

# SGBV BASELINE ASSESSMENT

SGBV Trends, Risk Factors and Coping Mechanisms among Syrian  
Refugee Communities in the Bekaa - Lebanon



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 **UNHCR**  
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## The UNHCR Baseline Study

This baseline study was commissioned by UNHCR to gather extensive qualitative information on the complex nature and underlying issues associated with sexual and gender-based violence (SGBV) facing refugees in the Bekaa Valley in Lebanon. Previous assessments have indicated high levels of SGBV but the associated risk factors were less well understood. Additionally, the lack of a country-wide plan of action on SGBV was creating additional challenges to strategic and streamlined programming in trying to address the needs of affected people in the region. This has in turn highlighted the need for a baseline study to act as a basis for a Bekaa-wide plan of action for SGBV.

This study was carried out by ABAAD in partnership with the UNHCR sub-office in Bekaa in coordination with the Bekaa SGBV working group in 2017.

## Acknowledgements & Authorship

ABAAD and UNHCR Bekaa office coordinated and oversaw the implementation of this assessment in consultation with the Bekaa SGBV Working Group.

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## Table of Contents

Acknowledgements & Authorship .....	2
Executive Summary .....	5
INTRODUCTION.....	7
Contextual Analysis .....	7
Implications on SGBV .....	8
SGBV Service Gaps .....	9
ASSESSMENT GOAL & OBJECTIVES .....	11
ASSESSMENT SCOPE & METHODOLOGY .....	12
KEY FINDINGS & ANALYSIS .....	14
Trends, Aspects and Conditions for Sexual and Gender Based Violence .....	14
General Sense of Safety and Security in Bekaa.....	14
Analysis of Community Awareness of SGBV .....	17
Sexual and Gender Based Violence Trends.....	21
Contributing Factors to Sexual and Gender based Violence .....	25
Coping Mechanisms as Identified by Community Members .....	30
Coping Mechanism Matrix .....	30
The Coping Mechanisms Matrix – at the Family or Group Level .....	32
The Coping Mechanisms Matrix – at the Community Level .....	32
The Coping Mechanisms Matrix – views on the special role of men.....	33
Recommendations for Prevention and Response Mechanisms .....	34
Service Availability and Identified Gaps.....	36
Community Knowledge of Available SGBV Services .....	36
Identified SGBV Service Gaps by target population.....	38
Summary analysis of SGBV Programming Gaps.....	40
Triangulation with other Data Sources .....	44
DISCUSSION & RECOMMENDATIONS .....	46
Trends of Gender Based Violence .....	46
Actions toward violence.....	47
Community Recommendations .....	49
REFERENCES .....	51

## LIST OF ACRONYMS & ABBREVIATIONS

<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>SGBV</b>	Sexual and Gender Based Violence
<b>GBV</b>	Gender Based Violence
<b>PSS</b>	Psycho Social Support
<b>LCRP</b>	Lebanon Crisis Response Plan
<b>GBVIMS</b>	Gender Based Violence Information Management System
<b>VASyR</b>	Vulnerability Assessment of Syrian Refugees
<b>IASC</b>	Inter-Agency Standing Committee
<b>WHO</b>	World Health Organisation
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WFP</b>	United Nations World Food Programme
<b>MoSA</b>	Ministry of Social Affairs
<b>PA</b>	Participatory Assessment
<b>LCRP</b>	Lebanon Crisis Response Plan
<b>DRC</b>	Danish Refugee Council
<b>IRC</b>	International Red Cross
<b>FGD</b>	Focus group discussion
<b>II</b>	Individual Interview
<b>GOL</b>	Government of Lebanon
<b>ITS</b>	Informal tented settlement

## Executive Summary

Almost seven years into the Syrian Crisis, the outlook for refugees in Lebanon is increasingly precarious, as poor communities across the country continue to suffer as a result of the ongoing conflict. According to the Vulnerability Assessment of Syrian Refugees (VASyR) that was published in December 2017, 76% of refugees from Syria residing in Lebanon live in poverty, driving an increase in negative coping mechanisms such as mounting debt, child labor and early marriage. The protracted displacement and the increasing vulnerabilities related to legal status, economic insecurity and severe living conditions in crowded settlements, further exacerbate the risk of sexual and gender-based violence (SGBV) incidences.

In 2017, further layers of gaps were identified by the GBV actors in Lebanon. The main gaps in the SGBV Sector in Lebanon in 2017 according to the SGBV Taskforce members are related to assistance for survivors wishing to relocate to a safe place, either alone or with children, the availability and access to legal services, and the availability of socio-economic empowerment activities. From the community's perspective, it is observed that many refugees, in particular those who are living outside the camps or in rural and remote areas, lack access to information and are unaware of mechanisms and procedures to obtain access to SGBV related services, such as legal counselling in case of SGBV, which undermines their sense of security and leaves them vulnerable to exploitation.

The objective of this study is to generate baseline information based on a scientific methodology of data collection to determine the nature of current aspects and scope of SGBV in the Bekaa region of Lebanon, and proposes community-based and culturally-sensitive recommendations to contribute to the development and implementation of a Bekaa-based SGBV strategy. The qualitative assessment used convenient sampling methodology to select participants for twenty-four focus group discussions (FGDs) and twenty-nine individual interviews. From the refugee population, participants included women, men, boys and girls, including men and women with disabilities. SGBV service providers were also consulted. A total of 204 individuals were consulted through 24 FGDs and 29 individuals through one-on-one interviews.

The outcomes of this study ascertain that refugee communities in the Bekaa region face high levels and multiple forms of SGBV, which complements previous findings that associate increased incidence of SGBV as the period of displacement prolongs. For the Bekaa region, the most common forms of SGBV reported by refugees are verbal and sexual harassment of women and girls by both Lebanese and Syrians, especially when accessing public spaces outside their homes/tents. Factors heightening the vulnerability and risk to SGBV include poor living conditions, inadequate shelter and being part of a female single-headed household. Despite that almost all participants agreed that women are the most vulnerable to violence, men, on the other hand, face high levels of physical, structural and emotional violence inflicted upon them by the Lebanese communities and the failing legal and protection mechanisms in Lebanon.

As for the available services, adult men and women, adolescent girls and boys, and persons with disabilities had significantly varying knowledge of the services available within their community to respond to SGBV incidents. For example, some knew of the available services and details on how to access them; others merely knew about the presence of the services; while some had no information on what types of services are being available or how to access them.

Lastly, this report proposes community-based recommendations to enhance SGBV prevention and response in the Bekaa valley. These recommendations, developed through a participatory based approach, can serve as a guide to develop region-specific strategies but may also be applicable to shape nation-wide interventions.



# INTRODUCTION

## Contextual Analysis

Almost seven years into the Syrian crisis, the outlook for refugees in Lebanon is increasingly precarious, as poor communities across the country continue to suffer as a result of the ongoing conflict [1]. In 2017, a number of assessments were undertaken and published, including the annual survey of Syrian refugee households in Lebanon, the Vulnerability Assessment of Syrian Refugees (VASyR) that was published in December 2017 [2].

Over 76% of refugees from Syria residing in Lebanon live in poverty, driving an increase in negative coping mechanisms such as mounting debt, child labor and early marriage [2]. The vast majority of refugees remain without residency (despite a waiver of fees for some refugees earlier in 2017) substantially hampering their freedom of movement, access to services and assistance. Lack of livelihoods, limited access to clean water and other natural resources, to education and health services, as well as lack of knowledge and skills increase the vulnerability of refugees and underprivileged populations in general [3].

On the ground, recent announcements of **cuts in cash-based assistance** caused alarm for thousands of affected families. Moreover, some refugees living in the Bekaa have faced **eviction orders** and have been required to leave their informal settlements or other rented accommodation. **Social tension** between host and refugee communities have also risen with a number of protests against Syrian workers and businesses witnessed across Lebanon earlier in 2017. Consultations conducted by humanitarian agencies [4] have identified that: a sense of insecurity (particularly in the area of Aarsal) and fear of raids, arrest and detention linked to lack of legal stay; lack of access to assistance and decent work to meet basic needs; discrimination and increasing social tensions are all identified by refugees as 'push factors' in their consideration about whether to return to Syria before conditions are in place for refugees to return voluntarily in safety and dignity.

## Bekaa valley

In **May** 2017 eviction notices issued by the Lebanese Army Intelligence to 86 informal tented settlements around the Riyak Air Base resulted in the eviction of 4300 families. Many were homeless for days, as they required an approval from the municipalities in given areas to relocate. In addition to increasing the socio-economic vulnerability of the populations, the eviction put women at higher risk of GBV and domestic violence. As the presence of army members increased, Syrian refugee women reported fearing to reach out to medical and psychological services in the area.

Furthermore, in early **July**, a child was killed and several people injured as a fire erupted in a camp where hundreds of Syrian refugees were residing. The fire destroyed at least 100 tents and injured 6 people. Built spontaneously, these makeshift settlements are at higher risk of domestic accidents, especially during summertime, with the heat increasing the threat of fires.

In July, a convoy of refugees left the Lebanese border region for Syria. It is the second group to return across the Aarsal Border under an agreement arranged by the Lebanese Shia party Hezbollah. In the summer of 2017, around 7,000 refugees returned from the Bekaa to Qalamoun and Idlib area. International relief organisations were not given access to the returnees either prior to, or during, the transfers, and have cautioned that conditions for a safe and voluntary return might not have been met. [6]

## Implications for SGBV

The protracted displacement and increasing vulnerabilities related to legal status, economic insecurity and severe living conditions in crowded settlements, further exacerbate the risk of GBV incidences. In Lebanon, refugee women and girls and boys, especially from the refugee communities, are disproportionately affected by SGBV including domestic violence. According to ABAAD's report *Shifting Sands* [7], women are facing increasing domestic violence as most of the refugee men are unable to fulfil their traditional "masculine" roles as heads and protectors of their families, which often results in aggressive behavior towards their families – wives and children.

The changes in family dynamics resulting from the crisis have also contributed to increased stress for both refugee men and women. Due to the dearth of job opportunities, and as many lack legal status and are more likely to be stopped at checkpoints, many men cannot fulfil their traditional gender role of breadwinner and protector of the household. In some cases, this shift in family dynamics has led to a feeling of powerlessness among men who can resort to harmful practices, such as domestic violence, as an answer to the erosion of their traditional gender role [8].

The sector plan for Protection commented on the Participatory Assessment (PA) findings of increased psychological distress and social isolation of members of the displaced Syrian community. Specifically, on SGBV, it reported on the data collected through the GBVIMS and how it, in combination with other data collection methods, showed an increase in SGBV risk and that,

*"child mothers, early married girls, unaccompanied girls and adolescents, women and girls with disabilities and single heads of households are most at risk. Since 2014, in almost nine out of ten reported cases, survivors have been women and girls. One in four reported cases of SGBV involve children. The most commonly reported types of violence involve physical violence, mainly linked to violence within the family or home, sexual violence (rape and physical assault), as well as forced marriage. Specifically, 24% of reported cases involve incidents of sexual violence, of which 8% are rape. According to the 2015 GBVIMS trends, 68% of reported incidents are committed by family members, and 73% took place inside the survivor or perpetrator's household"* [9].



On the other hand, in order to provide for their families, either because their husbands cannot work or because they are absent or missing due to the conflict, women are forced to take on new responsibilities and many of them work in the informal market. Yet, these economic opportunities put them at high risk of exploitation, harassment and other forms of violence as perpetrators are often not subject to legal repercussions [8].

Moreover, recent assessments confirm that domestic violence, sexual harassment and exploitation as well as forced/early marriage remain the main protection concerns for women and adolescent girls. Unaccompanied girls, single heads of households, child mothers/spouses, and women/girls living with disabilities are particularly exposed to such risks. According to a recent regional report on the situation of women and girls affected by the Syrian crisis, mobility restrictions in urban areas limit the ability of women and girl to access goods and services provided by the government and/or humanitarian organizations [10].

### Specific Vulnerabilities of Syrian Refugees in Bekaa

The Bekaa Valley hosts the highest number of Syrian refugees in Lebanon. The socio-economic vulnerability of refugee households in the Bekaa has led to an increase in early marriage. According to UNFPA, child marriage affects 24% of refugee girls in Lebanon [13]. In very underprivileged communities, the daughter may be perceived as an additional financial burden and her marriage a way of alleviating it as the husband will be expected to provide for her needs. In addition, he has to pay a dowry to the girl's family prior to marriage. Other reasons explaining the practice are traditional norms and the search for safety as the husband becomes the daughter's guardian.

### SGBV Service Gaps

In 2017, further layers of gaps were identified by the GBV actors in Lebanon. The main reported gaps in the SGBV Sector in Lebanon in 2017 according to the SGBV Taskforce members [11] are the assistance for **survivors wishing to relocate to a safe place**, either alone or with children, the **availability and access to legal services** (among other SGBV related services), and the availability of socio-economic empowerment activities.

While trends related to reported incidents of SGBV remain stable (domestic violence, sexual assault, early marriage, sexual exploitation), the SGBV sector focused on analyzing data and trends related to access to services for survivors. GBVIMS data analysis indicates three main services being declined by survivors: referrals to legal assistance (47 percent), safe house/shelter (41 percent) and security/protection services (40 percent), while psychosocial support services continue to be the first entry point for survivors. Data collected through focus group discussions reveal reasons why survivors of SGBV fear accepting needed services. Survivors are sometimes reluctant to accept referrals to legal services due to: **limited information available to access services**, **lack of documentation** (including proof of marriage) and **fear of losing custody** over their children. Furthermore, survivors of domestic violence, in particular, are very reluctant to

reach out to legal service providers due to fear of retaliation by close family members and limited protection available [11].

## Relevance of SGBV Services

Access to information and knowledge is still paramount for refugees. Many refugees, in particular those who are living outside the camps or in rural and remote areas, are unaware of mechanisms and procedures to obtain access to services, such as legal counselling in case of SGBV, which undermines their sense of security and leaves them vulnerable to exploitation. They are also unaware of other service providers. There is no one place or entity where they can go to obtain information, referrals, and register their complaints etc. Many refugees rely on rumors and hearsay, which fuels a sense of despair and dissatisfaction with the situation and results in an increase in the level of disappointment towards the aid community. Especially women do not have sufficient information on access to assistance and other SGBV related services. Combined with their lack of mobility and authority, women have little say when it comes to quality of assistance [12].

## Safe Shelters

Regarding accessibility to safe accommodation and relocation services, some reports [11] indicate that **survivors may decline referrals to safe long-term** shelters due to some of the shelters' entry requirements and strict regulations (limited access to phones, curfews). Additional challenges may be posed by some restrictive entry criteria, for instance boys above nine years and survivors with mental health disorders are not accepted. In other instances, survivors may decline a shelter referral as they do not want to interrupt their children's daily routine, particularly when their children attend school in the same geographical area of residence. Overall, data analysis shows that access to security/protection services remains challenging for socially marginalized groups.

This severe lack of safe shelter and adequate psychosocial and legal support services for Lebanese and especially non-Lebanese survivors of SGBV in Lebanon became ever more apparent with the influx of Syrian refugees to Lebanon. Given the scarce shelter services offered to Lebanese survivors, refugee women and children are often not accepted at these shelters and therefore face even greater difficulties in overcoming the cycle of violence.

# ASSESSMENT GOAL & OBJECTIVES

The overall objective of the study is to generate baseline information based on a scientific methodology of data collection to determine the nature of current aspects and scope of sexual & gender based violence in the Bekaa region of Lebanon, and propose community based appropriate recommendations to contribute to the development and implementation of a relevant SGBV strategy.

The baseline study aims to provide concrete recommendations for future SGBV programming, listing priority issues and strategic interventions with a view to:

- Strengthen SGBV prevention, identification and response services and coordination around response, addressing gaps and enhancing delivery of services, while ensuring the entire cycle from prevention to provision of care and reintegration of survivors, and building on existing structures;
- Strengthen community-based prevention and protection mechanisms;

To reach its goals, this study was designed with three research components to better understand:



# ASSESSMENT SCOPE & METHODOLOGY

A desk review of qualitative and quantitative data sources looking at the nature of aspects and levels of SGBV violence at a regional and national level and in the Bekaa region was conducted. The outcomes of the review were used to guide the assessment scope and guided the development of research tools.

## Data Collection:

ABAAD team in consultation with UNHCR team developed three (3) main assessment tools to collect information from target populations as per the pre-set objectives. Given the broad scope of the assessment, the team opted to collect information through Focus Group Discussions (FGD) and Individual Interview questionnaires. The assessment tools include:

1. Focus Group Discussion (FGD) Guideline for community members
2. FGD guideline for service providers
3. Individual Interview Questionnaire

**FGDs** were used to collect information for the objectives relating to: *SGBV Trends and Risk Factors*, and *Analysis of Existing Prevention and Protection Services*. The data was collected by two experienced researchers in qualitative research methodologies; with each discussion lasting an average of 1 hour and 15 minutes (almost all discussions were audio recorded after acquiring verbal consent from participants).

- A total of 24 FGDs were conducted targeting community providers, adult men and women, adolescent boys and girls and men and women with disability.

**Individual Interviews** were used to collect information relating to the objective: *Existing Community Mechanisms*. The data was collected by three community member (2 women, 1 man) who were inducted on the developed questionnaire. The research team opted to use a community based data collection approach, noting the specificity of the topic (all interviews were audio recorded after acquiring verbal consent from participants).

- A total of 29 individual interviews with community members comprising - 19 women and girls and 10 men.

The qualitative assessment used convenient sampling methodology to recruit participants for the Focus Group Discussions (FGDs) and Individual Interviews with target populations. A total of 204 individuals were targeted through FGDs and 29 individuals through one-on-one interviews.

**Geographical coverage:** the assessment targeted the three sub regions of Bekaa area; central, west and north Bekaa. At least one FGD was conducted with each target population in each of the sub-regions in addition to at least 9 individual interviews.

***Ethical considerations:*** verbal consent was obtained from FGD and Individual Interview participants prior to their participation in the study. Participation was done on a voluntary basis and participants were informed that they can stop their involvement at any time without any implications for their access to services and/or aid.

All FGD and Individual Interview recordings were labeled using a coding system by the research team without identifiers, and were kept on password protected computers. The recordings and transcripts were only accessed by the research team for data analysis.

### **Data Analysis:**

The current study is a qualitative study analysed based on grounded theory through thematic analysis of data obtained through FGDs and individual interviews with community providers, adult men and women, adolescent boys and girls and men and women with disability. The FGDs and IIs were transcribed by professional transcribers familiar with the concepts of SGBV. The data was then coded, by a qualitative researcher, for recurrent codes and added to an analysis matrix with the emerging themes on one axis and the different participant groups on another axis to allow for comparison between different participant groups. Recurrent themes were identified guided by the objectives and the guiding manuals of UNHCR, but with flexibility to identify emerging themes.

The themes were identified as follows:

- 1- The current trends of violence (physical, sexual, emotional, structural and harmful traditional practices);
- 2- The conditions for violence (security issues, social norms and cultural factors, socio-economic status, failing legal systems and protection mechanisms, and individual factors);
- 3- Community coping mechanisms in response to violence (prevention and response at the individual, family, community, and culture levels);
- 4- Community awareness of existing SGBV services;
- 5- Gaps in the current services and response mechanisms to SGBV (legal system, design/logistics of services, and individual and cultural factors);
- 6- Refugee community recommendations for improving the available services and the SGBV situation (on the systems level and the programmatic and services levels).

Quotes were inserted to support the data. However, the quotes were anonymized to protect the privacy of the participants.

# KEY FINDINGS & ANALYSIS

## Trends, Aspects and Conditions for Sexual and Gender Based Violence

### General Sense of Safety and Security in Bekaa

The most recurrently reported problem that threatens refugees and exposes them to violence is **intolerance and xenophobia from the Lebanese community**. All participant groups reported that they have witnessed some form of intolerance from the Lebanese host community. Participants disclosed that some host community members have ridiculed, insulted, beaten and threatened the refugees. According to the participants, some Lebanese people see Syrians as “inferior” and do not respect their rights. Alarmingly, there was a general rhetoric that **Lebanese men see Syrian women as vulnerable and an easy target for sexual harassment and/or marriage** with only minimal consequences if they committed any form of violence against them. Participants reported multiple situations in which host communities have exerted their power and authority on them. Men also shared their sense of helplessness when facing physical and verbal aggression from the host community. This is due to the failing social protection schemes and the inadequate legal systems that insufficiently provide Syrians their full rights and deters them from reporting any incidents. When subjected to any form of violence, participants generally reported to not trust the local or national authorities to protect them. On the other hand, multiple participant groups mentioned that **Lebanese are also prone to violence from Syrians** (rape, kidnapping, robbery etc.), and thus explained that this could probably be one of the reasons why Lebanese are vigilant towards Syrians.

Another contributing factor reported is the **unsafe living conditions**, which also threatens the refugees. Adolescent girls living in Informal tented settlements (ITS) viewed them as unsafe places without proper roofing and a hub full of violence. According to women, living in a tent is far from safe, they can be easily damaged (vandalized, robbed, burnt, etc.). However, it is worth noting that gendered differences in the perception of security was apparent; women generally felt more insecure in the ITS structure compared to men. Men felt secure in their settlements and had a sense of belonging and collectiveness as compared to non-ITS settings. They believed that their female family members were safe in an ITS setting since everyone is within a family/community setting where they feel protected. In general, and even before the Syrian crisis, Syrians belonged to collective communities with strong family ties. This assessment portrays that their sense of collectiveness and belonging moved with them to their respective living accommodations even after displacement.



*"In the camp there is safety. We're all one family. Young and old men and women are safe in the camp. When they step outside the camp, there is no safety." Adult man, ITS*

Men also expressed insecurity and fear of ITS structures as they posed a higher risk for fires.

**Others areas reported** as potential sites for increased incidents of SGBV to both women and men included: deserted areas, public transportation, desolated villages, places with previous history of violence, places where intoxicated men gather, schools, and overly crowded areas such as the market. Most of the participant groups viewed **night-time as most unsafe** when the risk of violence is increased. However, others expressed that violence can occur at any time of the day. Based on this thinking, many women expressed feeling unsafe to go out alone; they prefer to be accompanied by a group of women or by a man from their families. This is not only a requirement for protection reasons, but also a cultural/social practice.

## Men

Claims were made that the Lebanese community is intentionally targeting Syrians. General accusations of discrimination were also made. This is in contrast to the views of women, who suggested that life was safer in Lebanon as compared to living in Syria. The reported discrimination by men highlighted three main issues: there were claims of discrimination by (1) the authorities when attempting to report an incident of SGBV, (2) by professionals working in hospitals, clinics or health centers, and (3) by security forces at border checkpoints. The men claimed that there had been an increase in psychological distress for them due to their constant worry over legal documents and physical hazards such as accidental fires in tented areas.

*"They attacked the camp several times... So, 12 men came in 4 cars and burnt the camp. And they wanted us to pack our things and leave." Adult Man, tented settlement.*

It was suggested that physical assault was more likely if a person was employed because it made them more of a target for theft. In regards to SGBV, a widely held view is that there is little evidence of SGBV but that verbal abuse, usually in the form of "cat-calling", is a frequent occurrence.

## Women

In terms of SGBV, there was a general notion that there had been no incidents within the camps over the last few years, but this is not consistent with other SGBV assessments. They did however report incidents of physical assault and robbery. As above, there was a contrasting view (compared to men) that life was safer in Lebanon and that adverse events only occur in Syria. Similar concerns over safety in terms of insecurity of tented areas were specifically mentioned, those being related to fire hazards. Psychological

distress was seen as an issue due to the frequency of verbal abuse and insults Syrian women endure. There was further suggestion of what might be regarded as “secondary vicarious traumatization” and specific mention was made of psychological distress in relation to hearing sounds of assault in neighboring tents.

## **Boys**

This group raised many more concerns than any of the other groups about male to male physical violence and assault. They stated that most of the violence was coming from the Lebanese community. They claimed that Lebanese men would target Syrian boys rather than women; the latter being seen as a rare occurrence. Some suggested that these attacks took place outside of the camp areas, while others suggested that camp raids by gangs of men were a common occurrence. This group highlighted the use of weapons in the forms of guns often to kidnap or rob people for financial gain. Many expressed that robbery could result in murder and that physical assault was never experienced by some individuals.

## **Girls**

This group stated that the risk of kidnapping was higher in public spaces. They stated that crowded areas increased the risk of kidnapping, unlike another group, which will be discussed later, that claimed crowded places are safe spaces. They stated that kidnapping was not always directed to the Syrian community but also to the Lebanese community; usually facing kidnappings by Syrians for financial purposes. Concerns were raised over theft in general (specifically that the home environment was not safe in this regard) and also from car hold-ups where armed men demanded money. In terms of general safety and SGBV related prevention, similar views were raised with regard to hazards of specific locations such as abandoned buildings, streets and during commute to and from school trips.

## **Service Providers**

GBV service providers discussed the issue of safety and security for refugee communities. The general view was that the incidents of SGBV were fairly low, whereas harassment was a frequent occurrence. It was felt by this group that SGBV awareness was low, as was the level of parenting skills. In addition, it was suggested that there was a general lack of problem solving skills within the community. Concern was raised over the general use of technology; specifically, mobile phones, which they felt, increased the risk of exposure or threats of SGBV to individuals.

## **Persons with Disabilities**

Many issues of safety were raised. First, the report of increased anxiety and what appears to be one of the cardinal symptoms of PTSD – i.e. hypervigilance – were mentioned to be apparent because of the daily threat of danger they were facing. Mixed views were raised regarding the safety of camp settings. Some people felt safe if they had good neighbors

and others felt safe if they lived on their own. Lastly, they stated that both night and day were equally dangerous; an example of daytime kidnapping was cited, and robbery - even in community clinics. This is an important point given the general advice of not going out in the evening or dark because it is deemed to be too dangerous.

In terms of the risk of SGBV, this group highlighted contrasting views. Some suggested that SGBV was virtually non-existent because women were staying in at night thereby preventing any occurrence - while others suggested that this was happening at noon in crowded areas. They also raised worrying concerns over the perceived increased vulnerability of survivors of rape. It was stated that being a survivor of rape increased the risk of further violence; suicide, forced marriage and/or even honor killings as a consequence and “solution”. They also mentioned that these risks could apply equally to the perpetrator as well as the survivor.

### Analysis of Community Awareness of SGBV

In general, all groups were aware of some form of sexual exploitation or abuse. All subgroups were able to identify high-risk locations. The degree of awareness and forms differed between subgroups. **Men were highly aware that women faced sexual exploitation, harassment, and rape in the public sphere.** Women were also aware of sexual harassment being an issue. However, they did not discuss domestic violence/intimate partner violence as a problem. To this subgroup, **domestic violence was normalized.** Women noted that young boys were the most vulnerable to sexual exploitation. This awareness was not equated with the concerned subgroup. Overall, there was **low awareness of SGBV among boys.** The subgroup was aware of sex work being common outside the camps. They were also aware that often times, the perpetrators were not reprimanded. Boys tended to believe that females and especially girls were the most vulnerable. In turn, there was **high awareness of SGBV among girls.** They stated that those residing in ITS settings were more at risk than those living in apartments. They also identified street sellers as potential perpetrators. **Persons with disabilities showed the least awareness among all subgroups.** They were unaware of SGBV harassment in the streets. This subgroup stated that females are the most vulnerable to SGBV. They were also aware of assault that usually occurs as an aftermath of SGBV. In contrast, service providers showed high level of awareness. They raised more issues compared to any of the other groups.

### Men

This group appears to demonstrate an awareness of female vulnerability issues. Matters raised included the exploitation of women in the work place, prolonged sexual harassment and verbal abuse in the community and the use of photographic material to exploit and entrap women into the world of prostitution. The comments suggested extensive knowledge of the safety of particular geographical areas when it comes to sexual harassment, yet with no specific details shared with the research team.

The community identified safe areas, which included homes and community clinics. The list of unsafe areas included markets or shops outside of the camp, shopping in general and presence on the streets where kidnapping was highlighted as a particular high-risk incident. In addition, there was mention of night-time hazards, the use of taxis and walking past bars. Specific mention was made of exploitation by managers at places of employment. In general, they felt younger females are more at risk of SGBV incidents. On the issue of rape, they felt that rape and murder went unidentified and suggested that rape is a crime that can be committed many times and repeated over time by the same individual. On the issue of forced marriage, they raised the dilemma facing female headed households, whereby these women may be forced to marry off their daughters for money to strangers to decrease financial expenses and burdens, only to find that they often return divorced a few months later feeling ashamed and distressed. Forced marriage as described previously could arguably be construed as systematic hiring of females for money for prolonged periods of time and then returned back to their home environment where the financial problems still remain.

## Women

A range of views in terms of the awareness of rape was evident in this group. Some suggested that there were no incidents in their locations. Others highlighted that there was a particular risk in vans and taxis. While discussing harassment, it was suggested that this often took the form of verbal and prolonged staring in the streets. Others reported males exposing their genitals in open street locations.

*"The catcalling occurs on the street. We do not go out unless it is necessary...  
I go out with my man." Adult woman, collective shelter*

The strongest of views suggested that harassment was important to tackle as it was often a precursor to rape. On the issue of domestic or intimate partner violence, it was suggested that this did not occur or if it did, it was normal and the different forms of physical violence, including hitting, were often used instrumentally by males to obtain sexual gratification within relationships. It was suggested that forced prostitution/trafficking never happens, and that if any form of sexual exchange were to happen, it was usually in the form of survival sex to pay the rent or deal with debt.

A number of important issues were raised regarding the vulnerability of children. The women raised their concern about the vulnerability of young boys being the target for sexual abuse. Examples were given of landlords abusing male children and men touching boys in the street or offering sweets in exchange for sexual contact. It was felt that boys aged 11 and above are at a higher risk of this form of exploitation. For girls, a view was put forward that they often have to get married, yet this was often addressed as culturally accepted, and not as a SGBV related vulnerability or risk factor.

This group was clear on what they regarded as unsafe areas and specifically mentioned travelling to work and the streets as general hazardous places. The discussion of transport suggested that buses were seen to be safer than taxis presumably because of them being crowded. An example was cited where a female was forced to make a life-threatening escape from a moving vehicle to avoid rape. General discussions suggested that cars on the street were used by men to follow females and touch them inappropriately.

*"There is an old man who comes in the car. He has a honey-colored or a black car. He takes off his pants and says if you want to follow me, see me. My mom turns her face around but keeps following her. And he would be playing with something disgraceful... He also shows us things on the telephone but we turn our faces. Yes. He was there yesterday or the day before. He always comes here." Adolescent female, ITS*

## Boys

The low number of comments made by this group suggested restricted awareness and many commented that SGBV did not occur in their area. However, some alarming wide-ranging comments were made. It was suggested that forced sexual activity was uncommon but sex in exchange for money was a frequent occurrence - mainly on the streets (public sphere) and not within private spheres of households.

There was mixed awareness on the issue of forced prostitution. Some suggested that no incidents had occurred in their area and that they had only heard rumors. In contrast, some reported that there were many incidents inside and outside of the camp areas. Common scenarios included sex in exchange for money or food, to pay the landlord his rent and to obtain phone credits. On the topic of rape, once again, they had heard mainly rumors and reported that these sorts of things did not happen in their location. They said that if males observed an incident of rape, they were more likely to join in with the assault, which was linked to the perception that there is no punishment for the offender.

Travelling in a van was highlighted as a particular hazard for females. In line with the views of other groups, this group believed that if an incident of SGBV was reported to parents there would be serious repercussions such as marrying the girl off as a solution, confining her to the house, or killing her. In terms of vulnerability, they stated a narrow window of 14 to 27 years as being the age group more prone to risk, and in addition widows, divorced women or women who lived alone were also at risk. In addition, they felt that young females and middle-aged women were safer.

## Girls

In terms of the number of comments made, the girls seemed to show a greater awareness of the existence of SGBV within their communities. They suggested that the risk was

elevated in tented camp settings where people were more vulnerable to sexual attacks than those living in houses. Additionally, accessing small kiosks and street sellers around the mosque is viewed as riskier than going to the mini-market. They provided an example of a local shop whose owner has a weapon that he uses while committing inappropriate sexual advances on women and girl clients.

Sexual harassment tends to take place behind the garbage bins or at local grocery stores whereas derogatory insulting behavior was reported from teachers in local schools. Physical assault commonly took the form of general pushing and touching in the streets. Women who were divorced or whose parents were dead were especially at risk as well as orphans, the poor and adolescents (circa 15 years). Those viewed as generally less vulnerable to SGBV were the elderly (circa 70 years) and woman over 40.

### **Persons with Disabilities**

One view maintained that SGBV was non-existent in their area as women do not go out at night but other participants suggested that a wrong look could trigger a sexual assault. Claims were made that harassment takes place in taxis, and within ITSs and they further stressed that neighbors could be perpetrators. The view on forced prostitution was that this was something not seen in their area and their awareness was only through news items on TV. They suggested that this might happen where a very wealthy man might approach a woman for sex - but not in their area. There was a notion that some women voluntarily engaged in prostitution but this was only based on rumors where they stated hearing about females making financial deals in vehicles in Zahle. Adult women are viewed as the most vulnerable; those that are living alone for any reason, are living within a family made up of all female members or within a group of women who have to travel to work every day. Of the younger age group, those who are exposed to risks are those who have to go out to buy groceries, girls who use social media, girls attending the night shift schools, and girls who leave their homes more frequently than others in general. It was only married women that were judged to be less vulnerable in this group. They cited examples of rape victims who were either shot or forced into marriage. They suggested there was an increase in suicide risk following incidents of SGBV. They linked kidnapping to sexual motives.

**Remarks:** A strong perception of the non-existence of SGBV in their area. They showed awareness of life-threatening forms of assault (murder or suicide) in connection with SGBV in other areas mainly through rumor or TV.

### **Service Providers**

This group demonstrated a high level of awareness and raised more issues compared to any of the other groups. Providers identified high-risk locations of which they mentioned public areas, enclosed and open spaces and places where one should feel safe such as home, schools and universities.



Providers reported a gap in terms of governmental response regarding coerced prostitution. They also noted that some sexual exchange is taking place voluntarily whereby women were willingly engaging in sexual favors for financial gains. They stated that this was a large-scale trading business which was evident before the arrival of the Syrian refugees. They said that the violence faced by the Syrian community was fundamentally different from that suffered by the Lebanese community - with no further details supplied. They said that women can also be perpetrators of violence and it was acknowledged that violence existed between parents and children and intimate partners. The feeling is that most of this is hidden and is becoming regarded as normal. The comments suggested that there was some disagreement on the causal role of religious beliefs on violence. A general view made, in this group and others, is that sexual violence is usually a cause of stressful financial circumstances.

On the question of rape, as in other groups, it was suggested that this was not a frequent occurrence as it was easier for men to access sex by other means. Most of the information they know appears to be from hearsay rather than observation or direct knowledge. However, sexual harassment was judged to be very common. One common practice was by taking photographs of women and girls on mobile phones and threatening to inform the husband or family. In the girls' groups, they stated that a lack of awareness of teachers was responsible for harassment in schools. Finally, on the issue of vulnerability, they claimed that girls who were poor or physically weak were at risk in addition to women under the age of 20 and/or have a husband who was a drug user. Overall, they felt that there was a huge need for awareness and that women generally required much more education on the topic especially young girls between the ages of 12 to 13 years.

## Sexual and Gender Based Violence Trends

### Sexual violence

All the participant groups agreed that Syrian refugees are subjected to multiple forms of sexual violence. **Cases of verbal harassment, child sexual abuse, sexual abuse, sexual exploitation and sexual harassment were all reported.** All participant groups stated that the main forms of abuse faced by Syrian refugee women were in the form of catcalling in the public sphere. Catcalling seems to be practiced by both Syrian and Lebanese men. Participants agreed that women are protected inside their respective ITSs from harassment due to the sense of collectiveness, as all families know or are related to each other.

**Women are suffering from sexual abuse and harassment perpetrated by both Syrian and Lebanese men.** They experience it on the streets, in public transportation, in the market, on the way to the workplace, and within their workplace. Syrian refugee

women and men discussed how Lebanese men lust Syrian woman, thinking that they are vulnerable and can be easily seduced, paid for their sexual services, or married to them.

*“A few days ago, I saw a girl standing at Al Marj... She went up into the car with me and I drove her to her place. It turned out that her employer sexually physically harassed her and when she screamed, he accused her of theft.”*  
Adult man, non-ITS

**One of the main identified risks for SGBV was the use of public transportation.** Drivers of buses and taxis sexually abuse women through touching themselves, exposing their private parts, touching women, and trying to take them to deserted places to rape them, kidnap them or steal their purses. Some women felt safer in taxis, others felt safer in buses since there are other people on board. Nonetheless, all women shared the same fear of something happening in public transportation. Women shared other stories of men exposing their private parts on the street, following them home, passing by in their cars, and even touching them.

*“Yes, verbal and sometimes touching. They touch women on the street while their men are in the car.”* Adult woman, ITS

Furthermore, **women also expressed that they are exposed to sexual exploitation for financial reasons**, in exchange for services (e.g. in return for rent) or products (e.g. medications), and threats of exposing pictures of them. Some participants believed that sexual exploitation is the initial trigger for recurrent rapes and prostitution. Women who work are also subjected to sexual exploitation by their respective managers. They sometimes threaten them for some form of sexual activity and if they do not accept, they would accuse them of robbery and/or fire them.

The presence of rape and forced prostitution was something the participants did not agree on. Most of the participants shared stories that they had heard of or saw on TV; however, none could confirm real stories that they knew of. Participants always specified that the incidents occurred “not here, not in this camp, not in Bekaa, not in our region, maybe in another camp, we are conservative, these things do not happen here” as a means of keeping the problem away. Occasionally, they shared stories of widowed/divorced women offering sexual services for financial reasons. However, they also stated that these women would be expelled from the camp shortly after their stories become public. It was evident from the discussions that the Syrian refugee men knew about rape stories and prostitution but keep it quiet. Furthermore, community providers ascertained the presence of rape in the community but did not have official numbers or statistics. These findings could be partly explained by the spread of stories through word of mouth, men being more exposed to the community, and the social/religious unacceptability of these acts. As for **marital rape**, only one woman mentioned that sometimes men hit women for sex. Nonetheless, “marital rape” itself was not used to explain her experience, which can be due to the social norms around it, where sexual relations are considered the “duty” of married women.

## Physical violence

Adult and adolescent males mainly highlighted being subjected to physical and psychological violence inflicted by Lebanese. Multiple stories of beating, humiliation, attacking of camps, and threatening with weapons have been shared. Furthermore, male refugees were particularly concerned with deliberate or accidental burning to their camps. They have received threats of burning their camps by Lebanese after individual disputes between them.

According to the participants, Lebanese often insult, discriminate against and demean refugees. They also exert their power against them. Even though women also mentioned this form of violence, it was mainly evident among adult men, disabled men and adolescent boys; probably due to the cultural role of Syrian men in protecting their families and being the main/sole breadwinner. On the other hand, **women were mainly concerned with sexual and psychological violence** and what was happening or could happen in the camp rather than what was happening outside. This finding could be attributed to the fact that most women mentioned that they stay at home and do not go out.

Similarly, men felt *helpless in protecting their women* against violence inflicted by Lebanese. Multiple stories of Syrian men defending their wives from sexual harassment inflicted by the Lebanese, resulted in attacks to the camp, threats of burning the camps and physical assaults.

*"A woman was harassed by a shop owner... her husband went to face the shop owner. He was beaten up by the people in the area. The municipality issued an order for the Syrian man to leave the area. If a Syrian person had an accident and it was the Lebanese person's fault, the Syrian would get beaten up and forced to pay for the repair. When he wants to defend his right, his right would be taken away." Adult man, non-ITS*

The other form of physical violence that was briefly mentioned was **domestic violence**. Women living in ITSs, community providers, and adolescent girls living outside of ITSs mentioned the problem of domestic violence. Adult women that discussed the issue did not state it as a form of violence, but rather explained that domestic violence is normal and that most Arab women are subjected to it. On the other hand, adolescent girls thought of domestic violence as a consequence of living in the camp. This lack of reporting regarding domestic violence could be due to many factors; 1) refugee women and girls may not be aware that certain actions fall under violence, but rather have such actions embedded as normal, which could in turn perpetuate further domestic violence as a normal practice within families; 2) another factor that might be contributing to the lack of reporting is the possibility of refugees not seeing domestic violence as a problem when compared to the other graver issues they are facing.

## Emotional and psychological violence: a child protection concern

Harmful emotional and psychological violence mentioned by adolescent refugees included bullying in schools and camps. Boys and girls are bullied and beaten in schools for racial reasons or other reasons by their friends and teachers. Furthermore, community providers mentioned an additional form of psychological violence; demeaning and moral destruction of girls by their families and respective communities. This includes **improper communication and disciplining methods** with adolescent girls, hitting them, and ascertaining that their role is only for marriage and childbearing. This ultimately can lead to girls adapting to this socialization and thus believing these notions, surrendering to their assigned social gender roles.

## Other harmful traditional practices

Child marriage was reported consistently across the different participant groups. The minimum mentioned age of marriage for girls was 11 years old. Most of the participants reported 15 years as the appropriate age for marriage, which accounts for marriage registration that requires the fingerprint of the girl starting from 15 years of age. Many of the participants believed that early marriage was a normal cultural practice dating back to before the war. They considered it acceptable for the following reasons: protection from harassment and rape, preserving honor, financial gains from marriage for the family, financial difficulties, living with no men in the house, too many daughters, and no longer receiving marriage proposals after the age of 24 years. The majority of participants believed that girls are ready as early as 15 years old for marriage with enough awareness about marital relationships.

Only a few participants stated that child marriage is a harmful practice that should be addressed and decreased within the community. Some of the harmful consequences addressed by the different groups regarding the child marriage included: psychological pressures on girls to get married at a young age, girls having to face early divorce because many of these marriages may not last, girls having to face the early burden of caring for a family when they are not ready to take on such responsibilities, and considering it as a form of sexual violence against girls.

Honor killings: Another harmful practice reported by communities is honor killing of girls or the complete restriction of mobility for girls by keeping them at home. This was predominantly a consequence of sexual abuse, more specifically when the girl survives sexual assault/rape. The participants shared various views on this issue. Some, especially adult women and men, believed that families are protective of the survivors of sexual assault. They stated that the community and family would support her and be there for her. Adolescent boys and girls and community providers, however, believed that in such cases, girls and the men who rape them would be killed or locked in their houses until they get married.

Child sexual abuse or harassment: multiple stories were shared about child protection concerns within their respective communities: girls harassed by local shop owners, little boys harassed by elderly men for sweets, incest rape by siblings, and boy survivors of rape becoming perpetrators of rape themselves. Some women shared concerns about the increase in sexual harassment of boys and, to a lesser extent, men in the community. They viewed sexual harassment as a serious issue regardless of gender and/or age.

*"We get scared for boys more so than girls. Young men might be walking on their own and then get harassed by girls. It is not always men's fault. Enough with this, thinking that women are weak and that men and boys are this and that." Adult woman, collective shelter*

## Contributing Factors to Sexual and Gender based Violence

### Structural Factors:

#### *I. Social norms and cultural factors:*

According to the majority of participant groups, **women in the Syrian culture are considered weak and unable to always protect themselves**. The social view of women is bound to the reproductive/care giver gender norm; as such, girls are brought up to become prepared for marriage and childbearing more than anything else. Within their families, they are demeaned and are not encouraged nor empowered to pursue their full capacities and/or capabilities. Furthermore, and with the current parenting styles used, children are raised using authoritative parenting approaches that include violence.

According to the participants, these **different types of sexual and gender-based violence are part of the cultural norms even before the war**. Communities and mainstream media outlets continue to normalize this violence and rarely problematize it. As such, children are socialized to it as a normal aspect of their upbringing and later on within their life and during their marriages. This could in turn partially explain why women referred to domestic violence as a "normal thing", practiced by husbands, brothers and extended families.

According to women participants, **the patriarchal culture provides an uneven gender power distribution**. Women are never allowed to leave home alone without being accompanied by another group of women or any male from the family, even if the male individual was younger than them. Vulnerable women are seen as those who are without a man, widowed or divorced. Men and boys protect girls and prevent harassment; and female youth remain vulnerable because they are not married and protected by men. Women have adapted to this culture and accepted the fact that their

main way of protection is not going out at all, or at least not alone. Additionally, the participants talked about women re-enforcing the patriarchy through ascertaining that men and women are not equal and have different rights. Nonetheless, some women participants stated that they now have more freedom to go out alone, as compared to the social norm while residing in Syria. This evidence in the changes in social gender norms after displacement has been previously documented in other studies conducted with refugee communities. [4].

*"Violence against women hidden it is becoming something natural and common we are not able to see it as violence anymore. Even raising women is based on violence so that she can handle the violence in her future life. While raising the man to take a certain role and the women to take a certain role. Social institutions prepare the women for such a role throughout her lifetime and raise the man on violence he will use against himself and women. Pierre Perdue when he mentioned symbolic violence we are now living symbolic violence it is something natural. The TV, social institutions present violence to us." Community provider*

However, it is also worth noting that many **Syrian refugees see their conservative culture as protective from violence**. Among all the participant groups, the participants always referred to rape and prostitution as non-present because of their conservative culture. They explained that politeness and conservativeness are seen as protective mechanisms from harassment. This patriarchal view of social gender norms, however, is a double-edged sword. For instance, according to most of the participants, harassment is seen as the fault of the girl who must have accepted it. It is believed that women and girls cause their own harassment depending on what clothes they wear, how they put make-up on, and/or the way they walk on streets and if they disobey their families' rules. Moreover, community members believed that the current media and social media outlets are contributing to increasing the likelihood of violence. These outlets are affecting the conservativeness of the communities, causing women to rebel against their husbands and families, and serving as a means of exploitation through threats to share photos.

On a positive note, however, some women participants believed that harassment should not be blamed on other women and girls, and stated that it can happen even to the most conservative and properly veiled woman.

## **II. War and socioeconomic status:**

Participants shared their views that the **conflict and the difficult socio-economic conditions are one of the most important reasons for their susceptibility and increased vulnerability to violence**. Some of the participants believed that violence was not their main concern. What was more problematic for them was fulfilling their basic needs including rent, finding work, renewing their papers, covering bills, and



upholding the expensive life in Lebanon. Furthermore, community providers discussed that prostitution, whether consensual or coerced, has been a long-lived consequence of war and displacement within the Bekaa area.

**Divorced, widowed, or women living alone are often forced to offer sexual favors** in return for services (rent, money to support their children and families) and products they need. According to male participants, families in need of financial assistance allow their daughters to get employed. Nonetheless, their current vulnerability makes them an easy target for their employers' exploitation. They either do not get their financial rights, or get harassed by their employers or by others on their way back and forth from work.

*"Coerced prostitution we have to admit that with the migration of Syrians this is becoming trading business. Some people live from this, it is due to war. It can only be solved if we solve the war issue, family who cannot eat and has 3 daughters they will exploit them so that they can eat." Community provider*

Additionally, many discussions portrayed that **participants are not aware of their human and refugee rights and believe that only their government is responsible for their rights**. Syrian communities do not have a sense of belonging to Lebanon and believe that this is not their country and hence they do not have the same rights as the Lebanese. This in many instances has led them to accept the power and authority that the Lebanese exert on them, feeling that they do not have their government to ask for their rights. This belief could be attributed to communities' fear of humiliation and their sense of helplessness which forces them to refrain from living their lives fully and with dignity in Lebanon as means to "staying away from problems". This finding was consistent among most of the participant groups, even among women, who believed that they should hide to not be subjected to violence and to avoid possible disputes between them and the Lebanese host communities.

**Syrian refugees have limited trust in the ability of local and national authorities to provide them with their rights**. It is reported that the authorities do not treat Lebanese and Syrians equally. Whenever a dispute occurs between Syrians and Lebanese, the authorities would support the Lebanese even if they were the perpetrators, and in turn blame the Syrians. As such, and since lawsuits are very expensive, they no longer report cases of violence inflicted upon them by Lebanese, leaving them even more vulnerable to the power play and rendering them unable to control the Lebanese's violent acts.

*"Even if the woman went to report an incident, the security forces stand with the Lebanese person not the Syrian. I will tell you where it happens. It happens in municipalities, in general security offices, on the street, in the hospital, and at the doctor's office. Because of power and authority". Adult man, ITS*

Syrian refugees shared that they are also subjected to exploitation and verbal or sexual abuse from the authorities. Authorities often exploit women to provide them with the services they need. Communities highlighted gender discrimination in the ways that local authorities treat men and women. Women were more likely able to collect aid from distribution points. However, upon probing, it was further explained that this favoritism of women was directly linked with sexual harassment; for instance, when they are provided with aid in exchange of their phone number.

## **Individual factors**

While the men participants mainly shared environmental determinants for violence, women focused on the individual determinants for vulnerability to violence. One explanation of this difference could be attributed to the fact that men have higher exposure to life outside the camp.

### ***I. Age and gender:***

Age and gender were the most prominent individual determinants of vulnerability across the different participant groups. Across the different groups, girls and women were seen as more vulnerable. More specifically, adolescent and young girls aged between 11-25 years were believed to be the most vulnerable. According to communities, they saw young girls as not being sufficiently aware or strong enough to handle any violent or exploitative situations they may face, which, as they explained, makes them more desirable to men (both Lebanese and Syrian) and thus more vulnerable to SGBV. It is worth noting that a few participants did not see age as a determinant contributing to violence. They explained that “a woman is always a woman”. Even if she is elderly, all women are vulnerable. Communities believed that girls and women were more vulnerable if they wore exposing clothes and make-up, were beautiful, not married, lived without a man, were widowed or divorced, disobeyed the family’s rules, and went out alone without a man for protection. The participant groups believed that being married, having a family to support her, and older age were protective factors from violence.

### ***II. Single headed households:***

Single headed households were identified by different participant groups as being more vulnerable. Multiple stories have been shared on “families without a man” that suffered multiple cases of rape against their daughters in a short period. Other stories were shared on widowed/divorced women exploited and forced to provide sexual services in return for money. Furthermore, the participants believed that previous exposure to sexual abuse is a determinant for future rape and prostitution.

*“There was a case in Bar Elias, a mother came in with her three daughters from Syria. The 3 daughters had been raped there. Syrian and Lebanese men raped them again. The family moved away after a few days.” Adult man, non-ITS*

### **III. Education**

Education was rarely mentioned across the different groups. Only community providers believed that women’s education can be a protective factor from being exploited and subjected to violence including sexual violence. Nonetheless, most groups discussed the importance of women’s awareness and the awareness of their rights in protecting themselves from violence.

### **IV. Employment of women**

Employment of women was seen as another contributing factor that increases their vulnerability to violence. Interestingly, women’s employment was not linked to her education, but rather seen as a sign of financial vulnerability under the pretext that those who could afford their life in Lebanon would not allow their women to work. Employment has been identified to put women at increased risk of physical, financial, psychological and sexual violence in the work place or on her way back and forth from work.

### **V. Social support:**

Social support was seen as a protective factor from violence. Adolescent girls mentioned the importance of family, friends and neighbors in strengthening the girls’ personality and protecting her from violence. Furthermore, adolescent boys also believed that having a supportive family was protective against bullying and disputes in the ITS. Triangulating this information with data collected from service providers, similar results continue to show that social networks and community/social support serve as a set of protective factors for all community members from different forms of violence including sexual violence.

## Coping Mechanisms as Identified by Community Members

### Coping Mechanism Matrix

The following sub-sections identify the different coping mechanisms suggested by the participants on: 1. individual level, 2. group/family level, and 3. community levels.

On an **individual level**, there is great agreement across subgroups that people should **restrict mobility**, especially after specific times. At the **group/family level**, the overwhelming view was that **the family must protect women**, as the community is not able to take on this role. At the **community level**, there seemed to be **enormous opposition to disclosure**. This could be for a variety of reasons, such as to prevent shame, negative interference from authorities, and fear of violent or restricted repercussions. The girls seem to be the least likely to disclose, presumably because they attract the most extreme and severe consequences. **Men and boys seemed to be expected to be the protectors of women and girls**. Women and girls seemed to expect men to physically punish perpetrators. This role was also mentioned by men. Men and boys also seemed to agree on the use of forced marriage to deal with an incident of rape. The use/avoidance of different coping mechanisms was corroborated by service providers.

The range of community coping strategies is interesting, thought provoking and challenging. It can readily be seen that there are competing views where a group will suggest a strategy and the same group or a different group will suggest a strategy that is completely opposing to the original one. For example, when it comes to the use of safe transportation some will advocate using taxis whereas some will suggest taxis should be avoided at all costs and others say they are happy to use any form of transportation provided it is safe - although it is not clear from the comments that there is a universally agreed best "safe" option. Earlier comments picked up the way in which men agreed with girls and women with boys on issues such as location of services – for example. At first glance, the data may look chaotic – but common themes are emerging.

*The following is the key to the below tables:*

#### KEY to : Range of adaptive and maladaptive coping strategies reported by the various sub-groups

**RED** = restrictive, aversive or hazardous strategy **advocated** by the participant or group

**GREEN** = restrictive, aversive or hazardous strategy **reported** by the participant or group

**NO SHADING** = positive, adaptive coping strategy suggested by the participants or group

## The Coping Mechanisms Matrix – at the Individual Level

Coping Mechanisms suggested by sub-groups	Men	Women	Boys	Girls	PWD	Service Provide
Stay at home at all times	YES	YES	YES			
Buy all shopping in the site			YES			
Use local shops					YES	
Restrict locations visited	YES	YES	YES	YES		
Avoid crowded places					YES	YES
Avoid leaving home alone	YES	YES				
Avoid going out after dark	YES	YES				YES
Avoid going out after fixed hour (circa 6pm to 8:30pm)	YES	YES		YES	YES	
Report incidents to other women	YES					
Take photos of perpetrators		YES		YES		
Learn and use self-defense		YES				
Wear appropriate clothing	YES	YES				
Use safe transport	YES	YES			YES	
Use known taxis					YES	
Avoid taxis					YES	YES
Avoid talking to strangers		YES				
Avoid eye contact with strangers		YES				
Attend teaching/awareness sessions	YES					
Acquire money for protection against SGBV		YES				
Acquire and carry legal papers			YES			
Girls are using stun guns for protection						YES
Women should be allowed to carry					YES	

### The Coping Mechanisms Matrix – at the Family or Group Level

Coping Mechanisms suggested by sub-groups	Men	Women	Boys	Girls	PWD	Service Provide
Go out shopping with family		YES		YES	YES	
Get husband to do the shopping					YES	
Go out with friends or groups		YES		YES		YES
Go out with a male chaperone	YES	YES	YES	YES	YES	
Inform parents about SGBV	YES					
Tell sister or mother (close female family member)				YES		YES
Keep rape a secret	YES					
Hide girls from view		YES				
Confine females to house			YES			
Lock females in a room at home			YES			
Use social media to monitor children		YES				
Restrict social media and technology						YES
Ban inappropriate TV programmes						YES
Forced marriage as solution to rape			YES			YES

### The Coping Mechanisms Matrix – at the Community Level

Coping Mechanisms suggested by sub-groups	Men	Women	Boys	Girls	PWD	Service Providers
AVOID certain places in BEIRUT		YES				
Shop near municipality ( a cry for help will get a response if attacked)					YES	
Seek physical treatment	YES					
Seek psychological treatment	YES					
Seek shelter (housing)	YES					
SEEK RESTORATION SURGERY after rape	YES					
Reporting an incident to authorities	YES	YES				



Reporting an incident to NGOs for protection (ABAAD cited)	YES	YES		YES		
Report SGBV to teachers				YES		
AVOID reporting to NGOS (fear of confidentiality breach)	YES			YES		YES
AVOID reporting SGBV to anyone	YES		YES			
AVOID telling men about rape (fear of restrictive / violent repercussions)				YES		
EXPEL drunks from the camp		YES				
Report SGBV outside family		YES				
Seek Police, Army Protection			YES			YES
Appeal to crowd for protection when assaulted				YES		

### The Coping Mechanisms Matrix – views on the special role of men

Coping Mechanisms suggested by sub-groups	Men	Women	Boys	Girls	PWD	Service Providers
Provide physical protection		YES		YES		
Provide a chaperone		YES	YES		YES	
Create a safe home environment	YES	YES				
Teach children awareness of community hazards	YES					
Protecting women legally (stay within the law)	YES					
Protecting women illegally (physically assault the perpetrator)		YES		YES		
Facilitate (forced) marriage in case of rape	YES		YES			
Background check on suitors	YES					
Provide necessities for the family	YES				YES	
Teach boys to respect and not harass girls	YES					
Tell SGBV stories to prevent females going out alone	YES					

# RECOMMENDATIONS FOR PREVENTION AND RESPONSE MECHANISMS

## MEN

**INDIVIDUAL:** Similar to women, strong recommendations of not going out alone and appropriate clothing were put forward as the main coping strategies.

**FAMILY:** It was suggested that fathers become more involved in training and educating their daughters. Acting as a good role model and refraining from conflict in view of the children, was also seen as important.

**COMMUNITY:** An example was cited of a creative way to prevent and cope with violence. They reported that, in Ferzol, there was a community patrol, along with a ban on motorcycles/mopeds in the evening. This was coupled with a strong feeling that the police were seriously investigating threats. This strategy prevented many incidents, and was put forward as a good example of a community-based protection and prevention action on behalf of the authorities. Other suggestions were raised regarding enhancing employment opportunities for women and strengthening skills of women in order to obtain jobs. A need for more awareness was strongly identified and suggested to be a need for all members of the community. There is still a prevailing view that nothing can be done (and nothing is being done), as was expressed by some community members.

## WOMEN

**INDIVIDUAL:** There were no new recommendations put forward over and above the well-documented existing practices of dressing modestly, avoiding vehicles with only men and never leaving home alone or in the evening.

**FAMILY:** Similarly, there were no new recommendations other than the well-established existing practices. However, there was an emphasis on using a male chaperone or going around in groups.

**COMMUNITY:** New suggestions ranged from providing more security on the streets and to provide street lighting to deter SGBV incidents. They also suggested increasing the number of awareness sessions within the community with a special focus on targeting young children (9 year olds suggested) in schools. Another suggestion involved the notion that employers could offer adults guidance on their rights at work, as well as provide protection against work-related harassment and abuses. Social skills workshops were suggested in order to teach and improve safe social interactions within the community. In addition, the usual range of restrictive practices in terms of confining people to buildings to prevent SGBV was also put forward. It is important to note that the lack of novel recommendations can be driven by a state of “learned helplessness” due to the perception that the community cannot protect them and therefore they must be self-

reliant. This inevitably leads to self-help coping strategies as a necessity – no matter how restrictive, aversive or hazardous they may seem (or turn out) to be.

## Service Availability and Identified Gaps

### Community Knowledge of Available SGBV Services

Across the different participant groups, the degree of knowledge about available services varied. **Adult men and women and community providers seemed to know the most about available services in the community.** They were able to identify their areas of coverage, effectiveness and gaps. On the other hand, **adolescent boys and girls and men and women with disability seemed to know the least** about available services. One justification of this discrepancy in access to information could be explained by the fact that men are more exposed to life outside the ITS/collective shelter and have access to information shared within the public sphere and larger community; in addition to the fact, women have a larger access to social networks (word of mouth) as compared to boys and girls in the same communities.

Moreover, a clear distinction is evident when comparing participants as per their current residence. **Adult assessment participants living outside an ITS believed that they were not receiving the adequate and sufficient services they needed.** They expressed that NGOs mainly cater to the needs refugees living within tented camp settings thinking that they are the most vulnerable and the most in need.

### Men

This group seemed to have sufficient knowledge of services which were deemed responsive and affordable. Participants had the phone numbers of the relevant services. However, the location of provision of these services was unknown. At the other end of the spectrum, some comments were made which indicated that participants had no knowledge of local services - a perception of a general service deficit.

*"No. The closest center that I know of is in Zahle or further. And there is another one for women's rights against sexual and physical violence. It is also in Zahle." Adult man, non-ITS*

### Women

Women demonstrated a larger awareness of a wider range of services as compared to the men consulted. Overall, the comments indicated that they were aware of free, comprehensive and safe services. They mentioned core services such as PSS, educational services, awareness sessions, life skills training, protection and medical services as well as transport to such services and hotline access.

*"They provide referrals to medical doctors. They have full services including psychological support. This is not only for cases of rape. They have a psychological counselor who talks to you privately and under confidentiality. All the services are free of charge." Adult woman, Collective shelter*

The only negative comments were regarding the perception that practical skills sessions were available but judged unsafe. However, no information could be obtained on the source of risk.

## Boys

Consistently across the different FGDs, boys had very limited knowledge of available services. This group showed the least awareness of local services offered within or near their community.

*“There are awareness sessions but about studying and education and such useless things.” Adolescent boy, ITS*

Yet, some participants were aware of some services specifically provided for adolescents and had some knowledge about general medical services.

## Girls

Compared to the boys group, girls demonstrated more specific awareness of a range of services including incident support services. In contrast to other groups, mention was made of regular weekly contact by an adult female member of staff from a local centre for girls. This staff member was identified as the source of information relating to available services. Girls demonstrated awareness of medical and PSS services provided within their area of residence, and some even had the telephone and/or hotline numbers for incident support services.

*“Psychological support is very important. There are medical associations. Psychological support and medical treatment are free of charge for sexually abused victims, we heard this during awareness sessions.” Adolescent girl, collective shelter*

Specific mention was made of two organisations. They reported that they could approach HIMAYA for physical and psychological issues as well as ABAAD for confidential support in response to SGBV incidents. It was raised that they would not approach medical services in such circumstances but may confide to educational services.

## Persons with Disability

This group believed that most services provided were outside of their area. They knew that safe houses existed but did not know the names of organizations providing the services or where they were located. This group was aware of psychological support services offered by one medical NGO, which also provided surgical restoration following rape. A view was offered that their basic needs are met by the government.

## Service Providers

This group demonstrated high awareness of the main service providers in their area. They specifically listed ABAAD, MOSA, CARITAS, UNICEF and UNHCR. They highlighted

that there were dispensaries in every area and that some of these offered psychological support services. Specific mention was made that housing, medical and psychological support services were available in Dar Sadaka. The view was expressed that services can only handle a narrow range of cases - but that most services were free.

### Identified SGBV Service Gaps by target population

The most recurrent gap identified by communities and service providers that needs to be addressed is the **geographical location of services and the difficulty to reach them**. Despite multiple NGOs providing transportation fees, geographical proximity seemed to be a very important factor to predict their access and use of the services. Participants believed that most centers were located in Zahle or were far away from their residence area. Furthermore, some participants believed that Al Marj was a neglected area as compared to other locations and felt it was not receiving sufficient assistance.

Additionally, **lack of knowledge of the different existing services** was also a common gap identified among the majority of the participants. According to communities, NGOs do not always promote their work in the communities. Some NGOs are also mainly providing their numbers to the Shaweesh of the ITS, and do not directly share this information with community members. As such, many participants stated that their access to information of available services is restricted to word of mouth.

Participants discussed multiple **individual and cultural factors** that prevent them from seeking and accessing the available services. Most of the participant groups stated that women and girls are not allowed to go out on their own to seek services or were prohibited from discussing their matters with anyone but their families. Husbands, fathers, and the committee in the ITS would prevent women from seeking support. This finding could be attributed to the cultural beliefs and norms of not addressing private family matters with outsiders. It could also be explained by the lack of trust in available services.

### Men

One participant indicated that the FGD was his first contact with any kind of NGO. It was stated that services tended to be only medical, very infrequent (e.g. annually) and that it was not coupled with a PSS component. Furthermore, men consulted reported a lack of affordable services. A general lack of information or access to local service details was highlighted. Confidentiality was raised as a concern - a general lack of trust in services was reported.

The participants also questioned the effectiveness and trustworthiness of the services provided. Multiple stories have been shared by the participants about cases where the NGOs publically exposed, including through TV shows, the cases of survivors of sexual violence. As such, they believed that those NGOs are not trustworthy and that they should not be contacted if anything happened in fear of exposing the survivors' stories.

Furthermore, men believed that women survivors and divorced women would be stigmatized in the community and that none of the services available can bring them their honor back. As such, women who are subjected to violence do not see value in talking about their situation and would prefer to keep it behind “closed doors”.

## **Women**

A major complaint reported by female participants was that SGBV services were equated with aid and that aid was only available for refugees residing in ITSS and not for people living in houses. It is to be noted that services were considered as unsafe and that children would be safer staying at home with their mother. The source of the risk was not clear. More specifically, it was unclear whether it was the location of services, the behaviour of staff providing the service, the behaviour of other beneficiaries or the risks associated with travelling to various locations.

Participants also raised concerns about the fact that some services were ending and cited specific NGOs. In a similar way to the men, they complained about the lack of information and services. Women questioned the ability of these services to help women survivor. They shared stories of NGOs sufficing with “just some talking” and not doing enough to support the women survivors. They also shared their belief that regardless of the work of these NGOs, men will continue to be violent towards women.

## **Boys**

Boys had the least amount of information regarding the availability and gaps in services. Adolescent boys considered the available SGBV related services as not interesting or not adapted to their needs. A few participants mentioned having participated in awareness sessions that they felt were unhelpful and covered content that they felt was irrelevant. The available services were mainly education related awareness which were not of interest to them. However, participants did not mention what services would be relevant for them.

## **Girls**

Girls highlighted a lack of transport to access services, in light of the concerns over safety.

## **Persons with Disabilities**

From the comments, it was clear that this group struggled with identifying gaps in service provision. Some did not know how to respond, others suggested there were no gaps, while others claimed there were no NGOs in their area.

## **Service Providers**

Service providers consulted reported a range of identified gaps in service provision. The group indicated that general awareness on SGBV and legal rights of survivors was lacking



and that cultural barriers were blocking access to awareness sessions. Service providers furthermore reported a lack of education on sexual and reproductive health, specific services for divorced women, and general psychosocial support services. Lastly, they highlighted that the deficiencies in the legal system, with the perceived lack of punishment for perpetrators, are a major issue.

Community providers also believed that services not targeting the awareness of the entire family are not sufficient, as they believe that families avoid discussing issues of violence and sexual and reproductive health with their children. They stated that awareness raising on these topics is instead left for schools. However, not all children receive such awareness sessions at school, and even if they do, they are not seen as effective without targeting the entire family.

## Summary analysis of SGBV Programming Gaps

The issues arising from the data in this study have been listed in the below as challenges for future SGBV programming and questions are posed in terms of service design and delivery. These challenges are based on the themes that emerged in the consultations with community members. Factors which appear to elevate the risk of SGBV have been included for debate to generate thinking and discussion, and are not necessarily endorsed by the author or by any one participant.

## Geographical Locations

**Challenge:** Some of the places deemed to be safe are also reported to be the locations of severe incidents of SGBV. Even safe locations may carry differential risks for certain events. What strategies need to be in place to enhance safety?

### RISKY LOCATIONS

#### Open

- Street: sexual attacks, verbal harassment, cars following
- Crowd: kidnappings, robbery

#### Closed \*\*

- Shops: knife threats, demands for sexual contact
- School: physical assault and verbal insults from teachers
- Home: burglary

### DIFFERENTIAL RISKS (same locations pose high risks for different forms of SGBV)

- Kidnap: more likely where there is noise and confusion
- SGBV: more likely in deserted places or streets

## Socially Disruptive Actions

**Challenge:** Traditions, social embarrassment, and fear appear to drive people to engage in negative coping mechanisms. This is usually done in an attempt to deal with an incident of SGBV in a discreet way but can have adverse effects and is restrictive and stressful for the person concerned. The main issues are early marriage, strong feelings of shame and restrictions:

- Early marriage, rather than disclosure to external sources, is seen a solution to SGBV
- Common barriers to disclosure include:
  - Shame: felt most strongly by men who advocate restrictive or punitive measures usually for females.
  - Restrictions: girls, especially, do not want to be restricted from going out. They may actively try to conceal incidents in order to not be restricted.

## Life Threatening Consequences of Disclosure

**Challenge:** The adverse effect of disclosure is too high for many survivors. It can be more life threatening than the incident of SGBV itself. The only way forward is for services to provide a protection response that is safe enough for survivors to disclose SGBV. What services can be offered to protect survivors? Is non-disclosure a vital coping mechanism (in survival terms) and therefore unavoidable?

### BARRIERS TO DISCLOSURE

- Death or severe injury for victim and/or perpetrator

## Agreement on safe SGBV service location and access

**Challenge:** What is the best location for service delivery and how should they be accessed? There are a variety of opinions on this matter with no agreement across groups. Men and girls showed similar views with regard to the ideal service location, as did women and boys.

### SERVICE LOCATION

- Conflicting views on some issues - especially services being on or off-camp
- Agreement, where apparent, was often split across gender lines

### SERVICE ACCESS

- Locations: participants cannot agree on safe service site; “safe” locations are not always safe in reality.
- Transport: taxis are often seen as hazardous: women cannot travel alone with men.

## Violence seen as a solution for SGBV issues

**Challenge:** Many participants advocate resorting to violence as a means to dealing with incidents of SGBV rather than reporting the incident or avoiding the place or perpetrator. The assumption is that this negative coping mechanism is driven by the lack of legal

sanctions for the perpetrator. The question remains as to whether this would still continue even in the event of a helpful change in the law. The widely-held view is that this problem would be addressed when possibilities for legal sanction are put in place. However, traditions might continue to undermine this. Just as underreporting of sexual assault is a serious challenge for service delivery, so arguably, is the underreporting of revenge killing or murder as a solution or punishment.

- Violence is viewed by many (but not all) as an appropriate solution and may be directed at:
  - The rape victim: risk of murder – the claim that many cases often go unreported
  - The perpetrator: many women seem to favour violence as revenge or deterrent

### Socio-economic Vulnerability

**Challenge:** Many extreme negative coping mechanisms appear to be driven by socio-economic vulnerability. What can services realistically offer to act as a powerful deterrent to engaging in hazardous coping mechanisms as reported in this study? The two main negative coping mechanisms are sexual behaviour and early marriage.

- Sex is seen as a solution to deal with:
  - Lack of means in general
  - Demanding landlords
  - Obtaining phone credits
  - Addressing the issue of different levels of aid provided in camp and out-of-camp contexts
- Early marriage is seen as a solution to easing financial pressures in households.

### Conflicting Views on Coping Mechanisms

**Challenge:** Strongly opposing views were reported within groups and between groups on major issues such as safety, approaching authorities, reporting SGBV, among other matters. This poses a major challenge for service programming in terms of bringing about behavioural change and the question is if this calls for a more individualised approach rather than targeting groups.

- Reasonable agreements include:
  - The role of men in protection within the law
  - The use of chaperones or going around in groups
  - Using safe transportation
  - Family to protect individuals
  - Staying home after dark
  - Avoiding key areas
- Strongly conflicting views include:
  - Approaching NGOs and authorities
  - Disclosing to family members or teachers
  - Illegal behaviour to resolve matters

- Use of weapons to defend against attack
- What is deemed to be a safe space
- The use of taxis as safe transport

### Staff Thinking and Behaviour

**Challenge:** From the consultations, some pessimism from providers about the potency of services and the way in which services work together was uncovered. More worrisome is the suggestion that due to a lack of awareness, some teachers may engage in physical assault and verbal harassment. The question is what background checks and governance systems are in place to monitor staff behaviour? Is this beyond the scope of services? Would this incident be easily logged on the GBVIMS without any conflict of interest, if reported?

- Staff cognitive and behavioural issues
  - Thinking and attitudes: pessimistic outlook - sense of hopelessness – lack of resources
  - Behaviour: verbal and physical assault reported

## Triangulation with other Data Sources

### Participatory Assessment Findings

The findings of the numerous Participatory Assessments (PAs) that were conducted by UNHCR in coordination with MOSA, other UN agencies, international and local NGOs have to a large extent been mirrored in this study. The main findings are listed below with feedback and comments from this study.

**Early marriage:** Assessments have all pointed to the detrimental effects for girls and the high risks involved in adopting this as a coping strategy to meet financial obligations (e.g. for food, rent etc.). This study argues that this increases the risk of child exploitation as some young women were reported to be returned to the family home divorced and distressed after a period of time. This could be construed as a systematic way of males accessing young females for sex for a prolonged time period under the pretense of marriage with no intention of sustaining the relationship or consideration of the appropriateness of their actions.

**Special vulnerability of females:** Many of the consulted groups, especially the men, boys and service providers commented on the increased vulnerability of females in a particular age range. A solitary counter-view is that some females are exploiting men for money using their sexuality and would not be vulnerable (this view was presented by one of the female participants). However, in the vast majority of cases, people reported women as being more vulnerable. There is the worrying report by the service providers that young girls were using stun guns to defend themselves against SGBV. It appears that the more vulnerable a group is - the greater the risk of a hazardous counter-measure as a coping mechanism. It is worth mentioning that some female participants indicated that they deemed young boys to be more at risk of sexual abuse and exploitation than girls. Perhaps caretakers are less vigilant when it comes to boys which gives them more freedom to move around but could also render them more accessible and vulnerable as a result.

**Increased vulnerability of persons with disabilities:** This was not reported directly by the groups but can be established by analysing feedback from persons with disabilities. This group reported to feel very threatened and suggested extreme measures as ways to cope with their situation, including use of weapons and violence. Again, the more vulnerable the group appears to be, the more extreme their views in terms of suggesting maladaptive, aversive, hazardous or inappropriate coping mechanisms.

**Lack of employment:** Differing views were presented with regard to having a job or having adequate finances. On the one hand, women suggested that finances could protect them from harm while others were clearly suggesting that having a job and finances could render them a target for violence, kidnapping and robbery.

**Lack of legal papers:** As in other assessments, the lack of legal papers was reported as putting refugees, and in particular men, at risk of detention. In general, there was report of increased stress at border crossing points and dealing with the authorities.

## GBVIMS

The data gathered for this project contrast markedly with existing data systems. For example, the supplied GBVIMS extracts (March to May 2017) appear to show that intimate partner violence is reported very frequently and that the home is the most common location for these reported incidents of SGBV. In this study, the most frequently reported incidents were physical and sexual assault perpetrated by people outside the family (e.g. strangers, shopkeepers, and teachers, etc.) and occurring in specific locations or buildings (e.g. public spaces including clinics, shops, schools, streets). These differences can be attributed to a number of factors including:

- The format for data collection which may have influenced whether this issue of intimate partner violence can be raised easily;
- Different types of questions asked in the different information gathering systems naturally generate differing responses.
- Responses by some participants have likely been influenced by the presence of other community members as people did not wish to acknowledge that such incidents were happening inside their homes.
- Perhaps, as was suggested by the service provider group, this form of SGBV is regarded as normal and expected – hence the focus on other external SGBV events.

The focus group discussions and individual interviews were more exploratory in nature and were designed to ask about issues in their community rather than probing into personal experiences. From an examination of the interview and group questions, it appears it was unlikely that anyone was asked directly whether they had ever faced SGBV incidents whereas the survivors who are recorded on GBVIMS are likely to be more motivated to disclose the specifics of their SGBV incident. The GBVIMS is designed to capture data on incidents faced by survivors to describe the specificities of these incidents. These are two very different scenarios which, coupled with the need of participants to protect themselves, likely touch upon the reasons why intimate partner violence was only reported to a limited extent in this study.

## DISCUSSION & RECOMMENDATIONS

This qualitative study explored the current situation of SGBV among the Syrian refugee population in Lebanon and how they respond to such forms of violence. This study also discusses the conditions and contributing factors of SGBV from the standpoint of the refugee community. It explores their knowledge and awareness of available services for SGBV prevention and control in the community, their current gaps and recommendations for their improvement.

### Trends of Sexual and Gender Based Violence

This study ascertained the presence of high levels and multiple forms of SGBV faced by refugee communities in Bekaa region. Previous national and international studies have suggested that women were the main target of SGBV and that intimate partner violence constitute the most prevalent form of violence [2,9,14]. This study complements these findings and indicates that the most common forms of SGBV reported by refugees in this study are verbal and sexual harassment of women and girls by both Lebanese and Syrians, especially when accessing public spaces outside their homes/tents.

Child sexual abuse, sexual abuse, and sexual exploitation were also reported. Domestic violence was only modestly mentioned across the different participant groups. Similarly, marital rape was rarely mentioned and was instead referred to as “hitting for sex”. This could be attributed to multiple factors including: 1- The interview guides/probing questions did not specifically ask about domestic violence/marital rape and relied on its natural emergence in the discussion about the forms of violence present in the communities; 2- The normalization of domestic violence within the patriarchal nature of societies; 3- The cultural definition of domestic violence/marital rape is not accepted/solid within these communities, they refer to it as “normal hitting” and “sex as the man’s right from his wife” rather than a clear and distinct form of violence.

Women, nonetheless, were considered to be the most vulnerable group, especially for sexual violence and exploitation. The evidence from the VASyR study suggests that the refugee community has the highest percentage of single-headed households, inadequate shelters and poor living conditions [2]. This study further ascertains the presence of these conditions. In fact, those conditions were believed to heighten the women’s vulnerability to SGBV.

Despite that almost all participants agreed that women are the most vulnerable to violence, men, on the other hand, shared high levels of physical, structural and emotional violence inflicted upon them by the Lebanese communities and the failing legal and protection mechanisms in Lebanon. This study confirms previous findings that even though women and girls are at a higher risk of sexual violence, boys and young men also face this form of GBV, especially during and post humanitarian crises.

Both men and women believed that violence, in its known notions of physical and sexual violence, was not their main concern and that meeting basic needs, including covering



rent, finding work, renewing their papers, and upholding the expensive life in Lebanon was a bigger concern. As such, these structural factors increase the refugees' vulnerability and helplessness towards preventing violence facing themselves and their respective families. This finding further supports the results of the VASyR survey showing that increases in socio-economic vulnerability and the inability to obtain legal permits [2] have major consequences on the protection space of Syrian refugee communities in Lebanon and in Bekaa in particular. Furthermore, a lack of awareness about their human and refugee rights has contributed to the vulnerability and inability of refugee communities to demand their rights.

Additionally, this study also supports the findings from previous studies [2,15] that indicate a rise in the refugee community's negative coping mechanisms to SGBV incidents, including restriction of mobility, preventing employment, stricter cultural rules, child marriages and honor-killings. Participants did not only share conditions that emerged from the conflict and their respective displacement in Lebanon but also from their cultural practices that were present prior to their displacement. Nonetheless, those practices have increased in Lebanon as a coping mechanism. Child marriage was the most prominent reported mechanism to prevent sexual harassment. Nonetheless, and on a positive note, views against child marriage were also shared. Furthermore, and despite that some participants mentioned that women survivors of sexual assault are supported in their communities, honor-killing for the perpetrator and/or the survivor and their respective marriage are still seen as the only ways for the families to regain their dignity and honor in their respective communities after sexual assault.

In fact, the refugees believed that maintaining their conservative culture and the collective societies were believed to be the main source of protection against different forms of SGBV. Patriarchy, a sense of collectiveness, and the rules set by their communities are not to be violated by any means. These provide a sense of power and order that the refugees believe can protect them and are familiar with in their uncertain situation they found themselves in after the war and displacement.

Nonetheless, this study also presented some positive changes in attitudes towards the overall freedom of women (for instance in terms of movement in the public sphere) and the acceptability of SGBV, especially when it comes to child marriage. Such changes in social gendered norms within Syrian communities after displacement into Lebanon have been previously documented by the study "Shifting Sands" [7]. Thus, further highlighting a window of opportunity for social change that needs to be capitalized on.

### **Actions toward violence**

Interviewed refugee communities believed that SGBV can be prevented by individual, family and community efforts while maintaining the cultural believes, practices and conservativeness. Rarely was employment, financial independence and education mentioned as preventative measures for this violence. Nonetheless, there was a general consensus that awareness for the entire refugee community, all ages and men and

women, can contribute to preventing violence as long as such efforts preserve their cultural believes.

Nonetheless, and whenever SGBV occurred, men had to respond according to the collective decisions made by the larger community, fitting with their social and cultural norms. In general, the refugee community had little trust in the ability of the wider host community, the local authorities and the legal system in protecting them against SGBV and giving them access to their rights. Nonetheless, their illegal status, lack of knowledge about their rights and financial vulnerability limited their ability to respond to violence and forced them to either increase their efforts to prevent incidents or move out of the respective community where the incident occurred.

As for the available services provided by the community organizations, the findings suggest a shift from the situation analysis conducted by UNFPA [1] in 2013 in terms of the reported awareness of refugees about available services. Participants in the current study had varying knowledge of the services available to them with some groups being able to name multiple programmes and having clear knowledge on ways to access them, while others had only vague knowledge of these services and other groups not knowing of any of the services. However, the refugee community acknowledged the importance of psychosocial support services and their role in supporting survivors in moving on after the incidents.

Furthermore, the gaps in the available services identified by the refugee community further depicts their knowledge of the system and the programmatic level details. Current gaps that need to be addressed include:

- 1- the weak legal system and enforcement that only provides limited sanctions for perpetrators as a deterrent to commit further violence;
- 2- low service accessibility attributed to the geographical location, inequitable provision of services in out-of-camp settings compared to camp settings, limited outreach services, and limited cultural adaptability/sensitiveness; and
- 3- inappropriateness of the services attributed to the lack of individualization to specific community needs and the lack of trust in the effectiveness and trustworthiness of services.

## Community Recommendations

This study provides a wide range of recommendations to improve SGBV services. Recommendations reflect the views of different age and gender groups, as well taking into consideration different geographical locations, types of residence and occupations. Recommendations have been obtained through a participatory approach and can benefit organizations in the design of future SGBV programmes. Recommendations relate to the system level (legal system, policy level, coordination schemes among different actors, local authorities' responsibilities, and national plans) and programmatic level (developing new services, expanding on previous services, providing socio-legal assistance, improving the effectiveness and social acceptance of the services, and improving the accessibility to services).

In light of the results of this study and the participants' recommendations, the following considerations are recommended for future programmes by national and international organizations working with Syrian refugees in Lebanon in general, and Bekaa in specific:

<b>Legal Structures &amp; Frameworks</b>	<ul style="list-style-type: none"> <li>– Advocating for the <b>amendments of laws</b> regarding sexual violence/assault, early marriage, and domestic violence;</li> <li>– Advocating for improving the <b>legal assistance to refugee communities</b> to renew their residency permits and file lawsuits against perpetrators, through amendments to the current practices and the provision of free legal services;</li> <li>– Advocating for amendments in the current <b>labor laws and Kafala</b> (sponsorship) system to allow Syrians to work and preventing exploitation.</li> </ul>
<b>Systems - Local Authorities</b>	<ul style="list-style-type: none"> <li>– Capacity building of <b>municipalities to improve their</b> ability and capacity to protect all residents in their areas, refugees and host communities [focusing on attitude and behavioral change models];</li> <li>– Investing in programs targeting <b>local authorities and ISF</b> to improve their respective interactions with the refugee community [focusing of attitude and behavioral change models];</li> <li>– Strengthening of and/or investing in social integration programs between the refugees and the host community;</li> </ul>

<p><b>Programming</b></p>	<ul style="list-style-type: none"> <li>– Maintaining the <b>contextualization and cultural appropriateness</b> of services provided;</li> <li>– Benefitting from the collective culture among the Syrian refugee population in the design and implementation of future programs through developing participatory community projects, peer training, and using the “word of mouth”;</li> <li>– Strengthening of and/or investing in <b>livelihood programs, PSS activities and support for SGBV survivors</b> for the Syrian refugees;</li> <li>– Investing in <b>awareness/educational</b> sessions for all age groups and for different genders on: <ul style="list-style-type: none"> <li>• prevention and response to SGBV, including domestic violence</li> <li>• parenting skills and literacy</li> <li>• human and refugee rights</li> </ul> </li> <li>– Ensuring the design of appropriate <b>evaluation and monitoring</b> mechanisms to assess the processes and outcomes of the services provided;</li> <li>– Investing in future qualitative and quantitative <b>research</b> that ensures the inclusiveness of all refugee and host community groups in needs assessments.</li> </ul>
<p><b>Coordination</b></p>	<ul style="list-style-type: none"> <li>– Improving the coordination between services available to refugees for further improvements in the coverage, efficiency and effectiveness of services.</li> </ul>

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