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A qualitative rapid
assessment of
Gender-Based Violence
among refugees
in Armenia





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LIST OF ABBREVIATIONS

(Prevention of) Sexual exploitation and abuse	(P)SEA
Conflict related sexual violence	CRSV
Domestic violence	DV
Gender, age and disability	GAD
Gender-based violence	GBV
Intimate partner violence	IPV
Mental health and psychosocial services	MHPSS
Non-food items	NFI
Psychosocial support	PSS
United Nations Entity for Gender Equality and the Empowerment of Women	UN Women
United Nations Population Fund	UNFPA
United Nations High Commissioner for Refugees	UNHCR
United Nations Children's Fund	UNICEF
Water, sanitation and hygiene	WASH
World Food Programme	WFP
World Health Organisation	WHO

EXECUTIVE SUMMARY

Background

The present assessment focuses on GBV trends and risks among refugee population in Armenia, following the influx of over 100,000 people from Karabakh to Armenia in September 2023. Through consulting 142 respondents (service providers, refugee women and refugee adolescent girls), it aims to map key needs of the GBV survivors and women and girls at risk of GBV, as well as the gaps in existing services necessary to address these needs. The data collection took place in November and December 2023, targeting the respondents in Yerevan and all Armenian marzes.

Key findings

Refugee women and girls in Armenia are experiencing multiple challenges, from adaption to new environment, participating education and labor market, over various GBV risks to challenges to accessing the necessary GBV services. Their specific experiences of being female and displaced, but also in some cases having disability, heading the household, being of adolescent age or economically dependent, living in rural and remote areas etc. are only possible to understand with the intersectional lenses, and recognizing how the different levels of vulnerabilities are increasingly exposing groups in question to GBV. The assessment showed how these multiple identities, amplified by isolation many of respondents' experience, put refugee women and girls in further risk of GBV.

The feelings of isolation were commonly highlighted, with many challenges in social integration, especially for adolescent refugee girls were raised. Due to the different upbringing and gender roles ascribed by their communities, refugee adolescent girls find it hard to develop new acquaintances and adapt to new environment. This is further reflected in their participation in education. While a number of girls prefers not to continue the education most often because their wish to start earning income and support their families, many of those who are attending the school struggle with the lack of rapport with peers, and an overwhelming sense of loneliness. Women also seldom reported to have developed support networks, often not spending any time with the host population, and, in many cases, rarely accessing the spaces where other refugee women gather. Frequently, they reported staying confined at their home, with series of obstacles in accessing job market as well. Some of the reasons they struggle to find the job were seen in gender norms and breadwinning responsibilities, lack of skills and experiences, and caregiving responsibilities in the households. Female heads of households showed to be the most vulnerable in this regards. Finally, their everyday struggles where shaped by their living conditions. Overcrowding and a lack of privacy, inappropriate WASH facilities that can affect their hygiene practice but also safety, the lack of lit environment and remote location of accommodation that can limit their movement, are just some of the problems refugee women and girls discussed.

Aside of the contributing factors to GBV identified by the assessment, some GBV incidents and trends were mapped as well. GBV was affecting women and girls starting with their communities of origin – from shared cases of the conflict related GBV to observed increase of IPV during the blockade, and many of women and girls came to Armenia already as survivors in need of GBV services. IPV continued affecting the female refugee population after displacement, manifesting in many forms as reported by respondents – psychological and physical violence, denial to services, opportunities and resources, and to a lesser extent sexual violence. While all women are in high risk of this type of GBV, an especially vulnerable group respondents identified were isolated and economically dependent, while mothers or caretakers of people with disability were emphasized in this regard too. Other forms of GBV in the family were reported as well, especially against adolescent daughters and women and girls with disabilities (e.g. restricted freedom of movement or denial to resources and services). In the out-of-family context, GBV trends and concerns was sporadically reported, mainly focusing on the harassment in the public spaces and the work environment. Regardless of many forms of GBV recognized in communication with refugee respondents and service providers, the underreporting remains a critical challenge. Among many reasons behind not reporting GBV, respondents included the stigma and shame attached to survivors, and general hesitance to address GBV in their respective cultures,

lack of understanding on what GBV is, lack of economic independence, but also widespread normalisation of IPV and justifying it as a result of the perpetrators' war related trauma. When it comes to the existing GBV service provision, some challenges and gaps are mapped as well. Lack of trust to service providers and awareness on GBV services, but also their inaccessibility contributed to the trend of underreporting. The latter one is particularly affecting women and girls living in remote and rural areas, and women and girls with disability. When it comes to the existing type of services, while the majority of organisations are providing minimum GBV service package, certain areas of further development are identified. GBV case management service provision, while existing in every marz, is facing challenge of reaching all the survivors in need and is usually focused on the domestic violence exclusively. Mental Health and Psychosocial Support (MHPSS) activities are prioritizing group structured activities, while the further capacity enhancement of specialized MHPSS staff on GBV is recommended, and age and gender sensitive activities for adolescent girls are lacking. The capacity building and economic empowerment opportunities need to be scaled up to cover all the geographical areas in need, while additional financial or in-kind support for the participants is necessary. Non-Food Items (NFIs) GBV providers are distributing (i.e. Dignity kits) are not distributed frequently enough to cover the women

and girls need, while other distributed NFI are not prioritizing the most vulnerable population such as female headed household. Finally, there is a critical gap in funding necessary to overcome all the mapped challenges reported by all consulted service providers.

Recommendations

Following its findings, the assessment formulated the set of non-exhaustive recommendations for key stakeholders in order to address the issues and needs identified by the respondents. The developed recommendations are aiming to improve not only emergency response, but also the critical nexus and development interventions targeting refugee population, with the space to include vulnerable GBV survivors and women and girls at risk of GBV form the host population as well.

GBV service providers

- 1 Increase the number of women and girls safe spaces, including their mobile modalities.

- 2 Strengthen GBV case management systems and capacities, and extend the services for the survivors of GBV out of partner or family context.

- 3 Ensure provision of age and gender friendly services for adolescent girls.

- 4 Ensure disability sensitive facilities and GBV services.

- 5 Ensure income generating activities and financial assistance for GBV survivors and women and girls at risk of GBV.

- 6 Scale up GBV awareness raising and outreach activities.

- 7 Ensure regular focused, non-specialized group PSS activities (structured and non-structured) as critical entry points for reporting GBV.

- 8 Implement behavioural change programming and community based interventions to fight GBV.

- 9 Support and facilitate social integration of refugee girls and women.

- 10 Ensure coordination with other GBV and non-GBV responders to ensure holistic support to GBV survivors and women and girls at risk of GBV.

Non-GBV refugee responders

- 1** Mainstream GBV and PSEA in the programming and staff capacity building.
- 2** Ensure gender, age and disability sensitive and accessible services.
- 3** Support girl's access to education, and sensitization of school staff on GBV risks and referrals.
- 4** Support women and girl's access to livelihoods, and financial support.
- 5** Ensure reaching out most vulnerable groups, such as female headed households, with in-kind support, and use the NFI distribution to disseminate information on available life-saving GBV services.

Donors

- 1** Allocate funds for the GBV programming within the refugee response focused on the life-saving GBV services.
- 2** Support long term behavioural change and gender transformative programming.
- 3** Allocate funding to projects targeting long term social and economic integration of refugee women and girls.
- 4** Prioritise funding projects demonstrating mainstreaming of GBV and Prevention of Sexual Exploitation and Abuse (PSEA) mechanisms.
- 5** Prioritise funding projects demonstrating gender, age and disability sensitivity (GAD).

INTRODUCTION



Context and background

Following the decades-long conflict between Azerbaijan and Armenia over the region of Nagorno-Karabakh, the end of 2022 marked the start of the build-up for the new escalation. The situation started deteriorating from December 2022, when Lachin corridor, a critical passage for all humanitarian aid linking Karabakh with Armenia and outside world, was blocked leaving the Armenian population of Karabakh in complete isolation. As a result about 120,000 people faced severe hunger, malnutrition, and deprivation of all vital products and goods during the 9-month blockade¹. The available assessments on the ground in August 2023 showed that households are severely affected by the shortages of essential supplies such as fuel, medical treatment, and most of all food – with households testifying on reducing the number or meals, portion sizes, etc². A humanitarian crisis critically escalated on 19 September 2023, when the Azerbaijani armed forces launched a military assault in Karabakh, resulting in virtually the whole population being displaced from Karabakh to Armenia. Between 24 September and 4 October 2023, 100,632 people entered Armenia, with an average of 15,000 people per day³. The 52% of the population was comprised of women and girls, 31% are children, and 16% persons with disability, while other vulnerable groups such as older persons, people with chronic health conditions, pregnant and lactating women were amongst the affected population as well⁴. While the Government of Armenia has mounted a swift emergency response in providing immediate support, there are still critical needs of the refugee population that remained unaddressed, that might burden already exhausted national capacities and social services. Furthermore, the refugee influx may affect social cohesion and create tensions between host and refugee communities, especially if resources are scarce⁵.

Interagency rapid needs assessment from October 2023 quickly identified a vast array of critical challenges the affected population faces, starting from urgent need of shelter, or means to afford shelter, food needs,

¹Human Rights Defender of Republic of Armenia (2023), “Preliminary ad hoc Report on Results of the Fact-Finding Mission from Sept 24 to Sept 2023”, available at <https://www.ombuds.am/images/files/a35f939de3e1ce0aebb9a4248f7a5868.pdf>, 14

²WFP (2023), “Context analysis and the possible implications of the refugee influx to Armenia in September 2023”, available at [https://reliefweb.int/attachments/e67bb31e-aade-4a5f-b802-](https://reliefweb.int/attachments/e67bb31e-aade-4a5f-b802-6fe5cd8cb20f/Context%20Analysis%20and%20the%20Implications%20of%20the%20influx%20of%20refugees%20to%20Armenia.pdf)

[6fe5cd8cb20f/Context%20Analysis%20and%20the%20Implications%20of%20the%20influx%20of%20refugees%20to%20Armenia.pdf](https://reliefweb.int/attachments/e67bb31e-aade-4a5f-b802-6fe5cd8cb20f/Context%20Analysis%20and%20the%20Implications%20of%20the%20influx%20of%20refugees%20to%20Armenia.pdf), 2

³UNHCR (2023), Armenia Refugee Response Plan October 2023 – March 2024, available at

https://data.unhcr.org/en/documents/details/103868?_gl=1*4uybl6*_rup_ga*NzgxNzAwNTAwLjE3MDMyNDA0ODk.*_rup_ga_EVDQJTJ4LjE3MDMyNDA0ODk.*_rup_ga_EVDQJTJ4LjE3MDMyNDA0ODk, 4

⁴Ibid, 5

⁵WFP (2023), “Context analysis and the possible implications of the refugee influx to Armenia in September 2023”, available at <https://reliefweb.int/attachments/e67bb31e-aade-4a5f-b802-6fe5cd8cb20f/Context%20Analysis%20and%20the%20Implications%20of%20the%20influx%20of%20refugees%20to%20Armenia.pdf>, 3

psychological and medical health problems, etc⁶. Protection issues were identified as a significant concern as well, including the observed vulnerabilities of affected population to gender-based violence (GBV)⁷. And, while the in-depth analysis of the GBV-related trends, needs, and challenges is not yet available, there is increased understanding that GBV risks are high, and that the specific groups within the female refugee populations are known to be particularly vulnerable to GBV and abuse, such as female or child headed households, economically dependent or isolated women and girls, adolescent girls, women and girls with disabilities, etc⁸.

Assessment's goal, relevance and scope

The main goal of the present assessment is to bridge the existing data gap on the GBV trends and risks among the refugee population in Armenia, and inform the stakeholders responding to refugee crisis on how to tailor their services to address the needs of GBV survivors and women and girls at risk of GBV. Moreover, adhering to the survivor centered approach in GBV programming in humanitarian settings its aim is also to put the affected women and girls in the centre of this research, amplifying their voices, that are often unheard. Their experiences, thoughts and observations are the very backbone of the presented report.

As the displacement caused experiences and challenges are the main focus of the assessment, only refugee women and girls were consulted (with the exception of the service providers), located across all Armenian regions. However, although looking directly into GBV experiences and risks affecting refugee population, in some cases the report necessary spilled over to the GBV climate and culture in Armenia as well. While the focus of analysis was predominately Karabakh culture and practices, many trends and attitudes also echoed the Armenian context itself, which is important to keep in mind as the new environment of the refugee communities, with already conservative attitudes on gender equality⁹.

Finally, while this assessment is looking to map GBV trends and risks, it is by no means reflecting the actual scope and magnitude of GBV in the given context. The recorded trends and incidents must be seen as just a fraction of GBV that is taking place, acknowledging that in Armenia, like in any other context, GBV is heavily underreported. Nevertheless, as the key international guidelines remind us, regardless of the presence or absence of concrete 'evidence', all

⁶See UNHCR (2023), "Armenia Rapid Needs Assessment Report", available at <https://reliefweb.int/attachments/683d0181-e283-4f07-8ae8-5e65a276b62e/Rapid%20Needs%20Assessment%203%20November%202023.pdf>

⁷Ibid, 8

⁸GBV Sub Sector Armenia (2023) GBV Sub-Sector Strategy and Work Plan (October 2023 – March 2024), available at <https://drive.google.com/file/d/1ZmWtk33vXXx7BH8xqY7RBncL56FIDTXj/view?usp=sharing>, 1-2

⁹See e.g. UN Women and UNFPA (2022), "Baseline Study on Stereotypes in the Countries of the Eastern Partnership", available at https://eecca.unfpa.org/sites/default/files/pub-pdf/eu4ge_baseline_study_0.pdf

humanitarian personnel is ought to assume GBV is occurring and threatening affected populations, and to undertake appropriate prevention, mitigation and response actions¹⁰.

Methodological and theoretical framework

Methodology and methods

The data collection for this assessment took place within six weeks (November to December 2023) in Armenia. Given that data collection was conducted through iterative approach, with constant movement between the data collection and data analysis the one hand, and the need to centre the research around female experiences on the other hand, methodology was based on combining feminist grounded theory and rapid qualitative analysis considerations¹¹. Methods used in the data collection were semi-structured interviews and focus-group discussions. Semi-structured interviews were of great importance of achieving the goal of the assessment, centered on the experiences and testimonies of interviewed women and girls. Such less structured approach was ideal for making space for insights that researchers could not predict themselves, but are detrimental for understanding the position of refugee women and girls. Focus group discussion contributed to the same goal as well, with the idea of gathering people who share the displacement experience and interviewing them in a relatively unstructured way. As the participating women and girls themselves had a great role in leading the direction of the sessions, they could reveal much more than in the traditional interview form, which further amplified their often marginalized voices¹². Such qualitative methodological framework is chosen as it aligns with survivor-centered and feminist approaches as well – which quantitative methodologies can hardly allow. Instead of seeing women and girls included in the research as passive respondents, they were perceived as engaged producers of the narrative¹³. In such way the focus moved from the respondent as an object of the assessment, to the respondent as an active subject, whose positioning and experiences of the world is affirmed and recognized, and whose voice is prioritized. As a consequence, a rapport between the researcher or facilitator and the respondent became closer, more empathetic, and non-hierarchical. Furthermore, the respondent was driving the process of discussion, selecting what they want to share and how, while maintaining the power to choose if they want to participate or not throughout the whole

¹⁰Inter-Agency Standing Committee (IASC) (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience

and Aiding Recovery, available at <https://www.ungei.org/sites/default/files/IASC-Gender-based-Violence-Guidelines-2015-eng.pdf>, 2 and 14

¹¹See e.g. Wuest, Judy (1995), “Feminist Grounded Theory: An exploration of congruency and tensions between two traditions in knowledge discovery”, in *Qualitative Health Research*, 5(1): 125-137.

¹²Bryman, Alan (2012), *Social Research Methods*, Fourth edition, Oxford University Press, 503-504

¹³H Holliday, Adrian (2007), *Doing and Writing Qualitative Research*, Second Edition, Sage Publications, 65

process. Finally, both qualitative paradigm used, and the imperative of engaging only experienced GBV specialists in the research process, ensured that all ethical and safety considerations when collecting GBV related sensitive data are upheld¹⁴.

Sampling

The assessment included 142 participants living in Yerevan and all Armenian marzes: Shirak, Lori, Tavush, Aragatsotn, Kotayk, Gegharkunik, Armavir, Ararat, Vayots Dzor and Syunik. The sample targeted service providers engaged in emergency response, refugee women and refugee adolescent girls. Due to the time limitation of the rapid qualitative analysis, not all of the regions were represented by all three of these groups.

Respondents	# of participants
Refugee adolescent girls	43
Refugee women	74
Service providers	25

Although access to the respondents was facilitated by UNFPA's partners and collaborators, sampling was informed by the collected data itself. While gathering information on the most vulnerable groups among women and girls, respondents put particular highlight on women and girls with disabilities, adolescent girls, female headed households, women and girls living in remote or rural areas or otherwise isolated, and economically dependent women and girls. Reflecting such observations, continuous sampling aimed to include the representatives of these groups to the extent possible given the time limitations. While each of these groups should be further assessed separately, the assessment managed to give an overview of diverse populations and their needs within the wider group of female refugees.

Intersectionality and vulnerable groups

As one of the important goals of the assessment was to reach and include most vulnerable groups of women and girls, and understand how their identities and vulnerabilities interact, data was analysed through the lenses of intersectional feminism. As highlighted, respondents particularly flagged the vulnerabilities of adolescent girls, female headed households, and women and girls living in remote or rural areas. Women and girls with disability were commonly quoted as particularly exposed to violence, since, as a service provider from Vayots Dzor

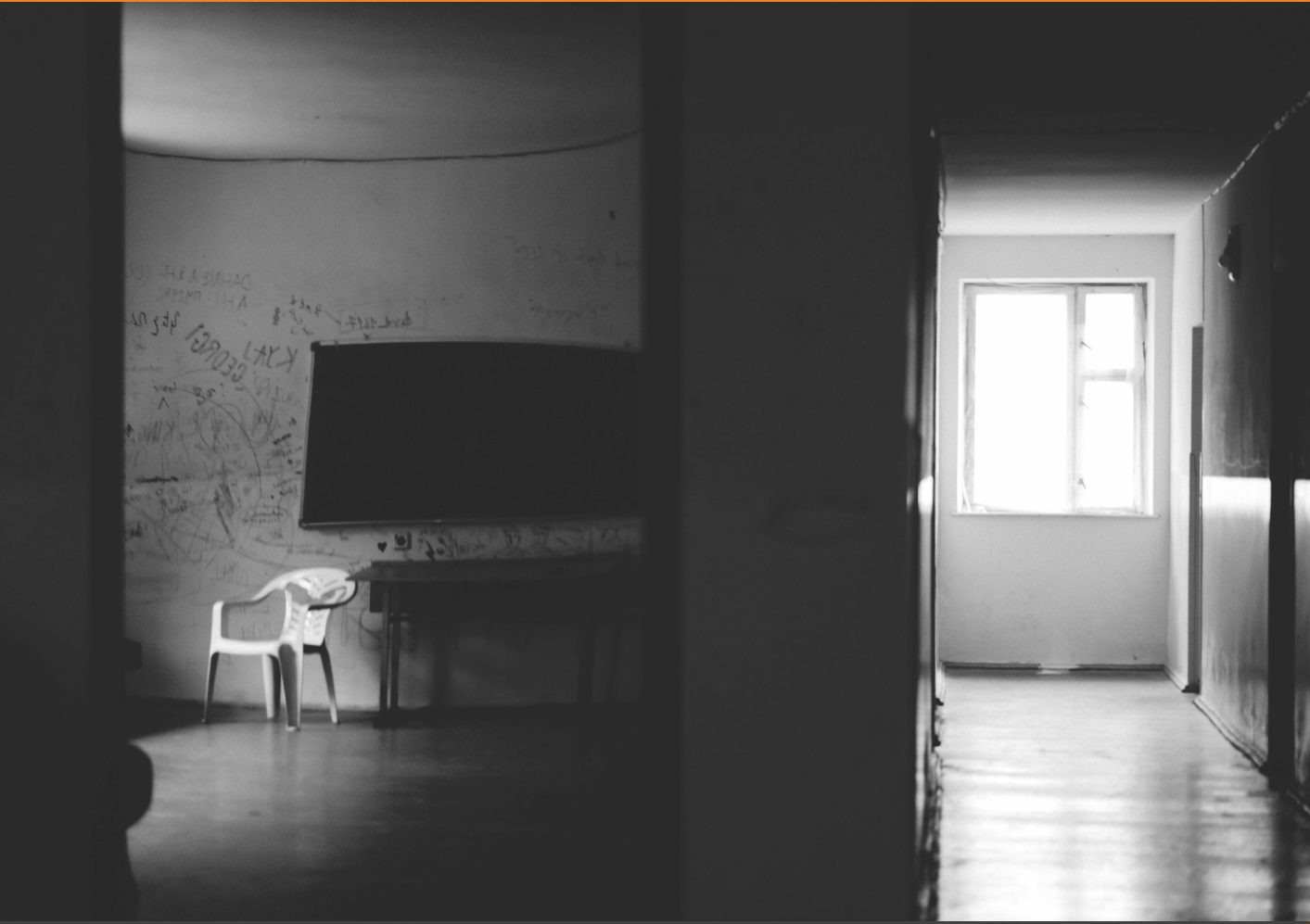
¹⁴See WHO (2007) "WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies", available at https://iris.who.int/bitstream/handle/10665/43709/9789241595681_eng.pdf?sequence=1

explained, “there is stigma attached to them, they have less opportunity to leave their homes, and it's very hard for them to make connections”. Lack of social networks and isolation was repeatedly highlighted as a factor increasing the risk of GBV. Some linked it to the adolescent girls and single mothers, and others, as the service provider from Syunik, to “mother of many children, economically dependent women [who are] isolated women, living in a strict environment, have household responsibilities; many are staying home, with no school, no job.”

In studying such complex and layered population, intersectional approach helped overcoming the challenge of observing all women and girls as homogenous group, and failures to acknowledge how their experience might be shaped by other identity dimensions beside of gender¹⁵. On the contrary, the intersectional approach to violence against women and girls helped analysing how gender intersects with other inequalities or oppressions (gender identity, age, ethnicity, immigration status, disability, etc.) while recognizing that all oppressions exist simultaneously, and their interplay creates unique experiences of and risks to GBV for women and girls¹⁶. Furthermore, in the context of this assessment, intersectional approach is also critical for the GBV service providers to understand the challenges of the affected population in question, where the gender and displacement are just the starting points of intersecting vulnerabilities. And such understanding is critical for adequately responding to their different needs, ensuring that no one is left behind.

¹⁵Crenshaw, Kimberle (1991), “Mapping the margins: Intersectionality, identity politics, and the violence against women of Color”, *Stanford Law Review*, 43, 1242

¹⁶Imkaan, UN Women and European Union (2019), “The Value of Intersectionality in understanding Violence Against Women and Girls”, available at <https://eca.unwomen.org/sites/default/files/Field%20Office%20ECA/Attachments/Publications/2019/10/The%20value%20of%20intersectionality%20in%20understanding%20violence%20against%20women%20and%20girls.pdf>, 3-4



FINDINGS



Findings of this assessments are grouped around three major chapters: Enabling environment and contributing factors to GBV, Mapped GBV trends, and Existing GBV Services. The first chapter looks at the various aspects of the life and identity of refugee women and girls that can increase their vulnerability and exposure to GBV. The second chapter is observing the possible consequences of such living arrangements together with other factors leading to violence, analysing the types of GBV that are already taking place or that respondents were concerned about. The third chapter reflects on the appropriateness and efficiency of GBV services to address the mapped challenges, taking into account both challenges in serving the populations in need, and the critical gaps in services such vulnerable populations might need.

Enabling environment and contributing factors to GBV

Everyday life of refugee women and girls shape their experiences of displacement and sense of security in many ways. Possibility to develop support networks, build assets and skills, build knowledge on or access to income generating activities, live in the safe environment – all of this factors are critical both for preventing GBV from happening, and rebuilding confidence and empowerment of GBV survivors. Therefore, analysing their daily life and routines became important focus of the assessment, and in particular considerations around social integration, access to work and education, and their living arrangements.

Social Integration

Experiences from the 2020 war related refugee influx of people from Nagorno-Karabakh to Armenia showed that, while dealing with various obstacles, this group of displaced population did not face the issues that migrants of other origins could experience in Armenia, due to the absence of language barriers, cultural and historical ties, previous history of work- or family-related visits, etc¹⁷. Likewise, the overall experience refugee women and girls reported within the present assessment regarding the acceptance in the community was very positive. Significant help and care provided by the host communities during the influx of people from Karabakh was often described by the respondents, while their current neighbours were characterized as supportive for managing everyday challenges after settling in Armenia. Only in few cases the incidents of tension between the host and refugee community were raised. One such example was the experience of refugee women consulted in Kotayk.

They reported the sense of resentment among community members and service providers, quoting that from many of them they were receiving a message that they will not receive special treatment. However, the overwhelming sentiment of gratefulness and positive reception of general Armenian population prevailed, resonated in a recount of the adolescent refugee girl now living in Lori:

// When people, including children, were coming and were hungry, people here gave us a lot of things [...] In Goris, people were so good to us. They volunteered to help us with the luggage, helped us when we didn't have any food, they helped so that children would not be without clothes, they helped us very much. ”

Nevertheless, majority of consulted women and girls shared they have no, or just one friend they keep regular communication with from the local community. Many of them disclosed that they find it hard to adapt to the new environment and change of community. For some of them the obstacles were different in relation to whether they were in rural or urban areas, or smaller or bigger cities. As per observation of a service provider from Aragatsotn:

¹⁷Vermishyan, Harutyun, Smbatyan, Hayk, Arakelyan, Mariam, Sahakyan, Julya, Bagiyan, Armine (2023),

“Policy Brief: Urban Integration Experiences of the Displaced from Nagorno-Karabakh”.

At <https://rwi.lu.se/wp-content/uploads/2023/04/UrbanIntegrationWeb.pdf>, 4

// Villages are easier to integrate in than the big cities. The community support with needs, items needed. Finding jobs is a bigger issue, but integration is easier in villages. When we visited families there, they are much more integrated, they spend time with host communities, neighbours.”

However, for some of the refugees, the perception was different. “I was living in Stepanakert, and now I live in the village, I am not familiar with such culture” a refugee girl from Aragatsotn pointed out. “The place is OK, the people are OK, but I have no close friends there.”

Moreover, the refugee women were not only reporting being isolated from the host communities, but many were barely meeting other refugee women as well. While some respondents mentioned the group activities organisations are implementing for refugee women and the church as the places where they get in touch with other displaced people, a significant number of respondents reported they do not visit, or are not aware of any places where women might gather. If in contact with other refugee women, “they mainly communicate via phone, as they are located in different regions of Armenia” as a respondent from Vayots Dzor explained. Nevertheless, the sporadic existence of strong network of refugee women arriving in Armenia at different times should be mentioned as well. A refugee respondent who arrived in Lori in 2020 told about her role in supporting the recently displaced women in her community:

// We can divide life in this way: Before the war, after 2020 war, and after 2023 war. For those who came here from 2023 it's the hardest, because they also went through the blockade. I am used to life here, but for women that came now it's very difficult. It's hard for them to orient, find out what is where. [...] We [people who arrived in 2020] are in the direct contact with women who came in 2023 here - I try to help them as much as I can. I met a lot of these women here in this [organisation].”

Adolescent girls especially demonstrated an overall sense of isolation, with various adolescent respondents echoed the following statement from a refugee girl from Armavir: “We feel like foreigners here.” While describing their everyday life, many highlighted the lack of interaction with other girls, limited leisure activities they enjoy, and spending most of their time confined at their homes. For two refugee girls – sisters - from Gegharkunik who are not going to school in Armenia, meeting their peers rarely happens:

// Mainly we don't go out, we stay home with our family [...] We have not yet made new friends here, we don't meet girls our age, and our friends from Nagorno-Karabakh are dispersed in other marzes. Sometimes we speak via phone.”

Even for the girls attending the school, most of their time is spent home. Adolescent girl from Armavir described her usual day:

// I go to school, and after school I do my homework and stay home. [...] I help my mom in the household because there are a lot of issues since we came here. I help with cleaning, washing dishes, cooking.”

Almost all refugee girls reported that it's very hard to make the new friends among local community. In case they are having any friends, they “only spend time with Artsakh girls”, as one of the adolescent respondents from Lori said. As reported, some of those girls were acquainted in their communities of origin, while others were met upon arrival to Armenia. Another girl from Lori shared her perspective: “I don't feel comfortable, I can't make friends here. I am already 17 years old, and where I came from I had a lot of friends, but here this is not a case.”

Comparisons and differences between the host culture and their respective cultures of origins were frequently mentioned in the focus-group discussions with refugee adolescent girls, when trying to describe the challenges in adapting to their new environment and connecting with the peers from the local communities. A service provider from Shirak summarized the key distinctions between the refugee girls and the girls from the local communities:

// Armenian host population girls are more active, more experienced, have more leadership skills; Artsakh girls are much behind when it comes to knowledge and experience; not everyone was living in the city, not everyone got the chance to travel. [...] It goes both for formal and non-formal education. 2020 events affected education, it was very imbalanced – due to the war, blockade for nine months. They tried to maintain the education but the quality was affected. And you add trauma on that - this is why for them socialization is difficult. [...] Also, there is a repeated movement. For example, we have a girl that went from Artsakh, to Shirak, to Ararat, and then came back to Shirak. This has a lot of effect on integration.”

Adolescent refugee girls also noticed the significant difference between them and their female peers from the host communities. During a focus-group discussion in Lori, a girl noted that “girls are more modern here - they colour their hair, they wear earrings, they are not humble, they are more free”. Relationship with girls and boys was raised many times as well. “Girls and boys are communicating closely here, and we are not used to that, for example, they are hugging – and we need a bit of distance”, shares a girl from Vayots Dzor. Another girl from the same marz added yet another discomfort refugee girls are experiencing, saying that “the girls are shy to communicate when the environment is new, because of [their] dialect”. This was also reflected in other focused groups, where many girls raised that even if they and the host community children can understand each other, refugee girls feel embarrassed to talk with different accent they brought from Karabakh, especially when coming from rural or remote areas.

The gendered aspects of the challenges with integration and socialization girls shared became evident once they started to discuss differences between them and their male peers from the refugee community. While claiming how boys in general make friendships much easier, an adolescent girl from Aragatsotn portrayed the gendered distinctions in refugee adolescents' everyday life:

There is a big difference how boys and girls from Artsakh are spending time here! Girls are used to stay home and study, learn. Boys are always outside! [...] I have a lot of stuff to do, and I have to help my mother in the house. My parents would not forbid it but I have limited time - unlike my brother, he goes out, stay late, and is always out.”

Aside of the fact that boys are not expected to support their mothers in the household, the respondents reflected on the radical distinction in boys' behaviour compared to girls, which they described as more communicative, 'free' and 'open'. One of the explanations for such differences was that while refugee girls are “humbler than local girls, boys are more mature than local boys because they saw a lot in the war”, as explained by a refugee girl from Lori. However, majority of girls saw the key difference in the confidence boys are having, that is lacking to girls. “For boys is easier here, because they have less insecurities than girls”, reflects an adolescent girl from Vayots Dzor. “Boys create new contacts easier and adapt easier, and for girls there is this stereotype that they should be more modest.” A girl from Armavir further analysed the root causes of such contrasting behaviours:

// *There are rules for the girls in our community. A girl should be humble, not express herself, not be free. But for the boys it's different, they are not restricted, they don't think what community thinks, or how will they accept them. [...] Community here is more accepting for girls. In Artsakh if a girl doesn't [obey the rules] it would be a huge issue. She would be treated badly; everyone would start speaking badly about this girl if she doesn't behave according to these rules."*

With such integration and socialization perceptions and experiences of refugee girls but also women in mind, the other aspects of their lives should be observed as well. With recognizing the implications these challenges can have when it comes to exposure to GBV, accessing to education and labour market becomes even more important strategy to overcome isolation, and boost the confidence and self-determination of this population. However, many respondents reported multiple obstacles in attending schools and accessing work opportunities as well.

Lack of income and challenges in accessing laborlabour market was onewere some of the biggest concerns the vast majority of respondents raised. In general, lack of income generating opportunities is affecting all of the refugees, especially in the regions where the employment rate was high even before the refugee influx. A service provider for Lori illustrates issues of unemployment in that marz, but also some reasons behind pendular migration of refugee population between marzes:



Generally in many families the main breadwinner is the man, and the man has more chances to get highly paid work. Men are also the key decision makers. [...] Idea of what should be “female” and “male” job is also normalized.”

However, having no employment affects men and women differently. On the one hand, as a service provider from Shirak concluded, “many women are unemployed and dependant on their families, and this increases the risk of GBV”. On the other hand, respondents marked that women are facing obstacles in accessing to livelihoods opportunities disproportionately. A service provider from Gegharkunik links such situation primarily to the existing gender norms rooted in the communities' culture:



Generally in many families the main breadwinner is the man, and the man has more chances to get highly paid work. Men are also the key decision makers. [...] Idea of what should be “female” and “male” job is also normalized.”

This was also reflected by the refugee women when discussing the differences in the everyday life between men and women in the community of displaced people, where a respondent from Syunik remarked that “unlike women, men spend their time differently - husbands usually work during the day.” Such difference in gender roles also resulted in different level of experience, knowledge and education, affecting women's ability to find employment, as a service provider from Shirak concludes:

// *Women and girls from Nagorno-Karabakh are culturally different; usually they were at home with many children, not just one or two, and the main occupation was housekeeping and agriculture. Now if they are not located in the rural areas, they need to find a new way to earn money, they need to develop new skills and professions, that is critical. They also need to develop soft skills, IT literacy skills. They also need to develop financial skills as in Artsakh utilities were paid by the government [for some]*”.

This was a case for the refugee women from Vayots Dzor:

// *I used to work in the village, and had my animals. I was responsible for the field and the farm, and I could manage both. But here, I am not allowed to have animals in the accommodation I live in – it's too small, and the winter is coming, it's not a good time for agriculture. I cannot do that here at all.*”

Acknowledging noticeable differences between women coming from urban areas where more high skilled women lived, and from rural areas where this was not the case, a service provider from Lori highlighted how the place of origin can limit the job opportunities for refugee women as well:

// *In Lori, mostly those people who were coming from rural areas came here, not many from Stepanakert. And the most educated people are from Stepanakert [...] Its difficult because they have lower level of education and skills. But there are also people who are good resource to work with - [Artsakh women] are great potential for the development of the community, if we use this resource in the correct way. And many women from Artsakh are ready to start from zero and have requalification, just to learn something they can make money with.*”

For those with skills and experience acquired in the communities of origin, the challenge with certification was brought up. A refugee woman from Lori mentioned a problem she was experiencing: “I used to be a nurse, but diplomas left [in Karabakh]; I cannot work here without my diploma, and there is no system here to recover or reissue my diploma.” While for majority of women, despite their previous professions – if any – the strong will to requalify and learn new skills is recorded, for some such change would be much harder. A woman from Aragatsotn shares her concerns for employment of her sister with disability:

// *My sister [with hearing disability] only knows how to make carpets, and there is no such factory or enterprise here. She can't work in service or with people because of her disability, I really doubt she will ever found a job”.*

The concern for employment of women with disability in particular was also raised by certain service providers. “Many women with disability want to work, but they don't have a confidence and many of them didn't get education”, a service provider from Shirak noted. “They are not competitive in the work market, the economic empowerment is critical”, she added, noting that capacity building opportunities for women with disabilities are scarce.

A caregiver role women had in their families was most often cited as the main obstacle to finding employment. While some of the women reported they need to allocate their time to take care of the elderly in the family, who joined their households after the displacement (e.g. parents in law), other reported their role as a caregiver of family members with the disability as the main barrier to access the labour market, as in the case of a refugee woman from Vayots Dzor:

// I cannot work, because after my mother passed away I am taking care of my sister with disability. I need to do everything for her, even change her diapers. There is no organisation that helps with care of people with disabilities. We are new here, but I am not familiar with any organisation that supports persons with disabilities. Only [one organisation] is providing distributions of adult diapers, that is selling them for 50% cheaper price. In Artsakh, [organisations] provide support, and here not.”

A service provider from Yerevan also highlights the challenges of the mothers of children with disabilities in this regard:

// Children with disability have many issues - for example a girl with autism have to be accompanied in school, they can't be alone, so mothers cannot work. Moreover, aside of the child with disability, most of the mothers have 5-6 or more children, and it's not possible to work”

Beyond the affected mothers of children with disability, the child care was most frequently discussed challenge among care giving responsibilities, preventing women to access to work market. “I cannot work, I need to take care of my son” explains a refugee woman from Vayots Dzor. “It was easier to work back home because I worked within my household, on the field, and I could take care of the child at the same time.” For another woman from Lori, the key difference was the schooling arrangement for her children:

// Here I have to take care of the children; [in Karabakh] I could leave them home, they went to the school alone. I have no one to help me here. I had neighbours who were helping around children, now I have no one here. I need to take them to the school and back, because the school is far. There is no place for them in the nearby school, and also the children are not familiar with the surrounding. If the children would be taken care of, I could find a job as a hairdresser. “

The importance of the childcare services for facilitated access to job market – as well as the lacking of such services across the regions, particularly outside of the capital - was clearly recognized in the conversations with refugee women. “There are many families that are moving to Yerevan because there are more possibilities there, more job opportunities, and more organisation to look for the child care”, service provider from Aragatsotn observes. The kindergarten options were also hardly accessible according to the respondents from Kotayk, “as there is a waiting period to be accepted, you could wait for three or two years, and [displaced families] couldn't register, as [they] just came here”.

However, one of the most vulnerable groups affected by the lack of child care support, and the gendered obstacles to generating income were the female heads of the households. Being the only possible breadwinner in the family, a refugee female head of household from Aragatsotn describes how the lack of available child care services impacts her:

// The child care is a big obstacle for me. There is a child care option one organisation is offering, and my child is going there, but its available only for six months. After that I don't know what I will do. If I find a job, who will take care of my child? I can only think about private child care but this is too expensive, I cannot afford this.”

The lack of appropriate child care particularly affect female headed households who also have a family member with the disability, due to the specialized support they require. A service provider from Yerevan emphasized how much pressure this situation can put on such families:

// [Female headed household] receive the support from the government for the six months - 100,000 AMD per person, but the rent can be 200-300,000 AMD - and they are panicking what will happen after that. Then many go to the villages, but in the villages there is no solution for their children [with disability]. If they go to village, it's cheaper but no job opportunities nor services for children; if they go to Yerevan where there are services, it's hard to afford living costs.”

Even if they try to find alternative ways to make an income such as starting private business, female heads of households lack the initial financial support. A refugee woman heading eight-member household in Shirak spoke about her efforts to earn money for her family differently:

// In our household no one is working, so I am attending make up course, but it's very expensive, 70,000 Drams. To start practicing I need at least 200,000 Drams to buy equipment so that I can start working, and I cannot afford that.”

With such limitations, female headed households are most commonly dependant on the state support, living in uncertainty how will they satisfy their families' basic needs after it stops. A refugee female head of household from Aragatsotn illustrated such struggles:

// We have a support from the government: we have one off support of 100,000 Drams, and 50,000 per month for rent for six months. If I don't find a job, I will not be able to pay my rent after the support stops. The winter is coming and I am concerned that I will not be able to afford heating and even rent! [...] I used to work all of my life, even without holiday! I feel bad just sitting home and not doing anything. I became another person. I really want to work.”

This respondent was not the only women who was the only breadwinner for the family, that expressed worries regarding the coming winter – in fact, all of the female headed households consulted raised the same concern. The one from Shirak, a region notorious for harsh and cold winters, listed the series of items and equipment her family is in critical need of to survive the winter – that she cannot afford as she is not working:

// We need bedding, jackets, warm clothes, especially for children; gas is expensive we only use it one to two hours in the evening, but Shirak will have a very cold winter, this cannot be the option; the walls have holes, the rooms are cold.”

And while some organisations distributed the needed items, most of the respondents still claimed that critical gaps remained unaddressed. The solution they commonly saw was to gain access to labour market, to be able to meet the needs of their families, instead of being dependant on the state social system. The words of one respondent from Aragatsotn summarized many voices recorded in this assessment: “People from Artsakh are hard workers, and if they manage to find the job here, it would be for the benefit of whole Armenia - they all want to work here.”

Access to Education

Education plays a critical role in the life of adolescent girls as a major protective factor, not only by providing safe environment, but by boosting girls resilience, confidence, and decision making abilities, all reducing the vulnerability to GBV¹⁸. Moreover, developing the social network of peers that is taking place in schools can be detrimental for braking both the social isolation and isolation from supportive services. At the same time, girls are often in the greater risk of school dropout in emergencies than boys, while the dropout might disproportionately expose them to GBV¹⁹. In the context of Armenian refugees currently two thirds of the children is attending the school, according to the UNICEF reports²⁰. Among the adolescent respondents involved in the data collection for this report, majority were going to school, however a significant number of adolescents was not part of education system as well. Many reasons were discussed on why they or their peers are not interested to continue education, and one of the most common explanations was the wish of the girls to economically support their families. A service provider from Aragatsotn described a situation of one of her organization's beneficiaries, portraying such situation:

// This girl's dream was to study history, but then the war happened, and she wasn't able to fulfil her dream. She decided to leave the school and started to work as a decorator in the flower shop. It is good she is not stuck at home, but she also did not use her capacities. She didn't want to continue education because her family has big financial issues, so the girl wanted to support them; but of course, there is a war trauma as well. Her big dream is to study, but in this circumstances she prefers to earn money in the flower shop.”

A number of the consulted refugee girls had a similar aspiration – some as young as fifteen years. “I am not interested in pursuing education anymore, I would rather have trainings on beauty, hair or manicure to help support our family”, stated a refugee girl from Gegharkunik, too.

Some other girls reported that while they wish to continue education, there are no appropriate classes in their communities of arrival. An adolescent girl from Aragatsotn exemplified this:

// I live in the nearby village. I used to attend the college, studying Russian language. Here, there are no classes for Russian so I don't go to school. I am very bored to stay at home, and I feel very bad I cannot finish the education. In Yerevan there are such classes, but then I would need the certificate, and we didn't manage to take it with us when we left Artsakh.”

¹⁸Inter-Agency Network for Education in Emergencies (2021), “Mind the Gap: The state of Girl’s education in Crisis and Conflict”, available at <https://inee.org/sites/default/files/resources/INEE%20Mind%20the%20Gap%20Report%20v2.0%20LowRes.pdf>, 28-29

¹⁹Inter-Agency Network for Education in Emergencies (2021), “Mind the Gap: The state of Girl’s education in Crisis and Conflict”, available at <https://inee.org/sites/default/files/resources/INEE%20Mind%20the%20Gap%20Report%20v2.0%20LowRes.pdf>, 31-33

²⁰UNICEF (2023), “Two-thirds of refugee children in Armenia enrolled in school, efforts must now focus on expanding access to education for all children”, available at <https://www.unicef.org/press-releases/two-thirds-refugee-children-armenia-enrolled-school-efforts-must-now-focus-expanding>

Another reason for leaving the school stems from the different education system in Armenia in comparison to Artsakh. “In Artsakh, school is mandatory for nine years and here they need to study for twelve years, this is mandatory in Armenia; so the girls have nine grades, and they don't want to do additional three years” a service provider from Lori explained. During the focus-group discussion some girls also confirmed that they or their sister plan to leave the school after completing ninth grade.

“A drastic change of environment” as an adolescent girl from Vayots Dzor phrased it, is another commonly mentioned reason for girls' hesitance to go to school. The many challenges in socializing girls experienced discussed before, and different study program (often described as much harder than the one in Karabakh) significantly demotivated them for participating education. During the focus-group discussion in Vayots Dzor, another adolescent refugee girl shared the experience of her friend who wanted to leave school:

// I have one friend, she is going to my school, we used to study together in Artsakh. [...] But after coming here she lost enthusiasm to study and has more problems to study. It's very hard to study here, lessons are harder and she is getting shy to communicate, her interaction [with peers] is not good.”

The same girl then continued to describe her own sense of alienation: “At school, we are staying alone as we are very shy to approach to someone. Classmates are separated in groups of peers, and I don't feel I belong to any of them.” Such lack of sense of belonging is further amplified by the students from the host community as well – as a girl from Armavir described it, “there are kids who make us feel good, there are kids who make us feel like strangers.” The refugee girls described some instances of their peer's statements that made them feel uncomfortable and unwelcomed, for example: “This is not your place, you don't belong here, go back”, as reported by a refugee girl from Aragatsotn; “You are a refugee, you don't have a motherland”, as experienced by a refugee girl from Vayots Dzor; “Have you already received your millions?” as per recount of an adolescent refugee girl from Armavir; etc. An adolescent girl from Lori shared one example she found particularly hurtful, that made her reluctant towards making any friendships with children from the host community:

// In the class, sometime children say that if we stayed in Artsakh it would be saved. This is why sometimes we don't want to spend time with them. I was friendly in Artsakh, but here with the local girls, I can't make friendships because they blame us. The boys from Artsakh participated in the war and got killed, and they blame us.”

Finally, some example of insensitive commentary from the teachers were recorded as well. From blaming the refugees for leaving the Karabakh, over commenting their dialect (“Did you talk Turkish in Artsakh?”), as reported by a respondent from Lori marz), to other examples.

As a result of the described struggles, many girls do not see the school as a protective and safe environment it should be for them. Instead, for a number of adolescent respondents, it only adds to the deepening feeling of estrangement and growing distance from their peers.

Living conditions and environment

Troubles with finding accommodation affected the displaced population in Armenia in whole. The high prices, conditions of the rented apartments, lack of basic furniture or infrastructure, are just some of the difficulties the refugee respondents brought up - all further compounded by the lack of livelihoods to cover the renting and utility fees. Adolescent girl from Lori explained the struggles her family is going through in this regards:

// The state gives support to Artsakh people, it's helping so much, without it we couldn't survive. People who rent houses increased the prices so much, especially if there are many members of the family. The owner knows that the more members there is in the family, the more support from the government they receive, so they raise the rent."

While potential links with the lack of appropriate shelter for Armenian refugees and the risk of GBV are already mapped²¹, many respondents testified on specific gendered impact of inadequate accommodation for women. As discussed before, female headed households are particularly disadvantaged when it comes to generating income, both being the only breadwinner in the family and meeting various gender specific obstacles in accessing the labour market. As per service provider from Yerevan, renting an apartment is another obstacle female head of households meet, given both the urgent need to accommodate their family and limited resources to do so:

// We have a case of the female headed family - she worked in Stepanakert, but here there are no options for her. She cannot find apartment, all of the solutions they give her are for two to three-month length, not more that. Yerevan people don't want to rent to refugee people, I saw this family rejected three, four times. When we asked why, they say 'we don't want a family from Artsakh. Because it can be seven, eight or ten people in the family going to the small apartment, so the owners think they will destroy apartment."

Moreover, some service providers expressed concerns for single women and female headed households, after having the insight in rental advertisements, as service provider from Kotayk flagged:

// Our social worker was subscribed to a group on social media, they advertise houses for rent, etc., and there was a lot of announcements like 'I will give my house for a lonely woman from Artsakh, so we can live together' posted by men. The social worker sees this as a concern, and a GBV risk because single women are vulnerable, they don't have support or where to live."

²¹UNHCR (2023), "Armenia Rapid Needs Assessment Report", available at <https://reliefweb.int/attachments/683d0181-e283-4f07-8ae8-5e65a276b62e/Rapid%20Needs%20Assessment%203%20November%202023.pdf>, 9

Even when families are accommodated the layout, location, infrastructure of the residential building – and the number of family members in it – are reported to be very challenging, with resulting consequences affecting women and girls specifically. To begin with, the overcrowding in accommodation was reported by the vast majority of the respondents. After moving to Armenia, many households, including extended family members, started to live together in order to manage the costs of accommodation, care of the vulnerable individuals, etc. Indeed, the interviewed members of the refugee households reported large number of family members living in the one room houses or apartments, sometimes with additional male members e.g. sons in law. A refugee woman from Tavush names all the members of the family in her household: “Twelve people, including seven children of mixed gender, live in this very small room, around 10m2, including members from three-year-old to forty-years-old”. Her family was also including two married couples – herself and her husband, and one of their daughter with her husband who just joined the family's household. A service provider from Yerevan depicts how troubling such environment can be, especially when one of the members is a person with disability: “The big issue is when [the refugees] live in big families and they have to live in one room - child with disability, together with elderly and people sleeping on the floor; then the child with disability cries, and no one can sleep, and this causes problems.”

When speaking about the impact of such overcrowding on women specifically, the respondents linked the sense of increasing tension with the violence female household members, particularly wives can experience. While a refugee woman from Lori reported she is not aware of cases of intimate partner violence taking place in her community, she stressed that she expects this to start happening due to the bad living conditions: “There is definitely an issue [with accommodation]. And if there is not yet any issue with violence, there will be major issues because ten, twelve people are living in a small house or a room.” Such links were reported by service providers as well, one example being the experience described by a respondent from Aragatsotn:

// There are young couples who lived in Nagorno-Karabakh alone. We have this one young woman who lost her husband, and they were living alone before coming here. When she came to Armenia she was forced to live with his family, and she faced the violence from the parents in law. For her, we provided a job and helped her move away from the region. But there is a lot of families that used to live separately, and now they live with the extended family or with another family in a small house, and this heightens the tension within household, and increase the risk of violence against the wives.”

While global experience of emergencies shows that tensions linked to overcrowding may lead to an escalation of intimate partner violence and other forms of domestic violence as described by the respondents in this assessment, it also demonstrates that especially in multi-family and multi-household dwellings, lack of doors and partitions for sleeping and changing clothes can increase exposure to sexual harassment and assault²². Such lack of privacy is detected in the context of Armenian refugees and indicated multiple time by the respondents. A service provider from Shirak raised her concerns regarding existing living arrangements for refugees:

// I can for sure say, if you are living in a one room with twelve people, with no separated bedroom, no privacy - how can you feel comfortable? This is not only applicable for girls - but it's especially affecting the girls! Imagine where you live there is two families, youngsters, teenagers, parents, sick grandfather, within one room, not enough beds - no one would feel good!"

Special vulnerability of girls due to the lack of privacy was recognized by adolescent respondents themselves, as recounted by a girl from Lori: “There is an issue with the small space for adolescent girls. For example, it's hard to study, because there is a lot of family members, or when we want to change clothes - it's not comfortable. We usually go to the bathroom and lock the door.” A refugee woman from Tavush highlighted that in some households, like hers, lack of privacy also implies the lack of sufficient beds: “There is no privacy, all [family members] sleep in the same room, and there are not enough beds, some family members are sleeping together, not all of them have separate beds!”.

The overcrowding in the accommodation is resulting in major problems in meeting basic hygiene and sanitation needs, too. As service provider from Lori remarked, “four families can live in the same place, and even taking a bath is a big problem”. Bad conditions of their housing is also contributing to this issue. Some women were disclosing that no hot water is available, and “it's so cold you cannot wash yourself” as the respondent from Shirak noted, adding this particularly affects women and girls. “Our bathroom [is] without canalisation system, each time we take a bath the neighbour under us would complain”, shared a refugee woman from Kotayk, and added: “We are ten people in the house, how can we not take bath?” For an adolescent girl from Vayots Dzor, infrastructure challenges resulted in a great deal of discomfort due to the lack of privacy in her household, since “where [they] live, the conditions are bad, the house is ruined; [they] don't have a bathroom door”.

²²Inter-Agency Standing Committee (IASC) (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, available at <https://www.ungei.org/sites/default/files/IASC-Gender-based-Violence-Guidelines-2015-eng.pdf> , 52

Alarming, a significant number of responders reported they do not have showers or toilets in their households at all. While some would go to the neighbour's house to take a shower, many of those who used to visit neighbours for toileting and showering, stopped since “there are too many people and [they] don't feel comfortable”, as refugee woman from Tavush noted. Others who don't have a shower would “find a way to take a bath”, as a service provider from Lori described. “They heat the water on the stove and shower with bucket of water; they might use the separate room to do this”.

It is important to recognize that such challenges to access to bathing affect differently male and female refugee population. Women and girls require more privacy for sanitation than men and boys, especially when dealing with menstruation. In emergencies due to the loss of privacy and societal taboos and embarrassment around menstruation, living in the overcrowded context, in multi-household dwellings or unfinished buildings, can intensify the challenges for adolescent girls and women to find safe, private spaces for managing menstruation²³. Moreover, lack of adequate or available toilets in the households can also increase risk of harassment and other forms of GBV. Given the taboos around defecation and menstruation and the frequent lack of privacy, women and girls may prefer to go to the toilet or use bathing units under the cover of darkness, which puts women, girls, and other vulnerable groups at risk of harassment and sexual assault²⁴. Such feelings and concerns were mapped among the respondents as well. Alternatives used by majority who lack the toilets within their houses, was to use external bathing and toilet units. “I know a family that has a toilet outside of their house, and there is a facility for showering built outside, but this is very cold and not comfortable”, as an adolescent girl from Lori explains. A service provider from Lori also reflected on the distress experienced by the women and girls forced to use such external units:

// For women and girls it might be uncomfortable to use the outside toilet at night, even though local people use it, they are used to it. For people from Artsakh this is new so it's hard for them to get used to these conditions. One of the reasons for the tension between the two communities is that when Artsakh people came, the local people suggested them to live in their houses but Artsakh people were shocked, saying 'I cannot live in a house like that', and local people felt offended.”

²³See e.g. Columbia University and International Rescue Committee (2017), A toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response: Full Guide, available at <https://www.publichealth.columbia.edu/file/2477/download?token=IRG16zzR>

²⁴Inter-Agency Standing Committee (IASC) (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, available at <https://www.ungei.org/sites/default/files/IASC-Gender-based-Violence-Guidelines-2015-eng.pdf>, 282

Lastly, the locations of accommodation and the surrounding infrastructure in some cases also added to the feeling of lack of safety among women and girls. While many noted that they connect the fear from moving outside of the house to the insecurities they experienced during the war, others pointed out the concrete aspects of the environment they live in as a cause of concern. A respondent from Tavush discussed that in her neighbourhood lighting is “only available on the main road, and it takes about ten minutes to access the main road where market and other facilities are”. An adolescent girl from Lori, while discussing how she does not feel safe to walk outside her home after six afternoon, also commented how her living location contributes to her discomfort: “There is no light around our house. We live in an isolated house, outside of the city centre. It is a periphery of the city, it's a bit far to walk without the light when it's dark outside.”

High prices, harassment by the landlords, overcrowding and a lack of privacy, lack of access to toilets and showers, are just some of the challenges women and girls experience with their accommodation. Many other problems women and girls reported such as no washing machines, ban to use the dishes or storage by landlords, or lack hot water would also affect female family members disproportionately as they are expected to care about household hygiene, do the washing or prepare meals. Even having the accommodation on the third or fourth floor for the families with a member with disabilities will particularly affect care givers – usually mothers as a service provider from Yerevan notes, as they would “need to carry the children and it causes a lot of physical pain for mothers – either that or you leave a child isolated home”. Nevertheless, in spite all of the described hardships, a number of refugee respondents had one key priority – a hope they will be able to afford the roof over their head during the winter, whatever the living condition in their household might be.

Mapped GBV Trends

While underreporting is one of the fundamental problems for understanding the scope and magnitude of the GBV in Armenia and globally, respondents participating in the assessment shared many insights on violence trends in their communities. For comprehension of the GBV incidence and threats refugee women and girls were exposed, the assessment looked to reflect their experiences starting from their war affected communities of origin to the communities of arrival after their displacement. Having in mind the various forms of violence discussed, as well as prevailing types of violence highlighted, this chapter will analyse the GBV trends through four different groups – conflict related GBV, intimate partner violence, other forms of GBV in the family, and non-family GBV in the communities of arrival – and then reflect some of the key reasons refugee women and girls are not reporting the violence they might have experienced.



Conflict related GBV

Trauma from the blockade and war, but also stress and fear women and girls experienced specifically was frequently raised in conversations both with service providers and affected women and girls from the refugee population. While speaking about their hardships in Karabakh, many respondents drew attention to the violence directed against Armenian women and girls. The gender-based, and particularly sexual violence used as a weapon of war against Armenians they described, and the effect of such violence on those who experienced it but also those girls and women who lived under its threat, is critical to be acknowledged and documented both to inform the adequate GBV refugee response in Armenia and to raise awareness of instances of such violence in the public eye.

Sporadic reports on organized incitement of sexual violence against Armenian women (including the calls spread throughout social media to “to find, kill, torture, and rape the missing people of Nagorno-Karabakh, including children”²⁵), and related fear of sexual violence as a fundamental reason for leaving Karabakh²⁶ have already been documented during September 2023.

Conflict related sexual violence²⁷ instances shared by respondents built on such reports too. “This was very common”, a refugee woman relocated to Shirak noted, “abductions, rape, assaults on women, killing, and a lot of verbal violence as well to humiliate us.” When asked about recorded online campaigns calling on sexual violence against Armenian women and girls, many respondents shared witnessing such campaigns and being affected by it. A refugee woman from Shirak recalls:

// We heard about this in social media and networks, we saw on Facebook account, these pictures [...] Azaris would put the picture of woman and said 'we raped this woman', and for some of these women we heard they fled and were already in Yerevan, safe. We also saw many videos of women Azari soldiers were posting. For example, there was this video where they were forcing Armenian women to be recorded as she is dressing up, and then they shared it on the media.”

²⁵Human Rights Defender of Republic of Armenia (2023), “Preliminary ad hoc Report on Results of the Fact-Finding Mission from Sept 24 to Sept 2023”, available at <https://www.ombuds.am/images/files/a35f939de3e1ce0aebb9a4248f7a5868.pdf>, 39

²⁶Ibid, 31

²⁷Conflict related sexual violence (CRSV) used in this report borrows its definition from the UN Secretary General reporting on CRSV as referring “to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. This link may be evident in the profile of the perpetrator, who is often affiliated with a State or non-State armed group, including those designated as terrorist groups by the United Nations; the profile of the victim, who is frequently an actual or perceived member of a persecuted political, ethnic or religious minority, or targeted on the basis of actual or perceived sexual orientation or gender”. See The Office of the Special Representative of the Secretary General on Sexual Violence in Conflict (2023), “Conflict Related Sexual Violence: Report of the United Nation Secretary-General”, <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2023/07/SG-REPORT-2023SPREAD-1.pdf>, 3-4

Other women recounted the instances of sexual violence in their communities or neighbouring villages, highlighting that those living in rural areas were disproportionately affected by such attacks. The cases of rapes and abductions were mentioned by multiple women, sometimes including the details on degrading behaviour and torture. A refugee woman relocated to Vayots Dzor remembered of “an old woman with disability that was raped and decapitated”, respondent relocated to Syunik shared an incident where “young couple [she] knows [being] abducted, and then the woman was raped and killed”, and a woman relocated to Shirak told about “seventy-year-old woman from a village [who] was abducted and kept for seven days, assaulted and tortured”.

Multiple women described woods nearby Stepanakert as a place many cases of sexual violence took place. A refugee woman interviewed in Vayots Dzor shared the incident from the woods where there was a “mother with ten-year-old child that was killed in front of her; they cut [the child's] ears in front of her and then they raped her”. A respondent from Shirak summarized her memories of sexual violence incidents that targeted both women and girls:

// Many people were fleeing from rural areas to Stepanakert, because it was safer there; they had to go through the woods, and women knew this road very well. But Azari soldiers were waiting in the woods and raped many women there. [...] There are many other cases we heard of; mostly in the rural areas, also including the girls. There was also a video of soldiers raping a teenage girl. When parents were working children were left home; when attacks happened many children thought the woods are safe, and they run there alone. There were many cases of eleven and twelve year olds being raped, and also [there was] a person with disability - they forced him to dance on one leg. There was a lot of psychological abuse and humiliation there.”

Finally, many women shared not only the hardship of pregnant women who delivered their babies without the needed medical assistance or miscarried on the road due to the lack of such assistance, but also the violence targeted towards pregnant Armenian women from the Azerbaijani soldiers. While respondents from Kotayk and Syunik shared that they personally knew some pregnant women that were killed, a refugee woman relocated to Vayots Dzor shared an instance where Azerbaijani soldiers “cut open [a pregnant woman's] stomach and pulled the baby out”, while another female respondent in Syunik shared the case of “pregnant woman [being] raped, and then her baby was taken out of her stomach”.

Although so far, the survivors of conflict related GBV rarely reported it or sought for appropriate support - as one service provider from Vayots Dzor noted, “women are still in the 'freeze' stage, and they still cannot understand what happened to them” – some organization shared that women are slowly opening up, disclosing the sexual violence they suffered from Azerbaijani soldiers. While it can be expected that long time will pass before many of the survivors speak up on their experiences of such violence, it is critical to recognize that awareness on it is limited, both among service providers and the public as well.

Intimate Partner Violence

During the data collection process, cases of intimate partner violence (IPV) were addressed the most in the conversations both with service providers and affected female refugee population. Such reported trends go hand in hand with research suggesting that IPV is the most common form of GBV in emergencies, even more prevalent than non-partner violence in the conflict setting including sexual violence²⁸. Some of the key contributing factors to such violence the existing body of research identifies are rapidly changing gender norms triggered by displacement, separation from family and breakdown of community structures, poverty and substance abuse, etc. with particular highlight on the increased vulnerability of physically and socially isolated women and girls²⁹.

In the Armenian context, IPV is heavily impacting both host and refugee community according to the respondents. “IPV is the most prevalent form of GBV in the community”, a service provider from Gegharkunik observes, “but we also saw a direct link between the rise in the IPV reported cases and clashes in the border, that is influx of refugees”. While noting that most common forms of reported violence are physical, psychological and economic, and very rarely sexual violence, majority of service providers state that all of them come from the IPV context.

As the key contributing factor for escalation of IPV in the refugee families, majority of respondents recognized war related stress and trauma, with some other enabling aspects mapped as well. The service provider from Lori summarized her thoughts on the harsh environment in the refugee families:

// Now, since the war and this situation, the violence in the family increased, due to psychological factors. The men are depressed because they cannot do anything so they reflect this through violence against their wives or other members of the family. And this is because most of them participated in the war, and that is a difficult experience. For almost a year they were in the blockade, hungry, and this led to severe psychological conditions. We mapped both physical and psychological violence against women, and mostly by the men who went to war. There are cases where husbands started abusing alcohol, and this resulted in violence as well.”

The high tension in families additionally comes from the fact they are “not economically stable, which adds a lot of stress, [resulting in] a lot of partner violence, but also violence directed to the children” according to refugee woman

²⁸GBV AoR Helpdesk (2019), “Research, Evidence and Learning Digest – Intimate Partner Violence (IPV) in Emergencies”, available at <https://gbvaor.net/node/546>, 1

²⁹International Rescue Committee (2015), “Private Violence, Public Concern: Intimate Partner Violence In Humanitarian Settings”, available at <https://www.rescue.org/sites/default/files/document/564/ircpvpfinalen.pdf>, 3-5

from Shirak. However, some of the interviewed women highlighted that the increase of the IPV incidence already started since the end of 2022 in Karabakh, during the blockade, and due to resulting economic struggles and disrupt of traditional gender roles. According to account of another refugee respondent from Shirak:

// During the blockade of Artsakh, people got angry, stressed, and we know of many [IPV] incidents. Everything got so expensive, for example for only one cigarette you would have to pay thousand drams; people were queuing to buy a bread; oil was six thousand Drams, when in Yerevan it was six hundred, the ten-membered families were living on two breads a day. Men that used to be able to take care of their families, couldn't do that anymore, and it caused a lot of stress in family between women and men; there were some suicides by men, but also a lot of violence between partners. For example, one time a man attacked the wife with a knife.”

Other forms of violence that started during the blockade, and were brought across the border with the refugee influx to Armenia were shared as well. Two refugee women from Lori shared how they started to be deprioritized when it comes to distribution of the resources once they became scarce within their household. “Between the husband and wife, of course that the man will be prioritized in the family, because he goes to work, and earns money – for example, he will be the priority when it comes to clothing”, first respondent said. The second added:

// I prioritize [husband and children] when it comes to food: I don't eat fruits, I first give them to the children and then to my husband [...] I don't eat meat, but I give it to my children and husband. It was the hardest during the blockade, this is when it started and it continued until today.”

The denial of resources, opportunities and services to women and girls was described with other examples as well. A respondent from Syunik shared an example of a pregnant refugee woman in that region who had a complicated delivery, and was experiencing major health issues after the child was born. “She needed the doctor badly, but the doctor was male, and the husband did not allow doctor to approach the woman because [the doctor] was a man”, she recounts. “The doctor just gave her some pills, and at the end, because of this [not receiving appropriate care], the woman ended up in the hospital.” Another example was shared by the service provider from Lori: “There was a man from Artsakh who came without his wife to take the support we distribute, and when we asked where his wife was as she needed to provide her signature, he said 'There is no difference, I will put the signature, even in Shushi in Artsakh my wife could not walk alone outside because she would get lost!'.”

With many similar examples respondents pointed out that the isolation is, besides being major GBV risk factor for women and girls, a form of GBV itself. Isolation, as they observed in their communities and culture, could only add to the many vulnerabilities women and girls from Artsakh are dealing with in the new environment. In several cases, respondents even reported that women were not allowed to partake in some activities in the households. One of such examples was shared by the service provider from Lori, describing a refugee family in her neighbourhood: “Women are very closed off and shy, and this is coming from men; If [a family] has some feast home, women are not allowed to sit and eat with other members of family and guests.”

Among the examples of IPV, attention was put on the caretakers of people with disabilities – usually mothers – as well, given the significant number of people with disabilities among the refugee population. Service providers shared their concern that the trends of violence against mothers of children with disabilities they mapped in their professional experience could also affect the refugee population, that might lack the outlet to report such violence³⁰. “We had cases [in the local communities] where a husband is beating, and blaming his wife saying ‘this wife brought me an ill child’”, a service provider from Yerevan notes. “We still didn’t have such case reported among Artsakh people, but probably there are such families”. On the other hand, service provider from Shirak stated that “mothers of children with disability are not only blamed, but its common that after giving a birth to a child with a disability, especially the intellectual disability, or any type of severe disability, their husbands leave them, as they become unwanted.” Given the heightened economic burden, overall increased stress and challenges in Karabakh families, and observation that domestic violence can be additionally increased in families with members with disabilities, such patterns can be expected among refugee population as well.

Finally, while no instances of IPV against refugee adolescent girls since arriving to Armenia was described during the focus-group discussions, some examples of such violence in both the host population and the places of origin was shared. They indicated the existing harmful attitudes of the communities of arrival, and raising concerns of potential GBV risks including among current refugee community. When speaking about the trends of violence against girls in the host community, service provider from Syunik shared the following example:

// We had a case of a girl raped by her partner. The family forced her to marry him after the rape, as they thought they would avoid 'shame' like that. This is common in the community to avoid the shame - girls would marry to the perpetrator of violence committed against them.”

³⁰ See the more on reporting challenges in the “Reporting GBV” section below, and the chapter on “Existing services”

On the other hand, while discussing the treatment of the survivors in the communities of origin, or the consequences GBV can have on the girl's life, an adolescent girl from Armavir focus-group discussion reflected that as a consequence of sexual violence, “if [the perpetrator] is an adult, the parents would expect of the girl to marry him”. As it will be shown later in the report, such practices are not only alarming and harmful for the affected women and girls as they would push them in the extended period, if not life time of IPV including sexual abuse, but are also contributing to overall culture of silence and hesitance to report GBV and to seek for the needed support.

Other forms of GBV in the family

Various forms of gender based violence in the family other than IPV were brought up by all respondents, particularly adolescent girls. Unequal treatment of female family members by male members – also decision makers of the family - was reflected in uneven distribution of resources, or even lack of access to resources, restricted mobility, etc.

In the previous chapter's section on integration, the refugee adolescent girls discussed the difference in upbringing sons and daughters – and such inequality in treatment of the children based on gender is critical to understand as the very source of the GBV against girls in the family. The preferential treatment of sons was generally recognized among respondents, and one of the reasons why, as an adolescent girl from Aragatsotn said, was “because they will be the main ones who will take care of their parents”. She also noted this is widely accepted and normalized: “We don't feel bad about this; when I ask my mom do you love me or my brother more, and she says 'Your brother', and no one is insulted by this”. However, the effects of conflict in Karabakh further polarized such attitudes in the families, with many girls highlighting that boys are receiving incomparable attention as they are serving the army. Not only such attention comes from the parents, but from their sisters as well - as a girl from Aragatsotn marked, “I also pay more attention to my brother, because he went through a lot”. Nevertheless, some of the girls recognized this an unfair treatment, as framed by an adolescent girl from Armavir:

// In case of Artsakh community this unequal treatment is because parents say 'Boys are serving in the military, they should enjoy their life' so they are allowed everything. When I ask my mom why my brother can do everything and I cannot, she just says 'Because he is in the service' and this the only answer.”

Such asymmetry in the treatment can also affect the mobility of girls, further contributing to their isolation. When speaking about challenges of refugee girls to socialize and make new acquaintances in Armenia, the consulted girls highlighted the fathers' different approach in upbringing boys and girls. “Our fathers are stricter with girls than with boys”, a girl from Lori notes. “They tell us 'don't wear that', 'don't go out', 'don't stay late at night'. [...] Because of that, boys make friends easier.” The limitation of movement was also rooted in the experience of the conflict in Karabakh, since “parents were afraid there will be Turks in the community, so girls were not allowed to go outside at night, and for the boys, [the parents] were more comfortable to let them go out”, as adolescent respondent from Armavir noted.

Lack of freedom of movement of the girls was seen as particularly alarming in cases where it seems to limit girls' access to services. A number of service providers observed that many parents will not let their daughters out, or to attend their activities. A service provider from Aragatsotn shared the current challenge of reaching out a teenage girl, who expressed strong interest in the organisation's activities:

// I have the case of sixteen-year-old girl, and she wants to learn how to be a hairdresser. She told me she really wants to join the [hairdresser] classes. I tried to reach her many times, I called her father, but he doesn't want to pick up. I need to reach her through him, since he is her parent, as she is still a child. He knows this is our number, and why we are calling but doesn't want to pick up. [...] I suspect he doesn't want to let her come.”

The mentioned preferential treatment of sons was also observed when it comes to distribution of resources in the family. Global experience shows that, particularly in contexts with strong boy preference, families facing scarcity of resources due to disasters are more likely to prioritize boys with food and other resources³⁰. While the previous section already demonstrated how the limited resources may lead to food deprivation or even malnutrition of mothers among refugee population, instances where daughters can be affected in a similar way were also recorded. In the mapped case during the data collection, deprioritization of the girls in the family was observed in face of upcoming need for winterisation and acquiring winter clothing. The refugee family of five children, three sons and two adolescent girls, living in Shirak region known by its harsh winters and low temperatures, was reported to only to have bought winter clothing for their sons. The family “did not plan to buy any clothing for the daughters, nor expected to receive such clothes from [humanitarian response] distributions”, according to a woman from Shirak. The family reported “that no clothing for adolescent girls are distributed, unlike the clothes for younger children”, and while they expected to receive further support for the boys, the decision to use family budget prioritized their sons nevertheless.

Finally, several respondents highlighted the issue of violence against women and girls with disability in the family. A service provider from Shirak explained how a person with a disability can change the dynamics in the already burdened households, and how some of the community beliefs and practices may put female member of family with disability in further risk of violence and discrimination. Drawing from her long experience of working with families with members with disability in Armenia, she noted:

³⁰World Bank Gender Global Team (2023), “Gendered Impacts from Climate Change: Evidence from Weather Shocks”, available at <https://documents1.worldbank.org/curated/en/099342305102324997/pdf/IDU0ba259bd2039ca04fa20b87a0893bb487e014.pdf>, 2

// *We saw that family members become more aggressive when there are family members with disability, and that domestic violence increases because of the stress. [Moreover] our society is very patriarchal. Majority of men get married even with disabilities, but this is not the case for girls, they remain dependant [to the family]. And if you have a family member with the disability, especially girl with disability, no one would marry even the other female family members without disability, because they think their child will have disability as well.”*

The Shirak service provider also observed the cases of economic violence women with disability suffer, highly relevant to the refugee population as well: “Persons with disability and their parents receive the support from the state for the people with disability, and many of women with disability cannot access this [money], because the family members take it.” She concludes that another major GBV related issue that women and girls with the physical disability face is that they are not always able to escape, nor protect themselves in the cases of physical and psychological violence due to their immobility. Girls with disability are particularly vulnerable in the family when it comes to violence, but also regarding provision of care and access to needed services. A service provider from Yerevan shares her experience on patterns mapped among refugee families with children with disabilities:

// *When a mother has a son with disability, the whole family is doing everything they can for him, and when a girl has a disability this is OK for them, they treat her differently, and it's of secondary importance to the family. When we speak with mothers who have boys, they want to move closer so that boy can attend our centre all the time; for girls, they are more likely to leave them and do nothing for them. For a girl it's OK to leave her home; they come to our centre, but not as often as boys.”*

Service provider from Shirak also shared the existing trend where “more girls with disabilities are placed in the institutions than boys with disabilities, for example orphanages, and more girls with disabilities are dropping out primary and secondary school than boys [with disabilities]” in Armenia. Such discriminatory cultural context towards girls with disability, critically increases the vulnerability of displaced girls with disability, their already limited access to or information about services, and possible de-prioritization they might face in the refugee families due to scarce resources and unmet basic needs.

Non-family GBV in the communities of arrival

In the conversations with refugee respondents and service providers, not many cases of GBV targeting women and girls outside the family context were reported. As noted in the section on the social integration of the refugees, majority of respondents were highlighting the support and welcoming attitude from the host communities, and while certain issues were raised, only a small portion was addressing GBV. However, this should not signal the lack of such incidences, but as many service providers noted, lack of reporting due to other priorities, lack of awareness of the GBV services, lack of trust to service providers, and many other reasons that will be addressed in the following section on reporting.

One instance where GBV by non-family member was discussed by refugee women, was within the context of the labour market. As refugees reported meeting various obstacles in obtaining a job, one of them included the lack of personal documentation. This resulted in some of the women obtaining employment in the informal labour market (“black market”), where the GBV risks are identified. As one woman from Syunik shared,

// Many women are in 'black market', as this doesn't require [personal documents]. Sometimes they have issues there, because the employer treats women badly, or harasses them. I don't want to talk about details, but they are in need of therapy and psychological support because of this.”

Although no further detail is provided on the types of violence women are facing in the informal labour market, the global experience shows that refugee and migrant women and girls, especially those without personal documentation are alarmingly vulnerable to GBV, including the forms of sexual violence³¹. Their dependency on the source of livelihood, and the lack of available alternative income generating opportunities can be abused by the employers who would not only strip them from their labour rights, but would exploit them by e.g. requesting sexual favours. Another issue not raised by the respondents is emerging risk of negative coping strategies in women and girls such as survival sex amid the lack of income generation opportunities, common in the similar conflict or post-conflict settings³². Such patterns of behaviour and GBV risks should be closely monitored by the humanitarian community.

³¹See e.g. UN Women (2020), “Sexual Harassment in the Informal Economy: Farmworkers and Domestic Workers”, available at <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Discussion-paper-Sexual-harassment-in-the-informal-economy-en.pdf>

³²See e.g. Westendorf, Jasmine-Kim and Louise Searle (2017), “Sexual exploitation and abuse in peace operations: trends, policy responses and future directions”, *International Affairs*, vol. 93, no. 2, available at <https://doi.org/10.1093/ia/iix001>, 371-373

Concerns and the GBV risks for refugee adolescent girls in the host community were stressed out by more respondents. For adolescent girls' mothers, the incidence of violence against girls in the communities of arrival raised their concerns for their children, making them to identify adolescent girls as the most vulnerable group among refugee population. The cases reported included sexual violence that took place in the host community, both sexual harassment and rape. While one woman from Syunik shared the case of “a local girl harassed in the public place when boys approached her and asked her to take off her clothes”, and the resulting fear for her two teenage daughters, a respondent from Lori shared incident that took place in her community of arrival:

// There is this case from the school. [...] A girl got pregnant, and we heard that there was a sexual abuse incident that happened in a rented apartment, and that she was raped. This is why we are concerned for our daughters. And this is why we think that adolescent girls might be one of the most vulnerable groups among us.”

Concerns that refugee adolescent girls raised themselves were mostly directed to harassment. Number of girls referred to the behaviour of the boys from the host communities towards them, that was making them feel uncomfortable. “The boys are laughing and teasing the girls, and I am very shy, I feel uncomfortable”, an adolescent girl from Armavir says. A girl from Lori notes that “[a boy] can start accompanying you, and I don't like that, I don't know him and he doesn't know me. [...] Sometimes they flirt, and not in a nice way, I don't like how they behave.” Other girls reported the incidents they experienced on the streets that made them feel unsafe, and limited the time until which they feel comfortable to be outside their homes. An adolescent girl from Lori shared some of such examples:

// In the night we are afraid to walk alone in [the city], there are many homeless people, and old drunk men, they will grab you by the hand when you are passing next to them. [...] Sometimes when we walk, a man starts to follow us and he listens what we are talking about.”

Another girl from the same region added:

// *There was this man who talks to himself, and then he started walking with us and speaking with us, that made us feel uncomfortable. [...] Such people are frequently in this city, and it was not like that in Arstakh.”*

With such experiences, not only are adolescent girls concerned for their safety, but their mobility is only further restricted, adding to the various levels of vulnerabilities identified specifically for their age and gender.

Reporting GBV

As it is the case with global experience³³, GBV in Armenia is largely underreported. The affected displaced population can meet even more obstacles to recognize, identify and report the GBV they might be experiencing – as it is often the case in the (post)emergency settings due to insecurity, lack of GBV services, lack of safety for survivors, access issues including isolation, etc. Accordingly, women and girls consulted during the data collection process shared many thoughts on specific reasons why women and girls tend to stay silent after surviving an incident of violence.

One of the milestones for understanding the underreporting among the population displaced from Karabakh is to look at the community's attitudes, practices and readiness to discuss GBV. As a refugee woman from Syunik described it:

// *Here is a culture of silence. Many women will not talk about [GBV], it's a taboo, and it's a shame to go to police. There is a lot of cases of violence but [women] don't talk to anyone, they don't raise the issue. [...] And when husband is violent to his wife, this is considered to be a personal problem.”*

In such cultural constellation, the fear of the community's reaction is one of the key disabling factors for women and girls to reach out to the needed GBV services. Stigma and shame were one of the commonly mentioned factors that discourage survivors to speak up on their experiences. “There is victim blaming here, and women are treated even worse if they report the [intimate partner] violence”, as a respondent from Syunik noted. How the community is turning the blind eye to the survivors of GBV and their need for support is described by a graphic example from the community of origin, a girl from Armavir shared: “A woman who survived sexual violence ended up [setting herself on fire], and for the community it was acceptable - she burnt herself and died.” Even divorce itself is hardly acceptable in the community, as shared by a respondent from Armavir:

// *Divorce is not the best solution. [A woman's] life will never be better if she does this. It's hard for a woman to get married for the second time, it's impossible. Community thinks, if she divorces - it's the end for her.”*

³³See e.g. Inter-Agency Standing Committee (IASC) (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, available at <https://www.ungei.org/sites/default/files/IASC-Gender-based-Violence-Guidelines-2015-eng.pdf>, 2

In the case of divorce, not only women are concerned about judgement of their communities, they are also worried “how they will explain this to their children and how they will take care of them alone”, according to a refugee woman from Syunik. However, it is important to emphasize that cultural barriers in reporting GBV might affect women and girls coming from the rural areas of Karabakh more than those coming from its capital. As a service provider from Aragatsotn explained, “[refugee] women coming from rural areas are more at risk to partner violence than those coming from Stepanakert, as this is more conservative culture, so they are also less likely to report. Women coming from Stepanakert are much more self-confident.”

For adolescent girls, a fear from their parents' reaction pose an additional obstacle to talk about GBV. Adolescent respondents highlighted a distinction between attitudes on GBV coming from different generations. As reported by a girl from Armavir:

// Younger people are opened to speak about GBV, they started thinking about the gender equality. Older ones are more conservative and they don't talk about it. Parents and older people are not open to this topic at all.”

The majority of girls reported they will be too shy and afraid to share such experience with their parents, with one girl from Armavir noting: “I would never report [GBV], as I would not be treated properly. [...] Worst case scenario, [my parents] would throw me out of the house!”. As already mentioned, the adolescent girls addressed the expectation of a girl to marry the perpetrator, with some of them noting that “a girl would be judged even more than a [perpetrator], even though he did it!” (adolescent girl, Armavir).

Another concern raised by the girls, as a consequence of reporting GBV was fear of isolation from the community. A girl from Armavir share a case from Karabakh, “a girl who survived sexual violence, who stopped going to the school, and stopped communicating with anyone”. With reflecting such situation, the girls from the same focus group discussion concluded it's the best for a girl to change the community should she report the case of violence, as “it would be easier because of what people might say”. Even when discussing with people of trust they could confide in, a girl from Armavir regarded that “it's not good to talk about this with your friends because even they can use it against you”. Consequently, it is not surprising why girls feel hesitant to share their experiences with anyone. Such attitude resonated in a words of an adolescent refugee girl from Lori: “If something like that happens to me, I would not speak, even to my sisters, nor my mother, because this should be a secret - it's better to keep it a secret.”

The culture of silence where GBV remains unaddressed results in yet another challenge preventing women and girls to speak about GBV – lack of knowledge on women's rights and awareness of what GBV in fact is. This was well reflected by a service provider from Syunik:

// There is lack of education for women, and a big gap in awareness on [IPV]. They don't know what GBV is, it's normalized, this is why they say 'We don't have it'. [...] Women in general don't understand that the abusive behaviour is not normal and they don't have to accept that.”

As a result, as service provider from Kotayk said, women “don't even realise [what they experience] is the violence so they don't report it”. Adding to lack of awareness on GBV, service providers are also adding a layer of conflict related trauma and shock of the new situation and environment refugee woman and girls find themselves in, as another reason for not being able to recognize violence they might be experiencing. According to service provider in Lori, “women from Artsakh are now in such condition, that they cannot realize and admit [GBV] is happening to them”.

However, even for those women who understand they have been exposed to the incident of GBV, reporting would not be priority for yet another reason. Similarly, to analysed changes within the family dynamics, and increasingly prioritizing its male members as they were serving in military, these women are also staying silent – especially in the cases of IPV - as they think that in this way they are “protecting their families”. As Syunik service provider pointed out:

// The conflict affected the GBV trends, and there is increase in reports on psychological violence within the family. But [refugee] women think they have to protect their men, that 'it's ok', and they should be silent because of the [husband's] trauma.”

“They justify their husband treatment, because of the stress they went through in Nagorno-Karabakh and since they came to Armenia”, adds a service provider from Kotayk.

Even if there is a will of the women to leave the abusive relationships, there is a series of obstacles they might face, that would discourage them to report such violence. Some of the key barriers identified are the economic challenges and the discussed difficulties in accessing labour market for women. “Women are not reporting GBV due to economic dependence. [...] If they leave their husbands, they don't know how to support their dependants” explains a service provider from Gegharkunik. Closely related to both economic hardships and the displacement experience is the issue of accommodation. A Service provider from Syunik illustrates such struggle with a following example:

// We have a case of a GBV survivor; she is a woman with five children. She wants a divorce, but she is very concerned because she doesn't work, and has no resources to separate from her husband. We try to work with her to develop her skills [for future employment]. Additionally, for Artsakh women it is hard because they have no house, no anything, so where would she go?"

The same service provider reminded that the women from the host population face similar challenges with accommodation when they want to leave their spouses, as “customs are prioritizing brothers and husbands, so heritage and property always go to them [instead of women]”.

Respondents raised a number of other, service-related challenges in reporting the violence (availability or accessibility of services, awareness on them, etc.) which will be discussed in the following chapter, examining the gaps in the existing service provision, and its effectiveness.

Existing GBV Services

GBV Service providers in Armenia demonstrated high level of involvement in the refugee response. While some set up the projects targeting emergency response specifically, others found a way to adapt their programming to absorb female refugee population as well. However, given the unprecedented refugee response scale, and necessary rapid shift to emergency response from the development programming the number challenges was raised. This chapter will analyse the existing GBV services from two perspectives: firstly, it will look at the main challenges in reaching out to GBV survivors and in providing GBV services to the most vulnerable women and girls; and secondly, it will reflect on the various specific types of GBV services available, to map the potential gaps and space for the further development.



Challenges in receiving GBV disclosures and providing GBV services

One of the key obstacles many service providers raised is hesitance of the survivors to disclose GBV services, and consequently receive necessary response. Adding to the previous section that analysed different reasons why refugee women and girls do not report violence, the challenges regarding the trust to, and awareness of available services were brought up both by the service providers and respondents among female refugee population.

According to the refugee women and girls, issue of trust is closely related to feared breaches of confidentiality. “When a woman wants to look for a help, the confidentiality is not kept”, a refugee from Lori disclosed her concern. “The service providers will share the information, and then the community will blame the women, so women just withdraw and give up.” From the side of service providers, this challenge is echoed by the observation that women and girls are hesitant to share their problems with them. “It's hard to map [GBV], it takes a lot for [refugee women] to open up, and we are working on that”, noted the service provider from Vayots Dzor. The women and girls safe spaces and their services are identified as they key solution for bridging this gap and creating rapport to the survivors, by majority of the respondents working in the GBV response. While a service provider from Lori claimed that after initial distrust, “when [refugee women and girls] start coming to our centre, they became close to us and they became more talkative”, Ararat service provider shared that trust is mainly built through “ongoing activities [organisations] are having, that are helping to build this trust with women and make them feel comfortable in our spaces”.

However, another obstacle identified in that regards was the lack of knowledge among refugees on the available GBV services. While on the one hand certain refugee respondents disclosed that they would not know what concrete steps to undertake if they would want to report the violence, majority of service providers agreed that the refugee women and girls are not aware of the existing services that might support them. This was also observed during some of the focus-group discussions where certain women and girls were sharing the different services they attend, that other participants were not informed about. A service provider from Ararat suggested that refugees’ lack of knowledge of GBV support systems in general can be tracked from their communities of origin:

// There are many reasons why women are not reporting GBV. First of all, in Nagorno-Karabakh there was no law or services on the domestic violence. We asked women from Artsakh if there were any such services in Artsakh, and they all said – 'no'.”

Lack of proper coordination of service provision was also raised. A refugee woman from Kotayk stated that humanitarian assistance in that region is

// uncoordinated, for example we didn't know what we should receive from municipality, we just hear from someone [a service] was provided, and we need to go there to ask for it; then they told us we need to go and register, and we can end up waiting for two to three months for the services.”

In general, there was a common understanding by the service providers that more emphasis on awareness raising is critical to reach out female refugees with information on available GBV services, but also to address the raised lack of understanding of what GBV is. On the latter, the service provides from Aragatsotn shares documented correlation between outreach activities and increase of GBV reporting:

// After [women] receive awareness raising sessions, some of them realise what is happening to them is domestic violence, they disclose it and we provide the support with the case management.”

Nevertheless, the service providers conveyed that communication on services was often disrupted by the secondary and tertiary movement of the refugee families. “Among Artsakh women there is no reporting - and this is because they are not settled”, a refugee woman from Shirak pointed out. “Many are on the way, or thinking to move again; so they are not aware of the available services, they lack information.” Such movements of displaced population critically affect the GBV response service provision as well. When discussing on how the continuous GBV case management is ensured for the survivors leaving their respective marzes, no systematic approach to GBV case transfers was mapped. Rather, the service provider would ad hoc link the survivors to the other services, only in cases where they kept contact with them. Additionally, an effort from the service providers to support women and girls on the move with other GBV services aside of case management was also mapped. As service provider from Vayots Dzor reports:

// In Vayk we had a lot of connection and contact with refugee women; they are now in other regions and calling [us]. We try to refer them to different support centres, and work to refer them across the regions.”

Although most of the critical services are available in each marz, the lack of their accessibility in some cases is another reason preventing a number of women and girls from benefiting them. Unequal distribution of services across all locations where refugee population is located particularly affects those refugee women and girls living in remote or rural areas. A service provider from Aragatsotn illustrated such accessibility issues for one of the beneficiaries her organisation is supporting:

// *A twenty-one-year-old woman, was a student when she came from Artsakh. Her father was working abroad, and her mother passed away. When she came in Armenia she had to live with in a big family, in rural area. It was hard for her to reach from rural area to here to attend the activities, the roads are bad. Only after she and her grandmother moved to Talin, she started coming to our centre regularly, as now she has an easily accessible bus.”*

An adolescent girl from Lori shared a similar challenge:

// *I would like to learn some skills, but there is no facility here for that, I would have to go to Spitak. [...] There is a transport issue - on the weekend, the transport is not going regularly, and I cannot attend in other days because of the school.”*

For number of girls, even when the transportation is available they are hesitant to use it, which makes reaching out the distant services they need impossible. When an adolescent girl from Aragatsotn recounted the reasons she is not attending any services, she explained:

// *The problem is not with my parents, but with transportation. [...] I would not feel comfortable to travel by myself, and my parents wouldn't allow it. For boys it would be OK, and more common to go alone - my brother is nineteen and he takes public transportation. But I would not feel safe. If my brother or parents accompany me it would be Ok, but to go alone - no.”*

To overcome this gap, in some cases the organisations are providing mobile service delivery of selected activities, such as legal and psychosocial support. But for the other services the mobile modality is not appropriate. The service provider from Aragatsotn brought out one of such cases:

// *In general, women from rural areas want to attend economic empowerment activities and courses. They want to learn e.g. hairdressing, or manicure skills, and receive equipment so they can work, but we don't have enough funding to support them. It would be problem to cover the fees of transportation from villages to Talin, and then back. [...] For some activities, we use mobile team to reach women in the rural areas who cannot reach us, but for this we cannot, because of the needed equipment, and it's here in Talin.”*

An alarming gap in service provision was identified when it comes to provision of life-saving GBV response services, including GBV case management, to survivors in remote and rural areas as well. A service provider from Gegharkunik raised her concerns on this account referring to her experience in working on the GBV case management service provision in Armenia:

// If there is a gender-based violence case in a remote area, too much time is needed to reach services. It is hard to reach them, sometimes we want to pay the taxi, but the taxi drivers don't want to drive them, because these women are not accepted in the community. [...] While some mobile teams are available, we struggle to cover all geographic areas in the marz due to limited human and financial resources.”

Uneven geographical coverage of services not only within the marzes, but also between them, is further adding to the described challenges. As noted by respondents, when refugees compare the services they are receiving in their respective areas of arrival, they report significant differences. Some service providers concluded that the reason for this is not related to the municipalities themselves, but to uneven distribution of refugees throughout the governorates, which in some cases can overburden the existing capacities of services to respond to all of their needs.

Women and girls with disability are another significant group identified as both particularly vulnerable, and lacking the access to critical GBV services. As some service providers noted, from the beginning of the crises a major issue was to identify all refugees with disability and adapt service to them. A service provider from Shirak shared the struggle her organisation faced reaching out this population:

// When displacement happened, there was an effort to register people with the disability, but this was not done properly. [Moreover] [b]ecause of the data privacy, we cannot know who are the people registered with disability. We try to go to the field to identify them or to identify them through the community meetings.”

This obstacle is particularly worrying having in mind the limited opportunities people with disability will have to reach the GBV services by themselves. The first obstacle the potential GBV survivors with disability will face is related to transportation. The service provider from Yerevan summarized this problem:

// In general in Armenia, the infrastructure is not inclusive, we cannot use the public transportation for the people with disability, so we need to use taxi, and this is expensive. In Artsakh it was only better in Stepanakert where there was a bus collecting all the children with disability to the specialized

centre, and bringing them back home. [...] Our limited sources are spread out, and we cannot afford the transportation costs. For example, transportation costs are the same as the cost for rehabilitation for two children from Abovyan (Kotayk) and Jrvezh (Kotayk), to bring them and send them back every day!”

Even when in limited cases the support with transportation is available for affected population, due to the mentioned obstacles in identifying women and girls with disability, “there are many that are hidden, that [organisations] cannot involve” as reported by Shirak service provider.

Another critical barrier is seen in services that are commonly not accessible for women and girls with disability. This concern was flagged in the conversation with the Shirak service provider, and her reflection on why women and girls with disabilities are not reporting the violence:

// Organisations providing GBV services are not accessible for women and girls with disability, they are not located in the accessible buildings, and they are not disability sensitive. We need to sensitize them to have skills for communicating with [people with disability]. Women with intellectual disability cannot recognize sexual violence; and if a deaf woman goes to police, there is no sign language interpretation, and also hotlines are not available for them. The women with disabilities are not aware of the GBV services, and reporting channels are not disability sensitive and accessible. For example, for deaf women, or those with intellectual disability, information about services is not accessible. The organisations serving refugees are only thinking about primary needs, clothes, accommodation, but they don't provide referrals or information for women with disabilities. [...] I think that donors should only grant money to those organisations who are sensitized to work with people with disabilities, and have mandatory trainings on working with women with disability, such as on disability and gender, discrimination against women with disability, appropriate language, etc.”

The same service provider highlighted the importance of accountability and participatory approaches in implementing GBV projects, such as establishing relevant indicators to monitor the participation of women and girls with disability, and including the organisations with expertise in working with people with disabilities, as well as women and girls with disability themselves in the project design and implementation.

What further impedes accessibility of women and girls with disability to services, is the need of some of them to be accompanied to the activities. A service provider from Yerevan points out this need when it comes to lack of physical accessibility to services, as “even in school you need to go with children [with disability], as you might need to physically carry them, and mothers would need to spend a whole day with them”. An interviewed caregiver of a refugee adolescent girl with intellectual disability from Armavir echoes this challenge when speaking about her daughter:

// She needs to be accompanied to activities, because she doesn't know this place, the direction to services, she cannot communicate independently, and we don't feel it's safe to send her alone with the public transportation. She used to go to some activities by herself in Artsakh.”

For the care givers it is often challenging to allocate their time to accompany their children to services due to their jobs or other household responsibilities. Moreover, as previously discussed, this would more affect girls than boys with disabilities, as in many cases parents are more attentive to sons with disability in comparison to their daughters with disability.

Finally lack of personal documentation is detected as an additional obstacle in accessing public services for refugee population with disability. Rather, as a service provider from Yerevan noted, the practice is “using [private sector's] service providers to support refugees through them.” Not only such lack of access would affect all refugees without necessary documentations, but would also disproportionately overburden their caregivers, who as a rule are female family members, most often their mothers.

While the various discussed problems on both accessing and providing services were central concern for majority of respondents, the gaps in the types of services were raised as well. This will be the focus of the following section.

Available GBV services, and service gaps

Vast majority of GBV service providers interviewed confirmed their organisation (if GBV specialized) is offering minimal package of GBV services: GBV case management or referrals, awareness raising, and focused non-specialized mental health and psychosocial services (MHPSS in form of group, mostly unstructured, psychosocial services (PSS). To that, various organisations would add legal, specialized MHPSS, economic empowerment services, dignity kits distributions, etc.

While GBV case management services are provided by organizations mandated by Ministry of Social and Labour Affairs and are available in each marz, other organisations serving women and girls act as entry points providing referrals in the case of GBV disclosure. Due to the existing GBV reporting trends, in a number of cases the practice on focusing on the response to domestic violence exclusively was recorded. Certain service providers saw themselves as responsible primarily for the cases of domestic violence (including IPV), while GBV taking place outside the family context was perceived as a form of violence beyond their mandate or experience. Nevertheless, the service providers demonstrated strong will to expand their services to all types of GBV if such cases are presented. On the work on IPV specifically, majority of dilemmas stemmed from the scope of national legal framework. Many service providers were not familiar with laws addressing IPV or domestic violence are present, highlighting this as one of the challenges in

their work, in spite of the fact that Armenian law does stipulate grounds for protecting the domestic violence survivors. In the cases where there was a knowledge on the relevant legal framework, the contradictions between some of its aspects and the principles of survivor centered approach were raised – mainly on the work with the perpetrators, both suggested by the national law and strongly discouraged by the international guidelines on GBV response³⁴.

Having in mind the raised challenges, the assessment identified space for further enhancing the capacities of GBV responders on various GBV case management best practices (on IPV and beyond), and national legal framework on GBV. Regarding MHPSS other than the case management, both high demand by affected women and girls and variety of activities offered by the organizations were mapped. The need for the provision of specialized MHPSS support was one of the most often discussed topic during the data collection process. In explaining why she finds such services detrimental for the wellbeing of the displaced women and girls, a refugee women from Lori described overall mental state of this community: “Memories are troubling us, everyone is stressed, there are many cases of psychological issues and headaches.” A service provider from Vayots Dzor reflected on the mental hardship women and girls among refugee population are experiencing, nothing that many

³⁴See e.g. Gender-based Violence Information Management System (GBVIMS) Steering Committee (2017, Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings, available at https://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf, 103-105

of them “demonstrate psychosomatic issues that are signs of post-traumatic stress disorder, including headaches, eating disorders, etc.”. However, while both service providers and affected women raised the increased requests for such support, Ararat service provider highlights the cultural barriers present in the communities regarding accessing it: “In general there is a stigma on visiting psychologist - [the community] think they are the same as psychiatrists”. Another challenge observed was related to the capacity of the available MHPSS staff by certain service providers. While some organizations stressed out the immense importance of the psychologists in working with affected women and girls, other noted the critical need to “further sensitize psychologist on working with refugee women and girls”, as observed by a service provider from Gegharkunik.

When it comes to focused non specialized group MHPSS activities, most of the interviewed service providers confirmed these kind of services are taking place within their GBV programming. In all cases, those were unstructured group PSS, mainly creative or recreational activities. Consulted women reported to be highly appreciative of women and girls safe spaces (WGSS) services in general, recognising their importance “for referrals, helping unemployment, accessing different sessions”, as explained by a refugee woman from Lori. Even provision of the safe, women-only spaces themselves was found to be beneficial for refugee women wellbeing as a Lori service provider

described: “Woman have a need to talk and share with other women, and sometimes, they just come, sit and cry”.

However, a significant gap in providing age and gender sensitive services for adolescent girls was recorded. “There is no adolescent girls only activities”, an adolescent from Vayots Dzor notes, “there are craft workshops, where my brother and sister are going, but it's for children younger than thirteen, so I am too old for that.” Majority of adolescent respondents agreed they would feel more comfortable if there would be girls only spaces and activities. “I see many women who attend PSS activities, and I would love to attend such group for girls as well” a girl from Aragatsotn pointed out, while another adolescent respondent from Lori concluded: “It would be good for me if there would be place where we can meet each other, only Artsakh girls”. Certain service providers also identified the importance of adolescent girl only activities. As a service provider from Shirak analysed, “the critical activities adolescent girls need are PSS support and extracurricular organized events – for their education, but mostly for their socialization”. The service provider from Lori recounts how in their project, adolescent girls were only attending services if they were age and gender segregated: “We organized the hairdressing specifically for [girls] - they did not want to attend the centre, they wanted to have special classes for themselves.” Nevertheless, such girls-only organized activities remain rather exception, than a rule in the GBV programming present in Armenia.

One of the biggest demands among consulted refugee women and girls was related to the capacity building and economic empowerment opportunities – resulting from many barriers female refugees meet in accessing labour market as previously discussed. Such opportunities were seen as a critical means to cover the gaps in household budgets, with many women and girls suggesting various subjects they would like to be thought on. Some of these included hairdressing, manicure, sewing, programming, accounting, as well as agriculture classes, business classes, cooking classes, and “language classes for accessing better job opportunities” as remarked by a refugee woman from Lori. Although a number of service providers are offering such activities, they are not available in all locations inhabited by refugees. Some of the adolescent refugee girls highlighted unavailability of capacity building opportunities in their communities, while emphasizing the importance for such activities for the girls finishing, or not wishing to continue their education. “There is a gap here with education - there is no vocational institutions” a refugee girl from Vayots Dzor said, “and there are girls from school that don't want to go to university but they need something 'in between' - I already know two girls like that.” The importance of such education to be certified is stressed out many times as well. A statement of adolescent girl from Lori exemplified this: “We need a training for hairdressing that awards certificate; these should be for free, because we cannot pay the course, and without certificate we cannot find the job”. Additional complaint on existing economic empowerment activities addressed the lack of their inclusivity. “It's hard for older women to find a job, because they would need to learn something new, and usually they are not included in capacity building activities”, a refugee woman from Lori remarked.

Other women stated they already have skills and crafts knowledge, but they cannot sell their products in the market – and that is where they saw a space for the organisations to support them. A refugee woman from Shirak suggested this as well:

// My mother knows how to make crafts (needling) but she has nowhere to sell it. In order to sell you need to pay the taxes and that is too expensive, it doesn't pay off. In Yerevan there are many places, bazars where women can sell their craft, and here not. We also need a place where women can sell handicrafts and use their traditional skills, what they cooked, clothes, etc.”

Other women noted that the in-kind support would be highly beneficial as well, such as equipment that can support them in practicing their sewing, manicure, cooking and other skills. Albeit the fact that many service providers are interested in introducing or upscaling existing capacity building activities they have – including in kind support to the various course participants, funding was identified as a key obstacle in proceeding with such plans.

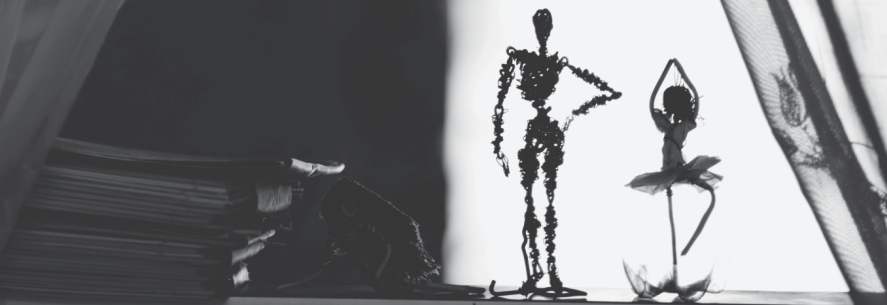
The demand for distribution of specific non-food items (NFI) to ensure the basic living requirements was frequently emphasized by the refugee women and girls. Although many service providers confirmed that dignity kits as part of their GBV programme interventions are available, a number of refugee respondents claimed that there is additional need for these kits, and especially menstrual hygiene items. Aside of the GBV specific NFIs, a significant number of consulted women, and especially female head of household, stressed out the need for winterisation-related items – as briefly reflected in a section on accessing the livelihoods. A female head of household from Shirak was one of many raising this concern:

// We are worried about the cold winter here; we couldn't bring anything with us, and we have children, and a pregnant woman with us. We need bedding; we need heating - what we have is too expensive, and we can use it only in the evening, so the small heaters would help; there is a need for warm clothing; we have a new-born coming, we need to ensure hygiene stuff and warmth for the new-born, but warm clothes for the pregnant woman as well.”

While GBV service providers might not be able to provide all of the NFIs indicated, there is a recognized necessity to improve the coordination among actors responding to refugee crisis, and to ensure the referrals of the most vulnerable groups such as female head of households to the stakeholders providing such assistance.

Finally, adding to the all mapped challenges, a critical and underlying one mentioned by all of the service providers was lack of available funding opportunities. As a consequence, there is increasing concern for continuation of critical GBV services once the current projects are completed, as well as for expending the existing services to bridge the identified gaps and insure outreach and support to most vulnerable woman and girls from the refugee community.

CONCLUSION



PLANO

Refugee women and girls in Armenia are facing various struggles and challenges. Although all female refugee population is in disproportionately higher risk of GBV, the assessment showed that some groups among them are particularly vulnerable, such as women and girls with disabilities, adolescent girls, female head of households, women and girls living in rural and remote areas, etc. The reported experiences of social isolation, challenges in participating education or accessing labour market, and inadequate living conditions are only further contributing to GBV risks refugee women and girls are affected by. On the other hand, various GBV trends impacting this population are recorded from their communities of origin to post-displacement experiences. These include instances of conflict related sexual violence, over prevailing intimate partner violence (including psychological and physical violence, denial to services, opportunities and resources, etc. and other forms of GBV in the family context, to harassment taking place in the public places and sometimes at work. In spite of widespread of GBV, underreporting remains a critical challenge preventing the survivors to access the needed services, due to shame, stigma, normalisation of GBV, but also economic dependence, lack of available or accessible services – among other reasons. Finally, while GBV service providers are providing the minimum package of GBV services, the further technical capacity, development of service provided and scaling up of available services is necessary. However major funding gaps are disabling the service providers to ensure bridging the mapped

service gaps and ensure the continuation of existing lifesaving GBV services.

Recommendations

To address identified challenges, this assessment formulated the set of non-exhaustive recommendations for key stakeholders in order to address the issues and needs identified by the respondents. Many of these echo the suggestions that service providers, as well as refugee women and girls shared. The developed recommendations not only target the emergency response to GBV survivors and women and girls at risk of GBV from refugee population, but are also critical for their long term wellbeing and integration, and can also be extended to include the most vulnerable women and girls from the host populations.

For GBV service providers:

- 1. Increase the number of women and girls safe spaces, including their mobile modalities.** Lack of geographic coverage with the essential GBV prevention and response services, coupled with lack of their accessibility for refugee women and girls living in remote and rural areas requires scaling up the number of established women and girls safe spaces and their various modalities. Combining static and

mobile services is highly recommended both for ensuring the adequate reach out, and flexibility in case significant secondary or tertiary population movement takes place.

2. Strengthen GBV case management systems and capacities, and extend the services for the survivors of GBV out of partner or family context.

While the well-established network of the GBV case management service providers is present and proactive in responding to the needs of displaced women and girls, further development of capacities and system adapted to mass influx of refugees are needed. Focusing on the various forms of GBV, also including those coming out of domestic violence and IPV context is critical, particularly having in mind that a number of refugee women and might have experience conflict related sexual violence, and related disclosures are slowly taking place in Armenia. Additionally, due to the continuous migration of refugee population within Armenia there is need for systematic approach in transferring GBV cases in safe and ethical manner, including referrals to GBV prevention and response services across marzes.

3. Ensure provision of age and gender friendly services for adolescent girls.

Critical gap in providing adolescent girl only, and adolescent girls friendly activities was

identified across the marzes, resulting in increasing their vulnerabilities due to both social isolation and lack of links to GBV services when needed. Providing girls safe spaces within existing women and girls safe spaces, adolescent girls only group PSS activities, and age sensitive GBV case management and referrals should be prioritized by all GBV service providers – and other providers who include this specific group in their target population. Additionally, GBV responders should also consider working with adolescent girls' parents and caregivers to sensitize them on specific needs girls have, and obtain their trust and endorsement to facilitate girls' participation in the. Adequate gender and age desegregated monitoring tools are highly recommended to measure the adolescent girls' attendance.

4. Ensure disability sensitive facilities and GBV services.

As per assessment findings, women and girls with disabilities are particularly vulnerable while at same time facing critical challenging in accessing GBV services. GBV service providers must ensure the physical accessibility of their facilities, adapted communication and GBV reporting channels, but also disability sensitive service provision. Moreover, ensuring the reach out and service provision to caregivers of people with disabilities – most usually women highly vulnerable to GBV as well – is detrimental too. Inclusion of women and girls

with disability in assessment and programmer design – and where possible the experts in working with persons with disability as well, providing capacity building for all frontline GBV staff, and pledging to women and girls' disability related program targets are some of the key measures GBV respondents should implement.

5. Ensure income generating activities and financial assistance for GBV survivors and women and girls at risk of GBV.

As the lack of income experienced by refugee women both increases their exposure to GBV, and prevents them to leave the abusive environments, their economic empowerment should be one of the primary interventions implemented by the GBV service providers. Expanding certified capacity building activities across all geographical areas populated by refugees, apprenticeship opportunities, micro-credits and in-kind support, etc. are strongly encouraged. Establishment of cash and voucher assistance targeting women and girl highly vulnerable to GBV and GBV survivors should be considered where possible.

6. Scale up GBV awareness raising and outreach activities.

Due to the recent arrival and high mobility of the refugee population, the lack of information on available GBV services was widely reported, also causing underreporting of GBV. Increased out-

reach and awareness raising on existing GBV services is necessary to ensure in order for women and girls to benefit from GBV response and prevention activities. It is highly recommended to use various mechanisms to reach out the affected population – door to door, groups sessions, information, education and communication (IEC) materials distributions, digital medias, or via support of community members – and ensure the service information is disseminated. It is highly recommended to involve representatives from various vulnerable groups in the communication strategy and material development to ensure they are age, gender and disability sensitive.

7. Ensure regular focused, non-specialized group PSS activities (structured and non-structured) as critical entry points for reporting GBV.

Group PSS activities are critical for building the rapport with the affected women and girls, and as the key entry points for linking the survivors with the needed GBV services. Due to the major underreporting issues among the refugee communities, the GBV service providers are strongly advised to set up regular group PSS activities, both unstructured (arts and crafts, recreation, etc.) and structured (curricula based). Moreover, such activities are having significant role in supporting the development

of support networks of women and girls. In order to use these groups full capacities and ensure that participants feel comfortable in them, it is critical to segregate them by gender (female only) and age (separate groups for adult women and for adolescent girls).

8. Implement behavioural change programming and community based interventions to fight GBV.

The assessment respondents recognized gender inequality resulting from the patriarchal culture as the key root cause of GBV and the reason women and girls are hesitant to report violence and ask for the support. To address harmful behaviours and attitudes around GBV, GBV service providers should implement GBV behavioural change programmes, challenging gender inequality and normalisation of violence, while promoting women's rights through community mobilisation. Engaging men and boys as allies in fighting GBV and addressing gender inequity through community-based interventions should be central for such interventions.

9. Support and facilitate social integration of refugee girls and women.

Many refugee women and girls reported the feeling of social isolation, and potential ten-

sions that might appear between refugee and host communities - that could increase the risk of GBV as well. To address this issue, the GBV service providers should implement activities supporting refugee women and girls' integration and overall social cohesion. Thematic campaigning, cultural and integration events, awareness raising among host population, but also inclusion of vulnerable women and girls from the host community in the refugee response programming are some of the suggested interventions in this regard.

10. Ensure coordination with other GBV and non-GBV responders to provide holistic support to GBV survivors and women and girls at risk of GBV.

To cover the identified gaps in services and geographical coverage of service provision, avoid the duplication of services and ensure adequate resource mobilization, it is important that GBV service providers use the available (sub)sectors, tools and platforms to coordinate their GBV programming. Moreover, regular coordination with non-GBV service responders is critical to ensure the holistic support to GBV survivors and women and girls at risk of GBV. Establishing functioning referral pathways and provision of safe referral are detrimental for all stakeholders responding to refugee population.

1. **Mainstream GBV and PSEA in the programming and staff capacity building.**

From WASH interventions that can mitigate GBV by ensuring safe and adequate facilities, over child protection programming that could further adapt services to prevent and respond GBV against adolescent girls, to Shelter and NFI interventions that could support adequate accommodation solutions and ensure safe distributions, and other refugee response services, mainstreaming GBV and PSEA is crucial for ensuring safety and wellbeing of refugee women and girls. Building the capacity staff to safely receive disclosure and refer the GBV survivors to life saving services, as well to prevent sexual exploitation and abuse should be part of these efforts as well.

2. **Ensure gender, age and disability sensitive and accessible services.**

As shown in the assessment, female refugees, and among them particularly adolescent girls and women and girls with disability, are facing significant challenges in accessing the services and resources. All service providers should support these vulnerable groups accessing their services by establishing gender, age and disability (GAD) sensitive programming that recognizes different needs and power dynamics

people of different age, gender and disability might experience. Such programming must consider GAD in project design, implementation, staffing, etc., while ensuring that its reporting, assessment or other collected data is disaggregated by GAD.

3. **Support girl's access to education, and sanitization of school staff on GBV risks and referrals.**

A number of refugee girls are not going to schools, while those who do frequently reported challenges. Responsible actors should support the access to school (e.g. with transportation, diploma recognition, etc.), learning, and integration, while at the same time working on sensitization of school staff on specific need of refugee girls, GBV risks and safe referrals.

4. **Support women and girl's access to livelihoods, and financial support.**

Assisting women and girls to access existing livelihoods programing and cash and voucher assistance to support them overcoming economic challenges and resulting GBV risks is strongly advised to all stakeholders participating in the refugee response. Developing relevant indicators to monitor their participation is highly recommended too.

5. **Ensure reaching out most vulnerable groups, such as female headed households with in-kind support, and use the NFI distribution to disseminate information on available life-saving GBV services.**

Due to the particular economic challenges refugee female headed households are facing in Armenia,

including meeting their basic needs regarding shelter, cooking, energy, sanitation, etc. the stakeholders engaged in distributing NFIs should include them among the most vulnerable groups to be prioritized. The actors should also work with available coordination platforms (e.g. GBV Sub-Sector, Child Protection Sub-Sector and/or General Protection) as well as with communities to identify other vulnerable groups of women and girls that should be targeted. Using distributed kits as entry points for linking the survivors with GBV services and distributing key GBV messaging is critical as well – service providers are encouraged to collaborate with GBV practitioners or GBV Sub-Sector for the adequate IEC materials and templates.

For Donors

- 1. Allocate funds for the GBV programming within the refugee response, focused on the life-saving GBV services.**
Support continuation and scaling up GBV programming, including women and girls safe spaces (both static and mobile modalities) providing lifesaving GBV services, to ensure safety and wellbeing of refugee women and girls.
- 2. Support long term behavioral change and gender transformative programming.** Support GBV interventions targeting behavioral change, and community mobilization (including

men and boys) programmes aimed at fighting GBV.

- 3. Allocate funding to projects targeting long term social and economic integration of refugee women and girls.**

Invest in social cohesion programming targeting participation of vulnerable women and girls, including from refugee population, in political, social and economic life of Armenia.

- 4. Prioritise funding projects demonstrating mainstreaming of GBV and Prevention of Sexual Exploitation and Abuse (PSEA) mechanisms.**

Include mandatory grant criteria on alignment with global guidelines on mainstreaming GBV³⁵ and presence of PSEA policies and reporting mechanisms.

- 5. Prioritise funding projects demonstrating gender, age and disability (GAD) sensitivity.**

Include mandatory grant criteria on gender, age and disability sensitive programming reflected in design, implementation, monitoring, etc., e.g. by applying the available GAD (self)assessment tools³⁶.

³⁵Inter-Agency Standing Committee (IASC) (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, available at <https://www.ungei.org/sites/default/files/IASC-Gender-based-Violence-Guidelines-2015-eng.pdf>

³⁶See e.g. the IASC Gender with Age Marker aiming to help users to design and implement inclusive programs that respond to gender, age, and disability-related differences, available at <https://www.iascgenderwithagemarker.com/en/home>

ANNEXES

Glossary of terms

Artsakh – Armenian word for the Karabakh region (See “Karabakh region”).

Behavioural change programming - The behavioural change GBV programming is based on the understanding that traditional harmful gender norms and perceptions of gender identities cause GBV. It looks to address such GBV root causes through behaviour change processes in communities, aimed at transforming attitudes, knowledge, beliefs, and practices leading to GBV. While such interventions aim to transform harmful norms and behaviours, they also promote healthy, safe and equitable ones.

Confidentiality - A GBV guiding principle associated with survivor centred service delivery. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client's case with their explicit consent. All written information is kept in locked files and only non-identifying information is written down on case files. Maintaining confidentiality about abuse means service providers never discuss case details with family or friends, or with colleagues whose knowledge of the abuse is deemed unnecessary. There are limits to confidentiality while working with children, in context with mandatory reporting, in case of Sexual Exploitation and Abuse perpetrated by humanitarian workers, or with clients who express intent to harm themselves or someone else.

Conflict related sexual violence (CRSV) - Conflict related sexual violence is referring to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. This link may be evident in the profile of the perpetrator, who is often affiliated with a State or non-State armed group, including those designated as terrorist groups by the United Nations; the profile of the victim, who is frequently an actual or perceived member of a persecuted political, ethnic or religious minority, or targeted on the basis of actual or perceived sexual orientation or gender.

Consent (Informed) - Refers to approval or assent, particularly and especially after thoughtful consideration. Free and informed consent is given based upon a clear appreciation and understanding of the facts, implications, benefits, risks and future consequences of an action. In order to give informed consent, the individual concerned must have all adequate relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to

engage in an action and/or to not be coerced (i.e., being persuaded based on force or threats). Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory or intellectual disabilities.

Denial of resources, opportunities and services - Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded. Economic abuse is included in this category. Some acts of confinement may also fall under this category.

Disability - Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Displacement – The term generally describes forced or involuntary movement or forced migration of people from one place to another. It implies the movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human made disasters.”

Domestic violence (DV) - Domestic violence refers to GBV that happens within a household, and could include violence amongst non-related members of a household.

Emotional or psychological violence - Infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Family violence – Family violence highlights familial relationships between perpetrators of violence and survivors, even when they do not reside together.

Female headed households - A household in which an adult female is the sole or main decision-maker responsible for financial support and welfare of the household. Women-headed households are households where either no adult men are present, owing to divorce, separation, migration, non-marriage, or widowhood; or where the men, although present, do not contribute to the household income, because of illness or disability, old age, alcoholism or similar

incapacity (but not because of unemployment).

Gender Equality – The term refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development.

Gender roles - A set of social and behavioural expectations or beliefs about how members of a culture should behave according to their biological sex; the distinct roles and responsibilities of men, women and other genders in a given culture. Gender roles vary among different societies and cultures, classes, ages and during different periods in history. Gender-specific roles and responsibilities are often conditioned by household structure, access to resources, specific impacts of the global economy, and other locally relevant factors such as ecological conditions

Gender-based violence (GBV) - An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/or targeted violence against individuals or groups with diverse SOGIESC, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.

Intersectionality - A term used to describe the idea that social relations involve multiple intersecting forms of discrimination. An intersectional approach to gender equality acknowledges the fact that women and girls can experience several forms of discrimination at the same time, based on aspects of their identity including race, social class, ethnicity, sexual orientation, religion, age as well as other forms of identity.

Intimate partner violence (IPV) – A type of GBV rooted in gender inequality and power imbalance among intimate partners. It 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. This type of violence

may also include the denial of resources, opportunities, or services. This abuse is typically manifested as a pattern of abusive behaviour toward an intimate partner (ex or current) where the abuser exerts power and control over the victim. 'Domestic violence' is a term sometimes used to refer to IPV, though there are important distinctions between the two terms. See 'Family violence and Domestic violence (DV)'

Karabakh region - A geographic region, extending from the highlands of the Lesser Caucasus down to the lowlands between the rivers Kura and Aras, with the history as a disputed territory between Armenia and Azerbaijan. The decades long conflict culminated in September 2023 when more than 100,000 ethnic Armenians were displaced from Karabakh to Armenia.

Lachin corridor blockade – Often referred to as “the blockade” was the blockade of Lachin corridor, a humanitarian corridor connecting Karabakh to Armenia and outside world. The blockade lasted for nine months (December 2022 – September 2023), disabling imports of essential goods (electricity, fuel, water, medicaments, etc.) and entry of humanitarian convoys. This led to a humanitarian crisis affecting the 120,000 residents of Karabakh.

Marz – A term for a first-level administrative entity in Armenia (province or region). Armenia is divided into ten marzes (Shirak, Lori, Tavush, Aragatsotn, Kotayk, Gegharkunik, Armavir, Ararat, Vayots Dzor and Syunik) and Yerevan that has administrative status of the country's capital.

Nagorno-Karabakh – The name of the Karabakh region before the 2023 escalation (see “Karabakh region”).

Physical Violence - An act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

Economic violence - An aspect of abuse where abusers control victims' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency and gaining financial independence.

Protection of Sexual exploitation and abuse (SEA) – As highlighted in the Secretary-General's 'Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse' (ST/SGB/2003/13), PSEA relates specifically to the responsibilities of humanitarian, development and peacekeeping actors to prevent incidents of sexual exploitation and abuse committed by United Nations, NGO, and inter-governments (IGO) personnel, and actors involved in the delivery of aid against the affected population, to set up confidential reporting mechanisms, and to take safe and ethical action as quickly as possible when incidents do occur.

Psychosocial support services - Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder, and/or help to heal psychological wounds after an emergency or

critical event. Psychosocial support services can be specialised for GBV survivors, such as focused individual counselling or group counselling aimed at addressing the harmful emotional, psychological and social effects of GBV.

Rape - Physically forced or otherwise coerced penetration – even if slight – of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape.

Refugee - A person who meets the eligibility criteria under the applicable refugee definition, as someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion is outside the country of [their] nationality and is unable or, owing to such fear, is unwilling to avail [themselves] of the protection of that country.

Sexual Assault - Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred

Sexual exploitation and abuse - The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category. The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual harassment - Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.

Sexual violence - Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Son preference - A range of values and attitudes that accord a male child status over a female child. Thus, the female child is disadvantaged in the quality and quantity of parental care and investment in her development. It may lead to acute discrimination, especially in situations where resources are limited. While neglect is the rule, in some cases son preference may lead to selective abortion or female infanticide.

Survivor-centered approach – An approach aiming to create a supportive environment in which each survivor's rights are respected and in which the person is treated with dignity and respect. Such approach places the rights, wishes, needs, safety, dignity and well-being of a survivor, or women and girls at risk of GBV at the centre of designing, developing and implementing GBV-related programming. The approach helps to promote a survivors' recovery and strengthen their ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions.

Women and Girls Safe Spaces (WGSS) - A structured place where women and girls' physical and emotional safety is respected and where women and girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance their psychosocial wellbeing, and more fully realise their rights.

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