NAVIGATING THE INCREASED PUSHBACK ON GENDER-BASED VIOLENCE TERMINOLOGY IN THE ARAB REGION

GUIDANCE TO GBV COORDINATORS & PROGRAMME MANAGERS

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Around the world, efforts to advance gender equality and combat gender-based violence (GBV) are facing intensified resistance. A global wave of rising conservatism, backlash against women's rights, and shrinking civic space is threatening decades of hard-won progress. This trend is not confined to any one region—it is unfolding across continents, in both conflict-affected and stable settings alike.

The Arab States region has not been spared. Across the region, the discourse surrounding GBV and gender equality is increasingly constrained. Political instability, growing conservatism, and further restrictions on civil society have placed significant pressure on women's rights organizations, activists, and service providers. These challenges undermine both policy advocacy and the delivery of life-saving services to GBV survivors. Yet despite these obstacles, organizations, agencies, and advocates continue to adapt and persevere—developing context-specific, resilient, and often innovative strategies to sustain essential work in an increasingly difficult environment.

Key challenges

The escalating legal and policy restrictions on civil society and humanitarian / development operations, foreign funding, and pushback on public advocacy on gender-related issues have made it more challenging to address GBV. Governments in some countries are enacting or strictly enforcing laws that limit the ability of organizations to provide life-saving services to GBV survivors or to advocate for their legal protections. In many cases, legislative backsliding threatens existing protections, making it harder to pass or implement anti-GBV laws. This restrictive environment is further compounded by growing social conservatism, where religious and cultural rhetoric is increasingly used to justify gender inequality and suppress discussions on GBV. Women's rights activists as well as those working on GBV response service provision face heightened backlash, social ostracization, and, in some cases, threats to their safety for delivering GBV response services as well as speaking out on these issues.

Restrictions on media and digital spaces have significantly contributed to the shrinking space for GBV advocacy. Platforms that once empowered activists to raise awareness—such as social media—are now heavily monitored and censored. In some cases, those against gender equality are using these same platforms to publicly discredit, humiliate, and exclude women's rights advocates. This has led to a surge in online harassment, doxing[1], and disinformation, which often compels activists to self-censor—further limiting their ability to advocate or deliver services.

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[1] doxing means to search for and publish private or identifying information about a particular individual on the internet, typically with malicious intent.

The suppression of credible voices also distorts social media algorithms, which tend to monetize sensational or harmful content. As a result, misinformation is amplified while accurate information is pushed to the margins, normalizing distorted narratives. This environment makes it increasingly difficult for activists and organizations to mobilize support, share reliable information, or counter victim-blaming narratives. At the same time, declining funding and narrowing programmatic space have placed additional pressure on organizations working to prevent and respond to GBV. Shifting national and international funding priorities increasingly sideline gender and GBV-related initiatives in favor of politically "safer" issues. In response, many organizations are forced to reframe their work to align with donor or government preferences—often at the expense of survivor-centered approaches.

How organizations and advocates are responding

In the face of these mounting challenges, some women's rights organizations and GBV prevention and response service providers are finding (albeit limited and constrained) ways to continue their critical work. These include:

- Engaging with authorities to explain the meaning of the terms being used and addressing areas where misinterpretation has occurred.
- Aligning as much as possible terminology with UN language that has been endorsed/ accepted at the country level by the Government.
- Collaborating with civil society organizations, many of which are women-led, to better understand the pushback on the language and terms that are being challenged.
- Identifying alternative terms; for example, replacing "GBV" with "Violence Against Women" (VAW)" or "Women's Protection"; replacing "gender equality" with "social justice between men and women"; "Women's Empowerment" , or "Family Cohesion" in other contexts.
- Integrating GBV activities under less sensitive interventions, such as MHPSS, livelihood, and health sectors, means moving away from standalone GBV interventions. This can result in adjusting terms, for instance Case Management, instead of GBV Case Management.
- Maintaining programme models, while adjusting labels so as to reduce visibility, for instance, instead of Women and Girls Safe Spaces (WGSS) or Women Centre, use Opportunity Centre, or Oasis or another name that doesn't link to the interventions being provided in the space.

However, there is concern that compromising on language around GBV and women's rights will come at a cost to women and girls and the overall achievements and progress on these very issues.

In the Arab States region, there is growing pushback against the use of gender-based violence (GBV) language and terminology. This has placed increasing pressure on humanitarian and development actors to dilute or omit key terms—compromising not only the language but also the substance of GBV prevention and response efforts. Language is not merely symbolic; it shapes how violence is understood, addressed, and ultimately prevented.

This resistance comes despite notable progress in several crisis-affected Arab States, where important legal and policy frameworks have been established or strengthened to uphold women's rights and protect against GBV. However, implementation remains a major challenge, and the erosion of clear, rights-based language further undermines the ability to turn these frameworks into meaningful action.

For example, in Libya, the Constitutional Declaration of 2011 affirms the equality of all citizens, and subsequent legal reforms have attempted to enhance protection for women; however, armed conflict and political fragmentation have severely limited enforcement[1]. In Yemen, despite its ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) without reservations, the ongoing conflict has reversed many gains, although local initiatives such as the National Strategy for Women's Development (2013–2025) still provide a framework for future reform[2]. In Syria, the 2019 amendments to the Penal Code abolished the provision that allowed rapists to escape punishment by marrying their victims[3], reflecting a move toward aligning national laws with international human rights norms despite the devastation of war.

Similarly, in Palestine and Sudan, efforts have been made to address GBV and uphold women's rights amidst conflict and displacement. The Palestinian Authority adopted the Family Protection Bill (awaiting ratification), which seeks to criminalize domestic violence and offer services to survivors[4]. Sudan's transitional government, before the 2021 military coup, repealed laws such as the Public Order Act and ratified amendments criminalizing female genital mutilation (FGM)[5], representing historic progress. Whilst Lebanon has laws criminalizing domestic violence, gaps continue to exist in the enforcement of these resulting in often limited protection for survivors. The Law on the Protection of Women and Family Members from Domestic Violence (Law 293/2014) was a significant step, but it does not fully criminalize marital rape[6].

Nevertheless, across these contexts, structural instability, limited judicial capacities, and ongoing violence continue to hinder the realization of legal protections.

Regional instruments, including the Arab Strategy for the Prevention and Response to All Forms of Violence in Asylum Contexts[6], recognize the compounded vulnerabilities faced by women and girls in humanitarian settings and emphasize the urgent need for comprehensive, survivor-centered approaches that integrate protection into emergency response frameworks.

Using accurate, rights-based terminology allows us to recognize the specific and systemic nature of GBV, affirm survivors' experiences, and ensure that responses are tailored to their needs. Eroding this language risks rendering both the violence and its root causes invisible, ultimately undermining our ability to protect and support survivors and those at risk of GBV.

Maintaining clear and consistent terminology is also essential for accountability. Terms like "gender-based violence," "gender," "gender equality," "sexual and reproductive health rights," "bodily autonomy," "rape," "survivor," and "patriarchy" carry legal and normative weight, grounded in international human rights frameworks such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action. These terms establish obligations for state and non-state actors and allow for monitoring of progress and compliance. Diluting this language to appease political or ideological resistance weakens our collective ability to hold duty-bearers accountable and risks normalizing impunity in contexts where survivors already face immense barriers to justice and support.

Moreover, compromising on language sets a dangerous precedent. Concessions made in one context are quickly cited in others, creating a domino effect that further erodes hard-won rights and protections. While navigating shrinking civic space and state resistance requires strategic engagement, it should not come at the expense of the core principles that underpin our work.

Upholding precise and principled language on GBV is not just a matter of integrity—it is a fundamental necessity for ensuring effective, survivor-centered, and transformative action. Language shapes the way issues are understood, prioritized, and addressed; imprecise or diluted terminology can obscure the lived realities of survivors, minimize the systemic nature of GBV, or even reinforce harmful stereotypes. For instance, euphemistic or overly general language may depoliticize violence against women and girls, framing it as isolated incidents rather than as manifestations of deeply rooted gender inequalities. Conversely, using clear, rights-based, and survivor-centered language affirms the dignity, agency, and experiences of those affected, while also holding perpetrators and institutions accountable.

Principled language strengthens legal, policy, and humanitarian responses by ensuring that frameworks clearly identify and target the specific forms of discrimination and violence that women and marginalized groups face.

In humanitarian settings, where the risks of GBV are heightened and where interventions must be rapid and sensitive, the clarity and accuracy of language become even more critical. It ensures that GBV prevention and response mechanisms are inclusive, that services are tailored to the needs of survivors, and that advocacy efforts drive systemic change rather than merely addressing symptoms. Ultimately, precise and principled communication is essential not only for honoring survivors' realities but also for advancing meaningful, transformative gender justice.

At the same time, we must recognize the operational complexity of this issue.

In some highly restrictive environments, upholding precise and principled language on gender and gender-based violence (GBV) must be carefully balanced with the urgent need to maintain access to lifesaving services. GBV actors often face difficult choices: in contexts where authorities reject or resist the use of GBV terminology, insisting on uncompromising language could result in the closure of safe spaces, mobile clinics, psychosocial support programmes, and other critical services that thousands of survivors and those at risk of GBV depend on. In such situations, a two-track approach may be the best approach. This decision however should not be taken lightly. It requires constant ethical reflection, contextual analysis, and advocacy behind closed doors. While principled language is essential, so too is the survival of services, and the ultimate goal remains the same: to protect and uphold the rights and dignity of survivors and those at risk of GBV, even in the most challenging circumstances.

A two track approach consists of one track where organizations strategically adapt or soften their language, framing GBV interventions under themes like family well-being, public health, or social cohesion, to ensure continued service delivery. And a simultaneous second track, where organizations and advocates, behind closed doors, engage directly with authorities and power holders to better understand the root causes of resistance to GBV terminology, while steadily working to shift attitudes, build trust, and open space for more principled discourse over time.

To adapt to restrictive environments, organizations are also modifying their messaging and advocacy strategies. Rather than framing GBV discussions solely as human rights issues, many advocates are linking them to broader themes such as family well-being, public health, and economic stability and the financial costs and strains GBV places on national systems, to gain wider acceptance. Storytelling and personal testimonies are being used to humanize GBV issues and reduce resistance to discussing them. In addition, digital resilience strategies are being employed to maintain safe online spaces for information-sharing and survivor support. Encrypted communication channels and private online communities are increasingly used to facilitate secure discussions, while activists are receiving training on digital security to protect themselves from surveillance and online harassment.

Strategic partnerships have also become essential in sustaining GBV advocacy. Women's rights organizations are collaborating with humanitarian actors, legal professionals, and international bodies to ensure that GBV remains on the agenda despite restrictions. By engaging male allies and non-traditional partners, advocates are working to challenge harmful gender norms from within conservative spaces. Where direct advocacy on GBV is not possible, organizations are integrating gender-sensitive approaches into broader policy discussions, such as economic development and conflict resolution, to ensure that gender concerns remain part of the discourse. Encouraging incremental legal reforms and policy shifts has become a key strategy in navigating restrictive environments.

To sustain GBV advocacy and implementation of GBV prevention, risk mitigation and response services in the Arab States, international donors and organizations must increase flexible and long term funding for local women's rights groups and ensure protection mechanisms for women's rights activists, and GBV response service providers at risk. Governments should uphold their commitments to international human rights frameworks and ensure that GBV survivors have access to justice and support services. Civil society actors and advocates must continue to develop innovative, context-sensitive and holistic advocacy approaches that keep GBV on the agenda despite growing conservatism.

Checklist for GBV coordinators and programme managers on assessing GBV terminology adaptation in sensitive contexts

Category	Question	Yes	No	Sub-Question if Yes	Sub-Question if No
1. Context and Risk Assessment	Have we conducted a political and cultural risk analysis of the operating environment?	☐	☐	Have we documented key findings and mitigation measures?	Can we immediately initiate a rapid risk assessment?
	Are there known government/community red lines on specific terminology (e.g., "gender," "GBV," "SRHR")?	☐	☐	Are there identified entry points / allies to discuss the concerns on terminology? and can we achieve similar results even if using different terminology in the specific context?	Can we identify potential risks if we proceed without adaptation?
	Have we mapped recent cases where GBV-related language led to backlash, access denial, or programme closure?	☐	☐	What lessons can be drawn from these cases?	Can we collect data on incidents within the last 12 months?
2. Community & Stakeholder Engagement & feedback	Have we identified local sensitivities and taboos related to GBV discussions and terminology acceptability and risks?.	☐	☐	What terms are recommended by local actors?	Can we organize consultations urgently?
	Are we involving local communities (especially women, girls, survivors) to assess safe/acceptable language?	☐	☐	What language is locally perceived as non-threatening yet empowering?	Can we integrate community feedback mechanisms quickly?
	Have we considered the impact of language on different groups (LGBTQIA+, survivors with disabilities, etc.)?	☐	☐	What tailored messaging strategies are needed?	Can we perform an inclusion-focused language review?

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3. Protection of Services & Access	Would using unmodified GBV language risk suspension or shutdown of critical services?	☐	☐	Which services are at immediate risk, and what contingency plans exist?	Can we confirm that language will not endanger service delivery?
	Will softening terminology allow sustained access without compromising survivor safety or rights?	☐	☐	Have we validated this with staff, local partners, and communities?	Should alternative access strategies be explored?
4. Terminology Alternatives & Framing	Have we identified alternative terms that still reflect the core GBV issues?	☐	☐	What terms will be used and in what contexts (internal/external)?	Can we urgently brainstorm appropriate alternatives?
	Can the adapted language align with international human rights frameworks?	☐	☐	What adjustments are needed to ensure compliance?	Can we seek technical guidance from UN or legal experts?
	Is there a plan to reintroduce accurate language when space allows?	☐	☐	What are the trigger points for language revision?	Can we develop a phased advocacy plan now?
5. Ethical Considerations & Accountability	Are we clear that adapting language does not change the substance of survivor-centered programming?	☐	☐	How is this clarity being communicated internally?	Can we conduct an urgent training to reinforce this principle?
	Have we documented the ethical reasoning behind any language adaptations?	☐	☐	Where are these records maintained for transparency?	Can we immediately develop a documentation protocol?
	Are we maintaining internal consistency in GBV terminology even if external messaging is adapted?	☐	☐	How are we ensuring internal staff are aligned on correct terms?	Can we schedule an internal orientation on consistent terminology?

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Category	Question	Yes	No	Sub-Question if Yes	Sub-Question if No
6. Advocacy & Donor Communication	Have we communicated with donors/UN partners about strategic language adaptations?	☐	☐	What has been the response, and what additional support can be mobilized?	Can we initiate discussions with key partners?
	Are we continuing advocacy for accurate terminology behind closed doors?	☐	☐	What are our current entry points and champions for closed-door advocacy?	Can we identify new and discrete channels for advocacy?
7. Monitoring & Review	Are we regularly reviewing the impact of adapted language on survivor access, safety, and service quality?	☐	☐	What feedback or monitoring indicators are being used?	Can we urgently build a monitoring framework?
	Is there a plan to revisit language use every 6–12 months as the political space shifts?	☐	☐	What factors will trigger reassessment?	Can we integrate this into organizational planning cycles?

Note: Any adaptation in language must prioritize survivors' dignity, safety, and access. Shifting terminology is not a compromise of principles - it is a strategy that must be deployed cautiously, transparently, and with a clear path to upholding rights-based framing.

Footnotes

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7. UNFPA & UNICEF. (2022). *Countering Online Misinformation on GBV and SRHR.*
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