

THE HIDDEN COST OF WAR IN SYRIA: GENDER-BASED VIOLENCE



ACCORDING TO VARIOUS INTER-AGENCY ASSESSMENTS, SEXUAL VIOLENCE, INTIMATE PARTNER VIOLENCE AND EARLY MARRIAGE ARE THE MAIN FORMS OF GENDER-BASED VIOLENCE (GBV) CURRENTLY EXPERIENCED BY WOMEN AND GIRLS IN SYRIA.¹

Although UN agencies and NGOs are scaling up their interventions to prevent GBV and to provide multi-sectoral assistance to survivors, the international community, civil society and governments must allocate greater resources to preventing GBV and ensuring safe and confidential assistance to survivors in areas of displacement.

GENDER-BASED VIOLENCE AND DISPLACEMENT

Since the beginning of the Syria crisis in March 2011, just under 1.8 million refugees² have fled, mainly to Iraq, Jordan, Lebanon, Turkey and Egypt. Fear of sexual violence is commonly cited by refugees as one of the reasons for leaving.

Within Syria, some 4.25 million persons have been internally displaced as of this July, and 6.8 million people are in need of assistance.³ All civilians in conflict-affected areas are at great risk of violence, but women and girls are at particular risk of sexual violence due to forced displacement, family separation, lack of basic structural and social protections, and limited availability and safe access to services. Risk of sexual violence increases with the proliferation of small arms, and the growing number of armed groups often operating under unclear command structure.

EARLY AND FORCED MARRIAGE

Early and forced marriage of girls, which was an issue in some Syrian communities even before the war, is now used by some families to better 'protect' girls in the absence of male family members.⁴ Early marriage may also be used to lessen the financial burden on families as their displacement lengthens. With the majority of the displaced now unemployed and dependent on family savings, the deteriorating economic situation is putting additional pressure on families to reduce their number of dependents and benefit from bride wealth.

SEXUAL EXPLOITATION

Many women, girls and boys affected by the crisis are pressured to find work to help cover basic survival needs such as food and rent. Children and adults working in the informal economy are at risk of abuse and exploitation. In some cases they resort to exploitative transactional sex to survive.

1 This list is not comprehensive; there are other reports that exist on the Syria crisis that demonstrate that GBV is a significant problem in the crisis. Brosnan, A., & Winkler, M. International Rescue Committee, (2013). *Syria: A regional crisis: The IRC commission on Syrian refugees*. Martlew, N. Save the Children, (2013). *Childhood under fire: The impact of two years of conflict in Syria*. London, England: Save the Children. Weissbecker, I. International Medical Corps & UNICEF, (2012). *Displaced Syrians in za'atari camp: Rapid mental health and psychosocial support*. Amman, Jordan: International Medical Corps. Care Jordan, (2012). CARE Jordan Baseline Assessment of Community Identified Vulnerabilities among Syrian Refugees living in Amman. U.N. General Assembly, 67th Session. *Sexual violence in conflict*. Report of the Secretary-General. 14 Mar. 2013 (A/67/792-S/2013/149). Human Rights Watch, (2012). *Syria: Sexual assault in detention*. Retrieved from website: <http://www.hrw.org/news/2012/06/15/syria-sexual-assault-detention>.

2 OCHA Humanitarian Bulletin, Issue 29, 2-15 July 2013. <http://syria.humanitarianresponse.info>

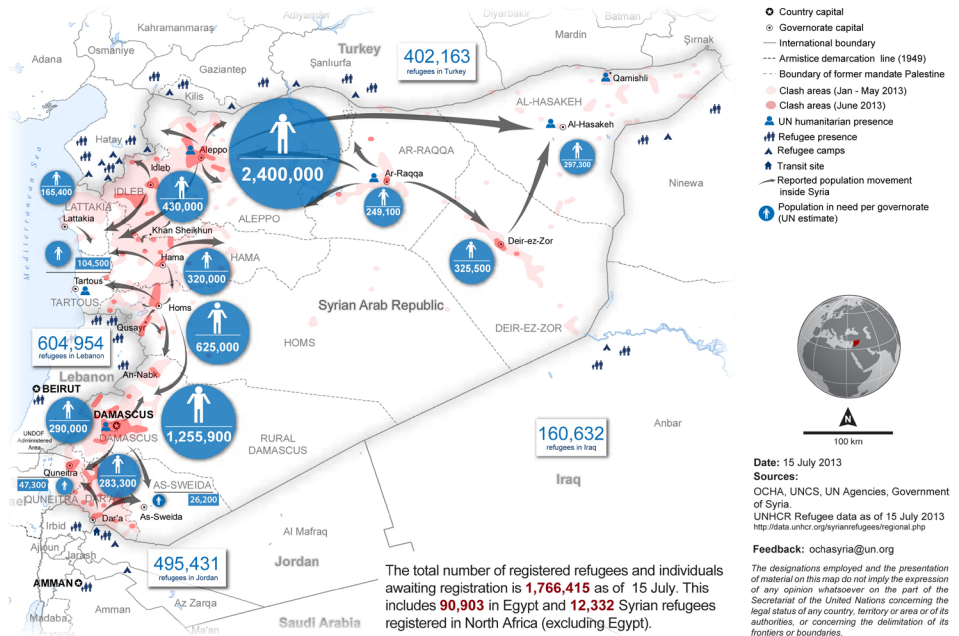
3 OCHA Humanitarian Bulletin, Issue 29, 2-15 July 2013. <http://syria.humanitarianresponse.info>

4 United Nations Development Fund for Women, Arab States Regional Office (2005). *Violence Against Women Study in Syria*. http://www.unifem.org/attachments/stories/currents_200606_SyriaVAWstudyKeyFindings.pdf

SEXUAL VIOLENCE

Accounts suggest that women and girls may have suffered rape or other sexual assault at checkpoints in Syria. There are also reports that boys and men have been subjected to sexual violence, either as direct survivors or witnesses, while under arrest or in other circumstances. Both male and female survivors suffer from the stigma associated with GBV, which reduces their likelihood of seeking services. Risks of GBV are further aggravated by overcrowding and lack adequate protection measures in the abandoned buildings and other locations where many families have found shelter.

SYRIA: Humanitarian Snapshot (as of 15 July 2013)



The total number of registered refugees and individuals awaiting registration is **1,766,415** as of 15 July. This includes **90,903** in Egypt and **12,332** Syrian refugees registered in North Africa (excluding Egypt).

INTIMATE PARTNER VIOLENCE

Intimate partner violence was prevalent throughout Syria even before the war⁵, but because of displacement and conflict-related distress, violence is increasingly affecting women, children and men.

ACCESS TO ASSISTANCE

Access to and utilisation of services for female and male survivors of GBV is limited by security constraints, availability, distance, and restrictions that families impose on the freedom of movement of women and girls.

FEAR OF DISCLOSURE

Even when services are available, survivors are reluctant to report GBV due to fear of stigma, social exclusion, honor killings or reprisals. This fear presents a major impediment to survivors seeking life-saving support.

PRIORITIES FOR THE PREVENTION OF AND RESPONSE TO GENDER-BASED VIOLENCE IN SYRIA

The Gender-based Violence Area of Responsibility (GBV AoR), under the Global Protection Cluster, calls on the parties to the conflict in Syria to make a firm and public commitment, accompanied by oversight measures and specific instructions to their ranks, to prevent all forms of GBV.

Taking into account the range of challenges within Syria, the GBV AoR calls upon donors and humanitarian partners to work together to significantly strengthen GBV prevention and response efforts. Increased aid must be systematically coupled with increased efforts to ensure humanitarian access and response to the rights of those in need.

1. *Parties to the conflict must uphold their responsibility to protect civilians and to prevent sexual violence, including through clear instructions on the rules of engagement, and increased monitoring and accountability.* Parties to the conflict must allow unimpeded access to humanitarian assistance for affected populations to ensure that survivors of GBV receive immediate and adequate assistance, including specialised medical care. Those who perpetrate sexual violence should be held accountable as per international law and in line with U.N. Security Council Resolutions (SCRs) 1820, 1888, 1889, 1960, and 2106, and the SCRs on Children in Armed Conflict.

⁵ United Nations Development Fund for Women, Arab States Regional Office (2005). Violence Against Women Study in Syria. http://www.unifem.org/attachments/stories/currents_200606_SyriaVAWstudyKeyFindings.pdf

2. *The international community must take action to secure commitments from all parties to the conflict in Syria to adhere to the principles of human rights and international humanitarian law, and to protect the civilian population by taking adequate measures to prevent all forms of GBV and ensure safe access to medical care and assistance.*
3. *Women and girls, men and boys, should be empowered to take an active part in the prevention of GBV.* Positive coping mechanisms and community protection strategies should be strengthened, in particular through community-based initiatives. Community and religious leaders should play a positive role in supporting social norms and protective behaviors and should actively combat harmful practices.

4. *The humanitarian community, with the support of donors, should prioritise community-based initiatives to address GBV as a mechanism for promoting community resilience and bolstering prevention efforts.* This should include expanded partnerships with a number of respected organizations who demonstrate their readiness to adhere to survivor-centred principles, including confidentiality



and safety. It should also include establishing safe spaces to increase women’s and girls’ safety and sense of empowerment, creating support networks amongst the community, as well as enhancing their access to information on available services. These safe spaces can offer a variety of services such as recreational activities for women and girls and the children accompanying them, and also provide psychosocial support, and sessions on reproductive health, literacy and livelihoods training. There should be greater outreach to, and engagement with, religious leaders to prevent early marriages and disseminate domestic or intra-family violence prevention messages.

5. *The donor community should increase funding for safe, non-stigmatising, culturally relevant GBV prevention and response programs in Syria consistent with the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings.* Quality services must be made available for survivors, including medical care, survivor-centred emotional support, economic empowerment and legal aid. Increased funding will also allow for the provision of specialised services for men and boys. Throughout Syria, measures must be taken to provide adequate and services for survivors of various forms of GBV and service providers.

Important *cross-sectoral prevention activities* include securing safe housing for internally displaced persons, making collective shelters safer, meeting basic protection standards, targeting assistance to vulnerable households, information dissemination about accessing food and non-food items, and awareness and action campaigns on key protection risks including early marriage.

Funding should be increased for protection, community-based services and health interventions in the Syrian Humanitarian Assistance Response Plan (SHARP) to support capacity building activities and interagency coordination to better address GBV.

6. *The humanitarian community should strengthen its efforts to safely assess the situation within Syria,* in line with WHO ethical and safety recommendations. Those in direct contact with survivors should be well-trained in these principles so that they do not inadvertently increase risks to survivors, their families, service providers or themselves. On-going assessment activities or protection monitoring should include dialogue with communities, especially with women and girls, to identify protection threats in a timely manner. Protection monitoring should allow for the strengthening of ‘real-time’ prevention measures and inform the programmatic response.