

# THE SORROW REMAINS INSIDE

EXECUTIVE SUMMARY



APPLYING A MIXED METHODS APPROACH TO UNDERSTAND  
THE RELATIONSHIP BETWEEN GENDER-BASED VIOLENCE AND  
MENTAL HEALTH, COPING AND SERVICE SEEKING AMONG  
LEBANESE AND SYRIAN REFUGEE WOMEN IN LEBANON.

## EXECUTIVE SUMMARY

### GBV & Mental Health



The Global  
Women's Institute

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THE GEORGE WASHINGTON UNIVERSITY

# Objective

The study objective is to provide a better understanding of mental health among adult women survivors of GBV in Lebanon, in order to increase awareness among the affected population and health/service providers about how these issues are related, and support better referral pathways as well as access to and quality of services and policies. It responds to calls for a better integration of GBV considerations into MHPSS services programming and vice-versa (two separate 'sub-sectors' within humanitarian coordination systems).

## SECTOR ONE: GENDER BASED VIOLENCE – GBV

### Characteristics of Intimate Partner Violence - IPV

**Nationality:** The proportion of women experiencing physical and/or sexual IPV varies significantly by nationality, ranging from 46% of Lebanese women to 55% of Syrian women. The bivariate analysis reveals that Syrian women are 1.4 times more likely of ever experiencing this type of violence.

**Pregnancy:** Early child bearing is also significantly associated with an increased risk of IPV. Among women who had their first pregnancy before the age of 18, 62% have ever experienced IPV. Women who had their first pregnancy at 18 or older reported significantly less IPV in their marriages (49%, COR 1.7).

**Education:** Men's educational attainment is a significant factor associated with physical and/or sexual IPV. The bivariate analysis demonstrated that women whose husbands have less than primary education were 1.7 times more likely than those whose husbands have completed secondary education or beyond to have experienced physical and/or IPV.

**Work status:** As with women, men's work status is a significant factor associated with physical and/or sexual violence. Circa half (47%) of women whose husbands were currently unemployed reported experiencing IPV during the past 12 months, compared to 38% of those who reported their husbands were employed at the time of the survey. Partner unemployment, however, was not a significant factor in lifetime IPV.

**Location:** More than one in four women (26%) in the North reported having experienced non-partner sexual assault and more than one in ten (12%) have been propositioned for sex in exchange for favors, while 17% of women in the Bekaa have experienced sexual assault and 6% have been propositioned for sex in exchange for favors. The multivariate analysis indicated that women in the North are nearly twice as likely as women in the Bekaa to experience sexual assault (OR 1.9) or transactional sex (OR 1.8) over the course of their lifetimes. This may be due, in part, to higher female employment in the North among other reasons.

**Age:** Younger women reported significantly higher rates of non-partner sexual assault than older survey participants. The youngest women in the study sample, aged 18-24, are over four times more likely to have ever experienced sexual assault than women in the oldest group, aged 55-65.

### Key findings GBV

High rates of violence reported by survey participants are reflective of a sample derived from ABAAD's psychosocial support service beneficiaries (with the exception of case management beneficiaries), and not of the general population. While the survey participants reported violence based on the WHO violence scale, FGD participants used free listing, and thus yielded less structured results.

### Intimate Partner Violence

Overall, more than three-quarters of surveyed women in the study population have experienced at least one act in any dimension of IPV during their lifetimes, and half have experienced this violence in the past 12 months.

### Non-Partner Physical and/or Sexual Violence

All types of NPSV, with the exception of rape, occur at similar rates among Lebanese and Syrian participants, suggesting that the refugee status is not a primary risk factor among women seeking non-case management psychosocial services from an NGO.





### Other GBV

Additional themes surrounding GBV that were not captured by the survey emerged from the FGDs. Among these were structural violence in the form of political and economic volatility, lack of protective policies and laws, lack of judicial and social accountability, gender inequality, and religious courts and officials, compounded with widely accepted social mandates that “allow for sexual and physical violence” against women [Bekaa mixed-gender service provider].

FGD participants also raised the issues of “moral failure” and additional aspects of participants’ and partners’ direct social environment such as prior experience of violence, harmful social norms, lack of awareness, and behavioral factors (e.g. cheating, use of substances such as “hash,” and lack of respect or religiosity).

### Risk factors for IPV

women who have low educational attainment, work outside the home, have a primary source of income other than the one their husband earns, were forced to marry before the age of 18, and have environmental risk factors are at a higher risk for having ever suffered physical and/or sexual IPV pursuant to this study’s findings. Women who specifically have serious problems due to lack of security where they live or due to physical challenges, or whose partners are not currently employed, are more likely to have experienced physical and/or sexual IPV in the past 12 months.

## SECTOR TWO - MENTAL HEALTH

Mental health was measured using the K6+ assessment of psychological distress which, in its turn, uses a scale of increasing positivity to describe the frequency of six specific symptoms over the past 30 days, ranging from none of the days (1) to all days (5). A cut score of 19 out of 30 was used as the demarcation between severe psychological distress and mild to moderate distress as a dichotomous result: 19+ is severe, 18 and under means not severe. The FGDs applied a semi-structured, participatory approach of free listing.

### Mental Health Symptoms among FGD Participants

The most commonly cited mental health symptoms among FGD participants were pressure or worry, named as “daghet” (ضغط), depression and fear (mentioned about half as frequently), and finally, anger, irritability, or somatization. Other reported symptoms include disrupted or increased sleep and anxiety, distress, stress, and suicidal ideation.

### Mental Health and Consequences of GBV

**Nationality:** As expected with regard to the study population, the proportion of women with severe distress is high. Overall, 70% of women suffer from severe psychological distress. Syrian women have a significantly higher rate than Lebanese women do (80% vs. 55%), and are more than twice as likely to experience severe distress according to the results of the multivariate analysis.

**Violence:** Women who have experienced any type of violence also experienced severe psychological distress at higher rates, compared to those who have not experienced violence. Moreover, all forms of IPV experienced at any point in a woman’s life are significantly associated with increased rates of distress.

**Forced child marriage:** One of the highest rates of severe psychological distress is among women who experienced forced child marriage. Among these women, 89% have severe distress compared to 72% who married later with consent.

There was a heavy emphasis throughout the FGDs on intra-familial violence or parent-to-child abuse or child maltreatment and the effect of divorce on mental health, questions that were not asked in the structured survey. Some participants pointed out that interference and violence from parents (e.g. forced marriage) lead to divorce.

**Environmental vulnerabilities relationship with MH:** Environmental vulnerabilities are an important factor influencing mental health among study participants. Of the women who reported experiencing any environmental vulnerability, 77% demonstrated severe psychological distress compared to 22% among those who did not report any vulnerabilities.



## Coping and Service Seeking

Both the qualitative and quantitative tools of the study asked women about different tactics used to help them cope with experiences of violence and services they have sought from ABAAD and other actors.

### Coping

Most surveyed women (92%) said they tried to find comfort in their religion to cope with violence and around three quarters took active coping measures, seeking advice about what to do (78%) and emotional support from people close to them (72%). Fewer than half of the women (46%) said they try to accept that the violence has happened and cannot be changed.

### Formal and Informal Service Seeking

Somewhat fewer surveyed women sought help from GBV and other actors than took active coping measures. Similar proportions of Lebanese and Syrian women sought help from any organization (69% and 71%, respectively).

### Barriers to Service Seeking

Not knowing about violence support services was the primary barrier among women reporting they did not seek services in response to violence. Overall, 31% of women said they simply did not know about the available services.





## RECOMMENDATIONS TO IMPROVE ACCESS TO GBV AND MHPSS SERVICES

1. Provide holistic, well-coordinated, low to no cost GBV and MHPSS services , with support for referral to tertiary care (i.e. in-patient or psychiatric care)
2. Conduct awareness sessions and campaigns on various forms of GBV , including victim-blaming and forced child marriage on community and service-provider levels.
3. Engage with local communities when developing awareness and destigmatization campaigns on mental health
4. Hire and train qualified, sensitive, and accessible service providers for mental health and other non-GBV related services (e.g. basic assistance, cash or food).
5. Assess and contextualize economic empowerment activities prior to implementation, and monitor service users throughout and subsequent to implementation
6. Target host, refugee, and migrant communities for GBV and MH outreach in case the project target allows for this, and mainstream social cohesion concepts into all activities so as to mitigate potential drop-out or low enrollment by host community members
7. Ensure the availability of childcare services, particularly when targeting women
8. Engage with more Syrian service providers, as Syrian right-holders have found it helpful in terms of reliability and comfort with the service provider







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