



# Life Conditions of Syrian Refugees Before and After the COVID-19 Pandemic

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A Policy Brief

2020

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## EXECUTIVE SUMMARY

The COVID-19 pandemic affected aspects of life in the Arab region and globally. Women were exposed to extra pressure and endured high burden of health risks imposed by the lockdown that followed the pandemic. The Arabic region already suffer from gender inequality, disproportionate treatment of women in some communities, and lack of support and empowerment, which undoubtedly increase their risk to further abuse and violence.

Jordan hosts the second highest number of refugees per capita. Their continuous social, mental, and physical needs necessitate continuous support and organized efforts to develop their skills and empower their abilities, improve their social and familial life, and enhance the inclusion in the local community, which should reduce their risk to abuse and violence. If any of these factors are unmet, social and economic problems could rapidly progress.

Fulfilling Syrian women social and mental needs and developing their skills that could improve their job chances are important factors that improve their ability to prevent violence and decrease its incidence. Most global efforts are focused on identifying victims of violence and intervening with it through the legal and regulatory channel. However, it's imperative though and highly effective to reduce violence through women empowerment and skills development.

This policy brief summarizes specific research findings and policy recommendations to improve the social and familial life of Syrian refugee women in Jordan and reduce their exposure to domestic violence. This policy brief was co-developed with the Higher Population Council (HPC) in collaboration with the main investigator of the study. The research fund was specific for the assessment of domestic violence during the lockdown of the COVID-19 pandemic. The recommendations provided in this brief are useful for all organizations working on domestic violence in Jordan including governmental and non – governmental organizations.

## INTRODUCTION

In a relatively short time, the novel COVID-19 virus has wreaked destruction and chaos across the globe, with more than 1,300,000 deaths until December of 2020 (Worldometer), pushing health services to capacity, triggering nationwide lockdowns, and disrupted international markets, transforming people's livelihoods and lives in a fundamentally adverse manner. Against this backdrop, communities that live on the margins have consequently suffered the most. The unprecedented and rapid spread of COVID-19 has resulted in dramatic global political and social upheaval with little opportunity to assess the societal impact of the pandemic on vulnerable populations who have been disproportionately affected.

Amid the unprecedented COVID 19 pandemic, the imposed lockdown measures have deepened pre-existing conditions of abuse and violence for refugee women and girls; particularly because of the limited access to resources. According to the UN “the combination of economic and social stresses brought on by the pandemic, as well as restrictions on movement, have dramatically increased the numbers of women and girls facing abuse, in almost all countries”, prompting the UN’s chief to appeal to all governments to “put women’s safety first as they respond to the pandemic”.

The imposed lockdown measures have deepened pre-existing conditions of abuse and violence for refugee women and girls



The risk of suffering mental health issues during confinement could potentially be higher. As researchers warn us confinement and restrict movement will seriously exacerbate pre-existing depression, anxiety disorders, post-traumatic stress disorder, and other mental and psychosomatic distress reactions e.g. insomnia, personality disorders. This type of risk could be injurious for some female refugees, as often young women and girls have experienced incidents of violence during their journey and are dealing with post-traumatic stress disorders upon their arrival to host countries.

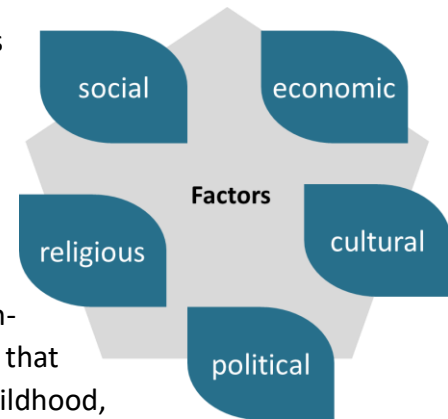
HPC's strategic priorities focus on evidence-based research on approaches for improving the well-being of vulnerable populations, especially girls and women including refugee women through empowering girls to lead productive lives through improved access to reproductive health services and reducing the prevalence of harmful practices such as Gender-based violence; HPC attaches great importance of rights and accessibility to services to all especially refugees and youth through policy solutions to expand and improve access, equity and quality of services. Recent refugee crises have provoked a mass influx of diverse humanitarian actors, marked by a lack of coordination and danger of services duplication.

## STUDY PROBLEM

Since the beginning of the Syrian conflict in 2011, an estimated of 1.3 million Syrian refugees have fled to Jordan. Women/ girls comprise most of these refugees. There is an increasing evidence suggesting that a significant number of refugee women and girls (RWG) have experienced sexual and gender – based violence (SGBV). They are more likely to experience physical-violence within the home; while harassment, emotional-violence, and discrimination are more likely to occur outside the home. Research points to sexual-violence as particularly prevalent-and-occurring in public-and-private spaces.

SGBV is a significant global public health concern due to its acute/chronic impact on women's health-and- wellbeing. GBV includes physical/sexual/psychological abuse and other multi-dimensional causes such as:

SGBV including physical-injuries; psychological-trauma, unwanted-pregnancies, sexually-transmitted-infections—all violations of human-rights, pose significant risks to the health-and-wellbeing of RWG. The World Bank (2019) estimates that globally 1-in-3 women will face some form of abuse in childhood, adolescence, and adulthood.



Given the traditional-conservative values/gender norms prevalent among the Syrian refugees, women/girls are already disproportionately affected in-terms-of their ability to access education and meaningful employment. The impact of SGBV deprives them of their agency; exacerbates vulnerability, thus rendering them highly dependent on their perpetrators for survival, Syrian refugee women and girls living in a protracted crisis are particularly affected given their already marginal, contested, and precarious relationship to host societies, are especially liable to an intensified impact from COVID-19.

Understanding the heightened impact of SGBV and the protection of displaced and stateless women and girls during the ongoing COVID-19 pandemic is an urgent topic critically needing attention. As the health and security services as well as psychologic support services and refuge shelters come under restrain from demands made by local groups and citizens dealing with the pandemic, little room is left to attend female refugees surviving violence. Considering the psychological impacts of confinement and the limited mobility allowed in urban spaces the risk factors increase for female refugees. According to the UN Refugee Agency (2020), women without documentation and under deteriorating socio-economic conditions are more prone to survival sex or child marriages by their families. Moreover, reduced community interaction, as a result of restricted mobility, exacerbates ongoing intimate partner violence as trapped women remain unable to access community workers or seek in-person support within camps.

Conducting research in protracted-humanitarian settings, with vulnerable-RWG is fraught with challenges, yet critical. Commentators argue that the capacity to undertake such research is limited, with little translation into practice. The research will support the efforts of the HPC to develop a deeper insight into the lives of RWG experiencing heightened SGBV, especially during the global pandemic of COVID-19. It will also reinforce national guidelines in reducing domestic and GBV, strengthen the partnership of organization working on refugee issues, and contribute to achieving the SDG3, SDG5 and SDG10.

## SCOPE OF THE POLICY BRIEF

This policy is intended to cover areas of GBV that were investigated in the study. Interviews with women covered the following topics: Syrian women experience with violence in general, their familial life and violence exposure in Jordan, changes to their social and familial life including the level of violence encountered during the lockdown resulted from the pandemic, reason of the violence, what services and support could improve their life.

## DEFINITIONS AND FACTS ABOUT VIOLENCE AGAINST WOMEN

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." Violence against women – particularly intimate partner violence and sexual violence – is a major public and clinical health problem and a violation of women's human rights. It is rooted in and perpetuates gender inequalities.

Globally 1 in 3 women experience physical and/or sexual violence in their lifetime



Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. Globally 1 in 3 women experience physical and/or sexual violence in their lifetime, mostly by an intimate partner. This is a stark reminder of the scale of gender inequality and discrimination against women.

Sexual violence is "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object."

Violence against women (VAW) is a violation of human rights, is rooted in gender inequality, is a public health problem, and an impediment to sustainable development. Nearly 1 in 3 (35%) women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence, not including sexual harassment, by any perpetrator. Globally, 30% of women have experienced physical and/or sexual violence by an intimate partner in their lifetime.

Adolescent girls, young women, women belonging to ethnic and other minorities, transwomen, and women with disabilities face a higher risk of different forms of violence.

Humanitarian emergencies may exacerbate existing violence and lead to additional forms of violence against women and girls. Globally between 38%-50% of murders of women are committed by intimate partners. Violence negatively affects women's physical and mental health and well-being. It has social and economic consequences and costs for families, communities and societies. Low education, exposure to violence in childhood, unequal power in intimate relationships, and attitudes and norms accepting violence and gender inequality increase the risk of experiencing intimate partner violence and sexual violence. Low education, child maltreatment or exposure to violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality increase risk of perpetrating intimate partner violence. The majority (55-95%) of women survivors of violence do not disclose or seek any type of services. Violence against women and girls is preventable (WHO, 2019).

Violence negatively affects women's physical and mental health and well-being

## PREVENTION AND RESPONSE TO SEXUAL AND GBV

'A recent study by the IRC and Voice found that SGBV funding accounted for just 0.12% of all humanitarian funding, representing one third of what was requested. Available funding did not meet needs or reach necessary targets or protection outcomes. The study found lifesaving services, such as clinical care for SGBV survivors and female-only safe spaces, continued to be significantly underfunded and deprioritized in humanitarian responses. This means the needs of millions of women and girls caught in crisis are not being met. Early and effective SGBV programming saves lives and money. Having dedicated staff with SGBV expertise, particularly from the onset of emergencies, improves survivors' access to services and reduces SGBV risks. However, resource constraints meant that dedicated staff remain limited across UNHCR, which in turn restricted the systematic prioritization of lifesaving SGBV services and programming'.

Strategies of preventing, mitigating and responding to SGBV has been the central focus of UNHCR. Some of the results in tackling the problem at a global level based on their annual report in 2019 includes:

45,557 reported SGBV incidents for which survivors received psychosocial counselling compared to 47,857 in 2018

| 1

3,308 reported SGBV incidents for which survivors received legal assistance compared to 4,699 in 2018

| 2

6,745 reported SGBV incidents for which survivors received medical assistance compared to 9,613 in 2018

| 3

34 displacement situations in which UNHCR sought to improve community involvement in the prevention of SGBV and the protection of survivors compared to 35 in 2018

| 4

50 displacement situations in which known SGBV survivors received appropriate support compared to 44 in 2018

| 5

‘To ensure quality case management systems, referral pathways and SGBV services were in place, UNHCR worked with national and local partners. In Lebanon, for instance, national standards for case management were raised when 438 case workers, supervisors and government staff completed a peer-to-peer coaching programme. In 2019, 2,885 UNHCR staff also completed an SGBV e-learning course. Emergency deployments to refugee and IDP operations meant 1.2 million additional people of concern had benefited from expanded SGBV-relevant medical referral systems since 2014’. (UNHCR, 2019:194).

## RECOMMENDATIONS TO REDUCE DOMESTIC AND GENDER – BASED VIOLENCE.

Although direct intervention with violence cases through the identification of violence victims and the provision of safety measures are important to protect the abused woman from further harm, it is crucial to improve the overall conditions of Syrian families and women and enhance their living so that pre – existing conditions that could stimulate the occurrence of violence are eliminated. This is done through a comprehensive plan that include all aspects of life. The following recommendations are divided based on the paradigms they fall into, which are:

### 01 > The political paradigm

- A. Raise public awareness about refugee matters and address their rights as one of the major human rights issues, especially that many of these rights could be breached during the COVID -19 pandemic due to the instability of many sectors of the country.
- B. Establish a national consultative group that address refugee issue to the UNCHR and focus on domestic violence that occurred during the COVID-19 pandemic.
- C. Design community programs that empower refugee women and address their needs.

- D. Implement policies that mandate organizations, business, and to assign a certain percentage of their employment for Syrian women.
- E. Implement policies that integrate refugees in the community through active participation in the political and social activities.
- F. Apply equal rights of refugees to their host citizens without restrictions or with minimal restrictions, especially that many refugees lost their jobs during the COVID-19 lockdown period.
- G. Develop an emergency crisis plan for refugees, given the priority of economic, health and psychological conditions, in addition to the state of instability.

## 02



### The economic paradigm

- A. Apply an equal opportunity policy that provides refugees with access to education, training, employment.
- B. Lift the restrictions on the issuing of work permits in order to enable refugees to contribute effectively to the economic development.
- C. Facilitate access to the labor market by either recognizing refugees' qualifications acquired from abroad, or by allocating resources to help bring these qualifications to the standard required by institutions in the host society.
- D. Fund special training schemes that would enable refugee women to adapt their knowledge and acquire new skills relevant to the economy.
- E. Increase financial and technical support to refugee NGO's and business ventures.
- F. Encourage and support employers dedicated to providing work placement and employment opportunities to refugee women and find opportunities to hire them from home, especially with the COVID-19 pandemic restrictions.
- G. Identify those refugees who can establish small businesses or engage in business ventures within the society and increase financial and logistical support to help them set up and run these businesses.
- H. Ensure access to financial assistance, gratis or low-cost, high-quality legal aid, medical, psychosocial and counselling services, education, affordable housing, land, childcare, training and employment opportunities for women who are victims/survivors and their family members.
- I. Recognize the contribution refugee women could make to the local economy, often taking up jobs that are unwanted by the mainstream society and by working unsocial hours.

## 03



## The social paradigm

- A. Ensure that refugees are given the same rights enjoyed by citizens while granting welfare benefits such as education facilities, housing and healthcare services. Especially under the current economic situation and consequences of the COVID-19 lockdown.
- B. Assess the needs and problems of refugees and come up with positive policies designed to address these issues, with a focus of issue related to domestic violence that women encountered before and during the COVID-19 lockdown.
- C. Promote a positive image of refugees in the media in order to change people's attitudes, perceptions, prejudices and stereotypes.
- D. Protect the rights and needs of special categories of refugees such as women, children, and those with disabilities.
- E. Apply family protection rights and enforce them, especially in circumstances when violence increases such as during the COVID-19 pandemic.
- F. Increase Awareness-raising programs that promote an understanding of gender-based violence against women as unacceptable and harmful, provide information about available legal recourses against it.
- G. Develop and implement effective measures to make public spaces safe and accessible to all women and girls.
- H. Develop Awareness-raising and change of social norms that support child marriage and gender inequality.
- I. Provide mental health support for all family members including husbands, many Syrian women have been traumatized as a result of the conflict. Some of these have also experienced mistreatment at the hands of family members, including husbands.

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