AN OVERVIEW OF GENDER-BASED VIOLENCE IN SYRIA

The year 2021 marked the end of the 10th year of the conflict in Syria — one of the largest and longest modern humanitarian crises in the world. Ongoing insecurity, a deepening economic crisis, and the lasting effects of the COVID-19 pandemic all converged in 2021 to further exacerbate the risks of gender-based violence (GBV) for women and girls. Women and girls reported higher levels of intimate partner violence in 2021, predominantly associated with men spending longer periods of time at home, either due to COVID-19 restrictions or unemployment. These forms of violence are eroding the resilience of women and girls and can cause severe physical and mental health consequences, including unwanted pregnancies, permanent disabilities, and increased levels of psychological distress, which can sometimes result in suicide. Social stigmatisation continues to affect GBV survivors, including women and girls who survive detention, and marginalised women and girls more broadly.

This year, Syrian women and girls are sending a resounding message: that the combination of a long-term humanitarian crisis with rapidly worsening economic circumstances, alongside GBV, is gradually eroding their resilience, making the provision of timely, safe, and dignified humanitarian support more urgent than ever.

SNAPSHOT
GENDER-BASED VIOLENCE IN 2021

AFFECTED POPULATIONS
Women and girls, in particular widowed, divorced, and displaced women and girls, adolescent girls, older women, unaccompanied and separated girls and women and girls with disabilities continue to be most affected. Women and girls with diverse sexual orientations, gender identities and expressions and sexual characteristics (SOGIESC) face GBV alongside other forms of discrimination and violence, while men and boys also experience forms of sexual violence.

LOCATION OF VIOLENCE
GBV occurs everywhere: homes, schools, camps and shelters, streets, markets, public transportation, workplaces, prisons and detention centres, distribution and service provision points, and online.

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 harassment and sexual exploitation committed online, has also been reported more frequently.

ECONOMIC COLLAPSE
The combination of long-term conflict, ongoing instability, the deepening economic crisis (including currency devaluation, rising food prices, and rising unemployment), and COVID-19 restrictions are the main contributing factors to increasing risks of all forms of GBV against women and girls in 2021.

IMPACT
In 2021, women and girls are facing physical injury and health complications due to GBV, including serious and life-long sexual and reproductive health issues. GBV is also linked to tremendous psychological distress, loss of hope, and depression, thus leading to self-harm and suicide.

COPING MECHANISMS
Silence and non-disclosure remain the most common coping mechanisms for both women and girls. Decreasing resilience amongst women and girls is reflected in the use of negative coping strategies, such as self-isolation, drug use, and self-harm and suicide attempts. Positive coping mechanisms include seeking protection, health, and legal services, family and community support, and adopting activism/awareness raising as a way to address GBV within their communities.
I would prevent early and forced marriage. I was married at an early age and my husband passed away. I have two children 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 lives.

— MANAR, AN ADOLESCENT GIRL FROM IDLIB, SYRIA

While all women and girls in Syria are likely to be at risk of GBV, women and girls who face multiple and intersecting forms of marginalization due to their gender, age, disability, and displacement status face compounded GBV risks as well as additional barriers when accessing support and services. These groups include adolescent girls, survivors of early marriage and pregnancy, widowed and divorced women and girls, and women and girls with disabilities, displaced women and girls (especially those living in camps), older women, and persons with diverse SOGIEC. Men and boys are also at risk of sexual violence in specific contexts, especially in detention facilities.

Types of Violence Identified

**Sexual Violence, Rape and Harassment**

Women and girls who are affected by multiple systems of discrimination – such as widows, women and girls who are divorced, displaced, or have a disability – are exposed to higher levels of sexual violence. Sexual harassment remains present in all places that adolescent girls and women frequent, including schools, markets, work, distribution points, public transportation, and online. The pervasiveness of sexual harassment leads to psychological distress and has a severe impact on women and girls’ movements, in addition to contributing to the normalisation of misogynistic attitudes.

Moreover, the risk of sexual exploitation is further exacerbated for women and girls who are heads of their own households, not only as they are not offered the perceived protection of male guardians but also due to their reliance on paid work, where they are often sexually exploited in exchange for wages. Sexual exploitation is also prevalent during distributions of aid and when women and girls are seeking shelter.

Meanwhile, reports of marital rape or rape by a family member/intimate partner continue to emerge. Invasive practices such as virginity testing – recognized as a human rights violation and a form of GBV – are used against women and adolescent girls as part of marriage preparations, including in the context of early marriage. Rape and sexual violence in detention are also practiced against women, men, girls, and boys.

**Intimate Partner Violence**

The ongoing ramifications of the COVID-19 pandemic, the worsening economic crisis, and high levels of unemployment are linked to a rise in the frequency and intensity of intimate partner violence. Women and girls face growing levels of physical, sexual, economic, and psychological abuse in the home. Moreover, displacement and overcrowded camps also contribute to additional pressure within the household, leading to intimate partner violence. Social norms continue to normalise beatings, insults, and movement restrictions, preventing women and girls from seeking help. Survivors of intimate partner violence in particular struggle to access remote GBV services during the COVID-19 pandemic as they have little privacy and their access to phones and technology is more likely to be closely monitored.

**Psychological & Emotional Abuse**

Psychological and emotional violence against women and girls has increased in 2021, both within and outside the home. Women and girls who are widowed or divorced tend to be subjected to continuous verbal and emotional abuse by family and community members alike. Women who have survived detention are also the target of psychological violence and ostracism from community members due to the gendered stigma associated with detention. Social stigma, often expressed through verbal violence, affects all GBV survivors and continues to act as a powerful deterrent to reporting abuse and seeking specialised support.

**Early & Forced Marriage**

Early and forced marriage continues to be a reality in the lives of women and girls in Syria and is increasingly normalised as a response to ongoing insecurity, economic hardship, and in certain cases as a coping strategy when girls experience GBV. Unaccompanied or separated girls, including those who live with extended family following the death or divorce of their parents, can be forced into early marriage to relieve the economic and care burden on their caregivers. Adult women who are divorced or widowed can also be forced to remarry and abandon their children by their families.

**Femicide**

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, right to education, work, inheritance, and travel. They are also exposed to early marriage and rape, which mostly happen in camps given the poor security conditions there.

— DEEMA, AN ADOLESCENT GIRL FROM DEIR-EZ-ZOR, SYRIA
GENDER-BASED VIOLENCE REMAINS A CRITICAL RISK FOR PEOPLE ACCESSING HUMANITARIAN ASSISTANCE ACROSS OTHER SECTORS.

CHILD PROTECTION

Gender factors play an important role in the treatment and risks faced by children who are abandoned, separated, or unaccompanied. Mentions of gender-selective abandonment of babies emerged during 2021. Children are also sometimes abandoned as part of the forced re-marriage of a widowed or divorced mother. Some separated or unaccompanied girls, including adolescent girls, face physical, psychological, social, and sexual abuse by their caregivers and might also be deprived of food and education or forced into early marriage or child labour. Displacement, the escalating costs of staples, and overall economic deterioration are forcing girls and boys of all ages into child labour across all governorates in Syria. Being engaged in child labour exposes young and older girls to various forms of GBV, including being denied access to education. Working outdoors exposes girls to threats of sexual harassment on public roads or kidnapping, while working indoors exposes girls to sexual harassment, assault, and rape.

PROTECTION

Lack of access to civil documentation prevents women and girls, especially those who are in unregistered marriages or are displaced, from accessing essential services for themselves and their children and claiming their rights. In addition, divorced and widowed women and girls as well as those with disabilities are systematically denied their rightful inheritance or coerced into giving up their properties to their male relatives. Forced marriage of widows to family members, such as the deceased husband’s brother, is also used as a strategy to keep wealth within the family. Stigma, 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 avoid the risk of GBV by other family members.

Displaced women and girls sometimes participate in decision-making on whether to remain, relocate, or return. However, men remain the final decision makers. Women who contribute to the family’s income have more decision-making power, while women and girls with disabilities are systematically excluded from decision-making. Families consider early marriage for their daughters in order to reduce the cost of return and avoid exposing their daughters to other forms of GBV during travel.

FOOD SECURITY & AID DISTRIBUTION

Women and girls continue to face sexual harassment, exploitation, and abuse when receiving relief packages, whether by humanitarian workers or other actors involved in distribution, causing them severe psychological distress. Favortism was noted as frequently happening in aid distribution during 2021. Women and girls with disabilities face significant challenges accessing distribution points, such as the lack of adequate transportation and movement restrictions by their families. However, door-to-door deliveries of aid and gender-segregated queues have had a positive impact in reducing sexual harassment experienced during distributions of aid.

SHELTER & CAMP MANAGEMENT

The organisation of displacement camps and shelters continues to create specific risks for women and girls, especially when unrelated families are housed together. The lack of lighting in many camps and urban areas, partly linked to power cuts, contributes to sexual harassment and sexual violence. Divorced and widowed women and girls in particular face sexual harassment, abuse, and exploitation when looking for housing or shelter.

WASH

Women and girls in camps and shelters continue to be exposed to sexual harassment, rape, and risk of kidnapping when accessing communal washrooms and bathrooms. In many camp settings, latrines remain insufficient in numbers, unsegregated by gender, improperly lit, and without locks. Displaced women and girls also suffer from water cuts and lack of menstrual hygiene products, which further exposes them to risks of sexual harassment, abuse, and exploitation as they seek to obtain these basic necessities.

EDUCATION

Girls are frequently exposed to gender-based violence on the way to and from their places of study, including schools and universities. Girls with a disability are further excluded from educational opportunities either because of social stigma or barriers to access and the inadequate availability of tailored support. However, unanimously across all governorates, adolescent girls rank education as the key priority they wish to pursue. Conservative and patriarchal views, as well as economic hardship and poverty, push families to continue denying adolescent girls their right to access education, forcing them into early marriage or child labor instead.

The cases of violence [against women and girls] have increased significantly. They include ‘honour’ killings and early and forced marriages. The COVID-19 pandemic has played a role in the increase particularly technology-facilitated violence, due to increased cases of exploitation through social media.

— RIMA, AN ADOLESCENT GIRL FROM DEIR-EZ-ZOR, SYRIA

— SAMAR, AN ADOLESCENT GIRL FROM RAQQA, SYRIA

— RANEEM, A WOMAN FROM IDLIB, SYRIA

— RANEEEM, A WOMAN FROM IDLIB, SYRIA

Assistance must be provided to [women and girls] by female employees. Organisations need to monitor the distribution of assistance to ensure that it is being given to people in need in full. Women’s suggestions must be taken into consideration, and there should be a place dedicated to the people with disabilities during distribution.

Many do not choose to report the violence they are subjected to, especially girls and women, for fear of being stigmatised by their families or communities, and for fear of retaliation by the person who committed the violence in the first place.
Despite the many limitations imposed by COVID-19, the Whole of Syria GBV AoR continued adapting its services to the needs of GBV survivors and women and girls at risk, assisting them with specialised services that span case management and psychosocial support, referrals to other services and, in some areas of Syria, cash assistance in the framework of case management.

Even in this challenging environment, Safe Spaces remained key to ensure women and girls had a place where they felt safe to seek support and access a variety of GBV services. Mobile teams and online or other static facilities have been critical work with women and girls, but also with male youth and men to address harmful gender and social norms that are root causes of GBV.

While GBV services are available in 76 percent (or 198) of sub-districts in Syria, the reality is that this only represents 10 percent of all communities. During the first six months of 2021, the Whole of Syria GBV AoR reached a total of 548,059 people (compared to 524,212 in the same period of 2020), which corresponds to the effort to continue providing life-saving GBV services despite the challenges of COVID-19. Through regular assessments and surveys, the Whole of Syria GBV AoR has also noted the satisfaction with which people served view GBV specialized services, outreach, and awareness raising efforts.

achievements in 2021

<table>
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<tr>
<th>INDICATOR</th>
<th>2020</th>
<th>2021*</th>
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<tbody>
<tr>
<td>PEOPLE TARGETED</td>
<td>1,582,008</td>
<td>1,611,670</td>
</tr>
<tr>
<td>PEOPLE REACHED</td>
<td>1,252,515</td>
<td>548,059</td>
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<tr>
<td>FUNDING APPEAL</td>
<td>US$ 64.4 million</td>
<td>US$ 79.2 million</td>
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<tr>
<td>FUNDING RECEIVED</td>
<td>66%</td>
<td>44%</td>
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*All data as of June 2021

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<tr>
<th>548,059 People reached with GBV programming/services</th>
<th>24,204 GBV case management services provided</th>
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<tr>
<td>126,764 GBV beneficiaries accessing safe spaces</td>
<td>109,131 GBV beneficiaries accessing other static facilities</td>
</tr>
<tr>
<td>457 People with disabilities reached with services</td>
<td>2,631 People trained on GBV-related topics</td>
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<tr>
<td>36,761 Dignity kits distributed</td>
<td>95,638 GBV beneficiaries reached through outreach activities/mobile response</td>
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for donors

- Increase stable and predictable funding for GBV programming and support their expansion and accessibility by marginalised women and girls. This will help actors to more effectively respond to repeated cycles of displacement and rising levels of intimate partner violence, early marriage, and sexual exploitation and abuse.
- Continue supporting Safe Spaces, which are often the only available lifelines for women and girls to seek support and to access GBV case management, psychosocial support, and other GBV services.
- Recognise the impact that the economic crisis in Syria and the pandemic have had on exacerbating the risks of GBV faced by women and girls and prioritize meeting their economic needs, such as by expanding cash assistance, humanitarian distributions, and livelihood support, funding education for girls, and funding income-generating opportunities and vocational training opportunities for women.
- Invest in funding mental health support services for women and girls to address the severe mental health impacts of GBV and the erosion of their resilience.
- Invest in funding GBV-SRH integrated approaches, including existing gaps within the clinical management of rape, to ensure support to survivors of sexual violence.
- Increase investments in long-term GBV prevention as well as efforts to change harmful social norms that are root causes of GBV, including by further enhancing the linkages between emergency and early recovery. Fund collaborations with women-led organizations when designing programs for GBV prevention, mitigation, and response across all sectors.
- Continue funding and supporting accountability mechanisms to completely eliminate sexual abuse and exploitation (SEA) in service provision and aid delivery.

for humanitarians

- Recognise pre-existing and emerging GBV risk factors emanating from protracted displacement, the economic crisis, and COVID-19, and prioritise GBV risk mitigation across all levels of the Syria humanitarian response, including in sectoral guidance and standard operating procedures (SOPs).
- Ensure that new or adapted distribution modalities that safeguard the wellbeing and dignity of women and girls are retained beyond the COVID-19 crisis.
- Support safe, dignified, and effective access by women and girls to all humanitarian sectors and services, with a focus on survivors of GBV, widows, women and girls who are divorced, are widowed, have a disability, live in camps, or have a diverse SOC/SES.
- Integrate GBV indicators into existing monitoring modalities and consistently report against them.
- Further strengthen SEA reporting, investigation, and accountability systems across all levels of service provision and aid distribution to ensure women and girls can use them safely, without fear of retaliation or stigmatisation.
- Continue investing in the collection and analysis of age, sex, and diversity disaggregated data to improve the quality of the response.
- Prioritise girls’ access to education and women’s economic independence given the preventive effect this will have on both GBV and gender inequality.

for gbv actors

- Increase the number and reach of all types of GBV specialised services, including case management and psychosocial support, cash assistance, mental health, legal, and health services.
- Develop and implement different modalities of delivery that capitalise on lessons learned from working remotely during the COVID-19 pandemic, while maintaining essential face-to-face services for all women and girls.
- Further reinforce accessibility of GBV specialised services for marginalised groups of women and girls through dedicated entry points and activities as well as by integrating them into existing services and Safe Spaces.
- Activate women and girls’ peer support networks by involving community groups, informal and formal networks, and organizations in GBV prevention at the community level.
- Respond to the repeated calls by women and girls to address gender inequality as the root cause of GBV through structured, long-term prevention activities, while also challenging social norms which compound discrimination and violence against women and girls, such as those that marginalize people with disabilities, displaced people, widows, and divorced women and girls.
- Deepen the understanding and enhance capacities to address the intersectionality of violence across the GBV response.
I want to live in peace and have a small land and a house to shelter me and my children from the cold in the winter and the heat in summer. I want to make a decent living so that I can avoid asking people or organizations for assistance.

— SARA, A WOMAN RAQQA, SYRIA