



Syrian Women & Girls: Fleeing death, facing ongoing threats and humiliation



A Gender-based Violence Rapid Assessment

Syrian Refugee Populations, Lebanon
August 2012

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EXECUTIVE SUMMARY

Syrian women and girls coming to Lebanon are at increased risk of multiple forms of violence due to generalized insecurity and limited access to support. IRC's rapid GBV assessment highlighted the myriad and severe protection issues women and girls faced before leaving Syria, and since arriving in Lebanon.

General Protection Concerns:

- Many newly arrived women and girls are living in **unplanned and overcrowded refugee settlements**, with minimal privacy and compromised safety, particularly among those refugee populations inhabiting abandoned public buildings.
- **Minimal coordination and lack of adherence to international standards of humanitarian assistance** have hindered women's and girls' ability to access services. **Discrimination and mistreatment** are key barriers to accessing services.

Gender-based Violence:

- **Rape and sexual violence** were identified by focus groups and key informants alike as the most extensive form of violence faced by women and girls while in Syria. Women reported¹ that acts of sexual violence were frequently perpetrated within homes, and coupled with other forms of physical assault, torture, kidnapping, and sometimes murder, and often in the presence of male family members.
- **Intimate partner violence (IPV), early marriage and survival sex** were identified by adult women and adolescent girls as other forms of violence currently experienced by women and girls since arriving in Lebanon. Adult female participants in several focus groups reported that IPV has increased since their arrival in Lebanon, while adolescent girls stated that early marriages have increased, most frequently framed as efforts by families to "protect" girls from being raped, or to ensure that they are "under the protection of a man."¹ Survival sex, typically linked to women's and girls' desperate need to access income to cover the increased cost of living since arriving in Lebanon, was also identified as a type of violence frequently experienced by Syrian women and girls.

Inability to Safely Access Support and Services:

- **Survivors are reluctant to report GBV**, due to restrictive cultural values and stigma. Women, girls, and key informants reported that survivors would be very unlikely to seek support due to the shame, fear and "dishonor" to their families. Women risk further physical and sexual violence, including death, often from their own families, when reporting GBV, a pattern that exists in many contexts in which "dishonor" and "disgrace" are considered to further compromise women's and girls' safety and exposure to ongoing violence.
- Women and girls have **restricted access to information** about availability of services and support, particularly those that are relevant to survivors of gender-based violence. Key informants strongly agreed that there are **few services currently in place** specifically designed to meet the needs of survivors of GBV or that are accessible to Syrian refugees.

¹ Discussions during focus groups indicated that girls who are already married when they are raped will likely be viewed differently by the community than those who are not yet married. Although they may still be divorced by their husbands after the incident, the image of a "divorced" woman is still preferable to the image of an "unmarriageable" woman.

INTRODUCTION

As the Syrian uprising approaches its 17th month, women's and girls' exposure to various forms of gender-based violence, including widespread sexual violence, have been heightened by the conflict and displacement within Syria. Lebanon has continued to keep its borders open to allow for the movement of refugees into the country. Yet the needs of incoming refugees are stretching the capacity of the government and civil society to respond. Fees and other costs Syrians must pay to access local services are a key consideration for NGOs in supporting refugees in Lebanon.

Formalized camps have not been established for Syrian refugees in Lebanon. Refugees in Lebanon are residing in urban, sub-urban, or rural settings, living with host families, renting empty apartments (often with more than one family sharing the cost), residing in empty public buildings (such as schools and mosques), or living in ad hoc shelters.

On July 20, the UNHCR reported that 18,000 Syrian refugees had come over the border into Lebanon within a two-day period. Prior to this influx, 30,000 Syrian refugees had already been registered. UNHCR's current estimate is over 51,000.² Activists have reported that there may be as many as 90,000 Syrian refugees across Lebanon³. Neither of these reports takes into the account the vast numbers of Syrians who were living and working in the country prior to the outbreak of the conflict, and who are now unable to return. There are a wide range of organizations working to assist Syrian refugees, including international NGOs (working in coordination with the UNHCR), local and national NGOs, and small faith-based organizations (primarily working through local sheikhs and other religious leaders).

In August 2012 the International Rescue Committee (IRC) conducted a rapid assessment of risks and violence faced by women and girls among the Syrian refugee population within Lebanon. The assessment methodology utilized a selection of primary data collection tools, including focus group discussions (FGDs), key informant interviews, and safety audits.

Methodology

The methodology design was based on the prioritization of accessing and understanding 'big picture' issues: focusing on more qualitative 'how' and 'why' questions, rather than quantitative/statistical data around GBV incidence among the Syrian population.

Ten focus group discussions (FGDs) were conducted in four refugee settlement locations in the North and Beka'a governorates of Lebanon. Through the FGDs, IRC spoke to approximately 100 women (20% of whom were under the age of 18) and 20 men (between the ages of 19 and 35). The assessment team conducted the ten focus groups in locations representing the various contexts in which refugees are living: urban, sub-urban, and rural settings. The selection of FGD participants was done in consultation with and support from national and local NGOs already present in the refugee communities.

To supplement the information collected in the focus group discussions, the assessment team conducted 20 key informant interviews with male and female service providers and key members of the community. Key informant service providers comprised INGO, NGO and UN agency representatives working on GBV, child protection, and protection programs, nurses, social workers, and local sheikhs. Key informants from within the refugee community included teachers, refugee sheikhs, volunteer outreach workers, and community elders. Questions on the key informant interviews were consistent with those asked within the focus group discussions, with more emphasis placed on the provision of health and emotional support to survivors of gender-based violence, and barriers to accessing those services.

² Data as of August 22, 2012. <http://data.unhcr.org/syrianrefugees/regional.php>

³ <http://www.dailystar.com.lb/News/Local-News/2012/Jul-26/182022-activists-say-kidnappings-stoke-fears-of-syrian-refugees.ashx#axzz21kjTTcha>

The final element of the rapid assessment consisted of a small set of safety audits in three refugee locations throughout the North and Beka'a governorates. The safety audits (an observational analysis) focused on identifiable problems in the categories of overall layout (lighting, privacy, accessibility to distribution and service provision points), overcrowding, safety and security, living conditions, and the proximity of armed actors and checkpoints. The safety audit was used as a means to identify risk factors and problems with service provision that might particularly impact women and girls.

Limitations and Ethical Considerations

A limitation of this assessment is that IRC was unable to interview a wide cross-section of Syrian refugees, therefore it is unclear if their experience is representative of all Syrian refugees. However, the findings on women's experiences of gender-based violence are consistent with global trends of increased risk of GBV during conflict and displacement.

Participants often exhibited high levels of emotion, distress and anxiety. Periodically, throughout the discussions, facilitators would move away from the discussion questions to ensure participants were comfortable continuing and to confirm the process remained constructive to data collection. As a result, with several groups, it was not possible to complete the full range of questions intended. Data collection was cut short prior to completion due to increased insecurities in several towns in which data collection was intended.

The structure and approach of the assessment were designed to avoid over-burdening the population with information demands, ensure a low profile pre-intervention to manage expectations, and to avoid causing harm by probing too deeply into sensitive topics, without having a sufficient response in place to address them. Prior to each interview with a key informant or a focus group, an informed consent 'statement' was read and agreed to by the person(s) being interviewed. If the interviewee did not agree, the interview was not conducted.

KEY FINDINGS

Gender-based Violence: Rape, Early Marriage, Intimate Partner Violence, and Survival Sex **Rape and Early Marriage**

"We have surrendered to the reality of rape."

- Adult female FGD participant

Participants in all focus groups identified rape as a main feature of the conflict in Syria, with numerous examples and stories provided in all ten groups. Stories of rape and sexual violence were coupled with references to humiliation, torture, and kidnappings. Focus group participants reported armed actors breaking into the homes of families and specifically targeting women and girls in the households in an effort to "dishonor" or coerce the men in the family. One group illustrated an incident during which five women were kidnapped from a village, raped and tortured, stripped, and killed and their bodies thrown into the streets of the village. Another group explained that armed actors frequently targeted teenage girls.

Further descriptions of incidents of rape referenced acts of humiliation, and additional physical violence and torture, including burning or shooting the feet of victims so they were unable to escape. Several groups alluded to incidents of pregnant women, stabbed in their stomachs, and then raped in front of their husbands.

Many participants reported incidents of sexual violence perpetrated against women and girls in prisons. All groups provided descriptions of women and girls who participated in demonstrations, consequently being targeted for arrest, and then raped and tortured while in prison. Participants reported that male prisoners were often forced to witness these acts.

Key informants from among service providers and the community confirmed the presence of sexual violence since the onset of the conflict in Syria. Fourteen of the 20 key informants identified rape and sexual violence as a key risk for women and girls, primarily while still in Syria. One community member reported that within her own family, two sisters were kidnapped, raped, and their bodies were returned to their home after their throats had been cut. Many key informants confirmed that these acts were often perpetrated to target and dishonor men.

Participants in all the female groups confirmed that though early marriage was commonplace prior to the conflict, since the conflict elements of it have changed significantly. For example, focus group participants, particularly those under the age of 18, reported that early and coerced marriage has increased and the average age of girls marrying has decreased. Girls are reportedly married earlier (sometimes as young as 12) as an act of “protection” by their families.ⁱⁱ Additionally, girl-child survivors of rape are frequently married to their older cousins or other male members of the community, to “save their honor.” Adult and adolescent female group participants reported families marrying daughters to “rich Syrian” or Lebanese men in exchange for money to pay rent, or in exchange for free accommodation or reduced rent. One focus group participant related an incident involving her friend, “My friend has a young daughter. The landlord came to her and said, ‘Either pay your rent or you must leave. Or I marry your daughter.’ She gave the man her daughter.”

Intimate Partner Violence

“If a man kills his wife, no one does anything. It just happens.”

- Adult female FGD participant

Though focus group participants did not highlight intimate partner violence as a general security or safety concern, when the discussion focused on a scenario of IPV, all female participants confirmed that this is among the most common types of violence women currently experience (in displacement). This scenario resonated particularly with adult women, especially those over the age of 25. Participants reported that intimate partner violence had in fact increased since the conflict, attributing this to exacerbated levels of stress, anxiety, and feelings of powerlessness among men since the conflict. One woman reported, “My husband is so angry all the time now.”

Similar to focus group participants, key informants did not reference intimate partner violence as a “type of violence faced by women and girls since arriving in Lebanon.” However, when specifically asked about “violence in the home” almost half of key informants selected this as a key safety and security concern facing adult women in the communities (fewer identified this same type of violence as a key safety concern for adolescent girls).

Sex to Survive

When asked about a scenario involving survival sex, all groups (both male and female) acknowledged that there are women and girls within the community who have been forced to engage in sex in exchange for money, resources, or access to certain services and assets, particularly costs associated with rent and accommodation.

“There are always men who are coming to families with many daughters and offering to help.”

- Adult female FGD participant

Male focus group participants in both groups felt that though this activity was likely to be occurring, men would be least likely to hear directly about the incidents as their reaction would “cause a scandal.”

Nearly half of the key informants reported hearing stories from within the community that women were resorting to having sex in exchange for money, typically to cover the costs of rent. These same key informants stated that women were engaging in multiple activities to increase their access to income. In addition to survival sex, they reported that women and girls were selling food from distributions, and other items circulated in small-scale NFI distributions. There were multiple reports among key informants of a shortage of services (stating that many distributions were ad hoc, inconsistent, and did not provide full coverage of the selected populations), a significant increase in cost of living (everything from cost of rent to cost of food) between Syria and Lebanon, and the presence of “men with money” coming to locations in which refugees are living, “looking” for women and girls.

Ability to Safely Access Support and Services and Help-Seeking Considerations

Ability to Safely Access Services

Among all focus groups, real and perceived fear of mistreatment by service providers was reported as the most significant and pressing reason that women and girls are unable to access services. Over half of the key informants noted “fear of mistreatment” as one of the main barriers. This was reinforced by participants in multiple focus groups.

“In Syria, we fled from death. Here we are living in humiliation.”

- Adult female FGD participant

When asked about barriers to accessing services for women and girls, key informants listed the following in order of frequency: fear of mistreatment by service providers; inconvenience of locations; most do not know about the services; it is not safe for women and girls to travel to the locations; girls and women are not permitted to access these services by their families; and the hours are not convenient. Other barriers included “priority is given to men”; “cost is prohibitive”; and “fear of kidnapping”.

Participants in all the groups reported that discrimination and mistreatment by local NGOs were preventing them from getting support. When attempting to access services, participants reported feeling “humiliated, as if we were begging.” All the groups, both male and female, provided numerous examples of discrimination against Syrian refugees when trying to obtain assistance and services (from local organizations not receiving support from international NGOs or the UN). Several groups also reported struggling when accessing services, particularly those provided by municipal groups, because they lacked proper documentation. One woman in Tripoli stated, “Many of us lost all our documents when our houses were looted and burned. They tell us to go back to Syria to get our documents. How can we go back?”

The assessment team observed that while many small NGOs exist, there are few coordination bodies in place with the ability to monitor adherence to international standards for humanitarian response and provide needed technical or other support. More transparent and accountable processes for aid distribution are needed to ensure that all refugees have safe access to assistance. Focus group participants would report problems in accessing basic goods, particularly in food distributions led by men. Humiliation and verbal abuse were reported as key problems for Syrian women.

Key informant interviews, some with organizations that were identified as GBV service providers, revealed that many GBV-specific services are in need of technical support if they are to respond to the needs of survivors. Many health and emotional support services identified as “GBV” were general and not targeted to GBV survivors or to reproductive health needs.

Help-Seeking Considerations

Initial discussions on the treatment of GBV survivors focused primarily on rape in Syria. Many participants in the female focus groups reported that honor was a primary concern that affects women's decisions to disclose GBV and the way in which families choose to "protect" women, both when a woman has experienced rape and if the family fears she may be raped. In one group, a woman stated, "Honor is everything to my family. One day, my brother brought all the females in the family together and told them, 'I will kill all of you before I let anyone touch you. I promise I will do this for you, to protect you.'" Others, however, stated that rape has become so widespread in the Syrian conflict that many families will "accept" their daughters and not blame them for the incident: "Now families will not react. They know this is now the situation," reported an adolescent girl. One of the men's group stated that male members of the community will marry survivors of rape to "help the families." In one of the adolescent girl groups, participants stated, "Sometimes she might be killed by her family. She might kill herself. The rape itself dishonors the family. She knows that she will be dishonored for the rest of her life."

"Either they slaughter her or they hide her as if she is no longer a human being."

- Adult female FGD participant

The scenarios provided focus group participants an opportunity to highlight additional barriers to assistance faced by survivors of other types of GBV. Shame and dishonor again featured prominently in these discussions with both male and female focus group participants. Women and girls in general, and survivors of IPV and sexual exploitation in particular, reportedly fear ongoing harassment, scandal, risk of further rape and assault, divorce or abandonment by their husbands, or increased violence perpetrated by their husbands.

Eighteen of the 20 key informants stated that there were no health or emotional support services specifically designed to meet the needs of survivors of GBV. Two-thirds of key informants felt that, even if there were sufficient services in place, most survivors would tell no one what happened to them for a variety of reasons. The reasons most frequently cited by key informants were the fear among women and girls of being identified as a survivor of violence and the absence of confidential services. Eight of 20 of key informants also confirmed that restrictive cultural values and shame would act as a powerful deterrent for survivors to seek support. Key informants additionally reported that women and girls in particular have extremely limited access to information about either the availability or location of specific services for survivors, or the benefits of accessing these services.

Insecurity and General Protection Concerns

While some of the more suburban locations in which refugees have settled offer a lower cost of living and more opportunities to live in low-rent accommodation or abandoned or unused apartment or public buildings, the safety audits found that the overall layout of these locations posed protection concerns. They lack basic site planning (including distribution points), appropriate security measures and safe space allocation for women and girls. They also have issues of overcrowding and offer minimal privacy. The three locations in which the audits were conducted (an apartment building, a school, and a mosque – including makeshift tents) lacked consistent and effectively coordinated service provision, and had few discernible refugee population access points. Several of the locations in which the refugee populations are living require passage through a military checkpoint in order to access the refugee population.

In addition to the multiple risks identified during the safety audits, participants in both the male and female focus groups reported that women and girls face restricted movement (typically imposed on them by their families to "protect" them), abuse and exploitation, and live in fear of being harmed or killed by family members for being involved in honor-related crimes. When asked about how women and girls spend their

days, female participants in several groups reported being unable to leave their homes or buildings because of their “safety.” Restricted movement is linked largely to the abuse and mistreatment faced by some when trying to access services or distributions.

RECOMMENDATIONS

The scope and scale of gender-based violence experienced by women and girls in Syria, the violence, humiliation, and mistreatment they continue to face since arriving in Lebanon, and the shortage of quality services is alarming and needs to be urgently addressed. In order to do so, the following actions are recommended:

1. Syrian refugee women and girls, including survivors of GBV, need access to quality health and emotional support services.

A comprehensive and effective emotional support strategy should include provision of age-appropriate GBV case management, group support services (for a range of women and girls, including survivors), community-driven outreach activities (including key messages about content and availability of services), mobile support activities and outreach, and immediate referrals to health services and other needed support. Refugee women should also be able to obtain dignity kits and other relevant material goods. Services must be relevant to adult and adolescent girls who potentially require separate hours for different age groups and different outreach techniques.

Emphasizing group support activities in addition to counseling and case management will expand access to those survivors who need services but do not choose to disclose their status as survivors. This strategy will also strengthen existing coping skills among individuals and groups, of women and girls in general, and survivors of GBV specifically.

2. Technical assistance should be provided to local health providers to increase access to quality health services for women and girls who are survivors of rape, sexual assault and other forms of GBV.

It is possible to significantly mitigate the health consequences and emotional impacts faced by women and girls in Syria by ensuring survivors get immediate care. Currently existing health care services are spread across a wide geographic area, limiting access for refugee women.

To address current GBV service gaps, technical training should be provided to primary health care staff on GBV survivor-centered approaches, age-appropriate treatment methodologies, case identification, and GBV case management protocols. Training and technical assistance should emphasize minimum standards (including the Clinical Care for Sexual Assault Survivors, and the Minimum Initial Service Package for Reproductive Health in Crisis Situations)

3. Provide relevant and needed material goods and economic support to mitigate risks faced by women and girls, and to increase their social and economic capital

The reports of women and girls engaging in survival sex in order to access additional income indicates a need to provide a broader range of material support, including dignity kits, or appropriate cash- or voucher-based assistance.

The implementation of key material-based distribution strategies will mitigate critical risks faced by Syrian women and girls living in Lebanon, and increase their social and economic capital and assets. These strategies should be designed, in consultation with the community, to address tangible risks: the immediate need to cover the high cost of living Syrian refugee women and girls are currently facing in Lebanon, the

potential for women and girls to have to engage in sex in exchange for money or resources, and minimal access that women and girls have to information and services.

4. Support the development, or adaptation, of GBV coordination structures (with an emphasis on strengthening referral pathways and protocols on secure access by the refugee population to comprehensive, safe and confidential GBV support services).

Existing referral mechanisms need to be strengthened to ensure immediate access of the refugee population to comprehensive, safe, and confidential GBV and health support services. Survivors who present at any service provider should be able to immediately access age-appropriate health or emotional support services, with follow up of case management of survivors by appropriate and trained staff. Referral mechanisms and coordination bodies must be established to minimize any confusion around treatment of survivors of GBV or to unnecessarily involve multiple service providers in survivor support actions.

Conclusions

The information collected from the rapid assessment indicates that many women and girls have suffered sexual violence during the conflict. In Lebanon, there are ongoing protection concerns for women and girls including minimal economic and social assets and capital, potentially exploitative service provision, overcrowding, and a highly insecure and political environment.

Due to the severity and range of the violence referenced over the course of the assessment, it is likely that numerous women and girls living in Lebanon have experienced multiple forms of violence, including rape. However, it is also evident that women and girls in general, and survivors in particular, are fearful of reporting and disclosing their status due to: fear of identification as a survivor, fear of exposure to on-going violence, distance to most service locations, and reports of mistreatment and humiliation by existing service providers.

ⁱ Women reported stories of violence that they had heard of, witnessed and experienced. Not all reports of violence discussed in focus groups were personal experiences. Because of stigma around rape, women are less likely to disclose their personal experiences.

ⁱⁱ This concept of protection was explained by many participants as a situation whereby families fear that at least one of their daughters will be raped, thus their intention is to have their daughters marry so that they are under the protection of a man, or to at least ensure that if and when they are raped (and subsequently left by their husbands), they will be labeled as divorced, which is considered a more desirable status than surviving rape and being identified as “unmarriageable.”