting older women and women and girls with disabilities in some cases. Cost and distance are however not the only, or even primary, concerns for many women and girls when deciding whether to travel to access GBV services. Safety on the way to services and, in some cases, during service provision emerged as a persistent concern, especially for adolescent girls: “There are many concerns such as the distance of the location of those services, which causes anxiety and fear especially for women and girls due to the widespread violence and harassment cases.” (Adult woman, Atma camp, Idlib). Sexual harassment, kidnapping and explosive devices were the main forms of violence feared by participants: “The fear of being kidnapped in the afternoon and evening. I can’t send my daughter to the service centre during these times of the day.” (Adult woman with a disability, Atma camp, Idlib). For women living in Al-Hol camp, accessing any services provided by an NGO can also present risks. Women have developed specific coping strategies to minimise the violence they face in this context: “For Al Hol, but not in other locations, [there are] many cases of women giving a different name when accessing services, because of the fear of retaliation. They feel that if they go to NGO and access services, they are accused of supporting foreign countries and fear something can happen to them.” (GBV Expert, North-East Syria). Sexual exploitation by service providers, though not necessarily within the context of GBV service delivery, was discussed as a fear that might prevent women, girls, widows and divorced women from seeking support: “There are some safety concerns, especially for women, such as exploitation and extortion in exchange for the services they need.” (Adolescent boy, Atalkheir camp, Idlib).

As previously discussed, fears of sexual harassment and other forms of GBV are often leveraged by parents and spouses to limit the movements of women and girls, including older women, and thus their access to services: “There are many Women and Girls Safe Spaces and child friendly ones in Ar-Raqqa but women and girls can’t go there due to the far distance, customs and traditions, and parents’ fears for them.” (Adult woman with a disability, Ar-Raqqa sub-district, Ar-Raqqa). Importantly, some women and girls see preserving their access to WGSS and other services as a priority and therefore hide the violence they experience on the streets from their male family members: “I am exposed to harassment on a daily basis, but I cannot report that because I am afraid that my father will make me stop coming to the centre.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

Regardless of parental concerns, many adolescent girls, widows and women and girls who are divorced are unable to access GBV services because their movements are either restricted or heavily controlled: “I am a widow; it is difficult to access services because the community customs, traditions and culture play a role in preventing women from leaving the house.” (Adult woman, Maaret Tamsrin sub-district, Idlib). Adolescent girls are more likely to be forced to have a family member, and often a male family member, accompany them when they seek services: “Girls are not capable of receiving any sort of care without having her mother accompany her to the centre.” (Adolescent girl, Harim sub-district, Idlib). The presence of an adult, and potentially a perpetrator, can severely inhibit reporting of GBV by adolescent girls. Importantly, WGSS were sometimes described as the exception to the rule, not requiring male accompaniment as they are perceived as safe and strictly women-only spaces: “They can only go to the mobile clinic with their brother, father, eldest son or brother-in-law. For the rest of the services, they can go to the community space alone because these spaces are for women only.” (Adult woman, Basira sub-district, Deir-ez-Zor).

Community attitudes and stigma also continue to play a role in preventing women and girls from accessing GBV services, despite good levels of acceptance of WGSS amongst community members recorded during monitoring activities by GBV service providers. Stigma was associated with going to WGSS: “When women go to safe spaces, the community also talks badly about them” (Adult man, Salqin sub-district, Idlib), and seeking psychosocial support: “[The] community considers that it is shameful to speak about some services such as psychological ones.” (Adolescent girl, Ijr Ash-Shugur sub-district, Idlib). Encouragingly, some respondents spoke of women and girls defying such perceptions, though they acknowledged the difficulty to do so: “It depends on the girl’s personality. If she gives no attention to what people say, she continues with her life and goes to get assistance.” (Adolescent girl, Jebel Saman sub-district, Aleppo). Women and girls who face multiple layers of discrimination are also likely to be further stigmatised as they seek to access GBV services, or see their movements further restricted. For instance, older women might face verbal abuse and discrimination when seeking support: “Older people are less likely to go to psychological support centres because people make fun of them then.” (Adolescent girl, Jebel Saman sub-district, Aleppo).
Reporting mechanisms for sexual exploitation and abuse

Increasing the awareness of communities regarding their right to free and safe humanitarian assistance and how to present a complaint in case of sexual exploitation and abuse (SEA) has been a key focus of the WoS Prevention of Sexual Exploitation and Abuse (PSEA) Network in 2021, in response to sustained reports of SEA affecting Syrian women and girls over the past decade. These efforts were clearly reflected in the data collected for this report, with participants listing different reporting mechanisms available to them: “We know how to report through the complaints box, the camp management, and through the complaint mechanisms of the organisations.” (Adult woman, Nawrouz camp, Al-Hasakeh). Awareness raising sessions and other tools used by humanitarian actors to disseminate information regarding PSEA complaint systems were also commonly mentioned: “Some organisations have introduced the services they are offering to us in addition to the complaint mechanism in place. Each centre has a brochure that explains the procedure for filing a complaint.” (Adult woman, Harim sub-district, Idleb).

Women and girls reflected on the impact of increased awareness about SEA and how it can translate into increased reporting: “Some women are physically and verbally harassed, but some women have become more aware, especially if they are harassed by humanitarian workers, that they can file a complaint without putting themselves at the risk of retaliation of being denied from humanitarian assistance.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). Some GBV Experts confirmed this perception: “As PSEA focal point for my organisation, I receive more SEA cases. There is more incentive to report more, [I’m] not sure if this reflects higher risks. The PSEA network is doing amazing work and it promotes reporting” (GBV Expert, WoS), though this seemed to vary depending on location. Some women also shared positive experiences of using reporting mechanisms they were aware of, demonstrating a growing trust towards these systems and humanitarian organisations as a whole: “There are no safety concerns because if any complaint is presented to the management of the organisation, they take action against the offending employee. Once there was a problem between a man and an employee and he complained to the management of the organisation, the employee was dismissed.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa).

At the same time, only 31% of communities and neighbourhoods consulted through the MSNA in 2021 mentioned that women in their community and neighbourhoods are aware of humanitarian assistance feedback or complaint mechanisms, while only 18% mentioned the same for adolescent girls (below 18). Some important gaps in knowledge were noted during the discussions: “We do not know who the persons are to hand them a complaint or if they would respond to it or not.” (Adult woman, Jisr-Ash-Shugur sub-district, Idleb). Even participants who had previously attended awareness sessions on PSEA mechanisms were concerned about broader knowledge within the community and potential mixed messages: “Not all people know how to report a complaint, and there are many wrong [telephone] numbers.” (Adolescent girl, Jebel Saman sub-district, Aleppo).

Importantly, several respondents who demonstrated good awareness of PSEA reporting mechanisms also expressed doubts as to whether these systems would be used. Women and girls feared reporting any cases of SEA due to the stigma and shame they might face within the community: “We hear that exploitation is done in the camps especially to women and they are not reported because people will start talking about them. No matter what happens with women they would not reveal it for the fear of stigma.” (Adult woman, Dana sub-district, Idleb). Community members also expressed a lack of trust in the individuals or institutions who should hold perpetrators accountable: “In case of problems or complaints there is no responsiveness by the authorities or the organisations.” (Adult man, Sahla Albatan camp, Ar-Raqqa).

Impunity of SEA perpetrators74 was raised several times as a key barrier to using available complaint mechanisms: “I think that reporting only increases the risks. We live close to the abusers, and we have not heard of any punishment against them.” (Adult woman, Al Bab sub-district, Aleppo). Retaliation was the primary concern expressed in relation to PSEA reporting. Retaliation could result in being deprived from humanitarian assistance in the future: “Fear of ceasing assistance if we reported. This happened many times when an organisation came to distribute. Once, I went to the distribution official and told him that the representative deprives me and does not treat me well. The official treated me nicely but after he left the representative said that he would not give me anything from now on because I reported a complaint against him: “You complained about me but I’m the one who controls the services. Now, they will run out and you won’t get anything from now on.” (Adult woman, Al Bab sub-district, Aleppo). Reporting is also perceived as possibly leading to physical and emotional violence and, in some extreme cases, murder: “She would not report it, because there is a fear of being beaten, killed, subjected to physical violence, bringing shame and threats on her family.” (Adolescent girl, Harim sub-district, Idleb).

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74 As highlighted in the section on Sexual Exploitation and Abuse, women, girls, men and boys used a range of terms to refer to perpetrators of sexual exploitation and abuse in the context of distribution and service delivery. From the data, it is however not possible to distinguish if and when perpetrators are staff of humanitarian organisations which abide by formal codes of conduct and subscribe to the Prevention of Sexual Exploitation and Abuse (PSEA) strategy, as opposed to community structures and local institutions, such as local councils, who are involved in the delivery of relief packages but do not fall under the mandate of the PSEA Network.
Reach of GBV programming during January - June 2021

During the first semester of 2021, GBV response services were available in 523 communities and neighbourhoods - which represents only 6.5% of all communities and neighbourhoods in Syria - across 198 sub-districts of Syria, delivered by 110 organisations, of which 71% were national NGOs. Progress was noted in humanitarian access in some parts of North-East Syria as well, especially for GBV actors which were not able to freely operate until recently: "In NES, the situation now is better than before, especially Deir-ez-Zor, which was under ISIS control. Women have greater freedom of movement and opportunities provided by NGOs have increased, together with the services. Organisations can speak about GBV and can provide services, which is a big difference compared to when extremist groups were there. Awareness raising has also provided a bigger chance of resilience." (GBV Expert, North-East Syria).

A total of 148,443 GBV response services were provided to GBV survivors and women and girls at risk during the first six months of 2021, including 103,524 services to adult women, 14,589 services to adolescent girls (aged 12-17) and 1,176 services to girls aged 11 and below. 457 GBV case management sessions were provided to survivors with a disability. Furthermore, 36,761 dignity kits were provided to women and girls to minimise their exposure to GBV risks during the year. A total of 133,145 GBV empowerment activities (such as vocational trainings, life skills and recreational group sessions) were conducted by GBV actors during the first semester of 2021.

57% of all women, men, boys and girls participating in GBV programming did so through community outreach activities or services delivered through mobile teams, while 23% accessed WGSS and 20% another static facility such as a health centre.

In the first six months of 2021, the number of women, girls, men and boys reached by GBV programming slightly increased compared to the same period in 2020 (548,059 compared to 524,212), but overall remained low compared to 606,655 people reached during the first six months of 2019, before the COVID-19 pandemic affected operations in Syria. This comparison likely shows the continuous impact of COVID-19 restrictions on GBV programming and on individuals who might need to access GBV services, despite the extraordinary efforts of all GBV actors to adapt to the circumstances and provide services through multiple modalities, including safe in-person and remote services.
GBV Area of Responsibility achievements

During the course of 2021, the WoS GBV AoR continued to coordinate GBV interventions across the country through three coordination hubs. The Turkey Cross-Border Hub (TXB) GBV Sub-cluster (SC) coordinates GBV interventions in North-West Syria, the Damascus based GBV Sub-sector coordinates interventions in Government of Syria (GOS) areas, including through the establishment and technical support of five sub-national coordination groups in GOS areas of North-East Syria, Homs, Hama, Aleppo and Deir ez Zor. In North-East Syria, the GBV sub-working group was officially established at the end of 2020 as part of the NGO Forum coordinated response and has since then gained momentum and recognition, with significant impact on the level of coordination among existing and new GBV actors.

During the 2021 Humanitarian Response Plan the GBV AoR continued to work towards three main objectives.

1. Provide quality and lifesaving GBV response services, including case management and psychosocial support, enhance vulnerable groups’ access to these services (with a focus on women and girls with disabilities and adolescent girls) and reinforce referral pathways

Life-saving services, such as case management and psychosocial support, continued to be provided through multiple methods. Some services have continuously adapted to the new reality of the pandemic and were provided remotely or online and others in person, all of them with the objective to offer different entry points to ensure GBV survivors and women and girls at risk were able to seek support. Even though efforts to reach women and girls who can’t physically access the services were already in place, such as through outreach and provision of transportation, the use of different modalities of service provision created other opportunities to reach vulnerable populations that faced challenges in accessing in-person services. This included dedicated efforts to provide services in camps and informal settings where the majority of the population are women and girls, including widows and divorced, especially in North-West and North-East Syria. The GBV AoR also invested in greater coordination on Cash and Voucher Assistance to respond to the needs of GBV survivors and women and girls at risk. For example, through the established CASH and GBV Taskforce in the Turkey cross-border operation, the dedicated Cash and GBV standard operating procedures (SOPs) were developed for North-West Syria.

2. Enhance strategies to empower women and girls, with a particular focus on most at risk groups (e.g., adolescent girls, divorced and widowed women and girls, women and girls with disabilities and older women) to prevent GBV and to change negative attitudes and beliefs that foster harmful social norms

Preventing violence from happening in the first place and empowering women and girls continued to be focus areas for GBV actors across Syria. This spanned from one-off awareness raising activities, including to mark international campaigns (such as the 16 Days of Activism Against GBV), to longer-term prevention programmes, such as structured awareness raising with men, women, boys and girls through direct contact in group sessions, as well as dedicating male outreach teams to the programmes with men and boys that take place in community venues such as schools, camps and mosques for the Turkey Cross border hub or in community wellbeing centres for the Syria hub.

Access to WGSS and related empowerment and skills building activities is progressively supporting women and girls to re-create a social network and to become agents of change, especially for peer support. Additionally, a number of TXB GBV SC members have started to roll out income generating activities with linkages to employment and earning capacity, and with a focus on vulnerable individuals (including those with disabilities). The objective is for women to achieve a level of economic independence, which would contribute to GBV prevention and mitigation.

3. Promote GBV risk mitigation into all aspects of the humanitarian response

The GBV AoR continued to work with other sectors and humanitarian leadership to reduce GBV risks in the implementation of the humanitarian response. This included capacity building of humanitarian actors on GBV risk mitigation, including in-person and new online services, or targeting specific sectors to develop a joint action plan. As an example, the Syria hub developed an online learning in Arabic to disseminate the Inter-Agency Standing Committee (IASC) GBV guidelines to non-GBV humanitarian actors. Finally, great emphasis was put in the collaboration with SRH coordination groups, in particular to provide integrated GBV and sexual and reproductive health (SRH) services, such as the provision of family planning in WGSS. For example, the TXB GBV SC organised quarterly GBV/ reproductive health (RH) workshops with members of the SRH working group both in North-West Syria and in Gaziantep, while the North-East Syria GBV Sub-working group (SWG) established a GBV-SRH task force (TF). The GBV AoR also advocated for the humanitarian leadership to continuously reiterate that GBV risk mitigation is a shared responsibility and a non-negotiable aspect of any humanitarian response.
Figure 13 - Overall achievements of the WoS GBV AoR (Jan – Jun 2021)

- Dignity kits distributed to People: 548,059
- GBV case management sessions: 24,204
- Awareness raising initiatives: 651,847
- GBV Case Management sessions provided to people with disabilities: 457
- People trained on GBV-related topic: 2,631
- People reached with GBV programming/services: 548,059
- GBV beneficiaries accessing safe spaces: 126,764
- GBV beneficiaries accessing other static facilities: 109,131
- GBV beneficiaries reached through outreach activities/mobile response: 312,164
Gender and GBV in other humanitarian sectors
Figure 14: MSNA 2022 data: Groups that are at risk of exclusion from receiving humanitarian aid and services

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widows</td>
<td>57%</td>
</tr>
<tr>
<td>Men with chronic diseases or special needs</td>
<td>47%</td>
</tr>
<tr>
<td>Women with chronic diseases or special needs</td>
<td>44%</td>
</tr>
<tr>
<td>Other</td>
<td>43%</td>
</tr>
<tr>
<td>Men living alone</td>
<td>42%</td>
</tr>
<tr>
<td>Women living alone</td>
<td>39%</td>
</tr>
<tr>
<td>Women Head of Household</td>
<td>30%</td>
</tr>
<tr>
<td>Girls (&lt;18) with chronic diseases or special needs</td>
<td>26%</td>
</tr>
<tr>
<td>Unaccompanied girls (&lt;18)</td>
<td>25%</td>
</tr>
<tr>
<td>Unaccompanied boys (&lt;18)</td>
<td>25%</td>
</tr>
<tr>
<td>Boys (&lt;18) with chronic diseases or special needs</td>
<td>23%</td>
</tr>
<tr>
<td>Divorced women</td>
<td>17%</td>
</tr>
<tr>
<td>Older men (60 and above)</td>
<td>17%</td>
</tr>
<tr>
<td>Older women (60 and above)</td>
<td>12%</td>
</tr>
<tr>
<td>Boys (&lt;18) head of household</td>
<td>10%</td>
</tr>
<tr>
<td>Girls (&lt;18) head of household</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Education**

As in past years, adolescent girls continue to be denied education in connection with pushing them into early marriage: “Girls of our age are deprived of education in addition to early marriage, and we are sometimes forcibly married.” (Adolescent girl, Al-Hasakeh sub-district, Al-Hasakeh) (See also Section: Types of Gender-based Violence). In 2021, continuous conflict and attacks on schools interrupted children’s education, while lockdowns and COVID-19-related movement restrictions also impacted girls’ access to education negatively, forcing many to remain at home and increasing their risk of GBV: “[COVID-19] helped increase violence, because schools were closed down and safe spaces decreased the number of participants they are receiving. Children ended up staying at home without education or entertainment.” (Adolescent girl, Harim sub-district, Idlib).

Displaced girls and those living in camps suffer from the lack of available schools in their areas: “Facilitator: What services do you need in the area where you are and what is available from those services? Education centres for displaced persons, especially for newly displaced persons.” (Adolescent girl, Idlib sub-district, Idlib). The persistent unavailability of education for displaced girls means not only an interruption in their studies but also long-term generational illiteracy: “Schools are the most important thing. There is no education. Our children are illiterate and need to learn, and the literacy centres in organisations are few. There is only one level and the child can only learn a few letters.” (Adult woman, Al Bab sub-district, Aleppo). Additionally, accessing school is frequently unsafe for girls and boys, including those displaced who may face violence from the host community and sexual harassment on the street: “We don’t receive any kind of education here. Our 10-year-old children are illiterate, and don’t know anything. We can’t send them to schools because they might get hurt by locals or harassed on the way.” (Adult woman, Sahla Albanat camp, Ar-Raqqa). In fact, as examined earlier, violence in schools not only persists, but also contributes to girls’ dropout rates (See Section: Locations of violence). In addition, girls with disabilities also have less access to education due to inaccessible facilities and social violence. For example, when education is available, “50% of IDPs aged 18-23 with a disability are attending school, compared to 69% of IDPs without a disability”\(^75\). Displaced parents were also forthcoming about their decisions to pull girls out of school due to the deteriorating economic situation and rising poverty, forcing many into child labour in order to meet the family’s basic needs, and perceiving education as a failed long-term investment they cannot afford in the face of immediate need: “I prevented my children from going to school because we need money, and education will not help us. We need jobs and professions that bring us an income to live.” (Adult man, Sahla Albanat camp, Ar-Raqqa).

However, education continues to be the top hope for adolescent girls (See also Section: Hopes and Dreams of Women and Girls): “P 1: I think our role is to study and strive to have a good career and help people when we grow up. P 2: to continue in studies, especially girls, in order to work and contribute to the development of society.” (Adolescent girls, Latakia sub-district, Latakia). Education also remains broadly seen as having a critical preventive effect towards GBV: “We try to eliminate and mitigate violence by attending school and creating a strong

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75 Protection Working Group meeting, 17th February, 2021. Intersectionality in NES. [presentation]. Humanity and Inclusion
and independent personality.” (Adolescent girl, Basira sub-district, Deir-ez-Zor). Crucially, girls who are in school were perceived as more likely to avoid early marriage and a good education was seen as a guarantee of future employment and thus a woman’s independence and protection from violence: “Education reduces the levels of violence through work and thus prevents their exploitation in the future.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor).

Child Labour

“We work in garbage dumps to fulfil our needs. We get sick because of the garbage.” (Adolescent girls, Sahla Albanat camp, Ar-Raqqa)

Girls and boys of all ages are increasingly forced into child labour due to the economic deterioration which has raised costs of living exponentially and forced many families into poverty across all governorates in Syria. Further waves of displacement also exacerbated families’ economic uncertainty, hence forcing more children into mostly informal jobs in order to afford life and meet some of their basic needs:

“After displacement and war, most of the displaced families were forced to engage their daughters in agricultural work or handicrafts in order to earn an appropriate income and live in dignity. I know girls who are manufacturing and selling sweets, while others preserve food in the summer or work in private homes. Others beg for money in streets because they can’t find a suitable job, and some of them are looking in the garbage for cardboard, plastic or fodder for an animal ... I have no more comments. The condition of these people is miserable and we complain only to God.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh).

As the participant above notes, girls work in a wide range of jobs including in open public areas such as in fields taking care of livestock, olive picking, collecting garbage, begging, and selling items on the roads. Frequently, the type of work girls do is organised by age as well, wherein older girls have harder tasks than younger ones: “Girls work in farmlands mostly. The type of work differs depending on the age. But anyone who is above the age of 10 can work.” (Adolescent girl, Basira sub-district, Deir-ez-Zor). Girls also work in closed spaces as maids in private homes, working in factories, sewing, and in various shops selling clothes or perfumes.

Working in both types of spaces exposes girls to various forms of physical, economic, and sexual violence. Working outdoors exposes girls to threats of sexual harassment on public roads or fields, as well as threats of kidnapping if the area is unsafe: “The most dangerous job for girls is when they have to travel to other governorates in order to work in agriculture.” (Older woman, Kisreh sub-district, Deir-ez-Zor). When working indoors, girls are also exposed to sexual harassment, assault, and rape: “Some girls work as maids, where they get abused.” (Adult woman, Al-Hol camp, Al-Hasakeh).

In both, indoor and outdoor work settings, girls’ labour is under-valued, and they face economic exploitation, sometimes performing unpaid labour and being robbed of their wages: “Girls work in harvesting and factories are exploited by low salaries, and they are exposed to rape.” (Older woman, Azaz sub-district, Aleppo).

While male children and adolescent boys were considered much more likely to engage in military action in all parts of Syria, adolescent girls are also sometimes recruited to work with armed factions: “Yes, there are girls who work in the community, where they work in harvesting, agriculture, street vending, and they are recruited by armed factions.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor). Between 2018 and 2020, the UN verified the cases of 117 girls who had been recruited by armed groups66. Broadly, girls’ roles within armed groups seem to be primarily dictated by traditional gender norms, as they are forced to clean or cook rather than engage in combat activities like many of their male counterparts: “They engage girls in sowing and cooking too.” (Adult woman, Al Bab sub-district, Aleppo).

Nonetheless, the participation of girls in military action and military life is considered to be a very dangerous activity, which most participants decried: “The hardest type of jobs in our society is working in the military field, whether it’s a girl or a boy under 18.” (Woman with a disability, Al-Hasakeh sub-district, Al-Hasakeh).

Despite dire economic needs, some families prefer not to send girls to work, recognising the forms of GBV girls can be subjected to, including sexual violence: “The work of girls at homes is a very dangerous and disturbing.” (Adult woman with a disability, Al Bab sub-district, Aleppo). If boys are present, and the family’s economic conditions allow, then they are very likely to be forced into child labour instead of girls, including into joining armed factions: “Parents prevent girls from working due to lack of security, and they force boys to work.” (Adolescent boy, Sur sub-district, Deir-ez-Zor). Similarly, some families justify boys’ involvement in child labour using assumptions that they would face less violence overall than not only their sisters but also their mothers, echoing expectations for boy children to grow into family providers and practice their assigned gender roles: “Some boys do not want their mother to work and instead they work to protect her.” (Adult woman, Al Bab sub-district, Aleppo).

However, gendered arguments (such as boys’ roles as natural providers and girls’ domestic roles) do not always apply when the family’s economic need is dire: “Yes, children in my community accepted to work in exchange for a more dignified life, unfortunately. I know a 14-year-

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old girl who does hard work with her mother in order to obtain an adequate income for her family.” (Adolescent girl, Maaret Tamsrin sub-district, Idleb). In addition, in female headed households or families in which neither parent can work, both boys and girls participate in labour and share the household’s economic burden, especially under combined conditions of poverty, disability, and/or loss of a family member: “For example, if a widow has two children, one of which has a disability, she would send her other son to work in order to provide for the house, while she works to be able to buy medication for the disabled child. And there are elder sisters who are forced to work because they have no brothers, and their father is dead.” (Adolescent boy, Idleb sub-district, Idleb). Finally, parents discussed forcing all their children to work due to life’s unaffordability, and girls maintained that they do not have the choice but to comply:

"P 1: We are all forced to work; we must work to survive
P 2: We work in hard and dangerous jobs, but we don’t have a choice.
P 3: We get abused and paid little for work we do because we come from outside the area.
P 4: I have a health issue but I am forced to work and carry.”
(Adolescent girls, Sahla Albanat camp, Ar-Raqqa).

The consequences of child labour on both boys and girls are not only higher risks of injury while working, higher exposure to various forms of psychological, physical, sexual, economic violence as already noted, but also the denial of education. MSNA data for 2021 shows that child labour prevented school attendance for adolescent girls aged 12-14 in 41% of communities and neighbourhoods and in 58% of communities and neighbourhoods for girls aged 15-17. While some parents recognise this impact, they maintain that the deteriorating economic situation is pushing them to force their children into labour. Others however remarked that when schools and educational opportunities are provided in their areas, they send their children to school instead of work: “There is child labour, but it has greatly diminished, especially after the opening of the school in the camp. So now the only work they are doing is helping their parents with chores.” (Adult man, Maaret Tamsrin sub-district, Idleb).

![Figure 15: % of locations in which child labour prevents school attendance](image-url)

<table>
<thead>
<tr>
<th>Group</th>
<th>15-17</th>
<th>12-14</th>
<th>&lt;12</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIRLS</td>
<td>17%</td>
<td>41%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>33%</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td>15%</td>
<td>81%</td>
</tr>
<tr>
<td>BOYS</td>
<td>36%</td>
<td>47%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>49%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>22%</td>
<td>73%</td>
</tr>
</tbody>
</table>

- Yes, it is very common
- Yes, but not very common
- No
Unaccompanied, Separated, and Abandoned Children

Children are frequently separated from their fathers or mothers for a number of reasons, most commonly including the remarriage of a parent, the death of a parent, or separation during migration and resettlement.

As noted by OCHA’s 2021 HNO: “Separation from caregivers is a persistent issue across Syria. Death of a caregiver (15% for boys and girls), economic need (25% for boys, 13% for girls), child marriage (11% for boys, 44% for girls) and child recruitment (10% for boys) are among the top cited reasons for family separations. The absence of a continuum of alternative care options, including formal options, is a concern”77.

When abandoned or separated, girls are sent to live with grandparents, uncles, other extended family members, or neighbours, and sometimes they are rendered homeless. Frequently, they are exposed to GBV, including sexual abuse, beatings, insults, deprivation of food and education, early marriage, and child labour:

“There are cases of exploitation and injustice, so there are children who have lost their parents and are living with their grandmother, who forces them to work and beats them if they do not work by begging in the markets.” (Adolescent girl, Jisr Ash-Shugur sub-district, Idleb).

A leading cause of children’s separation from their mother specifically is the father’s death and the mother’s remarriage, in which case the children often stay with other extended family members or face the risk of homelessness. However, participants also mentioned that abandoning one’s children due to remarriage is not always the mother’s decision and rather can be part of forced re-marriage or forced abandonment instigated by the mother’s family or the in-laws. This form of GBV can have a damaging impact on the children’s psychological wellbeing as well as their future vulnerability to abuse: “Generally children live without the father who passed away in bombing, while the mother is forced to give up children and get married again. The children get exposed to scorn because their mother abandoned them.” (Adult man, Sahla Albanat camp, Ar-Raqqa).

Abandonment and separation due to the death of a caregiver or displacement can also mean that adolescent girls find themselves to be responsible for younger siblings and become heads of households: “In our camp there is an adolescent girl who is provider for her brothers and sisters. Their parents passed away during war, and no one helps them. They are experiencing hard circumstances, poor hygiene, no food or water. The situation is so sad.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

Less common causes of abandonment which were mentioned were cases when the child is born through a non-marital relationship, or as a result of rape: “[…] certain special cases, many of which have increased during conflict and have a particular impact on women. These include cases of children of unknown parentage, children born to Syrian mothers outside wedlock where the identity of the father is not known or not proven, children separated from family members”78. Participants mentioned cases of infants abandoned in mosques, or cases of infants with a disability abandoned near hospitals: “Recently we have been witnessing new-borns being left in front of hospitals or mosques. That is due to poverty, exploitation, and war.” (Adolescent girl, Kiseh sub-district, Deir-ez-Zor).

Abandonment and separation due to the death of a caregiver or displacement can also mean that adolescent girls find themselves to be responsible for younger siblings and become heads of households: “In our camp there is an adolescent girl who is provider for her brothers and sisters. Their parents passed away during war, and no one helps them. They are experiencing hard circumstances, poor hygiene, no food or water. The situation is so sad.” (Adolescent woman with a disability, Al Bab sub-district, Aleppo). Even when displaced adolescent girls are in someone’s care in the camp, they can still face negligence and violence from their caretakers: “Three women confirmed that they see orphaned children tortured daily by their caregivers and are beaten, insulted and deprived in all ways, and they are prevented from being helped by anyone.” (Adult woman, Areesha camp, Al-Hasakeh). In addition to precarity, health issues, denial of education, and poor living conditions, in some areas children also face threats of drug use, forced armed recruitment, or kidnapping, all of which significantly endanger their lives: “Children who do not live with their regular caregivers are at great risk, including sexual exploitation and organ trafficking.” (Adult man, Areesha camp, Al-Hasakeh).


Abduction of child
Recruitment
Caregiver voluntarily sending their children to the care of another entity
Domestic violence
Medical evacuation of caregiver
Disappearance of caregiver
Separated from caregiver while moving to a safer location
Caregivers willing to send children to live with extended family or to a safer location
Divorce of caregivers
Death of a caregiver
Economic reasons/need
Child marriage

General Protection

Housing, Land, and Property

Women and girls face disproportionate violence and discrimination in relation to housing, land, and property (HLP), primarily including the denial of inheritance and seizure of their property by their families or their in-laws. HLP issues affecting women were reported as occurring in 42% of communities and neighbourhoods consulted during the MSNA exercise in 2021. In particular, divorced and widowed women and girls as well as those with disabilities are routinely denied inheritance or coerced into giving up their rights to it: “Families, women, widows, divorced women, and people with disabilities face challenges to keep housing or property because of deprivation of inheritance or seizure of property by the husband’s family or relatives after his death, arrest or disappearance.” (Adolescent boy, Jisr Ash-Shugur sub-district, Idleb).

This systematic practice is increasingly supported not only through the social stigma and social violence directed against divorced and widowed women and girls through shaming, hearsay, and movement restrictions, but also through reliance on customs and traditions as justifications for denying women and girls access to legal rights: “Women are not allowed to claim their rights, due to customs and traditions.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). Shaming and exerting pressure on women and girls pushes them to frequently give up their rights in order to maintain peace in the family or to decrease the risk of GBV: “Depriving women of their rights due to customs and traditions that prevent women from claiming their rights. If she asks for them, the community will shame her and her family would break relations with her. Women generally keep silent and do not claim their rights.” (Adolescent girl, Tell Samin camp, Ar-Raqqah).
Importantly, women’s and girl’s deprivation of inheritance is also planned in advance in family meetings from which they are deliberately excluded, especially if having a disability: “The elders of the family are the ones who represent their interests at the Shura regarding their land and properties. Women and girls are often deprived from their right to property inheritance in such clannish communities.” (Adolescent girl, Maaret Tamisrn sub-district, Idleb). In addition, deprivation of ownership and inheritance correlate with other forms of GBV practiced against women and girls by their families, such as forced marriage. Several participants mentioned that women and girls in their community are forced to marry a member of the extended family so that property remains within the same circle of male members: “P 1: I know people in our community who do not give the widow her right of inheritance for fear of her re-marriage, so the inheritance goes to others. P 2: In our community, a girl does not marry someone out of the family, in order to [avoid] letting a stranger inherit family [wealth].” (Adult women, Maaret Tamisrn sub-district, Idleb).

As a result, women and girls continue to be dependent on male family members, and risk extreme vulnerability and homelessness if they choose to leave their homes or husbands. For many women and girls, being able to secure their own housing is a lifeline for escaping GBV, and especially IPV, or for economic independence: “For displacement, [Housing, Land and Property] rights would protect the woman against husband’s mood swings and problems. With these rights, she may secure permanent work or a small enterprise at home for example. If she has a piece of land, [she] may set up a sewing project or a workshop supported by the other women in the society. When the woman is an owner, she is stronger, and the financial revenue is greater and problems fewer... The psychological condition of the woman who owns is more stable as she no longer fears her husband and his threats of leaving the house or polygamy.” - Woman in Idleb. 

When searching for property to rent, women and girls reported being constantly exposed to sexual harassment and asked for sexual favours. Most participants agreed that divorced and widowed women and girls in particular face concerning levels of sexual harassment and exploitation when looking for housing to rent: “All groups suffer from these issues, especially widows and divorced women and are asked for sexual favours in return for shelter.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). For those who do manage to secure housing, they continue to be exposed to further sexual harassment and exploitation as well as threats of evictions: “Many eviction problems, for example they threaten to throw women out of the house if they don’t offer money or sex.” (Adolescent girl, Al Bab sub-district, Aleppo). Men and boys also displayed awareness of the challenges and forms of GBV that women and girls face when seeking housing without a male companion, remarking that women and girls are forced to accept marriage as a method to reduce violence in securing shelter and housing: “Widows and divorced women face major challenges because of sexual harassment and exploitation to get shelter. [There are] cases where divorced women were forced to marry an old man just to get a place to live in the camp.” (Adult man, Serekinya camp, Al-Hasakeh).

Finally, women and girls also face gendered challenges in securing required documentation so they can prove ownership of a property or prove their identities. The lack of documentation means that many have lost access to their properties, often inhabited by others: “Our homes and lands were lost due to displacement and loss of identification documents, and they became the property of others. The grief and oppression in our hearts is great.” (Adult woman, Maaret Tamisrn sub-district, Idleb). Losing ownership documents also poses an obstacle for displaced women and girls who want to return to their homes: “The thing that worries us the most is our fear for our homes and lands in our village. We wish to return and sit in a tent above the rubble of our house. We have not been able to produce any papers proving our ownership of the house and the land.” (Adult woman, Dana sub-district, Idleb).

**Durable Solutions**

On the one hand, a majority of displaced women and girls discussed wanting to return to their original homes or relocate to other areas, including other camps with better services, but being unable to do so due to the unstable security situation and the destruction to their houses and property: “There is a desire to return to our hometowns, and this is discussed on an ongoing basis. All the displaced people in the camp aspire to return to their hometown or move to other safer places that provide them with better privacy.” (Adult woman, Dana sub-district, Idleb). On the other hand, many displaced participants would prefer to settle where they are as returning is not impossible but could pose challenges for older family members and persons with disabilities: “The majority of the displaced prefer to remain in their situation, especially people with disabilities, because of the difficulty of movement for them. There are a few displaced people who bought a house or a piece of land to live in, and the plans were mostly temporary, in the hope of returning to their homes and land.” (Adult man with a disability, Jisr Ash- Shugur sub-district, Idleb).

While men and boys are more likely to fear arrest and detention as they are wanted by the authorities or for military service, women and girls fear further exposure to sexual violence both during the return journey as well as from militias or armed entities that now control their areas: “Family members discuss the advantages and

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79 Norwegian Refugee Council (2020). Women’s HLP rights in the North West of the Syrian Arab Republic

risk of moving or returning to their homes, especially for men where there is a fear of being recruited by the army or being arrested. As for women and girls, there is a fear of rape, harassment, or being kidnapped by the armed factions in those areas. Furthermore, the services available in these areas are also discussed, such as health, food, and education.” (Older woman, Kisreh sub-district, Deir-ez-Zor). Fear of both sexual and physical violence that extends to murder is a pressing concern among people with diverse SOGIESC who had sought refuge in neighbouring countries, for whom prospects of return can appear impossible: “The consensus however was that a safe return to Syria for refugees of diverse SOGIESC was not possible and that it was equal to a death sentence.”

Moreover, when discussing the possibility of return, families also consider early marriage for their daughters in order to reduce the cost of return and avoid exposing their daughters to a perceived risk of sexual violence. In doing so, they are however exposing their daughters to other forms of GBV such as IPV: “Yes, I feel anxious of returning because I have adult females. Family marries the girl at an early age so that they avoid worrying about them during relocation.” (Adult woman, Maaret Tamsrin, Idleb). In addition, concerns about abuse and discrimination based on women’s and girl’s displacement and marital status, availability and accessibility of services, and the overall cost of relocation were discussed as further key barriers to return or relocation for women and girls: “One of the barriers is being obliged to live in camps, fear of bombing that affects cities, and the community’s opposition to widows and divorced women living in isolation, away from their families.” (Adolescent girl, Maaret Tamsrin sub-district, Idleb).

When discussing the decision-making process in relation to integration, relocation or return, a majority of women and girl participants reported that men are considered the final decision makers, and that they are rarely listened to or taken into consideration: “Consultation and opinion sharing happen within families but the majority disregard the views of women as the male opinion is the dominant at all levels of decision making.” (Adult woman, Sur sub-district, Deir-ez-Zor). A majority of men also confirmed not considering women’s and their girl’s opinions in decision-making or simply retaining the final decision: “We decide when to leave from here, because we are in charge, while women and children don’t know the amount of suffering and fear and problems we are exposed to. I only think about providing food for my children.” (Adult man, Sahla Albanat camp, Ar-Raqqa).

However, several male participants also mentioned that female and older family members play a central role in decision-making in regard to relocation: “P 1: Yes, women play a strong and influential role. For example, my wife decides if a house is appropriate for us to rent or not. P2: Yes, the decision of the elderly is important, and we respect and appreciate their opinions.” (Adult men, Salqin sub-district, Idleb). Crucially, women and girls remarked that their overall decision-making power increases when they contribute to the family’s income. As explored in the Introduction, generating an income is perceived as contributing to a change in gender roles through which women can gain more voice: “A woman does not play a role in decision-making unless she has a job and makes money, then the man would keep silent and accept her inclusion in making decisions.” (Woman with a disability, Al Bab sub-district, Aleppo).

Mine Action

Children, specifically girls and boys who work in agriculture and garbage collection remain at the highest risk of injury or death from explosive remnants of war. A Report of the Secretary-General in April 2021 stated that: “Explosive remnants of war constituted the second main cause of child casualties, affecting 724 children (27%). Incidents occurred in 11 out of 14 governorates, with Aleppo (216), Deir-ez-Zor (158) and Ar-Raqqa (91) most affected. Overall, 23% of victims of explosive ordnance incidents in 2019 were children who were struck while farming, herding, removing rubble or playing […] According to the United Nations, more than 10.3 million persons, half of whom are children, live in areas where there is a risk of explosive ordnance.” However, adult men and women also face the risk of injury, death, or permanent disabilities, leading to a loss of their lives, sources of income as well as long-term psychological and economic impact on their children: “One of the participants was mostly affected by this subject as her mother died in an explosion, which also led to her losing her sight and becoming disabled.” (Facilitator of FGD with adolescent girls with disabilities, Harim sub-district, Idleb).

Displaced women and girls were also marked as a specific at-risk group due to their repeated displacement and unfamiliarity with the safety of the areas they seek shelter in: “If there is an area that was occupied […], but they planted mines before leaving and internally displaced people went back to that area, then they would be killed from the explosion.” (Adolescent girl, Idleb sub-district, Idleb). Fear of the mines impacted not only children through signs of psychological distress, but also women’s ability to feel safe as they work their own land or seek employment in agriculture, having a direct impact on their access to livelihoods: “Explosive ordinances affected women and children and also people with disabilities. People have grown afraid of working in their lands and this has decreased the financial income of individuals.” (Adult woman, Sur sub-district, Deir-ez-Zor).

A majority of participants noted the need for specialised medical services such as artificial limbs and physical therapy for children and adults who survived a mine explosion which resulted in physical impairments.

A clear majority also discussed receiving awareness sessions on how to act when suspecting the presence of an explosive remnant of war: “There are awareness sessions carried out by specialised staff who explain to us with pictures about these mines and how to protect ourselves, which mitigates these damages.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). The impact of awareness sessions was remarkable among adolescent girls: “We were on a family trip and saw a bomb in the form of an attractive colourful toy, so we informed the civil defence team immediately to deal with it.” (Adolescent girl, Maaret Tamsrin sub-district, Idleb).

Shelter and Camp management

As already noted in the “Locations of Violence” section, displacement camps in Syria continue to be vastly unsafe places for women and girls. While all GBV contributing factors analysed in this report apply to displaced populations living in camps, data collected for the Voices from Syria 2022 report also revealed a variety of camp-specific risks that women and girls endure: “Shared bathrooms, genders not being separated, congestion, tents are too close to each other, no safety, no doors to close, poor lighting conditions. We still have no electricity and going out at night in the darkness exposes us to violence.” (Older woman, Al Asyanah camp, Aleppo).

First and foremost, women and girls consistently noted the impact of overcrowding and the ensuing lack of privacy, often due to the requirement of sharing tents or shelters with strangers: “The most common factors that increase the risk of violence are the lack of lighting, crowding, shelters and living with strangers during displacement.” (Adult woman, Tell Samin camp, Ar-Raqqa). Men sometimes used camp living conditions as a justification for the rise in IPV, and discussed using violence as a harmful coping mechanism with the stress of living in shelters and under precarious conditions: “When we live in a 3m square tent with five or six children, the tent becomes very congested which results in a lack of proper sleep at night and agitation, in addition to the high temperature outside which makes it difficult to go outside. So, a man would resort to screaming and shouting in order to release the stress he feels.” (Adult man, Al Asyanah camp, Aleppo). Confirming the trends, GBV experts noted the rise in interpersonal violence in camps specifically in North-East Syria: “The types of GBV are the same, but in the camps, we saw an increase in IPV cases during the lockdown periods.” (GBV expert, North-East Syria).

The lack of appropriate lighting in camps and other locations where displaced Syrians live was also a common theme raised in 2021: “The poor lighting and privacy of these places where the restrooms are shared between males and females [increases the risk of GBV].” (Adult woman, Nowrouz camp, Al-Hasakeh). Sexual violence when using bathrooms and toilets was a key concern for girls, adults and older women alike: “The lack of lighting in the camps increases risks of harassment to girls. Most of our camps have no lighting. We are afraid to go to the toilets. We are always worried.” (Adult woman, Al Bab sub-district, Aleppo).

Women and girls also complained of experiencing various forms of GBV and discrimination at the hands of camp managers and other authorities within the camp: “People in shelters are abused by local authorities and the community and robbed as well.” (Older woman, Kisreh sub-district, Deir-ez-Zor). While men were most likely to criticise the discrimination in hiring opportunities in the camp, women and girls pointed to systemic practices of favouritism and sexual exploitation in return for services: “In the camp, the person in charge chooses families according to his mood and sends distributions to their tent. They don’t need to go out for them.” (Adult woman, Al Bab sub-district, Aleppo).

Water, Sanitation and Hygiene (WASH)

Water cuts persisted through 2021 across several regions in Syria. In North-East Syria only “22% of households reported meaningful access to safe water.”83 Al-Hasakeh governorate in particular experienced significant water shortages in which nearly half a million persons were cut off from water access84. “There has been no water for two months in Al-Hasakeh sub district and we are buying water but it is not pure.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh).

The impact of water shortages was remarked by women who pointed not only to the unaffordability of water, but also to their inability to afford hygiene items, risking illness: “There was no clean water and we got ill. We are not buying shampoo and soap due to high prices.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh).

Women and girls both noted their urgent need for menstrual hygiene products: “No distribution of women sanitary towels.” (Adult woman, Al-Hasakeh, Al-Hasakeh). Men also noted the severe impact of inadequate WASH services: “Hygiene services are non-existent here and this is more dangerous than mines.” (Adult man, Sahla Albanat camp, Ar-Raqqa). The scarcity of water can lead to disputes in the community: “Facilitator: what types of violence do you face in your community? Adolescent boy: conflict over water.” (Facilitator of FGD with adolescent boys, Al-Hasakeh sub-district, Al-Hasakeh).

However, other camps across North-East Syria and North-West Syria noted the sufficiency of water services as well as distribution of hygiene items: “Assistance is available such as drinking water, and sanitation in camps.” (Adolescent girls, Kisreh sub-district, Deir-ez-Zor). Some also noted that while water and sanitation services are available, they are sometimes limited and do not

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reach everyone equally: “Water, health centres, food and monetary support are available to some segments of society.” (Adolescent girl, Dana sub-district, Idleb). The difference could be attributed to a non-identical level of WASH services provided by humanitarian actors in IDP camps (formal places) as opposed to the rest of IDP sites like informal settlements and collective centres, where there might be limited or no WASH services provision.

Notably, shared bathrooms and washrooms in camps remain a significantly unsafe location for women and girls who fear sexual harassment, sexual assault, rape and kidnapping: “Girls are afraid to go to the bathroom because they worry about being kidnapped and are also scared of the dark. Girls are scared of being harassed or molested.” (Adolescent girls, Al Asyanah camp, Aleppo). As in previous years, women and girls continue to lament the dire conditions of toilets, including the lack of lighting, lack of privacy and locks, and their inconvenient location. Shared bathrooms specifically pose a risk of sexual harassment and assault for women and girls: “Girls are exposed to sexual harassments because they use mixed washrooms.” (Adolescent girl, Sahla Albanat camp, Ar-Raqqa). Women and girls with disabilities as well as older displaced women found toilets and washroom facilities inaccessible due to poor construction and distance: “Washrooms provided were very few and very distant and can’t meet the needs of the camp. Women also get harassed and hurt when they use them, and also embarrassed. Also, older people and people with disabilities can’t use them.” (Adult woman, Sahla Albanat camp, Ar-Raqqa). Safety audits by protection actors continue to identify latrines in camps such as Al-Hol which require immediate maintenance including installation of basic features such as doors, locks and ramps for accessibility.

**Distributions**

As explored earlier, women and girls continue to face sexual harassment and SEA when receiving aid, particularly food and non-food items delivered at distribution points. Crowded and unsegregated distribution points that entail waiting for long hours in public continue to be considered as locations where women and girls feel unsafe: “During the food basket distributions earlier there was a lot of congestion and there was contact between people in an uncomfortable manner which used to cause embarrassment and confusion for women.” (Woman with a disability, Atma Camp, Idleb). 34% of communities and neighbourhoods that took part in MSNA data collection identified the harassment of adult women as an issue during the distribution of humanitarian assistance, with 30% reporting the same concern for adolescent girls. In 10% of communities and neighbourhoods, the harassment of adult women was considered a very common occurrence during distribution.

Women and girls praised recent changes in distribution modalities such as gender-segregated queues, as these measures have resulted in a perceived decline in sexual harassment: “[GBV] does not occur frequently in distribution places because now there are queues for men and others for women.” (Adult woman with a disability, Al Bab sub-district, Aleppo). Direct deliveries to homes were also perceived positively as more comfortable due to decreased contact with others, reduction of distance travelled, and perceived reduction of risk of infection. However, in-person deliveries that may require sharing a phone number, or which depend on a direct relationship with a male worker, can still be unsafe situations in which women and girls are met with sexual harassment and exploitation: “When a woman is in need, the person in charge of the assistances says to her, ‘I will give it to you if you give me your phone number’”. (Adolescent girl, Jebel Saman sub-district, Aleppo). Men and boys also displayed awareness of the type of SEA that girls and women are subjected to in relation to distributions, noting how systemic the practice can be: “Facilitator: Was the humanitarian assistance given out for free? Participant: Yes. Completely free. But sometimes harassment and immoral things are requested from widows and divorcees to increase the number of items in the basket or to receive repeat distributions.” (Adult man, Harim sub-district, Idleb).

Women and girls with disabilities as well as older women face accessibility challenges to distribution points such as the lack of adequate transportation for those with physical impairments or disabilities, and they are also at risk of SEA: “If there is any type of exploitation during the distribution of any humanitarian service, then women, girls, widows, divorced women, and people with disabilities are more likely to face it. This is due to women’s fear of scandal in general and the inability of persons with disabilities to defend themselves.” (Adult man with a disability, Jisr-Ash-Shugur sub-district, Idleb). As a result, women and girls can avoid attending distributions, thus renouncing the assistance they are entitled to, and can experience severe psychological distress: “In some regions, the beneficiaries wait for a long time and do not get anything. Sometimes the woman suffers such verbal abuse that she takes her own life.” (Adolescent girl, Jebel Saman sub-district, Aleppo).

Participants also reported wide practices of favouritism resulting in excluding them from receiving aid: “[There is] food assistance but distributions are few and only for people with power.” (Adolescent girl, Jisr-Ash-Shugur sub-district, Idleb). In governorates that suffer water shortages like Al-Hasakeh, favouritism in distributions of water was also marked by some: “In some cases water is filled for people working in distribution in much [greater] quantities than others.” (Adult man, Al-Hasakeh sub-district, Al-Hasakeh). Various forms of nepotism were also described, frequently mentioning local councils as engaging in unfair or corrupt practices: “The priority in distribution is for the relatives of the local council members and you need to know someone in authority.” (Adolescent girl, Jebel Saman sub-district, Aleppo).
Discrimination in distributions was also discussed as a systemic practice beginning already at the stage of needs assessment and planning: “[Children] know nothing about services, and if an organisation came to the camp, the representative deliberately hides them so the organisation don’t know about them. They do this so that the services are limited to people they favour.” (Adult woman, Al Bab sub-district, Aleppo). Moreover, women and girls and persons with disabilities were repeatedly discussed as vulnerable to discrimination and economic exploitation: “Distribution officers might exploit people with disabilities, blackmail and force them to sell their share and then take half of the profits.” (Adolescent girl, As-Sweida sub-district, As-Sweida).

Several participants had to bribe distributors to ensure they receive a portion of the aid they are entitled to, marking it a systemic and possibly normalised practice in some locations: “Commune officials take bribes to deliver packages to the people or they might take half of their share to deliver it.” (Adult woman, Sur sub-district, Deir-ez-Zor). If participants refused to give up a portion of their aid, they were coerced and threatened: “No it was not free, because half of the aid was taken away by force if we didn’t accept.” (Adult woman, Basira sub-district, Deir-ez-Zor).

All these forms of discrimination, favouritism, and exploitation were recognised to have an impact on community relations, inciting conflict over aid: “There are some people who get food baskets [...] and others who dare not ask or even register. There might be fights between people who got baskets.” (Adolescent girl, As-Sweida sub-district, As-Sweida). The spread of conflict over distributions also led some aid workers to leave distribution sites due to threats and fear for their own safety: “Fights occur during distributions and the distribution teams were kicked out.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

The decrease in funding for humanitarian assistance was evident across several comments from participants who remarked on the insufficient quantity of aid: “Humanitarian assistance are limited to distributing water. Concerning food, personal hygiene, and education, they are almost non-existent.” (Adolescent boy, Jisr Ash-Shugur sub-district, Idleb), as well as its unreliability: “Sometimes support from the organisation stops.” (Adolescent girl, Maret Tamsarin sub-district, Idleb). The general decline in availability of humanitarian assistance was also evident in some exchanges:

“Facilitator: Are you receiving relief and aid?
Adolescent boy: What does relief mean?
Facilitator: The services you call food aid
Adolescent boy: We have not received it for a year or more.”

(Facilitator of an FGD with adolescent boys, Idleb sub-district, Idleb).
Hopes and dreams of women and girls:
Recommendations
The extraordinary situation that Syrian women and girls are facing after 11 years of conflict is compounded by endemic levels of GBV, an unprecedented economic crisis and a global pandemic. The Voices from Syria 2022 report found a widespread sense of decreasing resilience and lost hope amongst many of the women and girls who participated in data collection: “We are used to violence, but we are in despair from this situation.” (Adult woman with a disability, Atma camp, Idleb).

Women and girls living in North-West and North-East Syria, who were more likely to be displaced, often for the second or third time, and to be living in camps, were especially likely to show signs of hopelessness and mental health distress: “Nothing can be done when violence occurs other than silence, crying or isolation, sometimes thinking about committing suicide or running away from the area.” (Adult woman, Dana sub-district, Idleb). As GBV experts also noted, displacement is taking a toll on women and girls after nearly a decade of harsh living conditions and the drying out of international support and funds: “[There are] millions of people in tents for more than 10 years. I believe it is their right to lose resilience with no light at the end of the tunnel.” (Adult woman with a disability, Al-Hasakeh sub-district, Al-Hasakeh). Participation in the labour market and related shifts in gender norms are giving confidence and a sense of self-efficacy to some women, as reported to the Norwegian Refugee Council (NRC): “To me, the woman during the conflict time is becoming stronger. She has faced great troubles … many women lost their primary breadwinner. Therefore, she is a woman and men, two in one, which has made her stronger.” (Woman in Azaz).85 The difficult situation has provided, for some, an opportunity to expand their social and family role and, as a consequence, take more control over their lives, including how they respond to the GBV they face: “Women and girls have more courage to disclose, and they are adjusting to the situation of conflict and displacement. A lot of women are trying to become independent by acquiring skills, like learning a new language. The situation made them stronger, even if resilience is being eroded.” (GBV Expert, WoS).

When discussing their hopes and desires for the future, many adult women focused on being able to secure their basic needs and live safely: “I want to live safely and have a small landholding and a house to protect me and my children from cold and storms in winter and heat in summer, and a source of income to avoid asking people or organisations for assistance.” (Adult woman, Sahla Albanat camp, Ar-Raqqa). CARE’s research showed that access to stable employment is a key priority for adult women in Syria86 and GBV practitioners echoed the need for stability that women and girls are striving for after over ten years of crisis: “At the beginning of the crisis, women accepted living in a tent because it was safer for themselves and their children, but today, ten years later, women need more services and aspire to live with more stability.” (GBV Expert, Turkey Cross-Border Hub).

Adolescent girls also continue to demonstrate strength and resilience, despite growing up amid conflict, economic deterioration and pervasive GBV: “Despite everything, I am supporting others even when I feel tired.” (Adolescent girl, Duma sub-district, Rural Damascus). When asked about their wishes for the future, young people prioritised safety, intended both as an end to the conflict and protection from GBV and other forms of interpersonal violence: “For people to be able to walk in the street without fear and girls to feel safe, and the bombing must also stop.” (Adolescent boy, Idleb sub-district, Idleb).

Strikingly, adolescent girls spoke frequently of their desire to see an end to gender inequality in their families, community and wider society: “To cancel traditions and habits which say that girls don’t have the same rights as boys.” (Adolescent girl, Al Bab sub-district, Aleppo). Several mentions were made of the need to prevent early marriage, seen as a critical violation of children and women’s rights: “I would prevent early and forced marriage. I got married at an early age and my husband passed away, and I have two kids and I am still 17 years old. I want to start an awareness team that focuses on parents to educate them that marriage is not for young children, and that they should be allowed to live their life.” (Adolescent girl, Harim sub-district, Idleb).

Women and girls discussed their own role in bringing about these social changes, demonstrating their commitment to improving the lives of their communities and other women and girls around them: “There are now new ideas that girls are equal to boys, and we must help in spreading and accepting these ideas.” (Adult woman, Al Bab sub-district, Aleppo). Even when girls recognised the pervasiveness of GBV in their lives, they showed a strong desire to respond to such violence both individually and by seeking support when needed: “We have to play a role by being strong, seeking help when we feel weak. We need to know how to act and confront violence. The solution is in my hands because there is no magic wand that will reduce violence around the world.” (Adolescent girl, Damascus sub-district, Damascus). Education also emerged as a priority for adolescent girls, as in previous years: “If it were up to me, I would

85 Norwegian Refugee Council (2020). Women’s HLP rights in the North West of the Syrian Arab Republic.
86 CARE (2021). ‘If we don’t work, we don’t eat’. Syrian women face mounting food insecurity a decade into the conflict. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/CARE%20Syrian%20Women%20Face%20Mounting%20Food%20Insecurity%20-%20FINAL%20-%20Web.pdf
make sure that all girls receive an education, and I would establish an institution to teach girls only for free, and to conduct awareness sessions for mothers in order for them to encourage their daughters to study.” (Adolescent girl, Harim sub-district, Idleb). Importantly, education continues to be seen as a key strategy against GBV, and in particular early marriage: “Education reduces cases of violence in society.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor). For young women and adolescent girls who were forced to abandon schooling, professional education and accessing the job market were also considered essential pathways towards independence and safety: “I wish we had sewing and fabric workshops where we could work and become independent.” (Adult woman, Dana sub-district, Idlib).

Recommendations

Building on these hopes and priorities, the report now turns to concrete recommendations put forward by women and girls. These recommendations are intended for humanitarian actors, donors, local governments and camp authorities, as well as Syrian communities. As in past years, the Voices from Syria 2022 report centres the voices of women and girls in these recommendations, and the rest of the report, in recognition that they are best placed to define what a life free of GBV looks like for them and to determine the actions that must be taken in order to achieve that vision.

1. Expand the number and accessibility of static and mobile GBV specialised services

Women and girls continue to clearly express the need for the expansion of current GBV specialised services, referring in turn to all components of a multi-sectoral GBV response.

First and foremost, women and girls wished for a greater number of WGSS: “Furthermore, they should increase the number of women protection centres within the camp to make it easier for women to access these centres and receive the services that they need.” (Adult woman, Atma camp, Idlib); as well as improved legal assistance: “We need a legal centre to protect women from violence.” (Adolescent girl, Al-Hasakeh sub-district, Al-Hasakeh). Adolescent girls called for more group psychosocial support activities focusing on self-defence, safety planning and improving girls’ protection as a whole, demonstrating their desire to lead lives free of violence: “I wish girls could have workshops where they can get protection and security and become independent.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa), and: “I think that women and girls should train in karate or self-defence to be able to defend themselves when they face any incident in the street or anywhere.” (Adolescent girl, Latakia sub-district, Latakia).

The importance of mental health and psychosocial support resonated clearly in the demands put forward by women and girls, who considered psychological services a priority to help women, girls, but also men and boys, deal with the consequences of the current crisis and mitigate the risk of GBV: “To provide psychological therapy, because some people have major psychological problems.” (Adolescent girl, Kissah sub-district, Deir-ez-Zor). The need to support advanced mental health services was also echoed by GBV practitioners who are dealing with the severe impact of protracted crisis and continuous GBV on the lives of women and girls: “We need more support for mental health and increase the number of referrals because some people have reached the point of breakdown. We need to raise awareness among case managers of the urgency to measure the low levels of resilience and increase in suicidal thoughts, and then offer support.” (GBV Expert, Turkey Cross-Border Hub).

Furthermore, recommendations included the opening of safe shelters to enable women and girls to escape situations of GBV safely: “There is no safe shelter for women. I expect that if the community shared opinions about this matter, we would have many suggestions for safe houses for women who are vulnerable to violence, but without stigmatisation, for example. This would be a shelter where women would train in new professions and learn skills, and where everything is confidential.” (Adult woman, Al Bab sub-district, Aleppo). A strong desire for free and better-quality health services was also voiced: “Health services are not available. We therefore have a lot of problems that occur due to the lack of health services” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa), while GBV service providers highlighted the need to ensure that CMR supplies and trained staff are available throughout the country.

Accessibility of GBV services emerged strongly as a theme that women and girls in Syria are concerned about, in recognition that WGSS are sometimes too far and not always easy to visit for women and girls, and particularly those facing compounding forms of discrimination and violence. Various measures were proposed to make WGSS and GBV services more broadly accessible to women and girls with disabilities, living in camps or in rural areas, and to older women: “I think that centres like this one should spread to the countryside, in order to raise awareness among women and girls about the issue of violence and teach them a profession that they will benefit from in the future.” (Adolescent girls, Tartous sub-district, Tartous). Divorced women and girls, as well as widows, were also singled out as a group requiring additional support to access GBV services and WGSS safely: “There should be psychological support teams for divorced women in addition to supporting them and integrating them with the activities available within protection centres.” (Adult woman with a disability, Atma camp, Idlib).

For certain groups of women and girls, especially those whose movements are restricted by gender norms or family violence, women and girls recommended the deployment of mobile GBV teams who can provide
services at the community level: “Conduct community awareness sessions to provide psychological support and release the pressure that girls feel, when they are unable to access support centres and services.” (Adolescent girl, Harim sub-district, Idleb). Online services were also suggested as a potential solution for women and girls whose movements are restricted: “Remote activities could be useful for divorcees and widows, especially since they’re forbidden from going out.” (Adult woman with a disability, Atma camp, Idleb). However, most women and girls considered face-to-face service provision preferable. As humanitarian actors consider hybrid service delivery options after the pandemic, considerations around quality, accessibility, trust and safety must remain paramount: “Remote services enabled access to a larger segment of people, but with lower quality and effectiveness, since a large proportion of women and girls do not have access to social media and phones.” (GBV Expert, Turkey Cross-Border Hub).

Summary of women’s and girl’s recommendations:

- Increase the number and reach of all types of GBV specialised services, including psychosocial support, safe spaces, protection, legal and health services.
- Increase accessibility of GBV specialised services for marginalised groups of women and adolescent girls (including displaced, divorced, widowed women and girls, women and girls with disabilities, and older women) both through dedicated entry points and by integrating them in existing services and safe spaces, and developing targeted programming.
- Increase quality and availability of mental health support services to deal with the severe mental health impact of GBV and the protracted crisis in Syria.
- Train medical staff and humanitarian personnel in CMR throughout the country and provide CMR supplies.
- Prioritise static, face-to-face GBV services and consider issues of accessibility, quality and safety when continuing technology facilitated service provision.

2. Support women’s and girl’s resilience through the economic crisis

Dealing with the consequences of the current economic crisis and its amplifying effects on GBV was one of the dominant themes of discussions with women and girls over the course of 2021. Unsurprisingly, many of the recommendations put forward by women and girls focused on ensuring a minimum of economic and material stability, considered an essential precursor to women’s safety both within and outside the home.

Women and girls called for humanitarian assistance to meet their and their families’ basic needs: “We need projects supporting water, electricity and basic services.” (Adult woman, Jisr Ash-Shugur sub-district, Idleb). Given the risk of sexual exploitation and abuse faced by women and girls when they are unable to meet their essential needs, their increasingly central role as heads of households and family providers, and the unprecedented conditions of food insecurity facing Syrian communities today, material assistance such as cash and voucher assistance needs to be prioritised within the context of GBV risk mitigation and prevention. Furthermore, women and girls in a few locations voiced a specific need for family planning and menstrual hygiene products, pointing to the importance of SRH and menstrual hygiene management services to minimise women’s and girl’s exposure to risks of GBV and to enable them to live safe and dignified lives: “Regular distribution of sanitary towels for women and clothes.” (Adolescent girl, Areeasha camp, Al-Hasakeh).

Perhaps even louder than requests for material assistance was the desire expressed by women and some adolescent girls (as well as by virtually all men and boys) to be supported in finding employment. The availability of employment for Syrians of all genders was repeatedly mentioned as a primary preventive factor within the context of intimate partner and family violence, or GBV in general: “Providing jobs to parents, especially men, reduces cases of violence at home, especially on the mother.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor). Importantly, ensuring that adults can find work was considered essential to prevent child labour, including involvement in armed groups and work that might expose young girls to sexual violence and exploitation: “Employment opportunities must be provided for adult women and men to eliminate child labour.” (Adult woman, Dana sub-district, Idleb).

Employment support for women, including vocational training, was a key desire: “We suggest giving financial support to women and more vocational trainings and projects that they can make a living from” (Adult woman with a disability, Jebel Saman sub-district, Aleppo), linked once again to increased independence and, in turn, freedom from violence: “Providing job opportunities for women to minimise violence against them.” (Adult woman, As-Sweida sub-district, As-Sweida). Widows and divorced women, when perceived as heads of households, were often highlighted as a group which should be prioritised in receiving professional training and financial support to start a business or seek employment: “Providing work for widows and women in general so that they don’t depend on others might help in reducing violence.” (Adult woman, Dana sub-district, Idleb).

When it came to adolescent girls, on the other hand, their wish to continue their education prevailed: “We

87 CARE (2021), ‘If we don’t work, we don’t eat’. Syrian women face mounting food insecurity a decade into the conflict. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/CARE%20Syrian%20Women%20Face%20Mounting%20Food%20Insecurity%20-%20FINAL%20-%20Web.pdf
want to return to school and continue our education and be like other girls of our age.” (Adolescent girl, Sahlia Albanat camp, Ar-Raqqo). Education was often presented as what girls truly wanted instead of being forced into dangerous forms of child labour: “Child labour prevents them from living their childhood, receiving an education living their lives like other children” (Adult woman, Dana sub-district, Idlib) or early marriage: “I know a girl whose family obliged her to get married. She wanted to complete her education. When she expressed her opinion and opposed the marriage, her father hit her.” (Adult woman, Maaret Tamsrin sub-district, Idlib).

**Summary of women’s and girl’s recommendations:**

- Support women and girls, especially heads of households, with cash and voucher assistance to meet essential needs and reduce risk of sexual exploitation and abuse
- Ensure women and girls have access to menstrual hygiene management supplies and integrated sexual and reproductive health services, including family planning
- Provide vocational training, employment and entrepreneurship support to adult women and men, especially for divorced and widowed women and girls and those with a disability
- Support education of girls (and boys) and prevent child labour through free schooling and livelihood support to their caregivers

### 3. Strengthen GBV prevention and increased accountability within Syrian communities

Women and adolescent girls felt strongly, as highlighted above, about the need to shift gender norms and promote gender equality in their communities and society, including through high-level advocacy: “Communicating views on women’s rights to influential authorities in the region.” (Adult woman with a disability, Al-Hasakeh sub-district, Al-Hasakeh).

In addition to ensuring economic stability and long-term education, two main pathways towards the elimination of GBV and a more equitable society were identified by women and girls. Firstly, several recommendations focused on awareness raising and other GBV prevention activities both through short-term awareness activities on specific issues as well as through long-term engagement with the community on gender-based discrimination and violence: “We must raise awareness among all groups of society, including girls, in order to contribute to raising awareness among the community as a whole about the dangers of violence.” (Adolescent girl, Harim sub-district, Idlib). The focus of short-term awareness sessions that were suggested was mainly on types of violence and their potential impact, showing that these are key messages which resonate with community members, including men: “Raising awareness of community members through sessions about family violence, types of it and how to minimise it.” (Adult man, Al Bab sub-district, Aleppo).

Topics suggested for awareness raising sessions also included early marriage: “Early marriage: the most appropriate solution for this phenomenon is by providing awareness sessions for people about marriage of minor girls and educating the local community to stop this phenomenon” (Adult man, Al-Hasakeh sub-district, Al-Hasakeh), and sexual harassment: “Increasing the awareness of young men so that they stop harassing girls and respect them, through awareness sessions.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor). Emerging forms of GBV, such as online violence, should also be prioritised.

Interestingly, multiple participants mentioned the importance of raising awareness of GBV services amongst men so that they would not prevent their partners or daughters from attending services if they faced violence, calling attention to the need for systemic and long-term engagement with the community on gender inequality in general: “To conduct awareness sessions for husbands because they prevent their wives from resorting to women support centres upon facing violence.” (Adult woman, As-Sweida sub-district, As-Sweida).

Secondly, women and girls highlighted the importance of ending impunity for perpetrators of GBV: “Punishment so that this violence does not reoccur” (Adolescent girl, Azaz sub-district, Aleppo). Legislative solutions were considered important to GBV prevention, despite the widespread mistrust in institutions voiced by many women and girls: “I think that having laws to protect women and girls against people who practice violence would help a lot in minimising, because that aggressor would be afraid of punishment.” (Adult woman, Tartous sub-district, Tartous). Laws preventing early marriage were a priority expressed by women and girls (despite the fact that these already exist in the Syrian legal framework), as was ensuring that perpetrators would be brought to justice: “Preventing child marriage and punishing those who consent it.” (Adolescent girl, Jarash-Shagur sub-district, Idlib). Specific legal remedies against technology facilitated GBV were also suggested: “Currently, violence takes place on social media so we need punishments for those who practice violence or blackmail online.” (Adult woman, As-Sweida sub-district, As-Sweida).

Adolescent girls also expressed their wishes for parents and the community to recognise gender inequality and strengthen their support: “For parents and the community to give trust and support to girls, and to give them self-esteem, encouragement and help them integrate into society by educating them or teaching them a profession.” (Adolescent girl, Harim sub-district, Idlib). Community leaders were also called upon to activate their social roles in decreasing violence overall: “Community leaders must intervene to resolve differences and reduce violence inside the camp.” (Adolescent boy, Areesha camp, Al-Hasakeh sub-district).
Summary of women’s and girl’s recommendations:

- Intensify GBV awareness raising and structured prevention activities at the community level targeting women, girls, boys and men.
- Promote acceptance of GBV specialised services amongst communities through awareness raising activity, including with men and boys.
- Support women’s and girl’s existing efforts to advocate and promote gender equal norms in their communities and in society.
- Strengthen safe pathways to legal action for GBV survivors in order to hold perpetrators of GBV accountable and end impunity.

4. Mitigate GBV and SEA risks across humanitarian sectors

Good practices in mitigating risks faced by women and girls, including groups most at risk, during humanitarian distributions were shared during data collection for this report: “Recently, aid workers have been delivering food baskets to homes, which has reduced congestion, discrimination and exploitation for vulnerable groups of women, girls, people with disabilities, elderly people, divorced persons and unaccompanied and separated children.” (Adult woman, Atma camp, Idleb). As some of these measures were adopted in response to the COVID-19 pandemic, rather than to increase protection from GBV and other abuses, it is essential to ensure that they do not come to an end once the risk of COVID-19 infections reduces, but rather, that they are widely adopted by humanitarian actors operating in Syria.

Women and girls had further recommendations to ensure that distributions, in particular, are as safe as possible for women and girls, including those affected by multiple forms of discrimination: “Assistance must be provided to them by female employees, and to monitor the distribution of the assistance to ensure that it is being given to the beneficiary in full. Women’s suggestions must be taken into consideration, and there should be a place dedicated to the disabled during the distribution of assistance.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor). A number of these suggestions echo minimum standards for GBV risk mitigations contained in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, such as having gender-segregated bathrooms and toilets or street lighting: “Lighting the streets at night reduces cases of harassment.” (Adult woman, Deir-ez-Zor sub-district, Deir-ez-Zor). As seen in this report, conditions in displacement camps continue to be associated with high levels of GBV, and it is therefore imperative that all humanitarian actors prioritise GBV risk mitigation across all their interventions.

When discussing SEA by humanitarian actors, women and girls also shared positive strategies adopted by humanitarian actors to increase awareness about this form of abuse and how to report cases: “There are brochures on how to file a complaint, available with every assistance package we receive where all teams explain the mechanism of filing complaints to us.” (Adult woman, Atma camp, Idleb). These efforts should be replicated across contexts, especially where low levels of awareness of reporting mechanisms are detected.

At the same time, numerous barriers to reporting cases of SEA were shared, including a lack of trust in the process, the fear of retaliation and of being deprived of future humanitarian assistance: “The same applies to camp managers. People would not complain against them because they are afraid they would lose their food rations if they do so.” (Adult man, Idleb sub-district, Idleb). GBV service providers also reflected on the lack of accountability that continues to endure despite increased training and awareness efforts within the humanitarian community: “[There is] PSEA training but organisations are unable to take strict action against perpetrators.” (GBV Expert, WoS).

An SEA prevention strategy can only be impactful if reporting mechanisms are safe, confidential, effective in holding perpetrators accountable without repercussions and perceived as such by the whole community. It is therefore essential that successful awareness raising efforts at the community level are accompanied, or better yet preceded, by action to strengthen reporting and investigation mechanisms that prioritise the safety and dignity of survivors above all: “Yes, she can [report]. However, she won’t due to the fear of injustice and judgement by society. But if there is a supportive environment, this will help overcome the problem.” (Adolescent girl, Harim sub-district, Idleb).

Summary of women’s and girl’s recommendations:

- Ensure that new distribution modalities which improve the safety and dignity of women and girls, such as home-deliveries and gender-segregated queues, are retained after the COVID-19 pandemic.
- Ensure the implementation of GBV risk mitigation measures (following the IASC GBV Guidelines and recommendations of women and girls on the ground) across all humanitarian sectors.
- Strengthen SEA reporting and investigation mechanisms and accountability systems to ensure women and girls can use them safely, without fear of retaliation or stigmatisation.
- Continue raising awareness about the availability of SEA reporting mechanisms and their effectiveness.
5. Address discrimination and exclusion in GBV service delivery and other sectors

Several recommendations were put forward during the discussions to put an end to the exclusion and violence against women and girls who live at the intersection of multiple systems of discrimination, such as women and girls who are widowed or divorced, who have a disability, who are displaced, older or have diverse SOGIESC. Addressing the exclusion can be done not only by the provision of specialised services for specific marginalised groups, but also by prioritising the inclusivity and accessibility of all services to all groups. Violence against women and girls (but also boys) with disabilities emerged as a key concern of many respondents. Amongst their recommendations, shifting social norms which perceive disability as shameful and raising awareness about the rights of persons with disabilities were mentioned often: “Raising parents awareness not to feel ashamed of their disabled children.” (Adolescent girl, As-Sweida sub-district, As-Sweida). Equality in employment and education were also critical issues raised: “Equality of employment opportunities for organisations to accommodate people with disabilities in jobs suitable for their disability.” (Adult man with a disability, Afrin sub-district, Aleppo).

Existing GBV services required adaptation to become truly accessible: “Opening of WGSS and disability centres which are accessible and well equipped.” (Adult woman with a disability, Ar-Raqqa sub-district, Ar-Raqqa). Other women with disabilities advocated for dedicated support services, to include mobile service delivery and facilitated transport: “The presence of dedicated support centres and recreational activities for the elderly and those with disabilities.” (Adult woman with a disability, Atma camp, Idleb). The availability of free transportation was considered essential to enable women and girls with disabilities and older women to access GBV and other services: “I can come because the centre I go to has means of transportation for the older people and those with disabilities.” (Adult woman, Maaret Tamrin sub-district, Idleb). Older women also voiced a need for psychosocial support and for awareness raising activities to include messages about their specific challenges: “Provide shelters or financial support to help [older people], psychological support and raise awareness about respecting them.” (Older woman, Areesha camp, Aleppo).

Women and girls who face discrimination due to being displaced, in conjunction with their gender, advocated for an end to discrimination between residents and internally displaced people: “Displaced people should be integrated into society and should not be discriminated against.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor).

The extraordinary levels of discrimination and violence faced by divorced women and girls and widows also generated a series of clear recommendations aimed at improving their safety and dignity. Measures to provide them with a certain level of financial and social independence were by far the most common suggestions: “Financial support should be provided to divorcées and widows in particular and special vocational and recreational training centres should be opened.” (Adolescent girl, Al Mayadin sub-district, Deir-ez-Zor). The elimination of existing barriers to accessing humanitarian assistance was also seen as a priority: “Divorcées should be supported by providing material assistance, especially to divorced women, as some organisations refuse to provide them with guarantees because the husband is alive, despite the fact he is not paying alimony to her due to his weak financial situation.” (Adolescent boy, Jisr Ash-Shugur sub-district, Idleb).

Given the level of exploitation experienced by female headed households in securing accommodation, the provision of affordable or free housing was also a recurring suggestion: “Providing housing for divorced women, widows and those that are vulnerable in the community.” (Adolescent boy, Atma camp, Idleb). Finally, facilitating access to GBV services would require supporting widows and divorced women and girls with transportation, or mobile and online services: “Online services can be provided to help access the service for vulnerable groups, such as widows, divorcées and disabled people.” (Adolescent girl, Dana sub-district, Idleb).

Ultimately “It is the community’s and organisations’ responsibility to come up with mechanisms to provide safe access to these services.” (Adolescent girl, Harim sub-district, Idleb).

Summary of women’s and girl’s recommendations:

- Address social norms which compound discrimination and violence against women and girls within GBV programming, including those that marginalise people with a disability, displaced people, widows and divorced women and girls, and older women.
- Support women and girls facing multiple forms of violence and discrimination to access cash and voucher assistance, livelihood opportunities, and other programming which can reduce their vulnerability to GBV.
- Remove barriers to access to GBV and other humanitarian programming affecting marginalised women and girls.
Analysis by governorate
The following section provides an analysis of forms of GBV, coping mechanisms, and services discussed by women, girls, men and boys in each governorate, depending on the data available. Given limitations in data collection in several governorates, it should not be treated as a comparative analysis, but rather a contextualised presentation of data collected in each area.

Aleppo

Types of violence and risk factors

Psychological and physical violence were the two most widely discussed types of GBV affecting women and girls in Aleppo, often within the context of IPV. "My neighbour has got married for two months only, then they got divorced because her husband used to hit her. She is young and he smacked her many times on her face with a stick and broke her nose. I feel terrified just thinking about it." (Woman with a disability, Al Bab sub-district, Aleppo).

Sexual assault and rape were directly referenced during data collection in Aleppo, especially within the context of detention: "We have heard many incidents that woman and girls endure in detention centres, such as sexual assault, rape, beating and harassment." (Adult woman with disability, Al Bab sub-district, Aleppo). Respondents highlighted the differential impact of rape in detention for women and men, where men might suffer from: "madness and mental illness" (Adult woman, Al Bab sub-district, Aleppo), while women are subjected to extreme social stigmatisation and: "Psychological pressure. If the aggressor because he is very powerful." (Woman with a disability, Al Bab sub-district, Aleppo).

Sexual harassment was also discussed as vastly common, affecting girls and women as they navigate the streets, when they seek work, use facilities in the camps, or when they look for housing: "Girls get harassed and molested." (Adolescent girl, Al Asyanah camp, Aleppo). Kidnapping of young women and girls was also perceived to be on the increase: "The most common thing is kidnapping in the camps, especially for girls from 15 to 18 years of age, on the abandoned roads." (Adolescent girl, Jebel Saman sub-district, Aleppo), and parents also shared their fears of younger children being kidnapped for organ trafficking.

Divorced and widowed women and girls were particularly at risk of sexual exploitation in situations of work and when seeking accommodation: "There is a lot of exploitation taking place and we do not know where it will lead to. We feel shy to talk about this matter, but I think most widows and divorcees were vulnerable to it somehow." (Adult woman, Al Bab sub-district, Aleppo). Finally, SEA within the context of accessing humanitarian aid or other services was reported in Aleppo: "Widows and divorcees are vulnerable to exploitation during distribution and assistance." (Woman with a disability, Al Bab sub-district, Aleppo).

The combination of patriarchal norms coupled with conditions of displacement and economic hardship, increased the risk of early marriage and its justification to ‘protect’ adolescent girls against GBV: "I forced my little daughter to get married so that she stops being subjected to violence and gossip." (Older woman, Azaz sub-district, Aleppo). Consistent with last year’s findings, early marriage remains a concern in the community, including the forced marriage of very young girls: “Early marriage has become widespread where girls have not reached puberty yet and are being forced to get married.” (Adolescent girls, Tadaf sub-district, Aleppo).

Alarmingly, extreme forms of GBV such as femicide were also mentioned: "Murder, accusations about leaving the house or loss of honour." (Adult woman, Al-Malahy Camp, Aleppo). Likewise, secondary sources show that people with diverse SOGIESC are also at risk of murder: "My uncle’s family considers my blood halal (can be killed) because according to them I have dishonoured our family’s name." (FGD FFZ, Aleppo, Syria)88.

Compared to previous years, in 2021 women and girls in Aleppo complained more frequently of being subjected to various forms of technology facilitated GBV, including sexual harassment and exploitation using threats of public shaming to coerce and blackmail them: “Online violence, social media extortion and sexual exploitation such as the threat of publishing pictures if you do not do what they ask you to do, like the cases we are witnessing in the city of Al Bab.” (GBV Expert, Turkey Cross-Border Hub). Importantly, technology facilitated GBV can also be part of a cycle or even lead to other forms of GBV, such as sexual harassment, assault, and rape: "The internet has become a tool for harassment and exploitation. Girls send their photos to some of their relatives. As an example, an uncle threatened his niece that if she doesn’t sleep [with him] he will post the photos he has of her. Or [he told her] she must send more photos and he flirted with her. She has not dared to inform anyone except one of her friends, but even though the matter is now publicly known, no one has stopped the aggressor because he is very powerful." (Woman with a disability, Al Bab sub-district, Aleppo).

Once again, marginalised groups such as widowed and divorced women and girls were subjected to heightened movement restrictions and were at risk of GBV due to the community’s perception of them as

suspicous transgressors of gender and sexual norms: “The cruelty of some parents who prevent girls from ever leaving the house. They would rather see them die than breathe fresh air, claiming that they brought their family shame and humiliation.” (Adolescent girl with a disability, Jebel Saman sub-district, Aleppo). Among the most widely cited risk factors of GBV against women and girls were poverty, movement restrictions and lack of employment due to COVID-19 and gender unequal norms. Community perceptions associating gender behaviour with notions of honour, for instance, lead some families to restrict the movements of women and girls: “Men and adolescent boys can save themselves from facing violence, while girls are shut in the house and cannot talk.” (Adolescent girl, Jebel Saman sub-district, Aleppo). Importantly, women and girls in Aleppo were particularly vocal in condemning unfair gender norms: “Girls are held accountable for their mistakes whereas boys are not. Women get beaten, whereas men don’t.” (Adolescent girl, Al Asyanah camp, Aleppo).

Coping Strategies and Access to GBV Services

In line with the trend across all governorates, participants mentioned silence and non-disclosure as a common response when subjected to GBV, partly due to fear of the continuation or escalation of violence by the perpetrator, and partly due to fear of social stigma: “Girls and women do not speak if they faced violence due to fear of shame and disgrace.” (Adolescent girl, Jebel Saman sub-district, Aleppo). The impact of GBV and the ensuing sense of powerlessness and isolation can lead to extreme psychological distress, depression and suicidal ideation: “She is vulnerable to suicide. There are many examples of girls who swallowed pills to commit suicide.” (Adult woman, Al Bab sub-district, Aleppo).

At the same time however, women and girls discussed seeking protection services including visiting WGSS and participating in activities with much enthusiasm: “I participated in most of the activities, including the psychological support programme. Its programmes are nice and enjoyable. It gave me strength and self-confidence and improved my psychological state, I became aware of my rights. I like psychological support so much.” (Adolescent girl, Jebel Saman sub-district, Aleppo). Women and girls also added that they would also seek health services and try to find pathways to justice when they are subjected to GBV: “We seek refuge in centres, courts, judges, or anything we trust.” (Adolescent girls, Jebel Saman sub-district, Aleppo). While access to justice varies within the governorate, it is important to highlight that legal counselling services are limited to supporting women and girls in areas of family and civil law, for example to obtain a divorce or claim inheritance rights: “There are no judicial procedures, but there are centres in the community where we can seek help.” (Adult man, Al-Barakat Camp, Aleppo).

Obstacles to reaching protection, health, legal, and administrative services due to their distance were also discussed in some locations, particularly in camps that are not well connected to cities: “If violence occurs, we can] go to protection and psychological support centres, but there are no centres in the camp. The nearest centre is in Atarib.” (Adult woman, Al-Barakat camp, Aleppo), and: “Most of the people in the village go to Aleppo (city) whenever they need services including widows and divorcees.” (Adolescent girls, Tadaf sub-district, Aleppo). In addition, girls and women with disabilities and older women can face additional obstacles when seeking services due to the lack of adequate transportation, or even out of fear of social violence and harassment when seeking services: “It is very difficult to access services. I have a disability. I struggle to go to physical therapy, even though it is free. I can’t reach the service there because I can’t afford private transport and it is very difficult for me to go by public transport.” (Adult woman with a disability, Al Bab sub-district, Aleppo).

GBV experts linked the seeking of services with a shift in resilience and the activation of various positive and negative coping mechanisms: “Resilience has increased for most women who feel they have lost the energy to fight, and are now requesting more services, and search for alternative solutions and they have sufficient resilience. But in parallel, the mechanisms of negative coping have also increased, such as remarriage, divorce and smoking.” (GBV Expert, Turkey Cross-Border Hub). At the same time, GBV experts also noted the activation of community-led initiatives as indicators of needed support and continued resilience: “The resilience and demands for services has increased, for example: recently in Al Bab, community youth and women’s gatherings were set up with personal efforts and without the support of humanitarian organisations.” (GBV Expert, Turkey Cross-Border Hub).

Al-Hasakeh

Types of violence and risk factors

Women and girls who participated in data collection in Al-Hasakeh perceived GBV to have increased over the past year, especially in camps: “Everyone answered collectively that the violence has increased over the past years and certainly it is increasing as time progresses due to the family, social and economic conditions and pressures that the family in general and the family members in particular go through.” (Facilitator of FGD with Adult women, Areesha sub-district, Al-Hasakeh). The difficult conditions of long-term displacement, unemployment, scarcity of resources and economic uncertainty were all underlying factors to worsening security in the camps in general and increase of GBV: “Lately, it was noticed that family violence increased in addition to violence within the commune which increased the psychological pressure among camp residents. Also, cases of revenge increased between people of the camp, like burning of tents and fighting with weapons such as knives. These are problems that all camp residents suffer from.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh).
Al-Hasakeh experienced some of the most severe water cuts and shortages in the country during 2021, causing conflicts over water but also creating added challenges for women and girls in terms of hygiene and menstrual hygiene management in particular: “The water is insufficient and impure. We need personal hygiene materials such as shampoo, soap, sanitary towels and clothes.” (Adolescent girl, Areesha sub-district, Al-Hasakeh).

As discussed throughout the report, the worsening security situation in Al-Hol camp in particular entailed not only several cases of femicide, but also threats against humanitarian staff, promoting women and girls to restrict their movement out of fear: “Unknown people murdering women who represent the majority of camp’s residents.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). Incidents of murders of children were also shared: “There are children who were abandoned at birth by unknown parents who kill them or put them in care centres.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh).

Women and girls discussed the increase in all forms of GBV, including physical, psychological, sexual, and economic violence. They noted the systemic use of deprivation of resources as a form of GBV: “While everyone stressed that there are several types of domestic violence, including verbal violence, physical violence, violence against children by beating, cursing and insulting a woman and a girl because she is weak and cannot defend herself, three women added that there is a kind of violence that exists frequently in the camp, which is the threat of deprivation, such as depriving a woman of her children or depriving her of her allowance.” (Facilitator of FGD with Adult women, Areesha sub-district, Al-Hasakeh).

Displaced girls were seen to be at a higher risk of denial of education and forced into early marriage: “The percentage of girls’ marriage is going higher especially in the camp. That is due to customs and traditions and the need to get rid of girls’ burden, as well as concerns of protecting them against sexual harassment and rape.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). While early marriage can sometimes be the cause of adolescent girls having to drop out of school, respondents in Al-Hasakeh also complained of the lack of access to schools, as they are either unavailable or too expensive, which can also act as a contributing factor to early marriage: “There are no educational centres in Al-Hasakeh, only private schools and we couldn’t afford [them].” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). MSNA data confirmed these trends. Early marriage was indicated as occurring in 85% of communities and neighbourhoods, while denial of education triggered by child labour was mentioned in 88% of communities for girls aged 15-17.

SEA in the context of accessing humanitarian assistance was revealed as a concern for women in 64% and for adolescent girls in 56% of communities and neighbourhoods who participated in the MSNA exercise. This was confirmed by some respondents as well: “In some cases abuse occurs in many shapes in return for specific services.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). Another 75% of communities and neighbourhoods also complained of various forms of harassment to which men, women, boys and girls are exposed during distributions. Technology facilitated GBV was also reported as affecting women and girls living in camps in Al-Hasakeh: “Also women are exposed to harassment on the internet like publishing personal (sexual) photos using applications.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). Less common forms of GBV in Al-Hasakeh included child recruitment, which was discussed briefly among some participants: “Facilitator: What types of activities do children participate in? P1: Carrying weapons, P2: Compulsory recruitment, P3: Standing at checkpoints.” (Women with disabilities, Al-Hasakeh sub-district, Al-Hasakeh). In addition, violence perpetrated by women was mentioned as a practice against widows in particular: “As for widows, two women and widows confirmed that they are subjected to violence in a big and cruel way, especially by women in society where they are abused, insulted and discriminated against.” (Facilitator of FGD with adult women, Areesha sub-district, Al-Hasakeh).

Coping Strategies and Access to GBV Services

Women and girls mentioned seeking protection services as a primary strategy of dealing with GBV and its impact: “We go to the social centres to attend sessions and we want to do more” (Adolescent girls, Al-Hasakeh sub-district, Al-Hasakeh); adding that where available, they also sought health services and legal counselling: “Some women resort to women centres for legal issues or sometimes to the authorities.” (Adult woman, Al-Hasakeh sub-district, Al-Hasakeh). A general lack of trust in judicial and security actors was however reported in Al-Hasakeh: “[Participant 1] stated that some people go to local authorities in case of violence and harm. While [Participant 2] didn’t think there was any point in saying they can go to the local authorities. Everyone confirmed that there are no fair judicial proceedings where the aggressors are arrested.” (Facilitator of FGD with adult men, Areesha sub-district, Al-Hasakeh).

When discussing the impact of GBV, women and girls shared a sense of helplessness and despair: “Some of the girls said that they had got used to violence and abuse, but at the same time they don’t accept that’s the way it should be and reject these coping methods, while the rest of the girls said that they were psychologically exhausted because of the abuses that they are subjected to and that they can no longer cope.” (Facilitator of FGD with adolescent
Fear of GBV has also led many women and girls, especially those living in camps, to restricting their movements with negative consequences in terms of their access to protection services and GBV specialised support: “The girls confirmed that they no longer felt safe as before, when they used to go alone to the market and community centres without being harassed, but at the moment the girls cannot go out alone without being accompanied by a brother, mother or adult because they have been harassed on the way.” (Facilitator of FGD with adolescent girls, Areesha sub-district, Al-Hasakeh).

On the one hand, some participants mentioned that service provision was not negatively impacted by the COVID-19 pandemic: “Due to organisations distributing assistance and baring the restrictive measures did not cause any sort of challenge. (Adult woman with disability, Al-Hasakeh sub-district, Al-Hasakeh)”. and applauded the successful organising of service provision and distribution delivery despite the restrictions: “Participants also mentioned that assistance are provided for all community members for free, and during the lockdown because of [COVID-19] they were provided easily, taking into consideration the preventive measures of the virus.” (Adult men, Al-Hasakeh sub-district, Al-Hasakeh).

The switch to remote or online service provision was also perceived positively by some adolescent girls: “The services were continuing even during COVID-19, but with the introduction of preventive measures such as sterilisation, social distancing, wearing masks, etc. And even when they stopped temporarily, online and telephone communication continued.” (Adolescent girl, Areesha camp, Al-Hasakeh).

On the other hand, some participants felt an increased need for GBV specialised services during the lockdown and were unable to obtain them as a consequence of COVID-19’s restrictions: “Of course, during the COVID-19 period, violence increased, and we needed more psychological support, but because of the preventive measures that the organisations were taking, such as decreasing the number of people in the sessions and the shortening of the time of the sessions, all these preventive measures affected our lives.” (Adult woman, Al-Malakeyyeh sub-district, Al-Hasakeh).

Ar-Raqqa

Types of violence and risk factors

Displaced women and girls living in camps in Ar-Raqqa noted a significant increase in IPV and family violence in conjunction with strenuous living conditions: “Violence increased more during COVID-19, due to lockdowns, movement restrictions, suspension of job opportunities and poor economic conditions, which increased pressure on the family head who took out his frustrations on his family, in addition to the fear that we were suffering from this disease.” (Adult woman, Tell Samin camp, Ar-Raqqa).

Lack of proper lighting, overcrowded camps, distant and non-gender-segregated washrooms were all factors that not only increased sexual harassment against women and girls but also posed significant accessibility obstacles for older women and women with disabilities: “Also washrooms are communal between women and men and there is no light in them, so we can’t use them at night.” (Adult woman, Sahla Albanat camp, Ar-Raqqa). 4% of communities and neighbourhoods who took part in MSNA data collection considered SEA, or the demand of a personal (sexual or emotional) relationship in exchange for humanitarian aid, to be very common for adolescent girls and 3% for adult women.

Overall, a deteriorating security situation in some camps caused immense stress and fear for women and girls who had to subsequently limit their movements out of fear of exposure to extreme forms of GBV such as rape: “The level of safety is lower than before. There is a fear when leaving the houses of harassment, rape and kidnapping, and even inside the house we are afraid of theft.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

Women and girls living in a camp in particular face heightened levels of fear and insecurity due to limited access to services, including GBV specialised services, and a dire shortage of basic infrastructures. Despite the tragic living conditions, women in Ar-Raqqa felt compelled to remain in the camps to avoid the forced recruitment of their husbands or sons: “We are afraid to go out of the camp because our sons are wanted for military service, so we are worried about them.” (Adult woman, Sahla Albanat Camp, Ar-Raqqa). MSNA data revealed that adult women and adolescent girls are subjected to movement restrictions by their partners, families and/or communities in respectively 90% and 91% of participating communities and neighbourhoods.

Divorced and widowed women and girls are forced to navigate multiple forms of GBV perpetrated by both their families and communities: “My friend is divorced and she is oppressed by everyone here. She gets abused constantly and even her parents hurt her. She is ostracised in our community because she is divorced. She also receives marriage requests by very old men even though she is only 18 years old, and men with bad reputations in the community also proposition her.” (Adolescent girl, Sahla Albanat camp, Ar-Raqqa). Adolescent girls also decried
the overwhelming practice of sexual harassment online and the lack of accountability: “Even on social media, we are exposed to a lot of abusive comments, harassment and indecent images, because we are girls.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

While very few mentions of early marriage emerged during the qualitative data collection, MSNA data clearly shows that this phenomenon remains widespread in Ar-Raqqa, with 49% of communities and neighbourhoods citing it as a very common occurrence (representing the highest rate in the country). Importantly, 43% of communities indicated that early marriage could be caused by the desire to avoid the risk of harassment of adolescent girls, while 25% considered that sharing housing with unrelated people could also contribute to the phenomenon of early marriage. Denial of education as a result of child labour was also reported as being very common by a staggering 94% of communities and neighbourhoods consulted in the governorate, a finding supported by qualitative data as well: “There are many types of violence, including beatings, verbal abuse, restriction of freedom to leave the home and prevention of education or forced labour for girls.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa).

Coping Strategies and Access to GBV Services

In line with trends in other governorates, silence and isolation emerged as the most common coping strategies deployed by women and girls when facing GBV: “We are adapting to these new things and trying to live with them by keeping silent and not talking when the person who is the source of violence is angry. Or I go to my friends or sit alone in my room.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). These strategies reveal women’s and girl’s fears of risking exposure to further violence or stigmatisation if they attempt to address it: “To keep silent, because if you talk, you can end up divorced.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa). They also demonstrate a general sense of lack of accountability for perpetrators and an increased normalisation of GBV: “Violence in home is a personal/private issue. We can’t interfere. They are a family and a lot may happen between them, so we have no right to interfere. They know their life better. Sometimes a husband hits his wife, or a brother hits his sister, but we still can’t interfere, because the issue is very sensitive, and interfering might worsen the situation and escalate the level of harm.” (Adult women, Sahla Albanat camp, Ar-Raqqa).

Women and girls also mentioned seeking protection services when available: “We girls resort to the safe spaces in our area and try to obtain the available, existing help through the clinics located in the Women and Girls Safe Spaces.” (Adolescent girl, Ar-Raqqa sub-district, Ar-Raqqa). Participants listed several available options, including WGSS, community centres, health services, and vocational training programmes among others, and reflected on their impact in providing psychological and social support: “Some women resort to protection centres for psychological relief and to meet friends, and people with disabilities resort to centres that take care of them, such as protection centres.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa). Availability of GBV specialised services varied across the governorate. For example, while Tell Samin camp seemed to have benefited greatly from the presence of GBV actors: “We are still accustomed to violence and the situation hasn’t changed from last year, but there are now more services that help reduce the severity of violence. The awareness sessions for the community and spread of Women and Girls Safe Spaces in all regions, especially for the most vulnerable” (Adult woman, Tell Samin camp, Ar-Raqqa); women and girls living in Sahla Albanat complained of the lack of accessible protection services for both themselves and their children: “There are no protection services provided in the camp for women and girls so they receive no support.” (Adult woman, Sahla Albanat camp, Ar-Raqqa). Sadly, even when services are available, not all women and girls were able to receive the support they needed due to community stigma and family restrictions: “There are many Women and Girls Safe Spaces and child friendly ones in Ar-Raqqa, but women and girls can’t go there due to the far distance, customs and traditions, and parents’ fears about them.” (Adult woman, Ar-Raqqa sub-district, Ar-Raqqa).

As-Sweida

Types of violence and risk factors

Women and girls in As-Sweida noted an increase in all forms of GBV over the past year due primarily to deteriorating economic conditions: “Violence is increasing year after year due to the bad circumstances. Women may face violence due to the inability of their husband to make a living. Sexual violence and harassment against girls have increased due to the lack of jobs and electricity cuts. We feel afraid to go out of the house.” (Adult woman, As-Sweida sub-district, As-Sweida). Frequent electricity cuts exposed women and girls to sexual harassment, while rising prices impacted families’ abilities to afford food, thus exposing women and girls to sexual exploitation and abuse: “[GBV] increased due to bad financial and living situations such as lack of electricity, bread and water. IDPs experience more violence because they need more living staples like bread and fuel.” (Adult woman, As-Sweida sub-district, As-Sweida).

Sexual harassment was the most cited form of GBV by women and girls in As-Sweida. Overcrowding was discussed as a key risk factor for sexual harassment, especially in markets and on public transportation: “Violence is increasing, especially harassment, and sexual abuse in crowded places like markets or buses. Even if I walk, I face harassment and abuse.” (Adolescent girl, As-Sweida sub-district, As-Sweida). At the same time, IPV and sexual exploitation at work remained important concerns for women and girls, especially when
displaced, divorced or widowed: “In my opinion, violence is everywhere. The husband practices violence against his wife due to his mental strain, girls face sexual violence and harassment at work, at markets or in the streets. IDPs are more vulnerable to violence because they are needy and have to leave their house to get services, water and food.” (Adult woman, As-Sweida sub-district, As-Sweida).

Adolescent girls discussed not only the GBV they face in public and online, but also the violence, including sexual harassment, that they experience at school: “Beatings, bullying and harassment in bathrooms happened a lot among school students.” (Adolescent girl, As-Sweida sub-district, As-Sweida). Adolescent girls also pointed out the connection between being forced to drop out of school and forced into early marriage: “Forced marriage at home and depriving girls of education at school.” (Adolescent girl, As-Sweida sub-district, As-Sweida).

SEA during distributions was also highlighted by women and girls in As-Sweida, including during the MSNA exercise (63% of communities and neighbourhoods considered it a concern for women and 53% for adolescent girls, although not occurring very commonly). Adolescent girls expressed their willingness to report such cases if they occurred: “In some overcrowded distribution locations, harassment incidents increased. Some distribution officer might exploit a girl, so she has to inform the association.” (Adolescent girl, As-Sweida sub-district, As-Sweida). Finally, the deteriorating security situation in some parts of As-Sweida caused women and girls to fear going out of their homes, in turn limiting their movement and their access to services, including GBV specialised support: “There are many kidnapping and theft incidents and armed groups between villages. We faced many problems and stayed for 10 days at home, unable to go out to get services or basic needs, for fear of hijacking and kidnapping.” (Adult woman, As-Sweida sub-district, As-Sweida).

Coping Strategies and Access to GBV Services

In concert with trends in other governorates, women and girls most commonly discussed remaining silent when they face GBV: “We can’t do anything against the violence. We just stay at home.” (Adult woman, As-Sweida sub-district, As-Sweida). The primary reason beyond choosing to not report experiences of GBV was the fear of being exposed to further GBV: “If violence occurred and we interfered then we would face violence ourselves.” (Adult woman, As-Sweida sub-district, As-Sweida). Divorced and widowed women and girls were seen particularly unable to seek support when facing GBV for fear of facing further social violence and stigma: “When girls face violence, they are afraid to talk due to community prejudice. This is especially true for divorced and widows who face violence from their parents and brothers.” (Adult woman As-Sweida sub-district, As-Sweida).

At the same time, seeking protection services and health assistance were outlined as possible options to cope with GBV: “If she faced physical violence she has to go to the hospital or tell a specialist.” (Adolescent girl, As-Sweida sub-district, As-Sweida). Specialised GBV services, and WGSS in particular, were specifically mentioned: “If a girl faces violence and has no one to help her then she may search [a] safe place like this centre to help her solve the problem.” (Adolescent girl, As-Sweida sub-district, As-Sweida).

Safe spaces and protection services were discussed as available both in person and remotely but several barriers to access them remained in As-Sweida: “Services are available at social centres like [WGSS]. But all these services stopped during COVID-19 and were presented online, but we didn’t benefit from them due to electricity cuts and weak internet connection. So, we couldn’t attend the sessions properly. As for accessing services, there are many barriers, but the most is the expensive transport costs. I need 3000 S.F. to get here which is expensive for me.” (Adult woman, As-Sweida sub-district, As-Sweida). Overall, women and girls discussed the need to expand protection services, including safe shelters for survivors, as effective ways in supporting them in mitigating GBV: “It is possible to provide a place for women exposed to violence for provisional accommodation so she could manage her affairs.” (Adolescent girl, As-Sweida sub-district, As-Sweida).

Dara’a

In 2021, Dara’a witnessed the renewal of armed clashes, significantly deteriorating overall security and causing news waves of population movement. By mid-August of 2021, nearly 33,540 people were registered as displaced in Dara’a city and surrounding areas, 31,076 of whom were women and children. The massive and sudden population movement led to overcrowding in collective shelters and prompted an immediate need for humanitarian assistance. Food packages and non-food items, including dignity kits, sanitary items, and shelter kits were distributed throughout the summer. Already before the renewed clashes of 2021, almost 50% of the city’s million residents were only moderately food secure, and 9% were severely insecure.

Due to these circumstances, and as last year, primary data collection for the Governorate of Dara’a was limited to the MSNA exercise.

MSNA data show early marriage to be a particular concern in Dara’a. Early marriage was considered an issue for adolescent girls aged 12-17 in 95% of communities and neighbourhoods consulted in Dara’a, with 46% of these communities considering it a very common occurrence – one of the highest rates in the country. Sociocultural practices and financial hardship were the most reported reasons behind early marriage in the governorate, respectively by 98% and 70% of communities and neighbourhoods. Furthermore, early

marriage was considered to have caused the separation of a child from their caregiver by 39% of communities and neighbourhoods.

Denial of rights and freedoms also emerged from the MSNA data collection, with 85% of communities and neighbourhoods indicating that adolescent girls had seen their movements restricted by their families during the previous three months, and 83% reporting the same for adult women. Finally, kidnapping and abduction of both men and women appeared to be severe concerns for the population of Dara’a, with 71% of communities and neighbourhoods reporting it as an occurrence and 24% indicating it was a very common issue (the highest rate in the country).

Secondary sources also indicate the prevalence of several forms of GBV: “In southern Syria, especially in Dara’a province, controlled by the Syrian government, women continue to suffer due to a wide range of violations, including honour killings, IPV, and child marriages”90. Cases of women being kidnapped for ransom are common as “perpetrators are always certain that the family will not inform the authorities or let anyone know of the incident for reputational concerns”90. Multiple cases of femicide were also reported over the past two years in the governorate, often justified through recourse to social notions of honour and shame.

Concerningly, access to GBV and other protection services appears to be non-existent in Dara’a. When asked about coping strategies adopted by community members, no community in Dara’a reported commonly receiving support from community services such as women’s safe spaces or child-friendly spaces, and only 5% mentioned this form of support as existing, but not commonly used. Reliance on humanitarian assistance and community support appeared more frequent, with 55% of communities and neighbourhoods reporting it as a common occurrence. The MSNA exercise showed high levels of concern regarding harassment and sexual exploitation and abuse during humanitarian aid distributions. 78% of communities and neighbourhoods mentioned that requests of a personal relationship from men for the exchange for humanitarian assistance have happened to women in their locations and 72% mentioned the same for adolescent girls, while 94% and 90% of those mentioned harassment for women and adolescent girls respectively. 36% of communities and neighbourhoods indicated that harassment to women during the process of receiving aid, or in locations where aid is distributed, was a very common occurrence, compared to 28% for adolescent girls.

In addition, adolescent girls remarked on the pervasiveness of sexual violence in virtually every space they frequent: “Participant 1: Everyone faces violence according to her age. At school and crowded places, verbal abuse, kidnapping, sexual harassment on means of public transport. Participant 2: In the elevator, sexual harassment. Participant 3: In dark and narrow streets. Participant 4: Verbal abuse at home due to our financial state. Boys now control us.” (Adolescent girls, Damascus sub-district, Damascus). Sexual abuse in schools was also mentioned: “A male student attempted to break in on my daughter while she was in the bathroom, due to the lack of supervision in the school.” (Adult woman, Damascus sub-district, Damascus). The MSNA exercise showed the general sense of insecurity due to the humanitarian crisis also caused women and girls to worry about sexual violence and rape, clearly connecting these to the conflict’s continuation, absence of accountability, and eroding rule of law: “Murders occur due to theft, family disputes, revenge, and the absence of law in some areas. All this gives a feeling of insecurity and fear that any dispute, accident or problem will be accompanied by rape and sexual abuse of women and children.” (Older woman, Damascus sub-district, Damascus).

Damascus

Types of violence and risk factors

COVID-19 lockdowns were a key factor in increasing IPV due to men’s prolonged presence at home: “Yes, of course it increased dramatically especially at homes during lockdown.” (Adolescent girl, Damascus sub-district, Damascus). As in other governorates, COVID-19, rising prices, and the general economic downturn also impacted men’s unemployment and their increased engagement in violence against women and girls: “Yes, the lockdown and restriction of movement are the reason for the increase in family disputes due to the lack of income for the family.” (Older women, Damascus sub-district, Damascus).

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Among the most commonly mentioned coping mechanisms was the seeking of community support from other women, a “trusted friend” (Adolescent girl, Damascus sub-district, Damascus), and those who experienced similar situations of GBV: “women’s solidarity”. (Adolescent girl, Damascus sub-district, Damascus). Raising awareness about GBV and supporting widows’ economic independence were also highlighted as potential pathways out of violence: “Raising awareness of violence types and methods of protection. Encouraging them to find a skill or learn a profession to help them find a profession, break their isolation, fill free time, and expand their social activities.” (Older women, Damascus sub-district, Damascus). While women and girls also described seeking protection services, they mostly did so in the context of support needs for widowed and divorced women and girls specifically: “Providing psychological and social support sessions to help [divorced women] enhance their self-confidence and self-esteem by enrolling them in a support group to develop their life skills.” (Older women, Damascus sub-district, Damascus).

Women and girls mentioned the availability of protection and health services, including remote service provision during the COVID-19 pandemic. However, barriers to accessing services include distance and lack of access to mobile phones or an internet connection: “Their lack of knowledge of using modern technology and mobile phones”. (Older woman, Damascus sub-district, Damascus). Access to justice was considered virtually impossible by women and girls in Damascus due to the risks of retaliation and community stigmatisation: “[Women and girls] know about the existence of judicial procedures in Syrian law. As for [women and girls], they do not use them out of fear of reprisal by the aggressor. His reaction upon his release prevents them from filing a lawsuit in the first place. They also fear the community’s opinion of them, if they file a lawsuit against their husbands, so they resort to silence instead.” (Adult woman, Damascus sub-district, Damascus).

Adolescent girls displayed strength and resilience in confronting GBV: “Parents are afraid about their daughters, even saying that it is not necessary to complete their education. We have to play a role by being strong, seeking help when we feel weak. We need to know how to act and confront violence. The solution is in my hands because there is no magic wand that will reduce violence around the world.” (Adolescent girl, Damascus sub-district, Damascus). They also expressed awareness of available reporting mechanisms in case of exploitation or abuse within the context of humanitarian distributions and their willingness to use them if necessary: “The basket is my right. I will be stronger and report a complaint.” (Adolescent girls, Damascus sub-district, Damascus).

Rural Damascus

Types of violence and risk factors

Physical and emotional violence were most likely to be mentioned by women and girls in Rural Damascus, including in schools and within the context of IPV: “Beatings and insults. Women are forced to remain silent by the community, and so they don’t get divorced.” (Woman with a disability, Qudsiya sub-district, Rural Damascus). Women and girls pointed to unemployment and COVID-19’s impact on increasing violence in the home: “Yes, it increased during Covid, especially in the home because all the [family] members stayed there. Also due to the mental strain felt by the head of the household. He has no job, so he beats his wife and children.” (Woman with a disability, Qudsiya sub-district, Rural Damascus).

Lockdowns were once more identified as risk factors that increase violence against women and girls: “During lockdown, violence increased in general and in homes in particular.” (Adolescent girl, Duma sub-district, Rural Damascus). At the same time, power cuts and general lack of lighting in streets were mentioned as conditions that increase sexual harassment across several public locations: “All participants said: yes, in shelters, dark places, public transportation and empty streets.” (Facilitator of FGD with women with disabilities, Qudsiya sub-district, Rural Damascus).

Sexual harassment was discussed as prevalent specifically in public transportation: “I see that harassment is the most common thing that happens on public transport, especially at the moment. There are many cases of harassment.” (Women with disabilities, Qudsiya sub-district, Rural Damascus). Sexual harassment and SEA during distributions were also key concerns which emerged both from programme monitoring activities and from MSNA data collection. Rural Damascus had the highest rate (37%) in the country of communities and neighbourhoods citing harassment during distributions as a very common occurrence. 70% and 55% of communities and neighbourhoods saw the demand of a personal, sexual or emotional relationship in exchange for humanitarian assistance as an issue for women and adolescent girls respectively. Women and girls confirmed these forms of exploitation during distribution: “You have to kiss my hand to get it [humanitarian assistance].” (Adolescent girl, Duma sub-district, Rural Damascus).

Women and girls also pointed to the rise in sexual violence and early marriage: “There is sexual violence and early marriage. Violence increases with stress. No, we don’t accept it, but there’s nothing we can do about it.” (Woman with a disability, Qudsiya sub-district, Rural Damascus). During the MSNA exercise, 99% of consulted communities and neighbourhoods in Rural Damascus perceived early marriage as an issue present in their communities.
Widowed and divorced women and girls were marked as specifically vulnerable groups to sexual exploitation, family violence, social violence, and stigma: “I think widowed and divorced women are more subjected to violence because the community is against them and does not protect them. They are always worried and stressed that someone will harass or exploit them, or the family would take away their children.” (Women with disabilities, Qudsiya sub-district, Rural Damascus).

Coping Strategies and Access to GBV Services

When discussing possible responses to GBV, women and girls in Rural Damascus stressed how different personal circumstances would influence a survivor’s options: “Violence is experienced by all groups, men, women, children and the older people, and the response and behaviour are according to the individual and her surroundings. Either they help her to get rid of the violence or she has to be silent and tolerant.” (Woman with a disability, Qudsiya sub-district, Rural Damascus). Women and girls who face intersecting forms of discrimination, including those who are displaced, were considered more likely to remain silent and avoid disclosing GBV incidents: “Divorcees and widows, people with disabilities, children and older people, are subjected to violence at home, and often they will remain silent about violence because they are the weakest groups.” (Woman with a disability, Qudsiya sub-district, Rural Damascus).

Fleeing the site of violence, and particularly the home, was mentioned by multiple respondents as a coping strategy in the face of IPV. However, the COVID-19 pandemic prevented many women and girls from resorting to this strategy and from seeking GBV services: “P 1: It certainly became difficult to escape at the time of the violence. P 2: Fear of going out and reporting in the event of violence. P 3: Of course, restricting movement has a role in that one cannot report violence or even escape.” (Women with disabilities, Qudsiya sub-district, Rural Damascus).

Trust in GBV specialised services appeared strong during some discussions: “My friend faced early marriage then divorced. She is now living with her mother, and I will guide her to [the WGSS].” (Adolescent girl, Duma sub-district, Rural Damascus). At the same time, several participants mentioned the availability of case management support and mobile services, but remarked that their presence was not well known, or that they were unaware of services transitioning online:

Participant 1: We were registered, but we did not know that the support service continued during Covid, because we were still not at the [WGSS].

Participant 2: We haven’t heard of remote protection services during the lockdown period.

Participant 3: My neighbour was coming here, and she told me that she continued to consult them via phone.

Participant 4: I was not familiar with the [WGSS].

(Women with disabilities, Qudsiya sub-district, Rural Damascus).

Women and girls in Rural Damascus were also relatively likely to mention that they would seek help from the police or any legal means to confront GBV than other coping mechanisms: “Many youth stand at the gates of girls’ schools. We could resort to security forces.” (Adolescent girl, Duma sub-district, Rural Damascus). As in other contexts, however, resorting to security forces or the judiciary was considered potentially risky in itself: “I know a woman, who fled to the police station. Her family took her and the girl was afraid.” (Woman with a disability, Qudsiya sub-district, Rural Damascus).

Adolescent girls in Rural Damascus were also committed to spreading awareness on GBV and engaging their communities in ending GBV, indicating their participation in various awareness sessions and activities: “I begin with myself and try to educate people around me.” ( Adolescent girl, Duma sub-district, Rural Damascus).

Deir-ez-Zor

Types of violence and risk factors

Women and girls in Deir-ez-Zor listed a wide array of types of violence they are subjected to, including: “Beating, harassment, rape, domestic violence, deprivation of rights, deprivation of education, deprivation of inheritance.” (Adult woman, Kisreh sub-district, Deir-ez-Zor), with psychological violence mentioned most frequently. The types of violence also differed depending on age, gender, and other social markers such as marital status, rendering specific groups of women and girls more likely to encounter specific forms of GBV than others: “The types of violence to which women are subjected differ from the types of violence to which girls, boys or men are subjected. Women are more likely to be psychologically pressured, physically assaulted and financially deprived. Girls are more likely to be exposed to early marriage, physical violence, psychological violence and harassment, while girls with special needs are more likely to be bullied and subjected to psychological pressure because they cannot defend themselves. Unaccompanied or separated children are physically or psychologically abused.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

In concert with the report’s overall findings, an increase in IPV and family violence was widely discussed in Deir-Ez-Zor and linked with the COVID-19 pandemic and economic deterioration: “Of course, violence in the region increased after the spread of COVID-19 especially in the homes, because men were staying at home all the time with the family. The bad financial situation during the lockdown, as there were no more jobs, and having the children at home all the time, all increased the...
rate of domestic violence. The family members had no consideration for each other during that period.” (Adult woman, Kisreh sub-district, Deir-ez-Zor).

Among all forms of GBV, physical and sexual violence were pervasive across all communities, including SEA during service and aid provision: “[Four participants] confirmed that most women in the region are exposed to sexual abuse and harassment in order to receive shares allocated for them by the communes and their officials.” (Facilitator of FGD with adult women, Sur sub-district, Deir-ez-Zor). 63% of communities and neighbourhoods indicated that harassment during distributions is a concern in their locations.

GBV in the context of detention was widely discussed in Deir-ez-Zor and marked as having a severe impact on the mental health of women: “A feeling of inferiority due to the society’s view of them and ruining their reputation. Their psyche becomes broken, and they would be depressed all the time, and they suffer from constant fear and sadness.” (Adolescent girl, Basira sub-district, Deir-ez-Zor). Women who survive detention are disproportionately affected by verbal abuse, stigmatisation and, in some cases, family violence: “When men are released from detention, they do not face any violence or issues, but when women or girls are released from detention they are considered to have brought shame to the community. If the detainees were IDPs, they would be considered a disgrace for the host community, and they would not come near them or even marry them. However, their parents and relatives would be more aware of what these women have been through in the detention centre and so they would be more understanding and tolerant.” (Adult woman, Kisreh sub-district, Deir-ez-Zor).

Alongside the risk factors mentioned above, patriarchal norms were also discussed as an underlying conditions that perpetuate violence against women and girls: “Women and girls feel less safe due to customs and traditions, tribal authority and lack of interference of the government in these problems.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor). Accordingly, limitations of movements imposed by partners, families and communities appear common on Deir-ez-Zor according to MSNA data. During interviews, 91% of communities and neighbourhood indicated that women and girls are subjected to these kinds of restrictions, one of the highest rates in the country. Men in the governorate sometimes expressed frustration about the apparent shifts in gender norms, and especially women’s participation in the labour market, threatening an increase in GBV: “Violence will increase due to dependence on women labour.” (Adult man, Sur sub-district, Deir-ez-Zor).

Present, but less frequently mentioned GBV risk factors included lack of lighting, overcrowding and lack of privacy, as well as, unusually, substance abuse: “Violence increases against women by their husbands who are addicted to drugs.” (Adolescent boy, Sur sub-district, Deir-ez-Zor).

Coping Strategies and Access to GBV Services

Seeking protection services, including going to a WGSS and seeking case management or psychosocial support, was the most common coping strategy that women and girls employed in Deir-ez-Zor. This indicates not only a good availability of GBV specialised services, but also their integration into women’s and girl’s daily lives and their perceived importance for GBV survivors: “Some women resort to protection centres for psychological relief and meet with friends, others resort to the case manager. As for girls they either cry or visit their friends, go to the protection centre, or to the case manager. Widows resort to the case manager, and divorced women go to the women’s protection centre. People with special needs resort to centres of concern to them such as protection centres. Girls can access medical care by visiting one of the hospitals of the organisations and if they need other services, they can easily access the centres.” (Adolescent girls, Kisreh sub-district, Deir-ez-Zor).

Although GBV service provision transitioned to remote modalities during COVID-19 lockdowns, women and girls still perceived GBV support as accessible: “Yes, protection services have been available in the region, whether on the phone remotely, online or WhatsApp groups. Some protection centres were also still open during the [COVID-19] period and provided case management and awareness services within the centres with preventive measures put in place such as sanitisers and social distancing.” (Adult woman, Kisreh sub-district, Deir-ez-Zor). Nevertheless, access to internet, distance, imposed movement restrictions by the family, and fear of social stigma when accessing services were also identified as barriers: “There are many obstacles in accessing the services especially for girls who are trying to access protection centres, women’s homes, or distribution points. That’s due to the fear of being subjected to violence, or the community’s negative outlook on them, or the shameful stigma. But the bad financial and living conditions force these groups to go out of their homes.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor).

Across all governorates, women and girls in in Deir-ez-Zor were most likely to share positive feedback on the work of GBV actors. They applauded the effect that GBV specialised services have had on raising awareness in the community, strengthening women’s and girl’s resilience, and in some cases, reducing violence: “However all of these types of violence have been decreasing lately due to the work that has been done by the organisations that support women and encourage them to speak up about the injustice they are exposed to in addition to offering those women support services, case management, and awareness sessions that included all age groups.” (Adolescent girl, Kisreh sub-district, Deir-ez-Zor). In addition, despite continuous needs, the impact of humanitarian assistance more broadly on GBV was also discussed, through their effect on creating more stable living conditions: “Services minimised the effects of violence and poverty and provided economic support for some communities and families, whether resident or displaced.” (Adult man, Kisreh sub-district, Deir-ez-Zor).
Hama

Types of violence and risk factors

Women and girls listed several forms of GBV they face from their intimate partners, male relatives and male employers in a number of locations including at home, work, and in public spaces: “[we face] physical, psychological [violence], exploitation from employer (sexual harassment), deprivation of education and resources, economical violence, and violence at home.” (Adult woman, Hama sub-district, Hama). Denial of resources and denial of education emerged as particular concerns of both women and adolescent girls in Hama: “Girls are deprived of everything, especially education and going out of the house. They have no rights and their opinion is ignored.” (Adolescent girl, Hama sub-district, Hama).

Families also imposed specific forms of violence against widowed and divorced women and girls, such as movement restrictions, and deprivation of inheritance: “The divorced are the most vulnerable to beating, movement restriction, insult and deprivation.” (Adult woman, Hama sub-district, Hama). Technology facilitated GBV in the form of sexual harassment was also considered prevalent by some of the participants: “Online violence is dominant now and most of us have faced it (blackmail).” (Adult woman, Hama sub-district, Hama).

MSNA data also highlighted severe concerns regarding sexual exploitation and abuse linked to humanitarian assistance, with the highest rate of communities and neighbourhoods (7%) reporting this as a very common occurrence for women, and 29% considering it as an issue overall (compared to 4% and 23% for adolescent girls). Similarly, 23% of communities and neighbourhoods indicated harassment to women during distribution as a very common phenomenon, while 20% of communities and neighbourhoods mentioned the same for adolescent girls.

When discussing changes over time in the GBV they witness and experience, some participants agreed that violence has increased due to the precarious economic conditions: “It has increased due to economic crisis.” (Adult woman, Hama sub-district, Hama). Others however noted no change, hinting at its normalisation: “It has not changed from last year. Violence is always here.” (Adult woman, Hama sub-district, Hama). Contributing to its normalisation are gender unequal norms which condone male violence against women and girls and contribute to men’s impunity: “Inequality between women and men. The man has freedom to do whatever he wants without any supervision or accountability.” (Adult woman, Hama sub-district, Hama).

Coping Strategies and Access to GBV Services

Women in Hama saw dialogue within the home and mediation as a coping strategy they could employ with their abusers: “Discussion is the best way to solve problems.” (Adolescent girl, Hama city sub-district, Hama). At the same time, adolescent girls called for the eradication of systemic gender inequality and forms of GBV such as early marriage which they perceived as supported by cultural norms: “Moreover, to nullify bad habits and customs such as early marriage and [backward] mindset.” (Adolescent girl, Hama city sub-district, Hama).

While participants listed trying to obtain legal counselling provided at WGSS they frequent: “We seek help and counsel of lawyers who visit the centre where most women feel safe” (Adult woman, Hama city sub-district, Hama), they also recognised seeking legal redress was not an option available to many women and girls in their community: “Vulnerable groups never resort to the judiciary, because they are afraid of the person in control of their house.” (Adult woman, Hama city sub-district, Hama).

Homs

Types of violence and risk factors

Among the violence risk factors most consistently discussed was the economic downturn and its impact on men’s stress, which led to a perceived increase of physical, psychological, and economic violence against women and girls in the home: “Economic circumstances and high prices increased violence because the husband cannot afford what the family needs, so he takes it out on his wife.” (Adult woman, Homs sub-district, Homs). In addition, COVID-19 and ensuing lockdowns exacerbated IPV: “During COVID-19, divorce incidents and problems at home increased because men stayed at home for a long time.” (Adolescent girl, Tall Kalakh sub-district, Homs). A cycle of violence ensued whereby children were subjected to physical violence from the abused mother as well: “Pressure that parents experience leads to pressure on children and more beating.” (Adolescent girl, Tall Kalakh sub-district, Homs).

After IPV, the most discussed form of GBV was sexual harassment, especially on public transportation and roads, impacting adolescent girls and causing them psychological distress that could even keep them from school: “There are many harassment incidents and sometimes girls are afraid to walk in streets or go to school.” (Adolescent girl, Tall Kalakh sub-district, Homs). Early marriage was also linked to the deprivation of education in Homs: “There is early marriage and girls drop out of school.” (Adolescent girl, Tall Kalakh sub-district, Homs).
Further GBV risk factors that were identified include displacement, as well as being a member of a group that faced multiple forms of discriminations such as widowed and divorced women and girls, and women and girls with disabilities: “A divorced woman is more vulnerable to family control and thus more violence.” (Adult woman, Homs sub-district, Homs). Older women were also considered as more at risk of GBV in Homs: “Older women are vulnerable to verbal abuse from their husbands.” (Adolescent girl, Tall Kalakh sub-district, Homs).

Finally, concerns about SEA persist during distributions: “Sometimes there is sexual exploitation in exchange for services.” (Adult woman, Homs sub-district, Homs).

Coping Strategies and Access to GBV Services

Women and girls in Homs spoke often of the possibility of seeking protection services from GBV specialised actors or local authorities when subjected to GBV: “If we ever face violence we can come to [WGSS] or seek the help of the criminal security department or even the district mayor.” (Adolescent girl, Tall Kalakh sub-district, Homs). Adolescent girls, in particular, mentioned asking family members for support often: “When I face harassment, I seek my family help.” (Adolescent girl, Tall Kalakh sub-district, Homs).

When dealing with IPV, women and girls were however more likely to avoid disclosure: “When violence occurs at home, the wife can’t tell anyone outside the house” (Adolescent girl, Tall Kalakh sub-district, Homs), and try to negotiate or dialogue with the perpetrator: “If the wife faces violence, she can question her husband about his reasons for beating her. There is never any need for violence and things must be settled calmly.” (Adolescent girl, Tall Kalakh sub-district, Homs), and

Despite the pervasiveness of GBV, women and girls displayed commitment to raising their own and the community’s awareness, and self-empowerment through skill-learning and employment: “I learned in awareness sessions about importance of making decisions, early marriage and GBV. I like to know more about these subjects.” (Adolescent girl, Tall Kalakh sub-district, Homs). Some also reflected on building a stronger sense of self throughout the difficulties of the COVID-19 period: “During [COVID-19], the woman became stronger and worked to raise up her children.” (Adult woman, Homs sub-district, Homs).

As in other governorates, GBV and protection services were offered remotely during the COVID-19 pandemic, which was perceived as a positive adaptation strategy but could not quite fulfil the need in the region: “Participant 1: During [COVID-19], assistance and services decreased. Participant 2: During [COVID-19] upon suspension of the centre, we continued training and communicating via WhatsApp and social media”. Women and girls mentioned the availability of financial assistance and distribution items in their region, including ones that target widows, but with some access challenges: “Regarding food services, they are not fixed or reliable and there is delay in registering.” (Adolescent girl, Tall Kalakh sub-district, Homs). However, adolescent girls pointed out their need for free or affordable school supplies to avoid the impending risk of dropping out of school: “Adding some assistance such as buying stationary would help girls due to the high prices. Some families prevent their girls from going to school because they can’t afford the school requirements.” (Adolescent girl, Tall Kalakh sub-district, Homs).

Idleb

Types of violence and risk factors

Physical violence in the context of IPV was the most commonly discussed form of GBV during data collection in Idleb: ‘Fathers’ violence against mothers due to poverty and increased family requirements. This affects children a lot. All violence is at home.” (Adolescent girl, Dana sub-district, Idleb). As in the rest of Syria, a clear connection was perceived between IPV and the increased presence of men at home during lockdowns: “Husbands started beating their wives all the time because they were locked down in the house” (Adult man, Idleb sub-district, Idleb); or due to the loss of employment: “Domestic violence is increasing in the city and between couples because of lack of income and the bad financial situation and lack of jobs.” (Adult man, Idleb sub-district, Idleb).

Displacement, economic pressures, and rising prices were mentioned as the underlining conditions driving men’s increased acts of violence against women: “Prices are high, and men take out their frustration on women by hitting them, which causes the women anxiety.” (Adult woman, Idleb sub-district, Idleb). However, women and girls also recognise the weight of patriarchal norms and gender roles in not just condoning, but rather encouraging GBV: “Of course violence happens mostly at home and is part of our customs. And if men do not beat or scream at women then they are not considered to be men. Females are always the oppressed ones.” (Adult woman, Dana sub-district, Idleb).

At the same time, a general lack of security due to the prolongation of the conflict, coupled with impunity, was also perceived as causing the increase of some forms of physical violence such as kidnapping and murder: “There is no safety anymore, due to fear of kidnapping and murder, and we are now observing a lack of safety due to fear of widespread verbal and physical harassment.” (Adolescent girl, Dana sub-district, Idleb). Femicide due to claims of dis-honouring the family were also mentioned in camp settings: “Yes, there are cases of violence, including kidnapping, honour killings, and suicide.” (Adult woman, Dana sub-district, Idleb).

Early marriage continues to be perceived as a widespread practice in Idleb, especially in camps as
families cope with difficult economic circumstances and fears of sexual violence: “Parents feel relieved when they marry their daughters, especially in the camps, because of the fear of sexual harassment, to get rid of the girl’s responsibility and put it on the young man that she marries.” (Adult woman, Idlib sub-district, Idlib). 90% of communities and neighbourhoods who took part in the MSNA reported seeing early marriage happen to adolescent girls in their communities, with 42% considering it very common.

The consequences of early marriage, including the denial of education, were clearly articulated by both women and girls: “Forcing girls to leave school and get married and then committing marital rape. This phenomenon has spread considerably these days because of the increase in the number of girls, poverty, and displacement. This is how the parents get rid of a girl’s burden and her expenses. There is a lot of violence at home, and no one talks about it because houses have secrets.” (Adolescent girl, Al Dana sub-district, Idlib). Forced marriage of women and girls who are widowed or divorced was also discussed as commonly happening: “There are many divorced women whose parents force them to remarry.” (Woman with a disability, Dana sub-district, Idlib).

Sexual violence, especially online sexual harassment, exploitation, and blackmail were mentioned as common forms of GBV facing women and girls, with a perceived increase: “There is harassment online. […] There are women who join WhatsApp groups and are asked to send pictures for money.” (Woman with a disability, Dana sub-district, Idlib). Accessing services and distributions for displaced women and girls those living in camps was marred by fears of sexual harassment and experiences of SEA: “There are some safety concerns, especially for women, such as exploitation and extortion in exchange for the services they need.” (Adolescent boy, Jisr Ash-Shugu sub-district, Idlib). SEA was understood to affect primarily widowed and divorced women and girls and those with a disability: “Sometimes we hear about stories of exploitation by camp managers or managers of sectors, especially for widows and people with disabilities.” (Adult man, Salqin sub-district, Idlib).

As in other governorates, technology facilitated GBV interacts with other forms of violence in real life: “Social media violence is a new type of violence, where online learning has opened the way for electronic exploitation and harassment, to which girls are often exposed. For example, one of the students was contacted, blackmailed and then denied education as a result.” (GBV Expert, Turkey Cross-Border hub). The spread and use of electronic devices were considered a factor contributing to increased GBV within their communities by several women and girls.

Equally prevalent were discussions of the denial of economic and social rights to women and girls, especially those who are widowed, divorced, displaced, and/or have a disability. These include the denial of education, the denial of inheritance for widows and divorced women and girls: “There are women who are deprived of their inheritance because they are women or because they have been divorced” (Adolescent girl, Idlib sub-district, Idlib), and restrictions of the freedom to move: “And she returns to live in her family’s house under the guardianship of the father or older brother or uncle. She is deprived of all her rights, even from going out to the centres or the market, under the pretext that it is a social stigma and that she should not go out. The community always puts the blame on her.” (Adult woman with a disability, Dana sub-district, Idlib).

Other forms of violence and GBV risk factors that were discussed, similarly to other regions of Syria with a high number of displaced women and girls, include, but are not limited to, displacement, overcrowding and lack of privacy, lack of lighting: “Congested places because there are so many people so there may be any kind of violence such as physical abuse and harassment.” (Adolescent girl, Harim sub-district, Idlib).

Coping Strategies and Access to GBV Services

Women and girls continue to seek protection services and explore new strategies to mitigate GBV risks and GBV’s impact: “Due to increased awareness and increased demand for centres and services, women have learned new strategies and have become stronger. For example, women have recently resorted to access to the legal service available, which was not previously the case.” (GBV Expert, Turkey Cross-Border hub). According to the TXB GBV SC, available legal services provided by Protection actors include legal awareness, advice and counselling, including in WGSS or through Mobile Legal Teams (MLT) and Mobile Legal Clinics (MLC), focusing on civil rights (civil documentation, divorce, marriage, inheritance, and other family affairs). In the context of GBV case management, cash assistance is sometimes used to access a private legal consultation and follow-up (mainly in case of divorce or inheritance). Seeking protection services was the most popular coping mechanisms discussed by women and girls during data collection in Idlib governorate, demonstrating the positive impact of efforts by GBV specialised actors to establish dedicated and quality services: “P 1: I feel a difference by visiting the centre in my area, and I am attending important sessions. P 2: Women’s and Child Safe Spaces. I wish they were available in all areas because we need them.” (Adult woman, Maaret Tamsarin sub-district, Idlib). At the same time, attending GBV services was frequently mentioned alongside seeking family and community support: “Women try to remain patient for the sake of their children, and they sometimes go to their parents’ house, talk to her neighbour, or resort to women’s safe spaces.” (Adult woman, Harim sub-district, Idlib).

However, many women and girls also expressed feeling powerless against the violence committed against them: “We are not doing anything, and we cannot do anything to reduce the violence.” (Adult woman, Dana sub-district, Idlib). In many cases, silence, isolation and praying were the only responses available to survivors of GBV. “Girls just cry, stay quiet and remain isolated if
they are subjected to violence” (Woman with a disability, Dana sub-district, Idleb) due to harmful social norms, fear of further GBV and lack of trust in institutions: “The difficulty of female access to these mechanisms is due to fear of society’s perception, customs, traditions and potential violence if these mechanisms are used, such as the fear of being deprived of income and children, fear of exclusion or imprisonment, mistrust of existing security institutions. Many girls do not turn to officials in the event of any kind of harassment due to the fear of stigma, lack of confidentiality or protection. They also do not trust these institutions.” (Adult man, Harim sub-district, Idleb).

In Idleb, spending time online and on social media was repeatedly mentioned as a coping mechanism following experiences of GBV: “They resort to social media as a means of escaping the violence to which they are subjected.” (Adolescent girl, Harim sub-district, Idleb), although some also recognised this strategy could lead to further sexual harassment and GBV online: “Some resort to negative means of adaptation such as smoking, and social media which exposes them to exploitation and violence.” (Adult woman, Dana sub-district, Idleb).

As in other governorates, GBV experts agreed that women’s resilience is eroding, as they mostly observe the employment of harmful and life-threatening coping strategies, especially under conditions of poverty and displacement: “Divorce, suicide and self-harm have increased due to mental strain. At the beginning of the crisis, women accepted living in the tent because it was safer for themselves and their children, but today, 10 years later, women need more services and aspire to live with more stability.” (GBV Expert, Turkey Cross-Border hub).

Adolescent girls and women also spoke of various forms of self-harm they might engage in following an incident of GBV, including cutting and hitting themselves, abusing dangerous substances and “refraining from food and drink”. (Adolescent girl, Dana sub-district, Idleb).

The continuation of the COVID-19 pandemic and of armed conflict led to the imposition of lockdowns and movement restrictions, which in turn led many services to move online or provide assistance via telephone lines. The results of this shift were mixed: “During the period of COVID-19, complaints and filing cases related to violence was taking place through dedicated phone numbers of the previously mentioned centres. […] It is much better to be able to go to these centres in person to resolve violence cases instead of over the phone.” (Adolescent boy, Harim sub-district, Idleb). Beyond barriers created by the pandemic, however, lack of awareness and movement restrictions imposed on women and girls continue to prevent GBV survivors from accessing the support they need: “We don’t know what available services there are, because my parents do not allow us to go out often.” (Adolescent girl, Salqin sub-district, Idleb). Discriminatory social norms target women and girls who are widowed, divorced or displaced in particular, preventing them from accessing both GBV services and humanitarian assistance more broadly: “For example, they consider a divorced woman and a widow a burden on society, and everyone treats her badly and she does not deserve any assistance because she got divorced and widowed and is prevented from accessing services such as water.” (Adolescent girl, Idleb sub-district, Idleb).

Women and girls in remote locations also noted the difficulty in accessing some services due to distance and lack of transportation, affecting particularly women and girls with disabilities: “Concerns about the long distance that needs to be travelled to reach the centre, in addition to the poor roads, as the centres are far away from us.” (Woman with a disability, Dana sub-district, Idleb).

Latakia

Types of violence and risk factors

IPV and sexual harassment were the primary forms of GBV highlighted by women and girls living in Latakia. As in all other parts of Syria, the worsening economic situation was cited as a key factor contributing to increasing GBV in the home: “For me, I think that violence at home has increased a lot because the man has lost his job and income, in return, prices and the needs of children have increased, and consequently, problems related to material matters have increased.” (Adult woman, Latakia sub-district, Latakia).

As in other governorates, electricity and power cuts also formed key risk factors for sexual violence outside the home: “I think that dark places in the streets, especially in light of the permanent power cuts, is the most dangerous place where girls can be exposed to violence” (Adolescent girl, Latakia sub-district, Latakia), including various forms of physical and sexual violence: “I think abandoned and dark places are the most likely places where girls may face harassment, kidnaping, or rape.” (Adolescent girl, Latakia sub-district, Latakia).

Sexual exploitation of displaced, widowed and divorced women and girls was also a concern, including at home and at work: “I think that employed women are vulnerable to sexual harassment and exploitation by employers, especially displaced women. They exploit her need for money and ask for sexual services in return. I personally have heard about many cases.” (Adult woman, Latakia sub-district, Latakia). In addition, psychological violence including verbal abuse and insults were seen as a threat particularly for adolescent girls experiencing multiple forms of discrimination: “Girls face verbal violence and yelling the most, especially those who do not have parents or have some kind of disability.” (Adolescent girl, Latakia sub-district, Latakia).

Coping Strategies and Access to GBV Services

Adolescent girls in Latakia mentioned self-defence and standing up to the abusers as the ideal response to GBV incidents, though it was unclear whether these were strategies they had actually adopted in their
lives: “I think they should defend themselves against the violence.” (Adolescent girl, Latakia sub-district, Latakia). Adult women, on the other hand, were more likely to share a sense of helplessness in the face of GBV and admit that survivors can often only resort to silence and isolation: “Women cannot confront violence. I think that women keep silent and tolerate it.” (Adult woman, Latakia sub-district, Latakia).

Dialogue with the abuser was also a strategy discussed by both adult women and adolescent girls: “Women and girls should resort to dialogue with their parents or husbands to solve their problems through understanding and not violence.” (Adult women, Latakia sub-district, Latakia). In addition, some participants mentioned that they would seek GBV specialised services: “Women might resort to the social service providers here in the centre and talk to them about their problems and they will assist them.” (Adult woman, Latakia sub-district, Latakia).

Lack of accountability for perpetrators was also mentioned as an underlying factor that must be addressed in order to strengthen women’s and girl’s resilience to GBV: “I think that in order to reduce violence, the people who practice violence against women should be punished so that they are afraid to continue.” (Adolescent girl, Latakia sub-district, Latakia). As in most other regions, however, barriers to seeking justice were shared, raising important questions about the realistic role that security and legal actors can play in combatting GBV in Syria today: “I think she can scream and ask for help from her family, but she could not resort to the police because the community would criticise her.” (Adult woman, Latakia sub-district, Latakia). In addition, adolescent girls perceived themselves as playing a key role in reducing GBV in their communities, primarily through education: “Participant 1: I think our role is to study and strive to have a good career and help people when we grow up. Participant 2: Continue in studies, especially girls, in order to work and contribute to the development of society.” (Adolescent girls, Latakia city sub-district, Latakia).

Quneitra

As per last year, data collection for the Governorate of Quneitra was limited to the MSNA exercise. 95% of Quneitra’s residents have received some form of humanitarian assistance at least once a year. 11% of the governorate’s residents are IDPs, though the governorate does not have formal camps and 15% of all households are female headed.

Early marriage and the denial of education were key the protection issues identified during the 2021 MSNA exercise. Early marriage was reported as occurring in 96% of communities and neighbourhoods consulted, with 33% of locations considering it a very common occurrence. At the same time, 45% of communities and neighbourhoods indicated that child labour prevents girls aged 15-17 from attending school, with 17% of the communities and neighbourhood mentioning this as a very common issue.

A combination of financial hardship, indicated by 83% of communities and neighbourhoods, and sociocultural factors, named by 98% of communities and neighbourhoods, were seen as supporting the practice of early marriage in the governorate. Child marriage was also considered as a cause of child separation in 94% of communities and neighbourhoods of Quneitra.

The population of Quneitra appears to have limited or no access to GBV specialised services and other protection support. No communities or neighbourhoods indicated seeking support from community services, such as women’s safe spaces and child friendly spaces. Concerningly, 9% of communities and neighbourhoods indicated that engaging in illegal activities is a very common coping strategy in their location and 35% also mentioned begging, creating a conducive environment for GBV to affect women and girls.

Tartous

Types of violence and risk factors

IPV and family violence were mentioned as a prevalent form of GBV in all discussions conducted in Tartous: “I think that violence against girls at home exists because some parents prevent their daughters from leaving the house and are fearful for their safety.” (Adolescent girl, Tartous sub-district, Tartous). As in other governorates, unemployment and economic deterioration were linked with increased violence in the home by male partners and family members: “I think that many problems occur in the family between the mother and father because of the economic situation and lack of job opportunities, especially these days with high prices and the inability of the man to pay for the living costs of the house.” (Adult woman, Tartous sub-district, Tartous). The last year, characterised by the COVID-19 pandemic, was seen as a period of worsening conditions for women and girls, especially due to increasing rates of GBV in the home: “I do not know if the types of violence have changed from last year or not, but I notice an increase in cases of violence in homes, especially after COVID-19.” (Adult woman, Tartous sub-district, Tartous).

Women and girls who experience multiple forms of marginalisation on the basis of disability, marital, or displacement status were at risk of facing multiple forms of GBV at once, including sexual harassment and social violence: “I think that young adolescent and people with disabilities girls face a lot of violence from fathers and brothers, and harassment in the streets and at

school. I have a teenager daughter with a disability who has been harassed a lot, unfortunately. This issue has affected the family a lot and caused her and me a lot of psychological harm.” (Adult woman, Tartous sub-district, Tartous). Sexual harassment affects women and girls in a range of public places: “P 1: Violence and harassment of girls occur here in public parks too. P 2: Now violence occurs on buses and means of transportation due to severe overcrowding and lack of transportation.” (Adult women, Tartous sub-district, Tartous).

An increase in technology facilitated GBV in the forms of harassment and blackmail was also noted: “Currently, I hear a lot about violence on social media, harassment and the pictures of girls and women that some people post.” (Adult woman, Tartous sub-district, Tartous). Finally, the connection between the denial of education for adolescent girls and their early marriage was also maintained in Tartous: “I think that young girls are the most exposed to violence from their parents or brothers, especially displaced ones. Parents may marry them off at early age and leave school, and this happened with many of my friends.” (Adolescent girl, Tartous sub-district, Tartous).

Coping Strategies and Access to GBV Services

Women and girls in Tartous highlighted the importance of personal strength and independence in order to face GBV: “I think that in order to minimise violence, we must focus a lot on strengthening girls’ personalities, especially adolescent ones, and strengthening the ability of women and girls to confront all types of violence that they are exposed to in the street, school, or anywhere.” (Adult woman, Tartous sub-district, Tartous). Generating income and claiming economic independence could potentially offer women a way out of abusive situations: “I think that they should work to strengthen themselves with knowledge and find a profession to secure their income.” (Adult woman, Tartous sub-district, Tartous).

Women and girls also mentioned seeking GBV services following an incident of GBV: “I think girls can come to the centre, ask for help from the psychotherapist here, and talk about their problems.” (Adolescent girl, Tartous sub-district, Tartous). The positive impact of GBV specialised services was also demonstrated by women’s and girl’s repeated requests for additional WGSS to be established in order to reach women and girls living in rural areas: “I think there should be more centres like the Women’s Support Centre in the countryside because there are many women who cannot reach the centre to get services.” (Adult woman, Tartous sub-district, Tartous).
Annex 1: Methodology

Focus Group Discussions and Programme Monitoring Data

FGDs were conducted by GBV and other protection actors working from the northeast Syria (NES) and Turkey Cross Border (TXB) hubs. When deciding which sub-districts to conduct FGDs in, the following criteria was followed:

- Percentage of IDPs in the sub-district in relation to overall number of IDPs in Syria
- Population size of sub-district
- Severity of needs in the sub-district
- Capacities of partners, access, feasibility of conducting FGD.

In government-controlled areas of Syria, discussions with women, girls, boys and men took place as part of routine UNFPA programme monitoring activities with their implementing partners.

The organisation of FGDs and programme monitoring activities followed safety precautions and social distancing measures to avoid the spread of COVID-19. Groups consulted hence varied in size, the largest including fourteen participants, the smallest including four participants. Unlike in 2020, no online or telephone consultations were conducted this year.

FGDs with GBV Experts

Four FGDs with GBV practitioners working across different regions of Syria were conducted in 2021, including two focus groups for the TXB Hub, one for the North-East Syria Hub and a WoS group bringing together GBV coordinators from across the country. These consultations aimed at identifying existing and emerging trends related to GBV and GBV response and prevention in Syria.

The expert FGDs were conducted following an adapted version of the Delphi method. FGD participants were presented with a series of statements regarding different aspects of GBV and GBV programming in Syria. Over a series of rounds, respondents were asked to agree or disagree with each statement and justify their responses. The statements were then reformulated based on participants’ feedback and responses until a consensus was reached over a specific statement which best represented the situation in Syria as perceived by the focus group participants. The analysis of GBV Expert FGDs is based on the transcripts of the entire discussion, ensuring that different viewpoints and geographical variations are integrated in the report.

Multi-Sectoral Needs Assessment

Quantitative results from the 2021 MSNA, conducted by OCHA in collaboration with all humanitarian actors operating in Syria, was also used to complement qualitative data, through GBV specific questions or through proxy indicators from other sectors’ sections of the assessment. The MSNA data collection exercise encompasses two components relevant to the GBV AoR.

The first component, conducted specifically to collect protection data, included 15,900 key informants consulted through individual interviews in 6,423 locations (including communities, camps and city neighbourhoods). A larger number of interviews were completed in locations with larger populations. Interviews were conducted by HNAP, with a ratio of female to male interviewers of three to one to facilitate a sense of comfort and safety amongst female respondents. Data for the key informant interviews was aggregated at community level.

The second component, a multisectoral household assessment, collected data from 33,171 households through interviews with the head of households across 4588 locations.

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Coding, Analysis, and Writing

All FGD and programme monitoring notes were translated from Arabic into English and coded thematically using MAXQDA software by two consultants. The software relies on using a code taxonomy which was developed in collaboration with GBV coordinators and included over 400 codes reflecting the content of the FGD questionnaire and divided thematically as well as by sector (i.e.: Affected groups, Violence, Services, Distributions, Hopes and Dreams). The coding taxonomy had also been reviewed in previous years in conjunction with all relevant protection sectors (GBV, General Protection, Child Protection, Mine Action).

Analysis was performed by using analytical functions in the MAXQDA program, such as variables (which organise the data by age, gender, disability, displacement status, and location), intersections between codes (which can demonstrate connections between, for example, early marriage and displacement), and a quote matrix (which collects all key quotes around a certain theme or issue such as IPV).

The report outline generally followed the structure of the data collection tools and reflected the coding taxonomy, while also highlighting key findings that emerged from the data. The outline and the report underwent multiple rounds of feedback from UNFPA's staff, GBV Coordinators and Protection Coordinators, and GBV experts, in order to ensure consistency and to achieve the report’s main aim of transmitting Syrian women’s and girl’s voices.

Annex 2: Terminology

Abduction

The criminal taking away a person by persuasion, by fraud, or by open force or violence. It is the unlawful interference with a family relationship, such as the taking of a child from its parent, irrespective of whether the person abducted consents or not. Kidnapping is the taking away of a person by force, threat, or deceit, with intent to cause him or her to be detained against his or her will. Kidnapping may be done for ransom or for political or other purposes.

Child or minor

Article 1 of the Convention on the Rights of the Child (CRC) defines a child as “every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier”. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, especially for sexual acts.

Child labour

The term ‘child labour’ is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that: is mentally, physically, socially or morally dangerous and harmful to children; and interferes with their schooling by depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.

In its most extreme forms, child labour involves children being enslaved, separated from their families, exposed to serious hazards and illnesses and/or left to fend for themselves on the streets of large cities — often at a very early age. Whether or not particular forms of ‘work’ can be called ‘child labour’ depends on the child’s age, the type and hours of work performed, the conditions under which it is performed, and the objectives pursued by individual countries.

Confidentiality

An ethical principle associated with medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client’s case with their explicit permission. All written information is kept in locked files and only non-identifying information is written down on case files. Maintaining confidentiality about abuse means service providers never discuss case
details with family or friends, or with colleagues whose knowledge of the abuse is deemed unnecessary. There are limits to confidentiality while working with children or clients who express intent to harm themselves or someone else.

Consent/informed consent

Refers to approval or assent, particularly and especially after thoughtful consideration. Free and informed consent is given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have all adequate relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e., being persuaded based on force or threats). Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory or intellectual disabilities.

COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age.

Denial of Resources, Opportunities or Services

Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl separated from attending school, etc. Economic abuse is included in this category. Some acts of confinement may also fall under this category.

Disability

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (UN Convention on the Rights of Persons with Disabilities).

Early marriage (or child marriage)

Early marriage is a formal marriage or informal union before age 18. Both girls and boys can be affected. Even though some countries permit marriage before age 18, international human rights standards classify these as child or early marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child or early marriage is a form of forced marriage as children are not legally competent to agree to such unions.

Economic abuse / Violence

An aspect of abuse where abusers control victims’ finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency and gaining financial independence.

Emotional abuse (also referred to as psychological abuse)

Infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.
Empowerment of women

The empowerment of women concerns women gaining power and control over their own lives. It involves awareness raising, building self-confidence, expansion of choices, increased access to and control over resources, and actions to transform the structures and institutions that reinforce and perpetuate gender discrimination and inequality.

Family violence and Domestic violence (DV)

Family violence and domestic violence are terms that refer to violence between family members, which can include violence between current or former intimate partners, as well as acts of violence between a parent and a child, between siblings, and more. Domestic violence refers to violence that happens within a household, so could include violence amongst non-related members of a household, whereas family violence highlights familial relationships between perpetrators of violence and victims/survivors, even when they do not reside together. See also ‘Intimate partner violence’

Femicide

The intentional killing of women and girls on the basis of their gender and/or their gendered behaviour and self-presentation, usually by a male partner or a male family member. Femicide can be the final result of IPV and domestic abuse. It can also be applied against women and girls accused of causing social shame and murdered under the guise of protecting “honour” and “reputation”.

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. The pressure put on people to marry against their will may be:

- physical: for example, threats, physical violence or sexual violence
- emotional and psychological: for example, making someone feel like they are bringing ‘shame’ on their family
- Financial: for example, taking someone’s wages

An early (or child) marriage is considered to be a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent.

Gender

Refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialisation processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context.

Gender-based violence

An umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/or targeted violence against individuals or groups with diverse SOGIESC, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.
Gender Equality

This refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women’s and men’s rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men. Gender equality is not a women’s issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development.

Gender roles

A set of social and behavioural expectations or beliefs about how members of a culture should behave according to their biological sex; the distinct roles and responsibilities of men, women and other genders in a given culture. Gender roles vary among different societies and cultures, classes, ages and during different periods in history. Gender-specific roles and responsibilities are often conditioned by household structure, access to resources, specific impacts of the global economy, and other locally relevant factors such as ecological conditions.

Humanitarian assistance and services

Assistance and services provided for free for humanitarian purposes (i.e., non-political, non-commercial, non-military purposes) to persons based on their needs. This can include food and non-food items, medical supplies, clothing, and shelter material. Humanitarian services can include all activities of support offered to the population in need.

Intimate partner violence (IPV)

IPV refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services. ‘Domestic violence’ is a term sometimes used to refer to IPV, though there are important distinctions between the two terms. See ‘Family violence and Domestic violence (DV)’

So-Called Honour Violence and Killings

Violence, including murder, stemming from a perceived desire to safeguard family “honour”, which in turn is embodied in female behaviour that challenges men’s control over women, including control exerted through sexual, familial and social roles and expectations assigned to women by patriarchal ideology. Such female behaviour may include adultery, extramarital sex, premarital relationships that may or may not include sexual relations, rape, dating someone unacceptable to the family and violations of restrictions imposed on women’s and girl’s dress, employment or educational opportunities, social lifestyle, or freedom of movement.

Perpetrator

Person, group or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will.

Physical assault/ Violence

An act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

Protection from sexual exploitation and abuse (PSEA)

As highlighted in the Secretary-General’s ‘Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse’ (ST/SGB/2003/13), PSEA relates specifically to the responsibilities of international humanitarian,
development and peacekeeping actors to prevent incidents of sexual exploitation and abuse committed by United Nations, NGO, and inter-governments (IGO) personnel against the affected population, to set up confidential reporting mechanisms, and to take safe and ethical action as quickly as possible when incidents do occur.

**Psychosocial support services**

Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder, and/or help to heal psychological wounds after an emergency or critical event. Psychosocial support services can be specialised for GBV survivors, such as focused individual counselling or group counselling aimed at addressing the harmful emotional, psychological and social effects of GBV.

**Rape**

Physically forced or otherwise coerced penetration – even if slight – of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.

**Sexual abuse**

The term ‘sexual abuse’ means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**Sexual assault**

Any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.

**Sexual exploitation**

The term ‘sexual exploitation’ means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.

**Sexual favour**

The term ‘sexual favour’ or simply ‘favour’ is used in the Syrian and Middle Eastern context to refer to acts of sexual exploitation and abuse, and specifically demands for sex acts in exchange for something, such as money or humanitarian assistance.

**Sexual harassment**

Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature. Within PSEA context, the term “harassment” refers specifically to incidents that occur in the workplace, with the survivor being the perpetrator’s colleague or a subordinate employee.

**Sexual orientation, gender identity and expressions, sex characteristics (SOGIESC)**

The acronym SOGIESC combines together different terms to refer to individuals and groups that do not fit within normative (heterosexual and cisgender) standards of sexuality, gender identity and gender expression. Sexual orientation (SO) is understood to refer to each person’s capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender. Gender identity (GI) is understood to refer to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. Gender expression (GE)
refers to external manifestations of gender, expressed through one’s name, pronouns, clothing, haircut, behaviour, voice, or body characteristics. **Sex characteristics (SC)** include primary sex characteristics (e.g., inner and outer genitalia and/or the chromosomal and hormonal structure) and secondary sex characteristics (e.g., muscle mass, hair distribution and stature).94

**Sexual violence**

For the purposes of this publication, sexual violence includes, at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work”95. Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

**Survivor**

A survivor is a person who has experienced GBV. The terms ‘victim’ and ‘survivor’ can be used interchangeably. ‘Victim’ is a term often used in the legal and medical sectors. ‘Survivor’ is the term generally preferred in the psychological and social support sectors because it implies resilience.

**Technology Facilitated GBV (TFGBV)**

The use of technology, digital tools, and online platforms to perpetuate GBV, especially against women and girls as well as against persons with diverse SOGIESC. TFGBV includes already existing forms of GBV such as sexual harassment, movement control through stalking and monitoring, and social violence through online hate speech and threats. However, it also quickly “broadens the scope of violence” that perpetrators subject women and girls to, such as defamation, doxing (wide disseminating of personal data), and sextortion. TFGBV also facilitates new forms of GBV such as image manipulation, non-consensual distribution of intimate images and videos, broadcasting sexual assault, impersonation, and networked violence. TFGBV interacts with offline forms of GBV, sometimes leading to the furthering of physical forms of sexual violence and vice versa. For example, a perpetrator can threaten a victim with publishing images of them in order to force them into unwanted physical sexual acts (sextortion).95

**Trafficking in persons**

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

**Unaccompanied and separated children**

Separated children are those separated from both parents, or from their previous legal or usual caregivers, but not necessarily other relatives. As a result, this may include children accompanied by other adult family members. Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

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Victim

A victim is a person who has experienced GBV. The term recognises that a violation against one's human rights has occurred. The terms ‘victim’ and ‘survivor’ can be used interchangeably. ‘Victim’ is a term often used in the legal and medical sectors. ‘Survivor’ is the term generally preferred in the psychological and social support sectors because it implies resilience.

Women and Girls Safe Spaces (WGSS)

Women and Girls Safe Spaces are places (formal, informal and, most recently, online) where women and girls feel physically and emotionally safe. “Safe” in this context refers to the absence of trauma, excessive stress, violence (or fear of violence) or abuse. WGSS also provide a place where women can access confidential services, discuss issues and concerns with other women and professional staff. Safe spaces also provide an entry point for women and girls to access referrals to other safe and non-stigmatising GBV response services.

Annex 3: References


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