



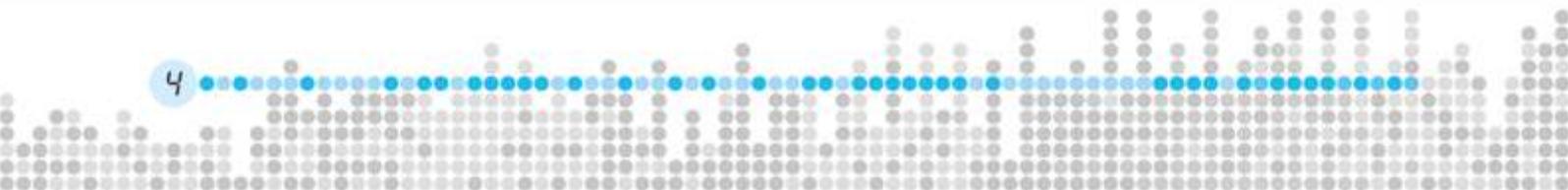
Alianza
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Solidaridad





***Gender Based Violence Against Women and Girls
Displaced by the Syrian Conflict in South Lebanon and
North Jordan: Scope of Violence and Health Correlates***





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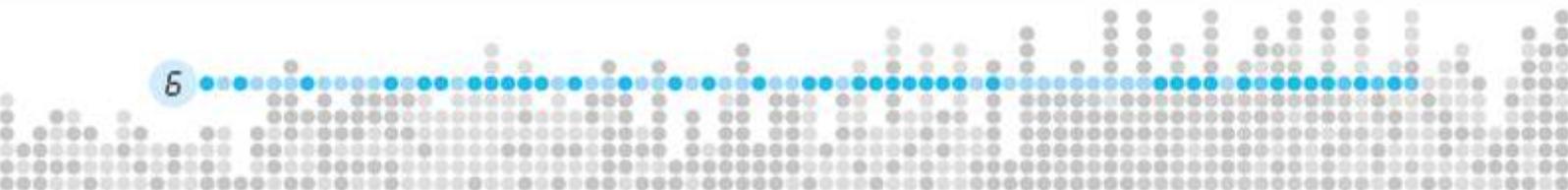
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This research has been produced with the technical support and coordination of Alianza por la Solidaridad and the financial assistance of the Spanish Agency for International Development Cooperation (AECID: Agencia Española de Cooperación Internacional para el Desarrollo). The contents of this publication do not necessarily reflect the official views of AECID.

This research has also been funded and supported regarding the reproductive health component by United Nations Population Fund (UNFPA) Lebanon. The contents of this publication do not necessarily reflect the official views of UNFPA Lebanon.

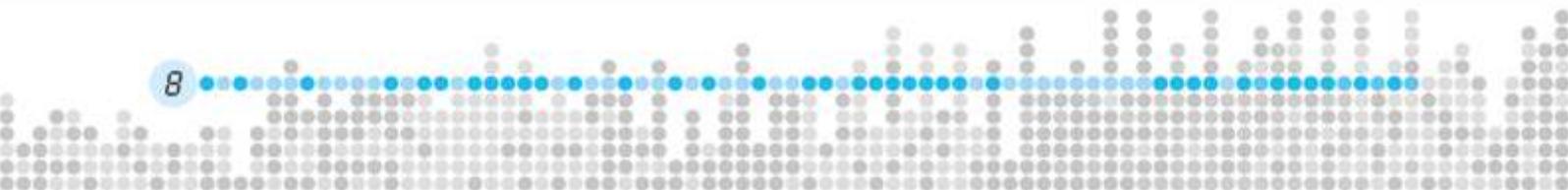
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Suggested Citation: Spencer, R. A., J. Usta, A. Essaid, S. Shukri, Y. El-Gharaibeh, H. Abu-Taleb, N. Awwad, H. Nsour, Alianza por la Solidaridad, United Nations Population Fund-Lebanon and C. J. Clark (2015). Gender Based Violence Against Women and Girls Displaced by the Syrian Conflict in South Lebanon and North Jordan: Scope of Violence and Health Correlates, Alianza por la Solidaridad.



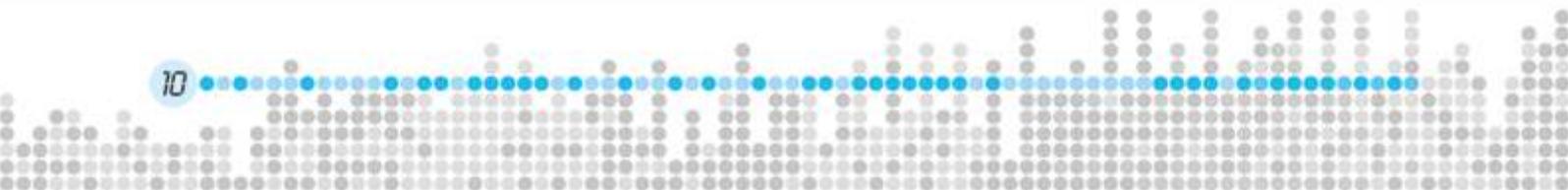
Acknowledgements

As the research team, we would like to extend our gratitude to all individuals and organizations that made this research possible. We would like to thank the staff at the organizations that provided recruitment and logistical support and created safe spaces for participants to discuss their perspectives including the staff at the Noor Al Hussein Foundation-Institute for Family Health, Amel Health Center, and Kayan Health Center. Our team is also grateful for the important support and information that it received from staff at various international organizations that are working with refugee populations in our target communities including Alianza por la Solidaridad, the Danish Refugee Council, United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and the United Nations Children's Fund (UNICEF). We would like to thank UNFPA Jordan for providing input into our study and generously donating the dignity kits for participants in the Focus Group Discussions and interviews conducted in Jordan. We also appreciate the support of UNFPA Lebanon which provided input into our study design, donated dignity kits for our participants in Focus Group Discussions and interviews conducted in Lebanon, and funded the reproductive health section of this report. We would like to thank Alianza por la Solidaridad for initiating and funding this important research on the experience of women and girl refugees from Syria. Additionally, we are grateful for the efforts of our data collectors who ensured that this sensitive research was conducted in a safe, ethical, and private manner. Finally, we are particularly grateful for the participants in this study who shared their stories and perspectives with our research team and shed light on the experiences of women and girl refugees from Syria who are living in North Jordan and South Lebanon.



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Acronyms



Alianza por la Solidaridad (ApS)

Focus Group Discussions (FGDs)

Gender based violence (GBV)

Inter-agency Standing Committee (IASC)

Intimate Partner Violence (IPV)

Palestinian Refugees from Syria (PRS)

Reproductive Health (RH)

Sexually Transmitted Infections (STIs)

Syrian Nationals (SN)

United Nations Fund for Population Activities (UNFPA)

The Office of the United Nations High Commissioner for Refugees (UNHCR)

United Nations Relief and Works Agency (UNRWA)

Violence against women and girls (VAWG)

Executive Summary

This report presents the results of research conducted with female refugees living in North Jordan and South Lebanon who are Syrian Nationals (SN) and Palestinian Refugees from Syria (PRS) as well as gender based violence (GBV) case workers who provide services to refugee women and girls who experience GBV. Through focus group discussions, interviews, and clinic-based surveys, we have examined:

- the scope of violence perpetrated against women and girl refugees from Syria living in Tyre, Saida, Ajloun, and Jerash;
- the intersection of reproductive health and gender based violence;
- perceptions of help sources among PRS and SN in these locations; and
- support services provided to PRS and SN female refugees who experience GBV

Our research forms the basis of our recommendations for service providers, researchers, and donors in these specific areas of Lebanon and Jordan.

This report is divided into three main sections. The first section reviews the context which influences women and girls' experience of GBV in these specific areas of North Jordan and South Lebanon. The second section details the findings of the study as they relate to the scope of violence in public and private spaces, women's health and access to health services, and women's help seeking behaviors and experiences with help seeking. Finally, section three includes the conclusions of the research and recommendations for research opportunities to support PRS and Syrian refugee women and girls who experience GBV living in the study areas in North Jordan and South Lebanon.

Overall we find that GBV is a significant problem in North Jordan and South Lebanon for refugee women and girls from Syria and frequently restricts their movement, causes them mental and physical distress, and occurs both inside and outside of the home. The most common form of violence reported by participants was emotional violence; however, a large number also reported sexual violence. Among those who reported violence, most indicated that they had been subjected to multiple types of violence (i.e., emotional and physical violence). Women and girls were more likely to discuss physical violence as occurring in the home while harassment, emotional violence, and discrimination were more likely to occur outside of the home. Sexual violence was particularly prevalent and occurred in both public and private spaces. The main perpetrators of sexual violence were husbands, neighbors and owners of the home where the respondents' were residing. In general, women and girls felt that severe poverty, men's and women's inability to perform traditional gender roles, and rising prices are contributing factors to women and girl's experience of GBV. Women and girls also felt that Syrian women were perceived as easy targets for forced and coerced sex perpetrated both by individuals in public spaces and by their husbands because they lacked the traditional family member support and protection due to displacement.

Almost half of the women and girls who reported experiencing some form of violence reported any health impact. Women reported physical health impacts that ranged in severity from bruises to broken bones. Women and girls indicated that their sexual and reproductive health was directly influenced by the violence and these health impacts included miscarriages and sexually transmitted infection. Additionally, the reproductive health outcomes that appear to be associated with women and girls' experience of violence included smoking during pregnancy and preterm delivery although further analysis is required to confirm these potential associations.

Women and girls were often reluctant to tell anyone about the violence for fear of being blamed for causing the violence or other consequences such as inciting further violence, being divorced, and not being able to see their children, among others. Of the women and girls who disclosed violence, the majority informed their husbands or a female family member. In general, women perceived survivors of violence as often being at fault for the violence and thus formal help seeking was seen as a last resort. The few who told a formal source, which included the police and women's NGOs, did so only when the violence was severe or ongoing. Barriers to support seeking included shame because revealing family violence is perceived as a violation of social norms, fear of the consequences, lack of trust in service providers, and inability to leave the home due to lack of finances or childcare. Women and girls also needed the permission of husbands or other family members to attend programming and often had to obscure their visits to GBV survivor service providers by informing their family members that they were seeking and obtaining alternatively, more socially acceptable services such as healthcare.

Based on the findings of this research, we believe that while most survivors of violence will not seek formal services, there is much that community-based organizations, international organizations, and donors are doing and can do to enhance the support that women and girl refugees receive in North Jordan and South Lebanon:

- **Offer multiple services in one site** to help women overcome high social barriers to attending survivor support services and enable them to obtain the permission that they frequently need from male family members to attend.
- **Integrate the updated IASC Guidelines¹ into current practice** to enable service providers to remain in contact with refugees who are frequently displaced by the high cost of living in host communities.
- **Examine how services could be provided more efficiently** in particular by identifying methods to reduce GBV service provider staff turnover and by determining if it is efficient to develop parallel services for Palestinian Refugees from Syria and Syrian Nationals.
- **Address the cost of healthcare services associated with reproductive and sexual health and ensure that healthcare providers screen for violence exposure** in order to ensure that women and girls who are at risk of violence are able to obtain healthcare services for health impacts of violence that are associated with mortality.

- **Integrate child protection services into GBV survivor support services and make GBV services child and adolescent friendly** because many children have been abused or have witnessed abuse and intervention with children of violence survivors is needed to prevent the cycle of violence.
- **Implement interventions involving conditional or unconditional cash transfers and conduct rigorous evaluations** to support women to relieve tensions caused by financial stress in the home but further research is needed to examine the efficacy of this type of intervention in the Middle East.
- **Where possible, engage older in research activities** to shed light on important issues for this particularly under-researched population.
- **Conduct activities and research with men and boys to understand how men and boys could be better integrated into violence prevention initiatives** to prevent marital rape and sexual assault, child marriage, and child abuse.

Through these initiatives and the ongoing services, we believe that service organizations and donors can enhance their support for women and girl refugees from Syria living in North Jordan and South Lebanon.

Introduction

Gender based violence (GBV; i.e., violence that is directed against a woman because she is a woman or that affects women disproportionately²) is a significant global public health issue that has been associated with poor physical, reproductive, and mental health outcomes for women and girls.³ Acts of violence against women and girls (VAWG) include intimate partner violence (IPV) and sexual assault which affect approximately 1 in 3 women globally and 35% of women living in the Middle East.⁴ Other acts of GBV are similarly harmful to women's well-being and include forced prostitution and trafficking.⁵ Early marriage is a form of GBV that affects approximately one third of all girls in the developing world.⁶

During times of conflict, there is evidence that rates of GBV perpetrated against women significantly increase⁷ while the response to GBV is often hindered by the lack of coordination between GBV prevention programs and resources dedicated to supporting survivors of GBV.⁸ Other potential hindrances to a GBV response in a humanitarian setting include lack of pre-existing services and perceptions of GBV response as a lower priority compared to services such as food, water, and shelter.¹

In March 2011, the Syrian conflict began and has since displaced more than 10 million individuals⁹ many of whom have fled to Jordan and Lebanon among other countries. Women and girls comprise the majority of refugees from Syria; women are 50.7% of Syrian refugees in Jordan (n=318,871) and 52.5% of Syrian refugees in Lebanon (n=619,653).¹⁰ There is evidence to suggest that a significant number of refugee women and girls in both countries have experienced GBV^{11,12} and their experience should be considered within the strict gender roles and norms in the region. Women and girls are generally tasked with work in the home while men work in public spaces to support the family. According to the World Bank, in 2013, of the women and girls ages 15+, only 16% in Jordan, 23% in Lebanon and 14% in Syria were engaged in the labor force.¹³ Economic dependence on men has often forced women in the region to remain in violent relationships.¹⁴ Further, women's sexuality is strictly monitored and restricted to the marital home¹⁵⁻¹⁷ and if family members perceive that a woman or girl has been sexually active outside of marriage, even if she is raped, they may perpetrate violence against her.¹⁸⁻²⁰ Finally, women are expected to live with their natal family until they are married and then many will live with or near their husband's family and, as a result, women are vulnerable to domestic violence from any relative.²¹ Despite overall commonalities between countries in the region, Jordan and Lebanon have differing policies toward refugees and thus women and girls' experiences of GBV must be considered separately within the two settings.

Jordan

As of August 2015, more than 630,000 refugees have fled to Jordan,¹⁰ the majority of whom are living outside of refugee camps in urban settings ("urban refugees") in three governorates including Mafraq, Irbid, and Amman.⁹ The Jordanian government has accepted refugee populations and has expended scarce resources to provide support refugees from Syria, Palestine, and Iraq as well as the local Jordanian community. However, Jordanian policy toward these refugees is influenced by the struggling Jordanian economy, high rate of unemployment among Jordanians and the competition for resources and jobs between the host population and the recent influx of refugees.²² Jordanian policy prohibits non-Jordanians from several high-paying and common professions and, in practice, does not grant work visas to refugees; as of 2013, it was estimated that approximately 160,000 Syrians were working in Jordan with many lacking the right to work legally in the country.^{23,24} Female headed households suffer disproportionately from the economic situation²⁵ and, because women and girls are frequently seen as economic burdens due to their inability to leave the home, attend school, or work without male accompaniment, many Syrian refugee women and girls are coerced into marriage or forced to marry against their will.¹² In 2013, of the 2,936 registered marriages of Syrians in Jordan, approximately 25% (n=735) involved a Syrian child between the ages of 15-17 and the majority of these children are girls.²⁶

The experience of GBV survivors is also framed by Jordanian policy and resources allocated to refugees. A domestic violence law, the Law on Protection from Domestic Violence number 6 dated 16 March 2008, established Family Reconciliation Commissions, expanded police authority in cases of domestic violence and obliged medical professionals, social workers and educators to report cases of domestic violence. However, the Domestic Violence Law which provides lesser punishments for men who murder a wife based on the woman's "unlawful or dangerous act" (Jordanian Penal Code Articles 97 and 98) or her sexual affair with another man (Jordanian Penal Code Article 340). Child marriage is perceived as a relatively common problem among Syrian refugees¹² and, while the Jordanian Personal Status Law prohibits marriage before the age of 18, girls and boys between the ages of 15-17 may be married in Jordan with permission from a judge. FN^{27,28} Although international agencies have prioritized psychosocial services for refugees,²⁹ Syrian refugees who are GBV survivors continue to have limited access to psychosocial services due to underfunding.³⁰ Women and girls who are coerced or forced into transactional sex in exchange for goods or services²⁵ may not seek support from the justice system because doing so would likely dishonor the family and Jordanian courts lack the legal framework to punish family members who commit so-called honor crimes based on women's sexual behavior.³¹⁻³³

^{FN1} Although Jordanian lawmakers increased the legal age at marriage to 18 for women and men in 2005, sharia's court judges maintain a certain level of discrepancy in their decision to allow girls and boys between the ages of 15-17 to marry. UNICEF reports that the prevalence of child marriage has remained relatively stable (approximately 13%-14%) from 2005 to 2013 despite the updated legislation. <http://www.unicef.org/jordan/>

Lebanon

As of July 2015, more than 1.1 million Syrian refugees have fled to Lebanon of which approximately 140,000 have settled in the South of Lebanon.⁹ Approximately one quarter of the population in Lebanon is Syrian refugees³⁴ and Lebanon has the highest per capita concentration of refugees in the world.³⁵ Overall the influx of refugees has exacerbated the economic, political, and social instability of Lebanon.³⁶ "Ambivalent Hospitality"^{37 FN , 37} and community hostility are said to face the Syrian refugees as some Lebanese are losing their jobs for the cheaper Syrian labor; there is competition over scarce services and food resources, with fear that the violence in Syria will spill over into Lebanon.³⁷ The Lebanese government has been forced to balance support for Syrian refugees with resources for the Lebanese host population. In May 2015, the Lebanese government issued instructions to UNHCR to temporarily suspend registration of refugees from Syria. Other policies adopted by the Lebanese government make it difficult for Syrian refugees to remain legally in Lebanon; Syrian refugees are required to pay a substantial 200 USD fee per person for individuals over 15 years old,³⁸ pledge that they will not work, and provide proof of their residence in Lebanon in order to apply for or retain their legal status in Lebanon.

The Lebanese legal framework and economic situation influence women's experience of and responses to GBV while living in Lebanon. Although Lebanon has fairly progressive domestic violence laws in general and compared to other countries in the region,^{39,40} women and men are still treated unequally under Lebanese law³⁹ and the decision issued by the Lebanese government to halt UN registration of Syrian refugees has raised concerns that Syrian refugees will be more vulnerable to economic and other types of abuses.³⁸ In addition to the legal framework, the economic status of Syrian refugees also make them vulnerable to GBV. Syrian refugee women may experience forced and early marriage because family members are trying to "protect" women and girls from rape and its social consequences (including the inability to marry due to sexual assault) and because they face extreme poverty with few options for becoming economically secure other than marriage.⁴¹ In one study conducted by Saint Joseph University, researchers found that 23% of Syrian refugee girls were married prior to age 18.⁴² Fear of rape and other forms of sexual GBV are warranted; one in four cases reported by refugees is sexual GBV.⁴³ However, many if not most cases of GBV are not reported.⁴⁴ Economic instability also makes women vulnerable to sexual exploitation, forced and coerced prostitution, and trafficking.⁴¹ Access to and utilization of services for survivors of GBV is also limited due to distance to these services,⁴⁵ often restricted freedom of movement imposed by family members and availability of quality services in particular clinical care for sexual violence.^{37,46}

^{FN2} Ambivalent hospitality is a term used by the organization, FAFO, to describe the mix of feelings among Lebanese nationals toward Syrian refugees. On the one hand, Lebanese nationals have been welcoming of Syrian refugees while "at the same time, intensified labor competition and the perception that Syrian refugees are given preferential treatment is generating growing resentment."

Palestinian Refugees from Syria

There is a significant gap in understanding of the potential differences and similarities in GBV trends among refugees who are Palestinian refugees from Syria (PRS) and Syrian nationals (SN). The majority of individuals displaced by the conflict are SN; however a significant minority of refugees - 44,000 in Lebanon and 15,000 in Jordan - is of Palestinian descent. While in Syria, PRS were a particularly vulnerable population; compared to SN, PRS had higher infant mortality rates and lower rates of enrollment in school.⁴⁷ Both Lebanon and Jordan hold different policies toward PRS compared to SN. In Jordan, PRS have been denied entry since January 2013⁴⁸ while Syrian nationals are still allowed entry although in limited numbers. Human Rights Watch reported the head of Jordan's Royal Hashemite Court indicated that PRS were being treated differently from SN because, "the influx of Palestinians would alter Jordan's demographic balance and potentially lead to instability."⁴⁹ In Lebanon, the government has limited visas for all refugees from the crisis; however, PRS have been subject to a more restrictive visa policy since May 2014⁵⁰ and have severely limited access to work visas compared to SN.⁵¹ While the Lebanese government has not officially commented on the reasons behind the differential treatment of PRS, the government may have similar fears to the Jordanian government because an estimated 260,000-400,000 Palestinian refugees were already residing in Lebanon in 2011, prior to the start of the Syrian conflict.⁵² The difficulties of maintaining a valid legal status make PRS particularly vulnerable, as they can become ineligible for civil registration or lose access to certain Palestinian refugee camps.⁵⁰ In addition, many of them live in unsafe dilapidated shelters, experience food insecurity and hunger, are denied access to education, and fear statelessness because their displacement could become permanent.^{49,51} In addition, UNRWA was forced to suspend monthly housing payments and food vouchers to PRS in May 2015 due to lack of funds.⁵³ These conditions likely contribute to disparities in GBV experience among PRS compared to SN and this study will be among the first to examine differences using qualitative and quantitative techniques.

Reproductive and Sexual Health and Access to Services

The need for reproductive and sexual health services during times of conflict and in post-conflict settings has been recognized internationally⁵⁴ and for Syrian refugee women and girls in particular.⁵⁵ Reproductive and sexual health services are considered a human right⁵⁶ and may be especially necessary for refugee communities because many women and girls are exposed to GBV during times of conflict and GBV is associated with poor sexual and reproductive health outcomes.³ Reproductive and sexual health may relate to violence via direct injury associated with GBV,³ stress or anxiety,^{57,58} and women's coping mechanisms (i.e., smoking), among others.⁵⁹ Experiencing physical violence during pregnancy has been linked to poor birth outcomes, such as preterm birth⁶⁰ and low birth weight,⁶¹ poor maternal health including major depressive disorder and post-partum depression,⁶² and women's lack of access to antenatal care.⁶³ Increasingly, evidence indicates that refugee women from Syria who are exposed to conflict related violence are more likely to have poor sexual and reproductive health compared to women who are not exposed.⁴⁵

Given the relationship between GBV and reproductive and sexual health outcomes in general and among Syrian refugee populations, it is imperative that women have access to reproductive and sexual health services. Studies indicate that there are reproductive health services available for pregnant refugees from Syria in Jordan⁶⁴ and Lebanon⁶⁵ and that many women are accessing these services. In Lebanon, the health access survey^{FN3} indicated that 87% of refugees received antenatal care in their last pregnancy, antenatal care was started in the first trimester by 53% of refugees, and antenatal care visits were most often conducted in primary care centers (55%) and private clinics (42%).⁶⁶ In Jordan,^{FN4} a similar percentage of refugee women and girls surveyed (82%) had also received antenatal care in Jordan and antenatal care was started in the first trimester by 44% of refugee women and girls.⁶⁷

However, there are also indications that reproductive and sexual health services are not regularly accessed by refugees.⁶⁴⁻⁶⁷ One particularly important barrier to reproductive and sexual health service use is costs associated with care. In Lebanon, the health access survey indicated that only 24-36% of refugees perceived care as affordable and accessible^{66FN5} and, in Jordan, 62% of households surveyed felt that health services were not affordable.⁶⁷ In both Lebanon and Jordan, the health access surveys found that deliveries were associated with out of pocket expenses - in Lebanon, the average out of pocket expense was \$100 USD and in Jordan it was 76 Jordanian Dinars (approximately \$107 USD). In Lebanon, the majority of births take place in private hospitals (43.8%) although a significant number of women also give birth in public hospitals (38.5%). Cost was the primary factor associated with women's choice of where to give birth although proximity to their homes and liking the treatment they received at the hospital also factored into women's choices. Among women and girls who gave birth in public hospitals in Lebanon, cost was the most commonly cited reason for choosing that location. According to the survey in Jordan, most births among the refugee population in Jordan take place in public hospitals primarily because of costs associated with private health care services. In another study of healthcare professionals in Lebanon, key stakeholders in the health care system believe that large numbers of Syrian refugees return to Syria to give birth to avoid health care costs in Lebanon, but often return to Lebanon after delivery.⁶⁸

Other barriers to access to reproductive and sexual health services include lack of access to and costs of transportation, lack of trust of medical professionals, and lack of access to information regarding where to receive care.¹¹ Additionally, there may be a lack of trained staff available to provide services in both Lebanon and Jordan.^{64,68} Further, women may not be receiving the support that they need or want; healthcare clinics that serve refugee women and girls from Syria have been found to lack sufficient material resources (i.e., vitamins and other nutrition) for pregnant women.^{64,65}

In Lebanon there is evidence that access to and utilization of contraception may be inadequate. While a nationally representative sample of women in Syria prior to the conflict found that 58% of women were using family planning techniques,⁶⁹ a study conducted in Lebanon found that only 34% of Syrian refugees in Lebanon reported using contraception although 69% of them reported knowing about family planning techniques.⁴⁵ There are several reasons why contraception may be underutilized in Lebanon including: lack of access to healthcare facilities, prohibitive costs associated with contraceptive use, and lack of access to desired method of contraception.^{45,70} Another potential reason may be lack of desire to utilize contraception; a study conducted with Syrian youth in Lebanon showed that 52% of respondents were against use of contraception.⁴⁶ Further, primary care providers in Lebanon have indicated that they feel uncomfortable addressing the issue of family planning with Syrian refugees because of cultural sensitivities and also because they perceive that Syrian women and girls may be incentivized to have more children to earn increased funds for the family.⁶⁸ In Lebanon, UN agencies provide 47000 Lira per person in the family if there are children below one year or if the woman is pregnant. If there are more than 2 children, then UNHCR pays assistance to the entire family. It is unclear how changes in the UN payment system will affect birth rates among refugees and further investigation into contraception use among Syrian refugee women and girls is needed.

^{FN3} The Syrian refugee and Affected Host Population Health Access Survey in Lebanon is a nationally representative survey of Syrian refugees in Lebanon conducted in 2015.

^{FN4} The Syrian Refugee Health Access Survey in Jordan is a nationally representative survey of Syrian refugees in Jordan.

^{FN5} The study examined overall perceptions of the costs of healthcare and did not specifically examine if healthcare costs associated with GBV incidents were too prohibitive. The distinction is important because UNFPA-Lebanon indicates that healthcare costs incurred as a result of a GBV incident are fully covered by UN agencies.



Finally, experience of violence in public and private spaces may also influence women's ability to access or utilize reproductive and sexual health services. In general, married women and girls who are abused by their spouses may be less able to negotiate the use of family planning and therefore have an unmet need for contraception.^{71,72} In one study conducted in Lebanon, fear was one of the reasons why women reported not using contraception.⁴⁵ In examinations of women's ability to access sexual and reproductive health services in Lebanon and Jordan, security concerns were identified as important factors barring access to sexual and reproductive health for participants in both locations.^{25,45}

The evidence suggests that GBV is a serious issue among SN and PRS refugee populations in Lebanon and Jordan; however, there is limited understanding of GBV related trends from the point of view of women fleeing the conflict and a significant lack of understanding of the effectiveness of the response to GBV. The current study examines the scope of conflict-related physical, emotional, economic, and sexual GBV among women displaced by the Syrian conflict living in South Lebanon and Northern Jordan, the health correlates of violence, and women's perception of the response to GBV. Recommendations for service providers, donors, and researchers operating in South Lebanon and North Jordan are included in the analysis.

Methodology

The study uses a mixed-methods design involving surveys of patients seeking primary health care, focus group discussions, and interviews with GBV survivors and service providers. In Jordan, research activities were focused on the governorates of Jerash and Ajloun. In Lebanon, research activities were focused on the areas of Saida and Tyre. The study received ethical approval from the Institutional Review Board of the University of Minnesota.

TABLE 1. AGENCIES REPRESENTED IN CASE WORKER INTERVIEWS

Jordan

Name of Organization	Governorate / area
Noor Al Hussein Foundation Institute for Family Health Care	Ajloun
Institute for Family Health Care Noor Al Hussein Foundation	Jerash
Family Counseling Center - Noor Al Hussein Foundation	Jerash
Medical Corps IMC	Ajloun
IMC	Ajloun

Lebanon

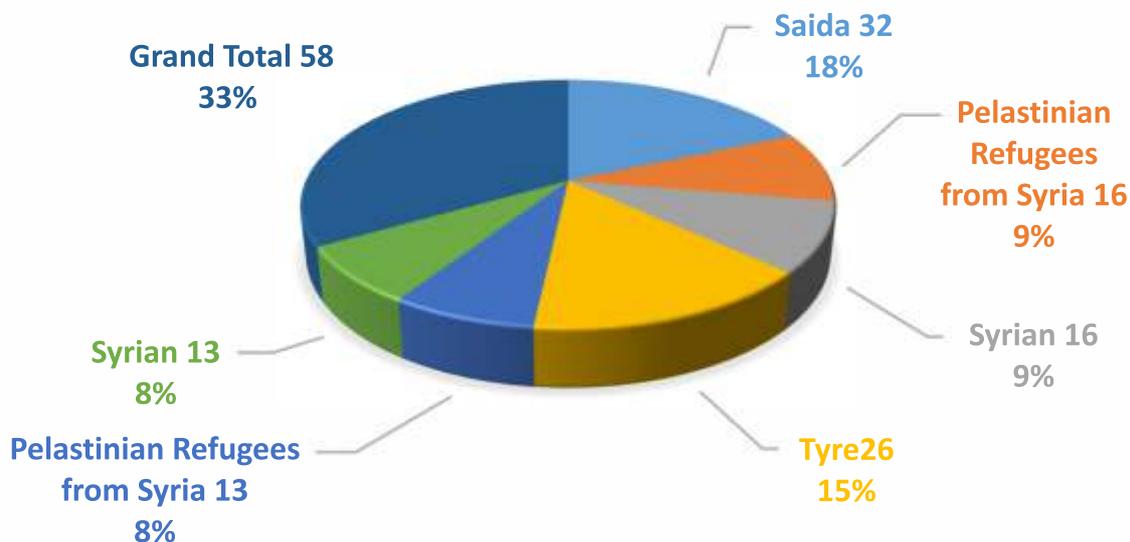
Name of Organization	Governorate / area
Danish Refugee Counsel	Saida
UNHCR	Saida and Tyre
UNRWA	Saida and Tyre
INTERSOS	Saida and Tyre
Terre des hommes	Saida and Tyre

Interviews with Service Providers

Research began with interviews conducted with a total of 10 GBV survivor case workers from diverse organizations in the areas of Jerash and Ajloun in Jordan and Tyre and Saida in Lebanon (see Table 1 for a list of organizations participating in the caseworker interviews). In general, the questions focused on systems and policies that the organizations follow when working with women who experience GBV, interventions, knowledge and capacity of service providers, needs and services, and confidentiality.

Focus Group Discussions

Table 2. Nationality Of Participants In Lebanon Focus Group Discussions

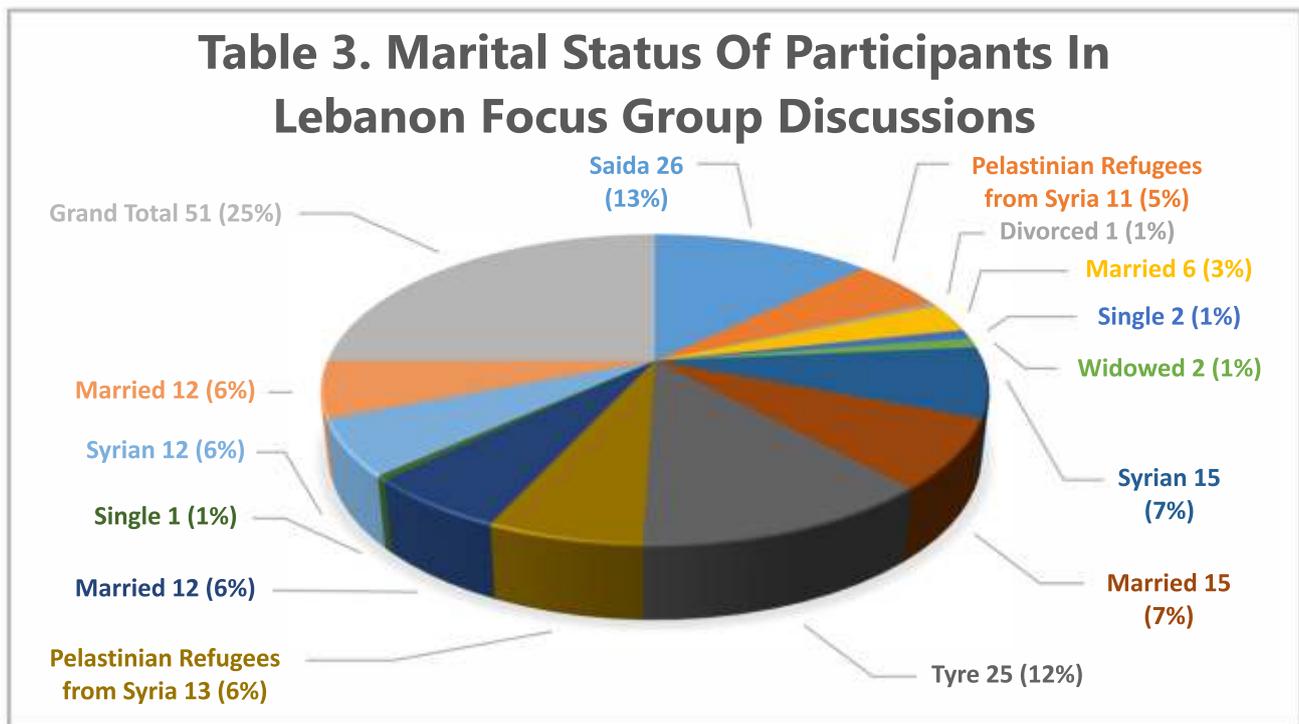


In total, there were 94 participants in the focus group discussions (FGDs, n=8). Participants included SN and PRS females who had been in Lebanon or Jordan for at least 6 months. The FGDs were meant to be conducted with ever-married females aged 15-30; however, in Jordan and Lebanon, a number of female refugees heard about the research and insisted that they participate in the FGDs. In order to accommodate women who wished to discuss their experiences of violence in Jordan and Lebanon, females who were single were allowed to participate and women up to age 60 were also allowed to participate in the FGD. In both countries, the FGDs were for females only, consisted of between 9 and 16 participants each, lasted approximately 1.5 hours-long, and examined perceptions of violence trends toward Syrian refugee women, the difficulties faced by Syrian refugee women in everyday life, and perceptions of help sources for women who experience violence were discussed.

FGDs took place in private rooms in locations that were deemed safe and socially and physically accessible by researchers and service providers. Informed consent was obtained orally from each individual participant in a group format prior to the start of the FGD. Female researchers with experience conducting research with survivors of violence in the region led the FGDs. Participants in Lebanon and Jordan were provided with a "dignity kit" that was donated by UNFPA which included basic sanitary items and some clothing, reimbursement for transportation costs, and light refreshments.

Lebanon

Table 3. Marital Status Of Participants In Lebanon Focus Group Discussions

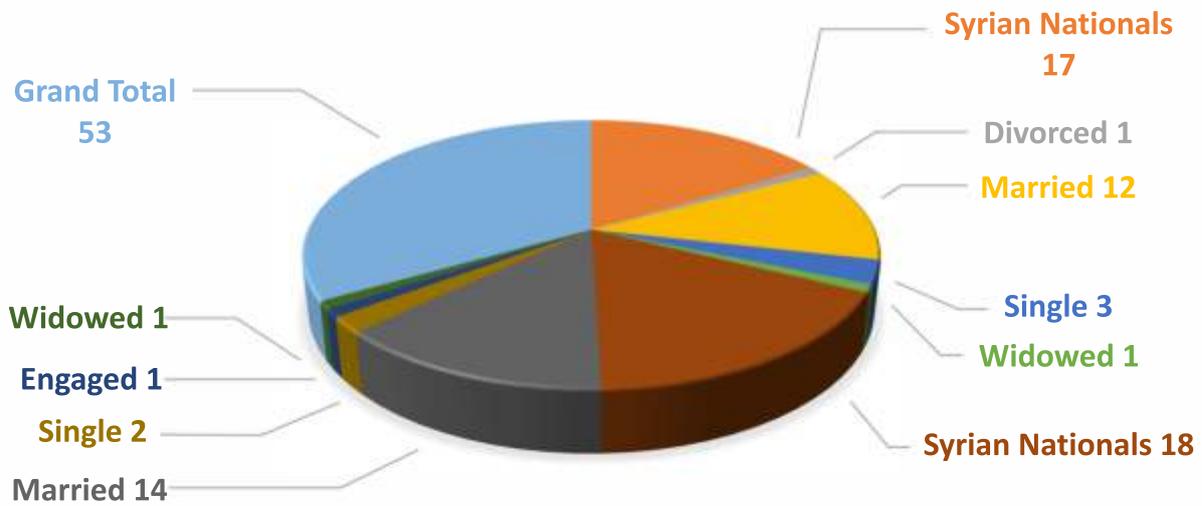


In Lebanon, four focus group discussions (FGDs) were conducted; two in each area of the south (Tyre and Saida): one with SN and one with PRS (Table 2). The FGDs were conducted in health centers run by Amel and Kayan and administrators of these health centers were responsible for recruiting participants from their patient pool. In total, there were 58 participants in the Lebanon FGDs, and among them, 51 women and girls provided their marital status. Of those who provided their marital status, 88% (n=45) indicated that they were currently married (Table 3). The average age of participants was 32 years old. Of the 50 women and girls who provided information on their educational background, 74% (n=37) reported receiving a ninth grade education or less.

Jordan

In Jordan, four FGDs were conducted, two in Jerash and two in Ajloun and, on average, there were 9 participants per group. The FGDs included only Syrian Nationals because it would have been difficult to recruit enough Palestinian Refugees from Syria for FGDs because of the location selected for research. The majority of Palestinian Refugees from Syria live in other governorates (i.e., Mafraq and Irbid) that were not selected for the current research. In total, 36 women participated in the FGDs and, of the 35 women who provided their sociodemographic information, the majority were married (Table 4) and the average age was 25.5 years old. The majority of those who provided information on their educational background had received a 9th grade education or less (60%; n=21).

Table 4. Marital Status Of Participants In Jordan Focus Group Discussions



Interviews with Women who experienced GBV

Subsequent to the FGDs, interviews with a total of 11 Syrian refugee women (9 Syrian Nationals, 2 Palestinian Refugees from Syria) who experienced violence and who are between the ages of 15 to 49 years old were conducted.

Six of the interviews were conducted in Jordan and five interviews were conducted in Lebanon.

The participants were recruited by an organization that provides support to women who experience GBV and were informed of the objectives of the study and introduced to the organizations conducting the study, the mode of measurement and contact, and participant rights and expectations.

In Jordan, among the individuals who were recruited, all six of those approached for an interview in Jordan agreed to be interviewed.

In Lebanon, eleven women were approached to participate in the interview, four declined, two women initially agreed to participate but then changed their minds, and five ultimately agreed to and participated in the interviews.

The women who initially agreed to participate were asked to schedule an interview with a researcher at least one day later at a date, time and location convenient and safe for the participant. Informed consent was obtained orally prior to the interview for reasons mentioned above.

The interview covered topics including women's experience with help seeking, how they are treated by their family and community, and women's perceptions of help sources for women who experience GBV.

Four of the eleven survivor interviews were selected by local research teams (two in Lebanon and two in Jordan) and were summarized to provide an overall picture of the experiences of survivors of violence involved this research and these summaries are included in Appendices A and B.

Researchers in both countries selected the method by which they would present the stories; researchers in Lebanon summarized the case studies while researchers in Jordan quoted directly from the survivors.

Participants living in Jordan and Lebanon were provided with a "dignity kit" that was donated by UNFPA which included basic sanitary items and some clothing, reimbursement for transportation costs, and light refreshments.

Survey Interviews

A clinic-based survey was developed for use in a primary care setting with ever married women ages 15-49 years old who were refugees from Syria (either Syrian nationality or Palestinian refugees from Syria). Eligible women would be recruited while waiting to be seen by a primary care doctor. The survey covered topics including sociodemographics, decision making ability, reproductive health, experience with violence, and experiences with and perceptions of help seeking for violence.

The survey was developed first by the study team and then implemented using a cognitive interview^{FN6} technique with 4 participants (2 in Lebanon and 2 in Jordan). During the cognitive interview, participants were asked to respond to each item as if the survey (described below) was being normally administered. However, probes were inserted after key items to get insight into how the participant understands and makes sense of the questions with the goal of identifying sources of error and items that may be unsafe to ask.^{FN7} The cognitive interview lasted approximately one hour. The interviews occurred in private, safe, and accessible clinic locations that were identified by a local NGO or international organization that works closely with survivors of violence. Based upon the cognitive interviews, the survey was updated by the research team to remove questions that were particularly uncomfortable or repetitive for participants.

Subsequent to the interviews, a pilot test of recruitment and proposed baseline interviews took place in each of the 4 major study locations (10 in Lebanon and 10 in Jordan). A total of 20 women participated in the pilot sample (5 women from each of the 4 major sites). Participants were approached while waiting to be seen at a healthcare clinic and were asked whether or not they wanted to take the survey which is administered by a female researcher in a private room. The survey included items to measure basic socio-demographics, reproductive health, experiences with violence since arrival to Lebanon/Jordan, and experience with help seeking. Recruitment procedures were updated based upon pilot findings to ensure the safety, comfort and confidentiality of the survey process. Specifically, while most participants in the pilot indicated that the survey was not too long, the researchers shortened the survey to ensure that participants were being seen by healthcare providers in a timely manner. Between July 2015 and August 2015, surveys were administered to 385 ever married Syrian refugee women ages 15-49 (200 in Jordan and 185 in Lebanon) in 4 different health care settings. At the end of each survey, the participant was offered contact information for GBV service organizations in the region that offer services to Syrian or Palestinian Refugees from Syria who experience GBV. Participants were also offered the chance to speak with a professional counselor who worked on-site at the location if they wanted immediate assistance.

Among the participants, the majority were of Syrian Nationality (99%; n=381) with only 1 of PRS descent in Jordan and 3 of PRS descent in Lebanon (Table 5). Given the small number of

^{FN6} Cognitive Interviewing is a research technique used to understand whether subjects understand the questions asked in a survey and focuses on the cognitive processes respondents use to answer questions on a survey or questionnaire.

^{FN7} Specifically, for items that might be sensitive, especially the violence items, how truthful do they feel that they can be? Are they inclined to give a socially desirable answer to please someone or to avoid shame or embarrassment? Also for multiple choice/closed ended questions, do the response options fit their reality?

PRS in the sample, we were not able to examine differences between PRS and SN using the survey data. Participants were slightly older in Jordan (average=32.7 years old; standard deviation=8.7 years) compared to Lebanon (average =29.0 years old; standard deviation = 7.9 years). Of the 354 participants who provided their educational background, 40.4% (n=143) had a primary education, 41.8% (n=148) had a basic or preparatory education, 11.6% (n=41) had earned a high school education, 6.3% (n=22) had earned more than a high school education. The participants from Jordan were, on average, more educated than participants from Lebanon. The majority of participants in both countries were married (93.8%; n=361) while 4% were widowed (n=15) and 2.2% (n=9) were divorced, separated or abandoned. There were no meaningful differences in marital status across countries. Participants reported that their income came mostly from their spouses (67.8%; n=261) and only two women reported earning money from their own work (<1%). Women living in Jordan were more likely to report receiving income from social services (11%; n=22) compared to <1% woman in Lebanon (n=1) or an "other" source of income (22%; n=44) compared to <1% woman in Lebanon (n=1), respectively. The majority of women (97.1%; n=374) were registered with a UN agency and approximately 3% - the same amount in both countries (n=5 in Jordan; n=6 in Lebanon) - were not registered.

TABLE 5. SOCIODEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS BY COUNTRY (N=385).

Jordan			
	Total Sample (n=385)	Jordan (n=200)	Lebanon (n=185)
Nationality (N, %)	0	0	0
Syrian Refugees	381 (99.0)	199 (99.5)	182 (98.4)
Palestinian Refugees from Syria	4 (1.0)	1 (1.5)	3 (1.6)
Registered, (N, %)			
Yes	374 (97.1)	195 (97.5)	179 (96.8)
No	11 (2.9)	5 (2.5)	6 (3.2)
Months in Jordan/Lebanon (mean, SD)	29.6 (9.5)	30.8 (8.7)	28.2 (10.2)
Age (mean, SD)	30.9 (8.5)	32.7 (8.6)	29.0 (7.9)
Education (N, %)			
Primary	143 (37.1)	46 (23.0)	97 (52.4)
Basic / Preparatory	148 (38.4)	88 (44.0)	60 (32.4)
Secondary	41 (10.7)	35 (17.5)	6 (3.2)
Greater than secondary	21 (5.5)	18 (9.0)	3 (1.6)
Other	1 (0.3)	1 (0.5)	0 (0.0)
Missing	31 (8.1)	12 (6.0)	19 (10.3)
Marital status (N, %)			
Married	361 (93.8)	184 (92.0)	177 (95.7)
Widowed	15 (3.9)	9 (4.5)	6 (3.2)
Divorced/separated/abandoned	9 (2.3)	7 (3.5)	2 (1.1)
Income source (N, %)			
No income	25 (6.5)	15 (7.5)	10 (5.4)
Husband	261 (67.8)	111 (55.5)	150 (81.1)
Family member	29 (7.5)	7 (3.5)	22 (11.9)
Employment	2 (0.5)	1 (0.5)	1 (0.5)
Social Services	23 (6.0)	22 (11.0)	1 (0.5)
Other	45 (11.7)	44 (22.0)	1 (0.5)
Number of children (mean, SD)	3.8 (2.1)	4.1 (2.2)	3.4 (2.1)
Note: number of children calculated based on the 365 women who had ever been pregnant.			

While the study intended to include more PRS participants, especially in Lebanon, the locations selected for the research inhibited their inclusion. Although some PRS seek medical care from non-UN related health facilities, due to the increasing economic pressure on Syrian families in Lebanon PRS are increasingly opting out of alternative health sources from the private and public sectors and seeking health services from UNRWA. Thus, we would have had to recruit from UNRWA health centers or from inside refugee camps which was outside of the scope of work for the present report. Given the basic requirement that we recruit from centers that served "urban" dwelling refugees, we were unable to reach PRS beyond the FGDs.

Ethics

All participants were informed of the purpose of the research and their ability to end participation at any point and offered the opportunity to ask questions about the activity before giving consent. Oral informed consent was obtained from all participants. Oral consent to participate was obtained because of the overall low level of literacy among female Syrian refugees, especially Palestinian refugees from Syria and because asking participants to sign the informed consent form might create distrust between the participant and researcher, some of whom may not legally reside in the host country.

All researchers were trained on how to ask sensitive questions and passed the Collaborative Institutional Training Initiative Human Research curriculum. Survey data was collected using CommCare, a HIPAA compliant computer system, and data is stored on a password-protected, cloud-based system that is not accessible to data collectors. Participants were provided a list of local GBV services and offered the opportunity to speak with someone immediately if they wanted to discuss their experiences with violence.

Limitations

This study provides important insights into refugee women's experiences with GBV; however these findings must be discussed within the study's limitations. Analyses of survey data are descriptive in nature, result from cross-sectional, self-reported data and are unadjusted comparisons. Therefore, it is likely that violence, especially IPV, was underreported in this study since revealing violence can have considerable implications for women's safety^{14,19,73} and most IPV incidents are not disclosed to verifiable sources.^{44,74} With regard to survey analyses, findings must be interpreted with caution given the sample sizes, especially with regard to reproductive health outcomes. The participants who were interviewed and surveyed for this study are not necessarily representative of the refugee populations living in North Jordan or South Lebanon because participants in the FGDs and interviews were purposively sampled from among individuals who had already received services from health centers and survey participants were among those were seeking healthcare. Therefore, we likely did not reach the most vulnerable populations of women (i.e., women with disabilities, severely victimized women etc.) who face even higher barriers to accessing services. Due to the limited number of PRS attending the clinics selected in Lebanon and Jordan, we were unable to examine survey data for PRS separately from SN. Finally, we were unable to provide an in depth examination of the UN referral pathways for survivors of violence because not all of the clinics involved in the recruitment of survivors of violence and survey participants are participants in the UN referral system.^{FNB} Therefore, the participants did not necessarily have experience with the UN system of referrals.

^{FNB} In Lebanon, the clinics where the surveys were conducted and from which the survivors of violence were recruited (e.g., Amel and Kayan) are not current participants in the UN system of referrals for GBV cases. In Jordan, the clinics where the surveys were conducted (e.g., Institute of Family- Noor Al Hussein Foundation (IFH/NHF) Jerash and Institute of Family-Noor Al Hussein Foundation (IFH/NHF) Ajloun in Jordan) and from which the survivors of violence were recruited (e.g., Institute of Family- Noor Al Hussein Foundation (IFH/NHF) Jerash, Institute of Family-Noor Al Hussein Foundation (IFH/NHF) Ajloun, and International Medical Corps) are participants in the UN system of referrals for GBV cases and contribute to the Gender Based Violence Information Management System (GBVIMS) (see, <http://www.gbvims.com/> for additional information about the data collection system).

Study Results

Section I : Background to Violence

In the FGDs and survivor interviews in both locations, women indicated that men, who traditionally work outside of the home and provide for the household, are unable to perform these gendered tasks because of hostility and exploitation by the host community

[My husband] worked for a month and a half and then he was asked to leave without a penny. He (the boss) told him I don't owe you a thing, and dare do something. - Lebanon FGD; Palestinian Refugee from Syria, 30 years old

When my husband goes to work, they don't give him his full wage. A Jordanian citizen earns 15 or 17 JDs, but we earn 10 or 7 Jordanian Dinars. - Jordan FGD; Syrian National, 21 years old

Women indicated that men are also unable to protect the family from the host community's hostility. Because men traditionally protect the family and women did not feel capable of protecting the family, women mentioned feeling insecure both in public and private locations.

My husband went to talk about electricity subscription. The man pointed a rifle in his face. - Lebanon FGD; Syrian National, 26 years old

Despite numerous difficulties imposed by the host community and the severe economic constraints on families, women were expected to fulfill traditional female gender roles including securing food, standing in line for aid, and arranging for the education of children. These tasks are more challenging for the women residing in informal settlements. In Lebanon, some Palestinian Refugees from Syria reported living in a dwelling of 10 rooms sharing a common bathroom and one washing machine with all residents. Women's inability to perform traditional, female activities (i.e., cooking, sewing, childcare etc.) was a point of contention between the spouses:

One time he [husband] got back home and asked me why I did not cook. I said there is no food. He told me I should have managed - Lebanon FGD; Syrian National, 43 years old

He [my husband] doesn't know if a child is sick or went to school, he just wants to get back home and know I have sorted out the situation - Lebanon FGD; Syrian National, 19 years old

Women's economic situation was of major concern and was mentioned frequently as a source of major personal strain. In response to their severe poverty, women use several coping strategies including selling personal belongings such as jewelry, begging, or having their children beg.

[Parents are] throwing their girls to the streets to get a piece of bread - Lebanon FGD; Syrian National, 36 years old



During the FGDs in both countries, many participants indicated that the amount of aid from international agencies was decreasing and causing severe strain on the family. In Lebanon, money is needed primarily to renew residence papers (\$200 per person every 6 months for displaced Syrian Nationals and every 3 months for Palestinian refugees from Syria), and to pay rent "if we don't pay we are kicked out" (Lebanon FGD; Palestinian Refugee from Syria, 60 years old). In Jordan women indicated that rent had increased significantly from when they had first arrived. In Jordan and Lebanon, UNHCR was providing each family member with approximately \$10- \$19 a month, which was considered insufficient by almost all participants and was said to cease soon. In both countries, women expressed concern about their future.

We will be on the streets.... Even when we'll be on the streets where we will sit - Lebanon FGD; Palestinian Refugee from Syria, 48 years old

[There is] very little from the coupons. They decreased the value of coupons. And with me personally they canceled them altogether. 10 Jordanian Dinars per person and how can they be enough? You may eat chicken once a month only - Jordan FGD; Syrian National, 35 years old

In both Lebanon and Jordan, many case workers and FGD participants indicated that Syrian women tended to move their residence frequently because of financial strain, large family sizes, and poor housing conditions. The survey bore out the discussions from case workers and FGD participants, on average, participants moved an average of 2.2 times since arriving to the host country. Some refugees stated that they were denied house rental if their family size was considered high by the house owner or if they were planning to share the rent with another family. They ended up being displaced more often or cutting down on other expenses including health. Frequent displacement is a particularly large challenge to establishing and maintaining connections with service providers.

Discrimination

Participants in the FGDs in both countries described discrimination by aid agencies and felt as if they received lower quality medication and treatment from service providers based on their nationality.

They [United Nations healthcare agencies] don't give us medicine. My child had a cough in winter time and they said they don't have cough syrup. A few months later they started distributing cough medicines 2 or 3 bottles at a time, and even when not needed, because they were going to expire. - Lebanon FGD; Palestinian Refugee from Syria, 45 years old

In general, when you go to get assistance, they start telling you things like 'move it, go away from here.' There was this woman, they made her cry and insulted her, it was a lot and it happened in front of us... - Jordan FGD; Syrian National, 28 years old

However, it is important to note that some women in the FGDs noted that they had positive experiences with the host communities.

Some [members of the host community] are really good. They raise the spirits and morale - Lebanon FGD; Syrian National, 26 years old

I'm happy I came here and the family consultation for me as a foreigner in another country of course I feel like it is my country and the people of Jordan are my people and I thank them from the bottom of my heart for their concern. - Violence survivor living in Jordan, Syrian National, 37 years old

In Lebanon, participants in the FGDs felt discriminated against for having a large family when many Lebanese had smaller families.

We the Syrians love children. We deliver babies a lot. The Lebanese do not like children a lot. If I walk on the streets, I have 5 children, I am shy. - Lebanon FGD; Syrian National, 30 years old

They say that we are refugees. They wonder why we bring kids. Then they say that we bring kids to receive additional food cards. - Lebanon FGD; Syrian National

In Lebanon, discrimination varied by women's nationality -Syrian Nationals tended to focus on discrimination from Lebanese Nationals while Palestinian Refugees from Syria felt discrimination from Lebanese Nationals as well as the local Palestinian residents (i.e., Palestinian-Lebanese Nationals). Many PRS participants in the FGDs felt discrimination from neighbors (i.e., "they don't talk to me, as if I have a contagious disease" (Lebanon FGD; Palestinian Refugee from Syria 45 years old), "they throw their garbage at my door" (Lebanon FGD; Palestinian Refugee from Syria, 45 years old).

Section II: Scope and Types of Gender Based Violence

TABLE 6. FREQUENCY OF VIOLENCE REPORTED BY SURVEY PARTICIPANTS BY COUNTRY, (N=385).

Type of Violence	Total Sample (n=385)		Jordan (n=200)		Lebanon (n=185)	
	Number	Number	Number	Number	Number	Number
Emotional^a	105	27.3	57	28.5	48	26.0
Physical^b	37	9.6	20	10.0	17	9.2
Sexual^c	39	10.1	23	11.5	16	8.7
Economic^d	11	2.9	5	2.5	6	3.2

^a insulted her or made her feel bad about herself, belittled or humiliated her in front of others, done things to scare or intimidate her on purpose, threatened to hurt her, or threatened to force her to go back to Syria.

^b slapped, hit with a fist, thrown something at her that could hurt her, pushed or shoved her, kicked, dragged or beat her up. threatened to use or actually used a gun, knife, or other weapon against her, hit, slapped, kicked or done anything else to hurt her while she was pregnant.

^c made sexual advances toward her or sexually harassed her. made her feel threatened with some sort of retaliation for not being sexually cooperative, tried to fondle or kiss her when she did not want him to, or she engaged in sexual intercourse when she did not want to because she was afraid of what another person might do

^d pressured her to do house work or other types of work for housing or basic necessities like food.

In the surveys, 32% of women (n=124) reported experiencing any violence (Table 6). Emotional violence (i.e., insulted her or made her feel about herself, belittled or humiliated her in front of others, done things to scare or intimidate her on purpose, threatened to hurt her, or threatened to force her to go back to Syria) was reported by 27.3% of women (n=105) and was the most commonly reported form of violence. Sexual violence (i.e, made sexual advances toward her or sexually harassed her, made her feel threatened with some sort of retaliation for not being sexually cooperative, tried to fondle or kiss her when she did not want him to, or she engaged in sexual intercourse when she did not want to because she was afraid of what another person might do) was reported by 10.1% of women (n=39) and was the second most commonly reported form of violence. Physical violence (i.e., slapped, hit with a fist, thrown something at her that could hurt her, pushed or shoved her, kicked, dragged or beat her up, threatened to use or actually used a gun, knife, or other weapon against her, hit, slapped, kicked or done anything else to hurt her while she was pregnant) was reported by 9.6% of women (n=37) and was the third most commonly reported form of violence. Economic violence (i.e., pressured her to do house work or other types of work for housing or basic necessities like food) was the least commonly reported form of violence (2.9%; n= 11). In terms of regional differences, women reported more sexual and emotional violence in Jordan compared to Lebanon. The majority of the women and girls who reported any violence exposure frequently reported multiple types of violence (i.e., emotional and physical violence).

In general, FGD participants indicated that violence victimization among refugee women from Syria who were living in Jordan and Lebanon was fairly common; however, the moderators struggled to encourage participants to speak about violence in part because participants were overwhelmed with the challenges they face in their daily existence and were looking for tangible solutions to these issues. Participants focused on their severe poverty, barriers they face to enrolling their children in school, their struggle to remain in the host country and renew their legal status in Lebanon or Jordan, and fears about returning to Syria among others. In general, the most commonly reported form of violence outside of the home was emotional violence from the host community and aid agencies which they perceived to be very common.

Violence in Public Spaces

TABLE 7. FREQUENCY OF VIOLENCE PERPETRATED BY A NON-FAMILY MEMBER REPORTED BY SURVEY PARTICIPANTS BY COUNTRY, (N=385).

Type of Violence	Total Sample (n=385)		Jordan (n=200)		Lebanon (n=185)	
	Number	Number	Number	Number	Number	Number
Emotional^a	93	24.2	54	27.0	39	21.1
Physical^b	13	3.4	6	3.0	7	3.8
Sexual^c	37	9.6	21	10.5	16	8.7
Economic^d	11	2.9	5	2.5	6	3.2

^a insulted her or made her feel bad about herself, belittled or humiliated her in front of others, done things to scare or intimidate her on purpose, threatened to hurt her, or threatened to force her to go back to Syria.

^b slapped, hit with a fist, thrown something at her that could hurt her, pushed or shoved her, kicked, dragged or beat her up. threatened to use or actually used a gun, knife, or other weapon against her, hit, slapped, kicked or done anything else to hurt her while she was pregnant.

^c made sexual advances toward her or sexually harassed her. made her feel threatened with some sort of retaliation for not being sexually cooperative, tried to fondle or kiss her when she did not want him to, or she engaged in sexual intercourse when she did not want to because she was afraid of what another person might do.

^d pressured her to do house work or other types of work for housing or basic necessities like food.

In the surveys, the most commonly reported form of violence reported by a non-family member was emotional and women reported experiencing more acts of sexual violence than physical violence (Table 7). In terms of prevalence across countries, women and girls generally reported comparable levels of violence experience. This is similar to findings in the FGDs in both countries whereby women and girls discussed experiencing violence and experiencing sexual violence more frequently than physical violence outside of the home.

Sexual Violence

He [taxi driver] was giving me a ride and I told him about my little girl who was sick and needed treatment that I couldn't afford. He promised to help, so I gave him my number. He kept calling me thereafter and sending me messages asking me to pay him a visit at night. He wouldn't stop even after I shouted at him several times. - Lebanon FGD: Syrian National, 25 years old

In the surveys, neighbors and owners of the house were the most common perpetrators of sexual violence in both countries. Women and girls also mentioned that taxi drivers and employers perpetrated sexual violence. Two survey participants in Jordan reported experiencing sexual violence by an aid worker or service provider.

Most FGD participants and violence survivors reported that they were either personally subject to sexual harassment or knew someone who was. Participants in the FGDs believed that sexual violence was fairly common because of the severe poverty in the Syrian refugee community. Women and girls indicated that they feared sexual violence from men in diverse settings: on the streets, at the workplace, and on the phone. Possible perpetrators included men with power status over the women and girls (i.e., guards at check points, work supervisors, aid agents) or men with whom the women had to interact to receive services (i.e., taxi drivers and repair men).

Most commonly [I hear] the bad words; they are worse than hitting. Last time I was going to Sour by taxi, he [the taxi driver] opened his wallet and told me how much do you want? Does he think we [Syrian refugee women and girls] are cheap? Does he think we [Syrian refugee women and girls] are going to sell our honor? So I cannot go by myself? - Violence Survivor living in Lebanon; Syrian National, 33 years old

Physical Violence

Notably, in the surveys, women and girls who reported physical violence indicated that their neighbors were the main perpetrators of violence in public spaces. Neighbors not only used moderate levels of violence (i.e., slapped, hit with a fist, thrown something at her that could hurt her, pushed or shoved her) against women and girls but also perpetrated severe violence (i.e., kicked, dragged or beat her up, threatened to use or actually used a gun, knife, or other weapon against her, hit, slapped, kicked or done anything else to hurt her while she was pregnant) although to a lesser extent. Participants living in Jordan more frequently reported violence by a neighbor compared to participants living in Lebanon, although in both places, neighbors perpetrated severe forms of violence.



The majority of participants in the FGDs indicated that most physical violence was perpetrated by refugees from Syria against other refugees from Syria. The minority of women reported being subject to physical violence from the host community. In one instance, a Lebanon FGD participant stated that she had been beaten by a public security officer with a stick while standing in line.

He [security guard] was shouting at us saying go back you animals, go back mules. I swear by the Almighty God he was holding a stick and was beating us. - Lebanon FGD; Syrian National, 36 years old

Emotional Violence

Many women involved in the FGDs indicated that they experienced emotional violence in the public sphere and heard statements such as "you are Syrian, you are thieves, and you are robbers" (Jordan FGD; Syrian National) "if you love your president and voted for him, then why are you here" (Lebanon FGD; Syrian National, 60 years old). In addition to the verbal abuse, Syrian refugees feel blamed by the host community when they heard statements such as "you made our country dirty" (Lebanon FGD; Palestinian Refugee from Syria, 40 years old).

They also tell us Palestinians and Iraqis came and we didn't see anything, but when you Syrians came, you changed everything to the worse. - Jordan FGD; Syrian National, 35 years old

Economic Violence

Participants in the FGDs also narrated several stories depicting economic abuse by the host community or other refugees. Participants felt that others charged them more for goods, services, or housing because of their nationality and refugee status.

When they know we are Syrians, the prices double - Lebanon FGD; Palestinian Refugee from Syria, 48 years old

House rents for example, when they know the renter is a Syrian refugee, they raise the price - Jordan FGD; Syrian National, 27 years old

Violence In Private Spaces

In the surveys, violence in private spaces was reported less frequently by women and girls compared to women's reports of violence in public spaces. In private spaces, women and girls most frequently reported that they were subjected to physical and emotional violence (Table 8) while no women or girls reported economic violence. Rates of violence reported in private spaces were generally comparable across countries. It is possible that women and girls underreported the amount of violence they experience in private spaces or women and girls experience alternative forms of violence not measured in the survey because a significant number of survey participants reported being afraid of a family member some or most of the time. Twenty percent of women in Jordan (n=39) and 13% of women in Lebanon (n=24) reported being afraid of their family most of the time or sometimes. Among survey participants 29.2% (n=105 out of 359) were afraid of their husband sometimes and 11.4% (n=41) were afraid of their husband most of the time. Women in Lebanon were more likely to report being afraid of their husbands most of the time; 14.7% (n=26) of women in Lebanon were afraid of their husbands most of the time compared to 8.2% (n= 15) of women in Jordan. It should be noted, however, that in the surveys, the majority of married women from both countries reported never being afraid of their husbands (59.3%; n=213 out of 359).

TABLE 8. FREQUENCY OF VIOLENCE PERPETRATED BY HUSBAND OR HOST FAMILY MEMBER REPORTED BY SURVEY PARTICIPANTS BY COUNTRY, (N=385).

Type of Violence	Total Sample (n=385)		Jordan (n=200)		Lebanon (n=185)	
	Number	Number	Number	Number	Number	Number
Emotional^a	24	6.2	12	6.0	12	6.5
Physical^b	26	6.8	15	7.5	11	6.0
Sexual^c	3	0.8	3	1.5	0	0.0
Economic^d	0	0.0	0	0.0	0	0.0

^a insulted her or made her feel bad about herself, belittled or humiliated her in front of others, done things to scare or intimidate her on purpose, threatened to hurt her, or threatened to force her to go back to Syria.

^b slapped, hit with a fist, thrown something at her that could hurt her, pushed or shoved her, kicked, dragged or beat her up, threatened to use or actually used a gun, knife, or other weapon against her, hit, slapped, kicked or done anything else to hurt her while she was pregnant.

^c made sexual advances toward her or sexually harassed her, made her feel threatened with some sort of retaliation for not being sexually cooperative, tried to fondle or kiss her when she did not want him to, or she engaged in sexual intercourse when she did not want to because she was afraid of what another person might do

^d pressured her to do house work or other types of work for housing or basic necessities like food.

Many FGD participants indicated that they had been exposed to violence by a husband or other relative, and considered family violence to be quite prevalent in the refugee community as a result of the daily pressure the refugees (men and women) are exposed to, the meager living conditions and the maltreatment men face while working. Many women in the FGDs and women who experienced violence commented that this tension at home is relatively new:



In Syria we did not have such conflicts, my husband was working in Aleppo and we were living like kings. It all started here, he has changed, psychologically changed - Lebanon FGD; Syrian National, 25 years old

Some women who participated in the FGDs and some violence survivors reported being afraid of their husband and family members quite often. Women feared direct abuse or that a member of the household would intervene or cause conflict between the wife and the husband. They also feared that their children would be abused. Among the family members women perceived as being frightening or likely to act as a source of conflict were mother-in-laws and sister-in-laws.

My mother in law is very difficult even with the kids. My heart is on fire. If I want to take the cheese from the fridge, she does not let me - Violence Survivor living in Lebanon; Palestinian Refugee from Syria, 33 years old

My husband is traveling. I called him in front of his mother, and she is my father's sister, and I told him that your mom is doing so and so. He didn't understand what I was saying, and directly divorced me on the phone. He told me this is our life. If you like it, you're welcome. If you don't, you know where your family's house is. I went to my family's house, but my mother-in-law is my father's older sister, and he doesn't like to let her down. So he started doing anything to solve the problem even though it was an absurd issue. - Jordan FGD; Syrian National, 35 years old

Sexual Violence

I left the house for 4 months and got back but nothing changed. When he wants sex, he will have it. I cannot get stubborn with him. If you do get stubborn his anger may last 6 months, not one day or two. If I dare tell him you did this or that, he says he never goes wrong. He reminds me 6 months later that on that day I refused to sleep with him. Why can't he accept that I may be tired? That I may not have wanted to that day? Why when I want sex, he says no? - Lebanon FGD; Syrian National, 43 years old

In the FGDs in Lebanon, women discussed feeling pressure to have sex with their husbands. This topic was not discussed during the FGDs in Jordan. There were many reasons that women might have sex even when they did not wish to do so, including their feelings that it is a husband's right to demand sex, their belief that others in their culture believe that a wife should have sex with her husband when he demands it, being coerced into having sex for fear of violence, to earn money to pay for household goods from their husband, or to protect their children from their husband.

If I tell him I am sick, he would go to sleep and let me feel hopeful that things are getting better. That he is feeling with me. That tomorrow morning will be better day. But he wakes up the second day with eyes full of anger as if he will destroy the house over my head - Lebanon FGD; Syrian National, 46 years old

If the child asks for 1000 Lira, he [the father] will shove him away. But if he [the father] is satisfied with mom he will tell him 'come and take what you want my dear son' - Lebanon FGD; Syrian National, 43 years old

In the surveys, three women reported having sex out of fear of what their husband would do.

In the Lebanon FGDs, a small number of participants discussed that husbands would sometimes force their wives to have sexual relations with others for money. These issues were not discussed during the Jordanian FGDs.

Some men may sexually use their wives, and if caught, they deny knowing about it. She becomes a whore and he is the honest guy. - Lebanon FGD, Syrian National, 40 years old

Physical Violence

It's horrible. Just imagine being hit or shouted at in front of your kids, your fourth grader. Even what he [my husband] says is being understood by the kids now. I go to the other room, lock myself up, and cry. My kids come to me and start asking me what's wrong. I tell him that I have a headache and that it's not a big deal for the sake of my kids. - Violence survivor living in Jordan; Syrian National, 26 years old

In the FGDs, the some participants reported being physically beaten by their husbands. Most of the physical violence that was mentioned included being hit or slapped. The majority of women attributed the physically violent incidents to extreme external stress such as lack of job opportunities for men, economic stress, and cramped living conditions. Similarly, many violence survivors indicated that external pressures created pressure in the home that resulted in violence.

Violence is the fruit of stress, financial problems, and living conditions. - Lebanon FGD; Syrian National

He's [my husband's] at home (unemployed) and he wants to assert his dominance on the whole world. It's like I'm the master and you're all... I don't know what. - Violence Survivor living in Jordan; Syrian National 37 years old.

And yet, others noted that violence was perpetual and being in the host country had only worsened their experiences of physical violence.

In Syria it [the violence perpetrated by my husband] was very minimal. The situation was different and I had my parents there so that would scare him [my husband]. But here I have no one and there's no work. The situation is hard and he [my husband] has nothing to release his stress on but me to be honest! - Violence Survivor living in Jordan; Syrian National 23 years old

When it comes to marriage my husband has always been bad. Ever since I married him -I did when I was 14- their whole family's concept of manhood is through violence (beating) women are always sinful, if they don't like food for example it is normal for them to kick it and beat you up and that's it. I am being patient. - Violence Survivor living in Jordan; Syrian National 37 years old

Emotional Violence

He insults my family, but uses upsetting words, like, 'don't stand in front of me. Don't speak.' I want to speak. I admit that I try keep up. If something is wrong, I have to say it. My parents tell me even if he does mistakes, stay quiet. It is ok to do that. They tell me you have daughters and sisters and this will affect them - Violence survivor living in Lebanon; Syrian National, 38 years old

Women participating in FGDs and women who experienced violence mentioned that emotional violence included shouting and screaming, insults, threatening of taking the children, of marrying another woman, or of sending the wife to her family of origin. Women feel pressure from their adult family members and children to remain silent in the face of emotional violence in order to relieve the situation.

When the father gets angry, he will be angry at the whole family. Ultimately the children can't take it. They will tell me mom please get along with dad so we can live peacefully. - Lebanon FGD, Syrian National, 43 years old

Violence by In-Laws

Some participants in the FGDs and in the violence survivors mentioned that their family members blamed them for the violence. Additionally, some women and girls' in-laws perpetrated violence, encouraged their spouses to perpetrate violence, or were the cause of fights between women and their husbands. Most of the violence perpetrated by in-laws was psychological and included criticizing the way that the women managed daily chores or raised the children, denying her resources such as food or household items, or encouraging the spouse to marry another woman.

I am sleeping with my kids on 3 run down mattresses. Our bodies are hurting, and they [my in-laws] are not giving me at least one - Lebanon FGD; Palestinian Refugee from Syria, 32 years old

The majority of women and girls focused on abuse by their in-laws because after a marriage it is common for a woman to live with her husbands' family. The need to live with extended family due to poverty, increased the risk of incidents of physical and, on one occasion, increased the risk of sexual violence.

Listen when my husband beats me up I endure it. That's fine. As much as he does that I'm his wife and I should endure him, you know it has to be like that. Everyone says you have to endure it, but when it comes to your mother in law hitting you this does not work! - Violence Survivor living in Jordan; Syrian National, 28 years old

When we [my husband and I] came here to Jordan we were living alone. He [my father-in-law] started to visit when my husband is not home... and I used to keep on reading the Qura'an and praying he would leave but then we all moved in together and he started coming on to me. If I'm in the kitchen for example, if I'm alone, he would come and put his hand on my body, touch me, put his hand on my behind.... His daughters know of this and my aunt [his wife] knew after that and they started following me wherever I go around the house so as not to leave me alone - Violence Survivor living in Jordan; Syrian National, 25 years old

Child Marriage and Abuse

In the surveys, early marriage was fairly common; of the 384 women who reported their age at marriage, almost half (46.6%; n=179) reported being married prior to age 18. Nine percent (n=35) reported having at least one child under the age of 18 married since arriving to the host country.

Many participants in the FGDs had a deep understanding of the issues associated with child marriage because they had been child brides themselves. In the FGDs, child marriage or marriage under the age of 18^{FN9} was perceived as increasing in regularity among Syrian refugees with the age gap between the child bride and the adult husband increasing over time.

She marries if she is 12 and her body is in a good shape and if she is tall, she gets married off, and even younger. Because the normal marriage - the average age - is 15 years old. And if she is late, they say she is a spinster. - Jordan FGD; Syrian National, 24 years old

Some women were more accepting of child marriage, considering it part of their culture, protective of girls who might be sexually assaulted, and mentioned that child marriage is best done by "convincing the girl" (Lebanon FGD; Syrian National, 46 years old). Some women participating in the FGDs were against child marriage, mentioning its various disadvantages to the girl and to her family. Further, child marriage was considered a risk to the girl who might end up a young widow because of the conflict in Syria.

She is too young, doesn't know a thing, doesn't know which responsibility she is getting into. Everything comes sudden, she is awakened suddenly, she would be scared; this is Haram¹⁰ - Lebanon FGD; Palestinian Refugee from Syria, 18 years old

...the girl [child bride] would not be aware of what's happening. We were very young just thinking about the wedding dress. We did not know what marriage is. We would be too young and unaware. The majority is like that in Syria." - Jordan FGD; Syrian National, 25 years old

Physical and emotional child abuse was also commonly mentioned in the FGDs and survivor interviews. While husbands were the most common perpetrators of physical violence against children, women in the FGDs and survivor interviews also mentioned committing violence against their children. A smaller number mentioned that in-laws or other family members also perpetrated violence against the children. There were many reasons that women stated they perpetrated violence against their children including: physical violence is necessary to keep the children under control in front of the host community because Syrian children are perceived as being out of control, physical violence is the way in which women vent their stress, and physical violence is an appropriate method of disciplining children.

^{FN9} In Syria, the minimum marriage age is 18 years for males and 17 for females; however, girls as young as 13 years old may be married with the permission of a judge (<http://aannaim.law.emory.edu/ifl/legal/syria.htm>)

^{FN10} "Haram" is an Arabic language term to refer to any act that is forbidden by Allah



My husband went to ask about our subscription; the guy raised a shotgun at his face. He's [my husband's] tense. I'm tense with the kids and they're putting up with us, going through a lot - Lebanon FGD; Syrian National

In Syria, my husband didn't lose his temper this often. But now, due to the pressures he started losing it and I get angry too and get this out on my children more often. A person is frustrated and starts you know trying to release this anger - Jordanian FGD; Syrian National, 21 years old

Whenever I hit the girl [my daughter] she [my mother-in-law] would come and say why do you hit her? And she makes a big problem out of it. I told her [my mother in law], are you going to make a problem for me every time I hit the girl? What a life! I can't even hit my child! - Violence Survivor living in Jordan; Syrian National, 28 years old

Section III: Women's Health, Access to Healthcare Services, and GBV

Women's Health

In the survey, 45.7% (n=176) of women had been pregnant since arriving to the host country; among these women, 51.1% (n=90) of these women were living in Lebanon and 48.9% (n=86) were living in Jordan. 24.4% (n=43) of women were currently pregnant at the time of the survey; of these women, 44.2% (n=19) were living in Lebanon and 55.8% (n=24) were living in Jordan. Of the women who gave birth since arriving to their host country (n=149), the majority (81.9%) gave birth at a hospital (n=122) and 16.1% (n=24) gave in a health center. Among the women who gave birth in a health center, all but one (95.8%, N=23) were attended to by a doctor.

Among women who had been pregnant since arriving to Jordan or Lebanon, 4.2% (N=7) smoked during pregnancy, 36.4% (N=60) reported an induced or spontaneous abortion, 26.5% (N=32) reported a preterm or underweight birth, and 14.8% (n=26) of the sample reporting a pregnancy since arriving to Jordan or Lebanon did not receive health care during their most recent or current pregnancy. For most reproductive health behaviors and conditions, the situation among refugees in Lebanon was poorer (Tables 9-11) for example, twice the percent of respondents in Lebanon reported not receiving antenatal care (20%) compared to respondents in Jordan (9.3%).

TABLE 9. SMOKING DURING PREGNANCY AND OCCURENCE OF ABORTIONS AMONG PARTICIPANTS REPORTING AT LEAST ONE PREGNANCY SINCE ARRIVING IN JORDAN / LEBANON (N=385).

	Total Sample (n=166)		Jordan (n=76)		Lebanon (n=90)	
	Number	Percent	Number	Percent	Number	Percent
Smoked during pregnancy	7	4.2	1	1.3	6	6.7
Abortion (induced or spontaneous)	60	36.4	23	30.3	37	41.1

TABLE 10. ADVERSE PREGNANCY OUTCOMES AMONG PARTICIPANTS REPORTING GIVING BIRTH SINCE ARRIVING IN JORDAN / LEBANON (N=121).

	Total Sample (n=121)		Jordan (n=85)		Lebanon (n=63)	
	Number	Percent	Number	Percent	Number	Percent
Preterm Delivery	6	5.0	5	8.6	1	1.6
Underweight Delivery	27	22.3	10	17.2	17	27.0

TABLE 11. LACK OF ANTENATAL CARE AMONG PARTICIPANTS REPORTING AT LEAST ONE PREGNANCY SINCE ARRIVING IN JORDAN / LEBANON (N=176).

	Total Sample (n=176)		Jordan (n=86)		Lebanon (n=90)	
	Number	Percent	Number	Percent	Number	Percent
Lacking antenatal care for most recent pregnancy	26	14.8	8	9.3	18	20.0

At the time of the survey, the majority (60.7%, n=156) of 257 married women who were not currently pregnant and who were not currently trying to get pregnant were using contraception or a method to avoid or delay pregnancy (Table 12). All of the participants knew how to obtain or use a method of contraception. Participants in Lebanon most frequently stated that they did not want to use a method of contraception whereas in Jordan, the participants most frequently mentioned preferring the natural method. There were a large number of participants in Jordan who indicated that they had an "other" reason for not using contraception, when this category was examined, we found that many of these women were not exposed to sex because their husband lived elsewhere or did not have sex with them.

TABLE 12. REASONS FOR LACK OF CONTRACEPTIVE USE AMONG FECUND MARRIED SYRIAN REFUGEE WOMEN NOT CURRENTLY PREGNANT AND NOT CURRENTLY TRYING TO GET PREGNANT (N=385).

Reasons for Lack of Contraceptive Use	Total S. (n=101)		Jordan (n=41)		Lebanon (n=60)	
	Number	Percent	Number	Percent	Number	Percent
I do not want to use a method	31	30.7	3	7.3	28	46.7
My husband does not approve	5	5.0	1	2.4	4	6.7
My family/my husband's family does not approve	0	0.0	0	0.0	0	0.0
I do not approve of the use contraception	1	0.0	0	0.0	1	1.7
I cannot afford it	11	01.9	1	2.44	1	16.7
I don't know how to get contraception	0	0.0	0	0.00	0	0.0
Worried about side effect	21	20.8	4	9.8	17	28.3
I prefer the natural method	16	15.8	11	26.8	5	8.3
Other	33	32.7	30	73.2	3	5.0

A minority of women in the Lebanon FGDs suggested that some refugee women and girls chose not to use contraception because they expected to earn money from the United Nations system for each child.

Kids are having fun on the street - I too think that this is the mother's job. Women think that the UN is willing to give and help them so they go ahead and have 10 kids - that's the biggest mistake - I blame mothers - I'll just have more kids for the United Nations to help me. - Lebanon FGD; Syrian National

Access to Services

The most common reasons provided for women not receiving healthcare during pregnancy was the inability to afford services or the lack of health care providers (Table 13). A number of women and girls living in Jordan indicated that there was an "other" reason for not accessing healthcare during pregnancy, among the most prominent is the lack of knowledge of where to go for services or not knowing that services were available.

TABLE 13. REASONS WHY WOMEN PARTICIPATING IN SURVEYS REPORT NOT ACCESSING HEALTHCARE DURING PREGNANCY (N=26).

Reason	Total Sample (n=26)		Jordan (n=8)		Lebanon (n=18)	
	Number	Percent	Number	Percent	Number	Percent
No health care provider available	3	11.5	0	0.0	3	16.7
Could not afford it financially	17	65.4	3	37.5	14	77.8
Distance too far / lack of transportation	2	7.7	1	12.5	1	5.6
I have always been healthy	2	7.7	1	12.5	1	5.6
Not treated well previously	1	3.9	1	12.5	0	0.0
Other	5	19.2	5	62.5	0	0.0

Another potential reason that women do not access healthcare services during pregnancy is because they are not registered with a UN agency and cannot access healthcare providers as a result.

my daughter is pregnant and her papers at UNRWA are not complete. So I cannot treat her medically and give her vaccinations - Lebanon FGD; Palestinian Refugee from Syria

In our interviews with violence survivors, we found that women's access to reproductive health services enabled them to utilize violence-related support resources, especially when those violence-related services were offered on site.

I put a diaphragm here, and I always come back for checkups. They offer me different services as much as possible like money or lectures and psychological support to help me and give me packages and money that would help me and my husband when it's available. - Violence Survivor living in Jordan; Syrian National, 23 years old

Impact of Gender-based Violence on Health

Among the 124 women reporting any violence experience in the clinic-based surveys, 50% (n=62) reported some health impact (Table 14). In Jordan, a significant number of women reported experiencing violence that would be included in the "other" category. When we examined this category, we found the most common health impact to be psychological difficulties associated with violence.

TABLE 14. HEALTH IMPACT OF VIOLENCE EXPERIENCE AMONG SYRIAN REFUGEE WOMEN (N=124).

Injury	Total Sample		Jordan		Lebanon	
	Number	Percent	Number	Percent	Number	Percent
Emotional Health Impact ^a	27	21.8	20	29.0	7	12.7
Sexual/Reproductive Health Impact ^b	19	15.3	15	21.8	4	7.3
Physical Health Impact ^c	31	25.0	14	20.3	17	30.9
Other ^d	13	10.5	12	17.4	1	1.8

^a Includes psychological difficulties such as nightmares, intrusive memories, significant changes in sleep patterns
^b Includes sexually transmitted infections, pregnancy, or miscarriage
^c Includes women's report of bruises, scrapes, and welts, loss of consciousness, sprains or dislocations, knocked out teeth, deep wounds or cuts, and fractures or broken bones
^d Includes any other form of injury not mentioned above

Impact of Violence on Mental Health

He beat me and kicked me out of the house. I started walking in the streets wondering what to do or where to go. A car passed by and I saw this dog sticking its head out of the window. I looked at it and said to myself this dog is more valued than I am. - Lebanon FGD; Syrian National, 36 years old

While the survey did not examine mental health symptoms among participants, survivors who were interviewed indicated that suicidality and depression may be an issue of concern for service providers working with survivors of violence.

Some days come by when I wish to end my life and commit suicide. But then I have children and a husband that you have to endure through the good and the bad. I excuse him because there's no work and the children go up to him and ask for things he can't provide. So he feels bad and beats the kids why? - Violence Survivor living in Jordan; Syrian National, 26 years old

[I am feeling] psychological pressure which is worse than the financial burden. The feeling of depression takes over and I wonder what to do to psychologically get relieved and not feel this heavy burden. - Violence Survivor living in Lebanon; Syrian National, 33 years old

Impact of Violence on Physical Health

The most common physical health impacts of violence reported by women and girls in the surveys were moderate and included bruises, scrapes, and welts (Table 16). Loss of consciousness was also reported by a significant minority of women in both Lebanon and Jordan. More women in Jordan reported experiencing physical health impacts directly associated with violence compared to women in Lebanon.

TABLE 14. PHYSICAL HEALTH IMPACT OF VIOLENCE EXPERIENCED BY PARTICIPANTS IN THE SURVEY (N=124).

Injury	Total Sample		Jordan (N=69)		Lebanon (N=55)	
	Number	Percent	Number	Percent	Number	Percent
Bruises, scrapes, welts	25	20.2%	10	14.5	15	27.3
Loss of consciousness	12	9.7%	6	6	6	10.9
Sprains or dislocations	3	2.4%	3	3	0	0.0
Knocked out teeth	5	4.0%	1	1	4	7.3
Deep wounds or cuts	3	2.4%	2	2	1	1.8
Fractures or broken bones	2	1.6%	1	1	1	1.8

Women discussed a wide range of physical health consequences during the FGDs ranging from headaches to broken bones. While many of these health impacts were directly related to physical or sexual violence, some physical health impacts such as loss of consciousness and chronic health problems were discussed as being related to emotional violence. Physical and emotional violence often occur together⁷⁵ and women and girls in this study discussed that multiple forms of violence contributed to their poor physical health - a link that has been found among other female survivors of violence.⁷⁵ While many women and girls who survived violence indicated that the emotional scars associated with violence were worse than the physical impacts of health, others discussed that physical health impacts were often on-going and interfered with their daily lives.

My health condition is worsening, I have that terrible headache and my periods are not regular. The physician says it is all in my head. - Violence Survivor living in Lebanon; Palestinian Refugee from Syria, 26 years old



TABLE 17. LOCK OF ANTENATAL CARE BY GENDER-BASED VIOLENCE VICTIMIZATION (N=176).

Violence	Lacking care	
	No (N=150)	Yes (N=26)
	% (N)	% (N)
Emotional	28.7 (43)	53.9 (14)
Physical	10.0 (15)	23.1 (6)
Sexual	12.0 (18)	15.4 (4)
Physical or Sexual	19.3 (29)	30.8 (8)

TABLE 18. SMOKING DURING PREGNANCY AND OCCURRENCE BY GENDER-BASED VIOLENCE VICTIMIZATION (N=176).

Violence % (n)	Smoking During Pregnancy		Abortion (induced or spontaneous)	
	No (n=159)	Yes (n=7)	No (n=106)	Yes (n=60)
Emotional	31.5 (50)	57.1 (4)	33.0 (35)	31.7 (19)
Physical	11.3 (18)	28.6 (2)	12.3 (13)	11.7 (7)
Sexual	13.2 (21)	0.0 (0)	12.3 (13)	13.3 (8)
Physical or Sexual	21.4 (34)	28.6 (2)	21.7 (23)	21.7 (13)

TABLE 19. ADVERSE PREGNANCY OUTCOMES BY GENDER-BASED VIOLENCE VICTIMIZATION (N=121).

Violence	Preterm Delivery		Underweight Delivery	
	No (n=115)	Yes (n=6)	No (n=94)	Yes (n=27)
	% (n)	% (n)	% (n)	% (n)
Emotional	32.2 (37)	50.0 (3)	34.0 (32)	29.6 (8)
Physical	12.2 (14)	16.7 (1)	12.8 (12)	11.1 (3)
Sexual	13.9 (16)	33.3 (2)	14.9 (14)	14.8 (4)
Physical or Sexual	22.6 (26)	33.3 (2)	22.3 (21)	25.9 (7)

The relationship between violence and contraceptive use among fecund, married Syrian refugee women appears to differ by type of abuse experienced (Table 20). Emotional abuse appeared to be associated with lack of contraceptive use while experiencing physical abuse is associated with using contraception. Further analysis by severity of violence perpetrated is needed because previous research in the region has demonstrated differing associations based on the severity level of violence.⁷⁶

TABLE 20. LOCK OF CONTRACEPTIVE UDE BY GENDER-BASED VIOLENCE VICTIMIZATION (N=257).

Violence	Lacking Contraceptive Use	
	No (N=101)	Yes (N=156)
	% (N)	% (N)
Emotional	36.6 (37)	26.9 (42)
Physical	8.9 (9)	12.2 (19)
Sexual	11.9 (12)	11.5 (18)
Physical or Sexual	17.8 (18)	21.8 (34)

Among participants who reported any violence experience in the surveys, a minority reported directly contracting a sexually transmitted infection (STI) or having a miscarriage as a result of the violence (Table 21). Of those who reported a sexual or reproductive health impact, a large number of participants (n=14) living in Jordan reported contracting an STI. The women in the FGDs and the survivors did not discuss STIs or miscarriages and thus little is known about how women connect their experience of violence with either of these two reproductive health outcomes.

TABLE 21. SEXUAL/REPRODUCTIVE HEALTH IMPACT REPORTED AS A DIRECT RESULT OF VIOLENCE BY PARTICIPATING IN THE SURVEY (N=124)

Injury	Total Sample		Jordan (n=69)		Lebanon (n=55)	
	Number	Percent	Number	Percent	Number	Percent
Sexually transmitted infections	18	14.5%	14	20.3	4	7.3
pregnancy	0	0.0%	0	0.0	0	0.0
Miscarriage	5	4.0%	4	5.8	1	1.8

Section IV: Help Seeking

And we're [Syrian refugee women] working together. One way or another we're going to help each other, and work hand in hand. We'll study each person's case and take it to a well-known office..... As a Syrian woman, I want someone to listen to me and help. - Lebanon FGD; Syrian National

The surveys indicate that, among the 124 women who experienced any violence a large number (38.7%; (n=48) did not tell anyone about the violence (Table 22). Women who did disclose the violence were most likely to tell their husband or a female family member about the violence. Women were least likely to have told a religious leader or an employee of a center related to the Ministry of Health.

TABLE 22. PERSON TO WHOM WOMEN DISCLOSED VIOLENCE

Category of person	Total Sample (N=124)		Jordan (N=69)		Lebanon (N=55)	
	Number	Percent	Number	Percent	Number	Percent
No one	48	38.7	24	34.8	24	43.6
Husband	29	23.4	16	23.2	13	23.6
A male family member	8	6.5	6	8.7	2	3.6
A female family member	25	20.2	18	26.1	7	12.7
Friend	13	10.5	10	14.5	3	5.5
Doctor	2	1.6	2	2.9	0	0.0
Social Worker	4	3.2	3	4.4	1	1.8
Employee of the United Nations	1	0.8	0	0.0	1	1.8
Police Officer	3	2.4	1	1.5	2	3.6
Religious Leader	0	0.0	0	0.0	0	0.0
Centers Related to the Ministry of Health	0	0.0	0	0.0	0	0.0
Centers Related to the Ministry of Social Affairs	1	0.8	0	0.0	1	1.8
Women's Organizations	3	2.4	2	2.9	1	1.8
Other	8	6.5	6	8.7	2	3.6
Don't Know	10	8.1	2	2.9	8	14.6

Women in the FGDs indicated that most women do not disclose the violence or seek help despite many feeling that they "know that we should not be silent" (Lebanon FGD; Syrian National, 46 years old). Not seeking help from individuals outside of the family was considered to be the most appropriate as many believe that others will not believe them or have the power to do anything about it. Some participants, said they tried to stand up and object to the maltreatment but what they got was a reply "go and do whatever you want, let us see if you can do anything about it" (Lebanon FGD; Palestinian Refugee from Syria, 32 years old).

Participants in the FGDs and violence survivors indicated that many women who experience violence seek solace and support from other refugee women and girls. Women and girls also indicated that they wanted further training and empowerment to take care of themselves rather than relying on community-based or international organizations.

I need to have a voice in my house, an opinion. I should have the opportunity to speak up whenever I witness/endure something wrong. In the end, I have no one to protect me. No one has my back. So I just keep quiet because I'm all alone. But you know what they say about friends sometimes helping more than mothers. - Lebanon FGD; Syrian National

All we want from them [international and community-based organizations] is to get us all together and teach us. We're not asking the associations to do the work for us, we'll do it all by ourselves. Everyone who can sow - let everyone sow something at home then we'll display our work for us to sell it and benefit... We want to solve the problem - Lebanon FGD; Syrian National

Women in FGDs knew women who informed their husbands about the violence they experienced outside of the home. However, many said they wouldn't inform their spouse nor their families as their families of origin are either far away or in another country, or "*they have enough problems on their head*" (Lebanon FGD; Palestinian Refugee from Syria, 32 years old) and it is "*better not to get them involved into more problems*" (Lebanon FGD; Syrian National, 60 years old).

He [the electrician] shows up, and starts hitting on me, he attempts to touch me arguing that my husband is not home. What am I going to do? I had a screwdriver; he went to the bathroom and kept touching me and harassing me. "Are you here to work or to date me?" He didn't stop, and I was holding that screwdriver ready to beat him. I didn't even tell the incident to my husband, I couldn't, for I feared that this might trouble our marriage and humiliate me. - Lebanon FGD; Syrian National

Other women felt that husbands could support women who survived violence and, the husband was the most frequently mentioned source of help for women in the surveys.

Interviewer: If [a woman is] married and gets [sexually] harassed, how does her husband react?

Participant: I believe it depends on how compassionate the husband is, if there is trust between them, if he knows her well, maybe they can solve the problem amicably, but there are husbands who are bad-tempered, they can't take it, they can't take the gossip, so they may divorce her and some may even kill the women - Jordan FGD; Syrian National, 29 years old

With regard to violence in public spaces, case managers and FGD participants indicated that few would seek formal help for the violence for fear of retribution from the host community members or not being believed. All the female survivors of violence had sought help from formal sources because of abuse from family members. Most of the violence survivors who had sought help had experienced severe or continuous physical violence. They sought help when others in their informal support network would not or could not assist them to stop the violence or the violence was affecting their children. The organizations from which they chose to disclose the violence were either ones that other refugee women or girls had recommended or from which they were seeking alternative sources of support such as group therapy, economic support, or reproductive health services.

Fear on one side [made me ask for help] and also because a person can't endure so much being silent. What if I got really hurt after beating and something very serious happened? No one would know. - Violence Survivor living in Jordan; Syrian National, 23 years old

Barriers to Help Seeking

Survivor Blaming

Many women in the FGDs in both countries felt that survivor blaming among police or other authorities, family members, and husbands was common.

Anything that a woman does, even if it is right from her perspective, they consider it wrong whether she likes it or not. If she keeps it to herself, she is at fault, if she speaks up, she is at fault. - Jordan FGD; Syrian National, married, 24 years old

Women in the FGDs also shared some survivor blaming attitudes. For example, women in the FGDs felt that a woman should dress conservatively and that this could impact the likelihood that she will experience violence, especially sexual violence. The minority of women in the FGDs felt that women's dress did not alter their experiences of violence.

These days and in our current situation, how she dresses is the most important factor - Jordan FGD; Syrian National, 24 years old

The dress could be irrelevant. Many people wear the veil and dress responsibly, but you find that they have things that are worse than those who dress in a less conservative way. - Jordan FGD; Syrian National, 35 years old

Fear of the Consequences

Women in the FGDs and case managers mentioned that fear of retaliation has prevented many women from disclosing violence as some women may have been threatened by perpetrators who will "blow down the house" or "slaughter" them (Lebanon FGD; Palestinian Refugee from Syria, 60 years old). Almost all women in the FGDs were reluctant to seek help from outside resources even if raped because it could lead to so-called honor killing or isolation from the outside world.

[If she is raped] she is not decent, and they keep on exploiting her, men and women in anything exploit her - Jordan FGD; Syrian National, married, 30 years old

Husbands who are bad-tempered, they can't take it, they can't take the gossip, so they may divorce her and some may even kill the women - Jordan FGD; Syrian National, married, 29 years old

In general, case managers and women in the FGDs indicated that women who experience domestic violence often fear retaliation from their husbands and/or the family members. The consequences of help seeking may be experienced directly (i.e., an increase in violence perpetrated against the woman) or indirectly (i.e., an increase in violence perpetrated against the woman's children).

My 6 year old daughter tells me not to respond to her father when he is upset so he doesn't get more upset and beats her - Lebanon FGD; Syrian National, 43 years old

Lack of Trust for Authorities

In general, women in the FGDs, case workers, and women who experienced violence reported that lack of trust among Syrian refugees for service providers placed a large barrier to women's help seeking. In the FGDs, requesting help from authorities was considered risking "being blamed" (Lebanon FGD, Palestinian Refugee from Syria, 32 years old), being told "*you brought it to yourself*" or "*you Syrians are cheap*" (Lebanon FGD, Palestinian Refugee from Syria, 48 years old); or even getting abused by the security officer himself "*he may try to hit on you*" (Lebanon FGD, Syrian National, 36 years old).

They say that if you go to these places [police], it is a hassle. They try as hard as possible not to let the news out. But why go to these places? They tell you to keep it to yourself to avoid making a fuss and causing a scandal - Jordan FGD; Syrian National

Shame

With regard to domestic violence, women often don't seek help for the violence because of shame or the perception that they will be shamed for revealing family secrets. Women may feel shame because they are violating social norms about maintaining silence around family issues.

Women are raised to accept and follow their husbands regardless if they are good or bad
Lebanon FGD; Syrian National, 49 years old

Women may also feel shame for seeking help for domestic violence because they are perceived as violating their marital duties by reporting on their husband. Further, case workers noted and some women in the FGDs felt that sharing information with other women could lead to a violation of their privacy and gossip among community members. This was an especially strong concern for PRS whose social circle is much smaller (i.e., often limited to other PRS) than SN.

If I leave him, they will say she left him in these stressful moments and didn't stand by him - Lebanon FGD; Palestinian Refugee from Syria, 29 years old

Inability to Leave the Home

Participants in the FGDs, case managers, and some women who experienced violence indicated that the reasons that women are unable to leave the home to seek help include financial stress (i.e., lack of funds to access help sources and lack of child care), fear of violence, restrictive social norms (i.e., restrictions on women's ability to travel without accompaniment), and lack of familial support. Their fear of violence in public spaces caused them to limit their and their children's movements to minimize exposure.

My daughter, I am always in fear regarding her, when she comes back from school she goes by bus because the school is far away I always wait for her outside in worry. If she wants to go to the market or any place outside I won't send her because violence is there especially towards young girls - Jordan FGD; Syrian National, married, 25 years old

We fear going to main roads, because sometimes they [public security officers] take families to Zaatari refugee camp.^{FN11} People became afraid and their movement is restricted, they stay at home all day and night so that the security won't arrest them and take them to camps and to avoid hearing any offensive speech. People are abiding by these rules as much as possible, they don't go out except to buy bread and they come back quickly. - Jordan FGD; Syrian National, 21 years old

According to case managers and violence survivors, husbands and family members often have to give their permission for a woman to attend services or may accompany the woman to services. Most of the violence survivors who were interviewed for this research hide the true purpose of their visits to service providers (i.e., counseling and violence support groups) from their family members and instead insist that they are seeking gynecological services, material support, or lectures unrelated to violence.

Interviewer: Does your family know you come here or your husband?

Participant: Yes he does, but he doesn't know that I say that he beats me he thinks I only come here for the gynecologist and lectures and so on.

Interviewer: What does he say? What's his reaction?

Participant: Depends on his mood sometimes he says no don't go out stay in, your son is young. Other times he says go. - Violence Survivor living in Jordan; Syrian National, 26 years old

^{FN11} Zaatari Refugee Camp was established on July 28, 2012 near Mafraq, Jordan to house Syrian refugees fleeing the Syrian conflict. According to UNHCR estimates, approximately 80,000 women, men, girls and boys reside in the Camp as of September 2015, although these figures may not accurately reflect the Camp population due to a considerable amount of movement and displacement among refugees. According to UNHCR, more than 430,000 Syrian refugees have passed through the camp and many have left due to their desire to reunite with family members in Syria, search for economic or educational opportunities, and increasing vulnerability. (see UNHCR Zaatari Refugee Camp Factsheet August 2015 at <http://data.unhcr.org/syrianrefugees/settlement.php?id=176®ion=77&country=107>)



Perceptions of Service Agencies/Researchers

In the Lebanon FGDs, some participants felt that service agencies and researchers used refugees from Syria to gather information or provide programming without giving any substantial benefit back to participants. These feelings made it less likely that women would seek services or attend programs. Case managers also noted that some refugees would not attend programming unless they were paid or provided with material goods.

We feel like lab rats. Any organization that has a project from which it earns some money, will bring few of us and give us a lecture - Lebanon FGD; Syrian National, 43 years old

There are also indications in the FGDs that there may be a mismatch between what women want from service providers (i.e., consistent payments for housing to leave their husbands and protection etc.) and what service providers can actually offer based on their limited resources and the high level of need among refugee populations. Case managers in both locations indicated that they infrequently provided support to survivors and most case workers interviewed had not had formal training on providing support to GBV survivors. Possibly contributing to the mismatch of expectations is the secondary trauma among GBV support workers; in Lebanon, case workers at UNRWA indicated that there is a strong need for more extensive psychological and self-care support mechanisms for staff members working on the issues of GBV.

A woman faces violence - there has to be immediate measures carried out and implemented. There was an abuse and murder case and apparently there's no need for measures to be taken. I knock on the door, they open - they let me in, offer me a shelter. It's better than sleeping in the street, getting abused. There has to be credibility. - Lebanon FGD; Syrian National

I spoke out here [at the health clinic] but the minute I step out of this door, I have to forget all what I said and go back to my life as if nothing has happened. I know I won't have a solution - Lebanon FGD; Palestinian Refugee from Syria, 34 years old

It is important for this research team to note that some women of older ages felt discriminated against because we originally sought to research women of reproductive age (i.e., ages 15-49). In Lebanon, some women who were older than 49 years old insisted on attending the FGD.

Why were you against older women? Don't you think older women can benefit and contribute? We can learn and teach the younger generation - Lebanon FGD; Syrian National, 60 years old

Conclusions and Recommendations

In general, this study indicates that violence is a significant issue for refugees from Syria who are living in the areas of Ajloun and Jerash in Jordan and Tyre and Saida in Lebanon and has important implications for women's mental, physical, and reproductive health. The findings of this study echo other research^{11,12} focused on Lebanon and Jordan which indicates that women's movement in public places is limited because of sexual harassment and the threat of sexual violence, child marriage is fairly common, and that women frequently lack safety in the home where limited financial resources are contributing to and exacerbating violence perpetrated by men. This report makes an important contribution to the literature by shedding light on the role of mothers- and sisters-in-law in perpetrating and contributing to the abuse of refugee women. Further, this study supports prior findings that GBV is a contributor to poor reproductive health outcomes among Syrian refugee women⁷⁷ and highlights the risk to women's reproductive and sexual health.

Similar to other studies, we have found that most women do not seek help from formal sources. Instead, most women will struggle with the consequences of violence in silence or with support from untrained friends, family members, and neighbors. The Syrian refugee crisis has been ongoing for four years and a significant number of community based organizations and donor agencies have been mobilized to address the issue of GBV among women and girls. This study has identified several additional points of entry which could potentially bolster the response to violence which are presented and explained as follows:

- 1) *Integrate the updated Inter-Agency Standing Committee (IASC) guidelines into GBV response in Lebanon and Jordan.*** The updated IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action were issued in September 2015 and should be consulted to ensure that best practices are being utilized to maintain contact with and provide support services to survivors in humanitarian settings.¹ In particular, this research identified that refugee women and girls moved frequently in their host countries and found that service providers mentioned frequent displacement as a significant challenge to establishing and maintaining connections between service providers and survivors of violence. Utilizing the guidelines to coordinate between service providers could improve violence prevention activities and GBV services across all sectors of humanitarian response. More closely aligning services with the IASC guidelines should also help survivors of violence report abuse by service providers which was not common in the surveys, but was likely underreported due to the sensitivity of the issue for refugees.
- 2) *Identify and correct cost inefficiencies in GBV case management.*** This research identified several barriers to cost-effective service provision for survivors of GBV including the high turnover of GBV case managers. High turnover of case workers was found for both countries and is not only inefficient in terms of costs needed to acquire and train a replacement case worker, but also may be contributing to the lack of training among case workers and follow up that Syrian refugee women and girls experience. Identifying alternative case management systems and instituting methods to retain case managers is needed to improve the response.

- 3) **Leverage refugee support networks.** Refugee women and girls from Syria are often the first and main source of support for other refugee women and girls, including those who experience violence. Social support organizations may want to scale up outreach and education efforts by refugee women and girls in the refugee community. Topics to consider addressing through peer outreach would be services provided to GBV survivors, stress reduction techniques, health services and costs for pregnant women, and child marriage health correlates. This coordination may come at a cost to privacy, however, if the right advocates are not chosen as many Syrian refugees know one another and may share information with others if they are not trained properly on confidentiality issues. There are ongoing efforts to initiate community based support in both locations, including for example Refugee Outreach Volunteers⁷⁸ that have helped refugees access health and other services in Lebanon.⁷⁹ Additionally, conducting surveys or focus group discussions with Refugee Outreach Volunteers to identify best practices and how they can effectively engage women and girls and be scaled up could potentially add value to this method of engagement.
- 4) **Offer multiple services for women on-site.** Most violence survivors obscured their visits to mental health counseling and violence-related programs from their family members out of fear. By offering a combination of services that are more socially acceptable such as reproductive and other medical care, resource opportunities (i.e., clothing and food), and employment training alongside violence-related programming, service providers could potentially reach more participants. Women and girls who attend programs should be provided free care services for their children while they attend programming in order to encourage women's active participation. Although there may be concerns that confidentiality could be breached across programs, there are multiple, co-located service models in the region that could serve as a point of reference, including the Family Protection Department in Jordan and Women's Center in Lebanon.
- 5) **Address the cost of reproductive healthcare services for women.** Women most frequently mentioned that they did not receive antenatal care because of the high cost associated with care. This is consistent with other studies conducted with refugee women and girls.^{66,67} Although research has indicated some important gaps in antenatal care in Lebanon and Jordan, UNHCR covers about 75% of the antenatal care visits to registered Syrian refugees as well as other additional antenatal services.⁸⁰ This contribution by UNHCR may not be significant enough to encourage women to obtain antenatal care or women may not be aware of the cost reduction. Further examination into women's perspectives and understanding of the cost of antenatal care is needed. While additional funding for healthcare services may be unrealistic in the current funding context of the refugee context, it is clear that women and girl's health is not a priority for refugee families when food is scarce. Given the financial strain that the participants noted, even small costs may be prohibitive.

- 6) **Implement standard operational procedures (SOPs) for proper screening of IPV, basic emotional services, referral, and clinical management of rape (CMR) into reproductive and sexual health care services.** While it is unclear if women are being screened for IPV during reproductive health visits as a method of identifying potential survivors, research from healthcare clinics in Jordan⁸¹ and Lebanon⁸² suggest that the overall rate of screening for IPV is low. Notably, only 1.6% (n=2) women disclosed the violence to a doctor despite indicators that women are likely to have accessed health services in the previous year.^{66,67} Integrating screening services for women into healthcare services could help to identify women at risk of violence-related morbidity and mortality and provide women and girls with increased opportunities to disclose violence.
- 7) **Reinforce and systematize the combination of GBV services with parenting skills classes and services for children.** Women and girls in this study frequently indicated that they felt ashamed that they had perpetrated or allowed their husbands to perpetrate physical or emotional violence against children in the household. They wanted an alternative and healthy way to vent stress and manage their anger. Women and girls also felt as if they had no alternative to forcing their children into marriage in order to lessen the economic burden on the family. While there are child protection services in North Jordan and South Lebanon including UNICEF, Mercy Corps, INTERSOS, UNHCR, and others, a focus on providing services for the children of women and girls who report GBV victimization is especially needed to prevent the cycle of violence in these populations. Implementation of the IASC guidelines should assist in the development of SOPs to coordinate across GBV and child protection services and a formal evaluation of this coordination should be conducted.
- 8) **Suggestions for Future Research.** Our research findings suggest that many Syrian refugee women and girls feel as though they have been involved in too much research with very little action resulting from research findings. Further, the Lebanese government has prohibited further research activities with refugees from Syria for the near future. However, in Jordan and where possible in Lebanon, there is an important role for research to play to support refugee women and girls from Syria:
- a. **Interventions. Consider implementing conditional or unconditional cash transfer interventions and use research to examine its impact on IPV and GBV more generally.** Women mentioned that severe economic strain was at the heart of much conflict inside the home and made them also feel vulnerable to violence in public spaces. While there are work for cash programs being conducted with Syrian refugees, it is clear that most refugee women and girls have not been previously been formally employed and engaging them in these programs may be creating tensions with existing gender norms. Cash transfers do not require specific prior training and may be considered more culturally appropriate if they are framed as ways to make the house more food secure - the traditional job of women in the region. Cash transfer interventions have been shown to be effective at reducing IPV in other refugee populations⁸³ and, when combined with a gender empowerment component, have been highlighted as a promising intervention to prevent IPV.⁸⁴

- b. *Research with Older Women and Girls.*** The one population that felt particularly disregarded in this research and in research more generally about sexual violence and intimate partner violence was older women. Because violence research is generally conducted with women of reproductive age, we know much less about older women's experiences of violence.
- c. *Engaging Men.*** Given that most participants in programs outside of the home needed a male family member to give permission, most of the authority figures in the society in which women operate are men, and that most of the violence was perpetrated by men and boys, engaging men and boys in violence prevention programming is important. This study focused on the voices of Syrian refugee women and girls and did not identify any particular method by which service providers were engaging men and boys to support violence survivors. A further scoping of best practices is necessary as most research takes place outside of the Middle East and North Africa.⁸⁵ In particular more investment into how to engage men and boy to stop the perpetration of marital rape and assault, support women to attend violence survivor support groups or counseling, to intervene to stop violence, and to understand the health correlates of child marriage is needed.

Gender based violence is a significant problem for refugees from Syria living in the North of Jordan and the South of Lebanon. In public and private spaces, sexual and emotional violence is particularly prominent while women also mentioned experiencing physical violence in their private residences. Many women experience emotional, physical, and reproductive health consequences as a result of their victimization. In general, women are aware of services for survivors of violence, but are not always able to access services due to the numerous barriers to women's movement, the social barriers to help seeking, gendered norms related to private and public spaces, significant financial and social barriers to women's independent living, and fear of violence in public spaces. Helping refugee women to overcome barriers to violence-free lives requires not just offering services, but doing so in a way that is sanctioned by family members and husbands. Further, women must feel comfortable and develop trust for the service providers which may be done through providing efficient and professional services and through engagement with key female leaders in the refugee community. By engaging community members at multiple levels, service providers acknowledge the realities under which refugee women from Syria are operating, intervene with the individuals who are perpetrating the violence, and support women and girls.

Appendices

Appendix A. Violence Survivor Stories from Lebanon

Samira, Violence Survivor Story 1

Samira is a 29 year old Syrian National who has been in Lebanon for 3 year and is the second wife of her husband. She became pregnant twice; the first pregnancy year old has been in Lebanon for 3 year, second wife. She got pregnant twice; the first pregnancy ended with a C-section and a boy was delivered who died neonatally. Then she had a baby girl however her husband left her and went back to live with his first wife. He is refusing to acknowledge his fatherhood to the civil authorities although he did to UNHCR. The child is now registered with UNHCR but has no identification papers. According to the survivor, she sought help from the United Nations but was told that she could not get assistance from the UN because they did not provide support for this matter. She went to Shariaa court, but stated that she was not able to get help from the court because her husband bribed the judge. A lawyer, related to NGO, contacted her and promised to help. He took information from her but disappeared and never showed up. Her mother is advising her to divorce him but she is refusing and prefers to stay married and keep her husband name on her ID in order to avoid harassments from other people. She reported being subject to discrimination from organizations distributing aids and sexual harassment from her employer so she had to leave work. Yet, she recognized tht she received help when her daughter was found to have malnourishment. She was feeling depressed and was referred by the health center for psychological support. She received several sessions and was feeling better but the sessions were stopped as they were considered, by the organization providing her with psychological help, no more needed although she was still feeling down and helpless. She is losing hope and mentioned considering suicide and killing her daughter. She was referred for psychological help.

Asma, Violence Survivor Story 2

Asthma is a 33 year old of Palestinian origin who has been married for 10 years. She has 4 kids, has been living in Lebanon for 4 years, and lives with in-laws (16 people in one household). Her husband is currently not working as he was hit by a 15 year old boy and has been bedridden now for the past 2 weeks. She said she was not having significant problems with her husband when they were living in Syria before the war; but things got really worse after because of their financial hardship and the interference of her in laws in their daily life. She is experiencing abuse (physical, psychological, financial and neglect) from her in laws, while her husband physically and psychologically abuses her mostly for answering back to his family. Her husband threatened once to throw himself from the window and even pulled a knife once and threatened to slaughter her and the kids. She had to run barefoot and take the kids. She went back to Syria where her family was and delivered there but came back to her husband where the situation in Syria got worse and after her family interfered and negotiated with the husband making him promise to treat her well. She managed to get a room for \$100 a month that were paid by an organization for several months till the funding stopped, so she had to move back to her in-laws and violence resumed. She was referred for psychological help and had 4 or 5 sessions with a psychologist but they were interrupted. She considered it useless to go there and talk commenting that it may better to stay home and complain to God. She reported discrimination by aid people and sought help from many organizations to no avail. Asma feels that it has been easier to deal with family violence than it has been to deal with community violence because family violence is familiar to her. Community violence is new to her. She was dreaming that everything will end and she will go back to her home in Syria and consider what she went through Sindibad adventure. She was dreaming that everything will end and she will go back to her home in Syria and consider what she went through Sindibad adventure.

Appendix B. Violence Survivor Stories from Jordan

Wardah, Violence Survivor Story 1

When I first got married, I had no idea this would happen. I thought of my father in law as my father, I thought he would treat me like a daughter. I was wrong, it was not natural anymore. He started coming on to me, following me around the house trying to kiss me and touch me. When I told my brother in law's wife she said: 'you haven't seen anything yet!' She told me not to say anything about it because it can have serious and dangerous consequences, and blood might be spilled between the men. I struggled to tell my mother in law, I was afraid she wouldn't believe me, or that she would blame me.

The violence started in Syria a year into my marriage, and it escalated when we moved to Jordan. When we first moved here, we lived alone and he would come and visit me while my husband was out of the house. I was so afraid, I kept reading the Qur'an and praying he would leave. We then moved in with my in laws, and he started to sexually harass me in the house. He would follow me to the kitchen, for example, and grab and touch me. His daughters and his wife knew of this and they started to follow me everywhere around the house so as not to leave me alone with him. I don't even take the head scarf off while at home anymore, I'm always afraid. My mother in law told me if he comes your way, don't stay silent; scream!

My husband does not know anything though, he is sometimes surprised as to why I wouldn't go out if his father calls for me unless I have my head scarf and my 'abaya' on, I think it would not occur to him that his own father would do something like that. His eldest sister tried to say things that might make her father change, but whenever she said anything he only got upset and threatened to beat her up.

I've been married for 8 years, how many years more do I have to endure this? When I come to the clinic I release some of the pressure I'm under through talking. [The case manager] suggested that we tell my husband about his father slowly, but I refused. I don't know what his reaction might be, what would go through his mind. I don't want it to have an opposite effect. No one at home knows the real reason I come here, and yet it is not easy to come here. My father in law keeps on saying that I shouldn't go out of the house, and leave my kids and so on.

I don't regret coming here, I feel better by talking and I forget for a short while. I still want a solution for my problem though, I still hope I can find a way to solve this disastrous issue.

Sura, Violence Survivor Story 2

The violence started as soon as we came to Jordan. My husband has a very short temper, and being a refugee without work or money here leads him to take it all out on me. I had no one to tell in Jordan but my brother in law's wife, she's like a sister to me and the only family member I have in Jordan. What can she do though? She tries to give me advice, but would not talk to him or anything like that because she's afraid of him and his temper. I was even hesitant to tell her, because family issues are private and should not leave the household. After 4.5 months though I was desperate to speak out and so I decided to tell her. She had noticed anyway and had asked me a couple of times about what's bothering me, and I finally decided to tell her.

Sometimes I lock myself up and cry, I think of my kids and what they hear and see. I go through days when I can't take it anymore, I start having dangerous thoughts. I wish to end my life sometimes and commit suicide, but I think of my kids and my husband. I excuse him sometimes, because there's no work and the children go up to him and ask him for things he cannot provide. He feels bad and helpless, and beats the kids up. Why? No reason, he beats them up and then beats me up and leaves the house.

I first came to the clinic after I heard that my neighbors come here. My husband knows I come here for lectures and for the gynecologist, he does not know about these sessions or what I say about him and what he does. Talking about it makes me feel better, and that's why I come here. I am not always able to come here though, it depends on my husband's mood. Sometimes he forbids me from going out, and says that I should stay in and take care of my youngest son. I've been coming to the clinic for a week now and things have somewhat changed for the better. I feel better internally because of speaking out, and things are just a bit better at home because I followed the advice and stopped speaking back to my husband whenever he is upset. I would go to the kitchen, or keep myself busy until he calms down. I strongly advise women who suffer from violence to come here and speak up, because they would easily feel better just by talking about it with someone they are comfortable with.

Appendix C. References

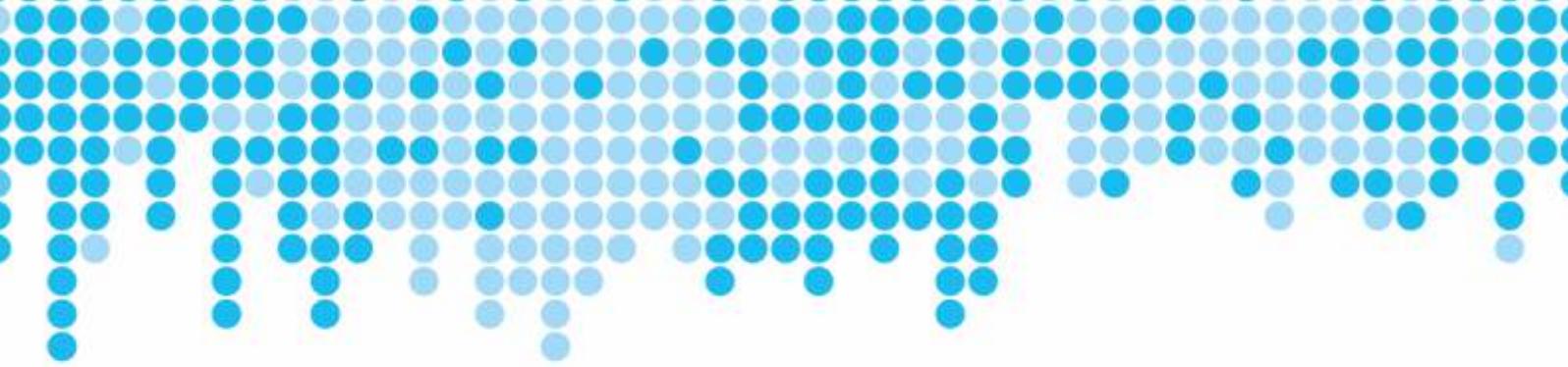
1. Inter-Agency Standing Committee. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015.
2. UN General Assembly. Convention on the Elimination of All Forms of Discrimination Against Women. Vol 12491979:13.
3. Heise L, Ellsberg M, Gottmoeller M. A global overview of gender-based violence. *International Journal of Gynecology & Obstetrics*. 2002;78:S5-S14.
4. World Health Organization. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization; 2013.
5. United Nations. *Declaration on the Elimination of Violence Against Women*. 1993.
6. International Center for Research on Women. Child Marriage Facts and Figures. 2012; <http://www.icrw.org/child-marriage-facts-and-figures>. Accessed September 10, 2015.
7. Stark L, Ager A. A systematic review of prevalence studies of gender-based violence in complex emergencies. *Trauma, violence & abuse*. 2011;12(3):127-134.
8. Holmes R, Bhuvanendra D. Preventing and responding to gender-based violence in humanitarian contexts. Network Paper Number 77, January 2014. London, UK: Humanitarian Practice Network (HPN), Overseas Development Institute; 2014:iv + 28 pp.
9. United Nations High Commissioner for Refugees. 2015 UNHCR country operations profile - Syrian Arab Republic. 2015; <http://www.unhcr.org/pages/49e486a76.html>. Accessed April 8, 2015.
10. Refugees UNHCR. Syria Regional Refugee Response: Inter-agency Information Sharing Portal. 2015; <http://data.unhcr.org/syrianrefugees/regional.php>. Accessed April 8, 2015.
11. International Rescue Committee. *Are we Listening? Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict*. 2014.
12. UN Women. *Gender-based Violence and Child Protection Among Syrian Refugees in Jordan, with a Focus on Early Marriage*. Amman, Jordan 2013.
13. World Bank. Labor force participation rate, female (% of female population ages 15+) (modeled ILO estimate) 2014; <http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS>. Accessed September 25, 2015
14. Gharaibeh M, Oweis A. Why Do Jordanian Women Stay in an Abusive Relationship: Implications for Health and Social Well-Being. *Journal of Nursing Scholarship*. 2009;41(4):376-384.
15. Bates DG, Rassam, A. *Peoples and cultures of the Middle East*. Englewood Cliffs, NJ: Prentice Hall; 1983.
16. Ginat J. Illicit sexual relationships and family honor in Arab society. *Israeli Studies in Criminology*. 1979;10:179-202.
17. Schneider J. Of vigilance and virgins: Honor, shame, and access to resources in Mediterranean societies. *Ethnology*. 1971;10(1):1-24.
18. Kulczycki A, Windle S. Honor Killings in the Middle East and North Africa: A Systematic Review of the Literature. *Violence against women*. 2011;17(11):1442-1464.
19. Shalhoub-Kevorkian N. The politics of disclosing female sexual abuse: a case study of Palestinian society. *Child abuse & neglect*. 1999;23(12):1275-1293.
20. McCleary-Sills J. Jordanian Social Norms and the Risk of Intimate Partner Violence and Limited Reproductive Agency *Journal of International Women's Studies*. 2013;14(2):12-

- 29.
21. Clark CJ, Silverman JG, Shahrouri M, Everson-Rose S, Groce N. The role of the extended family in women's risk of intimate partner violence in Jordan. *Social science & medicine*. 2010;70(1):144-151.
22. Al Wazani KW. *The Socio-Economic Implications of Syrian Refugees on Jordan - A Cost Benefit Framework*. Konrad-Adenauer-Stiftung;2014.
23. Syria Needs Analysis Project. *Legal Status of Individuals Fleeing Syria*. 2013.
24. International Labour Organization (ILO) Regional Office for Arab States. *Access to work for Syrian refugees in Jordan: a discussion paper on labour and refugee laws and policies*. ILO;2015.
25. CARE. Syrian refugees in urban Jordan. 2013; <https://www.care.org/emergency/syrian-refugees-in-jordan/pdf/CARE-Syrian-Refugees-in-Urban-Jordan-April-2013.pdf> Accessed April 9, 2015.
26. United Nations Children's Fund (UNICEF) Jordan Country Office. *A study on early marriage in Jordan* 2014.
27. UNICEF. *Jordan MENA Gender Equality Profile: status of girls and women in the Middle East and North Africa*. Jordan2009.
28. Committee on the Elimination of Discrimination against Women. *Fifth periodic report of Jordan CEDAW/C/JOR/5*. United Nations;2010.
29. United Nations High Commissioner for Refugees. *Jordan Refugee Response Inter-Sector Working Group Mid-Year Programmatic Priorities*. 2015.
30. United Nations High Commissioner for Refugees. 2014 Syria Regional Response Plan Jordan: Mid-Year Update. 2015; <http://www.unhcr.org/syriarrp6/midyear/>. Accessed April 10, 2015.
31. Oweis A, Gharaibeh M, Al-Natour A, Froelicher E. Violence against women: unveiling the suffering of women with a low income in Jordan. *Journal of transcultural nursing : official journal of the Transcultural Nursing Society / Transcultural Nursing Society*. 2009;20(1):69-76.
32. Warrick C. *Law in the Service of Legitimacy: Gender and Politics in Jordan*. Burlington: Ashgate; 2009.
33. Darwazeh N. *Violence Against Women: Assessing the Situation in Jordan*. Jordan: The United Nations Population Fund;2008.
34. Syrian refugees in Lebanon surpass one million [press release]. Beirut/Geneva2014.
35. ReliefWeb. Refugees from Syria: Lebanon - March 2015. 2015; <http://reliefweb.int/report/lebanon/refugees-syria-lebanon-march-2015>. Accessed April 14, 2015.
36. Mercy Corps. *Things Fall Apart: Political, Economic and Social Instability in Lebanon*. 2013.
37. Christophersen M, Thorleifsson CM, Tiltnes AA. *Ambivalent Hospitality. Coping Strategies and Local Responses to Syrian Refugees in Lebanon*. Fafo;2013.
38. United Nations High Commissioner for Refugees. *Refugee Response in Lebanon Briefing Documents* 2015.
39. Human Rights Watch. Lebanon: Domestic Violence Law Good, but Incomplete. 2014; <http://www.hrw.org/news/2014/04/03/lebanon-domestic-violence-law-good-incomplete>. Accessed April 14, 2015.
40. Human Rights Watch. Lebanon: Law Reform Targets 'Honor' Crimes 2011; <http://www.hrw.org/news/2011/08/11/lebanon-law-reform-targets-honor-crimes>.

- Accessed April 14, 2015.
41. International Rescue Committee. Syrian Women & Girls: Fleeing death, facing ongoing threats and humiliation. 2012; <http://www.alnap.org/resource/9166>. Accessed April 14, 2015.
 42. Portal WEE. 13% of Lebanese girls and 23% of Syrian displaced girls married before the age of 18. 2015; <http://www.weeportal-lb.org/news/13-lebanese-girls-and-23-syrian-displaced-girls-married-age-18>. Accessed September 25, 2015.
 43. United Nations High Commissioner for Refugees. *Refugees from Syria: Lebanon*. 2015.
 44. Palermo T, Bleck J, Peterman A. Tip of the iceberg: reporting and gender-based violence in developing countries. *American journal of epidemiology*. 2014;179(5):602-612.
 45. Masterson AR, Usta J, Gupta J, Ettinger AS. Assessment of reproductive health and violence against women among displaced Syrians in Lebanon. *BMC women's health*. 2014;14(1):25.
 46. Chahine A, Al-Masri M, Samra SA, Abla Z. *Situation Analysis of Youth in Lebanon Affected by the Syrian Crisis*. 2014.
 47. United Nations Relief and Works Agency for Palestine Refugees in the Near East. UNRWA Response and Services to Palestine Refugees from Syria (PRS) in Lebanon. 2015.
 48. Assamady T. Ensour to Al-Hayat: Reception of Palestinian Refugees from Syria is a Red Line. *al-Hayat* 2013.
 49. Human Rights Watch. *Not Welcome Jordan's Treatment of Palestinians Escaping Syria*. 2014.
 50. Amnesty International. Lebanon: Denied refuge: Palestinians from Syria seeking safety in Lebanon. 2014; <https://www.amnesty.org/en/documents/MDE18/002/2014/en/>. Accessed April 14, 2015.
 51. ANERA. *Palestinian Refugees from Syria in Lebanon*. 2013.
 52. Wood J. The Palestinians' Long Wait in Lebanon. *New York Times* 2011.
 53. United Nations Relief and Works Agency for Palestine Refugees in the Near East. Lack of funds forces UNRWA to suspend cash assistance for housing for Palestine refugees from Syria in Lebanon. 2015; <http://www.unrwa.org/newsroom/press-releases/lack-funds-forces-unrwa-suspend-cash-assistance-housing-palestine-refugees>. Accessed September 17, 2015.
 54. Inter-agency Working Group (IAWG) on Reproductive Health in Crises. *Inter-agency field manual on reproductive health in humanitarian settings: 2010 revision for field review*. 2010.
 55. Sami S, Williams HA, Krause S, Onyango MA, Burton A, Tomczyk B. Responding to the Syrian crisis: the needs of women and girls. *The Lancet*. 2014;383(9923):1179-1181.
 56. World Health Organization. *Sexual health, human rights and the law*. 2015.
 57. Usta J, Masterson A. Women and Health in Refugee Settings: The Case of Displaced Syrian Women in Lebanon. In: Djamba YK, Kimuna SR, eds. *Gender-Based Violence*: Springer International Publishing; 2015:119-143.
 58. Lederman RP. Relationship of anxiety, stress, and psychosocial development to reproductive health. *Behav Med*. 1995;21(3):101-112.
 59. Campbell JC. Health consequences of intimate partner violence. *Lancet*. 2002;359(9314):1331-1336.
 60. Rodrigues T, Rocha L, Barros H. Physical abuse during pregnancy and preterm delivery.

- Am J Obstet Gynecol.* 2008;198(2):171 e171-176.
61. Shah PS, Shah J. Maternal exposure to domestic violence and pregnancy and birth outcomes: a systematic review and meta-analyses. *J Womens Health (Larchmt)*. 2010;19(11):2017-2031.
 62. Beydoun HA, Beydoun MA, Kaufman JS, Lo B, Zonderman AB. Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: a systematic review and meta-analysis. *Soc Sci Med.* 2012;75(6):959-975.
 63. Cha S, Masho SW. Intimate partner violence and utilization of prenatal care in the United States. *J Interpers Violence.* 2014;29(5):911-927.
 64. Krause S, Williams H, Onyango MA, et al. Reproductive health services for Syrian refugees in Zaatri Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package. *Confl Health.* 2015;9(Suppl 1 Taking Stock of Reproductive Health in Humanitarian):S4.
 65. Benage M, Greenough PG, Vinck P, Omeira N, Pham P, Initiative HH. An assessment of antenatal care among Syrian refugees in Lebanon. *population.* 2015;17:19.
 66. Johns Hopkins University Bloomberg School of Public Health, Medecins du Monde, International Medical Corps. Syrian Refugee and *Affected Host Population Health Access Survey in Lebanon.* 2015.
 67. Johns Hopkins University Bloomberg School of Public Health, The World Health Organization, The School of Nursing at Jordan University for Science and Technology, The United Nations High Commissioner for Refugees (UNHCR), The Ministry of Health of the Hashemite Kingdom of Jordan. *Syrian Refugee Health Access Survey in Jordan 2014.*
 68. Integrity Research and Consultancy. *Conflict sensitivity institutional capacity assessment: Primary healthcare sector in Lebanon.* 2014.
 69. United Nations Children's Fund (UNICEF). *Syrian Arab Republic Multiple Indicator Cluster Survey 2006 2008.*
 70. United Nations Population Fund. Response to the Syrian humanitarian crisis, Jan-April 2013. 2013.
 71. Hindin MJ, Kishor S, Ansara DL. *Intimate Partner Violence among Couples in 10 DHS Countries: Predictors and Health Outcomes.* Calverton, Maryland, USA: Macro International Inc;2008.
 72. Clark CJ, Spencer RA, Gilbert L, El-Bassel N, Silverman JG, Raj A. The Influence of Family Violence and Child Marriage on Unmet Need for Family Planning in Jordan.
 73. Spencer RA, Shahrouri M, Halasa L, Khalaf I, Clark CJ. Women's help seeking for intimate partner violence in Jordan. *Health care for women international.* 2014;35(4):380-399.
 74. Boy A, Kulczycki A. What We Know About Intimate Partner Violence in the Middle East and North Africa. *Violence against women.* 2008;14(1):53-70.
 75. Garcia-Moreno C, Jansen H, Ellsberg M, Heise L, Watts C. *WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses.* Geneva: World Health Organization;2005.
 76. O'Hara K, Tsai LC, Carlson CE, Haidar YM. Experiences of intimate-partner violence and contraception use among ever-married women in Jordan. *Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit.* 2013;19(10):876-882.
 77. Reese Masterson A, Usta J, Gupta J, Ettinger AS. Assessment of reproductive health and violence against women among displaced Syrians in Lebanon. *BMC Womens Health.*

- 2014;14(1):25.
78. Wilber R. Leveraging Women's Community Leadership: A Model for Outreach in Urban Refugee Populations. *Policy*. 2009;30.
 79. United Nations High Commissioner for Refugees. *Lebanon Community Development Update* 2014.
 80. Benage M, Greenough PG, Vinck P, Omeira N, Pham P. An assessment of antenatal care among Syrian refugees in Lebanon. *Confl Health*. 2015;9:8.
 81. Al-Natour A, Gillespie GL, Felblinger D, Wang LL. Jordanian Nurses' Barriers to Screening for Intimate Partner Violence. *Violence against women*. 2014:1077801214559057.
 82. Usta J, Antoun J, Ambuel B, Khawaja M. Involving the Health Care System in Domestic Violence: What Women Want. *The Annals of Family Medicine*. 2012;10(3):213-220.
 83. Hidrobo M, Peterman A, Heise L. The effect of cash, vouchers and food transfers on intimate partner violence: evidence from a randomized experiment in Northern Ecuador. *Washington, DC: International Food Policy Research Institute*. 2013.
 84. Ellsberg M, Arango DJ, Morton M, et al. Prevention of violence against women and girls: what does the evidence say? *The Lancet*. 385(9977):1555-1566.
 85. Heise LL. What Works to Prevent Partner Violence? An Evidence Overview. London, UK: STRIVE Research Consortium, London School of Hygiene and Tropical Medicine;



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