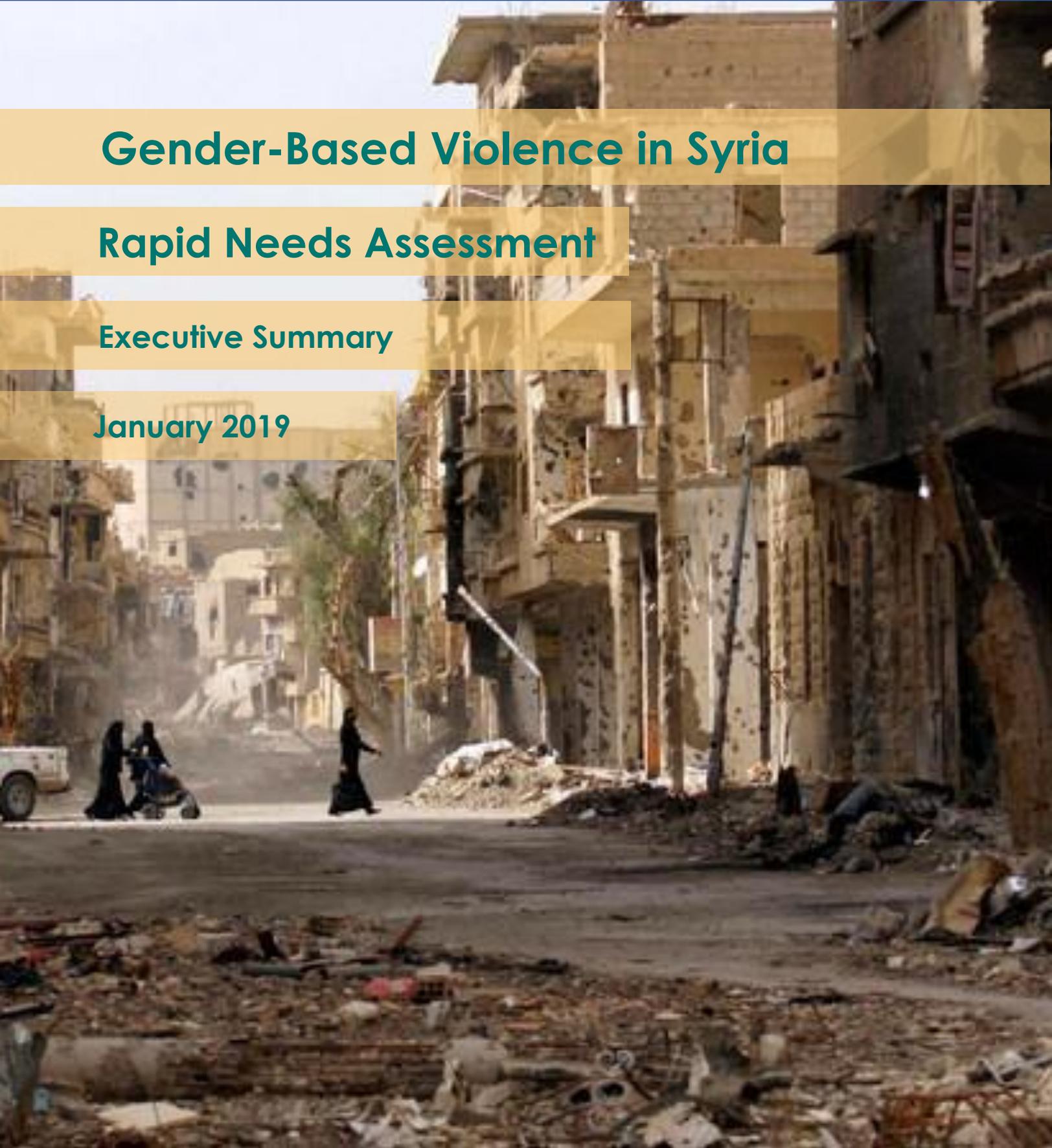


Gender-Based Violence in Syria

Rapid Needs Assessment

Executive Summary

January 2019



NORWEGIAN CHURCH AID



GOPA - DERD

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ACKNOWLEDGEMENTS

We are grateful to each and every individual who contributed to the data collection process informing this rapid assessment: the consultants and field staff members who tirelessly coordinated and carried out the focus group discussion sessions, key informant interviews, and service mapping exercises; and all the service providers and local stakeholders who actively participated in and contributed to the discussion sessions and interviews.

Thank you all.

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DISCLAIMER

This is a largely qualitative study that includes information collected directly from service providers working with beneficiaries and community members inside Syria. Views expressed in this report are the author's and/or the individuals' who participated in data collection, and do not necessarily reflect the views of NCA, ABAAD, or GOPA-DERD.

Material and geographical designations in this report do not imply the expression of any opinion whatsoever concerning the legal status of Syria, its territory, or area, or the delimitation of its frontiers or boundaries.

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ACRONYMS

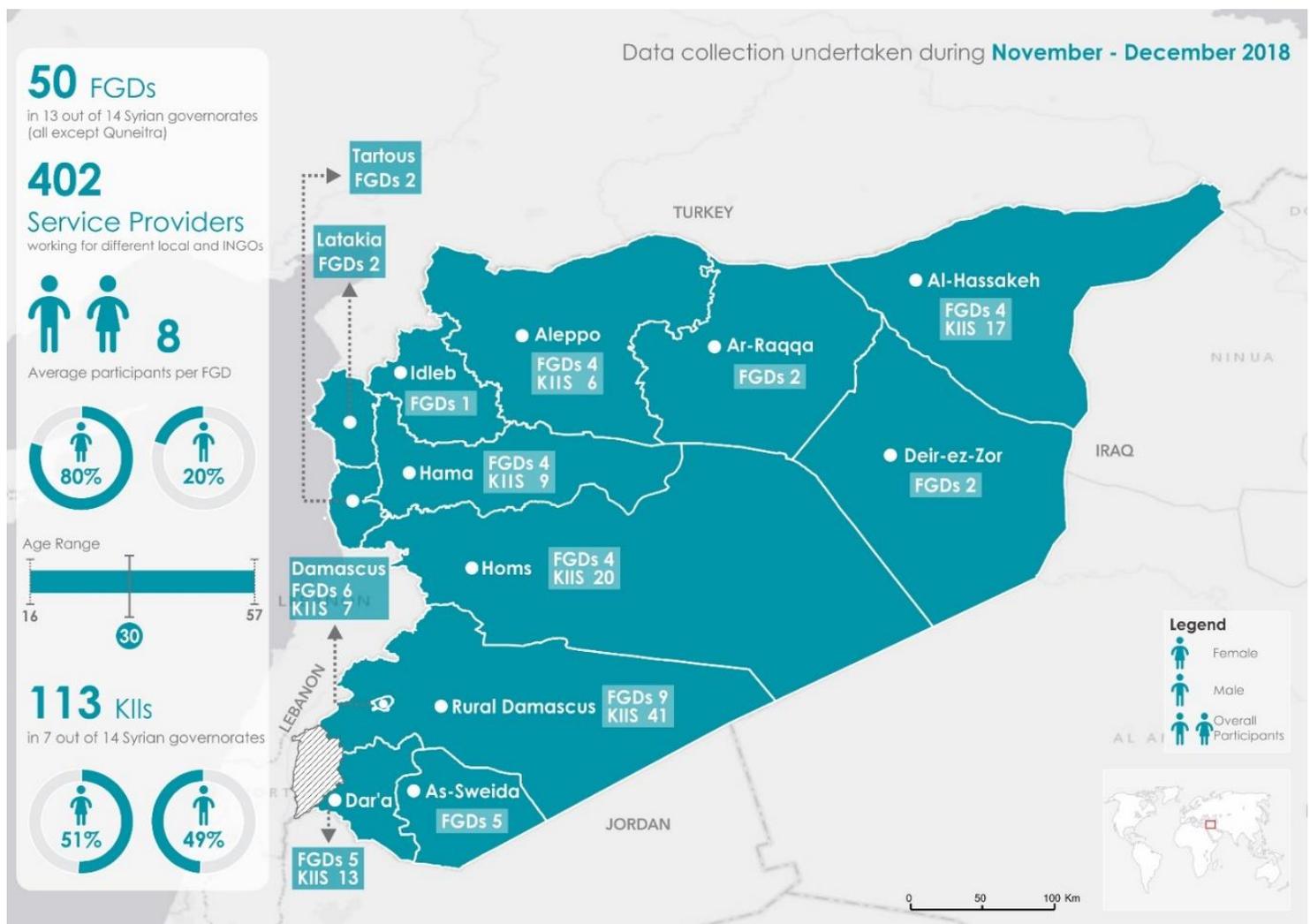
ABAAD	Dimensions
CP	Child Protection
CRM	Complaints Response Mechanism
FI	Food Items
GOPA-DERD	Greek Orthodox Patriarchate of Antioch and all the East - Department of Ecumenical Relations and Development
GoS	Government of Syria
I/NGO	International Non-Governmental Organisation
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person(s)
ISIS	Islamic State of Iraq and al-Sham
MH/PSS	Mental Health and Psychosocial Support
NCA	Norwegian Church Aid
NFI	Non-Food Items
P/SEA	Prevention of Sexual Exploitation and Abuse
S/GBV	Sexual and Gender-Based Violence
SRHR	Sexual and Reproductive Health and Rights
UASC	Unaccompanied and Separated Children
UNHCR	United Nations High Commissioner for Refugees
USD	United States Dollar

METHODOLOGY

Assessment Overview

Within the scope of the partnership between NCA, ABAAD, and GOPA-DERD, this *Rapid GBV Assessment in Syria* was conducted with the aim of understanding the reality on the ground with respect to gender-based violence (GBV) perpetrated against women and girls. The assessment collected information from Syrian specialists providing direct services to local communities, thus capturing both, community perceptions (through second-hand information on behalf of the communities, as well as first-hand information through the service providers themselves, all of whom are locals), and service provider attitudes and practices, which would further reflect capacity building needs.

Geographical Scope and Sampling Overview



ABAAD consultants conducted 50 Focus Group Discussions in 13 of the 14 Syrian governorates (all with the exception of Quneitra) with 402 service providers working for different local and international NGOs. Each discussion group had an average of eight participants. The overall

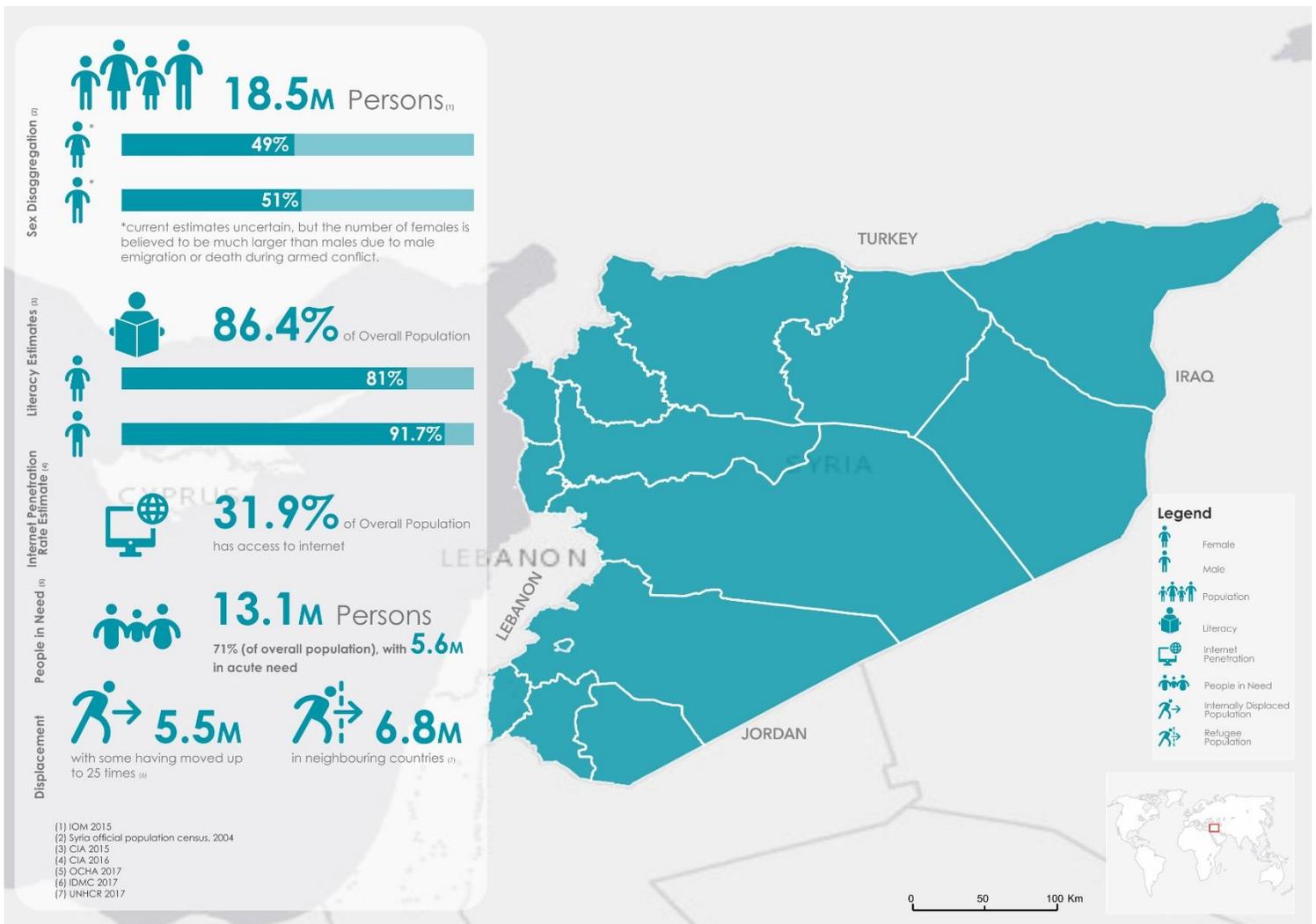
sample was 80% female and 20% male, with ages ranging from 16 to 57, and an average age of 30 years old.

Simultaneously, assessment information on available services to different communities was collected from 113 Key Informants (98 by GOPA-DERD and 15 by ABAAD) in seven governorates (Aleppo, Damascus, Daraa, Hama, Hassakeh, Homs, and Rural Damascus), while five consultants carried out organisational service mapping.

Sources of Information

- Primary data from FGDs, KIs, and local stakeholders.
- Secondary data through literature review from the public domain.

Situation Overview – By Numbers



KEY FINDINGS

Safety Concerns of Women and Girls in Emergency Settings

Population Movements and Safety Concerns

Population movements come with significant risk to IDPs, particularly women and girls. While the patriarchal Syrian society in itself presents different types of GBV in both socio-political and family spheres, the displacement and war conditions have exacerbated the risks to women and girls. This includes a hike in all nine types of GBV; sexual, physical (including domestic), economic, verbal, psychological, emotional, religious, social, and neglect.

Vulnerable Groups, Types of GBV, Specific Risk Factors

Vulnerable Groups

Across all surveyed governorates, the most at-risk categories, as reported by different service providers were: minors, mostly girls (45%), followed by women (41%), then individuals with disabilities (14%).

Among minors, adolescent girls (38%) were most at-risk of different types of violence, with 28% also mentioning that the safety and security of all children in general has been at increased risk during the years since 2011. Orphans, street children, UASC, and IDP children were also emphasised as vulnerable groups.

Among women, widows were the most at-risk population, followed by single mothers (with husbands missing or absent due to immigration), then divorcees. To note is that the top three categories considered most vulnerable involved the absence of a male in the household; that, coupled with their poverty, exacerbates their inability to protect themselves and their exposure to exploitation. For similar reasons, IDP women are also at significant risk of abuse or exploitation, especially but not limited to sexual. The elderly category is also quite overlooked in terms of provision of assistance and support, especially due to their requiring absent specialised care and services.

For individuals with disabilities, the respondents reported that there are very little services and support available for both, the person with the disability, as well as their caregivers (including PSS), and the most common types of violence towards the former were sexual (exploiting their disabilities to harass or rape them) and neglect (insufficient care, lack of disability considerations in public places).

Main Types of GBV towards Women and Girls

Child Marriage, to some families, has been a longstanding tradition in Syria, but since the onset of the crisis, it has been on the rise, heavily impacting 13 to 14-year-old girls. It is mainly taking place for the reduction of financial burdens on the families, financial gain from dowry, and the family's belief that they are protecting the girls from rape, armed groups, and being taken captive, because "a man is mercy, even if he himself is merciless."

Sexual Violence is one of the most prominent types of violence currently being perpetrated against all categories of women and girls. It is occurring in the household, at school, in public places, and online, at the hands of family members, employers, acquaintances, strangers, and armed groups. There is a blackout on sexual health and rights awareness, and females – especially adolescents – are uncertain how to act or fend off unwanted sexual advances or harassment.



I know that my husband is sexually harassing our children, but I am too afraid to tell anyone for fear of the repercussions both they and I might face if no action is taken against him. I am also afraid of community stigma towards us.

Mother, Rural Damascus

Physical and Domestic Violence has been a widespread phenomenon, even preceding the crisis. Its incidence has increased, however, due to stress, anger, and the need to ‘vent,’ as well as shifting gender roles, particularly when men lose their breadwinner status to their wives, and feel the necessity of “re-establishing their dominance.”

“*A survivor's family married her to a man who knew she had been raped and claimed that he accepted the fact. Shortly after marriage, he began physically abusing her, blaming her, humiliating her, and constantly reminding her that she had been raped, to a point that she became convinced that she deserves any punishment and violence that she gets.*

Case Manager, Sweida Suburbs

Economic Violence and Exploitation especially affects children who have dropped out of school to support their families, and women and girls who face sexual exploitation to be able to keep their jobs/sources of income. Many females both work with no pay in their family's agricultural lands, and are deprived of inheritance. Humanitarian actors sometimes exploit beneficiaries in return for providing assistance.

Self-Harm is increasing among younger demographics, who face significant difficulty in accepting themselves and their bodily changes at puberty, especially since they have not been taught about or prepared for them. Survivors also practice self-harm either as catharsis, or because they believe they deserve pain.

Religious Violence was reported at low rates, but the main perpetrators were religious militant groups such as ISIS, men who enforce religion/religious practices upon their wives and daughters, and intolerant communities who reject or harass people with different religious beliefs (especially IDPs).

Psychosocial Violence includes armed groups and individuals forcing civilians (including children) to witness brutal atrocities, humiliation resulting from people's needs (for example, NGOs providing assistance and photographing beneficiaries, who report feeling ashamed), and humanitarian workers doing unintended harm to their beneficiaries (e.g. carrying out PSS sessions without the proper considerations, resulting in trauma among participants).

“*It has been a general ISIS practice to beat women in the streets with bamboo sticks if any part of their bodies were visible – no matter how little – while insulting and humiliating them. If there was any “doubt around a woman's actions,” they would stone and flog her in squares in front of hundreds of people, including children.*

Social Worker, Deir Ezzor

Social Violence includes community judgment and scorn towards girls, women, and/or survivors. It also includes supporting or even encouraging violent practices such as child marriage or domestic violence.

Disability-related violence is mostly neglect towards individuals with disability (not providing adequate care), or exploitation of women and girls with mental disabilities – including of a sexual nature.

Other common types of violence mentioned included forced child conscription and deprivation of the basic child right of education, and neglect of children, women and girls, the disabled, and the elderly by the husband/father, family, or appointed caregiver.

An important note is that it is not possible to prioritise the main types of violence or the perpetrators practicing them because they are extremely interlinked – often, there are several perpetrators of one type of violence which can lead to another, or there are cases that include a number of different types of violence which occur through a “domino effect.”

Particular Risk Factors

Individual risk factors included frailty, physical or mental disability, old age, IDP status, lack of awareness or education, and the absence of a husband or other male authority figure in the family, which contributed to an inability to adequately protect oneself from oncoming attacks. However, it is important to note that in general, women reported rarely feeling safe, with some stating that “nowhere is safe for women, neither during the day, nor during the night,” and “if the husband is violent, the home will never be a safe environment, no matter what time it is.”

When asked about dangerous locations to avoid during the day and night, the list was extensive for both, thus corroborating the feeling of unease, discomfort, and lack of security in both the private and public spheres.

“ As long as there are people around, there is no safety. Those who are meant to protect civilians in the street are sometimes those who are perpetrating the sexual harassment and violence.”

Existing Channels of Reporting and Responses to GBV Cases

Health, Psychosocial, Legal, and Security Reporting

In most governorates, particularly those under GoS control, reports of harassment could be made to the police. In Ar Raqqa, reports are made to tribal leaders, and in Qamishli to the self-administration.

Survivors could receive health and psychosocial support and reporting assistance from different NGOs providing such services, but it was emphasised that such facilities are either rare, insufficient, distant geographically, or do not have specialised capable staff.

Community Systems for Justice Organisations

In general, across all FGDs, the vast majority of respondents affirmed that GBV survivors (particularly in cases of rape and sexual violence) avoid reporting the crimes perpetrated against them mainly for the following reasons:

- i) Fear of scandal and bringing shame and stigma to themselves and their families.
- ii) Fear of being branded a liar.
- iii) Lack of familial and social support effecting a broken feeling of nonchalance.
- iv) Fear of repercussions on their livelihoods or receipt of services, particularly in the cases of harassment perpetrated by humanitarian workers.
- v) If married, fear of their husbands divorcing them, and/or her daughters' futures and reputations.
- vi) Hopelessness and lack of trust in the legal system which lacks preventive laws; they feel reporting would yield no results, especially if they have no influential backing to ensure the perpetrator is penalised. In some cases, the abuse is indirectly encouraged to continue, for example in the case of a father abusing his own child who has the child returned to him due to his being the “legal guardian.”

This results in a very low rate and unrealistic image of the reported incidence of rape, and an even lower rate of penalties imposed against the perpetrators.

In the exceptional events of survivors reporting rape, perpetrators have sometimes been persecuted, but only in very rare cases, and almost always based on lower socioeconomic status, IDP status, or non-influential status (no money for bribes or no weapons). They have either faced imprisonment, or an extremely low fine estimated to be equivalent to USD 0.34. Based on the penal code (in areas under GoS control), often, in cases of rape, if the rapist marries his victim,

charges against him are dropped. In case of crimes of honour, the murderer may be acquitted due to a number of legislative loopholes.

In some cases, it is the *victims* who have been imprisoned (with minors sent to juvenile prison), or sentenced to death by tribal leaders in communities with tribal structures and laws.

Help-Seeking Behaviour

Across all 13 governorates, respondents were in consensus that survivors almost never seek help, for many deep-rooted reasons that are related to culture, customs, traditions, and, most pervasively, fear. Additionally, in many subdistricts and communities, there are no services available whatsoever, so even if survivors were aware of such services, they could not access them with ease.

Reasons for a woman or girl avoiding help included:

- Fear of being disowned by her family or killed to defend her family's honour.
- Fear of scandal and news about her own rape spreading across her community, and reaching her parents, if she has not told them.
- Fear of the repercussions that news of her rape would have on her daughters and their reputation – not just presently, but across generations.
- Fear of the community's mercilessness, judgement, ostracism, accusations, shaming, or disbelief. Some communities may also pity her, which is also unwanted.
- Fear of being considered a provocateur or accomplice to her own rape.
- Absence of an authoritative body that would respect or process their reports due to lawlessness.
- Lack of knowledge of available services, where to seek them, and what procedures can be followed; sometimes they may have the knowledge but simply not believe that they will actually receive help due to society's negative outlook and judgement towards survivors.
- Lack of sexual health awareness, and the importance of seeking immediate assistance following rape.
- Lack of specialised centres with trained specialists who can assist, and services such as forensic medical facilities.



Sometimes, if survivors try to seek help, they will do so indirectly by pretending they are asking "for a friend." And, in some cases, they seek the wrong type of help – for example a medical intervention to cover the problem; a hymenoplasty.

Trainer, Aleppo

Community Perceptions: Effectiveness of Existing Formal and Informal Services and Structures

Service Provider Policies, Practices, and Attitudes

Almost all service providers from Aleppo, Daraa, Deir Ezzor, Ar Raqqa, and Rural Damascus said that they would believe survivors' stories of sexual assault and exploitation because such incidents have been happening too often in their locations. Similarly, there was a high rate of affirmation in Damascus, Hama, Homs, and Qamishli (Hassakeh).

In Idleb, the specialists all stated that the majority of the community would not only doubt the stories, but would blame the survivor herself due to local customs and culture.

In Latakia, Sweida, and Tartous, responses were mixed; they would either believe the story but would ensure "taking the necessary investigative steps in order to confirm it," or they may not believe it at all.

A minor number of service providers affirmed that they thought survivors may be making the stories up in order to get assistance. While this may be possible, it is important to emphasise that *service providers are not in a position to decide whether or not a beneficiary is telling the truth*. Capacity

building is crucial to ensure that case managers do not allow any distrust or preconceived notions to affect their duty of care, active listening, and full provision of effective services for each beneficiary who requests their assistance.

Community Attitudes, Practices, and Norms

Communities generally tended to be selective in whether or not they thought the survivor was credible based on the nature of the incident, and her or the perpetrator's status. Additionally, even when they are believed, the consequential chain of events is almost never positive (unless the families are more educated and aware): families unsupportively try to keep the matter quiet, imprison and/or harshly discipline the survivor, exploit her in the household, marry her to the rapist or the first suitor who accepts, and possibly even resort to honour killing to "regain their honour." Communities tend to accuse and victim-shame, regarding them with scorn and contempt as accomplices who have provoked their own assault.

One positive exception was recorded in Qamishli, where despite the continued community ostracism of the survivors, the self-administration has begun requiring parents of survivors to sign pledges that they will not abuse or harm them, but instead provide them with the needed healthcare and protection.

GBV Prevention and Response Action Multi-Sectoral Services

Available Services

The different types of services mentioned, in order of most commonly recurring to least prominent, are the following: Health (24%), PSS (16%), Case management (12%), Relief - Basic Needs (Cash, FI, NFI, etc.) (10%), Awareness and prevention (9%), and Legal (7%).

Other existent but less frequently reported services were the following: Protection, Education, Services for Adults, Services for individuals with special needs and/or disabilities, Assistance Counsellors, Registration services (UNHCR), GBV, Shelter, Vocational training, CP, Child and maternal health, Orphan care or orphanages, Elderly support, and Security/Police.

Barriers Hindering Access to Services

Among others, some obstacles affecting beneficiary access to services include: lack of awareness regarding the existing services; lack of trust in personnel or the community at large, which makes survivors feel that they will not be able to receive the help they need, lack of specialised staff that can deal with GBV cases in a manner free of judgment and preconceived notions and based on international standards and ethical "Do No Harm" principles; large distances from residence, inexistence of facilities providing services except in certain areas; insufficient centres and high crowding which is off-putting to some, especially those afraid of scandal; centres which only provide service to specific demographics.

Unintended Consequences of Humanitarian Actions

- ! Possible abuse of assistance distribution workers' decision-making roles and positions of trust to sexually exploit vulnerable beneficiary populations.
- ! Possible sexual or economic exploitation of beneficiaries and survivors at service provision centres.
- ! Violation of PSEA through encouraging unethical interactions or behaviour by beneficiaries attempting to receive additional benefits or assistance.
- ! Lack of adherence to activity SOPs, which may potentially put beneficiaries at risk of different types of violence including sexual harassment or physical violence at distribution sites, or women being prohibited from benefiting from services by their husbands/families if the service providers (especially medical or PSS) do not take gender needs into consideration, etc.

- ! Unclear CRM or fear of retaliation/retribution, where the lack of clarity or confidentiality can discourage beneficiaries from reporting any harassment or exploitation, or the possibility of retaliation in case of reporting, which would cause beneficiaries to avoid reporting for fear of losing assistance or services.

RECOMMENDATIONS

Capacity Development

- **Build service provider capacities on quality SGBV response:** In many cases, and especially due to high staff turnover, organisations are hiring case managers who have no relevant degree or experience. This can cause significant harm to beneficiaries, particularly if the staff is not experienced or adequately trained. This could be addressed by identifying core competencies that are critical to each direct service position depending on the depth of client engagement. Standardised training plans that build these competencies could also then be introduced. In regime-controlled areas, to the extent possible, it is also recommended to work on partnering with state-operated centres and health facilities and train personnel working there, as they are the main service providers.
- **Build capacities of teachers and school nurses, counsellors, and protection officers:** At schools, teachers, nurses, and counsellors/protection officers are key primary (and already existing) community supports. As they are on the front lines every day, they can benefit from capacity building on identifying child survivors and working with highly traumatised populations (even at a minimum standards-level, they can be trained in trauma-informed education practices). This is an indispensable component of MHPSS service provision and aligns with Tier 2 of the IASC pyramid.
- **Train doctors, forensic doctors, and medical staff on the Clinical Management of Rape,** as well as on the medical ethics and standards of confidentiality, anonymity, and non-disclosure.
- **Avail community volunteers of capacity building opportunities:** It is difficult to obtain a budget to train all interested parties across Syria on PSS and GBV, particularly if they are community volunteers working on own initiatives and rather than with a particular NGO. However, simple, non-specialised, and engaging user-friendly training modules or guides that will do no harm if used without technical knowledge can be developed and made accessible as distance learning through the internet, made available in a secured and offline manner. A database of available tools can also be created and circulated to facilitate the access of any volunteers and PSS/GBV staff looking to increase their skills. Volunteer-led peer support groups can also be a viable option if directly trained and mentored by relevant experts, and at a later stage empowered to feel a sense of ownership in regard to continuing activities post end of support.
- **Train and supervise staff working directly with beneficiaries:** Ensure that staff are aware of and implementing Do No Harm principles, ethical humanitarian principles and minimum standards, and PSEA. Additionally, the concepts of beneficiary consent need to be widespread, especially in the case of recording audio-visual material of them.

Service Improvement

- **Offer legal assistance, consultations, and representation to women who need them:** Legal consultations can be provided free of charge to women and girls who need them, either in terms of GBV protection and response, or in terms of economic abuse and their rights to property and asset inheritance.
- **Work towards creating a consortium of organisations working on GBV, and develop and apply minimum standards as a reference point:** Currently, there is no accountability or reference point in regard to applying Do No Harm or ethical standards of working with survivors. Developing minimum standards that each organisation should adhere to is crucial to ensure beneficiary safety. This can also be done through lobbying with donor agencies to impose minimum standard accountability, which can be regularly be verified through third-party monitoring and beneficiary satisfaction surveys.
- **Survivor consent, policy development, and referral pathway development:** Currently, there is no official referral pathway in Syria, only unofficial attempts by humanitarian workers. Cases of rape have been reported to the authorities by medical personnel, without clear knowledge of whether survivor consent was taken. Accordingly, it is crucial to develop new policies to be adapted in case management settings and reporting procedures, that include respecting a survivor's wishes and taking her consent before taking any steps. A clear referral pathway will also play an important role in facilitating access to life-saving services through service provider referrals.

Policy and Lobbying

- **Work with policy-makers to develop proper reporting channels that undergo adequate due diligence:** While this may be somewhat difficult taking into consideration the different areas of control and the diverse legal structures or lack thereof, it is important to work with policy and decisionmakers to ensure that adequate reporting channels are in effect, as corruption-free as possible. This would give survivors a renewed hope and encourage them to report if they see that perpetrators may be brought to justice. Since survivors should also never be penalised, targeting trainings catering to police, security forces, judges, and other stakeholders is also necessary.
- **Abolish penal code article exonerating rapists and honour criminals:** In partnership with a local Syrian organisation to spearhead the initiative, create a group of local legal and psychosocial experts to develop and present a draft law proposing to abolish the penal code articles related to dropping charges against rapists who marry their victims.
- **Public campaigning on rights of survivors:** Lead public campaigns to inform survivors and the community at large of women's and survivors' rights. This can follow training security forces and establishing proper reporting channels, to encourage women to report. Partnering with journalists and mainstream media, as well as posting on social media will play an important role in spreading the word to different age groups.

Public Opinion/Behavioural Change

- **Early prevention and community awareness:** In order to address GBV, extensive work needs to be done with the communities and with individuals, engaging both perpetrators and survivors alike, as well as children for early prevention. However, to avoid being marked as provocative or "*importing Western ideas*," it is important to take any contextual specificities into consideration when designing programmes and activities, ensuring a participatory grassroots design that builds upon the opinions of experts, and the self-identified needs of the communities the work is intended to serve.

- **Increase SRHR awareness** among both adults and adolescents, especially at schools. The sessions need to target girls separately to teach them about their rights and how to protect themselves and ward off unwanted advances and attacks; and boys separately to engage them in ending the cycle of violence and harassment against women and girls, and in learning about positive masculinities.
- **Train journalists and television anchors or show hosts on survivor-friendly language and portrayals:** Media personnel can be trained on Do No Harm in terms of how questions are asked, as well as regarding exploiting survivors' photos and stories to sell stories. A particular emphasis should be placed on the critical need of survivor informed consent. Doing so will be an important first step to increase community awareness on the harms of victim-blaming, survivors' rights, as well as important considerations and caregiving. Currently, the media lacks any programmes that raise awareness about such issues, and even those that exist are weak, insufficient, and unspecialised.
- **Raise awareness on the harms of child marriage:** Given that the phenomenon is on the rise for numerous reasons, it is important to address the topic, and explain to parents the harmful consequences of marriage under the age of 18.
- **Raise awareness on economic rights and exploitation:** Basing the sessions on local laws, raise general awareness about women's rights to property ownership, community awareness on no longer depriving girls of their rights, ensuring to focus on the protection aspect.

Accountability and Community Cohesion

- **Establish effective reporting mechanisms, and ensure beneficiaries are informed of them:** NGOs often have Complaint Response Mechanisms that their beneficiaries know nothing about, not even that they exist. As part of organisational accountability to communities, it is important to ensure they are aware of the CRM in place. Additionally, due to fear resulting in underreporting even when beneficiaries are aware of the mechanisms, the CRM needs to provide system that protect beneficiary anonymity (where the complaint, for example, does not reach a field office, but rather a management office or HQ and which is run by a staff member who is not acquainted with the field team to ensure that all complaints, particularly those with an SEA nature, are conveyed and adequately investigated). To the extent possible, apply a strong vetting process that avoids contracting individuals who do not have the skills, knowledge, or ethics to be working with beneficiaries.
- **Provide assistance to host and IDP communities alike:** To ensure that assistance neither creates intra-community tensions nor affects organisational credibility, it is important to ensure that any established services target both IDP and host communities – if not equally, at least with a fair percentage towards host communities, who are often also suffering from similar issues and poverty levels.