

OVERVIEW

Yemen is considered one of the worst humanitarian crises in the world and is characterised by significant protection threats (CFR accessed 23/07/2023). According to the 2023 Humanitarian Needs Overview, an estimated 80 percent of the 4.5 million people displaced in Yemen are women and children and over 26 percent of displaced households are headed by women, which is about one quarter of all displaced households. Two-thirds of the population of Yemen, i.e., 21.6 million people are in dire need of humanitarian assistance and protection services including gender-based violence (HNO 2023, UNFPA/ GBV AoR).

Gender-based violence (GBV) is a major issue nationwide, and Yemen has consistently ranked last or second to last in the World Economic Forum's Global Gender Gap Index. In 2017, Yemen was listed as the worst place in the world to be a woman (WEF 02/03/2021; IRC 25/02/2019). It is important to note that GBV is also both a human rights issue and a public health issue. Despite this, as at October 2023, the GBV area of responsibility remained underfunded, and only 31% of the entire Yemen Humanitarian Response Plan was funded (UNHCR 31/10/2023). Not only is GBV less prioritised than some other forms of humanitarian assistance, but many responders are also less interested in implementing GBV interventions because of the risks and difficulties associated (KII 21/08/2023).

The current conflict has lasted for nearly a decade, aggravating existing gender inequality, affecting access to economic activities and basic services, and reportedly contributing to an increase in GBV incidents (USAID/Banyan Global 30/01/2020; IRC 25/02/2019). The common consensus is that instability, the collapsing legal system, insufficient protection and GBV response systems, inequitable gender norms, and the use of GBV by warring parties to consolidate and maintain control have all aggravated GBV risks. This is not unique to Yemen; the link between increased GBV risk and conflict is well documented (IRC 25/02/2019).

GBV in Yemen is not new. Yemen's sociocultural and legal systems are built on deep-rooted gender inequalities, as evidenced by the Mahram (male guardian) requirement. This, coupled with the conflict, means all women and girls in Yemen are at risk of GBV. Because of GBV's many forms – physical, verbal, psychological, sexual, and socioeconomic – it can manifest differently, including as homicide, so-called 'honour' killings, rape, forced marriage (including early marriage), the gendered denial of inheritance rights, movement restrictions, and reduced access to education based on gender.

Timely, reliable, and comparable GBV data in Yemen is difficult to access and unlikely to reflect the full extent of GBV due to significant underreporting. The available literature, anecdotal evidence, and experiences of both national and international responders all point to an increase in reported GBV incidents and risks (SCSS 15/12/2019; ACAPS 11/04/2023). Bureaucratic and administrative barriers impede the implementation of GBV programming in many areas; humanitarians must rename or adjust GBV interventions to receive approval, which, combined with the Mahram requirement, makes the tracking of GBV programming outcomes extremely challenging (ACAPS 22/11/2022). In 2024, women and girls in Yemen will continue to bear a disproportionate burden of hardship compared to men due to persistent challenges such as food scarcity, water scarcity, job and livelihood losses, income reductions, ongoing conflict, and displacement crises. These complex issues will expose them to a heightened risk of encountering various forms of gender-based violence, including child marriage.

Despite the magnitude of these humanitarian needs, the decreasing funding trends continue to worry the humanitarian community in Yemen, with a huge funding gap, steadily rising over the past 5 years, further compounding the situation. By August 2023, the Humanitarian Response Plan has seen only 31.2 percent of the USD 4.34 billion needed in funding, resulting in drastic and concerning cuts to aid, impacting the most vulnerable in Yemen. This severely impacted the GBV AoR which is according to the OCHA Financial Tracking Service (FTS), was the least funded cluster among all clusters which severely compromised service provision as well as survivors' access to essential life-saving GBV services, especially in the most underserved regions, both in the north as well as in the south.

ABOUT THIS REPORT

Aim

This report seeks to map out GBV's various forms and key drivers in Yemen and highlight groups at particular risk of GBV. It also seeks to understand the key challenges for humanitarian GBV responders and how to address these moving forward to continue providing survivor-centred support.

Methodology

This report is based on a review of the existing literature on masculinities in conflict, gender inequality, and GBV (both globally and in Yemen) and on semi-structured key informant interviews (KIIs). In total, 58 reports and dashboards were reviewed, 38 KIIs conducted with 41 key informants from national and international (NGO and UN) organisations and clusters, and two joint validation sessions held with experts and humanitarian responders.

KIIs were conducted between 1 August and 9 October 2023 with:

- Yemeni service providers giving varied support to GBV survivors
- INGOs involved in different GBV responses
- coordination actors
- donors
- national NGOs (NNGOs) not directly involved in GBV response.

Nine of the KIIs were conducted with international responders, 21 with GBV service providers offering protection support (8 in areas under the control of the De Facto Authorities, or DFA, also known as the Houthis, and 13 in areas under the control of the Internationally Recognised Government, or IRG) four with GBV service providers providing legal aid (two each in DFA- and IRG-controlled areas), and four with local NGOs (one in Aden, one in Sana'a, and two on the west coast). Of the interviewees, 26 were female, and 9 were male. All interviews were done remotely. Interviews with INGOs and coordination actors were conducted in English, while interviews with service providers and NNGOs were conducted in Arabic.

Limitations

GBV is an extremely sensitive subject in Yemen. For KIIs conducted in DFA-controlled areas, the language had to be adapted to avoid the use of the term 'GBV', focusing instead on women's protection and economic empowerment (WEE). These sensitivities also resulted in the unwillingness of some service providers to speak with researchers, especially health

service providers, even under conditions of anonymity. As there is a lack of reliable GBV data, the people who spoke with ACAPS provided experiential and anecdotal evidence or their analysis of trends they were seeing. This is not unique to Yemen. The Inter-agency Minimum Standards for GBV in Emergencies Programming recognises that it is neither possible nor appropriate to collect prevalence data in humanitarian settings, and incident data is unlikely to present a true picture of GBV levels in a community (UNFPA 01/11/2019). As a result, qualitative methods similar to the ones used for this report are often used to successfully expand GBV responders' understanding of GBV in a specific humanitarian context. Given the sensitivities and cultural taboos around GBV, it would not have been appropriate for ACAPS to directly approach GBV survivors or ask service providers to break confidentiality by making introductions. Stories from GBV survivors in this report came from key informants who chose to share their own experiences. Some GBV incidents were shared by operational responders anonymously and without any identifying information, upholding the survivors' right to privacy.

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KEY FINDINGS

- GBV in Yemen is a deep-rooted societal issue, and its resolution requires collaboration across all stakeholders – government, civil society, community leaders, NGOs, and the communities themselves.
- Risk to all forms of GBV in Yemen is perceived to be increasing. GBV reporting is societally discouraged, and survivors who do so are likely to face social stigma, further abuse, or retribution. Those who report GBV often find themselves isolated from their families, with insufficient support, and facing potential threats to their safety and life.
- The perceived rise in GBV is attributed to a permissive legal system, inequitable gender norms, conflict-induced economic collapse, and a general decline in overall security.
- Groups with heightened vulnerability to GBV include girls under the age of 18, Muhamasheen women and girls, internally displaced women and girls, women and girls of lower socioeconomic status, female migrant workers passing through Yemen, and female refugees and asylum seekers. Men and boys also face some GBV risks and are subject to the same societal taboos against speaking out as women and girls.
- Major barriers to addressing GBV include the weak awareness of what GBV is across society and government, its many forms, and why it is societally detrimental, with many women and girls socialised to accept violence as the norm.
- Most responders who spoke with ACAPS noted immense operational challenges in implementing GBV mitigation and support to survivors. GBV programming is among the first things to be cut whenever general funding for the Yemeni response is reduced.
- Addressing GBV cannot be divorced from localisation and cannot occur without the involvement of women- and youth-led organisations. Local organisations are best placed to support GBV survivors, cultivating effective working relationships with communities, courts, public prosecutors, health providers, and essential services.

AREAS FOR FURTHER RESEARCH

There is insufficient information on the following subjects:

- forced marriage other than early marriage
- ‘tourist’ marriages and the ramifications of such marriages for women and girls
- the specific vulnerabilities of other groups, such as unaccompanied and separated children, women and girls with disabilities, detained women and girls, widows, and humanitarian and activist women.

UNDERSTANDING GENDER-BASED VIOLENCE IN YEMEN

GBV is deeply ingrained in the daily lived realities of women and girls in Yemen because of its many forms: rape; sexual assault; physical assault; forced marriage (including early marriage); denial of resources, opportunities, or services; and psychological or emotional abuse (GBVIMS accessed 24/10/2023). Very few women and girls experience only one form of GBV. Forced marriage increases the risk of domestic violence, and domestic violence typically includes both physical and emotional violence. Despite the lack of consistent and comparable data over time, the common consensus is that GBV has intensified and worsened since the start of the conflict (ACAPS 11/04/2023; Deem/UNFPA 01/08/2022; Oxfam 09/2020; IRC 29/01/2020; SCSS 15/12/2019).

The ongoing war, economic hardships, breakdown of community support structures and lack of services will continue to take a huge toll on women and children. Women and girls will continue to face a disproportionate impact of the crisis, including compounded forms of violence when exposed to overlapping and mutually reinforcing forms of discrimination and social exclusion.

Some forms of GBV existed before the conflict, such as forced marriage and denial of inheritance, while others have become formalised and more widespread since, such as Mahram-related movement restrictions (ACAPS 11/04/2023; Oxfam/Saferworld 30/01/2017). In 2019, the number of mental health hotline callers expressing suicidal thoughts or intents nearly doubled; 92% of these callers were women and girls, highlighting the enormous emotional pressure of GBV (USAID/Banyan Global 30/01/2020).

There is very little data about GBV's prevalence in Yemen, but prevalence data reporting is not recommended, especially in humanitarian settings (NRC 02/12/2019; UNFPA 01/11/2019). Prevalence and incident data only provides a partial picture because powerful social taboos create high incidences of underreporting (NRC 02/12/2019). For example, GBV responders noted more GBV reports coming in from IRG-controlled areas than from DFA-controlled areas. Key informants suggested that it could be because the reporting environment is more enabling in IRG-controlled areas, where there are fewer barriers to GBV service provision (KII 09/08/2023; KII 15/08/2023). In general, GBV reporting across the country is rare, and women and girls fear that doing so will expose them to stigma or further violence (ACAPS 11/04/2023; Oxfam 09/2020; WILPF 12/12/2018; IRC 25/02/2019). Women who speak up or occupy public space become targets for harassment and violence (NRC 02/12/2019; KII 23/08/2023). One protection service provider noted that often, GBV survivors only report cases after they become public knowledge. These cases are often self-reported, although on occasion, community committees may refer cases to courts, health providers, or the police (KII 06/08/2023).

The latest trend analysis of gender-based violence indicates an increasing numbers of women and girls resorting to negative coping mechanisms, especially child marriage

and child labour. Partners providing GBV services reported an increase in street begging, school drop-out, early and forced marriage, which further strain the ability of families and communities to protect the most vulnerable especially children, adolescent girls and boys. Growing food insecurity and economic downturn are some of the key drivers of heightened protection risks (UNFPA MSOF Project Evaluation Report 2023).

Women and girls often normalise harmful gender norms, even participating in harmful traditional practices such as female genital mutilation (FGM) and child marriage, which are seen as a means of protecting girls. Generations of gender inequality, oppression, and violence against women and girls mean that survivors do not always recognise that they are experiencing GBV nor see these traditional practices as harmful. As one person who spoke with ACAPS noted, *"Culturally speaking, it is viewed as there is no violence... [Even] when there is a dispute in the family and people hit each other, this is not considered violence."* (KII 09/08/2023)

It is important to note that early marriage is considered a coping mechanism, both social (to protect against harassment) and economic (to reduce economic pressure and acquire dowry payments). In 2016, there was a perceived increase in polygamous marriages across the country (K4D 30/03/2017; CARE et al. 11/2016). While polygamy is not in and of itself a form of GBV, evidence in numerous contexts indicates that women in polygamous marriages are at significantly higher risk of GBV. A 2014 World Bank study found that being in a polygamous marriage increased the risk of domestic violence by 22% (WB 2014).

Sexual violence (including rape and sexual assault)

There has been an anecdotal rise in incidents of sexual harassment and sexual violence across the country since the conflict began. An increase in sexual harassment and rape has also been attributed to unemployment and the fact that men can no longer afford marriage but also have more free time to harass women and girls (SCSS 15/12/2019). Women and girls are at higher risk of sexual violence while performing chores, such as fetching water, with some noting that they no longer do these activities at night or alone (SCSS 15/12/2019; IRC 29/01/2020). It is worth noting that attitudes towards sexual violence are not uniform across the country (Oxfam 09/2020).

Cases of sexual violence are normally underreported or hidden because of the ramifications to the survivor, linked to issues around family honour, perpetrators and their families threatening violence, and a non-survivor-centred legal framework. Sexual violence is also rarely recognised within marriage because of a requirement in the Personal Status Law for women and girls to 'submit' to their husbands, including for sexual intercourse (see Section on Ineffective legal frameworks preventing GBV survivors from seeking justice).

According to Yemen's last National Health and Demographic Survey conducted in 2013, 19% of all women in Yemen had undergone some form of genital cutting. Most experienced cutting at a very young age, usually in infancy (Ministry of Public Health and Population/CSO 07/2015; UNFPA accessed 26/10/2023). According to the survey, FGM is most common in coastal regions, where between 62% (Al Hodeidah) and 80–85% (Hadramawt and Al Maharah) of women reported experiencing genital cutting. Reported rates were lower in the rest of the country, ranging from 0% (Al Bayda) to 21.5% (Raymah) (Ministry of Public Health and Population/CSO 07/2015). A more recent study conducted between July–September 2020 in the three coastal governorates with the highest FGM prevalence (Al Hodeidah, Al Maharah, and Hadramawt) also found that FGM levels remained very high at 89% (Al-Taj and Al-hadari 17/07/2023).

Although a 2001 Ministry of Health decree banned FGM in medical facilities, a little more than half (53.5%) of all the respondents in the same study said that a health worker performed FGM on their youngest daughter, suggesting a tension between policy and practice. Traditional practitioners performed the rest (Al-Taj and Al-hadari 17/07/2023; KII 03/08/2023).

Women who experience FGM are more likely to support its continuation because of the associations with hygiene, religion, and virginity preservation. It is also connected to improved marriage prospects because of the sociocultural associations between FGM and the suppression of female sexual desire (Al-Taj and Al-hadari 17/07/2023; UNICEF 2023). Girls are most at risk of FGM if their mothers have experienced it, if their fathers are older than 40, and if they live in rural areas (Al-Taj and Al-hadari 17/07/2023).

Physical violence (including domestic violence)

According to UNFPA, in 2018, nearly half of all reported GBV incidents were physical assaults (SCSS 15/12/2019). In a Ministry of Public Health survey conducted in 2013, 92% of women said that violence occurred primarily in the home (Ministry of Public Health and Population/CSO 07/2015). Protection service providers told ACAPS that domestic violence was among the most frequent forms of violence committed against women and girls.

Several factors expose women to higher risks of domestic violence. Perpetrators of physical violence tend to be close family members, and traditional family roles have changed because of the conflict and deteriorating economy (CARE et al. 11/2016; WILPF 12/12/2018; SCSS 15/12/2019). GBV service providers said the deteriorating economic situation prevents men from fulfilling their masculine role as providers, affecting their mental health. The lack of employment also increasingly turns them to qat, narcotic pills, and shammah (snuff), increasing their tendency for violence when they cannot afford these substances (KII 15/08/2023; KII 18/08/2023).

Across the literature and KIIs, there was a perceived increase in physical violence among siblings, with boys copying the behaviour of their fathers and using force against their

sisters. It is important to note that physical violence against women and girls has been normalised in Yemen. In an Oxfam study conducted between September–October 2020 across Aden, Lahj, Sana'a, and Ta'iz, 71% of participants justified a husband's punishment of his wife if she disrespected certain social norms. Respondents suggested that men have a right to 'discipline' their female relatives (ACAPS 11/04/2023; Oxfam 09/2020; ERT 29/06/2018; KII 15/08/2023). Youth participants in a Sana'a Center for Strategic Studies (SCSS) study noted that domestic violence "was the most psychologically difficult violence to cope with... explaining that violence outside the home was tolerable with support from the family but violence perpetrated by family members stripped victims of any sense of safety" (SCSS 15/12/2019).

According to UNFPA Yemen, ongoing conflict and deprivation have taken a heavy toll on the mental health of Yemenis, especially women and girls. The constant exposure to violence, trauma, and deprivation has led to a surge in mental health issues, including anxiety, depression, post-traumatic stress disorder (PTSD), and psychosis. Mental health care remains scarce, and mental illness is highly stigmatised. Around seven million people require mental health care, however, 120,000 of them access these services. There are only a handful of psychiatrists in Yemen, just one per 700,000 people (UNFPA November, 2023).

The increase in domestic violence cannot be divorced from the conflict's economic consequences nor from Yemen's patriarchal social norms and legal system that require women to be subservient to men. Women tend to be seen as occupying primarily domestic roles, and there is some evidence to suggest that "women's growing participation in the labour force... has led to increased domestic conflict, including verbal and physical abuse of women and children" (SCSS 23/07/2019; SCSS 15/12/2019; WILPF 12/12/2018). This is not to suggest that there are no positive impacts of women's participation in the workforce but that there is sometimes a short-term increase in violence against women as a result of feelings of powerlessness among some men when women begin to establish economic power (SCSS 15/12/2019).

Forced marriage (including early marriage)

Early marriage is both legal and widespread in Yemen. Even before the conflict, 52% of Yemeni girls were married before the age of 18 (CARE et al. 11/2016). According to the International Rescue Committee (IRC), the rate of forced and early marriage tripled between 2015 and 2018 (IRC 25/02/2019). Early marriage rates have reportedly increased during the conflict, driven by conflict-induced economic collapse and in response to the reported increase in sexual violence against girls. In these cases, early marriage is seen as a protection mechanism, both for the girl and the family's 'honour' (SCSS 15/12/2019; IRC 25/02/2019; K4D 30/03/2017; USAID/Banyan Global 30/01/2020; KII 09/08/2023; KII 15/08/2023; Oxfam 09/2020). Protection service

providers noted that this was especially prevalent on the west coast, in IRG-controlled areas. Economic vulnerability often results in girls being married early to secure dowry payments, pay debts, and relieve the cost of their care for their families (SCSS 15/12/2019; ERT 29/06/2018).

A 2014 IOM study found that some **forced marriages** (including early marriage) were 'tourist' marriages, where older men or men with disabilities from outside Yemen marry Yemeni women on short-term visits. The impact of such marriages can be devastating when husbands disappear without granting their wives a divorce (IOM 22/09/2015). While these practices are not new, government figures suggest that they had been declining before the conflict (SCSS 15/12/2019). Since marriage is often used as a coping mechanism, and given that economic considerations drive marriage trends, such marriages may be increasing again, to the detriment of women and girls (Al Jazeera 06/08/2015). The consequences of such marriages are varied and can range from domestic or sexual exploitation in the husband's country of origin to abandonment without divorce, leaving them in limbo and without support (IOM 22/09/2015).

Denial of resources, opportunities, or services

The denial of resources, opportunities, or services as a form of GBV is defined as the "denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services" on the basis of gender (GBVIMS accessed 24/10/2023).

Discriminatory societal attitudes towards women's movement and economic and social engagement remain entrenched. Yemen has ranked last in the World Economic Forum's Global Gender Gap index for several consecutive years. In 2022, it ranked 155 out of 156 countries, making it the country with the largest gender gap in the world. This means that women and girls face significant barriers to economic participation, education, health and political empowerment.

Lower educational attainment for girls in Yemen results from deep-rooted gender norms that prioritise boys' education over girls' and impede girls' access to public spaces, including schools. In rural areas, the lack of women teachers, gender-segregated facilities (both classrooms and WASH facilities), and female-friendly transportation, including the distance to such transport, all play a role in limiting girls' access to education. Girls are also withheld from school because of gendered expectations around reproductive work; they are required to help with housework (cooking, cleaning, fetching water and firewood, and childrearing), and it is assumed that they do not need education because they will not work and will continue to engage in domestic roles after marriage (USAID/Banyan Global 30/01/2020; SCSS 15/12/2019; ERT 29/06/2018). Reduced education access for girls affects their adulthood participation in the workforce and aggravates their risk of early marriage and its associated protection threats (SCSS 15/12/2019; ERT 29/06/2018).

Men tend to control decisions around healthcare and healthcare expenditure, and women need permission from their Mahram to seek sexual and reproductive health (SRH) services. This can result in healthcare access restrictions for women and girls (IRC 29/01/2020; ACAPS 11/04/2023). In Amran, Hajjah, and Sa'dah governorates, some SRH activities, especially those focused on family planning and contraception, have been banned (ACAPS 22/11/2022). In IRG-controlled areas, in general, family planning methods are less available, and natalist policies are increasingly being implemented. In DFA-controlled areas, family planning interventions have been stopped, and the position of the DFA is that "families should have as many children as possible to contribute to the war effort" (IRC 29/01/2020).

There has also been an increase in cases around the denial of inheritance and marital property. Legal service providers who spoke with ACAPS noted that the deteriorating economic conditions had led to an increase in women seeking to uphold their inheritance rights because they and their husbands no longer had access to income (KII 07/08/2023). Although women have the right to own land and non-land assets under Yemeni law, many struggle to claim their marital property or their share of family inheritance. Protection and legal service providers noted an increase in women seeking divorce because of increasing tensions and violence in the home perceived to be driven by the husband's inability to provide (KII 05/08/2023; KII 07/08/2023). There have been documented threats of violence against women and girls claiming their rights in the context of divorce or inheritance, and it is common practice for communal property to be registered in the man's name (father, husband, brother, or other male relative) (ACAPS 14/04/2023).

In one example, a woman's husband divorced her and left her with two children. After her father died, she asked her brother for her share of the inheritance (land) so she and her children could live with dignity. He refused. When she took the issue to court, her brother threatened her with violence and tried to kill her. Despite finding shelter through an NGO providing support to GBV survivors, she still cannot access her inheritance or return home out of fear of additional violence from her brother (KII 08/08/2023). Such practices undermine women's economic empowerment; in cases of divorce, women often end up homeless, with their former husbands retaining the conjugal property or land (ACAPS 14/04/2023 and 06/06/2023).

ACAPS did not come across any reports of girls under 18 seeking divorce, except for the publicised cases of Nujood Ali and Sally al-Sahabi (VOA 26/03/2010). This does not mean that such divorces do not occur, but they are likely less common as girls under 18 lack the power and resources to request divorce, and because of the social taboos around divorce. While seeking divorce is not always indicative of GBV and is not a form of GBV in itself, the denial of marital property is.

Psychological/emotional abuse

Psychological or emotional abuse occurs when perpetrators inflict mental or emotional pain on the survivor. This can include threats of violence, humiliation, harassment, stalking, intimidation, destruction of property (GBVIMS accessed 24/10/2023). Psychological and emotional abuse can also result in or be the result of physical or sexual violence (UN 02/08/2010). One UNFPA study reported that nearly one-quarter of all reported GBV incidents in 2018 were incidents of psychological abuse (SCSS 15/12/2019). There is limited information on psychological and emotional abuse in Yemen, likely because it has been normalised.

Sexual exploitation and abuse

There have been reports of humanitarian responders asking women and girls for sex in exchange for basic services, both among IDPs and in host communities (IRC 25/02/2019). One NGO working in the general humanitarian response in DFA-controlled areas noted that among the most prevalently disclosed sexual violence cases were those involving field staff and volunteers sexually exploiting and abusing recipients, especially against female heads of households (KII 16/08/2023).

DRIVERS AND FACTORS UNDERPINNING INCREASED GBV RISKS

Existing literature and KIIs identified the following as some of the primary drivers of GBV in Yemen:

- the breakdown and ineffectiveness of legal systems, lack of recourse, and a culture of impunity for GBV perpetrators
- the breakdown in social norms governing the use of violence
- sociocultural norms around shame and 'honour' that endanger GBV survivors, prevent people from reporting GBV, and allow perpetrators to get away with violence
- financial insecurity and economic precarity, leading to increased quarrels about spending and financial decision-making
- increasing male unemployment (and female employment), undermining men's traditional roles as providers and protectors of women
- lack of qat availability and the debt related to qat and/or other drug use
- overall increase in violence because of the conflict trickling down to the household level.

This report explores the four most commonly cited drivers: ineffective legal frameworks, conflict, gender norms, and conflict-induced economic collapse.

Ineffective legal frameworks preventing GBV survivors from seeking justice

Yemen has a legal pluralist system, which historically includes codified and customary law. In the current conflict, this system includes de facto laws in areas under the control of different groups. Even prior to the current conflict, the Government recognised customary law, and the Arbitration Law passed in 1992 "was a first step toward integrating tribal reconciliation and conflict management processes into the state's legal system" (CEIP 24/04/2012).

Yemen's legal system lacks an adequate legal framework to address GBV. Not only does it provide inadequate support for GBV survivors, but it also reinforces the very gender inequalities that sustain GBV. The constitution's equality clause¹ needs to be read with consideration to Article 31, which defines women as "the sisters of men";² placing women as subordinate to men (Republic of Yemen 20/02/2001). There are also no constitutional or legislative provisions preventing gender discrimination and no anti-discrimination legislation (ERT 29/06/2018). The Penal Code's provisions against rape may be interpreted to be qualified

¹ Article 41: "Citizens are all equal in rights and duties." (Republic of Yemen 20/02/2001)

² Article 31: "Women are the sisters of men. They have rights and duties, which are guaranteed and assigned by Shari'ah and stipulated by law." (Republic of Yemen 20/02/2001)



by Article 40 of the Personal Status Law, which “imposes a duty of obedience on married women”, including a requirement for “legitimate intercourse...when she is fit to do so” (ERT 29/06/2018; USAID/Banyan Global 30/01/2020). This leaves room for the law to be interpreted as supporting a husband’s sexual desire even when his wife is unwilling. Light sentences for men and the possibility of mitigated punishments also implicitly condone so-called ‘honour-based’ violence (ERT 29/06/2018; SCSS 15/12/2019). As one legal service provider noted: *“If a man kills his wife and says that she committed adultery with another man, it is considered an honour crime, and he is acquitted. If a woman kills her husband because he is an adulterer, she will be killed.”* (KII 08/08/2023)

Under Yemen’s current legal framework, women systematically have reduced rights, and their agency is often curtailed within legal processes. For example, men are granted guardianship rights over their female relatives, there is no minimum age for marriage, a woman’s testimony holds half the value of a man’s, and women cannot testify in cases related to zina (illicit or non-contractual sex) (SCSS 15/12/2019; WILPF 12/12/2018; ERT 29/06/2018; USAID/Banyan Global 30/01/2020). Women need their guardian’s permission to marry, and they lack equal rights in matters of divorce, inheritance, or child custody (CARE et al. 11/2016; K4D 30/03/2017). A woman’s verbal consent is not required for marriage unless she has already been married before: “The consent of a virgin shall be her silence”. Article 40 of the Personal Status Law also allows a husband to govern the conditions under which his wife leaves the home (ERT 29/06/2018).

The national legal framework functions alongside religious, customary, and tribal rules. Since 2015, more and more Yemenis have turned to tribal systems because the formal legal system has become defunct or inaccessible, especially in urban areas (USAID/Banyan Global 30/01/2020; NRC 02/12/2019). Where the formal legal system continues to function, it is characterised by nepotism, favouritism, fraud, and bribery, and it is so slow that people eventually lose both patience and the economic means to see a case through. Courts also lack privacy and confidentiality, exposing plaintiffs to the public (Validation session 01/10/2023).

Tribal arbitration underpinned by customary norms is both common and considered valid (ERT 29/06/2018). Even prior to the current conflict, customary legal structures were commonly consulted, especially when the formal legal system was weak or non-existent (USAID/Banyan Global 30/01/2020; ERT 29/06/2018). Tribal arbitration has systems to manage and respond to GBV and tends to promote reconciliation (ERT 29/06/2018). Despite this, some women prefer to access customary law because it is more accessible, cases are resolved more quickly, solutions are in line with societal norms, and women tend to be reluctant to approach male leaders unless they consider the problem to be severe (IRC 29/01/2020). Some of these customary norms were explained as follows:

“In one tribe in the north, there is a practice call[ed] arash. If a woman’s husband is beating her, she can go to the sheikh’s house or to a health centre and write a paper called arash. Her husband is then ordered to pay her an amount of money based on this arash that is determined by the level of physical harm and each type of injury. For a man to receive arash is considered shameful. Husbands can also be ordered to pay their wives for verbal abuse.” (KII 07/08/2023)

In DFA-controlled areas, some practices have not been formally codified but are mandated and enforced, such as the Mahram requirement and the imposition of dress codes. These have extended to some IRG-controlled areas, such as Abyan, Ad Dali’, and Lahj (ACAPS 22/11/2022 and 05/05/2023). The absence of conflict resulting from the April 2022 truce has had an adverse effect on women and girls as it gave the DFA the opportunity to impose stricter restrictions on communities under their control, including on movement (ACAPS 05/05/2023). These restrictions and norms change frequently, normally through verbal directives, contributing to an uncertain environment around freedom of movement for women and girls.

Barriers to justice for GBV survivors

The lack of legal and customary support for GBV survivors has resulted in a culture of impunity, contributing to systematic and widespread violence against women and girls. Legal illiteracy, the formal justice system’s inaccessibility, and a lack of knowledge about judicial systems bar women’s and girls’ access to legal support (ERT 29/06/2018; CARE et al. 11/2016). As noted earlier, even where the law is clear, such as the FGM ban in medical facilities, it is not always enforced (ERT 29/06/2018; UNFPA 16/05/2017).

Sociocultural norms are also a barrier to accessing justice. Most judges and customary authorities are men, and taboos around women speaking with male non-relatives result in women’s reluctance to approach men outside their family unless there is a serious problem or dispute (IRC 29/01/2020; NRC 12/02/2019). Family honour is often used as a justification to discourage GBV reporting, and many survivors choose not to report incidents out of fear of social stigma or further abuse (USAID/Banyan Global 30/01/2020; ERT 29/06/2018; Oxfam 09/2020).

Some women suggest that seeking legal assistance is considered a violation of cultural norms and could lead to further harassment or violence. This is further hampered by the lack of support services available to survivors (WILPF 12/12/2018). Those who choose to move ahead with court cases may find themselves abandoned by their families and without support, along with having to manoeuvre a discriminatory legal system that upholds patriarchal norms (CARE et al. 11/2016; ERT 29/06/2018). This is not limited to physical or sexual violence only. Women who are denied access to inheritance also have few avenues for redress (ERT 29/06/2018).

The repercussions of reporting sexual violence and abuse are evident. Girls who report sexual abuse may be accused of adultery, find that their word holds less weight against the male perpetrators', experience threats from other families, and end up imprisoned. Legal aid service providers noted that incest cases are especially difficult to manage, with police stations often believing adultery accusations leveraged against the survivor, doctors experiencing threats to prevent them from reporting the rape, or families covering up the abuse (KII 03/08/2023; KII 08/08/2023; KII 21/08/2023; SCSS 15/12/2019). This is illustrated in the following case:

"A girl told a social worker at her school that her father sexually assaulted her more than once. They advised her to report it to the police. She went to the police station, and they investigated her father. Her father denied this and accused his daughter of adultery with another person. She was imprisoned, and her father was released. The girl remained in prison, and she was not believed in court. Her mother would visit her in prison to threaten her and told her daughter that if she did not stop accusing her father, she would poison her." (KII 08/08/2023)

In another case, a girl told her father that her brother was sexually harassing and abusing her. When confronted, her brother instead accused her of lying and having a boyfriend. Her father severely beat her instead of making her brother face the consequences (KII 08/08/2023).

In cases where there has been a positive resolution, it is often down to the determination of family members and support from Yemeni organisations, such as in the following example:

"A four-year-old girl was raped by the imam of a mosque. Her mother contacted the police, and the imam denied it. When the girl's mother took it to court, she was not believed. However, she would not be silenced. She visited the imam's village of origin and found out he had a history of bad behaviour and had previously been expelled from his village for harassment and assault. The case was brought back to court. The mother received legal support and was able to prove her accusations, and the imam was imprisoned." (KII 03/08/2023)

Legal aid service providers also noted issues with confidentiality when cases were referred to the police and pointed out that the police stations and hospitals to which women and girls were referred may commit additional violence against the survivor (KII 08/08/2023; KII 09/08/2023). For example, a key informant recalled a case of a 13-year-old girl who was raped and transferred to a hospital for treatment. The girl's mother then found out that she was also being subject to sexual harassment by the attending physician (KII 08/08/2023).

Women and girls are often so deeply socialised in inequitable gender norms that they may not recognise their experiences as GBV and thus warranting a legal response. For example, 49% of women interviewed by the Ministry of Public Health in 2013 noted that "a husband is justified in... beating his wife" for a range of reasons, including refusing sexual intercourse or arguing (Ministry of Public Health and Population/CSO 07/2015). Societal attitudes also spill over into the interpretation and adjudication of formal and customary law, and access to legal systems is uneven for women and girls, especially those from marginalised groups such as the Muhamasheen³ and 'Muwaladeen'⁴ (ERT 29/06/2018; USAID/Banyan Global 30/01/2020).

Conflict, sociocultural, and socioeconomic drivers

GBV in Yemen cannot be understood outside the context of the current conflict and sociocultural norms that maintain a culture of impunity for perpetrators and position women and girls as subordinate to men, both legally and socially (IRC 25/02/2019). Gender norms are produced and reproduced through daily practices during times of both conflict and peace. "War is a condition, not an event", and enduring conflict normalises violence (Greig 26/03/2023; KII 21/08/2023). This means that not only is war gendered, but "it structures gender itself" at the same time. In many countries, including Yemen, conflict-induced poverty and the subsequent increase in domestic violence are "linked to the gendered expectations of [men] as providers for and protectors of their families" (Greig 26/03/2023).

While the conflict has allowed women and girls more access to the public sphere, public space has become less safe (SCSS 15/12/2019). The perceived increase in general violence is both a cause and result of GBV; women are less safe in public because of gender norms that position them as subordinate to men, norms governing women's access to public space, and a culture of impunity for perpetrators of violence. In turn, men are able to impose limitations on women's access to public space and movement, further increasing risks for the women who continue to circulate in public spaces. As one responder noted:

³ The Muhamasheen are a visible minority experiencing caste-based discrimination in Yemen. Referred to as "Akhdam" (Arabic for servant), they are considered to be the lowest social class in the country.

⁴ 'Muwaladeen' is a derogatory term used for Yemenis of mixed heritage who have one parent of another nationality.

“Generally speaking, my colleagues share with me every day a story about someone somewhere who has killed a colleague because she didn’t want to marry him, or a video of a woman walking in the street and a car coming from behind her and hitting her deliberately... The level of violence against women is very high in public spaces as well as in private.” (KII 23/08/2023)

GBV in Yemen also cannot be divorced from the patriarchal notion of women as a repository of family ‘honour’, with participants in a 2022 Oxfam study noting that the notion of family ‘honour’ would force many girls into child marriage (Oxfam 09/2020). The notion of family ‘honour’ can also result in more serious consequences for the girls who violate it, such as so-called ‘honour killings’ (USAID/Banyan Global 30/01/2020).

Conflict as a driver of GBV

Conflict affects men, women, boys, and girls differently, and its social and economic consequences often occur along sociocultural fault lines. In many cases, including in Yemen, this means that conflict aggravates existing limitations. Where violence becomes a part of daily life because of conflict, it expands across society and trickles down, affecting women and girls the most (K4D 30/03/2017; SCSS 15/12/2019). The proliferation of weapons, extreme poverty, and dissolution of social protection systems against violence result in a culture of impunity for GBV perpetrators, the disintegration of Yemen’s social fabric, a degradation of customary norms and laws governing the use of weapons, and an increase in ‘bystanders’ unwilling to intervene on behalf of women and girls because they fear for their own safety (KII 15/08/2023; SCSS 15/12/2019; NRC 02/12/2019).

Gender norms normalising the power of men and boys over women and girls

Women, girls, men, and boys are socialised into inequitable norms from an early age, resulting in normalised gender disparities that many do not recognise as abuse. Women, as the designated primary caregivers, are generally positioned as subordinate to men, who traditionally adopt the role of providers and decision makers inside the home (CARE et al. 11/2016). Violence against women and girls has been normalised, and women and girls are sometimes blamed for ‘inviting’ violence. In a 2011 Yemeni Women’s Union study, 37% of respondents said that violence was warranted against a ‘disobedient’ woman, and 35% linked domestic violence with a wife doing something wrong (SCSS 15/12/2019). An indicative baseline assessment conducted by Oxfam in 2020 found that 71% of respondents believed husbands had the right to engage in violence against their wives for a slew of reasons, ranging from raising her voice to leaving the home without his permission (Oxfam 09/2020).

Women may exert influence depending on a range of factors and circumstances (age, experience, absence of a male family figure, or income generation) and, as they get older, may become more involved in deciding how to spend family resources. Men generally take the lead in family planning and decision-making around how many children to have and which contraceptive methods to use, giving them the power to deny women and girls access to such resources (ACAPS 11/04/2023).

Shifting gender roles due to conflict-driven economic collapse

The role of conflict-driven economic collapse in increasing GBV incidence cannot be overstated. Both the conflict and accompanying economic crisis challenge existing patriarchal structures and traditional gender norms. Women have been pushed into the workforce, and men have been driven to the front lines, lost their businesses, or ceased receiving regular salary payments (SCSS 15/12/2019; ACAPS 11/04/2023). Because Yemen’s patriarchal social norms are a key factor in women’s low economic participation and given the prevalent stigma around women working outside the home, the increase in women working has had important consequences, especially if their work is considered to contravene societal norms (ACAPS 06/06/2023). Although women’s increased economic participation has resulted in an increase in some women’s decision-making power at the household level, it has also been linked to a perceived increase in domestic violence. It is worth noting that socioeconomic status may play a role in how much decision-making power women gain, with working women from economically vulnerable families potentially gaining more decision-making power than those from middle-class families (SCSS 15/12/2019).

In some areas, such as Ma’rib, increased household tensions have been attributed to women’s new roles as breadwinners (SCSS 15/12/2019; USAID/Banyan Global 30/01/2020). In others, young women have indicated that their families would not allow them to get married so that the family can continue exploiting their salaries (ACAPS 06/06/2023). The literature suggests that women’s economic success in the face of men’s mental health and economic struggles, along with men seeing women as competition for jobs, have also contributed to household and societal tensions (USAID/Banyan Global 30/01/2020; IRC 25/02/2019; SCSS 15/12/2019). Regardless, because women and girls have historically been denied equal access to education (a form of GBV), many lack the skills necessary to move into the workforce, and the market for opportunities that match their skill set is often saturated (USAID/Banyan Global 30/01/2020).



A WALK IN HER SHOES: AMAL'S JOURNEY TO SAFETY AND EMPOWERMENT

Amal's⁵ story was shared with ACAPS by Amal herself.

Amal's mother died in childbirth. Shortly after, her father traveled to a neighbouring country to work and left Amal in the custody of her maternal uncle, a wealthy and powerful member of his community. He raised Amal in his home but did not treat her as one of his own. All the domestic chores fell on her shoulders and Amal was subject to emotional and physical abuse. She was violently beaten for the smallest infractions, food was withheld, and she was often sent to sleep in the shed, with the animals. Amal's cousins also abused her physically and verbally, taunting her and saying she was born of zina (adultery) and that was why her father abandoned her.

When Amal was 12, her uncle took her out of school to marry her to his oldest son. Amal's marriage resembled indentured servitude. She continued to do all the domestic tasks, was not allowed to leave the home, and her husband beat her daily, even when she was pregnant.

Amal had three children. Because her youngest child was slightly darker than the others, her husband denied paternity and said Amal had "followed in her mother's footsteps". The physical abuse worsened. In one incident, her husband tied her youngest son up and locked him in another room, calling him a child of zina, "like his mother".

Amal finally decided to flee, taking her children with her. An NGO supporting GBV survivors provided Amal with cash assistance and helped her bring her case to court. However, Amal's husband bribed the judge and the court found her guilty of kidnapping her children. She was sentenced to five years in prison.

Undeterred, the NGO and Amal returned to court with the support from a human rights organization. They were able to provide evidence that her husband beat both her and her youngest child. This evidence and NGO's intimate knowledge of and engagement with the legal system resulted in a ruling in her favour. Amal's sentence was revoked, but her husband remained free.

Amal's husband began to threaten to kill both her and the children. She fled to another city and filed for divorce, with support from the same NGO. Although the divorce was granted, Amal remains in hiding; her husband and his family are still looking for her. The NGO has since provided Amal with support getting civil and legal documentation, mental health and psychosocial support, and training and in-kind support. Amal has since been able to establish a home-based business selling food. This pays her rent and allows all three of her children to go to school.

In 2023, Amal returned to school. She wants to become a lawyer and to help other women experiencing abuse. She is already supporting other GBV survivors, providing them with skills-training in cooking, setting up a small business, and marketing.

⁵ The real survivor's name has been removed for her safety. The name Amal was chosen because its meaning, "hope", symbolises the hope the subject of this story held onto and her resilience in the face of violence.

GROUPS PARTICULARLY VULNERABLE TO GBV

All women and girls in Yemen, bar none, are vulnerable to GBV. In an SCSS study conducted from November 2018 to February 2019, a young woman explained, "*There is no place for a girl to escape to except death or suicide. Everywhere she goes, she will be exposed to abuse and exploitation*" (SCSS 15/12/2019). The conditions resulting from conflict, such as the need to travel longer distances to access services, including healthcare, collect firewood, or use WASH facilities, put all women and girls at higher risk of harassment or violence, especially those who live in rural areas or IDPs (CARE et al. 11/2016).

The Mahram requirement is a systematised form of movement restriction imposed on all women in DFA-controlled areas and many women in IRG-controlled areas. Although the Mahram requirement changed again in late August 2023, reducing restrictions for women travelling within and between DFA-controlled governorates, there was no record of written guidance being provided to transport operators to rescind the previous requirement (ACAPS

30/08/2023). The changing of the requirement also does not oblige men to provide women under their guardianship the right to freedom of movement, even though it may alleviate some harassment of women on the part of authorities. The Mahram requirement, while restricting freedom of movement for women and girls, also places them at risk of other forms of GBV, such as the denial of resources, opportunities, and services. Like many other types of GBV in Yemen, it is also both a cause and consequence of GBV.

It is important to note the role that social capital plays in Yemeni society (ACAPS 08/02/2022; USAID/Banyan Global 30/01/2020). The groups identified below tend to have little social capital. It is also important to note the interrelated nature of social, cultural, and economic capital, which all contribute to an individual's status and resilience and affect their ability to access or afford legal recourse should they choose to report GBV incidents (USAID/Banyan Global 30/01/2020; Bourdieu 1986). Women and girls with less social and economic capital are also more vulnerable to GBV because they may have to work outside the home or their daughters may be forced into early marriage.

The intersection of vulnerabilities among and within different groups needs to be recognised.

All women and girls in the following groups may identify with one or more categories of vulnerability. The vulnerable groups below were selected based on the available literature and the findings from KIIs with operational and coordination responders (IRC 25/02/2019; SCSS 15/12/2019; USAID/Banyan Global 30/01/2020).

Girls under the age of 18

Across the literature and among key informants, there is a strong sense that conflict, insecurity, and economic collapse have increased cases of early marriage (SCSS 15/12/2019; USAID/Banyan Global 30/01/2020; KII 09/08/2023; KII 15/08/2023; UNICEF MICS 2022-23; GBV AoR, HNO 2023; UNFPA & UNICEF Global Programme phase 2). A baseline study by Oxfam found that nearly all respondents believed that girls should be married before the age of 18 (Oxfam 09/2020). Also of concern is the anecdotal increase in temporary or 'tourist' marriages, a form of sexual exploitation where girls are married to older men or men with disabilities from outside Yemen (Al Jazeera 06/08/2015; SCSS 15/12/2019).

All girls are vulnerable to GBV, but some girls are more vulnerable than others. Girls under the age of 18 from displaced families are considered more vulnerable to forced marriage, with suggestions that host communities exploit IDP vulnerabilities to secure young brides because early marriage is a common negative coping mechanism for families experiencing economic vulnerability (K4D 30/03/2017; ERT 29/06/2018). Muhamasheen girls are reportedly more vulnerable to early marriage (MRG accessed 23/07/2023; SCSS 15/12/2019).

The consequences of early marriage are severe. Early marriage and the denial of education access for girls are cyclically tied; early marriage can lead to a girl being withdrawn from school, but early withdrawal from school is also a risk factor for early marriage. Girls are also more likely to be withdrawn from school than boys (Education Cluster 22/01/2021; CARE et al. 11/2016). This has consequences on economic empowerment.

While stipulations on the consummation of marriage with a minor exist (namely that it cannot occur before puberty), there are no sanctions in place for violators. Because marital rape is not interpreted to be a crime and because Yemen has no minimum age for marriage or sexual consent, the rape of married girls is essentially legally sanctioned, with dire health consequences (SCSS 15/12/2019). Underage pregnancy is a major health risk. The general lack of access to healthcare across the country and girls' limited access to obstetric care increases the risk of obstetric fistula (SCSS 15/12/2019; ACAPS 26/08/2021; UNFPA 20/05/2020).

Because men tend to control decisions around SRH and healthcare in Yemen, and because girls in early marriages are more likely to experience various forms of GBV, it can safely be assumed that many girls experiencing early marriage also experience denial to access resources, including education and SRH.

Muhamasheen women and girls

The Muhamasheen, who make up approximately 12.7% of Yemen's population, experience multiple compounding vulnerabilities. Because they fall outside Yemen's tribal structure, Muhamasheen women and girls struggle to escape poverty, have little social capital, and have limited access to recourse – both through tribal and official systems (MRG accessed 23/07/2023; ERT 29/06/2018). When the Muhamasheen report GBV incidents (or attempt to assert other rights), courts are uncooperative, police refuse to investigate complaints, or the Muhamasheen were subjected to additional violence (ERT 29/06/2018; NRC 02/12/2019).

Muhamasheen girls are reportedly more vulnerable to early marriage because of their socioeconomic precarity and because marriage in Yemen is commonly considered a form of protection and a way to relieve debt (MRG accessed 23/07/2023; SCSS 15/12/2019).

Muhamasheen women are especially at risk of GBV, including sexual harassment, sexual exploitation, and sexual assault. Attempts to challenge such behaviour have resulted in violence towards these women's families and homes. Because of land discrimination and poverty, the Muhamasheen tend to live in makeshift settlements on the outskirts of cities and towns, with limited privacy (ERT 29/06/2018). The Muhamasheen were also among the first groups displaced by the conflict, further contributing to their general vulnerability. There have also been reports of other displaced people, host communities, and sheikhs preventing the Muhamasheen from accessing humanitarian assistance, IDP camps, or shelter in collective centres (ACAPS 14/04/2023; MRG accessed 23/07/2023; MRG 13/01/2016). This likely has consequences on their ability to access SRH services, pre- and post-natal care, and GBV services.

Internally displaced women and girls

Of the 4.5 million displaced people, an estimated 80% are women and children, whereas, approximately 26% of displaced households are headed by women (Yemen HNO 2023, UNFPA).

Women and children account for approximately 75% of IDPs in Yemen. Displaced women and girls are at greater risk of food insecurity and economic vulnerability, making them more vulnerable to forced and early marriage and sexual exploitation and abuse (IRC 25/02/2019). They are also more likely to live in crowded conditions with insufficient privacy, increasing the risk of sexual harassment (CARE et al. 11/2016; KII 06/08/2023; KII 15/08/2023). Many internally displaced women have lost their property and access to livelihoods and face limited access to basic services, insecure tenure, and a lack of access to adequate housing (K4D 30/03/2017; CARE et al. 11/2016; ACAPS 14/04/2023; ERT 29/06/2018). Possibly linked to these, there is anecdotal evidence of landlords sexually exploiting women and girls in exchange for rent (UN Habitat 07/08/2020). Protection service providers noted that IDP girls under 18 were especially at risk

of early marriage, which was seen as a coping mechanism to pay off debts, and that IDP girls were more likely to drop out of school and lack official ID documents (KII 06/08/2023).

“Displaced women have virtually no access to protection, security, justice, and other services related to GBV.” (Deem/UNFPA 01/08/2022). IDPs, especially displaced women and girls, have less social capital and less access to dispute resolution mechanisms, whether regarding physical and sexual violence or to secure inheritance (ACAPS 14/04/2023; CARE et al. 11/2016).

It is important to note that many IDPs are Muhamasheen and experience the compounding vulnerabilities of gender, displacement, and descent-based discrimination.

Women and girls with lower socioeconomic status

Social capital is built, maintained, stored, and used based on a range of factors, from kinship to geographic proximity (ACAPS 22/05/2022). Conflict, economic vulnerability, and displacement can all contribute to the deterioration of social capital, which is more acute for women and women-headed households because of the economic component required for building and maintaining social capital. Other groups, such as the Muhamasheen and refugees, also lack social capital and cannot draw from this resource for support or to meet their needs.

Displaced women, women with reduced education access, and economically vulnerable women have had to work in lower-paid or stigmatised roles, such as cleaning, begging, or selling items on the streets, all of which expose them to risk of GBV (SCSS 15/12/2019; ACAPS 06/06/2023). Working in public-facing or stigmatised roles or in roles that expose them to men without the benefit of ‘protection’ (by virtue of gender or social status) increases GBV risk, as does the reduced ability to seek redress for violence committed against them. Girls from families with lower socioeconomic status are at higher risk of early marriage, especially considering the role marriage plays in Yemen as both a coping mechanism and a form of ‘protection’ of the girl’s and family’s ‘honour’.

Female migrant workers passing through Yemen

Many migrant workers and asylum seekers, mostly from Ethiopia and Somalia, pass through Yemen on their way to the Kingdom of Saudi Arabia (KSA). Although the Flow Monitoring Registry of the IOM Displacement Tracking Matrix recorded a decrease in migrant arrivals in August 2023 compared to previous months, thousands of people continue to travel through Yemen and are extremely vulnerable to violence and exploitation, including GBV (IOM 06/09/2023). Migrant workers transiting to KSA are at risk of human trafficking, extortion, detention, forced or unpaid labour, and rape (ACAPS 03/03/2023; HRW 07/12/2022).

While not all violence against migrants is GBV, a detailed report by UN experts noted that migrant women and girls face an increased risk of sexual violence from smugglers and security forces collaborating with the Yemen Immigration, Passports and Naturalization Authority (IPNA) (HRW 07/12/2022; OHCHR 03/10/2022). Migrant workers travelling through Yemen held in an IPNA reception camp in Monabbih, Sa’dah, were reported to have had to finance the continuation of their journey “through forced labor, sexual exploitation, drug trafficking, and other forms of exploitation” (OHCHR 03/10/2022). There are also reports of migrant worker women being subjected to sexual slavery and other abuses by Houthi forces and the Southern Transitional Council (MEE 07/09/2023).

Female refugees and asylum seekers

Prior to the current conflict, 244,204 Somali refugees were already living in Yemen in camps or rural areas. In 2018, 70% of the female refugees and asylum seekers in Yemen who participated in a focus group discussion reported having experienced sexual harassment, abuse, or exploitation in Yemen (ERT 29/06/2018). Crowded living conditions and a lack of privacy in refugee and detention camps all contribute to increased GBV risk for the women and girls residing in these camps and rural areas.

Refugees and migrant workers struggle to access justice within the Yemeni system for many reasons, including underreporting because of fear of deportation, a lack of social or economic capital to access informal and formal justice systems, and discrimination and an unwillingness on the part of authorities to intervene, especially when the perpetrator is Yemeni (ERT 29/06/2018).

Groups for whom there is currently insufficient information

- Although it is well documented across contexts that **women and girls with disabilities** are especially vulnerable to sexual violence, their experiences and risks were glaringly absent from much of the existing literature but were mentioned by some of the protection service providers who spoke with ACAPS. People with disabilities in Yemen continue to experience stigma and discrimination (ERT 29/06/2018).
- There is some but not enough evidence of GBV against **detained women and girls**. A 2018 study by Equal Rights Trust found insufficient female guards and allegations of sexual violence and rape in prisons. Women and girls may also need a male family member to consent to their release, putting those who have been disowned or who do not have family at risk of extended detention (ERT 29/06/2018).

- There is insufficient information about the extent of **widows'** vulnerability to GBV. Legally, the consent of widows is required for a second marriage, but they are more economically vulnerable, experience difficulties accessing their inheritance, and do not have a male 'protector'.
- Violence against **activists and humanitarians, especially women**, needs to be further explored. Extreme actions against women activists and aid workers, such as detainment, imprisonment, torture, and kidnapping, have been documented, as well as organised online campaigns ridiculing women activists in Yemen and the diaspora (YPC 12/2022). Recent amendments to the Mahram requirement also exclude Yemeni women working in INGOs or civil society organisations (CSOs) (ACAPS 30/08/2023). Some men have also complained that the increase in humanitarian jobs has mostly benefited women (SCSS 15/12/2019; USAID/Banyan Global 30/01/2020). This may contribute to the increased targeting of humanitarian women given tensions around employment.

Men and boys

Women and girls disproportionately experience the majority of GBV in Yemen, but there are documented cases of men and boys facing violence based on their gender, especially during conflict. Cases of sexual violence against captured and detained men and boys – both Yemeni and migrant – as a form of torture have been documented in existing literature and mentioned by some of the protection service providers who spoke with ACAPS (CARE et al. 11/2016; ERT 29/06/2018).

There are reports of an increase in Yemeni boys experiencing rape and sexual violence (ACAPS 11/04/2023; SCSS 15/12/2019). Muhamasheen boys are especially vulnerable to sexual violence (ERT 29/06/2018). According to an SCSS study, respondents were willing to talk about sexual violence towards boys, but they did not raise the issue of the rape of men. There are anecdotal reports, however, about the sexual abuse of boys in the workplace (such as bathhouses), the recruitment of boys into prostitution, and rape in schools (SCSS 15/12/2019).

Male survivors of sexual abuse, like female survivors, face stigma. Fear of putting the family's reputation at risk and threats of violence from the families of perpetrators limit the willingness of survivors and their families to report such incidents (SCSS 15/12/2019; CARE et al. 11/2016).

THE CURRENT GBV RESPONSE IN YEMEN

Because of sociocultural and administrative taboos around responding to GBV in Yemen, most GBV service provision occurs either through WEE activities or through women's and girls' safe spaces (WGSS), normally located in health centres (KII 09/08/2023; KII 22/08/2023). As at 23 October 2023, the Women's Protection area of responsibility covered 20 governorates and 127 districts. Within this, there were 31 safe spaces, eight shelters, seven psychosocial support centres, three multisectoral service centres run by the Ministry of Social Affairs and Labour and the Turkish Red Crescent, and three hotlines (Women Protection AOR accessed 23/10/2023). However, the number of WGSS has declined from 51 in September 2020 to 31 as at October 2023, despite ongoing need (Validation session 01/10/2023; Protection AOR accessed 14/11/2023). All staff from local organisations who spoke with ACAPS noted that they had received training on GBV, protection, safe space management, case management, and SRH.

Humanitarian responders reported that they worked first on trying to increase societal understanding of what constituted violence – that violence included verbal, economic, and psychological components as well as physical and sexual. Significant training around referral mechanisms and responding to GBV has also taken place (KII 09/08/2023). NNGOs working in GBV service provision generally provide support to GBV survivors through WEE. Some organisations provide legal aid through legal consultations with an in-house lawyer or legal accompaniment to police stations and courts.

Challenges

The humanitarian operating environment in Yemen remains extremely restricted, especially in DFA-controlled areas where humanitarians cannot officially respond to GBV (KII 05/08/2023; KII 08/08/2023). Bureaucratic and administrative impediments delay, hinder, and even prevent the delivery of humanitarian assistance. Humanitarian responders who spoke with ACAPS noted the involvement of both DFA and IRG authorities in hampering coordination efforts, bans on coordination meetings altogether to maintain fragmentation within the response, and government interference in GBV programming (KII 09/08/2023; KII 15/08/2023; KII 21/08/2023). The turnover within the Government is also high, with humanitarian responders required to re-establish relationships and raise awareness about GBV every time officials cycle in and out of their roles (KII 15/08/2023). Some humanitarian responders are afraid of sharing information publicly, even within coordination mechanisms, for fear that they may face retaliation from the respective authorities (KII 15/08/2023; KII 21/08/2023).

Restrictions around the use of certain terms, such as 'GBV' and 'rape', make it difficult for responders to raise awareness about and respond to GBV. One responder noted that it is also

difficult to ensure that international entities, including donors, understand the terms used in DFA-controlled areas, such as 'bad behaviour' instead of 'rape' (KII 15/08/2023). Operational difficulties also mean that following up on cases is extremely difficult (KII 22/08/2023). Sensitivities and restrictions linked to GBV programming mean that non-GBV responders are often unwilling to integrate GBV-risk mitigation measures throughout their programming despite this being a core responsibility of all humanitarian responders (KII 23/08/2023).

Funding for the Yemen crisis in general and the GBV response in Yemen specifically has decreased year after year as the funding gap continues to rise. The 2023 Humanitarian Response Plan has received less than half of the funding needed for the year (ACF et al. 14/09/2023; OCHA 20/09/2023). The Protection Cluster is severely hampered and continues to struggle to reach women and girls. No targets for activities related to women's protection (or protection in general) are currently on track to be fully reached by the end of the year, and funding has resulted in the decline in WGSS, as mentioned above (Protection Cluster 28/08/2023). The lack of funding also has a direct impact on staff – both those working in coordination and those providing services to GBV survivors – all of whom are overworked and do the job of multiple people given these funding cuts (KII 08/08/2023; KII 09/08/2023; KII 21/08/2023). When funding is cut, GBV projects tend to be the first projects that humanitarian responders drop (KII 21/08/2023).

The Mahram requirement for women aid workers makes movement within the country difficult (ACAPS 30/08/2023; KII 21/08/2023; KII 22/08/2023). This requirement, which has been loosened recently, remains enforced for Yemeni women working in INGOs, NNGOs, or CSOs (ACAPS 30/08/2023). This greatly reduces women's and girls' access to services and reduces the humanitarian response's understanding of their needs by limiting the presence of female humanitarians in assessments (ACAPS 05/05/2023; KII 15/08/2023). A new requirement in DFA-controlled areas stipulates that both Yemeni men and women attending conferences, training sessions, or workshops abroad must have a permit from the Secretary-General of the Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (ACAPS 30/08/2023).

Physical access to comprehensive GBV services remains a critical gap given insufficient funds and because the conflict has decimated much of Yemen's infrastructure and government-run services, including the healthcare, road, and water systems. Many GBV services are provided via health facilities, but the conflict has had a dire impact on healthcare services across the country, with many facilities being inadequately staffed and ill equipped to respond to GBV needs (IRC 29/01/2020). In 2022, 49% of health facilities were either partially functional or non-functional because of shortages in staffing, funding, and power (OCHA 20/12/2022). In rural areas, an estimated 90% of health facilities lack GBV services (KII 09/08/2023). This is compounded by the lack of available female healthcare professionals, the rising cost of fuel, and mobility restrictions (USAID/Banyan Global 30/01/2020; IRC 25/02/2019; KII 21/08/2023).

These affect the ability of women and girls to access not only family planning services and maternal care but also GBV services altogether (IRC 25/02/2019). The destruction of roads and lack of safe and culturally appropriate transportation methods also affect the ability of GBV survivors to access services (KII 15/08/2023).

Sociocultural norms and expectations also hinder the ability of women and girls to access GBV services. Additional workload and caregiving responsibilities as a result of the war, combined with the normalisation of certain types of violence, limit women's access to humanitarian assistance and services, especially when requiring travel over long distances (USAID/Banyan Global 30/01/2020; ACAPS 30/08/2023). A lack of civil and legal documentation is also a barrier for women and girls seeking services (KII 15/08/2023). The lack of understanding about GBV and the upholding of harmful sociocultural norms affect the success of the GBV response (KII 15/08/2023; KII 16/08/2023; KII 21/08/2023). Humanitarian response staff do not exist outside of the norms in which they have been conditioned, and some responders noted that members of their own staff maintained harmful views about women and girls (KII 09/08/2023).

If not managed carefully, GBV programming is seen as an attempt by the international community to target Yemeni religious and cultural values and to encourage immoral behaviour. Social media campaigns in both IRG- and DFA-controlled areas have targeted humanitarian organisations and called on Yemenis not to allow female family members to participate in humanitarian programmes or work for humanitarian organisations (ACAPS 22/11/2022 and 30/08/2023; KII 03/08/2023). This is aggravated by the fact that some WEE programmes do not always consider the Yemeni context, culture, or dynamics, resulting in the stigmatisation or harassment of women participating in activities that contravene social norms in the community (ACAPS 06/06/2023). Insufficient funding for sensitisation and prevention activities, such as awareness raising and engagement with government officials, police, and judges, allows such views to proliferate and severely hampers effective GBV response (KII 05/08/2023; KII 09/08/2023; KII 15/08/2023; KII 21/08/2023).

WAYS FORWARD: PROVISION OF GBV SUPPORT TO SURVIVORS

A comprehensive and survivor-centred approach to providing GBV services in Yemen is extremely difficult. **The first step towards addressing GBV is understanding and addressing the gender norms that perpetuate violence.** Because these are the norms in which women and girls (as well as men and boys) are socialised, challenging them and supporting women and girls to recognise the normative behaviours they accept as part of life as abuse is difficult but necessary.

Operational challenges in Yemen around discussing and responding to GBV have required the humanitarian response to take an integrated approach to GBV response, incorporating it into other types of humanitarian programming, such as WEE and health (KII 05/08/2023; KII 08/08/2023). **An expansion of the integrated approach is the best way forward** because GBV is a cross-cutting issue. Interviewees who spoke with ACAPS about WEE noted the need to engage and establish trust with local authorities and ensure societal support for such projects (ACAPS 06/06/2023). They also noted that GBV services must continue to be linked to the provision of other services, such as vocational training, safe spaces, and WEE (KII 05/08/2023; KII 08/08/2023).

“Programmes and donors need to work on the humanitarian/economic crisis facing the country and the millions of IDPs deprived of basic services. To address GBV in Yemen, a holistic approach to interventions is needed. GBV is more than just ‘rape survivors’. Prevention activities need to be given special focus, and the inclusion of men and boys (adolescents and youth) is crucial.” (KII 21/08/2023)

GBV programming cannot be divorced from the localisation agenda. Yemeni women’s rights organisations “are at the forefront of the struggle to end GBV in Yemen”, providing GBV survivors access to resources, safe spaces, and information (Oxfam 09/2020). As highlighted in Amal’s story and some of the other cases throughout this report, it is Yemeni organisations that are providing direct support to GBV survivors and accompanying them. Another example recounted was:

“There was a husband who would beat his wife so severely that he broke her head open and she ended up with fifteen stitches. He also broke her shoulder. We helped her make a health report, moved her to a shelter, and got her legal support. She fled from her city to another city, where her sister had displaced to and was living in one of the camps. We bought her a caravan, helped her with her divorce, and provided her with psychological support.” (KII 06/08/2023)

NNGOs and Yemeni women’s rights organisations are best placed to establish good relationships with courts, public prosecutors, and health facilities in IRG-controlled areas with whom they conduct regular meetings (KII 06/09/2023; KII 22/08/2023). As one international responder said, *“Most of the concepts [of GBV mitigation] are Western concepts and are not adapted to the local and religious context... People do not wait until they better understand the context in Yemen to implement accordingly”* (KII 09/08/2023). NNGOs and Yemeni women’s rights organisations fill this gap. In DFA-controlled, Yemeni responders have been able to meet with judges and local authorities to improve advocacy on women’s issues and help them understand that supporting women does not equate to destroying homes and enforcing un-Islamic values (KII 06/09/2023). Some responders noted that it is easier to coordinate and work with police stations and courts in IRG-controlled areas than in DFA-controlled areas (KII 06/08/2023).

Capacity strengthening and an increase in available resources is needed for humanitarian responders and local authorities (KII 15/08/2023; KII 23/08/2023). Additional training for health workers is required, as is the increase in female health providers and the number of WGSS. One anecdote provided to ACAPS was of a mental health and psychosocial support clinic within a hospital that had not had any female attendance because the attending doctor was male (KII 21/08/2023). There are also still no clear mechanisms for coordination with authorities, and authorities are not aware of the mechanisms for coordination with one another (KII 15/08/2023).

Although Yemeni women’s rights organisations and NNGOs have had some successes in the courts, it is important to remember that very few GBV cases end up in court precisely because of low reporting rates and the social stigma that goes along with reporting. Legal resolution also does not always guarantee women’s safety (as seen in the case of Amal, who remains in hiding). It is also important to **expand training on GBV risk mitigation for non-specialised service providers and strengthen referral pathways** (KII 21/08/2023). Some non-specialist providers who spoke with ACAPS noted that if faced with a GBV case, normally cases of domestic violence, and asked to resolve it, they do so in line with the preferences of the family, whether that is involving a community leader or referring the case onwards (KII 15/08/2023). This is not in line with the GBV minimum standards for a survivor-centred approach, where the survivor’s wishes are respected and where the survivor is the primary decision maker throughout the process (UNFPA 01/11/2019). GBV response should only be carried out by trained and specialised organisations; others should be capacitated to only make safe referrals.

Effective GBV response requires collaboration among various stakeholders. As one NNGO noted, *“Violence... has become a societal phenomenon and needs joint collaboration [between civil society and government] to address it.”* Closer engagement between government departments, NGOs, community leaders, and international organisations to ensure a

comprehensive and survivor-centred approach is necessary (KII 15/08/2023). This includes continued advocacy with authorities around access to GBV interventions and awareness-raising on GBV.

Effective GBV programming must include communities. One responder noted that they had the most success when they were able to generate tribal support from sheikhs (KII 21/08/2023). Community-based strategies for GBV prevention and community-based protection mechanisms are key, and communities should be involved in pinpointing high-risk areas. This includes engaging influential leaders and religious figures (KII 09/08/2023).

Finally, **continued funding for GBV programming is necessary.** GBV is a protection, human rights, and public health crisis. Responders noted that donors had been supportive of GBV programming and understanding of the myriad difficulties that humanitarians face in addressing GBV (KII 21/08/2023). Comprehensive GBV programming needs significant amounts of money and a long-term strategy to address harmful gender norms (KII 23/08/2023). While some donors have shown a willingness to fund multiyear projects in response to advocacy from humanitarian organisations and to address complex issues such as GBV, they remain uncommon (EC 13/02/2023).