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SYRIAN WOMEN & GIRLS: NO SAFE REFUGE

In Syria, women and girls are being targeted for rape on a massive scale. This is one of the primary reasons many are fleeing to Turkey, Jordan, and Iraq. As refugees, however, these women and girls remain vulnerable to multiple forms of gender-based violence (GBV). This crisis requires urgent action. The United Nations Refugee Agency should immediately prioritize protecting Syrian women and girls to ensure they receive greater assistance and prevent further violence against them.

BACKGROUND

Rape and other forms of sexual violence are rampant in Syria. Armed actors routinely enter homes and rape women and girls in front of family members, sometimes killing them afterwards. Women are also raped and tortured while in prison. Survivors are extremely reluctant to report sexual violence or seek treatment because of stigma and strong social norms that treat rape as a dishonor to the family. Even if they seek help, survivors in Syria have very limited access to medical or psychological services.

Refugees cite the prevalence of rape as one of their primary reasons for fleeing Syria. This and other widespread violence against civilians have created enormous displacement: nearly 350,000 refugees are registered in the region and tens of thousands more are unregistered. While refugee life in Turkey, Jordan, and Iraq provides respite from the immediate danger within Syria's borders, women and girls there continue to experience violence. Domestic violence is endemic in refugee communities – and often increased by the stress and overcrowding of refugee camps and apartments shared by multiple families. Syrian women and girls

are also coerced into early and forced marriages as households seek to decrease the number of family members competing for limited resources. Many families also coerce daughters who have been raped into marriage, in an attempt to preserve family honor.

TURKEY: WOMEN AND GIRLS' NEEDS OVERLOOKED

Turkey currently hosts more than 110,000 registered refugees in Turkish-run camps, and tens of thousands more are integrated into communities around the country.

While numerous refugees and aid workers told RI that the camps are excellent in many respects, they fail to meet women and girls' needs. RI learned that there are no specialized GBV services in the camps, including no access to clinical post-rape care. Camp staff receive no training on GBV prevention and response, and Turkey's Ministry of Family and Social Policies has no plans to prioritize GBV.

For non-camp refugees, no humanitarian organizations may provide clinical care or psychosocial services for GBV survi-

POLICY RECOMMENDATIONS

- ☐ The United Nations Refugee Agency (UNHCR) must treat the protection of Syrian women and girls as lifesaving intervention, increase financial resources for GBV programming, and assign senior GBV specialists to offices in Jordan and Iraq.
- ☐ UNHCR should strengthen coordination of programs providing comprehensive GBV services, and should focus on building referral mechanisms inside and outside of camps in Turkey, Jordan, and Iraq.
- ☐ UNHCR and the Jordan Hashemite Charity Organization must build Jordan's second refugee camp in accordance with international humanitarian guidelines.
- ☐ The United States and other donors should increase funding for comprehensive GBV programming inside and outside camps, including clinical care for rape survivors, psychosocial support, safe spaces, and socioeconomic support.
- ☐ The governments of Turkey, Jordan, and Iraq must ensure that all refugees – particularly women and girls – can access services regardless of registration status or whether they reside inside or outside of camps.

vors because of Turkish restrictions on international aid. Hospitals along the border are overcrowded and charge fees, both of which inhibit access to clinical care. Doctors whom RI interviewed were not aware of a single GBV case treated in hospitals in the cities of Gaziantep and Kilis, which both host tens of thousands of Syrians. This suggests that GBV survivors are getting no support.

Turkey's Ministry of Family and Social Policies must act with urgency to ensure that GBV response services are available and accessible, both inside and outside the camps.

JORDAN: LIMITED HUMANITARIAN COORDINATION AND RESPONSE

In Jordan, a number of GBV prevention and response mechanisms exist for Jordanians and Iraqi refugees, but these have been overwhelmed by the influx of Syrians. The Child Protection (CP) and GBV Working Group, led by the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF), has improved case management. This represents an important accomplishment, but Syrian women and girls in Jordan remain vulnerable to GBV and unable to access services.

Zaatari camp, which houses more than 30,000 Syrian refugees, is unsafe for women and girls. The camp fails to meet international humanitarian standards. For example, showers lack doors and roofs, denying women privacy and dignity. There are no designated safe spaces within the camp for women to share concerns and access information. Additionally, referral mechanisms have not been established, making it very difficult for survivors to find and access GBV services. Zaatari urgently needs a safety evaluation to assess the gaps in women's protection, as well as an increase in comprehensive prevention and response services.

The Jordanian Hashemite Charity Organization and the UN Refugee Agency (UNHCR) are now building a second refugee camp for Syrians. This provides an opportunity to build a camp that meets international humanitarian standards and protects women and girls from the start.

Humanitarian organizations' focus on Zaatari limits the strength of their response for refugees in host communities. Non-camp women and girls are especially vulnerable, as they have limited knowledge of who provides services, where services are located, or how to access them. In an important first step, the CP and GBV Working Group created a service guide listing all existing GBV service providers, but this must be standardized into a referral system.

Unfortunately, the existing GBV services are insufficient to match the need. The United States and other donors must increase dedicated GBV funding to ensure clinical care, psychosocial support, and safe spaces are available and accessible.

Like all non-camp Syrians living in Jordan, women's access to jobs or cash assistance is also severely limited. This makes paying rent difficult and places women and girls at risk of early or forced marriage. UNHCR and humanitarian organizations should create cash transfer programs that give households greater economic stability and, ultimately, protect women and girls.

Free education is only provided to camp residents and refugees who have registered with UNHCR, in violation of the 1951 Refugee Convention. Without access to education, girls are much more vulnerable to exploitation and early marriage. Jordan's Ministry of Education must ensure all Syrian children can attend school.

UNHCR's coordination shortfalls have also left women and girls vulnerable to violence in Jordan. Increased financial allocation for GBV programming and senior-level GBV staff at UNHCR's Amman office would improve their safety.

NORTHERN IRAQ: LACK OF SERVICES

In northern Iraq, Syrian refugees receive support from the Kurdistan Regional Government (KRG), whose resources are stretched thin by the large numbers of refugees crossing the border. The KRG provides access to public social services including women's shelters for GBV survivors. However, these shelters were overcrowded even before the arrival of Syrian refugees, and the quality of services offered is unclear. No humanitarian partners are providing GBV services for non-camp Syrian refugees in Iraq.

Domiz camp, which houses more than 17,000 people, is overcrowded and unsafe for women and girls. Domestic violence is common and there were a number of reported sexual assaults that led to the survivors' emergency removal. Domiz currently has no GBV services in place. Staffing is also insufficient to respond to refugee needs, and no staff has been trained on GBV prevention and response. Attention to GBV programming there is urgently required.

Support for GBV survivors in northern Iraq is practically nonexistent. UNHCR must assign senior-level GBV experts to Iraq to expedite an urgent response to survivors' needs.

CONCLUSION

The violence women and girls endure inside Syria is extremely grave, and related dangers are clearly present in host countries. It is of utmost importance that Syrian refugees can access GBV services, but the humanitarian response in Turkey, Jordan, and Iraq is failing both camp and non-camp women and girls. UNHCR must urgently scale-up services, providing women and girls with the resources to heal.

Marcy Hersh assessed the humanitarian situation of Syrian refugees displaced to Iraq, Jordan, and Turkey in October 2012.