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GENDER BASED VIOLENCE



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Guiding Principle 11:

Internally displaced persons, whether or not their liberty has been restricted, shall be protected in particular against: Rape, mutilation, torture, cruel, inhuman or degrading treatment or punishment, and other outrages upon personal dignity, such as acts of gender-specific violence, forced prostitution and any form of indecent assault.

Introduction

The escalation of the conflict across Syria has led to the massive displacement of people internally and across borders, family separation, increased vulnerability, lack of basic structural and social protection as well as limited access to services. This has resulted in increased levels of Gender-Based Violence (GBV) which is defined as “Acts of physical, mental or social abuse attempted or threatened with some type of force such as violence, threats, coercion, manipulation, deception, cultural expectations, weapons or economic circumstances and is directed against a person because of his/her gender roles and expectations in a society or culture”.

GBV is a global phenomenon that cuts across cultures, age groups, and economic and social status. It exists in peace times and during and after conflicts, but it is especially problematic in the context of complex emergencies, where norms regulating social behavior are weakened, traditional social systems are broken down and civilian women and children are often subject to abuse, exploitation, violence and other human rights violations, simply because of their gender, age, and status in society.

GBV involves many types of violence such as sexual violence including rape, sexual abuse, sexual harassment, sexual exploitation, early marriage or forced marriage, gender discrimination and is based on unequal power relationships among men, women, boys and girls, which are governed by gender norms.

The most common reported forms of GBV in Syria are early marriage and domestic violence due to constraints to women's participation in the spheres of economic or political power and lack of access to quality education. While societal norms in Syria condemn certain forms of GBV, it continues to reinforce survivors' stigma and support impunity for perpetrators which has in many cases, led to reluctance in reporting incidents. One of the main challenges in preventing and mitigating GBV is the low level of awareness on women's rights in some areas especially in the rural areas of Aleppo and the north-eastern Governorates.

The majority of gender based violence survivors are women, but it has been documented that men and boys have been subject to sexual violence as well – especially in the context of torture.

The impact of gender-based violence, especially rape, can be devastating and can have a ripple effect through the family, community, and the entire nation experiencing the crisis. Physical consequences include injuries, unwanted pregnancies, fistulae, sexually transmitted infections, including HIV and death. Psychosocial consequences can include anxiety and depression – not only as a result of the rape but also as women may be traumatized by being rejected and ostracized from their husband and family.

The Syrian context

The Syrian government has ratified most international conventions related to GBV with minimum reservations. Moreover, some legal progress regarding this issue has been achieved in Syria. For instance in 2009, the Personal Status Law was finally amended through a decree that repealed Article 548 of the Syrian Legal Code related to honor killing, replacing this with an article that enforces a minimum jail sentence of five years for honor killing perpetrators. This amendment was approved by the Syrian Parliament and endorsed by the President.



Article 548 of the Syrian Legal code:

The person who finds his wife or one of his ascendants, descendants or sisters committing adultery or illegitimate sexual acts with another person so that he kills one of them unintentionally must be subject to a jail sentence of at least five years.

Moreover, before the crisis few developments relevant to GBV occurred in the country such as the establishment of the National Observatory on GBV and the first shelter for battered women including the victims of violence and trafficking as well as the adoption of the GBV protocol for medical staff.

However, a lot more work needs to be done in relation to GBV especially in terms of children's right to Syrian citizenship in case their mothers were married to foreigners.

The international legal framework

GBV is a violation of universal human rights protected by international human rights conventions. One of the main instruments in relation to GBV is the 1979 Convention on the Elimination of All forms of Discrimination against Women (CEDAW).

Many acts of GBV, including rape and any other form of sexual violence, such as sexual slavery, inforced prostitution and forced pregnancy are strictly prohibited by international humanitarian law*.

The global engagement of the international community to address GBV, led by civil society organizations has been manifested by the growing number of international conferences organized putting pressure on governments to take immediate action to combat GBV, including the recent Global Summit to End Sexual Violence in Conflict which was held in London in 2014. Some of the main conventions and resolutions pertaining to GBV include:

1979	UN General Assembly adopted the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) , which established gender discrimination as the root cause of violence against women.
1993	At the World Conference on Human Rights, women's right were recognized as human rights, and violence against women was identified as an abuse and violation of those rights.
1993	The UN adopted the Declaration on the Elimination of Violence against Women which asserts that all states should condemn violence against women and not invoke any custom, tradition or religious consideration to justify its continued existence.
1994	International Conference on Population and Development (ICPD) urges countries to eliminate all forms of exploitation, violence, abuse, and harassment of women, adolescents and children through preventive actions and the rehabilitation of victims and survivors.

* See, *inter alia*, Rules 90, 93 and 94 of Customary International Humanitarian Law (ICRC, 2005), Art.147 of the Fourth Geneva Convention and Common Article 3.

1995	During the Fourth World Conference on Women in Beijing, violence against women was defined as a violation of women's human rights.
2000 - 2013	UN Security Council adopted Resolution 1325 on women, peace and security, ensuring increased representation of women at all decision-making levels in institutions and programs devoted to the prevention, management and resolution of conflict. UNSCR 1820 (2008), 1888 and 1889 (2009), 1960 (2010) and 2106 (2013) built upon 1325 and brought a sharper focus to eliminating conflict-related sexual violence.
2008	Launch of the 2008-2015 campaign, UNiTE to End Violence Against Women .
2013	57th Commission on the Status of Women (CSW) recommitted itself to the elimination and prevention of all forms of violence against women and children following the precursor 1993 Declaration on the Elimination and Prevention of all forms of Violence Against Women .

The Syrian government has ratified most of these international conventions and their conclusions with minimum reservations.



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Protection Sector response

In the current context of Syria, efforts of humanitarian actors to prevent GBV consist mainly of analyzing the situation, identifying gaps, advocating for services, raising awareness among communities, building capacity of stakeholders including service providers and developing or adapting protocols for GBV.

GBV prevention in Syria

1 Information and Data Management and Analysis: Survivors are usually afraid of being stigmatized; thus, actual prevalence figures are hard to identify. Efforts are currently exerted to generate service provision data to better analyze trends and patterns of GBV through needs assessments, feedback from health, psychosocial service providers and mobile teams as well as reports from community volunteers working with IDPs and affected communities.

2 Raising Awareness: Awareness raising sessions include advice on, amongst other things, trafficking, authentication of marriages, divorce and domestic violence. Sessions are taking place in 13 communal shelters in Tartous, two centers in Drekish and with IDPs hosted among the local community in Khrab and the southern area. Moreover, 22 communal shelters are being covered with awareness sessions in Damascus and Rural Damascus and ten centers are being addressed in Homs, eight centers in Hama and five centers in Aleppo.



The protection sector has a GBV awareness campaign to **1,530** staff in the Sahana warehouses with plans to expand it to cover Kisweh and Safita warehouses. Moreover, an awareness-raising project has been launched aiming to sensitize warehouse workers in Rural Damascus and Safita.

3 Capacity Building: A set of trainings have been launched to build the capacity of local partners. The first set of training on Orientation on GBV for management staff of NGOs was finalized and it included two groups of **40** participants from 12 NGOs from eight governorates. The second round of trainings included five groups on “Basic GBV” addressing 94 participants from seven national NGOs working in nine different governorates; Hama, Aleppo, Damascus, Homs, Tartous, Idlib, Latakia, Daraa and Sweida. Two sets of trainings addressing Outreach Volunteers have been launched as well. The first stage is a basic GBV training and the second level is an Awareness Training of Trainers.

Capacity building efforts offered by different Protection stakeholders using constructive approaches based on actual needs of services providers and survivors need to be followed by continuous monitoring and on the job training. An example of this is the training provided to gynaecologists and mid-wives on case management review linked to the centres who provide medical services. Since 2011, the sector has been providing basic and specialized GBV training throughout Syria to more than **474** UN staff, community volunteers, lawyers and staff of the Ministry of Health.

4 Vocational training, Targeted Material Assistance and Socioeconomic Activities: These options are provided to empower vulnerable individuals who might otherwise fall victim to GBV.

Comprehensive Response for GBV survivors

1 GBV Referral & Response: A project which incorporates both PSS and medical services has been initiated through a referral system established between shelters, community and health facilities. The referral is done by mobile teams and followed by case managers. Moreover, since the beginning of 2013, the supported health facilities in Damascus and Rural Damascus provided GBV screening for 12,196 GBV suspected cases which were referred to receive specialized medical and counselling services each.



2 Specialized Medical Services: Medical response includes training of medical staff on Clinical Management of Rape (CMR) and direct medical services to survivors of GBV especially from sexual violence. Since the beginning of 2013, about 26 medical staff have received specialized CMR training and 100 received Minimum Initial Service Package (MIS) training including a medical training component.

3 Legal Assistance: is also provided on loss of personal documentation, birth registration, authentication of marriage, divorce, custody, domestic violence, missing family members and property related issues. The assistance takes the form of advice and assistance with intervention before the courts, police stations and civil registry department.

4 Counselling and Psychosocial Support: So far in 2014, clinics and mobile teams have provided group counselling to **3,729** women and girls. GBV counselling units in the community centers have been established where survivors can be counselled and referred to services accordingly. So far, the counselling has started in Damascus, Rural Damascus, Homs, Hama, Sweida, Latakia and Tartous. Services include Psycho-Social Support (PSS), vocational training and legal assistance. The trained medical staff, mainly Gynecologists and mid-wives, are linked to these centers to provide medical services.

5 A Safe house: has been established in Damascus for survivors. The services provided inside the house are comprehensive and include, PSS, legal counselling, empowerment, vocational training and other services.

6 Women Safe spaces: A project that provides spaces for women and girls affected by the crisis to discuss freely their concerns and issues, which serves also as safe spaces for women and girls for GBV and reproductive health awareness raising, GBV screening and assessment, counselling, medical services, recreational activities and referral to external services including livelihood opportunities.

Coordination among all the stakeholders is important to ensure effective provision of comprehensive GBV. Therefore, the Protection Sector in Syria enhanced partnerships among local and international agencies and consequently many initiatives have emerged such as a project aiming to ensure the provision of comprehensive GBV services to survivors through the establishment of a referral system between mobile teams and clinics in Damascus and Rural Damascus.

Some of the challenges include, amongst others, limited expertise on the ground, difficulties accessing certain areas which has prevented proper reporting and the provision of services to GBV survivors and genuine fear of survivors and/or witnesses of GBV to report on what is going on.

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Protection Sector Response to GBV

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