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A Qualitative Analysis Exploring the Risk of Gender Based Violence  
Against Syrian Refugee Women in Jordan

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2014

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An abstract of  
A thesis submitted to the Faculty of the  
Rollins School of Public Health of Emory University  
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## **Abstract**

### **A Qualitative Analysis Exploring the Risk of Gender Based Violence Against Syrian Refugee Women in Jordan**

By: Nouha Nacer Boundaoui

*Background:* In the Middle East and North Africa (MENA), 37% of women experience gender-based violence (GBV). Numerous studies have demonstrated the harmful effects of GBV and its impact on women's physical, mental, and emotional health, linking it to negative social and economic outcomes. Refugee women are at an increased risk of GBV due to the unstable social, political, and economic conditions in conflict settings. There is a need to investigate how the social-contextual factors of living as refugees affects Syrian refugee women's risk of GBV in Jordan.

*Methods:* The qualitative data analyzed in this study are drawn from a parent study conducted in Jordan in 2015 on GBV against women and girls displaced by the Syrian conflict in South Lebanon and North Jordan. Data from six in-depth interviews and four focus group discussions were analyzed for this secondary analysis.

*Results:* Risks of and exposures to various forms of GBV occurred within three distinct social domains, the family, community, and the macro-societal and institutional levels. Perpetrators of violence included husbands, in-laws, neighbors, landlords, market vendors, taxi drivers, and strangers the women encountered outside of the home. Victim blaming, psychological distress and anti-Syrian sentiment further exacerbated women's experiences of GBV.

*Conclusions:* Contextual factors related to living in Jordan as refugees that increased women's risk of GBV included living in crowded homes, husband's unemployment, financial pressures, lack of family support, abuse from neighbors and landlords, anti-Syrian sentiments, street harassment, and distrust of authorities. Implementation of GBV prevention programs targeted at these specific factors, that increase the risk of GBV, is vital to ensuring Syrian women's safety, well-being, and ability to thrive. There is a need for policy level interventions to support pro-women policy and practices that support the Syrian community in Jordan.

*Keywords:* Gender-Based Violence, Refugees, Women, Middle East and North Africa, Jordan, Syrian War, Socio-contextual determinants of health

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## CHAPTER 1: INTRODUCTION

Worldwide, 30% of women experience violence from a partner or non-partner, in the Middle East and North Africa (MENA), 37% of women will experience gender-based violence (GBV). Numerous studies have demonstrated the harmful effects of gender-based violence (Heise, Ellsberg, & Gottmoeller, 2002; Watts & Zimmerman, 2002 ) and its impact on women's physical, mental and emotional health (Rees et al., 2011; Ellsberg et al., 2008), linking it to negative social and economic outcomes (García-Moreno, 2014; World Bank, 2014). Additionally, research shows that women, regardless of their socioeconomic status, religion, race, or sexual orientation are vulnerable to various forms of GBV (WHO, 2013).

Women living in conflict areas, as internally displaced people or refugees, are at increased risk of GBV (Hyder, 2007; Hynes, 2016). Unique social, political and economic conditions in these settings contribute to high levels of GBV (Stark, 2017). Refugee women are likely to experience increased rates of GBV and face barriers to accessing primary health care and mental health services (Hyder, 2007). Despite a spike in interest in refugee health in recent years, understanding the unique experience of refugee women in regards to increased vulnerabilities to GBV remains under-researched. With migration, refugees must learn to navigate changing political climates, new physical environments and unique social dynamics (Stark, 2017). Additionally, complex humanitarian and political crises affect normative gender roles, family dynamics, and established social networks, changes that can present negative challenges for women (Wirtz, 2013).

Exploring GBV in these setting requires the use of an ecological framework that considers the interpersonal, community-level, structural, institutional, cultural and societal factors that influence and breed environments for perpetrators of gender-based violence. This



framework centers a holistic approach that encapsulates a complex social ecology essential to the study of GBV in refugee contexts. (Heise, 1998). Understanding the types of violence to which refugee women are exposed, who perpetrates this violence, and the contextual factors that exacerbate violence will help inform programs and policy aimed at supporting survivors of GBV.

The goal of this thesis is to investigate the ecology of gender-based violence against Syrian refugee women living in Jordan. Specifically, we will investigate how social-contextual factors of living as refugees affects Syrian refugee women's risk of GBV in Jordan. This study will explore refugee women's unique experience of GBV and how various changes to their family lives, economic situation and social networks as refugees lead to increased risks of GBV.

Understanding how changes to family structure and social networks affects refugee women's vulnerability to GBV will help inform policy and program development aimed at supporting refugee women and reducing GBV. This research aims to fill the gap in knowledge about GBV against refugee women living in Jordan and the unique challenges they face. Identifying these issues and barriers to seeking support and treatment will allow NGOs and relevant agencies to better serve these women and offer new perspectives of the refugee experience.

For the purpose of this secondary data analysis, the definition for GBV from the United Nations Declaration on the Elimination of Violence Against Women will be used. GBV is defined as any act "that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life [...] and should encompass, but not be limited to, acts of physical, sexual, and psychological violence in the family, community, or perpetrated or condoned by the State, wherever it occurs" (General Assembly, 1993).

## CHAPTER 2: COMPREHENSIVE LITERATURE REVIEW

Understanding how contextual factors and the lived experiences of refugees in Jordan impact women's risk of GBV requires a thorough review of the existing literature on GBV, the impact of migration on risks to GBV, and any additional factors that may influence GBV in conflict settings. Several studies have examined the prevalence of GBV in refugees settings (Al-Saba, 2016; Stark, 2017; Wirtz, 2013; Hynes, 2016; Hyder, 2007 ), but few studies explore the specific factors related to refugee status and migration to Jordan that lead to increased risk of GBV.

Worldwide, the rate of violence against women is extraordinarily high, at 30%. This rate of GBV increases even higher to 37% in the Middle East and North Africa (MENA) region. In Jordan, 24% of women reported experiencing physical, sexual or intimate partner violence at least once in their life (UN Women, 2012). In a study of 517 Jordanian women, Clark et al. (2009) administered a revised version of the World Health Organization's domestic violence questionnaire and conducted focus group discussions (FGDs) to investigate the prevalence of intimate partner violence (IPV). They found that an overwhelming majority of women (97%) reported experiencing control (i.e. lack of personal autonomy), while 73% and 31% experienced psychological violence and physical violence, respectively. This study demonstrated the predicted high rates of IPV in Jordan, and the inclusion of the FGDs illustrated the numerous types of IPV women experience, including control, psychological violence, physical violence, and sexual violence (Clark, 2009).

Many studies have aimed to understand women's perception of GBV and their experiences grappling with GBV. In a qualitative study of 70 Jordanian women, Morse et al. (2012) conducted 12 FGDs, finding that FGD participants reported three causes of GBV: 1) unmet gender expectations, 2) stigmatization and unequal gender norms, and 3) the influence of

extended family. These three categories highlighted women's experience with not only IPV, but also gender-based violence within the larger family. The researchers also learned that different actors and institutions (e.g. clerics, women's support centers, family) either enabled or intervened to stop violence, underscoring the importance of how women experience violence differently. This study is important not only because it presented three themes illustrating the range of causes and perpetrators of violence, but also the impact of various social, economic, and cultural barriers women face when dealing with GBV in the family.

In addition to unequal gender norms and families impacting GBV, many structural and macro-level factors contribute to higher rates of GBV in refugee settings. Limited resources, lack of educational opportunities, crowding in homes, women's economic dependence on male family members, lack of mobility, and social and political power are just a few of the factors that increase the rate of GBV in refugee settings (Stark, 2017). As aforementioned, refugee and displaced communities are vulnerable to increased GBV for a multitude of reasons. Using a cross-sectional survey of 395 Palestinian male and female refugees living in camps in Jordan, Khawaja et al. (2004) investigated the prevalence of physical domestic violence (DV), finding that 42.5% of refugee women and 48.9% of men reported physical DV. This study is unique in that it included men in the cross-sectional survey and interestingly, no significant discrepancy was found between the responses of men and women. Although this study may not be generalizable to larger cohorts, it is useful in understanding the context of Palestinian refugee camps in Jordan. This study highlights the high rates of GBV in refugee settings and points to the myriad structural and contextual factors that are linked to GBV.

In understanding the context of GBV in refugee settings, it is essential to analyze not only the prevalence of GBV, but also the populations attitudes and perceptions of GBV. In a study

investigating the attitudes of men and women living in Jordanian refugee camps on wife-beating, Khawaja et al. presented several hypothetical scenarios of a woman being beaten after disobeying their husband, not completing expected domestic duties, or defying expected traditional gender norms. Although differences in responses existed between genders and age groups, with younger males (20s-30s) and older females (40s-50s) being more accepting of wife-beating, over 60% of both men and women thought wife-beating was acceptable within at least one of the different scenarios. Despite the study's limitations, the findings shed light on attitudes regarding GBV and is important as it demonstrates how pervasiveness GBV acceptance is in this context.

Unpacking why there is a high prevalence and acceptance of GBV in some refugee settings necessitates a deep exploration of the social, economic and political climates within which GBV occurs and how migration and complex humanitarian emergencies exacerbate GBV for refugee women. Hynes et al. (2016) studied the effect of forced migration on gender norms and interactions in the household by conducting in-depth interviews with thirty-three women within a small community. Researchers learned that shifts in gender roles and responsibilities in the home disrupted traditional patriarchal norms and was linked with increased IPV. Additionally, “trauma from conflict and displacement, weak social support, structural systems which reinforce unequal gender norms and discrimination due to class, group and displacement status” exacerbated turbulence in the family unit and increased risks for IPV (Hynes, 2016, pp. 27). This study's findings are important as they highlight how social and political changes specifically impact GBV by influencing gender dynamics within the household.

In an effort to understand how refugee women's experience with GBV is impacted by socio-contextual changes, Yasmine et al. (2016) used an ecological framework to investigate

gender-based violence against Syrian women in Lebanon. They urged an examination of the “microsystemic, exosystemic, and macrosystemic factors” that influence women’s experience with GBV, access to sexual and reproductive health care, motivations to report and seek treatment for GBV, and abilities to navigate Lebanese society as refugee women. She describes the structural barriers, institutional prejudice, and challenges Syrian women face including poor treatment from healthcare personnel, problems with financing health care treatment (exosystem), fear of deportation and police mistreatment, and harassment from neighbors and the larger Lebanese society (macrosystemic). This study contributes important findings to the literature in its examination of women’s experience in the host-country and the impact external factors, such as structural barriers and prejudice, have on women’s experiences with GBV.

In addition to investigating the socio-contextual factors that contribute to GBV, considering the array of perpetrators that refugee women are vulnerable to is key to unpacking GBV in refugee contexts. Using the same ecological framework, Stark et al., in their study of young teenagers, confirmed that multiple factors and vulnerabilities lead to violence in refugee settings, finding that predictors of violence vary in different contexts (in the case of the study, the DRC and Ethiopia). Despite the differences in the contexts of violence, both settings shared a common finding that family members and caregivers were often the perpetrators of violence, countering some research that suggests military personnel and other agents in conflict settings as the main perpetrators of GBV (Baaz, 2010). This study stresses the importance of understanding the context of conflict settings and how turbulent political climates alter social and familial networks and traditional relationships exposing women to perpetrators of GBV.

Wirtz et al., added to the literature on perpetrators of violence, arguing that refugee women are vulnerable to increased GBV due to migration, breakdown of social order, and

changing structures of support. They found that women were victims to violence from personal acquaintances as well as strangers, including NGO workers, family, neighbors, employers, and men involved in armed conflict. They also found that shame, victim blaming, and stigma were a few reasons women hesitated to come forward with their stories of abuse and seek support. Also, several noted that inadequate treatment from service providers discouraged them from seeking help, a finding that is key to GBV prevention program implementation.

Although studies about GBV in different refugee contexts are insightful and can be applied to the context of Jordan, it is important to recognize the nuances of different refugees' experiences with GBV, and in this case, specifically understand Syrian women's past experience with GBV and patriarchy more generally. Al-Saba et al. (2016) examines the ways violence against women (VAW), evolved, intensified and was shaped by conflict in Syria. She argued that VAW is intrinsically related to and a result of the political and social climate of a conflict setting and cannot be examined without first understanding how politics and patriarchy play an instrumental role in dictating the type of VAW. In the case of the Syrian conflict, she points to women's roles often being limited to the home and how discussions of sexual violence were viewed as strictly private issues. In the context of conflict, Al-Saba argues this often results in women being reprimanded for discussing private matters outside of the home and being seen as deviant for doing so (Alsaba, 2017, pp. 9). In addition to direct VAW, women are subject to forced displacement and migration, inadequate health and wellness conditions of refugee camps, and a detachment from traditional social networks and safety nets. This results in unfavorable health outcomes for women, increased early marriage, and an unhealthy reliance on aid and host hospitality, which can lead to sexual exploitation at the hands of men. Al-Saba (2016) explains that although studies have examined the rates of physical and sexual GBV and IPV in conflict

settings, there remains a need to understand the other forms of violence, vulnerabilities, and risks women are exposed to, a gap this secondary analysis hopes to fill.

Understanding refugee women's experiences with GBV requires an appreciation for both the protective measures and risks they are exposed to, as these can change with migration and shifting social and political contexts. Hutchinson et al. (2017) stressed that researchers have been incorrectly diagnosing risk and protective factors related to GBV in conflict settings. They argued that in conflict settings, traditional institutions, that otherwise may provide protection and risk in non-conflict settings, may not serve the same function in conflict settings, citing examples such as the family, police, and religious institutions. They explained that various environments on the macro/institutional, community, school, peer, individual, and family levels play instrumental roles in ensuring protection or creating risk for vulnerable populations in conflict settings. Changing social and political climates affect women's interactions with and in these different social domains and must be considered.

Hutchinson et al. (2017) emphasized the need to understand the nuances of different relationships in conflict settings and focus on the trade-offs, losses, and gains women in particular must negotiate when limited resources and changing social and political conditions necessitate a shift in family priorities. What once could be described as a protective element, the family unit for instance, may become a risk under dire circumstances. For example, while the family can be protective in pre-conflict settings, financial pressures and unemployment may create risks of GBV that did not previously exist. They also stress the need to acknowledge that protective resources may not always occur at the institutional level. It is important to note that protections from communities "are not always recognized or appreciated and are sometimes unspectacular, but can be found in the daily activities and struggles of people's lives"

(Hutchinson, 2017, pp 10). This secondary analysis will supplement the findings of Hutchinson et. al, by providing qualitative data that can help elucidate the risks, vulnerabilities, and protections women are exposed to and how they navigate between changes in different social domains.

As Hutchinson et al. (2017) described, the family unit can be both a protective and risk factor. Al-Modallal et al. studied the coping strategies of survivors of GBV to understand the different ways women react to experiences of GBV. Using the Abuse Assessment Screen (AAS), the Rosenberg Self-Esteem scale (RSE) and other relevant questionnaires, they found that 43% of respondents were victims of violence, and a majority of the women (85%) sought support from family, categorizing that as a positive coping method and protective factor. This finding is interesting considering that existing literature proves that family members, including in-laws, can be perpetrators of GBV. One explanation for this could be that the stigma around mental health and IPV may discourage victims from seeking support outside of their close social circles and thus compel them to open up to family members. This secondary analysis will investigate the role families play in women's experiences with GBV and highlight how changing social conditions can potentially affect women's coping mechanisms.

This secondary analysis will build on the existing literature and explore the socio-contextual factors related to living as a refugee in Jordan that increase Syrian women's risk of GBV. As we have seen from previous studies, the breakdown of social networks, economic distress, and issues of safety and security all exacerbate GBV for refugee women. This study will build on existing literature and explore the risks of GBV that exist within different social spheres.



## CHAPTER 3: METHODS

### Parent study

This project is a secondary data analysis of data from the 2015 project, *Gender Based Violence Against Women and Girls Displaced by the Syrian Conflict in South Lebanon and North Jordan: Scope of Violence and Health Correlates* (Spencer, 2015). The parent study design consisted of a mixed method approach using focus group discussions (FGDs), in-depth interview (IDIs) and quantitative surveys in hopes of gathering rich, in-depth data from interviews along with thorough quantitative data from a larger number of participants. Syrian and Palestinian women between the ages of fifteen and sixty were eligible for inclusion in the parent study. This secondary analysis will focus only on the qualitative data collected from FGDs and IDIs. Seeing that no Palestinian participants were included in the IDIs or FGDs (due to the geographic scope of the parent study), only Syrian participants were included in this secondary data analysis.

### Study site

The study was conducted in Jerash and Ajloun governorates in Jordan. As of February 4, 2018, there are 9,400 and 7,200 refugees living in Jerash and Ajloun, respectively (UNHCR, 2018). Syrian refugees have fled to Jordan since the onset of the Syrian War in 2011. Currently, there are more than 657,000 Syrians living in Jordan, the majority of whom live outside of camps in peri-urban areas (UNHCR, 2018). The two governorates Jerash and Ajloun were chosen because of the high density of refugees living outside of refugee camps. This study was conducted by researchers from University of Minnesota Medical School and The King Hussein Foundation's Information and Research Center with technical and logistical support from Alianza por la Solidaridad, financial support from the Spanish Agency for International

Development Cooperation and material support from the United Nations Population Fund (UNFPA).

### **Instruments**

The parent study team developed the study instruments with the aid of their previous research in the Middle East and scales from the WHO's Multi Country Study on Women's Health and Domestic violence (WHO, 2005). FGDs involved discussions of perception of GBV, challenges refugee women face with seeking help, and their knowledge of available resources for survivors of GBV. The IDIs covered topics including women's experience with violence, help seeking behaviors, perceptions of GBV, family and community responses to GBV, and their knowledge of available resources for survivors of GBV.

### **Participants**

Thirty-six women participated in the four FGDs, with an average of nine participants per group and IDIs were conducted with six survivors of GBV. IDI participants were recruited by a local organization that supported survivors of GBV, and local GBV-prevention organizations. FGD participants were recruited from local NGOs including Islamic Relief and the Nour Hussein Foundation in Jordan. Initially, FGDs were intended to be conducted with ever married women but due to the broader expressed interest, researcher decided to expand eligibility to all women between the ages of fifteen and sixty. Tables 2 in the results section provides a descriptive table of the participants.

### **Data collection**

FGDs and IDIs were audio recorded using handheld digital recorders and transcribed in Arabic. Transcripts were then translated into English by bilingual study staff.

### *FGD*

Researchers from the parent study trained FGD facilitators in how to adhere to study protocol, and ensuring data collection was systematic and ethical as stipulated by the IRB committee of The University of Minnesota. Female researchers with prior experience working with survivors of GBV facilitated the four FGDs, two in each city.

Informed consent was orally obtained from every participant before the start of any of the FGDs. FGDs lasted approximately ninety minutes and were conducted in private and safe spaces accommodating participants and facilitators. Participants were given light refreshments, reimbursement for transportation and received “dignity kits” donated by the United Nations Population Fund (UNFPA) that included sanitary products and clothing.

### *IDI*

IDIs were conducted with six women in both Jerash and Ajloun and lasted approximately one hour. Interviews were conducted in safe, private spaces that the partner NGOs provided, and facilitated by trained staff from the parent study. All interviews were scheduled at least one day after initial recruitment. Informed consent was obtained from every participant after a detailed overview of the study protocol, affiliated organizations, and the participants’ rights and protection during the study.

### **Secondary Data Analysis**

Translated transcripts of IDI and FGD were analyzed using MAXQDA (18.0.03 VERBI Software, Berlin). Data analysis began with memo writing reflecting on both initial impressions of the data and challenging assumptions based on literature. Taking time to acknowledge preconceived notions was an attempt to avoid unintentionally biasing the analysis process. Through a thorough review of all transcripts, an initial set of relevant codes were identified and

defined. The first author reread all transcripts and created memos to identify areas that were noteworthy or whose meaning was not immediately clear. Then, a thematic analysis was conducted for all transcripts using established qualitative methods techniques (Hennink, 2011). Using the open coding method, emerging themes were coded throughout the transcripts and all inductive codes that emerged during this process were applied to previous transcripts (as needed) during the last round of transcript coding (Glaser and Strauss, 1967). In total, twenty-five codes were used for the ten transcripts. Invoking the methods of data search “by code”, coded segments were retrieved using MAXQDA search functions and we used Hennink’s method for writing a “thick description,” of each code that had more than one coded segment, which includes questions of “*What are the different aspects of this code?, What is the context and meaning?, How is each aspect discussed/described (emotions, expressions, examples)?, and What other codes intersect?*” in every thick description table in addition to compelling quotes that represented the aspect of the code in discussion (Hennink, 2011). Three members of the parent study research team reviewed coding and the thick descriptions to ensure accuracy and inter-coder reliability.

A comparison of themes and codes was then completed using the *code relations* visual tools feature in MAXQDA. This allowed for a visual representation of code intersections or “co-occurrences” to be displayed for every code so that related codes could be identified. This prompted a deeper analysis of how participants described intersecting themes and why certain codes intersected often. A notable pattern was the recurring intersection of the codes “blame” and “fear and hesitations” with the “in laws”, “psychological distress”, and “sexual harassment” codes. These two codes, “blame” and “fear and hesitations”, referred to any mention of women

feeling blamed for their risk or experience of GBV, and their fears and hesitations to open up about GBV.

Using the “social domains” strategy (Hennink, 2011), I sought to understand how different “realms, spheres, arenas or contexts bring together a group of issues in the data” and identified three domains: family and cultural norms (1), community and neighborhood environment (2), and institutions/macro-society (3). Using a technique that recommends focus on background contextual factors or “the music not the dance” when conceptualizing data required reflection on the background contextual factors and often assumed realities of the setting (Richards, 2005). Specifically, gendered family power dynamics, gender norms in the home, pervasive influence of patriarchy and stigma around GBV influenced the women’s experiences and responses in the IDIs and FGDs. Finally, a list of potential “exposures” and GBV-related “outcomes” were identified from the data and used to create a visual depiction of the potential causal pathways to GBV. The “exposures” were then grouped into the “social domains” identified earlier in the analysis to highlight how the different domains influence exposure to risks of GBV. Table 1 shows the selected categories, themes and illustrative quotes.

Table 1. Categories, themes and illustrative quotes

Social Domain	Theme	Quotes
<b>Family</b>	Husband unemployment leading to increased violence	<i>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</i> ” Jerash FGD participant
	Crowded living quarters leading to increased sexual violence	<i>Then we all moved in together and he [father in law] 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 or attempting to put his hands on my chest I would leave him and run away.</i> ” IDI participant, age 25
	Lack of family support system leading to increased violence	<i>When we were in Syria, there the family may stand by our side and be strict with the husband, but here if we speak up, we have nobody to resort to, and we have to keep it to ourselves.</i> ” Ajloun FGD participant
	Move to Jordan leading to more control of women	<i>I experience it from my brothers, they started setting their rules for me (in Jordan) to a large extent. You are not allowed to go out, the way you dress is watched.. Everything.</i> ” Jerash FGD participant
<b>Community</b>	Sexual harassment in public (market, street, buses etc.)	<i>“He starts cursing her and such. Some people in the street saying “Ooh, who's this?” They start saying “Look at her walking”...In the street, harassment is very normal, always happens. They say “Allah, bless ashraf who brought you here!” It is known that we are Syrian, that's why they do this.”</i> Jerash FGD participant
	Exploitative landlords	<i>In short, life has honestly become very hard, and you have the landlord, and the use of water is not allowed...I am not allowed to wash, and the electricity bill is unbelievable. And then he tells you this is your consumption...and it's all their consumption, but they insist it's yours and try to make you pay the bill.”</i> Jerash FGD participant
	Abusive neighbors	<i>“The neighbors mistreat you, or throw things at you, they hit you or your children.”</i> Jerash FGD participant
<b>Institutions/ Macro-society</b>	Distrust and fear of authorities	<i>We fear going to main roads, because sometimes they take families to Zaatari refugee camp. 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.”</i> Jerash FGD participant

	Anti-Syrian sentiment leading to sexual harassment	<i>He said ‘You are Syrian, you are thieves, and you are robbers.’ I started crying in the street....Why was he insulting Syrians? He kept saying bad things about Syrians until we reached the far end of the street. He said everything you could imagine.” Ajloun FGD participant</i>
<b>throughout all three domains</b>	Blamed for GBV	<i>“In a way, even if the girl didn’t mean to cause this sexual violence], but you will find that they blame her and kill her. She is imprisoned at home, she is not allowed to go out.” Jerash FGD participant</i>
	Fear of speaking out	<i>‘I tried to tell my aunt (mother in law) but then feared that she wouldn’t believe me against her husband and that it would be my fault and so I stayed silent.” IDI participant, age 25</i>
	Emotional distress	<i>‘Because of the pressure I was under I felt like I was going to explode I might harm myself or my children or husband.” IDI participant, age 23</i>

## **CHAPTER 4: RESULTS**

As Table 2 displays, the mean age of FGD participants is 25.5 years and the majority of women (77%, 27) are married. Of the IDI participants, all but one is married, the mean age is 27 years, they have an average of 2.5 children, and have lived in Jordan for an average 3 years. Half of the IDI participants reported previously living in a city in Syria. When reporting their sources of income, half reported relying on their husbands for financial support while the remaining three reported relying on financial support from other relatives, social services, and private work. Only one out of the six women reported working for pay.



Table 2. In-depth Interview Participants

<b>ID#</b>	<b>Age</b>	<b>Marital Status</b>	<b>Education</b>	<b>Occupation (in Jordan)</b>	<b>No.of Children</b>	<b>No. of Adults in Household</b>	<b>Total living in household</b>
1	25	Married	Middle School	Unemployed , looking for a job	4	6	10
2	28	Married	Primary School	Unemployed , not allowed to work	3	6	9
3	37	Divorced	Primary School	Unemployed , looking for a job	4	2	6
4	23	Married	High School	Working	2	1	3
5	26	Married	N/A	Unemployed , do not want to work	0	1	1
6	24	Married	High School	Unemployed , do not want to work	3	1	4

After analyzing the data, we found that risks of and exposures to various forms of gender-based violence occurred within three distinct social domains. These domains include the family, community, and the macro-societal and institutional levels. Each domain includes two to ten exposures and corresponding outcomes.

## The Family

The family social domain consists of GBV perpetrated by a family member or occurring within the context of the family unit. Disempowerment and lack of support were common themes that emerged in the data within the family social domain. Women described how living in Jordan, away from their families in Syria, led to loss of support and protection from GBV. Many explained that a lack family support led to increased abuse from their in-laws and feelings of hopelessness and powerlessness as one FGD participant from Ajloun describes below:

*“When we were in Syria, there the family may stand by our side and be strict with the husband, but here if we speak up, we have nobody to resort to, and we have to keep it to ourselves.”*

Another common response was women explaining that they feared speaking out about the violence they experienced because it was likely they would be dismissed or faced with increased violence and social repercussions. One FGD participant from Jerash explained that she was threatened with physical violence for trying to defend her sister-in-law from abuse. Another woman explained that since moving to Jordan, she has been more heavily policed by her brothers. She says:

*“I’ve experience it [violence] from my brothers, they’ve started controlling what I do a lot [in Jordan]. I’m not allowed to go out, I’m not allowed to run errands, they control what I wear. Everything!”*

Another form of GBV women experienced in the social domain of the family was sexual violence. One of the six survivors (aged 25) and IDI participants explained that since moving to

Jordan and living in the same apartment as her in-laws, she has faced increased sexual violence. She describes her experience and says:

*“On the contrary it [sexual violence] increased here [in Jordan] I used to think in the beginning that he [father-in-law] was being nice and that he was treating me like a father and joking with me and kissing me normally but then things increased. He noticed I was becoming silent and he started doing more. I’m scared now and don’t know what I should do or what to say to him, I’m scared.”*

She goes on to explain that rejecting her father-in-law’s sexual advances led to threats of physical violence, psychological trauma, and constant fear. This participant also explains that discussing these incidents of sexual violence would cause internal strife within the family and could potentially cause her more harm. Accordingly, she felt she could not voice her trauma.

Although the majority of the data related to the family domain was negative, several women discussed being able to open up about their experiences with some family members (primarily other women). Many agreed that being able to confide in family members depended on the family and their attitudes about women and GBV. One FGD participant from Jerash said,

*“Depends on the parents and how they deal with their daughters some parents are really hard and so you can’t tell them such things.”*

An IDI participant (age 25) explained that within the family, her sister-in-laws would try to protect her from her father-in-law’s sexual abuse and supported her whenever they could. She said,

*“They try to stay around me wherever I am in the house if I go to the kitchen they come to the kitchen if I go to the roof they follow me there they stay by my side.”*

The final theme that emerged within the social domain of the family is financial hardships and its impact on the risks of GBV. When discussing the increase in early marriage in Jordan, several focus group discussion members attributed early marriage to financial troubles. One FGD participant from Jerash said:

*“You know if someone has five daughters or even more [they marry them early], their expenses are very high, especially here [in Jordan].”*

Another issue related to financial strain was physical abuse. Many women explained that unemployment and financial pressures in Jordan led to their husbands “releasing stress” on them, and in some cases, on their children as well. One IDI participant (age 25) said:

*“Here [in Jordan] I have no one, and there’s no work. The situation is hard and he has nothing to release his stress on but me to be honest!”*

### **The Community and Neighborhood**

The second social domain is the community which consists of GBV or exploitation perpetrated by neighbors, landlords, store owners, taxi and bus drivers, and other community members occurring within the community’s context. Two common themes that emerged from this social domain were the incessant sexual harassment women experienced and widespread anti-Syrian sentiments. The majority of the participants from both the focus groups and individual interviews noted that sexual harassment was a common occurrence in numerous settings. When asked where women are at risk of sexual harassment, one FGD participant from Ajloun said:

*“Wherever a woman is found, wherever she is there is a chance of experiencing violence.”*

The women described instances of sexual harassment on buses, in taxis, in the market, on the street, outside their homes, and in their apartment complexes. Women described fear when leaving their homes, picking up children from school, and going grocery shopping because of perpetual threats of sexual harassment.

Another issue women described as the source of fear and anxiety was abuse from neighbors and landlords. The women describe threats of sexual and physical violence, sexual harassment, slander, property damage, and financial exploitation from landlords and neighbors that at times restricted their mobility.

One FGD participant from Jerash described her experience and said:

*“We have a neighbor, he throws dirt at our door, sometimes stones, and sometimes he tells me that my kids are not allowed to go out. We always lock the door and stay inside the house, and sometimes he tries to walk in violently and tries to break the door.”*

Several women described feeling unsafe at home but also unwelcome in their neighborhoods.

One FGD participant from Ajloun said:

*“They [the neighbors] also say that Palestinians came and nothing changed, Iraqis came [to Jordan] and nothing change, but when you Syrians came, you’ve ruined everything for us.”*

Women reported several instances of sexual harassment and being described in offensive and sexually demeaning ways. One FGD participant from Ajloun recalled being verbally assaulted while at the produce market and says:

*“One of them started harassing me...he said [to another man], ‘my brother, Syrian women sold their bodies’.. I told him that this is not true, he wanted to assault me and rape me in the street, I told him God forbid I sell my chastity.”*

Women described that they are frequently blamed for the violence they experienced. They explained that vocalizing their experiences with family members can backfire and result in restricted mobility and increased control. One FGD participant from Ajloun said:

*“I go in and out, and I am subject to many things, people telling me nasty things, that I can’t even repeat, because I am Syrian. If I tell anyone about it, the least that anybody will say is that I am at fault and it is not necessary for me to go out. I cannot say anything and secondly, if I want to speak up, he [the husband] will force me to stay with his family.”*

### **Institutional Domain**

The final social domain is institutions and macro-society comprised of GBV occurring within formal state or organizational institutions or resulting from broad societal norms. One FGD participant from Jerash described disillusionment with the Jordanian police and social services agencies, and explained that these negative experiences were dehumanizing and infuriating. She said,

*“In general, when you go to get assistance, they start telling you things like ‘move it, go away from here’...We went to a police station to get identity cards, they made us wait outside like kids...Everywhere you go, you must face it. Wherever you go, you face this every day.”*

An FGD participant from Jerash explained that people feared placement in refugee camps by Jordanian authorities and this restricted their movements to only the most necessary errands. She said,

*“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... People are abiding by these rules as much as possible, they don’t go out except to buy bread and they come back quickly and you find them rushing as if they had done something and are trying to flee.”*

One theme pervading all of the social domains was hesitation to disclose their experiences with GBV. Women described fear of social repercussions including blaming, shaming, disbelief, and in several cases, the risk of increased GBV. Several women described feeling obligated to keep quiet to avoid inciting problems between family members, or drawing unwanted attention to themselves. One IDI participant (age 23) described this and said:

*“I was scared of his [the husband] reaction and knew he would tell me that I shouldn’t talk about family matters outside the house. I knew telling someone would only make things worse.”*

A FGD participant from Jerash said:

*“They [the family] say that if you go to the police or family services, it is a hassle. They try as hard as possible not to let the news out and say ‘But why go to these places?’. They tell you to keep it to yourself to avoid making a fuss and causing a scandal.”*

Other women described not wanting to report GBV in fear of retaliation and increased abuse.

One FGD participant from Jerash recalled this and said:

*“We heard that if a person [abuser] knows you’re scared of them they might not leave you alone. If I go and speak up and complain about someone, he’ll find out and might keep on harassing me afterwards and won’t leave me alone.”*

The final theme permeating all three social domains was psychological distress. The women reported feeling afraid of retaliation, anxious, and helpless. Several participants mentioned having thoughts of suicide. An IDI participant (age 26) said,

*“Some days come by when I wish to end my life and commit suicide but then I think of my children. I excuse him [the husband] because there’s no work and the children go up to him and ask for things he can’t provide.”*

It is important to note that discussions of being blamed for GBV, feeling pressured to stay silent regarding their experiences, and feeling psychologically distressed were present throughout all of the interviews and FGDs. This underscores the fact that although the three social domains uniquely impact women’s experiences with GBV, several experiences and outcomes are prevalent throughout the three domains.



## CHAPTER 5: DISCUSSION

The purpose of this research was to explore the ecology of violence against Syrian refugee women in Jordan, and highlight various contextual realities and vulnerabilities that increase women's risk of GBV. In this secondary analysis, we found that women are exposed to various risks within three distinct social domains, the family, community, and institutions and macro-society that increased risks of gender-based violence.

Contextual factors related to living in Jordan as refugees that increased women's risk of GBV include, but are not limited to, living in crowded homes, husband's unemployment, financial pressures, lack of family support, abuse from neighbors and landlords, anti-Syrian sentiments, street harassment, and distrust of authorities. In addition to physical and sexual violence, women reported that fear of victim-blaming and shaming stopped them from reporting acts and threats of GBV and discouraged them from disclosing these abuses to family, friends, and authorities. Additionally, social expectations often discouraged the women from vocalizing their experiences with GBV, and pressured them not to report abuses. Many women explained that the vulnerability of being a refugee provided them no option but to keep quiet and not call attention to their pain as a means of survival and self-preservation. The majority of the women also described the physiological stress of GBV and how sexual harassment kept them from venturing out alone, using public transportation, and feeling comfortable in their homes. With regard to GBV within the family, several of the participants disclosed having suicidal thoughts and attributed them to added pressures, violence from their partners, and financial stress on the family. These findings illustrate the gravity of GBV in Jordan and wide range of risks and vulnerabilities women are exposed to.

We found that perpetrators of violence include, but are not limited to, husbands, in-laws, neighbors, landlords, market vendors, taxi drivers, and strangers the women encountered outside of the home. This demonstrates that women are at risk of GBV in all aspect of their lives, private and public, and necessitates interventions addressing GBV across social domains. Recognizing the existence of non-traditional perpetrators of GBV is important to reflect how refugee women are vulnerable to GBV from an array of familiar and unfamiliar individuals. In “*Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons*”, a report from the United Nations High Commissioner for Refugees (UNHCR), the authors confirm this observation and note the wide range of perpetrators include intimate partners, family members, community members and leaders, aid workers security forces, and institutions. Recognizing the broad range of perpetrators of GBV contributes to a more complete and nuanced understanding of the risks and vulnerabilities refugee women are subjected to.

Findings of this study do not contradict existing literature on GBV in refugee contexts, and further support the conclusions of key studies. As Wirtz et al. assert, breakdown of family units, loss of resources and economic stability, and sharing living spaces with in-laws are collectively associated with increased exposure to GBV (Wirtz, 2013). Additionally, as Stark et al. describe, husbands’ loss of productivity is associated with increased GBV for women living in conflict settings. Although nine of the sixteen exposures fall under the social domain of the family, it is important to note that the underlying factors inducing these risks of GBV are broader social issues only exacerbated by displacement and related social conditions. These risks of GBV are situated within societally accepted gender-based power disparities, widespread prevalence of sexual violence, toxic forms of masculinity, and turbulent political and social climates. These realities and risks existed before the women fled to Jordan, and play a critical role in how the

women experience GBV as refugees. In essence, women's risks of GBV cannot be understood without identifying how societal gendered power structures and norms influence individuals and their relationships and interactions with their families, community, institutions and larger society.

Despite cultural, religious and linguistic similarities between Jordanians and Syrians, our findings illustrate how pervasive anti-Syrian sentiments are in Jordan today. Within the community and institutional/macro-societal domains, the women faced various threats and forms of violence attributable to anti-Syrian sentiments. The extent to which women incurred risks of GBV because of their Syrian identity was not completely unexpected considering the many historical and modern-day examples of host country-community tensions that exist in refugee-accepting countries. Examples of host-community tensions include Armenians in Syria in the early 20th century, Palestinians in Lebanon since the advent of aggression against Palestinians in 1948, and South-Asian refugees in Canada in the early 2000s (White 2013; Noh 1999).

This finding may be a direct result of the influx of Syrian migration into Jordan since the start of the Syrian war. As of June 2017, Jordan hosts the second most refugees per 1,000 people, 90% of whom are Syrian (UNHCR, 2017). Since 2012, Jordan has struggled with heightened unemployment rates, severe water shortages, languishing infrastructure, poor social service delivery (Francis, 2015). The influx of Syrian refugees aggravated these conditions and strained host country-refugee relations (Francis, 2015). Over half of Syrians living in Jordan are under the age of eighteen leading to overcrowded schools and an increased demand of health care services (Francis, 2015). With preexisting high rates of unemployment, Jordanians feel out-competed by Syrians refugees who are forced to work in the informal market and often accept lower rates, due to the high barriers to legal work authorization for Syrians (Hillesund, 2015). It is worth noting, however, that Syrian migration to Jordan boosted the economy, brought in international aid, and

created of jobs (Francis, 2015). Despite these favorable outcomes, the Syrian refugee crisis in Jordan is a convenient scapegoat for public dissatisfaction with social services including education, health care, the economy, delivery of public goods, and deteriorating living conditions.

It is our hope that this study will help inform service providers and health professionals of refugee women's risk of violence and the various perpetrators, traditional and non-traditional, that women are exposed to. A deep and nuanced understanding of Syrian refugee women's risk of GBV will help inform policy and program development regarding IPV, sexual harassment, xenophobia, and stressors refugee women encounter. In addition to informing policy and practice regarding Syrian refugees, the contextual and cultural similarities across the MENA region allow for lessons learned from this study to inform GBV work outside of the context of the Syrian conflict and Syrian refugees living in Jordan.

### **Limitations**

Despite its many strengths, this study is not without limitations. This secondary analysis was limited to 6 IDIs and 5FGDs. As such, the findings may not be generalizable to refugee women beyond this particular context as saturation might not have been reached. Another limitation may be that refugee populations are often "over-researched" and participant fatigue can lead to thin data and redundant responses. Additionally, due to stigma about GBV and reporting incidents of GBV, participants may have been more interested in speaking about their experiences with violence from neighbors, landlords, and the greater Jordanian society than about GBV within their families. This would lead to a distorted view of the distribution of women's actual risk of GBV, but does not invalidate the experiences they are more willing and able to share.

## CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

An important recommendation supported by these findings and existing literature is the need to focus resources on policy change that supports victims of GBV. Currently, the Jordanian Penal Code does not formally define sexual harassment and the Family Protection Law is unclear and rarely enforced (UNDP, 2013). There is a dire need to formally characterize sexual harassment as a punishable offense, and ensure the protection of women in the Jordanian Penal Code. Steps taken by the Jordanian National Commission for Women in recent years have paved the way for GBV prevention policy and must be buttressed to ensure the protection of women, both Jordanian nationals and refugees, under the law (UNDP, 2013).

Economic discrimination and exploitation of Syrian women also emerged from this study. One method of mitigating financial instability and tensions between the host country and refugee community is the full legalization of employment in Jordan. Providing greater access to legal work in Jordan will allow for fair competition in the formal labor market and likely reduce host-community tensions and counter destructive impressions that Syrians are disproportionately displacing Jordanians in the workforce. Allowing all Syrians to legally work in Jordan will also give women opportunities to be financially independent, contribute to their household incomes, and in turn relieve financial stress. The association between women's financial independence and empowerment has been well documented and will likely create favorable outcomes for Syrian women in Jordan.

The expansion of mobile health services, legal aid, and e-services is another recommendation informed by this study's findings. For women to be able to report instances of GBV, exploitation, and discrimination, there must be subsidized and accessible services readily available to them. As of 2016, only 3% of women in Jordan report instances of GBV (Jordan

Department of Statistics, 2013). Expanding the availability of mobile services, legal aid, and e-services will encourage women to report instances of GBV fostering greater access to treatment and service utilization (WANA, 2014). Additionally, the availability of pro-bono legal aid can give women the reassurance that they are protected under the law, and supported in their pursuits of justice.

Ensuring access to quality health care services including treatment and support for mental health and GBV-related care is another step towards serving the needs of women at risk of GBV. The findings of this study demonstrate that women at risk of GBV encounter several barriers to seeking GBV-related support and treatment. Although the Jordanian government provides primary health care and sexual reproductive health services to Syrian refugees, more than 300,000 Syrians, more than half of the registered Syrian refugees in Jordan, have inadequate access to healthcare services as of 2016 (Jordan Department of Statistics, 2013).

Another recommendation is the ensuring that organizations and coordinating bodies use existing research and exercise caution before undertaking new studies in an effort to not exhaust vulnerable populations. It is ethically imperative to be conscious of research fatigue in “over-researched” populations including refugee and internally displaced populations (Cleary, 2016). Studies have shown that research fatigue in vulnerable populations can lead to poor quality research that may not be generalizable if respondents become accustomed to regurgitating one-dimensional responses that lack thickness (Shaghaghi, 2011). This will ensure that efforts are not unnecessarily duplicated and research is not overly burdensome to vulnerable populations like refugees and immigrants.

It is our hope that lessons learned from this study can be applied to similar complex humanitarian and refugee settings. The challenges and risks women in this study experienced are

not unique to Syrians in Jordan, but rather, as the literature demonstrates, commonplace in refugee settings. Thus, these policy and practice recommendations can be used in other settings.

This study illustrates how Syrian refugee women experience GBV within several social domains and highlights various structural and socio-contextual barriers that inhibit women from discussing their experiences of GBV. These findings demonstrate how living as refugees in a new environment creates unique challenges for women and exacerbates GBV. The findings of this research are important as they emphasize the increased vulnerability of Syrian refugee women, and stress the importance of interventions targeting these unique threats to women's safety, well-being and prosperity.

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## APPENDIX I

### Survivors In-depth Interview guide

**Location:**

**Date of interview:**

**Duration (start time and end time):**

**Name of interviewer:**

**Introduction:**

Thank you for coming today. I want to start off by saying thank you for your time. I am XXXX and I work with XXXX and XXX on this project. I am here to ask questions the safety of women refugees from Syria and the resources that women refugees from Syria use to deal with these hardships. You are being interviewed today because you have experiences seeking help for violence. If you will allow, I will take a few moments to review the project and what you are being asked to do today. If at any time, you decide that you would not like to stay, you are free to leave at any time or to not participate in parts of the conversation. The discussion should last no more than 60 minutes.

[review the consent form]]

I appreciate your willingness to participate. Some of the questions may be disturbing to you; feel free not to answer and to interrupt the interview whenever you want. I assure you that your answers will remain confidential; your responses will be summarized along with others women's responses to make it difficult to identify anyone without specifying names or other possible identifying information. If you are willing, I would like to start off with some basic demographic questions, for example you age and whether you are married, and when you came to [Jordan / Lebanon]. [Questionnaire items X to X]

Now I am going to ask you more sensitive questions about your experiences seeking help. Feel free to stop whenever you feel uncomfortable: I don't need to know about the violence itself unless you want to talk about it. I would like to know about what were you feeling, what was the reaction of people around you to what you were going through? Why do you think they reacted this way? May I proceed?

Who did you first tell about the violence you experienced?

What made you decide to talk about it and seek help? How long did it take you to take that decision? Why were you hesitant?

How many service providers did you see so far for the violence? What services were they giving? Were they helpful, supportive, judgmental, caring, sensitive, or intimidating?

How were you referred from one service to the other? Were Was there a referral letter? Phone calls? How frequently did you have to repeat information you already told to another service provider? Was your approval taken before your information was passed to another agency? How easy was it to follow through with the referral? Does your family/husband know that you are seeking help for violence? if not, why? If yes, what was their reaction when they knew?

How do you feel now after communicating your experiences with the providers? Better? Worse? Any regrets? Why?

Do you think you still have needs that are not met? What are?

What are your comments about the services you received? Any suggestions for improvement?

Would you advise women who were exposed to violence to seek help? Why?

## APPENDIX II

### Women's Focus Group Discussion Guide

**Location:**

**Date of FGD:**

**Duration (start time and end time):**

**Name of moderator:**

**Name of note-taker:**

**Introduction:**

Thank you for coming today. I want to start off by welcoming you again and saying thank you for your time. I am XX and this is XX, and we work with XX and XX on this project. I will be leading the discussion today and XX will assist me by taking notes. If you will allow, I will take a few moments to review the project and what you are being asked to do today. If at any time, you decide that you would not like to stay, you are free to leave at any time or to not participate in parts of the conversation. There will also be a short coffee break just before we get started with the group discussion, so if you need to leave, that will be another opportunity.

[Read informed consent form for overview of the project, rights and expectations.] For those agreeing to participate in the discussion, please return to the circle of chairs in about 10 minutes, after you have had a chance to get refreshments. I will have a short survey for you to fill asking about your age and marital status and items such as that. Please do not write your name on the form.

Now that you are all here, I would like to get started. For today's discussion, which should last no longer than 90 minutes, we will be talking about your thoughts on gender relations, the safety of women refugees from Syria and the resources that women refugees from Syria use to deal with these hardships. We ask these questions so that we can provide information that could be used to improve services for women and children in your community. Just a few reminders:

- We are not asking for your specific stories; please do not use any names. If you do decide to tell a story about yourself or someone else, we will remind you that you are speaking about details that we cannot fully protect since we are in a group. We will not prevent you from saying what you want to say, just to remind you to protect your privacy and that of others to the extent possible.

- We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us. We ask that you keep everything private, too. Please do not tell others what was said today.

- If you feel uncomfortable at any time you can leave. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer.

- We will be audio recording our discussion today to make sure we do not miss what you have to say, is that OK with you?

We really want to hear what you have to say. There is no wrong answer to any question.

Do you have any questions before we begin?

**First I would like to ask you some questions about safety of Syrian refugee women in your community.**

1. What types of violence do women and girls in your community face? Probe for partner violence, exploitation, harassment, sexual violence, trafficking
2. How does the violence or threat of violence affect how women go about their daily activities?
3. Have these forms of violence increased, decreased, or stayed the same from the time you entered XXX [Jordan or Lebanon] to today?
4. Without mentioning any names or indicating anyone, who are the perpetrators of these forms of violence? Probe for each type of violence: authority, family, aid workers, police, fighters.
5. What are known danger zones in this community where women and girls are at risk for violence? Probe for: school / going to and from school, water points, taxi / bus, market.
6. What might put women at risk of violence when they leave the community? Probe for: Transit / border crossing / checkpoint crossing, going to town, visiting another area
7. Who in your community is most vulnerable to violence? Probe for age, gender, refugee registration status, family situation
8. Under what circumstances would women and girls be considered to be at least partially responsible for the violence they experienced? What are the consequences for women and girls who are blamed for the violence?
9. Do families treat survivors of sexual violence differently? Probe for husband's reaction, ability to marry.
10. At what age do women usually marry in your community? Has this changed since arriving in [Jordan/Lebanon].
11. What factors make parents/families marry their child before the age of 18?
12. In general, are women more likely to experience violence here than they were a year ago?

**Now I want to ask you a few questions about what happens after violence takes place.**

1. If a woman or girl or women suffers violence (use the different forms/types that were mentioned) who is she likely to tell? Probe for: no one, family members, women, health workers, community leaders, police/security or other authorities or anyone else.
2. Where can women seek support if they are facing problems or have faced violence? Probe: family, women in the community who are good at supporting other women, local leaders, specific organizations, health workers, teachers, religious leaders, police/security.
3. If a person from your community suffered violence and wanted the perpetrator punished, how likely would the perpetrator actually be punished? Probe for specific barriers and supports.
4. What could be done to prevent sexual violence from occurring in this community?

That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups? As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and children in your community. Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or \_\_\_\_\_ (person taking notes) in private, we are happy to talk to you. Also, we have contact information for organizations that provide support to victims of violence. If that information would be useful to someone you know, please take one of these cards [counsel on the safe placement of the card if taken] THANK YOU FOR YOUR HELP.