

AN OVERVIEW OF GENDER-BASED VIOLENCE IN SYRIA

“ I don't think the world understands what it means to be a woman living in Syria today. It is a life filled with danger, grief, and struggle, especially after the economic crisis.

— A WOMAN FROM DEIR-EZ-ZOR





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OVERVIEW

GBV SNAPSHOT

Thirteen years since its onset, the Syria crisis remains one of the world's worst and longest humanitarian situations. In 2023, Syrians faced one of the worst years of this crisis, marked by a multitude of converging challenges that included ongoing hostilities, economic collapse, health outbreaks, natural disasters, climate-related challenges, mass displacement, food insecurity, and others. Coping capacities of households reportedly reached an all-time low and, despite increasing needs, there was a drastic reduction in humanitarian assistance due to funding shortfalls.

As in previous years, women and girls were the worst off, suffering heightened risks of negative coping mechanisms and gender-based violence (GBV). Most women and girls experienced compounded forms of violence, while facing high barriers to access humanitarian assistance and specialised GBV services. Women and girls in Syria described a ever present feeling of unsafety linked to the risk of GBV, including

sexual violence, child and forced marriage (CFM), tech-facilitated GBV or intimate partner and domestic violence. If GBV represents a threat for women and girls' lives, its consequences are becoming increasingly frightening for survivors who live in communities where patriarchal beliefs and traditional gender norms are deeply entrenched. The impact of GBV on individual health and the social fabric can be far-reaching and often includes stigma, reprisals, and even femicide. As funding and resources continue to plummet, the resilience of women and girls has become even more precarious.

In these challenging times, GBV programming becomes even more crucial as a lifesaving intervention. However, it's evident that women and girls in Syria face significant barriers in voicing their concerns and asserting their rights. The risk, and fear, of retaliation when they seek services or speak out against GBV acts as a major deterrent to both individual and collective action.

KEY GBV TRENDS IN 2023



INCREASING FORMS OF GBV

- Sexual harassment, sexual assault, rape, and sexual exploitation and abuse (SEA)
- Sexual, economic, and labour exploitation
- Tech-facilitated GBV including sextortion, blackmailing, sexual harassment, and defamation.
- Intimate partner violence (IPV) and wider domestic and family violence (DFV)
- Child and forced marriage (CFM)
- Restricted movement and denial of education
- Denial of child custody, denial of inheritance, and other forms of economic violence



PRIMARY LOCATIONS WHERE GBV TAKES PLACE

- Home
- Camps and collective shelters
- Schools and workplaces
- Transportation, streets, markets, toilets and bathing sites, and other public spaces
- Humanitarian distributions and facilities where services are provided
- Detention centres
- Online and in virtual spaces



PRIMARY COPING MECHANISMS BY WOMEN AND GIRLS

- Silence and avoiding confrontation
- Speaking to a trusted family-member or friend (particularly mothers, sisters, friends, and neighbours)
- Visiting Safe Spaces and/or seeking GBV services
- Resorting to negative coping mechanisms (e.g. CFM, leaving school, survival sex)



MAIN RISKS FACTORS CONTRIBUTING TO GBV

- Gender norms and other social factors
- Economic crisis, including water and food shortages, rising prices, and lack of employment
- Increased insecurity
- Earthquakes and subsequent displacement
- Disease outbreaks (cholera, COVID-19, etc.)
- Overcrowded living conditions in collective shelters and camps
- Access to arms, growing drug and alcohol addiction, and increased access to social media
- Reduction and gaps in humanitarian assistance and GBV services



AFFECTED POPULATIONS AT HEIGHTENED RISK OF GBV

- Adolescent girls and young women, including unaccompanied and separated girls
- Widowed and divorced women and girls
- Women and girls with disabilities
- Older women
- Displaced women and girls, particularly in collective shelters and camps
- Women and girls, men and boys in detentions, and women and girls released from any form of captivity
- Persons with diverse sexual orientation, gender identity and expression and sexual characteristics (SOGIESC)

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SUMMARY OF FINDINGS

“Violence against women and girls has become so widespread and difficult to address because the system makes it so difficult for a woman to seek justice and find safety.

— A WOMAN FROM DAMASCUS

GBV TRENDS

GBV TYPES

INTIMATE PARTNER VIOLENCE AND DOMESTIC AND FAMILY VIOLENCE

Intimate partner violence (IPV) and domestic and family violence (DFV) continued to be among the most common forms of GBV in Syria and have increased over the past year. Factors contributing to the rise included the economic crisis, food insecurity, and the inability of households to meet their basic needs. The earthquakes that struck Syria in February further deteriorated living conditions in the affected areas and fuelled tensions within the home, particularly since the risks of IPV and DFV increase when extended families share living space, such as in collective shelters and camps.

IPV and DFV may entail physical, sexual and verbal violence, paired with denial of resources, services, opportunities, and rights, particularly restriction of freedom of movement. Women and girls typically faced violence from multiple perpetrators in their families, such as husbands, fathers, and brothers, and were also subjected to violence from the wider family, including in-laws, uncles, step-parents, and caregivers. The violence they faced was cyclical in nature, usually beginning in their parents' home and continuing after they got married. Adolescent girls and widowed and divorced women and girls reported being under intense scrutiny and control by family-members, with increasing reports of so-called 'honour' killings and other forms of femicide.

CHILD AND FORCED MARRIAGE (CFM)

CFM has significantly increased due to factors such as new displacements, including those caused by the recent earthquake, economic decline, and escalating insecurity. These risks are particularly acute in overcrowded collective shelters and camps, where families often resort to CFM as a means to protect the honour of unmarried women and girls who are in close quarters with unrelated men and boys. Additionally, growing economic strains are leading families to view child marriage as a way to reduce financial burdens.

Restricted movement, increased school dropouts due to fears of sexual violence and its reputational consequences, further compound the risks for adolescent girls. Widowed and divorced women and girls often have limited say in decision-making and are commonly married off to relatives or older men. They could face serious repercussions for refusing such marriages. Child marriage often leads to intimate partner violence (IPV) and complications from early and unintended pregnancies.

SEXUAL VIOLENCE

Sexual violence in its various forms is escalating throughout Syria, putting women and girls at a growing risk of sexual harassment, assault, rape, and exploitation, including sexual exploitation and abuse (SEA). Contributing factors to this rise include the prevailing insecurity, economic crisis, displacement due to the earthquake, increased substance abuse, proliferation of weapons, and the influence of social media. Such violence is now pervasive, significantly limiting the movement of women and girls due to safety concerns. Incidents occur in a range of settings, including schools, workplaces, humanitarian distribution sites, streets, public transportation, toilets, bathing sites, markets, public spaces, and detention facilities. The risks are particularly acute in collective shelters and camps, where inadequate lighting, lack of preventive measures, and overcrowding exacerbate the situation. Adolescent boys and youths not engaged in school or work activities are often mentioned as a source of risk.

Diminished coping capacities have also led to a rise in the sexual exploitation of women and girls by employers, landlords, professors, among others. SEA by individuals involved in humanitarian aid distribution and service provision is a recognised issue. Moreover, survival sex is on the increase. Widowed, divorced, and adolescent girls are viewed as the most vulnerable to sexual violence. This vulnerability extends to displaced women and girls, those with disabilities, and unaccompanied or separated girls, as well as individuals in detention. The fear of sexual violence has driven households to adopt negative coping strategies, leading to other forms of GBV. Additionally, the stigma and potential consequences associated with disclosing incidents of sexual violence, including the risk of so-called 'honour' killings, contribute to its underreporting.



“There is a world of violence that occurs online, particularly when men exploit young girls by acquiring their personal photos and information and extorting sexual acts in the process.

– A WOMAN FROM NORTH-WEST SYRIA

TECHNOLOGY-FACILITATED GBV

Women and girls are increasingly encountering new and escalating forms of violence online, exacerbated by the widespread use of social media which heightens exposure to GBV risks. These forms of technology-facilitated GBV encompass cyberbullying, sexual harassment, blackmail, extortion for financial and sexual gains, and defamation, occurring via phones and on social media platforms. Perpetrators, ranging from known individuals to anonymous entities, include men and boys, and in some cases, even humanitarian workers and professors who misuse personal contact information to harass women and girls for sexual favours.

These perpetrators are continuously refining their tactics, which include grooming victims, disseminating false and deceptive information, and collecting potentially compromising conversations or photographs to blackmail and exploit their victims. They often escalate their demands, seeking financial ransoms or sexual acts. Particularly vulnerable groups such as adolescent girls, and widowed and divorced women and girls, are at higher risk due to their social isolation, financial needs, lack of support networks, and the fear of social scandal.



GBV COPING MECHANISMS

In Syria, most women and girls choose to remain silent about experiences of GBV due to the stigma attached to disclosure. The barriers to revealing instances of GBV are substantial, particularly due to fears of escalated violence from perpetrators and adverse reactions from families and communities, sometimes leading to so-called 'honour' killings. These barriers are acutely pronounced in cases of IPV, DFV, and sexual violence. Key obstacles include fear of shame and further violence, survivor-blaming, normalisation of violence, lack of awareness, potential loss of child custody, and financial dependence. Moreover, significant hurdles exist for GBV survivors seeking legal recourse, with many women and girls citing the fear of losing their children as a reason for tolerating GBV.

When seeking support, most rely on trusted family members and friends, like mothers, sisters, neighbours, and friends, who they believe can provide mature advice. Common coping strategies include avoiding or de-escalating violence and temporarily relocating to their family's home. For service seeking, women and girls primarily turn to Safe Spaces and, in some cases, other centres and health facilities.

Coping strategies vary based on individual capacities and the type of GBV. Some coping mechanisms with negative consequences include CFM, child labour, school dropout, risky social media use, and survival sex. These high-risk strategies often deny women and girls access to opportunities and increase their exposure to GBV. It is also worth noting that male survivors of sexual violence also encounter stigma and limited avenues for seeking help.

“Widows face violence due to a lack of support, enduring mistreatment not only from their husband's family but also from other women in the camp, where they are often subjected to ridicule, verbal, and physical abuse.

– A WOMAN FROM RAQQA

“Honour’ crimes have become so widespread. Whenever a family or a community wants to get rid of a woman or girl, they accuse her of dishonour.

— A WOMAN FROM HOMS

GBV CONSEQUENCES

The consequences of GBV in Syria continue to be severe and life-threatening, profoundly impacting the health, psychological well-being, and socio-economic status of women and girls. Alarming high rates of suicide among women and girls are reported, often linked to child and forced marriage (CFM), intimate partner violence (IPV), domestic family violence (DFV), and the shame associated with sexual violence or reputational defamation. Additionally, some women and girls encounter further violence as retribution for seeking support, post-divorce actions, rejecting marriage proposals, or allegedly bringing ‘shame’ to their families.

This has led to an increase in so-called ‘honour’ killings and femicides. Survivors of sexual violence face significant social stigma and isolation, particularly women who have been detained and are suspected of experiencing sexual violence. Health consequences of sexual violence include unintended pregnancies from marital or non-marital rape. Women and girls seeking divorce from abusive relationships often face barriers, such as being prevented by their ex-husband’s families from seeing their children or obtaining custody. Furthermore, the social repercussions of speaking out and asserting rights, like claiming inheritance, can lead to isolation, denigration, or even femicide.



“A divorced woman has no free will. She is controlled and surveilled by everyone, especially the family.

—A WOMAN FROM RURAL DAMASCUS



“ I’m constantly treated like a burden and subjected to beatings, verbal abuse, and deprivation.

— A WOMAN WITH DISABILITIES FROM ALEPPO

RESPONDING TO GBV

Women and girls often regard Safe Spaces as their sole refuge, a place where they can feel secure without the fear of judgement, stigma, or retribution for asserting their rights or speaking about their experiences. These spaces are pivotal in alleviating stress and pressure, enhancing awareness of their rights, and fostering self-confidence, skills, and social networks. However, funding cuts have led to the closure of numerous Safe Spaces, consequently reducing the availability of specialised GBV services and skilled personnel. Key gaps identified include GBV case management, medical care for survivors, legal assistance, safe shelters, cash and voucher assistance (CVA), and livelihood opportunities. Women and girls have emphasised the need for transportation, accompaniment, and mobile

teams to ensure access to life-saving services. They have also expressed the need for vocational courses for home-based income-generating activities, as well as dignity and hygiene kits. Beyond expanding the number of Safe Spaces, there is a call for more awareness-raising activities, alongside engaging men and boys.

Women and girls pursuing legal services face barriers such as social unacceptability, retaliation from perpetrators, mistrust of the legal system, mistreatment and dismissal by authorities, prolonged process times, and perpetrator impunity. In certain regions of Syria, women and girls are unable to access courts without a male escort, further hindering their pursuit of justice.



WOS GBV AOR ACHIEVEMENTS IN 2023

Indicator	2021	2022	2023*
People Targeted	1, 611, 670	1,694,100	1,800,000
People Reached	1, 152, 477	1,271,950	973,125

* JANUARY - NOVEMBER

Progress toward GBV Sector Targets for January - November

973,125

Persons reached with GBV programming and services

484,209

Persons accessing safe spaces or other static facilities

407,371

GBV specialised services provided to GBV survivors and at-risk women and girls

488,535

Persons reached through outreach activities/mobile response

6,978

People trained on GBV-related topics

463,637

Dignity Kits distributed

ACCESS BARRIERS AND GBV RISKS WITHIN HUMANITARIAN SECTORS



NFI - FOOD AND OTHER DISTRIBUTIONS

Women and girls, particularly those unaccompanied, have reported sexual harassment and other forms of sexual violence en route to, and at distribution sites. Perpetrators include humanitarian workers, camp managers, authorities, and men present at these distributions. Contributing factors exacerbating GBV risks and access barriers at these sites include overcrowding, the absence of gender-segregated lines, and a limited number of female personnel managing distributions. Moreover, conflicts and disputes at these sites create a hostile environment, impeding safe access for women, girls, and other vulnerable groups.

The past year's reductions in NFI assistance have particularly affected widowed and divorced women and girls, increasing the likelihood of sexual exploitation as households struggle to meet essential needs.



WASH

Elevated incidents of sexual violence have been linked to WASH facilities, including toilets, bathing sites, and water points. Women and girls, particularly in collective shelters, camps, and schools, have faced sexual harassment, assault, and rape en route to and within these facilities. The fear of sexual violence restricts their access to latrines at night, often necessitating accompaniment during the day. Factors like distance from these facilities, absence of lighting, and lack of locks have been cited as contributors to the increased GBV risks. Additionally, women and girls are at risk of sexual violence while traveling to and at water points, including during the distribution of water and hygiene materials.

The ongoing water crisis and rising costs have left many households unable to afford necessary water, hygiene, and sanitary materials, heightening the risks of sexual exploitation and SEA. The scarcity of hygiene supplies, coupled with camp conditions, is adversely impacting the health of women and girls and has been linked to disease outbreaks and poor menstrual hygiene management.



CASH AND VOUCHER ASSISTANCE (CVA) AND LIVELIHOODS

The decrease in cash and voucher assistance (CVA) over the last year has been identified by women and girls as a factor that aggravates family tensions and contributes to an increase in IPV and DFV. As a result of economic pressures, more women and girls are being coerced into CFM, as households struggle to provide basic necessities. Additionally, there have been increasing instances of survival sex. A notable gap exists in the availability and accessibility of vocational training for women and girls, as well as the resources and capital needed to initiate home-based income-generating activities. Women and girls venturing into the workforce to help with household finances are facing heightened risks of GBV, including labour and sexual exploitation, especially as more of them take up employment outside their homes.



SHELTER AND CAMP COORDINATION AND CAMP MANAGEMENT

Women and girls, particularly those residing in camps, described the lack of appropriate shelter as increasing their sense of insecurity. Tents contributed to the lack of privacy and security of women and girls and increased their risks of sexual violence. Living in camp settings heightened risks of sexual violence due to the lack of proximity to WASH facilities and other service points, overcrowded conditions, and lack of adequate lighting and infrastructure. Risks were particularly elevated following the February earthquakes, particularly in collective shelters, as well as for those staying in abandoned and damaged buildings. Families often had to crowd together in small shelters due to financial constraints, increasing IPV and DFV. Landlords took advantage of the high demand for housing, with women and girls reporting heightened risks of sexual exploitation and abuse. Widowed and divorced women and older women in particular faced eviction threats and Housing Land and Property (HLP) concerns, including denial of inheritance and being coerced to sell or sign over their share.

“Fear of abduction and abuse from young men outside the camp restricts women and girls from venturing out, often depriving them from accessing basic services like education.

– A WOMAN FROM IDLIB



FOOD SECURITY AND NUTRITION

A notable decrease in food assistance has been reported, with many areas remaining unreached. Women and girls have highlighted concerns about the insufficient frequency, quantity, and quality of the food aid provided. Food insecurity and malnutrition disproportionately affect women and girls due to the unequal distribution of resources within households. This lack of access to food has been linked to an increase in IPV and DFV within households. Additionally, it contributes to a range of adverse outcomes, including the dropout of girls from school, a rise in CFM, and an increase in child labour.



EDUCATION

Elevated instances of GBV have been reported in schools, with girls particularly vulnerable to sexual violence both en route to and within educational settings. Girls are subjected to sexual harassment, bullying, body-shaming, and other forms of violence from peers and, in some cases, teachers. GBV often occurs in school bathrooms and is perpetrated by boys and young men in and around school premises. Girls with disabilities and displaced girls face notable discrimination. Several barriers hinder girls' access to education, including the distance to schools, lack of accessible transportation, high costs, overcrowding, and poor quality standards in education. The damage from the February earthquake further exacerbated the unavailability of schools.



HEALTH

Several women's health clinics and family planning centres across different regions have closed, significantly impeding women and girls' access to health services, including sexual and reproductive health (SRH). Women and girls are facing considerable barriers in reaching health facilities, such as distance, lack of transportation, restricted movement, and in some cases, stigma associated with accessing SRH services. Additionally, sexual harassment and other forms of sexual violence are prevalent both en route to and within health facilities. A substantial shortage in medicines, treatments, equipment, and diagnostic tests has been reported.

The health sector's capacity has been further strained due to damages from hostilities and earthquakes, as well as various disease outbreaks. This situation often forces individuals to travel to multiple facilities to fulfil their health requirements, increasing risks for women and girls. The high costs of medications and medical procedures, sometimes necessitating loans, exacerbate the risks of sexual exploitation and SEA. Moreover, women and girls are often the primary caregivers for the sick and injured within their families, adding to their workload. Notably, there are gaps in the availability and awareness of confidential medical care for survivors, as well as in the referral pathways between health and GBV services.



PROTECTION, INCLUDING CHILD PROTECTION

Over the past year, there have been reports of closures of Protection and community centres, including child-friendly spaces and youth centres. Women and girls have encountered several barriers in accessing these protection centres, such as distance, lack of affordable transportation, and high transportation costs. Families often expressed concerns and imposed restrictions on accessing mixed-gender spaces, preferring spaces dedicated solely to women and girls. The absence of GBV awareness-raising and limited engagement of men and boys, alongside women and girls, has been perceived as diminishing the effectiveness of GBV interventions and potentially increasing the risk of backlash. With the rise in unemployment, men, and boys have faced limited positive engagement opportunities and unmet mental health and psychosocial support (MHPSS) needs.

Additionally, there is a notable lack of services for legal and civil documentation support, with women and girls facing particular barriers to access. HLP issues, including denial of inheritance and child custody, continue to affect women and girls in Syria. There is a pressing need for targeted Protection interventions and to address access barriers for unaccompanied and separated children (UASC), children involved in labour and recruitment, persons with disabilities, older persons, and those with diverse SOGIESC.



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SUMMARY OF RECOMMENDATIONS

“Violence escalated following the earthquake, exacerbated by the insecurity of living in tents. New forms of violence, including exploitation and demands for [sexual] favours in exchange for assistance, have emerged. The mingling of different customs and traditions post-displacement has further intensified this violence.

— A WOMAN FROM ALEPPO

FOR DONORS AND POLICY-MAKERS

- Enhance and maintain investment in GBV-focused programming, ensuring uninterrupted services for women and girls. Prioritise flexible, long-term funding to enable GBV services to reach the most vulnerable, at-risk, and marginalised women and girls.
- Bolster existing Safe Spaces and establish new ones, recognising their critical role in providing lifesaving, specialised GBV services. These spaces are essential for women and girls to receive support, feel secure, build social networks, acquire specific life skills, and learn about their rights and opportunities.
- Focus on increasing girls' educational opportunities by addressing access barriers, especially by reducing GBV risks encountered en route to and within educational institutions.
- Expand CVA investments within case management services to assist survivors, aiming to lessen their risks, mitigate GBV consequences, or enhance safety planning and alternatives to violent relationships.
- Allocate funds to long-term, innovative strategies for GBV prevention, targeting harmful social norms. This includes engaging men and boys in responsible practices and awareness campaigns.
- Strengthen women's meaningful participation and leadership by supporting women-led organisations (WLOs), their capacity building, and funding women-led initiatives.
- Mandate direct consultations with women and girls in the design and implementation of all sectors' activities to better understand and address specific safety concerns, and adjust plans accordingly.
- Promote GBV risk mitigation across all humanitarian sectors by integrating it within humanitarian funding mechanisms. Ensure all sectors include GBV risk mitigation and monitoring frameworks in their programming to prevent harm to women and girls.
- Continue supporting and funding Protection from Sexual Exploitation and Abuse (PSEA) initiatives, including dedicated human resources, training for humanitarian personnel, and robust accountability mechanisms. Allocate resources for investigation, implementing survivor-centred approaches, and diversifying feedback, reporting, and complaint mechanisms.
- Improve connections between emergency response and early recovery efforts, including funding initiatives and research, aligning with existing forums and international, regional, and Whole of Syria agendas.

FOR HUMANITARIANS

- Gather and analyse data disaggregated by age, sex, and diversity to identify access barriers and GBV risks for women and girls. Implement safety measures to lessen their GBV exposure and enhance response quality.
- Involve women, girls, men, and boys in consultations, applying a gender perspective in the design, implementation, and monitoring of programs. Conduct private post-activity discussions with women and girls to identify any safety risks they may have observed.
- Tailor program approaches to specifically address the needs of women and girls and reduce their GBV risks, with special focus on widowed and divorced women and girls, adolescent girls, women and girls with disabilities, older women, unaccompanied and separated children, displaced women and girls in camps, and persons with diverse SOGIESC.
- Ensure safe and dignified access for women and girls to humanitarian aid and services by adapting distribution and service delivery methods (e.g., sex-segregated lines, female staff availability, appropriate distribution and service times and locations, crowd control, mobile teams, home deliveries, transport support, lighting, etc.)
- Enhance referral systems to specialised GBV services. Implement recommendations from the WoS Sector GBV risk mitigation tip-sheets. Incorporate GBV risk mitigation indicators into existing monitoring systems and consistently report on these indicators.
- Prioritise the education and economic empowerment of women and girls to boost their access to opportunities and resilience. Increase educational availability, especially at the secondary level, and focus on reducing violence in schools and barriers to girls' access.
- Ensure food, nutrition, CVA, and WASH address the specific needs of women and girls and promote equitable resource distribution within households. Regularly provide hygiene and sanitary materials for vulnerable women and girls. Increase livelihood support for vulnerable households.
- Provide all humanitarian personnel with basic training on GBV, PSEA, and psychological first aid (PFA), including GBV referral pathways. Appoint dedicated GBV focal points for technical support within programs and at site levels and coordinate mainstreaming efforts.
- Diversify feedback, complaint, and response channels, and enhance communication with communities about SEA to aid women and girls in safely reporting incidents. Invest in further PSEA training for humanitarian staff, risk mapping, investigation capabilities, and accountability mechanisms.

FOR GBV ACTORS

- Increase both the number and geographical reach of Safe Spaces for women and girls, particularly in camps and remote areas, and expand methodologies to ensure meaningful access for most marginalised and at-risk women and girls.
- Expand and strengthen the provision of GBV specialised services for at-risk women and girls and GBV survivors, including GBV case management, medical care, MHPSS and legal support. Integrate GBV case management with CVA and Livelihood support.
- Increase GBV awareness-raising and invest in GBV prevention and/or social and behavioural change interventions to tackle underlying harmful gender norms that are drivers of GBV, including engagement of parents/caregivers of adolescent girls, men and boys, and wider communities. Support structured awareness campaigns on priority GBV concerns together with WLOs.
- Enhance accessibility for marginalised women and girls by expanding safe entry points for specialised GBV services. Continue bolstering face-to-face services and Safe Spaces, while also diversifying GBV service modalities to overcome access barriers. This includes integrating GBV services into multi-disciplinary mobile teams that offer safe, private, confidential, and non-stigmatizing support. Provide transportation assistance, staff accompaniment, extending outreach and mobile services, in addition to conducting home visits and amplifying online awareness of GBV and available services.
- Strengthen coordination with WASH actors to allow women and girls to safely access water and sanitation facilities in collective shelters and camps.
- Strengthen collaboration with the Nutrition sector given the high number of pregnant and lactating adolescents in Syria. This strategic collaboration may support the mitigation of nutrition deficit linked to early pregnancy and support GBV practitioners in sending a stronger message against early marriage to adolescents and their families.
- Continue to invest in linkages with the Education, Livelihoods, and CVA sectors to promote girls' safe access to quality education and women's economic empowerment. Tackle issues of violence against women and girls within schools and workplaces and increase their access to learning and income-generation opportunities, as well as for the parents/caregivers of girls.
- Strengthen GBV referral pathways across humanitarian sectors. Assist in the integration of the Whole of Syria Sector GBV risk mitigation tip-sheet, including regular safety audits and action plans with humanitarian sectors.
- Explore safe methodologies to support women and girls who leave violent relationships and are exposed to social retaliation while expanding safe opportunities for them to speak up and demand that their rights are respected.
- Diversify feedback, complaints, and response channels and strengthen communication with communities to support women and girls to access channels and safely report SEA. Support PSEA minimum operating standards based on a survivor-centred approach, which includes the training of humanitarian personnel, SEA risk mapping, investigative capacities, protection from retaliation, and accountability mechanisms.
- Support the participation and leadership of women and girls, ensuring they inform the design, implementation, and monitoring of GBV and humanitarian programming. Collaborate with women's committees, support capacity-building of WLOs and women-led initiatives, and facilitate platforms to amplify their voices.



“Adolescent girls typically face much higher levels of violence at home and in the community compared to their male counterparts. They often suffer violence, particularly at home from fathers or brothers, and are frequently denied education rights, subjected to early, non-consensual marriages, and physical abuse like beating and kicking, leading to injuries.

— A WOMAN FROM RAQQA



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