

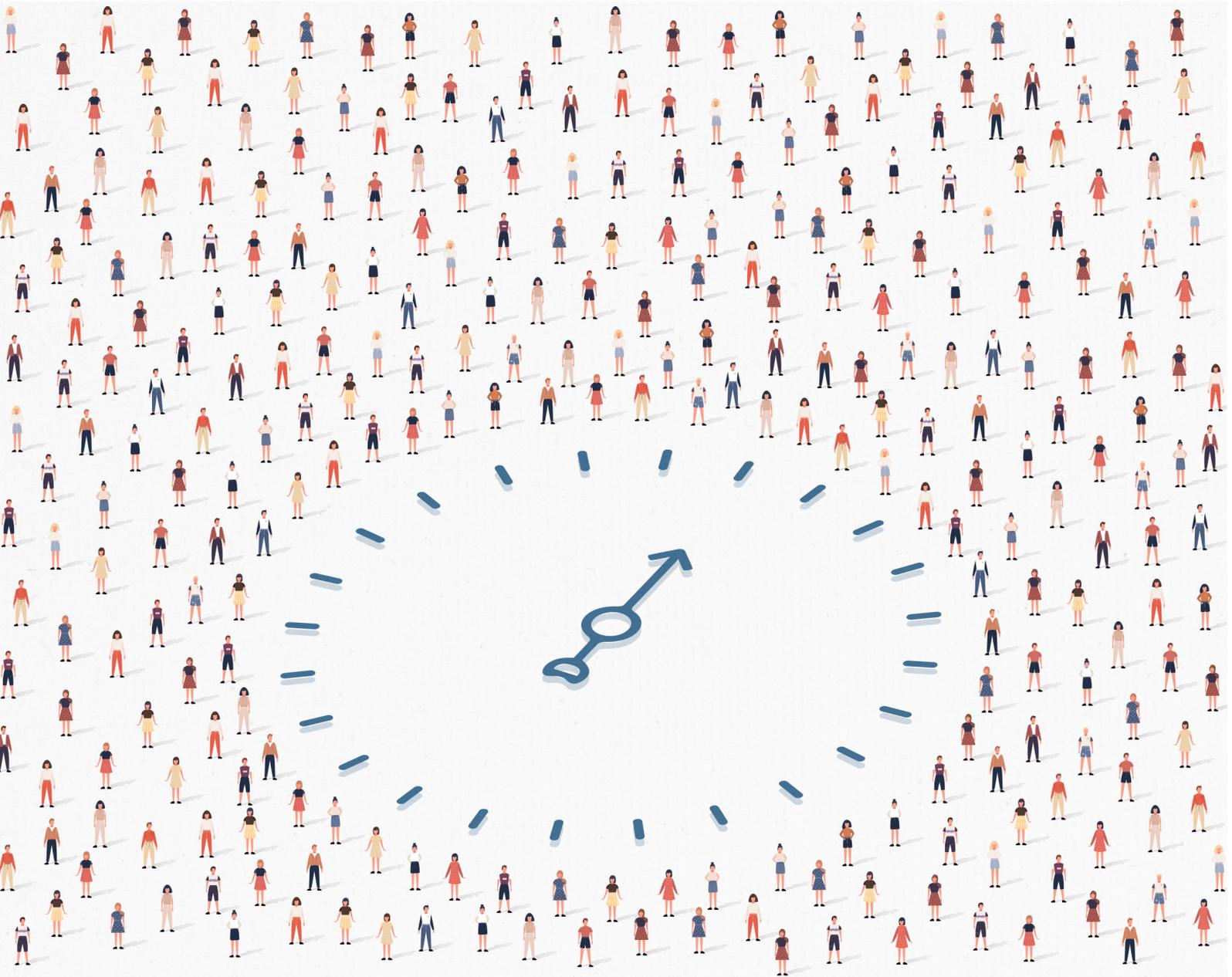


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الهيئة الوطنية
لشؤون المرأة اللبنانية
National Commission
for Lebanese Women



LEBANON GENDER EQUALITY BAROMETER

Gender Based Violence

2022

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ACRONYMS AND ABBREVIATIONS:

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organization
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
ISF	Internal Security Forces
LGBT	Lesbian, Gay, Bisexual, and Transgender
LHF	Lebanon Humanitarian Fund
MOSAIC	MENA Organization for Services, Advocacy, Integration, and Capacity Building
NCLW	National Commission for Lebanese Women
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SGBV	Sexual and Gender-Based Violence
UN	United Nations
VAWG	Violence against Women and Girls
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund

PARTNERS AND WORKING TEAM:

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

The Lebanon Gender Equality Barometer was produced by the National Commission for Lebanese Women (NCLW) in partnership with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. It is published within the framework of the project 'Preventing Violence against women and girls' P-VAWG and is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ).

National Commission for Lebanese Women (NCLW)

The National Commission for Lebanese Women (NCLW) was established under Law N°720 issued on November 5, 1998, by the Presidency of the Council of Ministers. NCLW's General Assembly gathers prominent activists in the field of women's affairs. The General Assembly of NCLW is composed of 24 members appointed by the Council of Ministers by decree for a renewable three-year term. Women members of the Parliament and ministers are considered ex-officio members of NCLW during their term and have consultative status. NCLW has an Executive Board comprised of eight members elected by the General Assembly from its members. The President of the Republic appoints the President of NCLW. NCLW members work through permanent and ad hoc committees in submitting program proposals to the Executive Board, as well as following up and monitoring projects and activities that are being implemented. The permanent committees are the following: The Legislative Committee, the GBV Committee, the Culture, Education & Media Committee, the Economy, Labor & Sustainable Development Committee, Women Participation in Politics and Decision-Making Committee, and the Environment Committee. The budget of NCLW is allocated from the budget of the Presidency of the Council of Ministers as well as from financial aid and donations received from international organizations.

The Commission is entrusted with three types of missions:

- 1.** Consultative Tasks: Recommendations to the government on policy and decision-making, development of strategies, and development of frameworks for activities related to women empowerment and gender equality.
- 2.** Coordinative Tasks: NCLW is the policy coordinator of gender-based issues between public institutions and Civil Society Organizations (CSOs).
- 3.** Executive Tasks: Development of national strategies and plans in collaboration with different stakeholders of public institutions and civil society organizations; implementation of gender-sensitive projects; elaboration and publication of studies and researches addressing women issues; organization of workshops, conferences, and events on the national, regional and international levels.

DEFINITIONS:

Barometer. In Meteorology a barometer is a tool to measure a change in the atmosphere. Gender Barometer is a tool to measure and monitor the development of gender equality in different fields.¹

Gender. Gender tends to denote the social and cultural role of each sex within a given society and this concept should be integrated through all life sectors.

Gender Mainstreaming. In 1995, at the Fourth UN International Conference on Women held in Beijing, "gender mainstreaming" was established as the internationally agreed strategy for governments and development organizations to promote gender equality. This was in response to consistent lessons that have emerged from at least twenty years of experience in addressing women's needs in development work. To understand what "gender mainstreaming" means and why it is important, it helps to understand the journey that has been travelled to reach this point.

Gender Equality. (Equality between men and women) refers to the idea that all human beings, regardless of sex, are free to develop their personal abilities, follow their professional careers and make choices without the limitations set by stereotypes, rigid gender roles, and prejudgments.²

Gender Equity. is used to refer to fair treatment of women and men, according to their particular needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, responsibilities, and opportunities.³

Gender-based violence (GBV). Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women and girls or men and boys, including threats of such acts, coercion or arbitrary deprivations of liberty, whether they occur in public or private life. Gender-based violence is considered to be one of the most serious human rights issues. A countless number of persons in the world are being subjected to physical, sexual, and mental abuse.⁴

Gender-responsive. This refers to the articulate policies and initiatives addressing the different needs, such aspirations, capacities, and contributions of women and men. This is the translation of awareness into a change in perception and desired actions that ensure equality and equity, which is often achieved through gender mainstreaming. Gender-responsive policies respond to the needs, requests, and requirements articulated by men and women for policies that benefit one or both genders.

Gender roles. Assigned by society, examples include teacher, farmer, driver, doctor, nurse, secretary, mother, father, husband or wife. Gender roles are clusters of socially and culturally defined expectations and activities that men and women undertake in specific situations. Gender roles are learned through socialization and may be institutionalized through education, political and economic systems, legislation, and culture and traditions. Gender roles vary and are shaped by age, class, race, ethnicity, religion and location of people culturally, socially and politically. When people's circumstances change, as happens when they acquire power and wealth, their gender roles may also change. Women may be able to exert more power and authority over household members and neighbors as their wealth increases, while men could lose authority and power when their incomes decline within

the household. Women are frequently expected to play multiple roles simultaneously as wage laborers, child bearers and caregivers, domestic workers, and managers. These simultaneous and competing roles often take a toll on women's time, energy, and recreational opportunities.

Gender disparity. The difference in status held by men and women in society about opportunities, successes, and possessions. Gender disparity also refers to differences in income, status, opportunities, and power that exist between men and women in given settings. In many societies, men and women are conferred different roles, opportunities, and statuses. These gender differences tend to be systematic and institutionalized, requiring concerted action to eliminate them and bring men and women to parity. Devices and programs for affirmative action are used to bring about gender parity in many societies.

Gender norms. According to the gender statistics manual, Gender norms are ideas of how women and men should act in a specific community or society. They are used as expectations and standards that should be followed by women and men as a result of gender stereotypes.⁵

Gender transformative. Addresses the causes of gender-based inequalities and works to transform harmful gender roles, norms, and power relations.⁶

Gender-specific. A simple definition can be given to gender-specific. It is something referring only to one sex, either men or women.⁷

Gender awareness. Gender awareness means raising awareness and informing men and women about equality. It intends to provide accessible and reliable material to eliminate any misunderstanding of gender equality as a core value of democratic societies.⁸

Gender stereotype. It is a generalized view or preconception about attributes or characteristics, or the roles that are or ought to be possessed by, or performed by women and men. A gender stereotype is harmful when it limits women's and men's capacity to develop their abilities, pursue their professional careers, and make choices about their lives.⁹

Gender stereotyping. It refers to the practice of ascribing to an individual woman or man specific attributes, characteristics, or roles by reason only of her or his membership in the social group of women or men. Gender stereotyping is wrongful when it results in a violation or violation of human rights and fundamental freedoms.¹⁰

Gender blind. It is described as gender blind when no effort is made by institutional leaders and managers to become aware or sensitive to mainstream gender in the mission, vision, policies, programs, and everyday operations at all levels. More often than not, gender blindness is reinforced by historical, cultural, traditional, and religious factors, requiring more effort and advocacy.

Gender-neutral. Gender-neutral approaches, programs, and policies do not disrupt existing gender relations and may just sustain and/or reproduce them without any change. They may recognize the presence of gender equality issues but may not desire or aim to change or disrupt existing gender relationships.

Gender gap. Findings or results of a gender audit should reveal gender gaps indicating the differences in situations between women and men, as well as provide an assessment of prevailing knowledge, attitudes,

practices, and behaviors that need to be addressed. A gender gap can be said to exist when men's and women's scores differ on attitudes, interests, behaviors, knowledge, perspectives, and preferences on such issues as voting and support for specific policies, programs, or changes in society. Gender gaps can be attributed to differences between men and women in terms of perspectives, economic and social preferences, experiences, and autonomy. Gender gaps are influenced by race, class, age, marital status, and religion, among others factors. When men and women of the same social class and race share the same views and feelings about specific issues then one can conclude that there is no gender gap between them.

Gender-sensitive. Acknowledging that the differences and inequalities between women and men require attention. A gender-sensitive policy incorporates and translates actions into programs, strategies, and activities to improve gender relations and reduce gender inequalities.

Gender parity in education. (an indicator of the ratio of girls to boys). Gender parity is reached when there is equal representation and participation of male and female learners in education. It is a useful indicator, but on its own does not measure gender equality. The gender parity index (GPI) of the EFA Global Monitoring Report measures the ratio of a female-to-male value of a given indicator. A value between 0.97–1.03 indicates that gender parity has been reached.

Feminism. A collection of movements and ideologies for social, cultural, political, and economic equality. Feminism aims at defining, defending, and establishing equal rights and opportunities for women and men. Feminism campaigns against gender-based inequalities and provides women with information that enables them to make choices and free themselves from gender-based discrimination within their environments, cultures, societies, and communities. Over the decades, feminists around the world have developed theories in a variety of disciplines to respond to the social construction of gender. The earliest forms of feminism were largely criticized for only taking into account the perspective of white, middle-class, and educated women. This criticism led to more ethnic-specific and multicultural forms of feminism as a movement.

Gender unequal. Legal, social and cultural situations in which sex and/or gender determine different rights and dignity for women and men, which are reflected in their unequal access to the enjoyment of rights, as well as the assumption of stereotyped social and cultural roles.¹¹

Gender lens. A "gender lens" means working to make gender noticeable in social phenomena; asking why some opportunities differ between women and men in the same society. In other words, it sheds light on gender inequality and the reason behind it in society.¹²

Gender discrimination. According to the European Center for Gender Equality, gender discrimination is the unequal treatment of an individual based on gender. It is any distinction that can face women in the political, economic, social, cultural, civil, or any other field.¹³

Gender empowerment. It is a way of change, a process of gaining self-confidence for individuals, to make choices and convert these desires into empowerment. It is the ultimate goal of gender equality by promoting gender equity measures.¹⁴

EXECUTIVE SUMMARY:

The Lebanon Gender Barometer for Gender-Based Violence (GBV) provides information on opinions, attitudes, and experiences related to gender equality in various areas of life and society. The gender barometer provides national and unique monitoring data on the development of gender in different sectors in Lebanon over a year timeline. The gender barometer also serves as a tool in the assessment of gender policy implementation and development needs. The gender barometer enables monitoring the development of gender equality in different sectors in life and society. The gender barometer provides reliable information about gender-related attitudes, opinions, and experiences that is unique in the national setting.

This is the second edition of the Lebanon Gender Barometer 2021; the first was conducted for the year 2020. The current economic and financial crisis has drastically altered the situation in Lebanon, increasing the number of GBV cases in 2021. Furthermore, the Beirut Port explosion on August 4, 2020, left thousands of people of all ages and nationalities, mostly from disadvantaged communities, including women and girls, with post-traumatic stress disorder, mental distress, and financial difficulties. Additionally, the pandemic negatively affected women with evidence across the country indicated in increased cases in domestic violence. Incidents of harassment, discrimination and verbal, physical and economic abuses had also been documented.

The survey took place over a critical period in Lebanon, as aforementioned, in which economic and financial challenges are overwhelming the lives of the Lebanese population, compounded by the political tension and the spread of the COVID-19 pandemic. Consequently, respondents' priorities changed and were more focused on financial aid, including basic needs to support their families. To that end, the survey questionnaires were formulated to capture the status of respondents before the crisis started in comparison with their current status with the ongoing situation in Lebanon.

The sample structure of respondents took into consideration 50 women/girls equally from each region (Beirut, Mount Lebanon, Bekaa, North Lebanon, and South Lebanon) in Lebanon. A total of 250 women and girls were interviewed and the small sample took into account the short timeline for conducting the survey. A larger sample must be selected in the next edition of the gender barometer. The random selection of respondents concluded a vast majority of married women with good educational backgrounds and most of the middle class. Additionally, most of the respondents belonged to the age group (35-44), followed by (45-54), and (25-34). The same sample size and criteria were also considered for men and boys. The results showed that 78.8% of women are decision-makers and sometimes both the women and the husbands are decision-makers at home which showed a positive finding, while gender roles and social norms still play a major role in some communities across Lebanon, especially in rural areas.

The vast majority of respondents reported positive awareness of Violence against Women and Girls (VAWG) with the least percentage of women and girls who believed "Shouting/Yelling" is violence. Of those who experienced violence, the violence was mostly exerted by their husbands. The most common type of violence was verbal violence. The findings indicated that verbal violence recorded higher percentages than physical violence. In addition, the life of 92.4% of respondents changed after the crisis in Lebanon. The results also showed that 63.2% of respondents and/or their partners feel under pressure and depressed. Out of 155 respondents, 4% (10 respondents) stated that they did not know why they did not seek a specialist, and 34% (85 respondents) answered that they did not feel that they should seek a specialist, while only 24% (60 respondents) sought a psychological specialist. The majority of respondents indicated that women, girls, men, and boys were under pressure mostly due to the economic crisis.

Women and girls emphasized the lack of awareness of current laws and services (legal, health, police, social, etc.) provided by the government and local NGOs. The results showed that 73.2% of women did not know that the ISF had announced a free hotline to support victims of domestic violence. Out of those who know that ISF

has a hotline number, only 25.4% of respondents (17 respondents) know the correct number. However, less than 20% of the respondents know the services that the ISF offers. Among the respondents, only 45 respondents (18%) know an NGO helpline number, which showed a very low percentage. In addition, out of 248 respondents who answered, there was a high percentage of women/girls (64.8%) who were not aware of “the shelters offered to GBV victims” and this indicated the absence or the lack of awareness and knowledge on the existence of shelters for GBV on the national level.

Given Lebanon’s present situation and its dynamics, the demands and priorities of women and girls shifted and were largely not linked to violence and services given against violence, but rather to finding work possibilities and financial help to maintain their families. Furthermore, fundamental needs such as electricity, education, hospitalization, medications, transportation, gasoline, and gas were underlined.

Unfortunately, the survey for men and boys was discontinued after several calls, as the majority of men and boys were not responsive and cooperative, and were mostly not interested in participating in the survey.

To give accurate insights into the progress of gender equality and GBV in Lebanon, the gender monitoring tool is anticipated to be assessed on an annual basis using the same indicators and data collecting methodologies. The sample must be expanded during the future survey in measuring the indicators to target more beneficiaries in a better environment in the country than the current circumstances connected to the COVID-19 health crisis and political and economic developments.

INTRODUCTION:

The NCLW developed its first two barometers for Gender-Based Violence (GBV) and Participation of Women in Politics in 2020 as two monitoring tools to measure the progress of the level of gender equality on a national level.

In fact, Lebanon does not have a national gender monitoring tool. The Gender-Based Violence Information Management System (GBVIMS), developed by members of UN agencies, is a monitoring tool to effectively compile data on GBV national programs. However, in its current form, the GBVIMS is an incident recorder that cannot replace the country’s existing case management systems.. On the national level, measurements, exist though in several international development indexes, such as the human development index, and the global gender gap, where country information is collected through secondary data mostly, whereas indicators are universal and do not take into account any country-specific features or characteristics. Hence, there is a need for a national gender monitoring tool, with thought-out and customized indicators for the Lebanese context that simultaneously oversees and informs gender advancement in the country. In addition, such a measurement is also important to measure the pace of change and identify milestones as relevant, throughout the project implementation and beyond. In this regard, NCLW is now implementing the Gender Barometer tool, with the support of local authorities, associations, NGOs and INGOs.

Many international and regional instruments have drawn attention to gender-related dimensions of human rights issues, the most important being the United Nations (UN) Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted in 1979.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. The Convention defines discrimination against women as *"...any distinction, exclusion or restriction made based on sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."*¹⁵

The gender barometer allows data to be accumulated on current issues of Gender-Based Violence (GBV), such as experiences of sexual violence, physical violence, and mental health, on which information is not available elsewhere regularly.

OBJECTIVES:

The purpose of the research is to develop a barometer on gender equality as a monitoring tool due to the limited knowledge on the situation of women in GBV in Lebanon, under-reporting of cases of exclusion, and sometimes ignorance on whether certain acts are to be considered as purposeful acts of exclusion and political violence. The full research is expected to identify specific customized indicators, both quantitative and qualitative, and develop data collection tools and methods, in coordination with NCLW and other partners, to report on violations of women's rights and gender equality.

The Gender Barometer aims at regularly aggregating and publishing gender indicators concerning international and national strategies and action plans, and serves to help citizens hold their governments accountable by being locally owned and produced. Without locally owned statistics produced regularly, national women machinery and experts' practitioners in related fields may not effectively monitor gender equality and weak accountability institutions where governments that are not held accountable will continue to persist. A Gender Barometer can therefore be used to enhance the role of national women's machinery as accountability institutions responsible for advancing the situation of women in the region raising awareness on existing gender discrimination in the private and public sector and increasing the national statistical centers' knowledge on gender mainstreamed data¹⁶, in line with National Strategy for Women in Lebanon 2011-2021 which mentioned the development of indicators to be measured to monitor the situation of women in the country, and also aligned with the first pillar with regards to the protection of women from violence of the National Action Plan on UNSC Resolution 1325 for 2019-2022 for Women Peace and Security.

The objectives of the gender monitoring tool are to 1) Identify the main interventions in promoting gender equality issues; 2) Monitor relative progress made in gender equality; 3) Identify gender gaps in the targeted thematic areas on a policy level; 4) Document good practices towards the achievement of gender equality; 5) Identify thematic areas where gender equality will be measured; 6) Identify the main interventions to achieve gender equality in the identified thematic areas; 7) Measure perceptions of gender equality on a policy level; 8) Measure the perceptions on the grassroots level; 9) Identify CSOs' main interventions; and 10) Assess the level of resources allocated and spent on gender mainstreaming and gender activities.

BACKGROUND:

Women's rights in Lebanon continue to face numerous challenges and discrimination in the most basic human rights. The justice and equality in Lebanese laws, where sectarianism has taken control of personal status laws and secularism, which gives all citizens equal rights, particularly women, is absent. As a result, Lebanese women continue to face discrimination and gender violations.

Gender inequality in Lebanon is considered to be particularly stark. According to the Gender Gap Index 2021¹⁷, which is based on indicators of economic participation and opportunity, educational attainment, health and survival, and political empowerment, Lebanon ranks at 132 and the progress has been moving at a very slow pace. Lebanon has closed an additional 3.8 percentage points of its gender gap, starting from an even lower position. Progress is mainly due to improvements on the Political Empowerment subindex where the share of women ministers increased the most by January 2021 from January 2019 (from 3.4% to 31.6%); however, women make up only 4.7% in the Parliament. Women in Lebanon have been struggling to break through the "political glass ceiling," and have made only patchwork progress.

While Lebanese women might look better off than their Arab fellows, their legal situation remains equally unfair in comparison to men in Lebanon, who still enjoy certain privileges, mainly as a direct result of the absence of a Civil Status Code¹⁸, whereby religious groups hold control of people's personal status according to religious laws that are very much unfavorable to women. Other legislations still discriminate against women, such as the Labor Law, and no affirmative action has ever been taken in Lebanon, including the women's quota. While Lebanon signed and ratified the CEDAW in 1997, the country had however placed reservations on some of the articles of the treaty. The reservations were mainly on article 9 related to the right of women to pass on their nationality to their non-Lebanese husband and children, article 16 related to marriage and family life, as well as on article 29 about arbitration.¹⁹

Given the multi-level challenges confronting women in Lebanon, this action proposes to address the needs of women from various perspectives, to better enable the environment for greater participation of women in politics. Discrimination against women is still largely normalized in Lebanese society, and many people tend to ignore or deny the legal, economic, political, and socio-cultural obstacles that prevent women from being equally represented in Parliament and other leadership positions. As such, this action falls within the framework of the CEDAW, particularly articles 5 (a) "To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women", article 7, "States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (a) To vote in all elections and public referendum and to be eligible for election to all publicly elected bodies; (b) To participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government; (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country", article 8 "States Parties shall take all appropriate measures to ensure to women, on equal terms with men and without any discrimination, the opportunity to represent their governments at the international level and to participate in the work of international organizations" and article 11-2) States Parties shall take appropriate measure to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work: (a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status; (b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances; (c) To encourage the provision of the necessary supporting

social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities; (d) To provide special protection to women during pregnancy in types of work proved to be harmful to them.²⁰

Lebanon's economic situation has deteriorated over the last year, with figures indicating that more than 55% of the country's population is now impoverished and unable to satisfy basic needs. This occurred at a crucial time when the nation was registering a growing number of COVID-19 incidents. Furthermore, the Beirut port explosion on August 4th left thousands of people of all ages and nationalities, most disadvantaged communities, with post-traumatic stress disorder, mental distress, and financial difficulties.

The COVID-19 outbreak increased the violence against women, in particular the risk of sexual and gender-based violence (SGBV) around the world. This trend was more evident in countries where strict lockdowns have been put in place to prevent the spread of the virus such as Lebanon. In the first quarter Gender-Based Violence Information Management System (GBVIMS) report, Lebanon indicated a 4% increase of intimate partner violence compared to the same period in 2019 and an 8% decrease in reporting in March 2020 compared to January 2020. This discrepancy between the increase of a certain type of SGBV and the decrease of an overall reporting sheds light on the very challenges that survivors are facing in the COVID-19 situation. During the lockdown, tensions can easily mount within the household as families are confined to their homes and the dire economic situation of many families causes more stress and anxiety, leading to the increase of the risk of violence.

GENDER COUNTRY CONTEXT:

Lebanon is currently facing the imminent threat of an expanding budgetary and economic catastrophe, which is threatening the livelihoods of large segments of the population. The budgetary crisis exacerbated by the COVID-19 epidemic and the Beirut Blast has expedited the slide into economic collapse, sending the Lebanese economy into a downward spiral of recession, skyrocketing inflation, widespread unemployment, import shortages, and government insolvency.²¹

The escalating socioeconomic unrest has resulted in a rise in severe poverty of about 50% across all areas and ethnicities in Lebanon. The economic downturn, along with the COVID-19 outbreak, has increased the loss of work and livelihoods among refugees and host communities. COVID-19 and accompanying containment measures resulted in 30% of Lebanese households losing their employment and 20% having their wages slashed. In a World Food Program study conducted in June, half of the Lebanese families and 75% of Syrian households indicated anxiety about food scarcity. Those who have lost their jobs, whether as a result of the COVID-19 outbreak or prior, have been found to be more upset than others, including women.²²

1. Family Lives

The structure and values of traditional families in Lebanon's rural areas differ from those of families that have lived in cities or abroad. Regardless of family structure, family connection and unity are seen as vital by the Lebanese. The elder man is the family's head. The mother's primary responsibility is to conduct housekeeping and care for the children. Despite the fact that gender roles are shifting and women's rights to education and equal pay are improving, women still do not have the same amount of authority as men. There is still a social assumption that women are more likely than males to disgrace their family. As a result, women are still perceived as particularly weak and susceptible victims. The majority of well-educated households have fully accepted gender equality.²³

2. Education

The educational sector in Lebanon has been struggling to overcome numerous challenges over the past two years, including the instability of the political situation, disruptive street demonstrations, repercussions of the Beirut Port blast, dramatic devaluation of the Lebanese currency, compounded with the spread of the COVID-19 pandemic, which resulted in a shift to online or virtual learning. Progress has been perceptibly improved in girls' enrolment at all education levels, yet wide gender disparities persist in some regions, particularly at higher education levels.

Approximately two-thirds of Lebanese children currently attend expensive private schools, with public schools being the main (and sometimes only) alternative for impoverished families, particularly in rural regions. Private education is of better quality than public education, resulting in greater disparities between economically advantaged kids and their impoverished friends who cannot afford private schools. Although the general figures show that more girls than boys attend school and, in particular, pursue higher education, traditional attitudes and patriarchal society continue to impede some females from enrolling in school. Girls from impoverished and marginalized households, in particular, are still viewed as a burden and married at an early age. Lebanon's government has yet to implement obligatory free education, making it more difficult for females who desire to study but are unable to do so.²⁴

Rural areas frequently lack the basic infrastructure needed to offer a suitable educational environment, resulting in lower levels of educational performance and attainment. Children find it challenging to join and attend lessons due to the great distances to and from school²⁵. Working is often considered a more productive use of children's time and children, providing more cash for the family, in the absence of adequate quality education possibilities. As a result of the demonstrations and civil disturbances that began in October 2019, at least 1.2 million kids in Lebanon have had their education postponed for more than a year.²⁶

Many Lebanese households are finding remote schooling equipment increasingly costly as a result of the economic crisis and related inflation. In families with limited gadgets, girls are far less likely to commit time to online learning, and remote learning tools are typically unavailable to children with impairments. Children from low-income homes, particularly those whose parents are illiterate, receive minimal support from their parents for their remote learning. The lack of finances to pay teachers' wages has compounded some of the most disadvantaged children's lack of access to school. Teachers at public schools are paid in Lebanese Lira, which has lost an estimated 90% of its value, making a teacher's pay worth between 1 and 2 USD per hour. As a result, periodic teacher strikes have occurred, mainly impacting second shift schools where instructors continue their job after the first shift.²⁸

For many students in Lebanon, access to online schooling and digital infrastructure remains extremely difficult. Internet access is a significant concern, with inadequate internet connection in many regions of Lebanon, costly top-up cards for managing usage, and frequent power outages impeding access to learning.²⁹ Civil society expressed worries about children who are unable to pursue online learning and, as a result, expressed fears about a lost generation, in which students are unable to be taught due to cost and technical difficulties. They emphasized mothers' efforts to teach their children in the absence of schooling, but that this was difficult for mothers with lower levels of education themselves, underlining some of the long-term consequences of an unequal society.³⁰

3. Economic Lives

In Lebanon, the majority of women are unemployed. In addition to the 75 percent of inactive women, 10 percent of the 25 percent who are active and in the labor force are jobless, compared to 5% of males. North Lebanon has the highest unemployment rate in the nation, followed by Baalbek and Bekaa, where male unemployment is also higher than in the rest of the country.

Several programs exist in Lebanon that aim to add value to the economic empowerment of Lebanese women by strengthening women's access to stable and self-sustaining earnings and livelihoods, as well as boosting stakeholders' ability to appreciate women's particular economic needs and legislate policy changes to recognize them.³¹ Women's contributions to economic growth and stability are critical, yet women in Lebanon confront a variety of cultural and structural barriers that limit their ability to start and run profitable enterprises. Local training and coaching programs, for example, are sometimes insufficiently adapted to the specific requirements and situations of women. Many women also have difficulty getting a loan or owning land, forcing them to conduct their companies on the side. All of these restrictions, taken together, prevent women entrepreneurs from making a significant contribution to Lebanon's economy.³²

Lebanon has one of the world's worst overall gender disparities, as well as one of the lowest percentages of women's employment market involvement, averaging at 29% for women and 76% for males according to the latest data of the World Bank in 2019.³³ Moreover, women make up only 4.6 percent of the parliament.³⁴ Women in Lebanon have been struggling to break through the "political glass ceiling," and have made only patchwork progress. Even though the 2018 Parliamentary election had the largest number of registered female candidates in the country's history, women today hold fewer than 5% of the total 128 seats in parliament. Similarly, while the selection of four women to the ministerial cabinet is an achievement to be proud of, since it is a first in the country's history, these women make up less than 10% of the cabinet as a whole.³⁵ This shows that women have relatively low participation in decision making, despite the existence of a substantial amount of advocacy for equal rights and women empowerment groups, as well as a rise in feminism, especially in the more "liberal" regions.³⁶

Women's employment in Lebanon is expected to decline by 14-19 percent as a result of ongoing economic recession rates, according to UN Women's estimates from June. As a result of the Beirut blast and the downgrading economic crisis, these figures will probably worsen.³⁷ Mercer 2020 global report 'Let's get real about equality: When Women Thrive' found a leaky workflow for women in leadership in a 2020 post-COVID assessment of over 1,100 organizations around the world, with women's representation significantly reducing as the levels advance: 47 percent are support staff, 42 percent are professionals, 29 percent are senior managers, and 23 percent are executives. The COVID epidemic increased the pay disparity between men and women. This is partly due to the pandemic's uneven employment effects on women, who constitute the majority of frontline and critical employees and are disproportionately represented in industries and sectors that are facing closures (e.g., hospitality, education, and retail).³⁸

Women were already at a substantial disadvantage before the economic slump, making them more exposed to the catastrophic impacts of the economic crisis. Female unemployment is increasing, domestic abuse reports doubled in 2020, and the number of women killed as a result of domestic violence is also rising. A rising number of women and girls can no longer afford sanitary goods due to a 500% rise in price, forcing them to rely on newspapers, toilet paper, or old rags instead.³⁹ When women do find a way to overcome the obstacles and further their education, skill development, and pursue employment or business, they encounter additional hurdles such as access to financing — only 3% of bank loans in Lebanon are given to women.⁴⁰

The great majority, if not all, of employees, are exposed to labor exploitation in some form or another. However, women appear to bear the brunt of this prejudice. Official labor statistics, which state that just 23 percent of women over the age of 15 are in the formal work force, dilute such observations. Labor data suggest that most women are not economically active, considering that the informal sector is excluded. Female exploitation, on the other hand, cannot be evaluated simply by looking at pay and perks in the formal labor force. The great majority of working women are unnoticed, laboring in the informal economy or at home.⁴¹

Prior to the Beirut Port explosion, women workers and business owners were already in a vulnerable position because of the COVID-19 pandemic, particularly those with school-age children who had to leave work to assist with online learning. According to a recent UN Women report, the unemployment rate among women has risen from 14.3% prior to the crisis to 26% as of September 2020.⁴²

In Lebanon, as was already mentioned, the COVID crisis is not the only inhibitor to women's power and presence in the economic life. The Lebanese pound has lost 90% of its worth since fall 2019, and overall inflation in 2020 reached 84.9 percent. As per government figures, consumer goods prices had virtually quadrupled in the preceding two years as of June. The massive explosion in Beirut's harbor a year ago, which killed over 200 people and destroyed a significant part of the capital, further contributed to the despair. Years of mismanagement and disastrous policies have left the country severely in debt, with the central bank unable to keep the currency afloat as it has for decades due to a decline in foreign financial flows. Now that the economy has hit rock bottom, food, gasoline, and medication are in limited supply. In a country that was once known as the Middle East's Switzerland, the banks are mainly bankrupt. As teachers, professors, and investors of all genders seek better prospects elsewhere, education has taken a hit.⁴³

4. Cultural Norms and Gender Roles

Gender is a social construct that is regulated by cultural conceptions. In essence, this implies that gender roles in them have characteristics that reflect cultural beliefs. As a result, GBV in Lebanon is based on the behaviors adopted by society's members, the norms they follow, and the day-to-day dynamics that women and girls face⁴⁴. Consequently, it is reasonable to claim that Lebanese society is built on the following foundations: the feminine position inside the male prerogative, and the legislative basis that women face, i.e. early marriage, personal status laws, women's sexual build, the restrictions of women's roles based on ensuring protection, and/or control of reproduction, inter-generational survival, and family honor.

Then we go on to societal norms, which illuminate not just Lebanese society's traditionalist nature, but also the activities that sustain GBV's longevity, which are clearly recognized. The following are the predispositions of these social mores: a palpable preference for males over females, a propensity to perceive males as "active" players and females as "passive" agents, which leads to socially dominant-submissive relations. This, in turn, allows dogmas to render GBV an accepted behavior, often placing the guilt that comes with it on males. The former establishes the foundations of service inadequacies, as well as the impediment that women pursuing legal or informal assistance confront.⁴⁵ It should come as no surprise that societal norms that promote double standards have a detrimental impact on women. A girl's clothes and room are pink, and her toys are dolls and household utensils. Constrained sexuality and gender social norms, on the other hand, contribute to hostility and discrimination toward boys, men, and individuals of various gender identities, gender expressions, and sexual traits, including Lesbian, Gay, Bisexual, and Transgender (LGBTI) children and adolescents.⁴⁶ In addition, social norms and cultural attitudes give the household responsibilities to adolescent girls and therefore girls are not allowed to perse education being deprived of their fundamental rights.⁴⁷

“ I can't work because my husband prevents me from having financial independence, and I don't think this is a type of GBV.” (Female respondent) „

Furthermore, Lebanon has several really harmful regulations that simply make women's life more difficult. According to Human Rights Watch, the Lebanese government is failing to uphold its international legal obligations to protect women and girls from violence and discrimination. Human Rights Watch submitted a report to the UN Committee on the Elimination of All Forms of Discrimination Against Women, which convened in June 2021 to

assess Lebanon's compliance with CEDAW. Several recommendations from the country's last evaluation in 2015 were not implemented, including failing to develop a standard personal status code that would ensure equitable treatment for all citizens and amending the discriminatory nationality statute. Lebanon has made little headway in drafting a new civil code or revising its 15 religion-based personal status laws, as well as the religious courts that administer them. These courts tolerate discrimination against women of all religions and fail to defend their basic rights, especially when it comes to divorce, property ownership, and post-divorce child custody. Existing law defines domestic violence vaguely, and marital rape is not specifically deemed illegal. Members of parliament have introduced a slew of anti-sexual harassment bills since 2017, but the legislature has failed to act.⁴⁸

On a brighter note, more women can be found in the workforce. The economic crisis and coronavirus pandemic have pushed women from conservative shackles into the outside world in hopes of trying to improve their families' financial situation. While this does not eliminate GBV, it is a sign that reliance on women and girls is becoming more and more like that on men and boys in terms of employment.

5. Legislation

Lebanon is a signatory of key human rights treaties such as the Universal Declaration of Human Rights (UDHR), the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), CEDAW, among others. With the exception of CEDAW, Lebanon has ratified these conventions without reservations.⁴⁹

In 1996, Lebanon adopted the CEDAW. However, the Lebanese government's objections undermined CEDAW's purpose and aims. The articles that were rejected dealt with personal status legislation and the nationality rights of female citizens. The reservations allowed the Lebanese state to continue denying women the same rights as males in marriage, divorce, and all family affairs, as well as upholding the restriction on Lebanese women transferring their nationality to their husbands and children.⁵⁰

“ *When any problem occurs, women should go to their family and not to shelters.*” (Male respondent) ”

Marriage, divorce, inheritance, child custody, and alimony are all controlled by religious courts in Lebanon, which favor males and represent their best interests. Religious courts impose arbitrary regulations on women, exposing them to varying degrees of discrimination as compared to males. Delegating personal status to religious jurisprudence jeopardizes women's safety, hinders the development of protective mechanisms, and frequently legitimizes violence against women.⁵¹

In 2014, following a campaign by women's and feminist organizations, the Parliament passed Law 293 on the Protection of Women and Family Members Against Domestic Violence. The bill that passed was an amendment to one suggested by the coalition of civil society organizations.⁵² Parliament amended the Protecting Women and All Family Members from Domestic Violence (Law 293/2014) and the amended Law was published on 1 July 2021. The amended Law contains several welcome changes on more than one level.⁵³

The Ministry of Justice, in conjunction with the No More Violence and Exploitation organization (KAFA) and the NCLW, has submitted a bill that would amend the Protecting Women and All Family Members from Domestic Violence Law (No. 293/2014) so as to ensure the greatest possible protection for women. The Lebanese Parliament approved most of these amendments at its session of 21 December 2020.

However, there are a variety of loopholes that prevent women from obtaining a restraining order and providing legal support to women victims. The law has yet to be implemented in terms of its provisions on providing refuge for

women, which are still heavily supported by non-state actors such as local NGOs.

6. Discrimination

Lebanon's multidimensional crisis is taking place in the midst of profound and structural gender inequality. Lebanon has one of the world's worst overall gender disparities. Legal safeguards against domestic abuse, sexual assault, and harassment continue to be insufficient. Spousal violence is prevalent at about 25%, while women make up only 4.6% of Parliament.⁵⁴

Lebanon lacks a Civil Code that addresses topics such as divorce, property rights, and child care. Instead, personal status concerns are governed by 18 different religion laws. All of these laws discriminate against women, and none of them guarantee basic human rights. These laws are administered by autonomous religious tribunals with little or no government control, frequently delivering judgments that violate women's rights. Moreover, unlike Lebanese men, Lebanese women are unable to pass on their nationality to their children or foreign spouses. Furthermore, religious courts do not follow civil court judgments on domestic abuse, trapping women in violent marriages. Some religious courts issue obedience and cohabitation orders against women, ordering them to return to the spousal household.⁵⁵

Despite the fact that the Lebanese Labor Law requires men and women to be paid the same for doing the same job, this is not always the case. The lack of real laws and policies that promote women in the labor market has resulted in workplace discrimination.⁵⁶ National labor laws discriminate against female employees' welfare benefits, provide no protection against sexual harassment, and lack clear enforcement mechanisms for any provisions women may require, such as a short maternity leave.⁵⁷

The Declaration on the Elimination of Violence Against Women

The Declaration on the Elimination of Violence Against Women issued by the UN General Assembly in 1993, defines violence against women as ***"Any act of gender-based violence that results in, or is likely to result in discrimination, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberties whether occurring in public or private spheres."***

Many of the difficulties that women encounter result from Lebanon's 2.7 million people living in poverty. Men, who have historically held political and ecclesiastical authority, deny women their rights as a means of keeping women and children financially dependent on them. This implies that money remains in the hands of majority groups and may be used how they see fit.⁵⁸

Despite arduous efforts by a number of activists and women organizations, there remains serious obstacles that prevent women from fully accessing the public life in Lebanon and effectively participating in politics. Obstacles are political, legal, economic and socio-cultural. Women have been discriminated against in laws, practices, national policies, constitutional and legal frameworks, economy and, of course, politics. Discrimination against women is evident in law, including the Lebanese personal status codes, labor laws, and penal code. In criminal code, women have been recently protected from GBV, even if the law still needs further amendment to be fully compliant with principles pertaining to gender equality and women's rights. Honor crimes and a part of the rape law still persist, without amendment or annulment.⁵⁹

GENDER-BASED VIOLENCE:

Gender as a concept is governed around cultural constructs. This in its essence means that gender roles in them hold attributes reflecting on values existent in the culture. Thus, GBV in Lebanon is founded on the basis of the practices taken up by the constituents of a society, the customs they follow, and the day-to-day dynamics women and girls experience.⁶⁰ It is safe to say that the Lebanese society is based on the following predispositions: the female standing within the male prerogative, the legal framework that poses challenges for women (i.e. early marriage, personal status laws...), and women's sexual construct, and the restrictions of women's roles based on "ensure protection and/or control of reproduction, inter-generational survival and family honor".⁶¹

“ I think that GBV is only physical, and that shouting is just an expression.” (Female respondent) ”

With regards to societal norms that not only shed light on the conservative nature of the Lebanese society, but also on the practices that reinforce the continuity of GBV, which are very easily identifiable. The predispositions of these norms are the following: the tangible preference of males over females, the inclination towards perceiving males as "active" and girls as "passive" actors, which eventually subjects them to socially dominant-submissive dynamics. This in turn makes way for accepting GBV according to the belief systems as normalized behavior, often projecting the guilt coming with it on men. The former creates the fundamentals of the gaps residing within services, and the obstacle that stands in the face of women seeking legal or informal help.⁶²

Defining GBV can start with reducing it to describing the criteria of different forms of aggression. In brief they are distributed along the lines of "Sex discrimination, imbalance gender relationship, and social tolerance"⁶³ delving into the types of GBV can then show in that light the high vulnerability of women and girls with respect to Physical, Sexual, and psychological factors.

The different forms of GBV are seen to have long term devastating effects on women and girls, having direct effects on the socioeconomic dynamic of a country. In Lebanon the forms of violence are shown to be forms of violence against women and girls include: "intimate partner violence; child, early and forced marriage; forced pregnancy; honor crimes; non-partner sexual violence; sexual harassment; trafficking; violence condoned by the State; and violence against women and girls in conflict situations."⁶⁴

It is important to take into account that when we speak of violence, it is not an isolated incident that has a time limit, however it is a pattern of behavior that builds up to reach that point. These buildups range from physical to psychological to sexual violence.⁶⁵ In the former survey, furthermore, it was shown that slapping was the most recurrent form of physical violence, where physical violence was the most dominant form of GBV. They are of course not limited to those; threatening, pushing, belittling, as well as insulting the woman in front of a group of people or in public were also mentioned. Furthermore, Sexual violence also comes up when speaking about types of GBV. It includes intercourse against one's will, as well as verbal sexual slurs, acts that bring discomfort, and a domination of sexual privacy.⁶⁶

During 2020, almost half of the women and girls who reported experiencing some form of violence reported any health impact. Women reported physical health impacts that ranged in severity from bruises to broken bones. Women and girls indicated that their sexual and reproductive health was directly influenced by the violence and

these health impacts included miscarriages and sexually transmitted infections. Additionally, the reproductive health outcomes that appear to be associated with women and girls' experience of violence included smoking during pregnancy and preterm delivery although further analysis is required to confirm these potential associations. Women and girls were often reluctant to tell anyone about the violence for fear of being blamed for causing the violence or other consequences such as inciting further violence, being divorced, and not being able to see their children, among others. Of the women and girls who disclosed of violence, the majority informed their husbands or a female family member. In general, women perceived survivors of violence as often being at fault for the violence and thus formal help seeking was seen as a last resort. The few who told a formal source, which included the police and women's NGOs, did so only when the violence was severe or ongoing. Barriers to support seeking included shame because revealing family violence is perceived as a violation of social norms, fear of the consequences, lack of trust in service providers, and inability to leave the home due to lack of finances or childcare. Women and girls also needed the permission of husbands or other family members to attend programming and often had to obscure their visits to GBV survivor service providers by informing their family members that they were seeking and obtaining alternatively, more socially acceptable services such as healthcare.

Since the first COVID-19 case was detected in Lebanon in February 2020, the shadow pandemic of violence that has run parallel against women has yet to flatten its curve. Evidence across the country indicates that the risks have soared, along with call volumes on domestic violence hotlines, with strong indications of increased prevalence and severity. In May 2020, UN Women and UNFPA undertook primary data collection around issues of violence against women, surveying over 1500 people across the country, online, from a cross-range of demographics, to understand trends and attitudes during the early COVID-19 lockdown measures in Lebanon. The results detailed increased concerns for safety, both inside and outside the home (as a result of the pandemic), increased secondary trauma, specifically, the witnessing of violence against women, and online harassment. Most respondents believed tackling gender-based violence to be a priority in the COVID-19 response and voiced a willingness to report violations.⁶⁷

With the current COVID-19 Pandemic, the GBVIMS⁶⁸ studied trends during the time of lockdown and reported time in 2019. The observations by the GBV Information Management Systems showed a 3 percent increase of violence perpetrated by an intimate partner or family member since the lockdown (69%) where more than 50 percent of this violence was perpetrated by a current or former partner. Furthermore, there was a 5% increase in physical assaults, 9 percent of which were occurring in the survivors' homes, amounting to 65%.⁶⁹

According to data obtained in Quarter 2 of 2020 from the GBVIMS, COVID-19 had the greatest disproportionate effect on women and girls (99 percent female survivors) during this time. Due to the emerging threats of GBV, including domestic violence, more organizations have reached out to Lebanese nationals following the outbreak of COVID-19. The Internal Security Forces (ISF) registered a 102 percent surge in calls to their domestic violence hotline number from February to November 2020, mainly from Lebanese citizens. Physical violence (38 percent) and psychological/emotional harassment (33%) were the most often recorded types of cases across the GBVIMS in 2020, owing to the extended confinement and continuing lockdown steps (2020).⁷⁰

Also, according to GBVIMS data in Beirut/Mount Lebanon, boys under the age of 18 account for 21 percent (2020) of child sexual abuse survivors. According to monitoring results from December 2020, a higher number of boys than girls were found to be out of school. This may be due to the fact that more boys are involved in child labor, raising the risk of child sexual exploitation.⁷¹

According to UNOCHA (2019), despite increased attention in recent years, GBV appears to be severely underfunded in humanitarian settings.⁷² Furthermore, sexual harassment incidents often go unreported due to fear of backlash and a lack of knowledge about reporting processes. This is backed up by evidence from the GBVIMS, which shows that 40% of survivors (2020) have refused referrals to legal aid providers. In 2020, only 1% of survivors reported cases of exploitation.⁷³

One of United Nations Office for the Coordination of Humanitarian Affairs (OCHA)'s Country-Based Pooled Funds, the Lebanon Humanitarian Fund (LHF), is financing a growing number of GBV initiatives. One such initiative, run by the MENA Organization for Services, Advocacy, Integration, and Capacity Building (MOSAIC), focuses on GBV survivors, especially those who belong to some of Lebanon's most disadvantaged communities, such as the LGBTQ community. The NGO aims to provide legal assistance as well as psychosocial treatment to those who have been affected.⁷⁴

Furthermore, since the outbreak of COVID-19, the number of cases of GBV that happened online has dramatically increased. More women and girls have been vulnerable to online sexual abuse and extortion since the lockdown began, according to case workers consulting with survivors.⁷⁵

SGBV actors in Lebanon, throughout the COVID-19 pandemic, have remained vigilant to monitor and to respond to such increasing risks of SGBV. In order to ensure that SGBV services remain available for women and girls during lockdown, the SGBV Taskforce quickly adapted its working modalities to remote services, while making sure that urgent cases are followed up in person. This Inter-Agency SGBV Taskforce impact assessment was introduced to further these existing lifesaving efforts and to identify gaps and challenges that could be addressed by sectors.⁷⁶

1. Domestic Violence

The crises are only worsening and further affecting violence and intolerance. The country is experiencing a large decrease – and running out of – medications, among other things, which is in itself a form of violence against the people. Though there are no studies looking at the effect of the unavailability of medications for GBV, it can be said without doubt that the issue is affecting GBV.⁷⁷ If unemployment increases GBV, then it will not be surprising to hear that struggling to find medications is also affecting GBV like domestic violence, for instance. This is because when frustration increases, intolerance and anger issues arise in parallel, and in households where domestic violence is no new occurrence, it can unfortunately be said with confidence that the aforementioned issue is an additional catalyst to the existing problem.

The Internal Security Forces (ISF) said in recent numbers shared with the Thomson Reuters Foundation that domestic violence reports doubled in 2020, with 1,468 incidents received in the last 12 months, up from 747 the previous year. According to the ISF official, the number of women killed in domestic violence has also increased, but the exact statistic has not yet been finalized. These official figures mirror a trend observed by ABAAD – Resource Center for Gender Equality which saw calls to its helpline triple to 4,127 in 2020, up from 1,375 in 2019.⁷⁸

According to women's rights organizations, Lebanon's economic and financial crises are to blame for the country's rising domestic violence. "The reason behind this rise in violence is the economic and financial situation," Hayat Mirshad, the co-founder and co-director at FE-MALE, told Arab News.⁷⁹ Ashraf Al-Moussawi, a lawyer representing Zeina Kanjo, who was strangled to death by her husband, emphasized that the motivations for the rising crime rate include economic, social, and cultural, but he also stated that "the pattern of crime has changed and has become more violent." In January 2021 alone, the Lebanese ISF received 116 calls to its domestic violence hotline.⁸⁰

Domestic abuse was already one of the most serious human rights breaches even before COVID-19. More than 243 million women and girls aged 15 to 49 have been sexually or physically abused by a current or former partner in the preceding 12 months throughout the world. As the COVID-19 epidemic spreads, this number is expected to rise, posing a threat to women's wellness, sexual and reproductive health, mental health, and ability to engage in and lead the restoration of our societies and economies. Domestic and other kinds of violence have historically been under-reported, making response and data collection difficult, with less than 40% of women who suffer abuse seeking help or disclosing of the crime. Under 10% of women seeking assistance go to the police. Restrictions on women's and girls' access to phones and hotlines, as well as interrupted public services such as police, courts, and social services, make reporting even more difficult. These interruptions may also jeopardize survivors' access to care and assistance, such as clinical rape counseling and mental health and psycho-social treatment. They also contribute to the criminals' impunity. In many nations, the law is not on women's side; one out of every four countries lacks domestic abuse legislation. If not addressed, this shadow epidemic will exacerbate COVID-19's economic effect.⁸¹

2. Gender-Based Violence Effect on Mental Health

GBV has significant short- and long-term effects on women's physical, sexual, reproductive, and mental health, as well as their personal and social well-being. Injuries, isochronal pregnancy, sexually transmitted infections (STIs) such as HIV, pelvic discomfort, urinary tract infections, abscess, genital injuries, pregnancy problems, and chronic diseases are among health repercussions of violence against women. Post-traumatic stress disorder (PTSD), depression, anxiety, drug abuse, self-harm, suicide behavior, and sleep problems are among mental health consequences for survivors of GBV. Furthermore, a GBV victim may endure shame and rejection from their peers and family.⁸²

Suicide is deemed shameful in the Middle East, according to the World Health Organization (WHO), therefore it is likely to be under-reported, implying that the true statistics might be higher. War and civil strife can raise the risk of suicide because of the devastating effects they have on communal well-being, health, housing, work, and financial stability, according to the WHO's Preventing Suicide Global Imperative. It also emphasizes that prejudice against sub-groups within a community is a risk factor, which Lebanon has a lot of because of its complicated sectarian split.⁸³ According to a new study, a suicide occurs every 60 hours in Lebanon. Over the course of 11 years, security forces recorded 1,366 instances, averaging 2.4 cases per 100,000 persons. According to the study, males accounted for 66 percent of suicide instances, while girls accounted for 34 percent. Furthermore, 70.4 percent of those who killed themselves in Lebanon were Lebanese, and the rest were from other nationalities. The deteriorating political, economic, and social circumstances in Lebanon, according to observers, is the cause of suicide in Lebanon, particularly among the youth.⁸⁴

The COVID-19 epidemic is wreaking havoc on the mental health and psychological well-being of people from all walks of life across the MENA area. According to their research, fear of deportation or eviction, prejudice, and lost or decreased livelihoods are all important drivers of psychological distress. Furthermore, these anxieties have created the conditions for negative social reactions such as panic, stigma, and prejudice in the communities. According to reports, some of the most vulnerable people are displaying significant levels of psychological anguish.⁸⁵

“ I have been suffering from all kinds of GBV from my family. I am also prevented from having friends and feel very lonely. This created suicidal thoughts. One day, I tried to commit suicide.” (Female respondent) ”

As per a WHO survey of 130 countries, the COVID-19 global epidemic has hindered or halted vital mental health services in 93 percent of countries globally, despite the rising demand for mental health services, according to the first global statistics indicating the dramatic consequences of COVID-19 on access to mental health care and highlighting the pressing need for better funding. Bereavement, isolation, loss of income, and fear can all cause or exacerbate mental health problems. Many people may be experiencing an upsurge in alcohol and drug usage, as well as sleeplessness and worry. Meanwhile, COVID-19 itself can cause neurological and mental problems like psychosis, agitation, and stroke.⁸⁶

In Lebanon, the lack of medications did not leave out psychiatric medications. Not only did these medications become scarce, but they have also become pricier. Even though there is no database that shows the increase in price and availability of each medication, notably psychiatric ones, the people are not blind to the fact that these changes have become quite damaging. Unfortunately, for the mentally ill, failing to take anti-psychotics or other medications as prescribed can result in a slew of problems, including recurrence of symptoms, hospitalization, homelessness, and violent outbursts, to name a few.⁸⁷

3. Services against Gender-Based Violence

Lebanon suffers from a number of social issues especially when it comes to GBV. Nevertheless, NGOs frequently step in to provide adequate services for women to fill the gap left by the government, such as medical services, psychological counseling, case management services, shelters and safe spaces, hotlines and helplines, justice and legal assistance, safety and security, and advocacy. Several NGOs have founded helplines to assist GBV victims and it is not a strange fact given the inefficient role of the government. Victims can refer to several NGOs such as KAFA (Enough) which offers social, legal and psychological support by experts as well as referral to safe shelters through its helpline. Other organizations include: ABAAD, Embrace, the Lebanese Democratic Women's Gathering (RDFL), and Caritas Lebanon.⁸⁸

However, support availability does not guarantee access to said services.⁸⁹ Survivors of GBV may be unable to seek assistance if their essential needs and those of their families are not being fulfilled, in addition to being hesitant to report GBV due to cultural stigma,⁹⁰ restrictions on free movement exacted by family members in many contexts, or distance from service providers, and insufficient information about available services.

Women and girls experience difficulties in reporting SGBV incidents or accessing SGBV services due to movement restrictions, limited access to communication devices, lack of privacy, or the presence of perpetrators within the same household.

However, there are few-to-no NGOs founded specifically to cater for the needs of men in Lebanon, which only further instigates the inequality among the genders. This is because a lack of emotional/psychosocial support indirectly instills in the minds of young and old men alike that they are not entitled to it, which, whether intentionally or unintentionally, leads to a cycle of repression and violence. Even though men and boys are not affected by GBV in the same way that women and girls are, there are many cases of violence against them around the world, and their inclusion should not be overlooked.

For example, since its inception, ABAAD's Men Center (MC) has been educating and assisting men on an individual, family, couple, and community level, with the goal of encouraging nonviolent behavior and sustaining healthy familial and social connections. The ABAAD MC Mental Health team assists beneficiaries in dispelling single and patriarchal notions of masculinity and committing to healthy, peaceful, and gender equitable

masculinity as models for their lives through impartial positive attention and discussion. By promoting human rights, gender equality, and nonviolent behavior, the MC aims to inform national action plans and policies.⁹¹

4. Shelters

“Shelters for survivors of violence are an essential component of such a comprehensive and coordinated response and are globally recognized as a useful option for women escaping violence”.⁹² Shelters are to provide for the survivors the opportunity to distance themselves from their previous relationships, where they were abused. They get to have a choice on living a life free of abuse. The State is obliged to address violence and protect its citizens, and that’s why the presence and the easy accessibility of shelters is crucial and a must. “In Lebanon, the National Strategy for Women in Lebanon (2011-2021) and the National Action Plan (2017-2019), to implement the Strategy aim to increase the number of shelters and protections centers and ensure their adequate geographical distribution”.⁹³

A shelter is intended to facilitate women’s fleeing from abuse with a brief emergency home option. It reacts to their urgent needs, as well as their children’s, for protection from impending, and often life-threatening, peril. When combined with a variety of protective services, safe sheltering may be both a lifesaving measure and a method of empowering survivors. Access to shelter can also play an important role in the mitigation of violence against women and girls through increasing awareness, advocating for change, and contributing to societal change.⁹⁴

Based on some data found in the “Shelters for Women Survivors of Violence: Availability and Accessibility in the Arab Region”, it appears that the number of shelters in the Arab region does not exceed 50. In Lebanon, the shelters are limited and categorized based on two terms: The long-term shelters and the short-term shelters. Each shelter has its own conditions and criteria. The state doesn’t own any shelters which makes it impossible for it to be the main actor who protects these women and children. In terms of service provisions on providing shelters for women victims of violence, shelters in Lebanon are established and supported by non-state actors like local NGOs.

ABAAD for instance, an NGO that promotes gender equality and aims to ensure the protection of women and girls, owns shelters in three different governorates. Their shelter is an “Emergency Temporary Safe Housing” called Al Dar. They are free, and temporary shelters for women who are at risk of GBV and the survivors as well. Al Dar offers⁹⁵ immediate safe-keeping (available 24 hours a day, seven days a week), counseling in times of crisis, emergency assistance and legal rights information, psychosocial assistance, access to resources, and referrals to organizations that provide welfare, social services, and financial assistance. One of the shelters is based in Furn El Chebbek, while two others are not accessible neither online, nor by phone call since this is considered as trespassing confidentiality. Many services are provided to the survivors once admitted to the shelter permanently. For instance, they attend a “three-week reception phase during which she is welcomed and made familiar with the shelter’s philosophy, objectives and code of conduct.”⁹⁶ Some of the other services provided are like the immediate safe housing, the crisis counselling, the emergency support related to legal issues, the psychological support, the mental healthcare, the life skills’ building activities that will enhance women’s employability post-exit from shelter and some others. However, the latter is considered a very significant activity because it helps in sustaining and reinforcing women in the society. It is stated that “81 per cent of the direct beneficiaries were provided with an efficient exit plan solution.”⁹⁷

Another shelter provider in Lebanon is Caritas Lebanon Migration Center. Caritas Lebanon owns five safe shelters

that are considered to be social centers that provide services as well, for women and children, who are victims of any type of GBV. Once admitted to these shelters, Caritas works on helping survivors benefit from all the services. They work on the educational part for children, on the healthcare, whether mental or physical, and finally on the capacity building of women and children for when they exit the shelter, to be ready to integrate again in societies. Caritas offers a long term stay for its survivors and checks for the sustainability of their well-being.⁹⁸

HELPLINE

ABAAD	01/283 820
KAFA	01/392 220 03/018 019
Caritas Lebanon	01/499 767
Embrace	01/346 226 / lifeline 1564
RDFL	01/425 503-4 71 500 808

Maryam and Martha is an NGO that doesn't take into account the educational level, the social or religious status of the survivors (15 to 80 years old) when admitting them. It accepts pregnant women, single mothers, women who had to abide to occasional prostitution (for financial, social or stressful circumstances, etc.), and children.⁹⁹ There is also the Dar El Amal shelter, whose main mission is to protect abused children and marginalized women.¹⁰⁰

Shelters that take under their wing survivors are recognized as well, such as KAFA, Good Shepherd Lebanon (Bon Pasteur). Adding to this, we can find some more NGOs like, Young Women's Christian Association (YWCA), El Mabarrat, and Dar El Sadaka – Zahle.

5. Mental Health Services

In Lebanon, mental health records are scarce, as it is for other issues. Despite the large proportion of persons with mental disorders in Lebanon, Lebanese people are hesitant to seek mental health care for a variety of reasons. Mental health services are primarily supplied by the private sector, which implies that Lebanese citizens must pay a substantial sum of money that has only gotten more elevated for these services.

Many individuals are scared to ask their friends, family, or physicians questions. A person can chat with someone informed about mental health issues and treatment choices by calling a mental health hotline. The purpose of these hotlines is to give individuals the information they require to make informed decisions. People use mental crisis helplines for a variety of reasons, including depression, anxiety, bipolar or borderline disorders, PTSD, and eating disorders. Mental health hotline operators have a lot of experience talking to people with mental health concerns. Everything a person communicates to them is private and confidential; they do not even need to reveal their name if they do not wish to.¹⁰¹

Given the stress that Lebanese people are going through, the feeling of uncertainty has become normal and this is not unusual during this time of crisis. One of the first national support and suicide prevention helplines in Lebanon was founded by "EMBRACE" (1564) which is a local NGO. As per Embrace's executive director, 90% of suicides are caused by people with mental illnesses. IDRAAC has also been working on mental health services and offers research, awareness, training and community services. Medecins Sans Frontières has integrated mental health services in the free primary health care package provided in the clinics in Lebanon.¹⁰²

In May 2014, the Ministry of Public Health (MOPH) with the support of the WHO, UNICEF, and IMC established a National Mental Health Program with an aim of advancing mental health care in Lebanon

care in Lebanon and a vision that all people living in Lebanon will have the opportunity to enjoy the best possible mental health and well-being. One year after the establishment of this program, the Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon 2015-2020 was launched.

Since 2015, the MOPH has been launching national awareness campaigns about mental health to encourage people to speak about mental health anytime and anywhere and to encourage people to listen and support people when they need to seek care. In 2017, the MOPH attached the list of primary health care centers in the MOPH network providing mental health services.

ABAAD's Men Center (MC) has been educating men and offering assistance on an individual, family, couple, and community level since its founding, with the goal of encouraging nonviolent conduct and sustaining healthy familial and social connections. Through impartial positive attention and discussion, the ABAAD MC Mental Health team assists beneficiaries in dispelling single and patriarchal ideas of masculinity and committing to healthy, peaceful, and gender equitable Masculinity as models for their life. The MC seeks to inform national action plans and policies by promoting human rights, gender equality, and nonviolent behavior.¹⁰³

People dial mental health helplines for a variety of reasons, including the following¹⁰⁴: Learn about the clinical symptoms of psychological issues; Speak with someone who knows what they're going through; Get treatment that is both anonymous and confidential; Talk about a personal issue; Make an appointment with a therapist or psychiatrist; Locate a mental health treatment facility; Find out more about potential treatment choices; Inquire about what is healthy and what is not; Learn how to talk to a friend or loved one who is dealing with mental health issues; Inquire about a linked substance abuse problem; and Look for someone who can empathize with them.

Increased awareness has led many people to seek the help they need and call the hotlines when needed, even though people's general attention still lies on the impending threats that they face in their day-to-day lives. Even though the number of people contacting mental health hotline numbers has increased, it still is lower than it should be.

RESEARCH FRAMEWORK

The approach focused on profiling of the respondents that included personal information, family life, economic life, level of education, employment, etc. and was disaggregated by age, geographic location (Beirut, Mount Lebanon, North Lebanon, South Lebanon, and Bekaa). This was followed by experiences and witnesses in the thematic area of the research, psychological impact, knowledge and access to available services pertaining to the hotline by ISF and helplines by NGOs and reporting. Moreover, the report explored to what extent services provided to women and girls' beneficiaries and survivors have affected them (positively or negatively) or improved women's mental health and psychological well-being. The report included the women and girls' needs and their recommendations.

The report focus was a survey using quantitative approach with a comprehensive literature review providing findings examining multiple sources of available information in the country. In organizing the survey questionnaire, the survey followed the framework of the previous year's gender barometer for GBV.

The survey was conducted through online platforms like WhatsApp, Skype or simply by phone. A team of a number of surveyors was designated to call several interviewees in parallel for fast collection of data. The data was entered directly by the interviewer to an online survey platform which will be carefully managed and validated by the consultancy team before the data analysis. The survivors' survey was conducted by the partner organizations

that know these survivors in order to make the survivors feel safer and comfortable.

Finally, the report provided a set of recommendations for policy-makers presenting current challenges facing women and girls in Lebanon, highlighting best course of action for potential adjustments and integration in programming and up-scaling the implementation approach with regards to awareness, trainings and advocacy, with the aim to address violence against women and girls and their immediate and long-term needs.

It is worth noting that the political, economic and COVID-19 health implications were emphasized in the findings and data analysis, in particular COVID-19 health crisis which increased GBV and sexual harassment in the country as it is crucial to highlight the setbacks that affected assistance provided to women and girls in the country by the government as well as by local NGOs.

Another important note to add is that the available data collected and the analysis that will be provided in the barometer reports, along with the women and girls' database that will be provided to NCLW with the procured survey platform by end of research, have broader coverage that will offer NCLW with useful information that can be used for cross-cutting to identify new gaps and collect new types of data to improve quality in future programming.

To conclude, findings and recommendations from the gender barometer for GBV are expected to play a major role in determining the focus of NCLW in government implementation of laws and in shaping future programming.

METHODOLOGY:

The study followed a flexible, dynamic, comprehensive and participatory approach that upholds the expectations of NCLW and key project stakeholders. Given the short timeframe of the study and given the tense socio-political situation, simplified methods were employed for more flexibility, efficiency and analysis from a sequential perspective. The methodology used by the consultant entails:

Literature Review

The review of literature provided an overview of the existing situation of GBV, along with existing legal provisions that are put in place to combat such issues. The research was also based on extracting data from secondary resources such as articles and reports done by United Nations bodies (United Nation Women, United Nation Development, United Nation Development Fund, ESCWA, etc.) accumulating literature review that were relevant and delving into secondary data that shows both vertical and horizontal cleavages when tackling the issues of the three thematic topics. In addition to these reports, some data will be collected from studies done by local organizations such as ABAAD, KAFA, Arab Center for the rule of law and integrity, the Legal data base of National Commission for Lebanese Women (NCLW) and other reports.

Research Survey

The quantitative data collection tool or survey, served to gather actual statistics of the situation in Lebanon. The survey included collecting and analyzing primary data through a quantitative approach by using questionnaires. The methodology had been developed to ensure covering all relevant aspects related to GBV.

LIMITATIONS:

There are a number of actual limitations to the research:

- 1.** The report took place over the month of October - December 2021, during which the COVID-19 pandemic was a major limitation for meetings and data collection. Physical meetings with women and girls were very challenging, with the rising numbers of coronavirus cases in Lebanon and with the ongoing governmental discussions of potential lockdown. To mitigate this challenge, the survey relied on virtual meetings using online platforms to conduct the survey as well as phone call conversations.
- 2.** The short duration to conduct the survey over 1-3 months and collect data before submitting the report prior to end of 2021 affected hugely the sampling with no sufficient time to collect data for a larger sample of beneficiaries. As a result, the survey was based on a sample of 250 women and girls', and 250 men and boys' beneficiaries while an increase of the number of the sample would not be possible to be conducted during the short timeline.
- 3.** The economic and political context in Lebanon during the research period was also challenging in which more GBVs affecting women and men would be observed out of increased tensions resulting from the economic crisis. This was a key point that should be taken into consideration in future reports and it would be interesting to compare once the situation is more relaxed in the country.
- 4.** The names of participants to be interviewed during the survey and their contact information was not well prepared by the partners' organizations and consequently caused delays. The consultancy team worked on a mapping exercise to identify potential women and girls who would be interviewed.
- 5.** Non-responsiveness was the biggest challenge, because of the random population sample of the survey (wrong numbers, many telephone numbers were not answered), as such we called 45 women and only 16 surveys were completed, and this showed difficulty in cooperation.
- 6.** When the topic of the poll and the fact that it is about GBV were described, many respondents hesitated to provide information and felt uncomfortable offering responses that presented themselves in an unflattering light, particularly in the Bekaa region. In certain circumstances, women hesitate to reveal their knowledge of cases of abuse.
- 7.** At this time of economic crisis in Lebanon, the survey was not a priority to most of the respondents. Few respondents noted that they would participate in the survey if they were to be provided with financial support.
- 8.** Some women and girls' respondents were not able to answer, because people or family members were around or near them.
- 9.** Due to the economic crisis, many male respondents' main concerns were financial assistance/support. Some considered NGOs' work useless since it takes into consideration social norms and cultures of foreign countries which cannot be applied in Lebanon. Although many believe that women should merely take care of the house and children, the economic situation has made them accept women working and assisting in household expenditures. Many male respondents either refused to answer private questions or did not give any details.
- 10.** In contrast to the female survey, surveyors had difficulty speaking with males, whether men or boys.

One surveyor stated, "He was very rude and uncooperative; he is very patriarchal. When confronted with sensitive questions, his response would be, 'I don't know.'" Male surveyors were rude, impolite in some cases, and sarcastic, and several proposed male names refused to speak with the surveyors or fill out the questionnaires. Some males were not interested or too busy. Some boys made excuses and clarified that they were either under the age of 18 or had never married and, as a result, had never witnessed such violence, despite the fact that they could have mentioned their fathers or brothers. One male stated that the survey was useless and would not change anything. Another male made a sarcastic remark saying: "My wife is abusing me, so what can you do for me?"

11. The GBV survey for men and boys was terminated after 550 calls to males were made and only 54 completed (approximately 10% were successful), 41 of whom refused to participate and 127 did not answer the phone. Some had a bad connection or simply hang up after being introduced to the survey. Several phone numbers on the list were either incorrect or belonged to a woman or girl. This was conducted over a 10-day period of trying. The study would have taken even longer if more men and boys had been contacted.

12. It should be noted that while the surveyors conducted the survey at the convenience of the males, even working late at night after working hours if males were at work or had other commitments, it was difficult to reach the target of 250 males. As a result, for the next survey, a larger sample size and more time should be considered. Furthermore, it would be preferable to examine a sample of men who were perpetrators to determine the extent to which men admit to abusing their wives, or those who were referred, or those who were prosecuted. In addition, NCLW should consider collaborating with ISF in order to provide contacts or data from sources that are geared towards men. These sources could be financial groups in order to determine whether the issue is one of social norms or an economic crisis.

13. Internet and electricity challenges: the difficulty in maintaining contact, especially with those who agree to end the survey, was due to frequent electricity and internet outages, which forced us to reconnect and that consumed more time for completing the survey. Many surveyors stated having numerous calls, but completing only around 10% of them. This problem also led to many answers being deleted automatically due to the poor connection. The lack of fuel to power Lebanon's telecommunications sector had a significant impact on the online survey and database.

KEY FINDINGS:

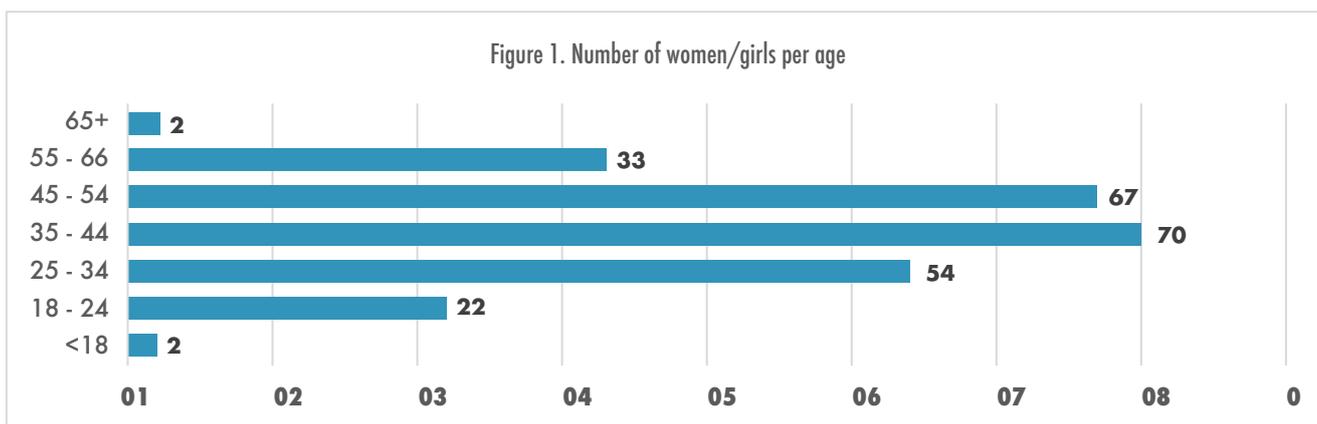
1. Demographics

A purposive sampling approach was used to assess the living conditions of women in Lebanon, their knowledge of violence, their exposure to violence, and their level of awareness of the laws and services available to victims of violence. The targeted areas included Beirut, North Lebanon, South Lebanon, Mount Lebanon, and Bekaa. The size of the sample per region is equally distributed with 20% (50 respondents) share per area.

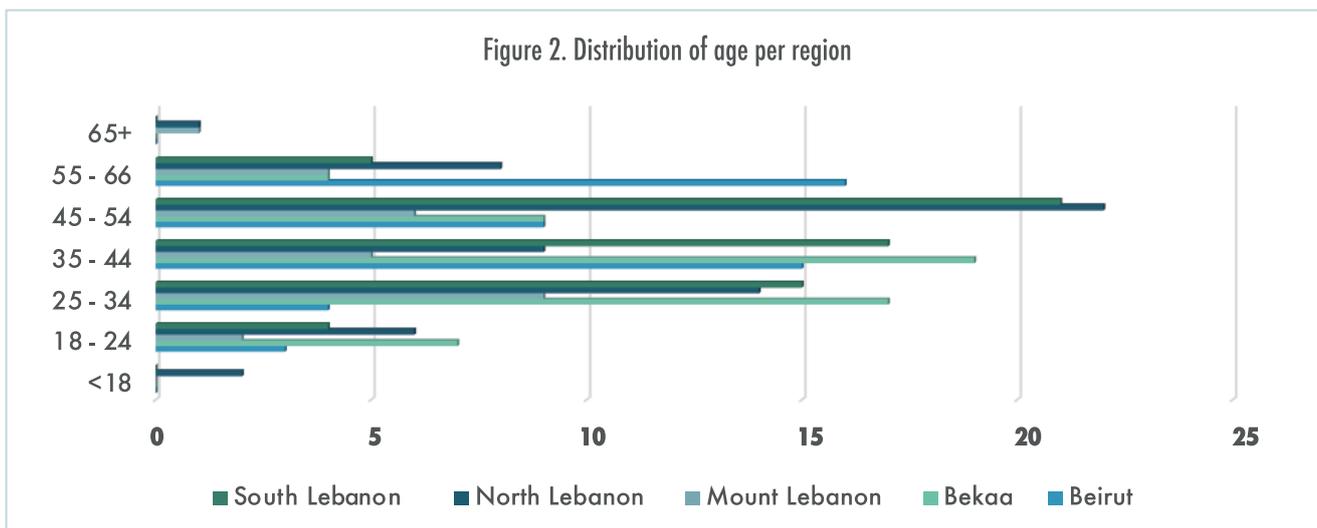
The sample clusters the age groups into seven categories, less than 18, 18-24, 25-34, 35-44, 45-54, 55-66, and above 65 years old. The majority of respondents belonged to the age group (35-44), followed by (45-54), and (25-34). The table at the right details the percentage of participants for each age group.

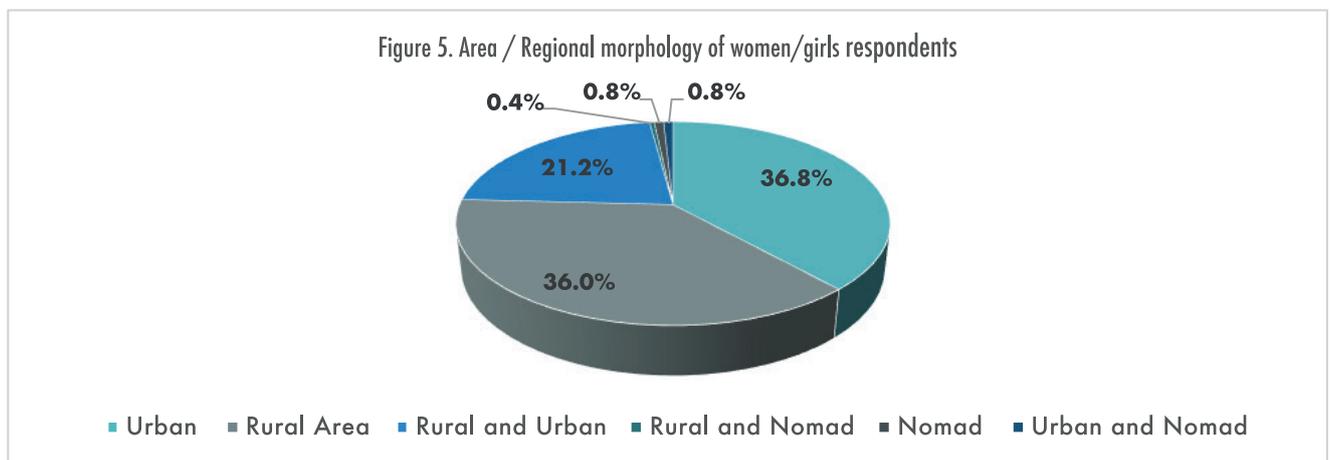
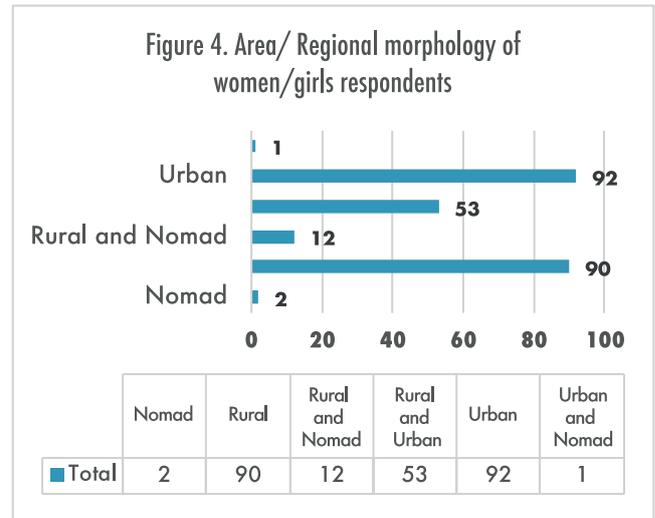
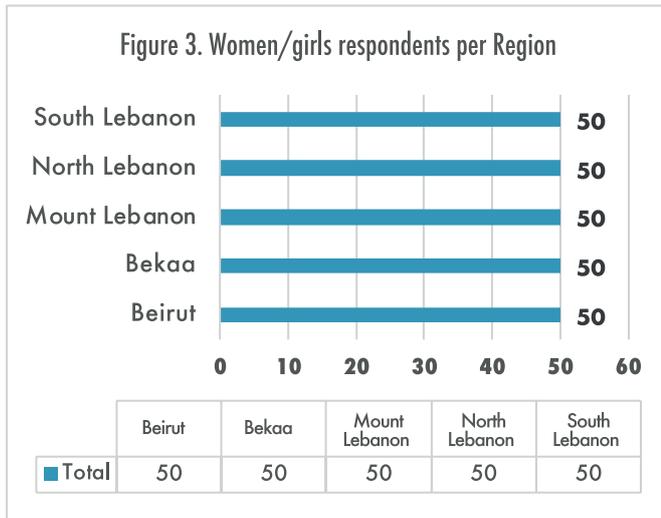
Age	Frequency	Percentage
35-44	70	28%
45-54	67	26.8%
25-34	54	21.6%
55-66	33	13.2%
18-24	22	8.8%
<18	2	0.8%
65+	2	0.8%

Table 1. Percentage per age of respondents

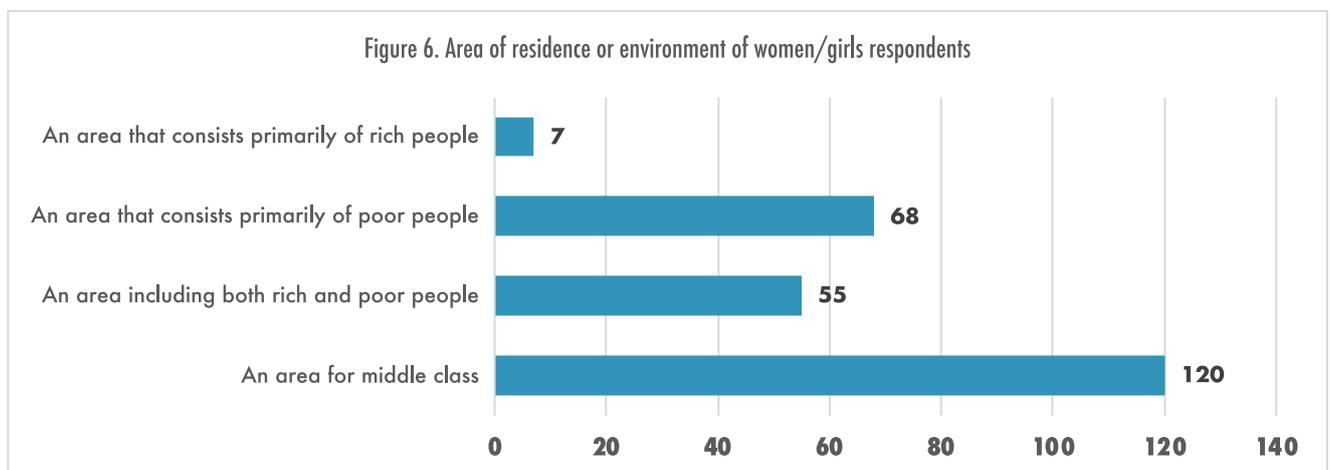


In terms of contribution to the survey according to region of residence, each area (Beirut, North Lebanon, South Lebanon, Mount Lebanon, and Bekaa) had the exact number of respondents (50) participating in the survey; accounting to 20% of total participants, all of whom were Lebanese. The majority of respondents lived in an urban area (36.8%), followed by a rural area (36%), both rural and urban (21.2%), and rural and nomad (4.8%). Only a minority of respondents lived in a nomad area (0.8%) and urban and nomad (0.4%).

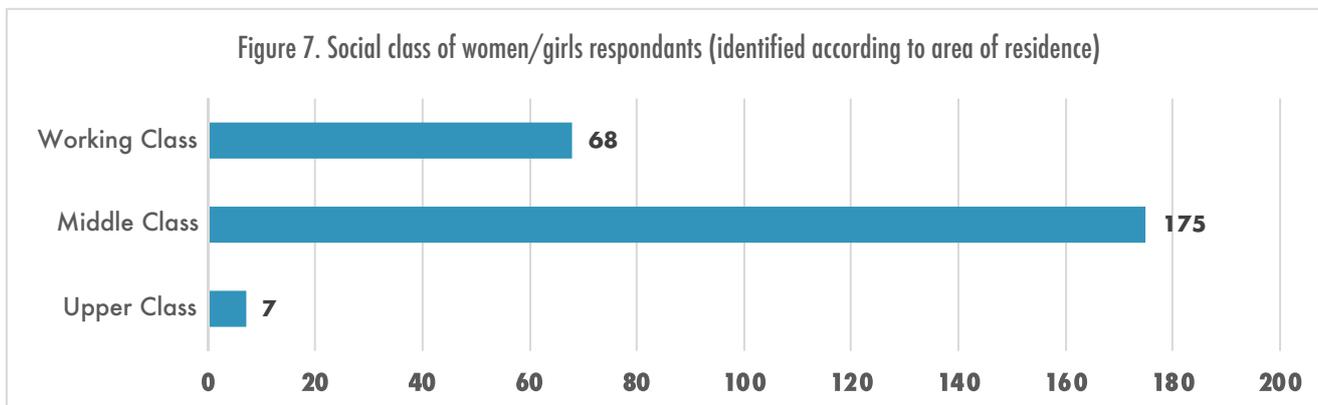




As for the social class, the majority of respondents (48%) lived in an area for middle class, followed by an area that consists primarily of poor people (27.2%), an area including both rich and poor people (22%), and only a minority lived in an area that consists primarily of rich people (2.8%).



Taking into consideration that the “An area including both rich and poor people” is accounted as “Middle Class”. The graph below shows that most of the respondents were from the “Middle Class”, with the least (only 7 respondents) from the “Upper Class”.

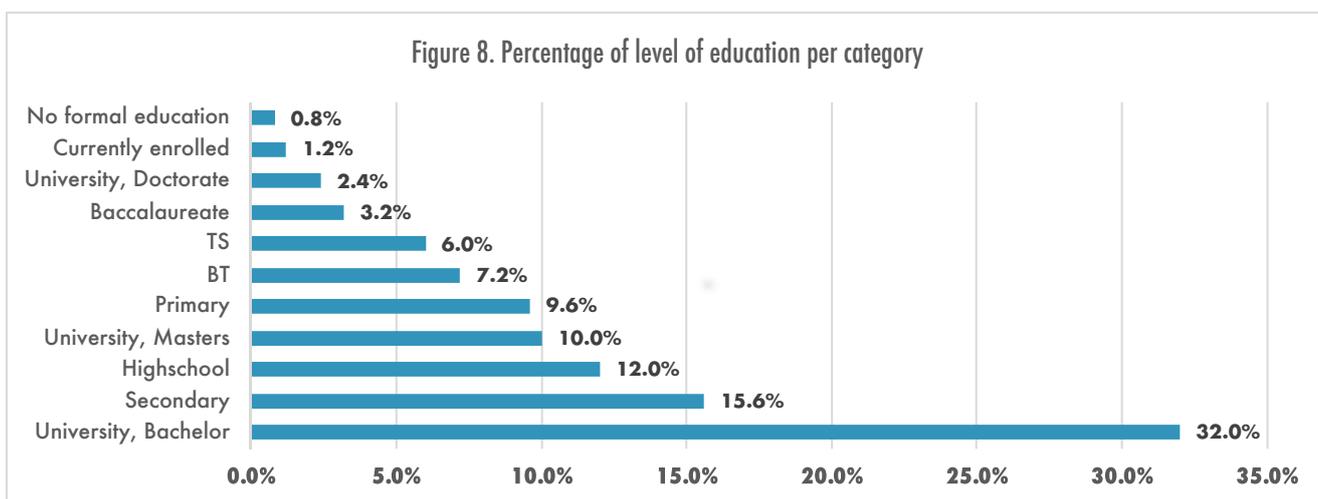


2. Personal Information

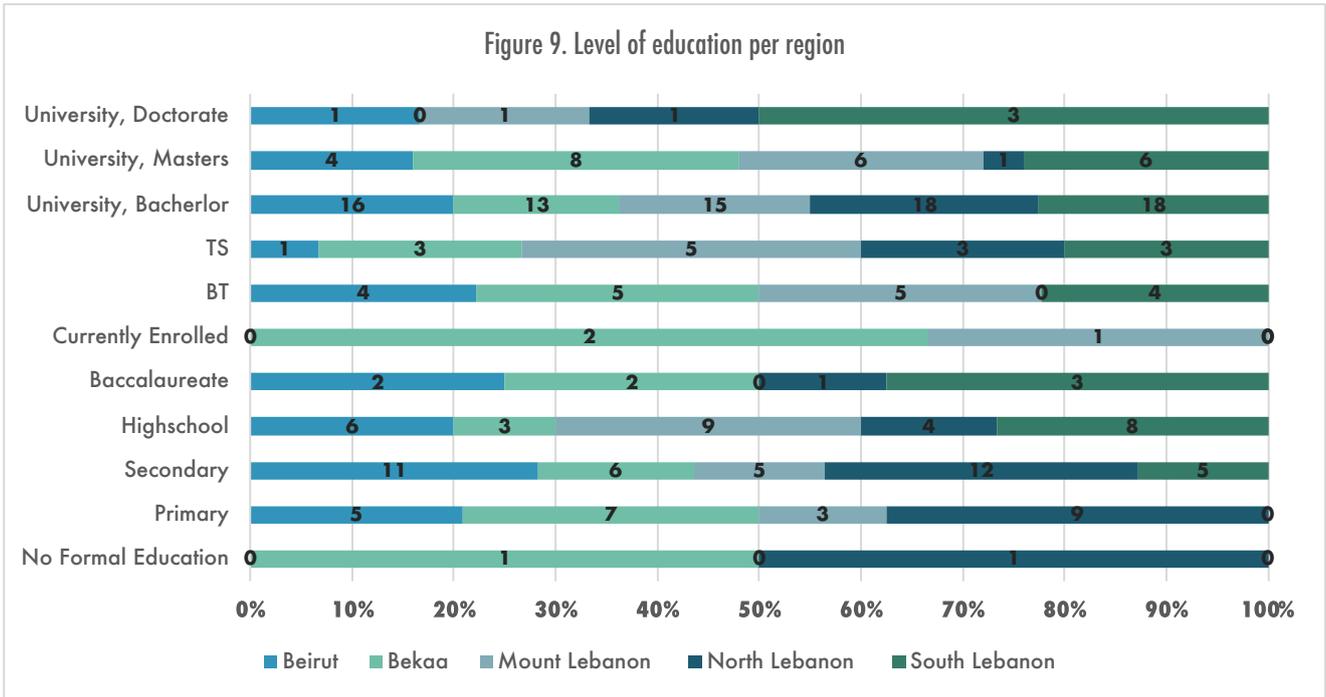
1. What is your level of education?

250 out of 250 respondents answered this question.

The majority of the respondents had a university degree which is estimated to more than 44% have high educational background, along with 33 respondents with either BT or TS background. When asked about their level of education, 80 respondents stated having a Bachelor’s degree, 39 respondents stated completing secondary education, 30 respondents stated completing high school, 25 respondents stated having a Master’s degree, 24 respondents stated completing primary education, 18 respondents stated completing BT, 15 respondents stated completing TS, 8 respondents stated completing Baccalaureate, 6 respondents stated having a Doctorate degree, 3 respondents stated being currently enrolled, and 2 respondents did not have any formal education.



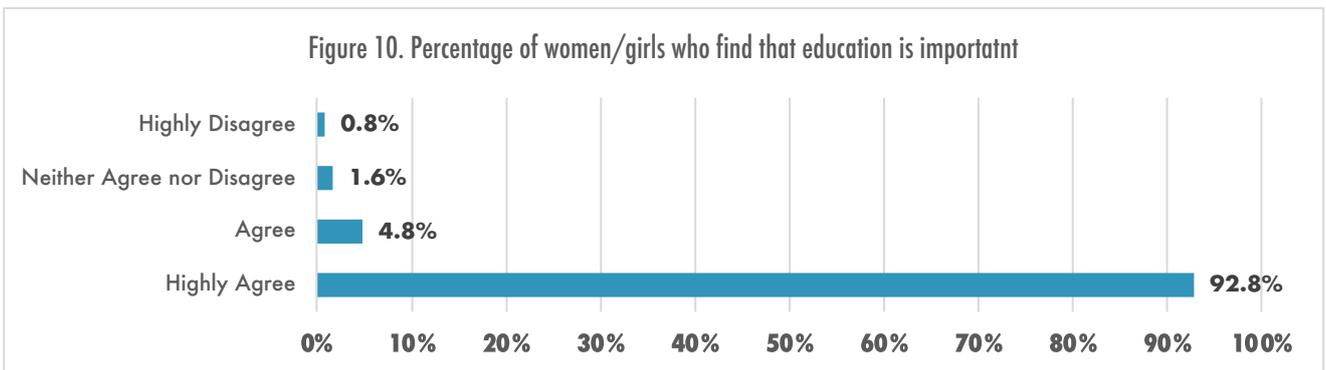
Looking deeply into education within regions, the 2 respondents with no formal educational background were from the regions of Bekaa and North Lebanon. While 144 respondents either had a university degree or completing BT/TS, 104 respondents were still attaining their school education. More specifically, when asked whether or not they had got a degree, 158 respondents (63.2%) answered “yes” (some respondents considered that Brevet, High School or Baccalaureate is a degree), and 92 respondents (36.8%) answered “no”. For those who answered negatively, the answers included multiple selection of choices, where 35 respondents chose “I didn’t want to continue” as the main reason why they did not get a degree, 34 respondents stated that the bad economic situation was the main reason, 20 respondents stated that the civil war was the reason, 14 respondents stated that their father refused to let them continue, while a small number of 6 respondents refused to answer. It should be noted that this is a somehow sensitive topic and women and girls might not feel relaxed to answer.



2. "For me, it is important to be educated."

250 out of 250 respondents answered this question.

The vast majority of the respondents, more than 90%, showed positive response towards the importance of education to life of women and girls which was clearly translated why nearly 60% had pursued higher education. Respondents were asked to rate to what extent they agree with the statement "For me, it is important to be educated." 232 respondents (92.8%) rated "highly agree," 12 respondents (4.8%) rated "agree," 4 respondents (1.6%) rated "neither agree nor disagree," and 2 respondents (0.8%) rated "highly disagree."

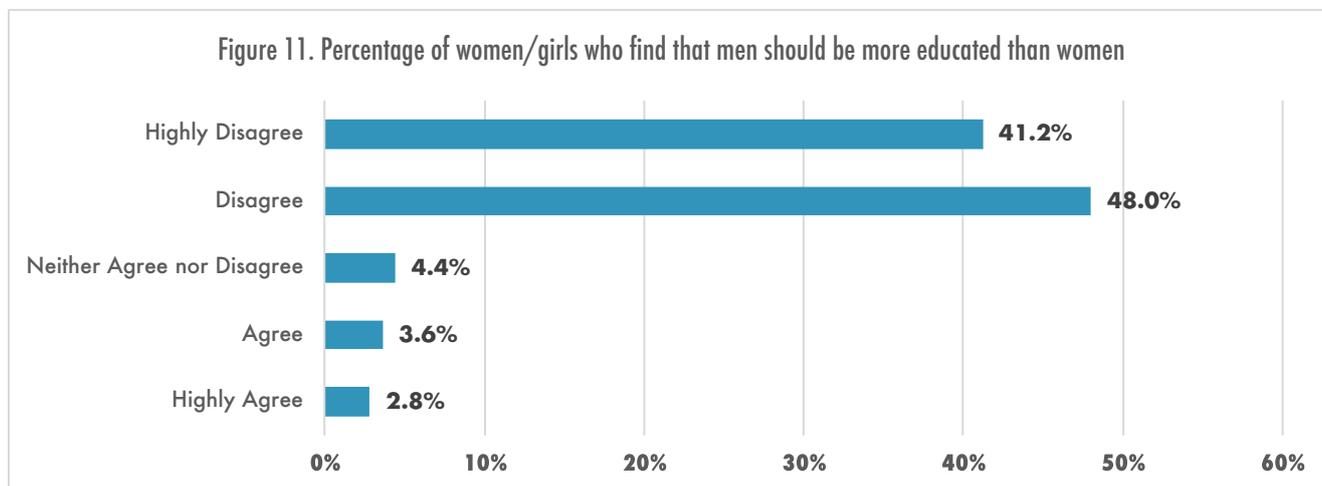


3. "For me, men should be more educated than women."

250 out of 250 respondents answered this question.

Respondents were asked to rate to what extent they agree with the statement "For me, men should be more educated than women." 120 respondents (48%) rated "disagree," 103 respondents (41.2%) rated "highly disagree," 11 respondents (4.4%) rated "neither agree nor disagree," 9 respondents (3.6%) rated "agree," and 7 respondents (2.8%) rated "highly agree." On a positive note, 89.2% of female respondents disagree or strongly disagree that men should be more educated than women,

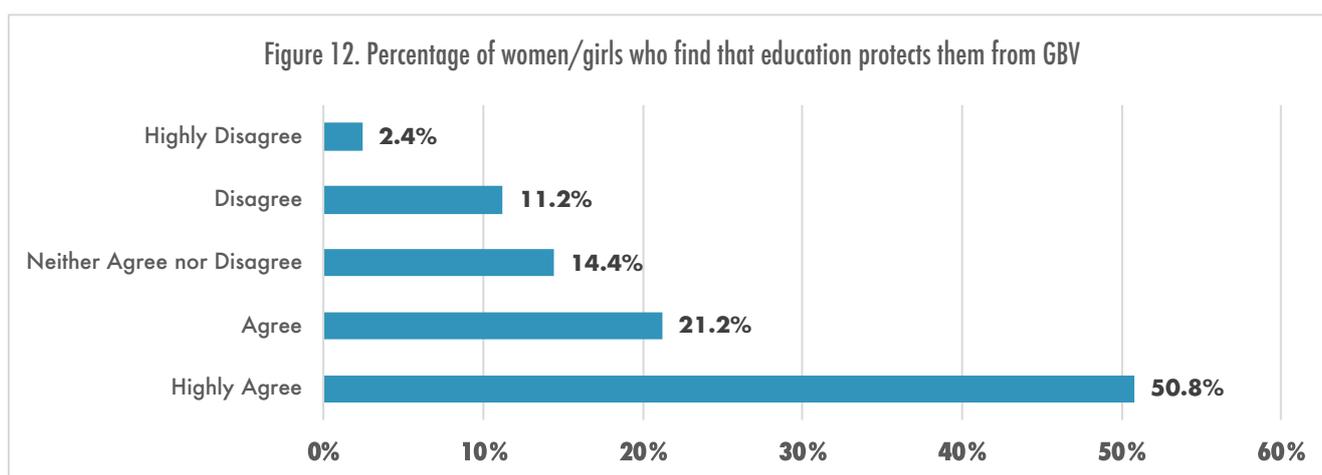
which would imply educational equality. Unfortunately, the rest (10.8%) still believe that males should have a higher level of education than females. This is primarily due to patriarchal social norms.



4. "For me, education protects me from GBV."

250 out of 250 respondents answered this question.

The vast majority of respondents with more than 70% agree or strongly agree that education will protect women and girls from violence which shows positive awareness on the importance of education and the level of knowledge on GBV. More specifically, respondents were asked to rate to what extent they agree with the statement "For me, education protects me from GBV." 127 respondents (50.8%) rated "highly agree," 53 respondents (21.2%) rated "agree," 36 respondents (14.4%) rated "disagree," 28 respondents (11.2%) rated "neither agree nor disagree," and 6 respondents (2.4%) rated "highly disagree."

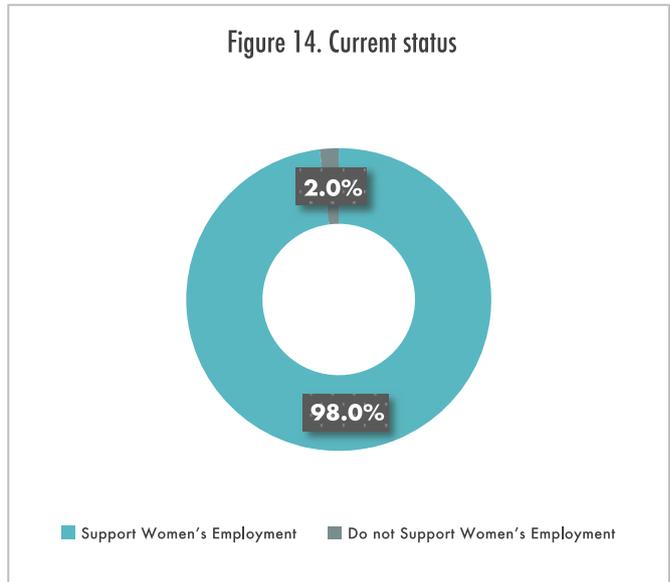
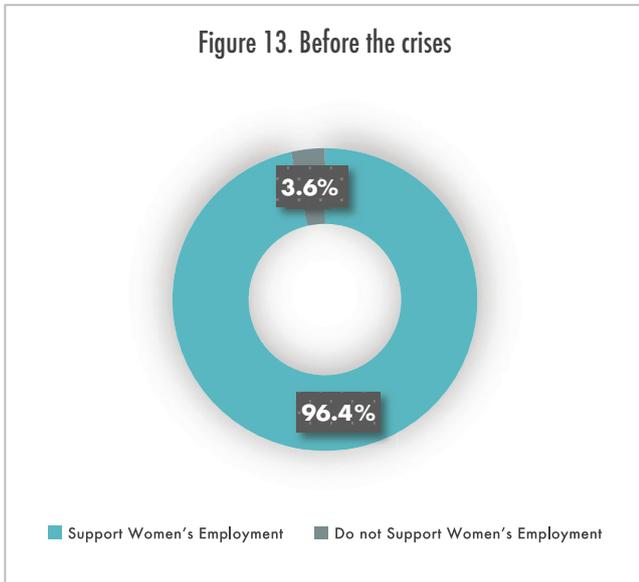


5. Did/do you support women's employment?

250 out of 250 respondents answered this question.

The vast majority of respondents support women/girls' employment for both criteria before and after the crisis in Lebanon. Nevertheless, respondents' support to women/girls' employment increased by nearly 1.5% after the crisis which shows more awareness for women/girls to be employed than before to provide a financial support to their families after the

economic and financial crisis in Lebanon. When asked whether or not they supported women’s employment before the crises, 241 respondents (96.4%) answered “yes,” whereas 9 respondents (3.6%) answered “no.” When asked whether or not they support women’s employment now, 245 respondents (98%) answered “yes,” whereas 5 respondents (2%) answered “no.”



The reasons behind **supporting** women’s employment varied, and answers included:



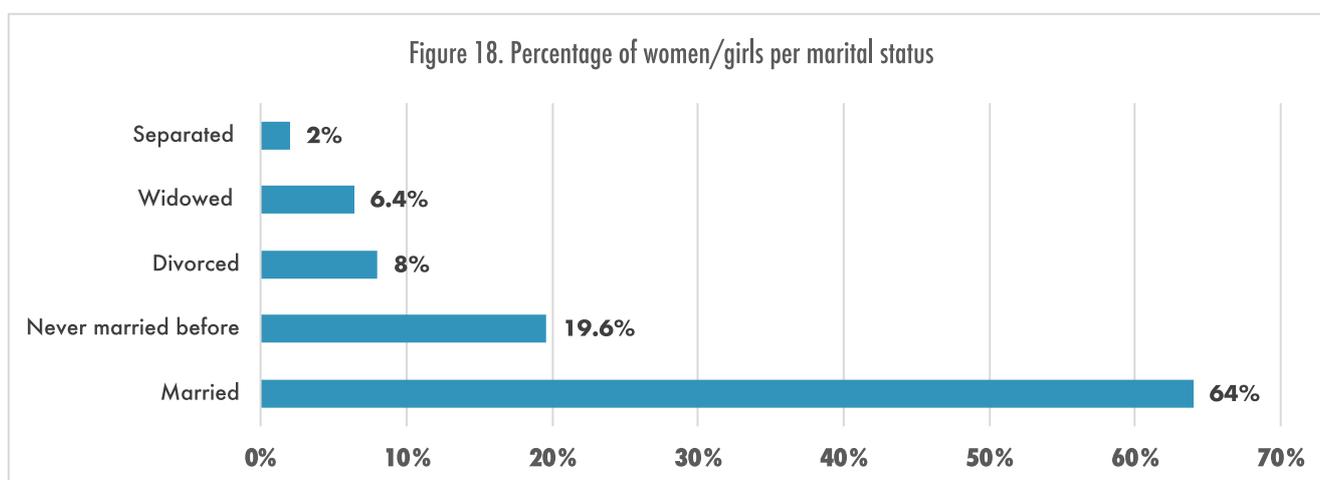
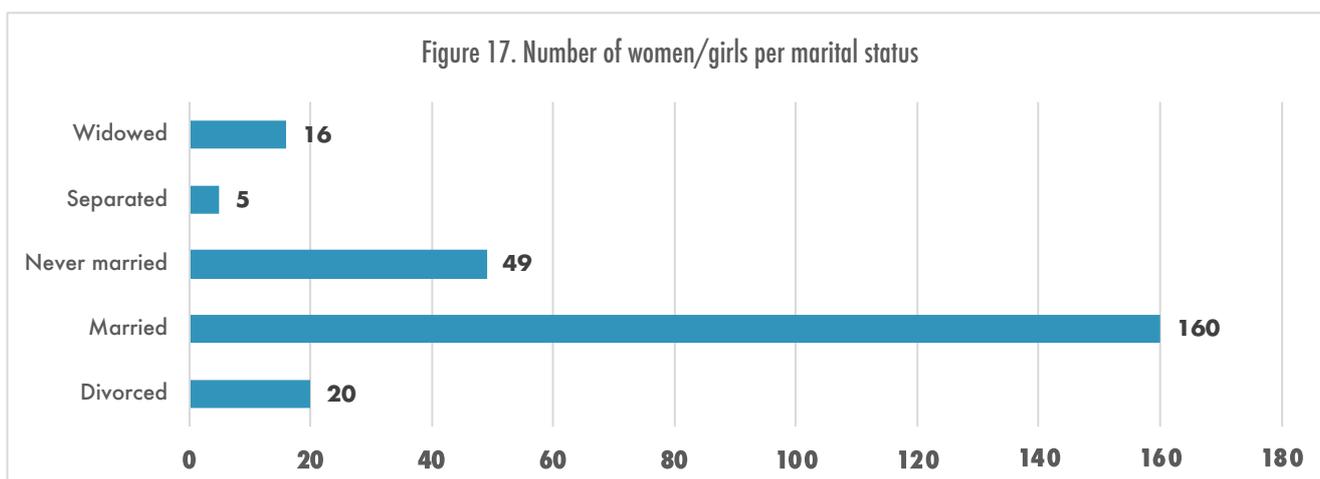
The reasons behind **not supporting** women’s employment were mainly:



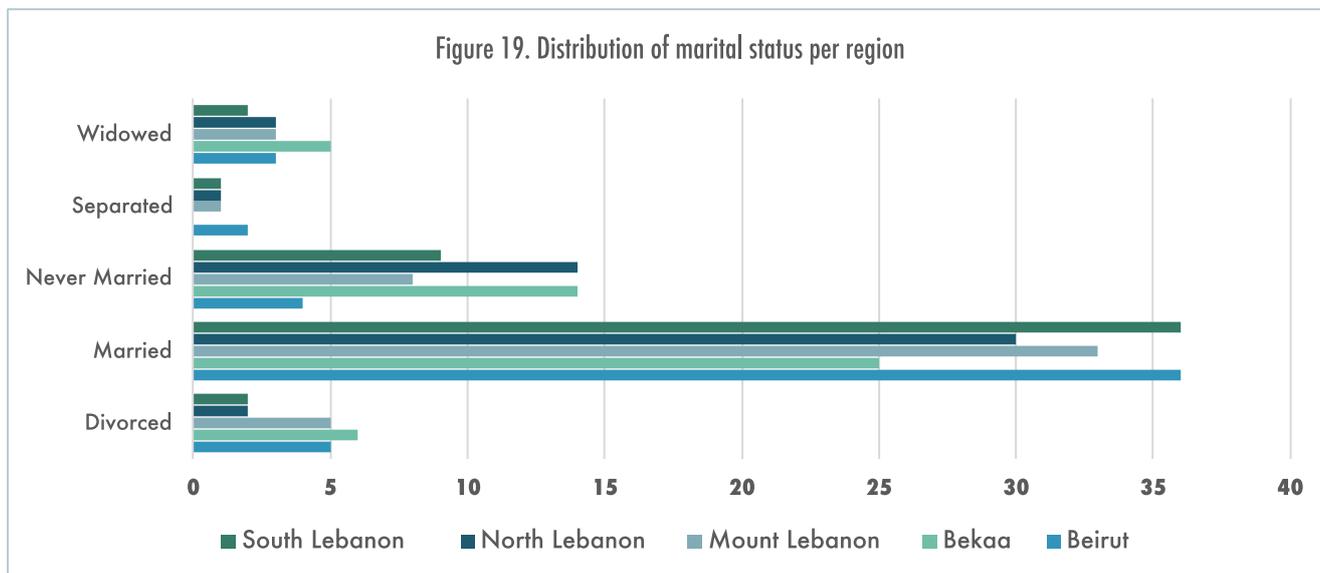
Regarding the marital status, the majority of respondents were married (64%), a few were never married before (19.6%), and a minority were either divorced (8%), widowed (6.4%), or separated (2%). Those married, divorced and separated (74%) were asked whether or not their husband was living with them, 52% of respondents answered “yes,” whereas 21.6% answered “no”, while one divorced respondent (0.4%) refused to answer. When asked whether or not they had children, the majority of those who answered (68%) responded with “yes,” whereas 6% answered “no.” Only 74% out of 80.4% of respondents answered. As for the age of their children, below is a table detailing the percentage of their age as well as gender:

Age	Frequency	Percentage
Boy(s) - below 17 years old	92	36.8%
Girl(s) - below 17 years old	89	35.6%
Men - above 18 years old	74	29.6%
Women - above 18 years old	69	27.6%

Table 2. Percentage of respondents' Children



The vast majority of respondents were married from the five regions, followed by a good percentage of single respondents “never married”. The least were respondents whose marital status was “separated”. This is to note that the Bekaa region was the only region that did not include the “Separated” criteria.



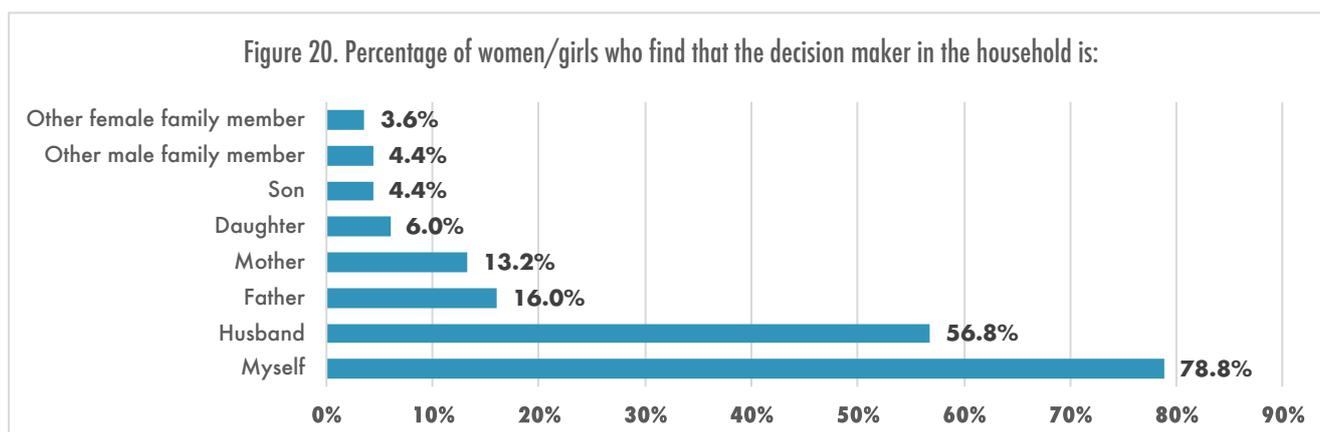
The average number of children living with respondents is two. For those who stated living with members other than their nuclear family (72 respondents), most participants stated living with their mother, some stated living with their father, and others were living with their brothers and sisters. A minority stated living with their mother-in-law, father-in-law, brothers and sisters-in-law, and children of other families.

3. Economic Life

6. Who is the main decision maker in your household?

250 out of 250 respondents answered this question.

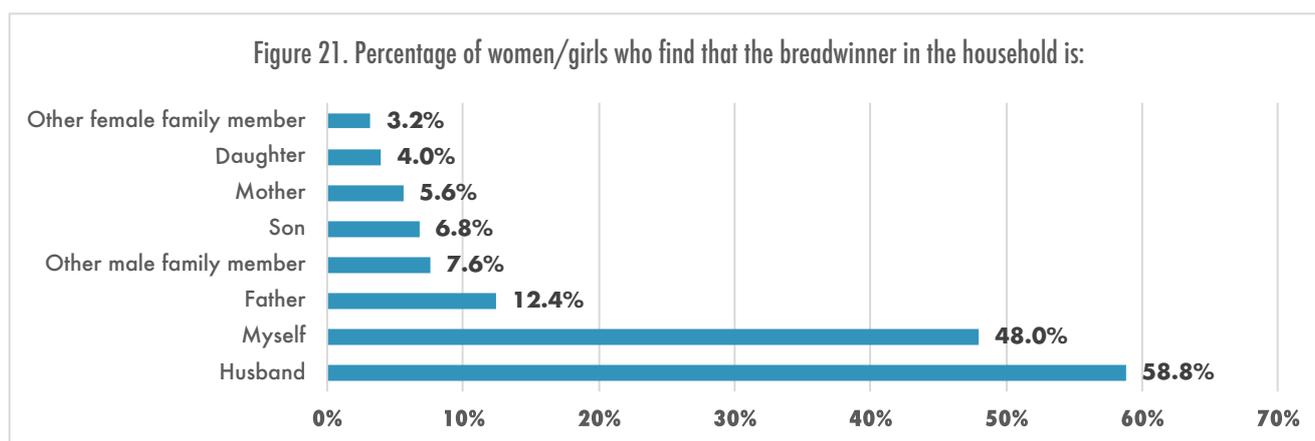
Most of the respondents are either married women, widowed or divorced and consequently had gained the position of the decision maker in their families as most of the respondents answered "myself". Women are the heads of their families or family leaders when their husband dies or they are divorced, while gender roles and social norms play a crucial role in the family structure or configuration. They overcome or overlap in conservative communities where the husband or the "man" is the lead, if women are not divorced and the husband is still alive. In this sample, in few cases, it seemed that both the women and her husband were the decision makers in the home. More specifically, when asked who was the main decision maker in the household, providing respondents with the option to choose multiple answers, the majority of respondents (197) answered "myself," 142 respondents answered "husband," 40 answered "father," 33 answered "mother," 15 answered "daughter," 11 answered "son," 11 answered "other male family member," and 9 answered "other female family member."



7. Who is the main breadwinner in your household?

250 out of 250 respondents answered this question.

Given that respondents can provide multiple responses to this question, the majority of respondents (147) stated that their husband was the main breadwinner in the household, 120 respondents stated that they (themselves) were the main breadwinner, 31 chose "father," 19 chose "other male family member," 17 chose "son," 14 chose "mother," 10 chose "daughter," and 8 chose "other female family member".



8. Who is employed in your household?

Number of responses varied for each question

When asked whether or not any **girls** (up to 17 years old) in the household are employed, 3 respondents answered "yes," 93 respondents answered "no," and 20 respondents stated that there were no girls in the household. When asked whether or not any **boys** (up to 17 years old) in the household are employed, 3 respondents answered "yes," 4 respondents answered "yes, they work as part-timers," 92 respondents answered "no," and 23 respondents stated that there were no boys in the household. When asked whether or not any **women** (18 years old or older) in the household are employed, 29 respondents answered "yes," 88 respondents answered "no," and 11 respondents stated that there were no women in the household. When asked whether or not any **men** (18 years old or older) in the household are employed, 62 respondents answered "yes," 60 respondents answered "no," and 12 respondents stated that there were no men in the household.

9. Who is currently getting an education in your household?

Number of responses varied for each question

Almost gender equality is conveyed in the education of boys and girls of those respondents who answered. They have equal share of education in the household. When asked whether or not any **girls** in the household are currently getting an education, for those who answered, 115 respondents answered "yes," 25 respondents answered "no," and 24 respondents stated that there were no girls in the household. When asked whether or not any **boys** in the household are currently getting an education, for those who answered, 112 respondents answered "yes," 31 respondents answered "no," and 27 respondents stated that there were no boys in the household.

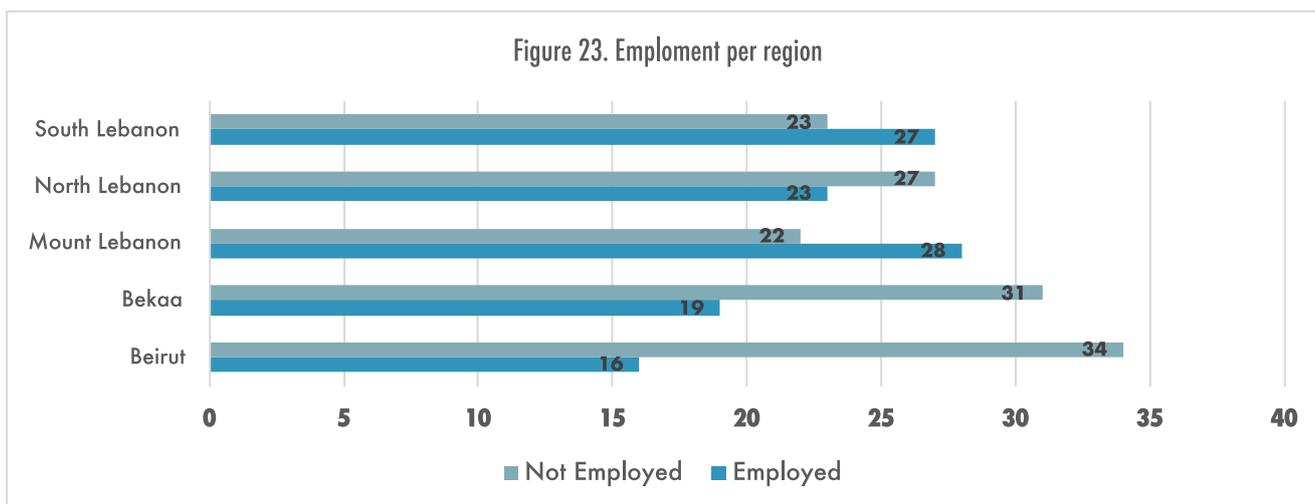
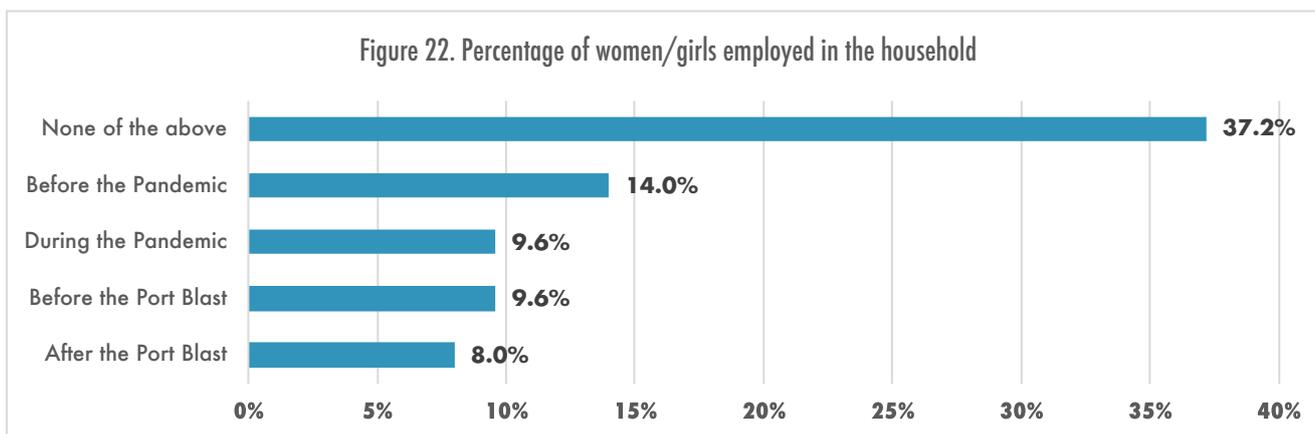
10. Employment before and after the crises

Number of responses varied for each question

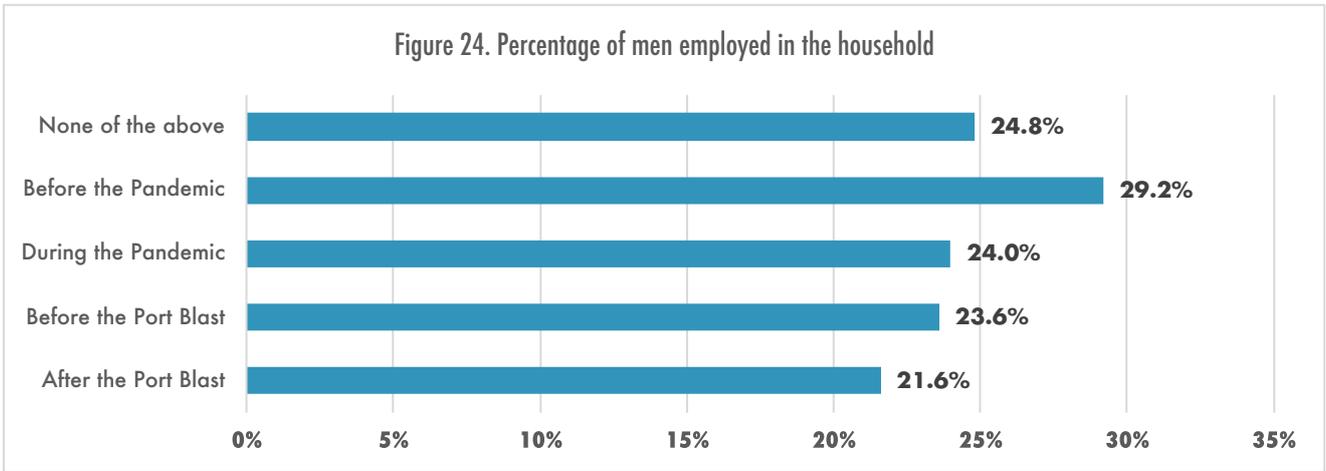
When asked whether or not they were employed **before the crises**, 154 respondents (61.6%) answered "yes," and 96

respondents (38.4%) answered “no.” When asked whether or not they are employed **now** or **currently employed**, 137 respondents (54.8%) answered “yes,” whereas 113 respondents (45.2%) answered “no.” When asked whether or not **their husbands** (which did not apply for those never married) was employed **before the crises**, 159 respondents answered “yes,” and 22 respondents answered “no.” When asked whether or not **their husbands** are employed now, 137 respondents answered “yes,” whereas 42 respondents answered “no.” When asked whether or not **any** of the household members are employed **now**, 83 respondents answered “yes,” whereas 67 respondents answered “no.” It should be noted that not all respondents answered all questions.

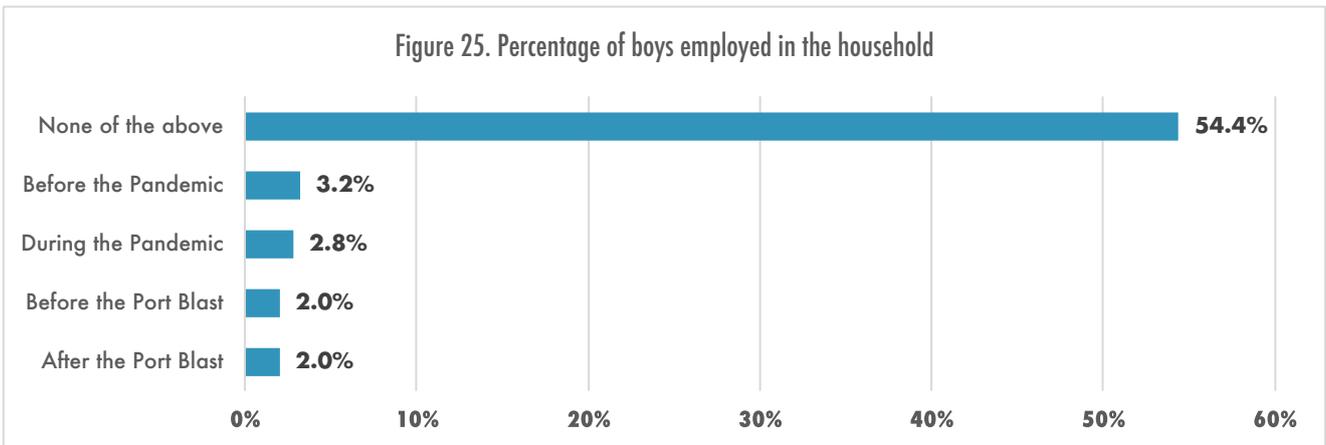
Regarding **women** in the household being employed during certain periods of time, providing more than one answer, 20 respondents stated that women were employed **after the Beirut Port Blast**, 24 respondents stated that women were employed **before the Beirut Port Blast**, 24 respondents stated that women were employed **during the pandemic**, 35 respondents stated that women were employed **before the pandemic**, and 93 respondents answered “none of the above.” Others lived alone and were not married, or the respondent was unemployed and there was no other female in the house, while some respondents did not answer.



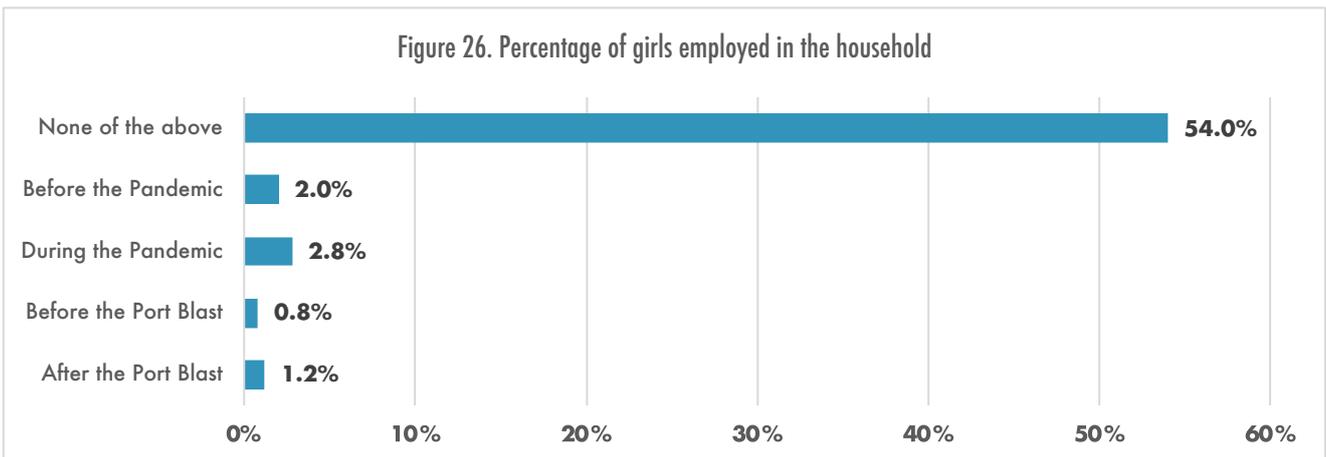
Regarding **men** in the household being employed during certain periods of time, 54 respondents stated that men were employed **after the Beirut Port Blast**, 59 respondents stated that men were employed **before the Beirut Port Blast**, 60 respondents stated that men were employed **during the pandemic**, 73 respondents stated that men were employed **before the pandemic**, and 62 respondents answered “none of the above.” It should be noted that women and girls respondents were given the option to choose more than one answer.



Regarding **boys** in the household being employed during certain periods of time, respondents provided more than one answer. More specifically, out of those who answered, 5 respondents stated that boys were employed **before the Beirut Port Blast**, 5 respondents stated that boys were employed **after the Beirut Port Blast**, 7 respondents stated that boys were employed during the pandemic, 8 respondents stated that boys were employed **before the pandemic**, and 136 respondents answered “none of the above.”



Regarding girls in the household being employed during certain periods of time, 2 respondents stated that girls were employed before the Beirut Port Blast, 3 respondents stated that girls were employed after the Beirut Port Blast, 5 respondents stated that girls were employed before the pandemic, 7 respondents stated that girls were employed during the pandemic, and 135 respondents answered “none of the above.”

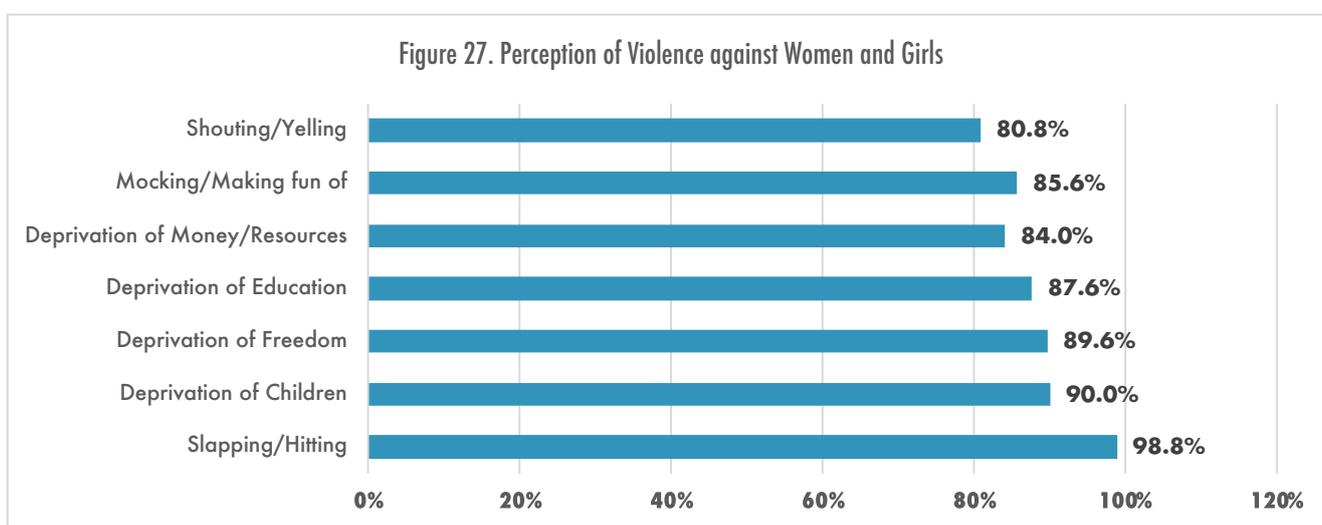


4. Women/Girls Experience of Violence

11. In your opinion, which of the following is considered as violence?

250 out of 250 respondents answered this question.

The vast majority of respondents reported positive awareness of violence against women and girls with the least percentage of women and girls who find "Shouting/Yelling" is violence. More specifically, the majority of respondents (247) stated that "slapping/hitting" is considered as violence, 225 respondents chose "deprivation of children," 224 respondents chose "deprivation of freedom," 219 chose "deprivation of education," 214 chose "mocking/making fun of," 210 chose "deprivation of money/resources," and 202 chose "shouting/yelling." It should be noted that respondents were given the option of selecting more than one answer at a time, and the majority of them chose all types of violence.

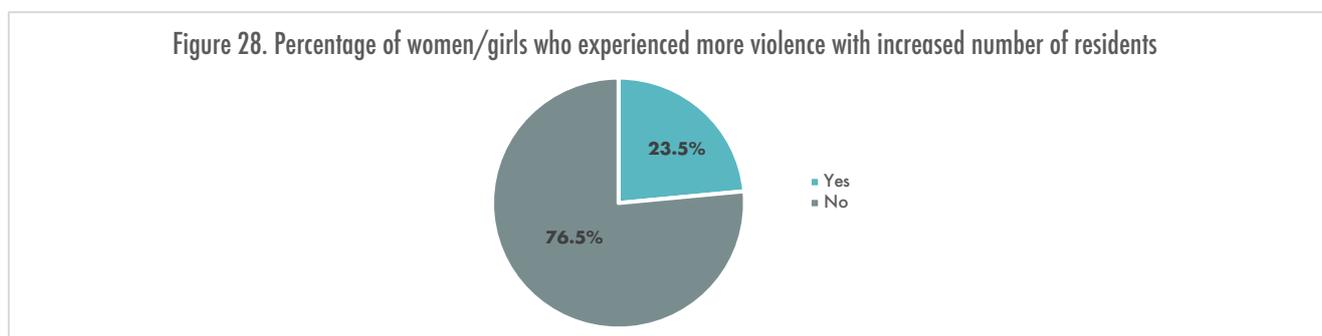


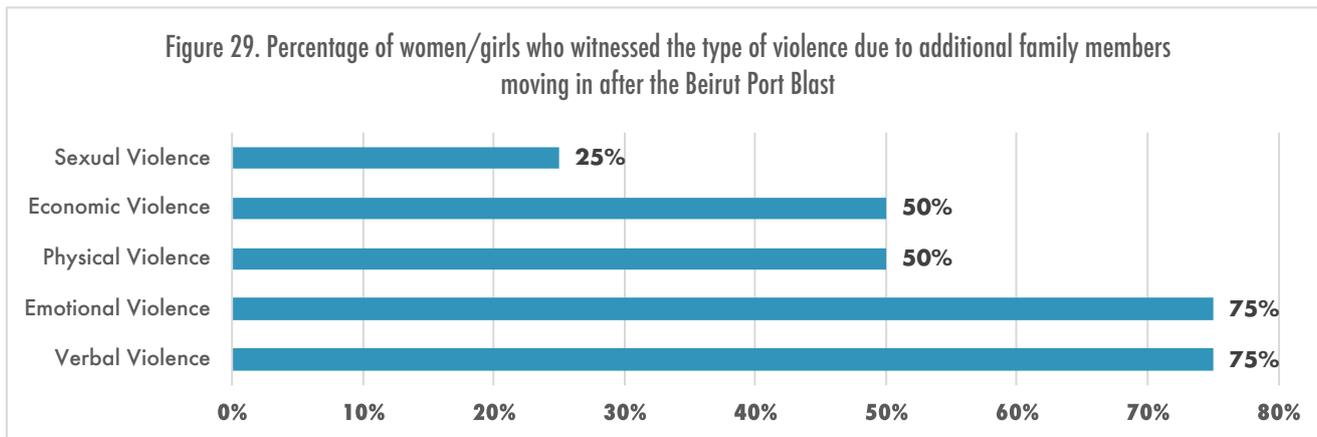
When asked whether or not more family members came to live with them as a result of the Beirut Port Blast/economic crisis, 6.8% of respondents answered "yes," whereas 93.2% answered "no." For those who answered "yes," 58.8% stated that one (1) person moved in with them, 29.4% stated three or more, and 11.8% stated two. When asked whether the move was permanent or the members were planning on moving out, 58.8% stated that it was a temporary move and 41.2% stated that it was a permanent move.

12. Did the increase of number of residents lead to more violence?

17 out of 250 respondents answered this question.

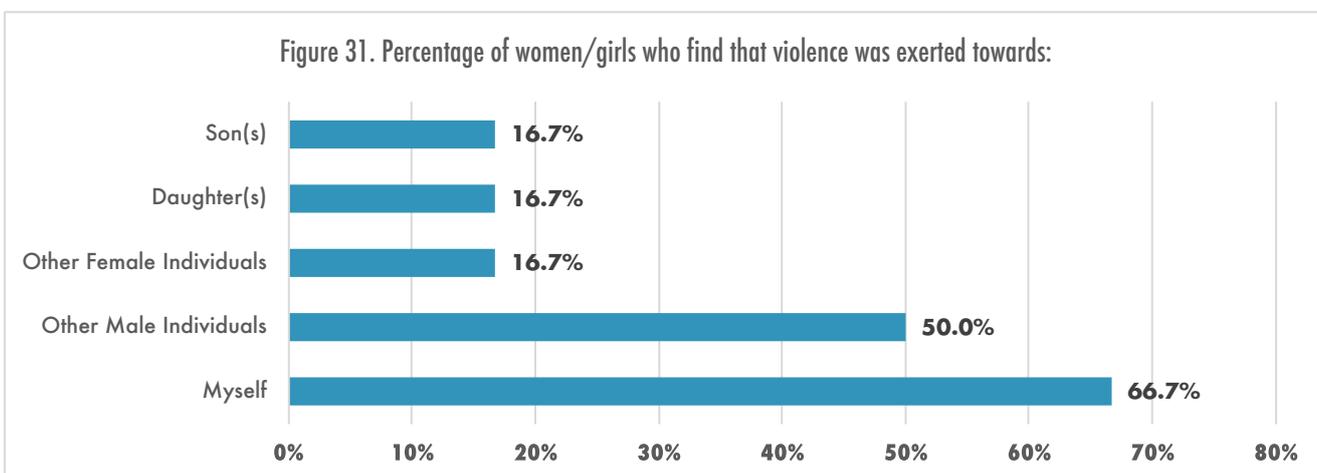
Only 17 out of 250 respondents had experienced violence with the increased number of residents at their home. The others were not affected by the economic crisis nor the Beirut Port Blast and therefore no change in the number of residents. When asked if the move led to more violence, out of 17 respondents, 23.5% of respondents (4) answered "yes," whereas 76.5% of respondents (13) answered "no."





14. Towards whom was/is this violence exerted?
6 out of 250 respondents answered this question.

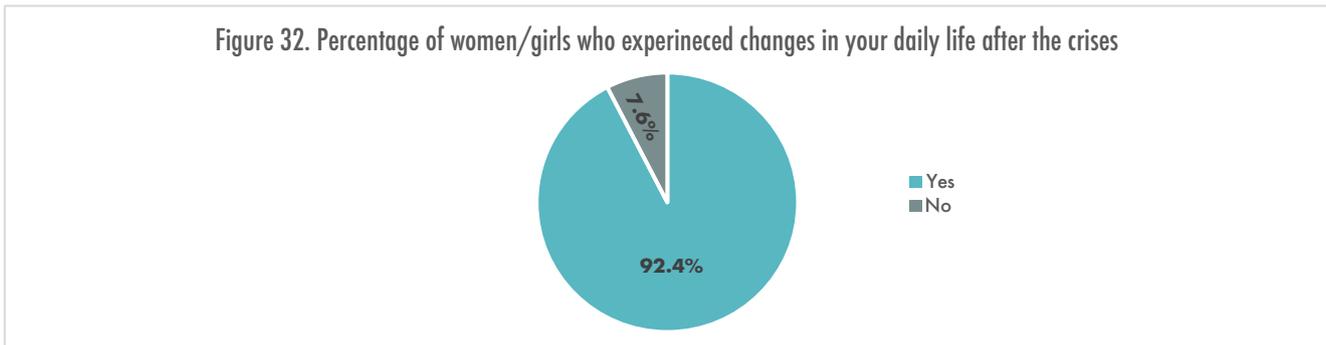
Only 6 out of 17 who witnessed violence answered this question. When asked towards whom the violence was exerted, 4 respondents answered "myself," 1 respondent answered "other male individuals," 1 respondent answered "other female individuals," 1 respondent answered "daughter(s)," and 1 respondent answered "son(s)."



15. Were there any changes in your daily life after the crises?

250 out of 250 respondents answered this question.

It is crucial to note that the compounded crisis in Lebanon, whether economic, financial, COVID-19 pandemic, or Beirut Port Blast, has affected most women and girls negatively and its repercussions were severe economically and mentally. When asked whether or not there was any change in their way of living after the crises, 231 respondents (92.4%) answered “yes,” whereas 19 respondents (7.6%) answered “no.”



For those who answered “yes,” changes included:

- Cutting out on spending
- Less welfare and luxury
- Food, gas, medication
- Worrying about basic living issues
- Less work
- Increase in violence and anger
- Transportation
- Inflation
- Hospitalization
- Housing/paying rent
- Mental health problems
- No stability
- Less socializing

16. Were you affected by the Beirut Port Blast?

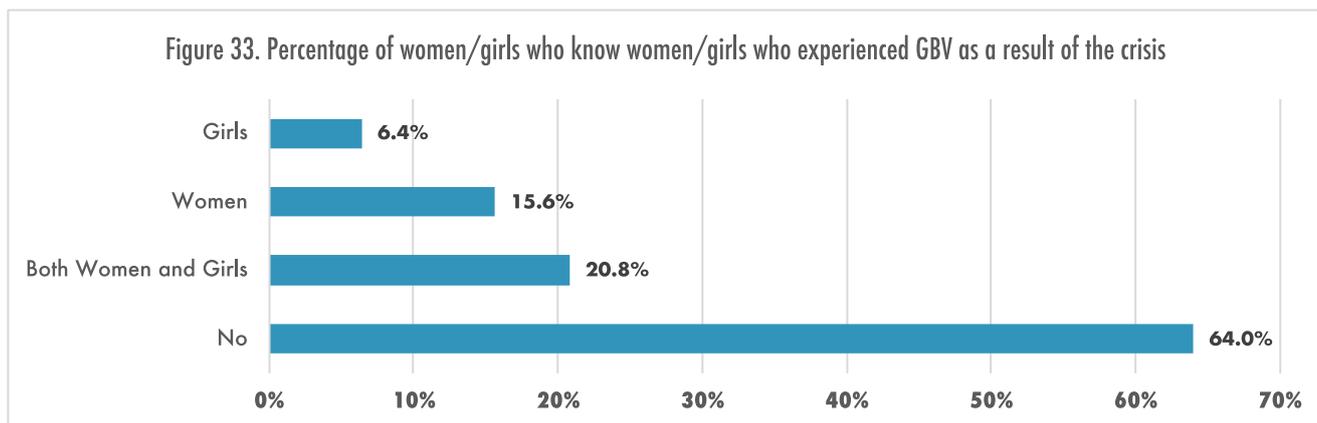
Number of responses varied for each question

Most of the respondents were not affected directly by the Beirut Port Blast. When asked whether or not they had been physically affected by the Beirut Port Blast, 8 respondents (3.2%) answered “yes,” whereas 240 respondents (96%) answered “no”, while 2 respondents did not answer this question. For those who answered “yes,” 6 respondents stated that they sought medical help, whereas 2 respondents stated that they didn’t seek any medical help. When asked whether or not they were psychologically affected by the Beirut Port Blast, 172 respondents (68.8%) answered “yes,” and 78 respondents (31.2%) answered “no.” For those who answered “yes,” only 20 respondents (8%) stated that they sought psychological help, whereas 152 respondents (60.8%) stated that they didn’t seek psychological help. When asked whether or not their house was affected by the blast, 38 respondents (15.2%) answered “yes,” whereas 212 respondents (84.8%) answered “no.” For those who answered “yes,” 11 respondents stated that they sought shelter/refuge elsewhere, whereas 27 respondents stated that they didn’t seek refuge elsewhere.

17. Do you know any girls/women who experienced GBV as a result of the crisis?

250 out of 250 respondents answered this question.

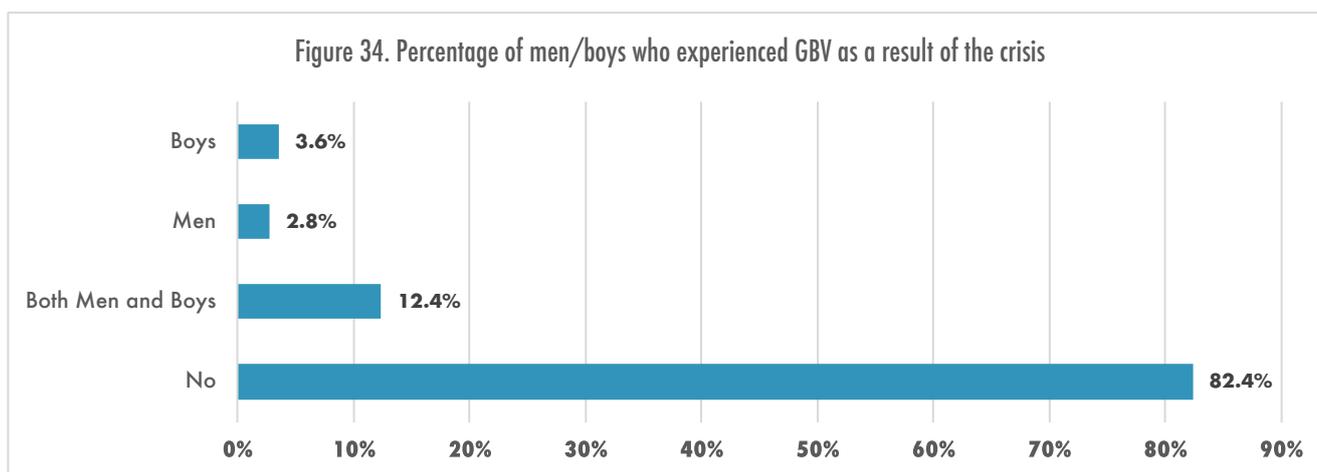
Less than half of respondents knew women or girls who had been subjected to GBV as a result of the crisis. When asked to provide more than one answer, 16 respondents answered "girls," 39 respondents answered "women," 52 respondents answered "both," and 160 respondents (64%) answered "no."



18. Do you know any boys/men who experienced GBV as a result of the crisis?

250 out of 250 respondents answered this question.

When asked whether or not they knew any boys/men who experienced GBV as a result of the crisis, with flexibility to provide more than one answer, 7 respondents answered "men," 9 respondents answered "boys," 31 respondents answered "both," and 206 respondents (82.4%) answered "no."



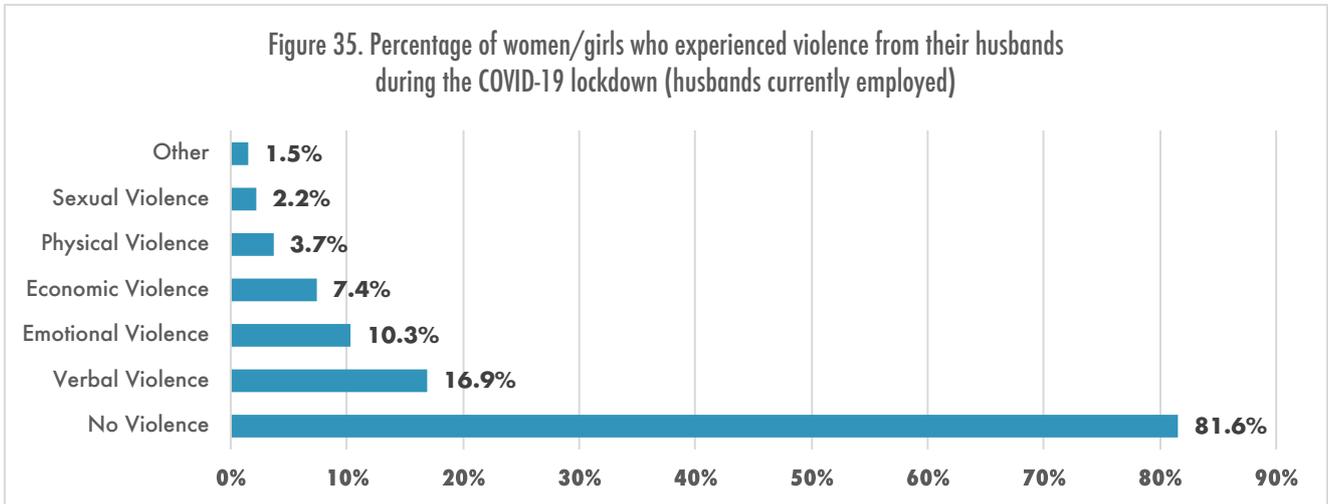
19. Did you experience any form of violence from your husband during the COVID-19 lockdown?

(For those whose husbands were employed before the crises and are currently employed)

136 out of 250 respondents answered this question. (114 were without data.)

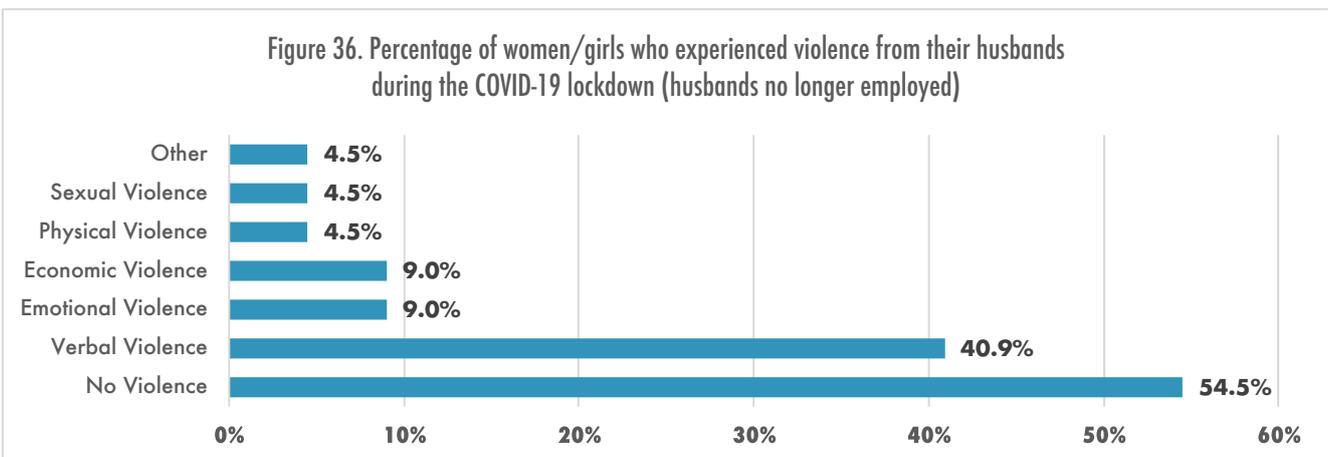
The vast majority of respondents out of 136 did not experience violence during the COVID-19 lockdown from their husbands who are currently employed, while less than 20% had experienced violence. More specifically, when asked whether or not they had experienced violence from their husband during COVID-19 lockdown, 96 respondents (81.6%) stated that

there was no violence, 23 respondents answered “verbal violence,” 14 respondents answered “emotional violence,” 10 respondents answered “economic violence,” 5 respondents answered “physical violence,” 3 respondents answered “sexual violence,” and 2 respondents answered “other,”.



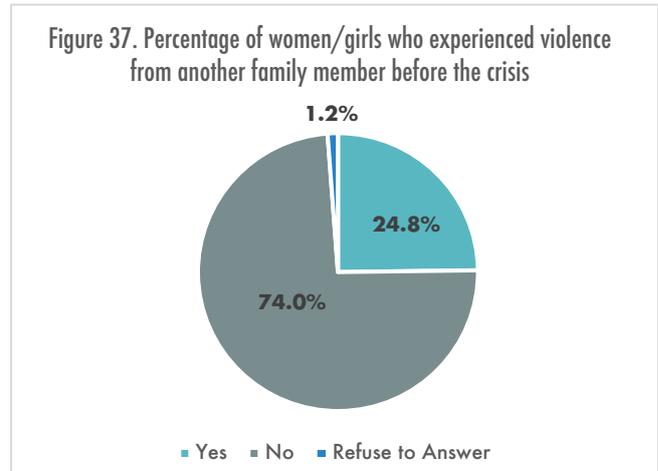
20. Did you experience any form of violence from your husband during the COVID-19 lockdown? (For those whose husbands were employed before the crises and are no longer employed) 22 out of 250 respondents answered this question.

For those women whose husbands were employed before the crises and are no longer employed, only 22 respondents answered. The vast majority did not experience violence; however, “Verbal Violence” was the most common of more than 40%, normally as a result of stress and tension at home. When asked whether or not they had experienced violence from their husband during COVID-19 lockdown (providing more than one answer), 1 respondent answered “sexual violence,” 1 respondent answered “physical violence,” 2 respondents answered “economic violence,” 2 respondents answered “emotional violence,” 9 respondents answered “verbal violence,” 12 respondents stated that there was no violence, and 1 respondent answered “other,”.



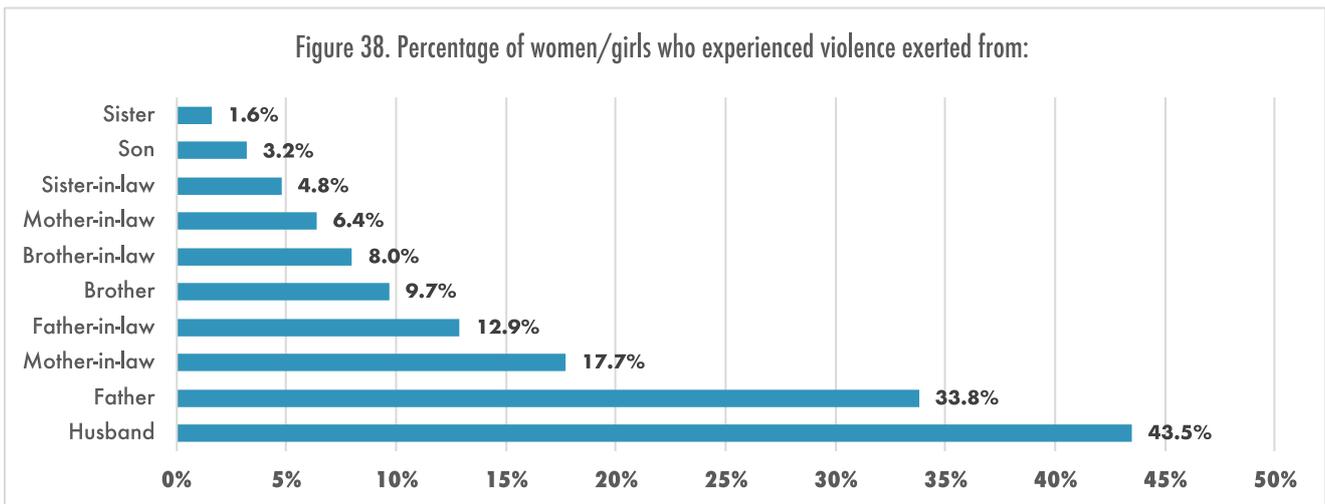
21. Were you subjected to any type of violence exerted from another family member before the crises? 250 out of 250 respondents answered this question.

The vast majority of respondents did not experience violence from other members of their family. When asked whether or not they were subject to any type of violence exerted from another family member before the crises, 62 respondents (24.8%) answered “yes,” 185 respondents (74%) answered “no,” while a small number of 3 respondents (1.2%) was not comfortable to answer because of the sensitivity of the topic.



For those who answered “yes,” giving the respondents the option to choose more than one answer, 27 respondents stated that violence was exerted from their **husband**,

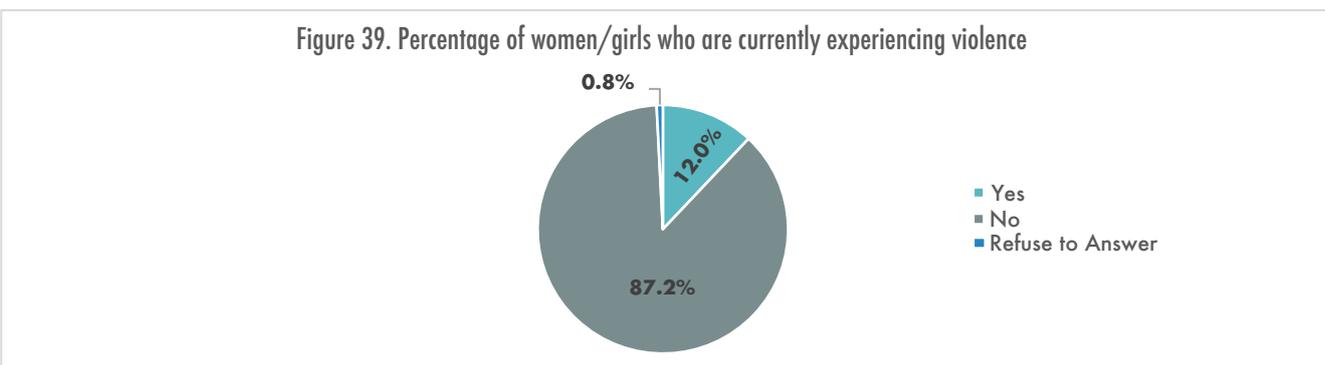
21 respondents stated it was their father, 11 respondents stated their **mother-in-law**, 8 respondents stated their **father-in-law**, 6 respondents stated their brother, 5 respondents stated their **brother-in-law**, 4 respondents stated their mother, 3 respondents stated their **sister-in-law**, 2 respondents stated their **son**, and 1 respondent stated their **sister**.



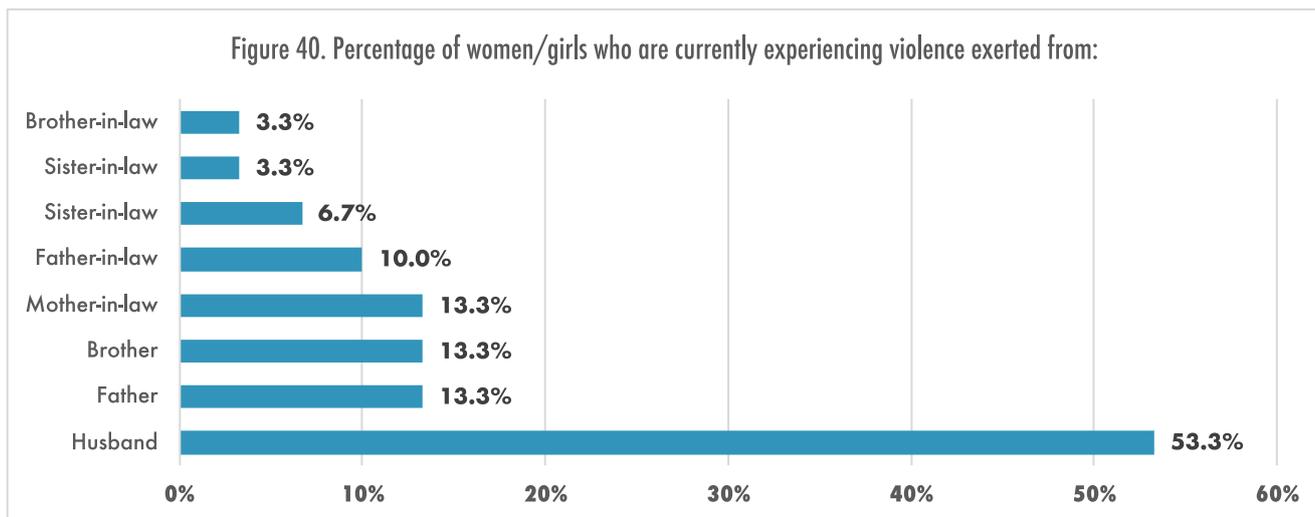
22. Do you experience any type of violence now?

250 out of 250 respondents answered this question.

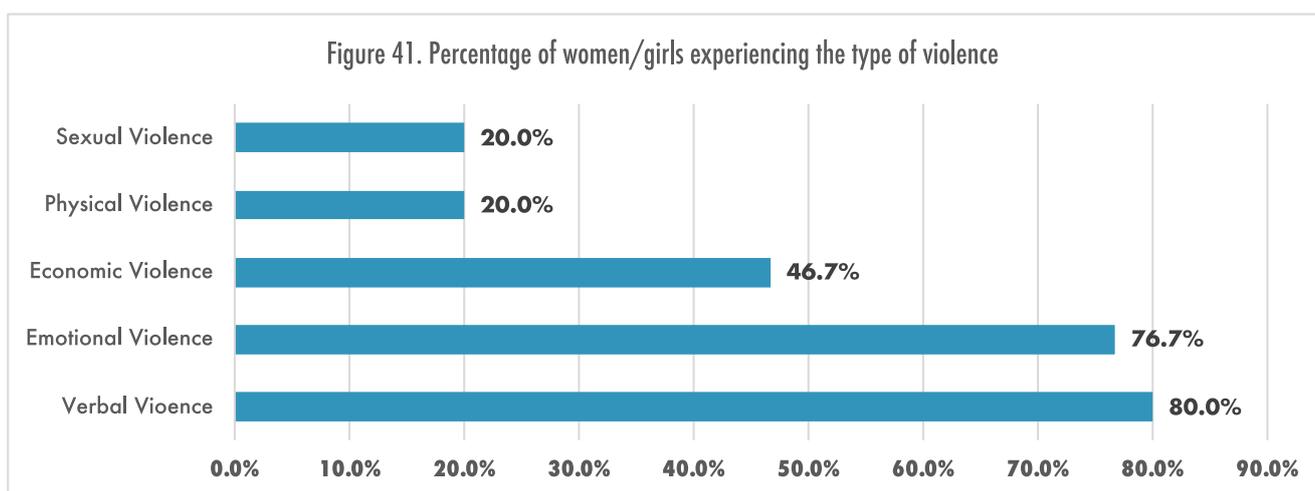
Nearly 12% or 30 respondents are currently experiencing violence which might be due to the ongoing crisis in Lebanon. More specifically, 30 respondents (12%) answered “yes,” 218 respondents (87.2%) answered “no,” and a small number of 2 respondents (0.8%) refused to answer because of the sensitivity of the topic.



More than 53% stated that the violence was exerted from their husbands, with less than 50% of the respondents are experiencing violence from other members of their family. For those who answered “yes,” provided that respondents had the chance to provide more than one option, 16 respondents stated that violence is exerted from their **husband**, 4 respondents stated that it is from their **father**, 4 respondents stated their brother, 4 respondents stated their **mother-in-law**, 3 respondents stated their **father-in-law**, 2 respondents stated their **sister-in-law**, 1 respondent stated their **sister**, and 1 respondent stated their **brother-in-law**.



When asked to provide more than one answer about what type of violence they were currently experiencing, 24 respondents chose “verbal violence,” 23 respondents chose “emotional violence,” 14 respondents chose “economic violence,” 6 respondents chose “physical violence,” and 6 respondents chose “sexual violence.”



23. In your opinion, is violence sometimes acceptable?

250 out of 250 respondents answered this question.

When asked if they believe that violence is sometimes acceptable, 14 respondents (5.6%) answered “yes,” and 236 respondents (94.4%) answered “no.”

Figure 42. Percentage of women/girls who find violence acceptable

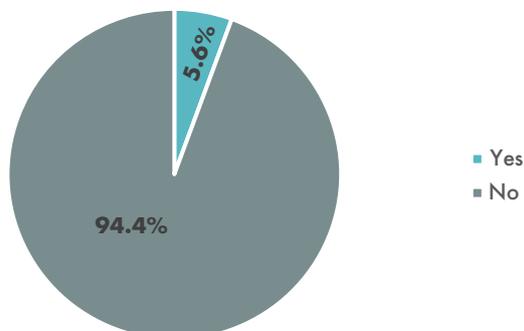
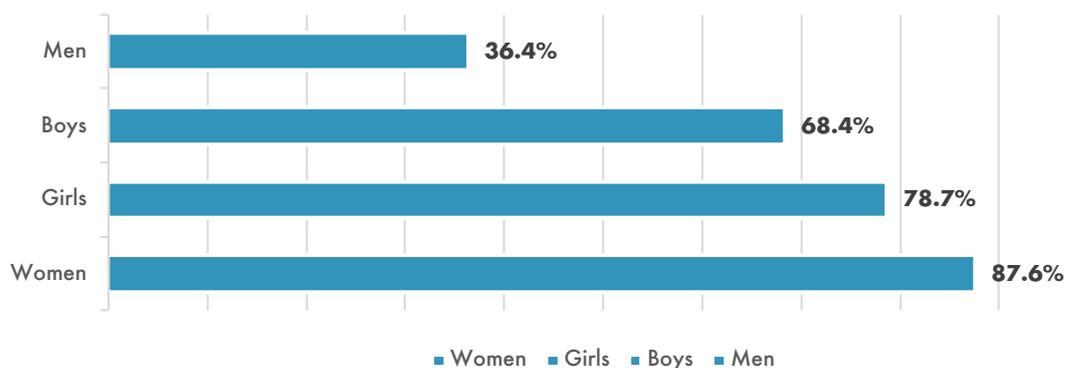


Figure 43. Percentage of women/girls responding of who are victims of violence

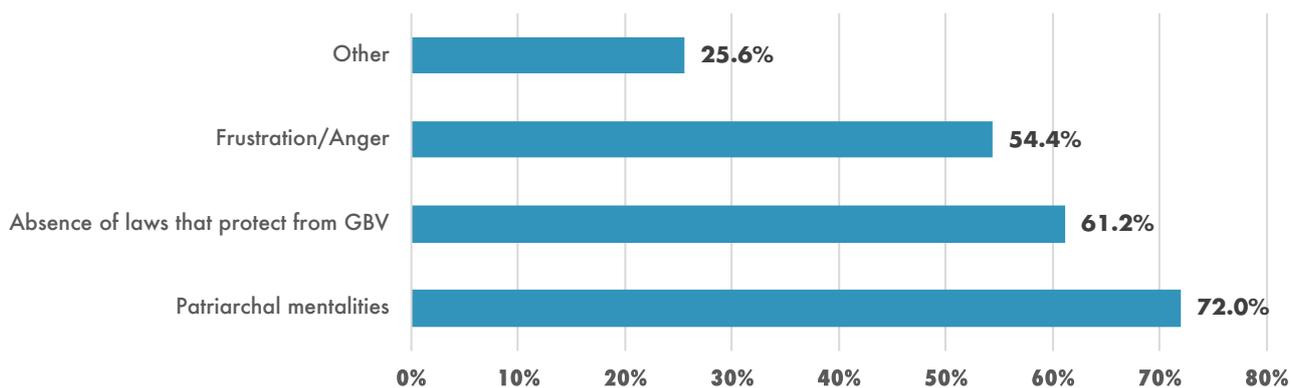


25. What do you think is/are the reason(s) that encourage GBV?

250 out of 250 respondents answered this question.

The majority of respondents believed that “patriarchal mentalities” in Lebanon is one of the major causes of GBV. Respondents were provided the option to choose more than one answer. More specifically, 180 respondents answered “patriarchal mentalities,” 153 respondents answered “the absence of laws that protect from GBV,” 136 respondents answered “frustration/anger because of the situation in the country,” and 64 respondents answered “other.”

Figure 44. Percentage of women/girls who find that reasons that encourage GBV are:

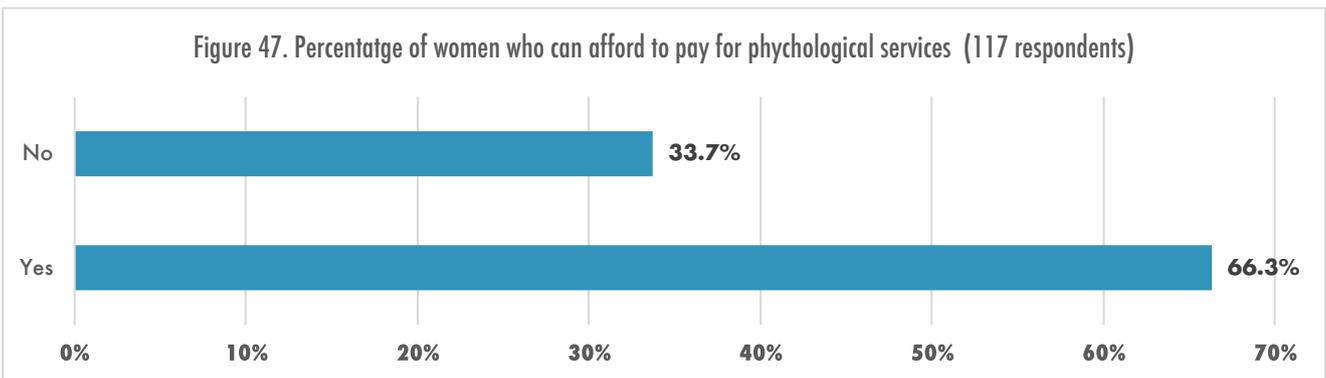
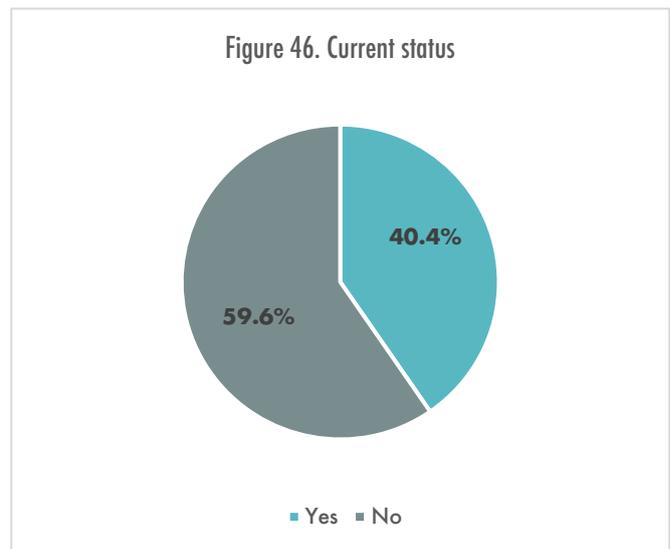
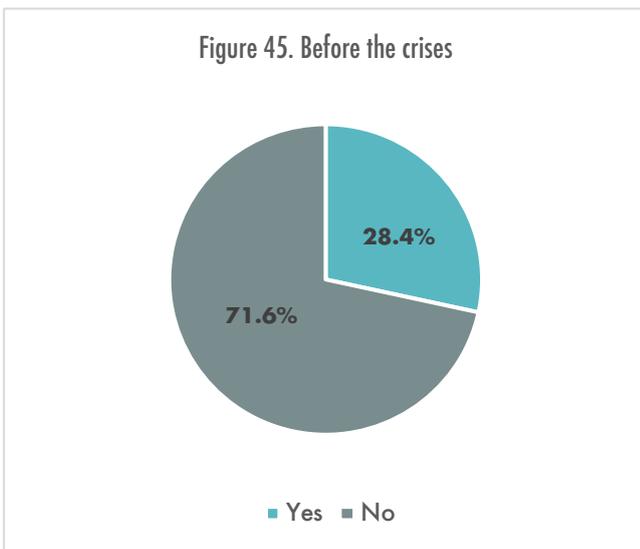


5. Mental Health of Women/Girls

26. Did/do you feel the need to see a psychologist/psychiatrist/social worker?

250 out of 250 respondents answered this question.

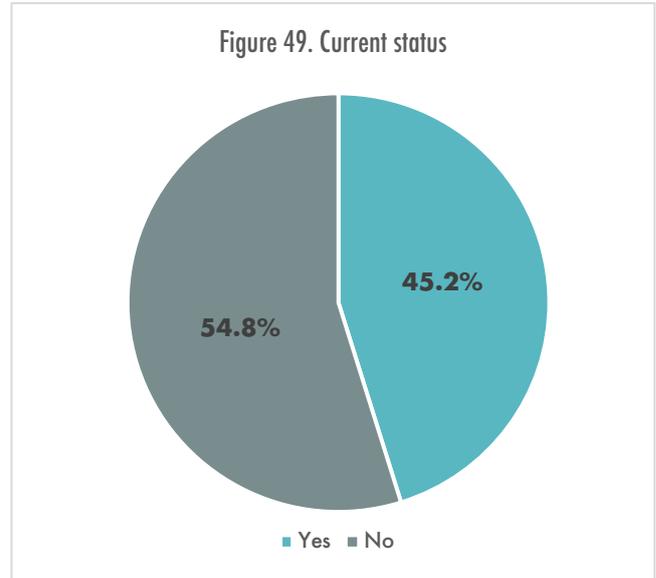
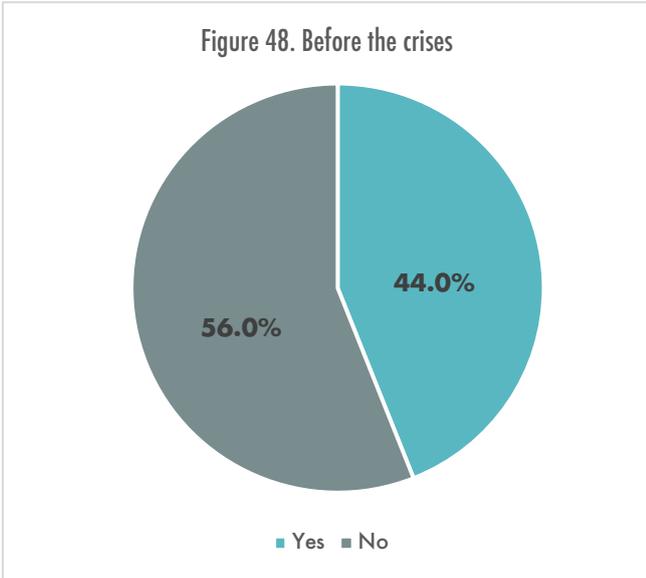
When asked whether or not they felt the need to see a psychologist/psychiatrist/social worker before the crises, 71 respondents (28.4%) answered “yes,” and 179 respondents (71.6%) answered “no.” When asked whether or not they feel the need to see a psychologist/psychiatrist/social worker now, 101 respondents (40.4%) answered “yes,” and 149 respondents (59.6%) answered “no.” When asked whether or not they could/can afford such services, from those who answered this question, 67 respondents answered “yes,” whereas 50 respondents answered “no.”



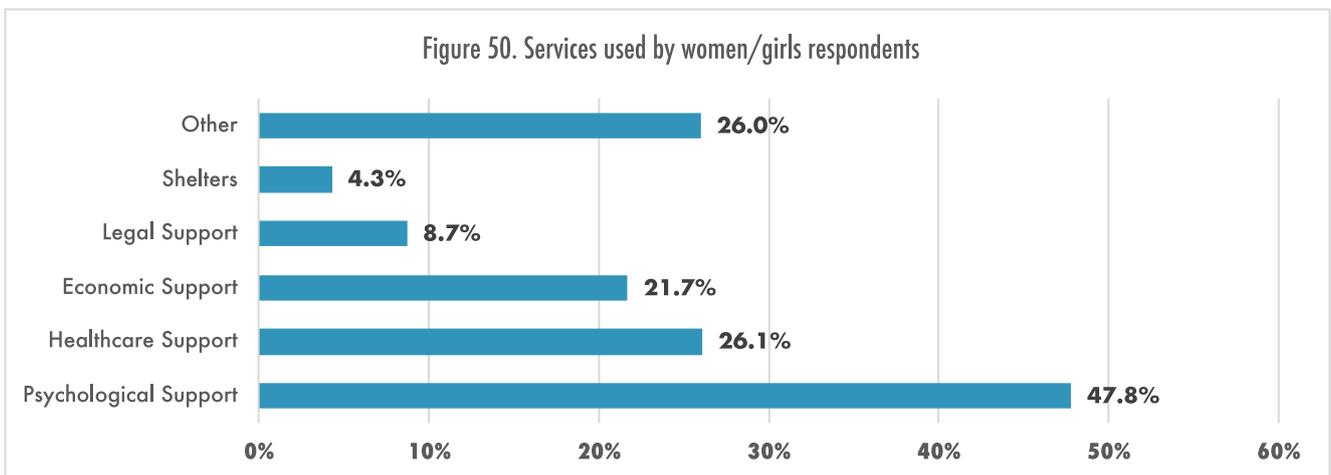
27. Did/do you know about services offered by NGOs that help victims of GBV?

Number of responses varied for each question

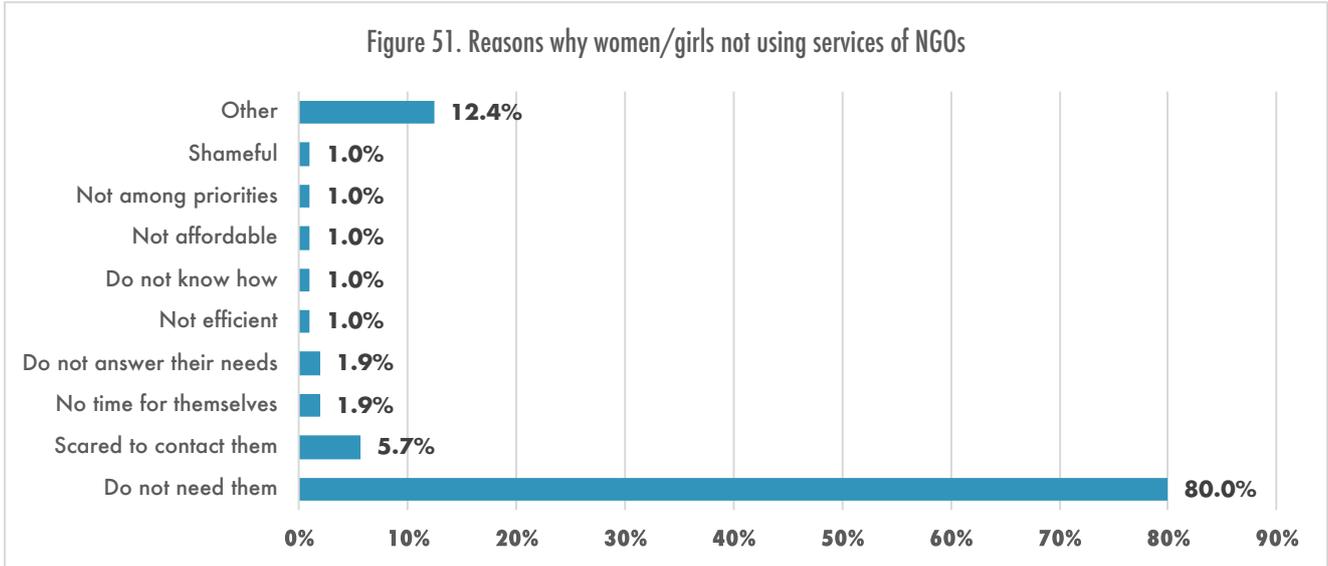
When asked whether or not they knew about the services offered by NGOs that help victims of GBV before the crises, 110 respondents (44%) answered “yes,” and 140 respondents (56%) answered “no.” When asked whether or not they know about the services offered by NGOs that help victims of GBV now, 113 respondents (45.2%) answered “yes,” and 137 respondents (54.8%) answered “no.”



When asked whether or not they used any of these services, 23 respondents answered “yes,” and 105 respondents answered “no” of those who know about these services. For those who used these services, provided that respondents can choose more than one answer, 11 respondents stated that they used psychological support, 6 respondents used healthcare support, 5 respondents used economic support, 2 respondents used legal support, 1 respondent used shelters, and 6 respondents answered “other.” The results showed that the most common service used is psychological support.



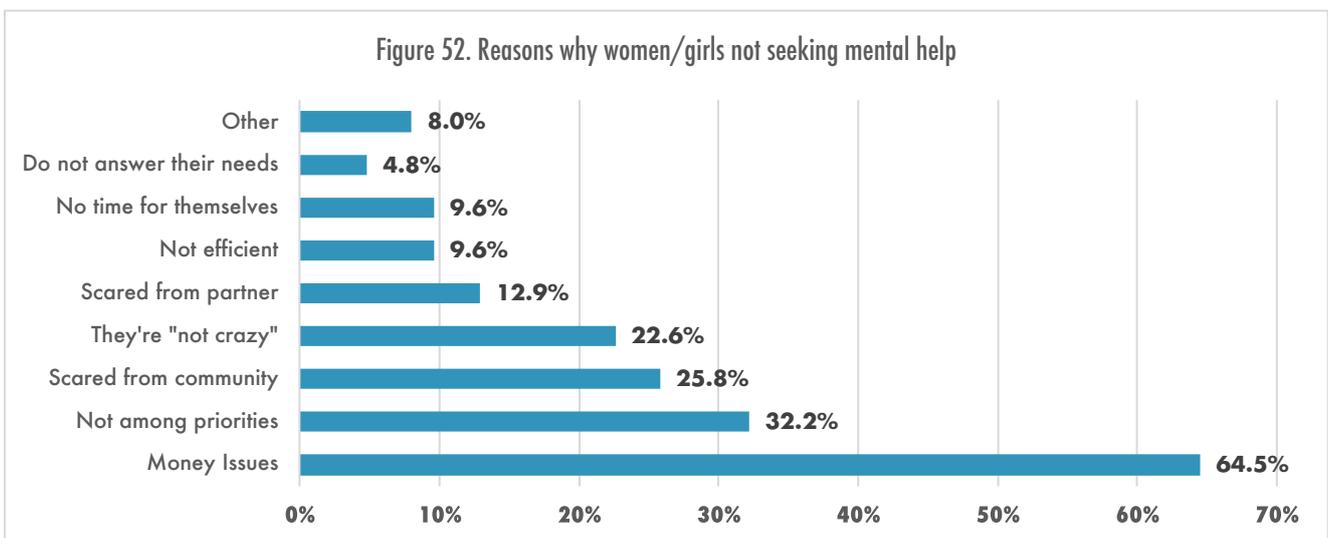
Respondents who did not use these services were given the option of providing more than one answer. 84 respondents stated that they did not need them, 6 respondents stated that they were scared to contact them, 2 respondents stated that they do not have time for themselves, 2 respondents stated that the available services do not answer their needs, 1 respondent stated that they do not think it is efficient, 1 respondent stated that they do not know how to contact service providers, 1 respondent stated that they cannot afford service fees, 1 respondent stated that that was not among their current priorities, 1 respondent stated that it is shameful, and 13 respondents answered “other.” It is worth noting that the majority of respondents stated that they do not require these services, while others were hesitant because they were not affordable, inefficient, or did not meet the needs of women and girls. The remaining respondents were either too embarrassed or too afraid to contact them, owing to a lack of awareness, fear, or the perpetrator.



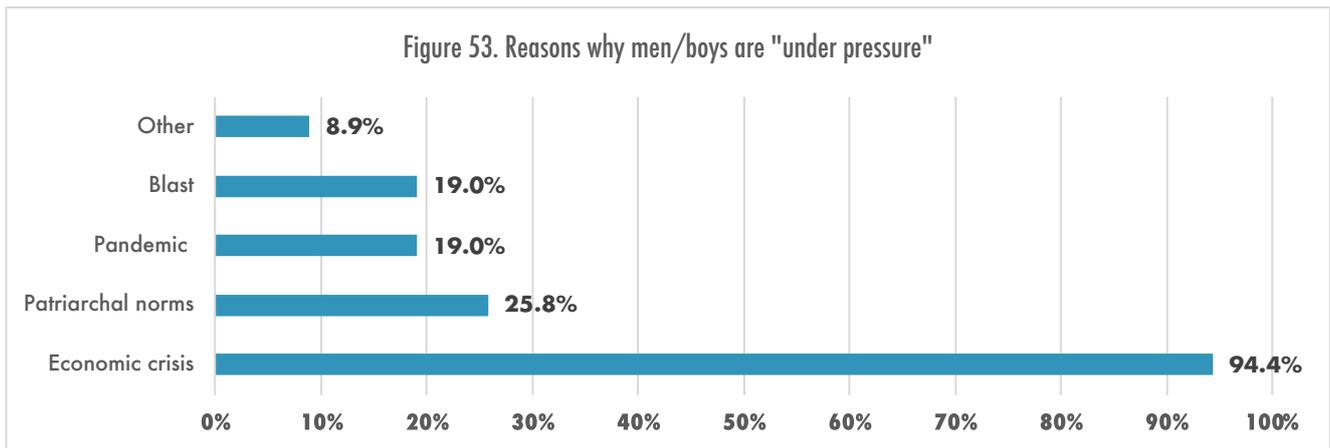
28. Do you know people who are under pressure?

Number of responses varied for each question

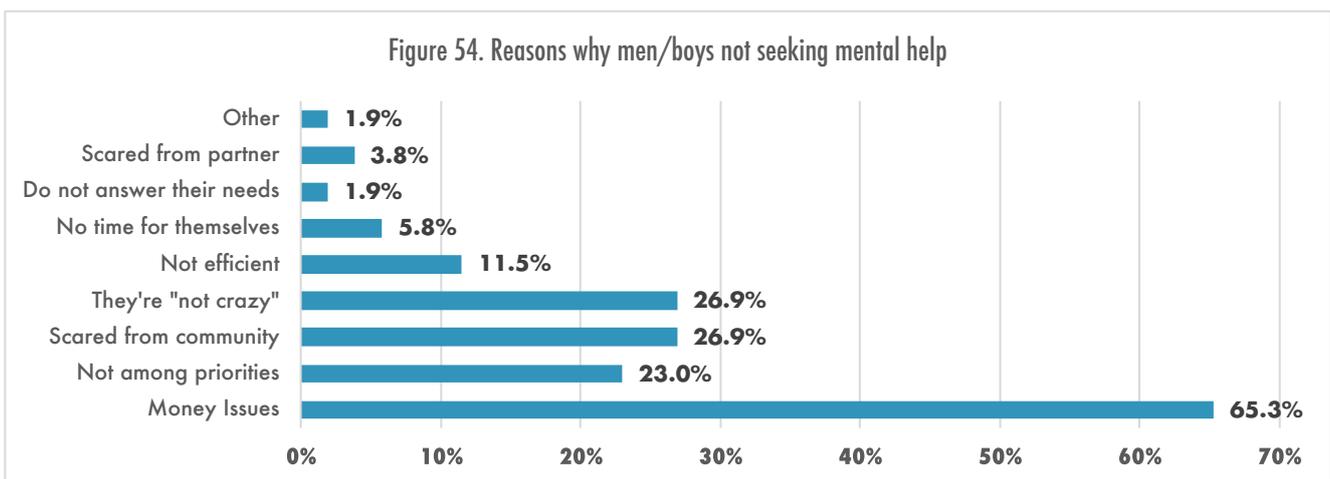
When asked whether or not they know any girls/women who are under pressure, 5 respondents (2%) answered “girls,” 23 respondents (9.2%) answered “women,” 97 respondents (38.8%) answered “both,” and 125 respondents (50%) answered “no.” When asked whether or not 125 girls/women saw a psychologist/psychiatrist, 5 respondents answered “yes, girls,” 10 respondents answered “yes, women,” 30 respondents answered “yes, both women and girls,” 18 respondents stated that they do not know, and 62 respondents answered “no.” For the 62 respondents that answered “no”, respondents gave more than one answer. 40 respondents stated that the reason was money issues, 20 respondents stated that it was not among their current priorities, 16 respondents stated that they are scared from the community, 14 respondents stated that they think they are not crazy, 8 respondents stated that they were scared from the partner, 6 respondents stated that it was not efficient, 6 respondents stated that they do not have time for themselves, 3 respondents stated that the available services do not answer their needs, and 5 respondents answered “other.”



When asked whether or not they know any **boys/men** who are under pressure, 249 respondents answered this question. 7 respondents answered "boys," 12 respondents answered "men," 69 respondents answered "both," and 161 respondents answered "no." When asked why they thought these boys/men are under pressure, 149 answered this question. 84 respondents stated that the economic crisis was the main reason, 23 respondents stated that patriarchal norms, 17 respondents blamed the pandemic, 17 respondents blamed the Beirut Port Blast, and 8 respondents answered "other." The majority of respondents stated that the main reason why boys/men were under pressure was Lebanon's economic crisis.



When asked whether these **boys/men** went to see a psychologist/specialist when needed, 1 respondent (0.4%) answered "yes, men," 3 respondents (1.2%) answered "yes, boys," 9 respondents (3.6%) answered "yes, both men and boys," 23 respondents stated that they do not know, and 52 respondents (20.8%) answered "no." For those who answered "no," 34 respondents (65.3%) stated that the reason was money issues, 14 respondents (26.9%) stated that they think they are not crazy, 14 respondents (26.9%) stated that they are scared from the community, 12 respondents (23%) stated that it was not among their current priorities, 6 respondents (11.5%) stated that it was not efficient, 3 respondents (5.8%) stated that they do.



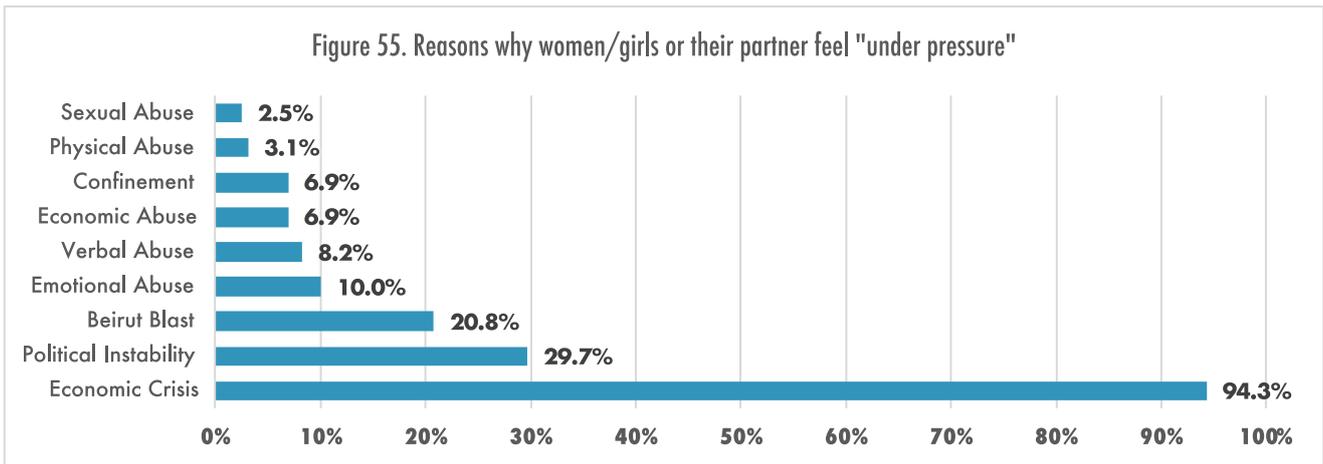
For those who knew boys/men who sought psychological assistance, 9 respondents (3.6%) stated that it was very efficient and 4 respondents (1.6%) stated that it was a little efficient.

29. Do you or your partner feel under pressure?

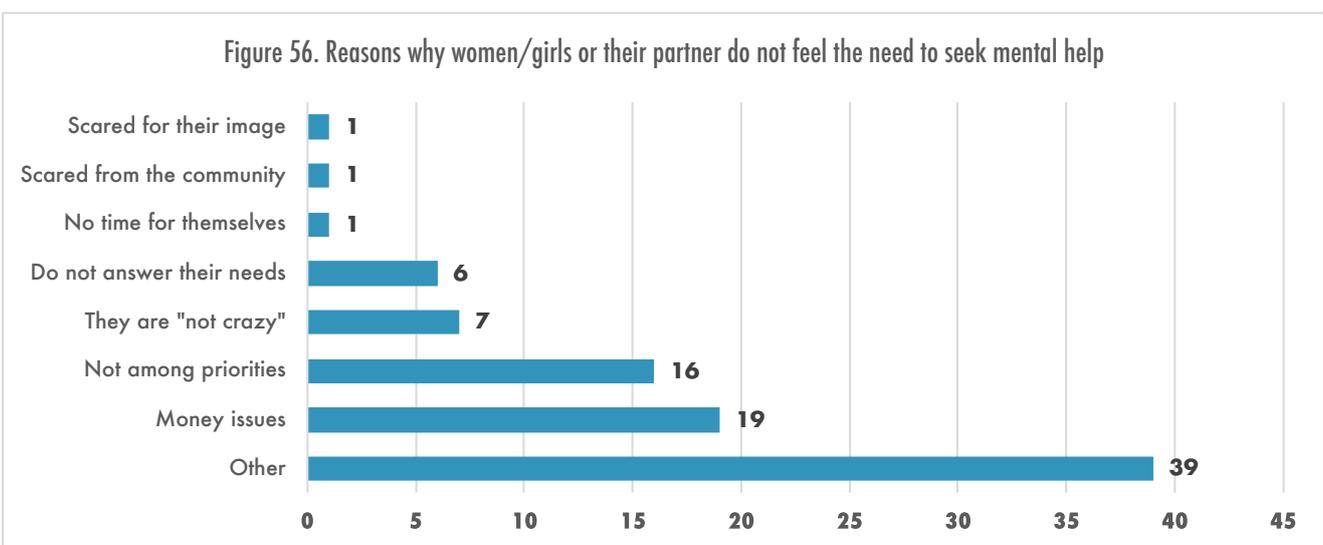
Number of responses varied for each question

When asked whether they (or their partner) feel under pressure, 14 respondents answered "yes, my partner," 60 respondents

answered "yes, me," 81 respondents answered "yes, both of us," and 92 respondents answered "no" while 3 respondents did not answer. Respondents gave more than one answer when asked why they/their partner felt under pressure and their responses varied. 149 respondents stated that the economic crisis was the reason, 47 respondents stated political instability, 33 respondents stated the Beirut Port Blast, 16 respondents stated emotional abuse, 13 respondents stated verbal abuse, 11 respondents stated economic abuse, 11 respondents stated confinement, 5 respondents stated physical abuse, and 4 respondents stated sexual abuse. The results showed that the "economic crisis" was the most dominant in their responses.

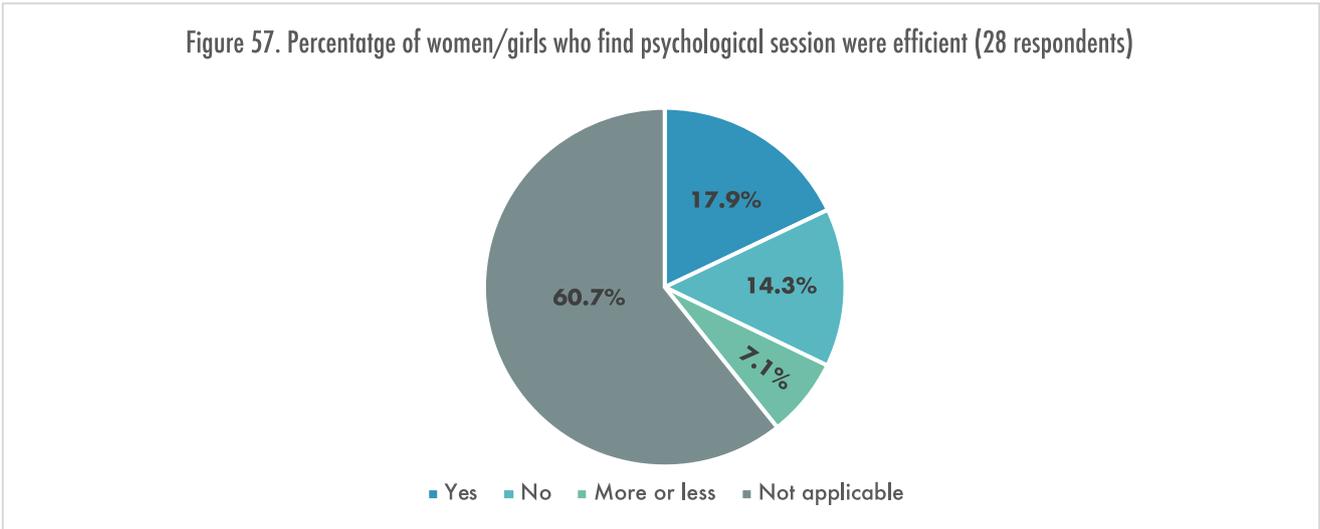


When asked whether they (or their partner) feel the need to see a specialist, out of 155 respondents who answered this question, 60 respondents answered "yes," 85 respondents answered "no," and 10 respondents answered "I don't know." For those who answered "no," only 78 respondents out of 85 answered this question, providing more than one answer. 1 respondent stated that the main reason was because they are scared for their image, 1 respondent stated that they are scared from the community, 1 respondent stated that they do not have time for themselves, 6 respondents stated that the available services do not answer their needs, 7 respondents state that they are not crazy, 16 respondents stated that that was not among their current priorities, 19 respondents stated that the main reason was money issues, and 39 respondents answered "other."

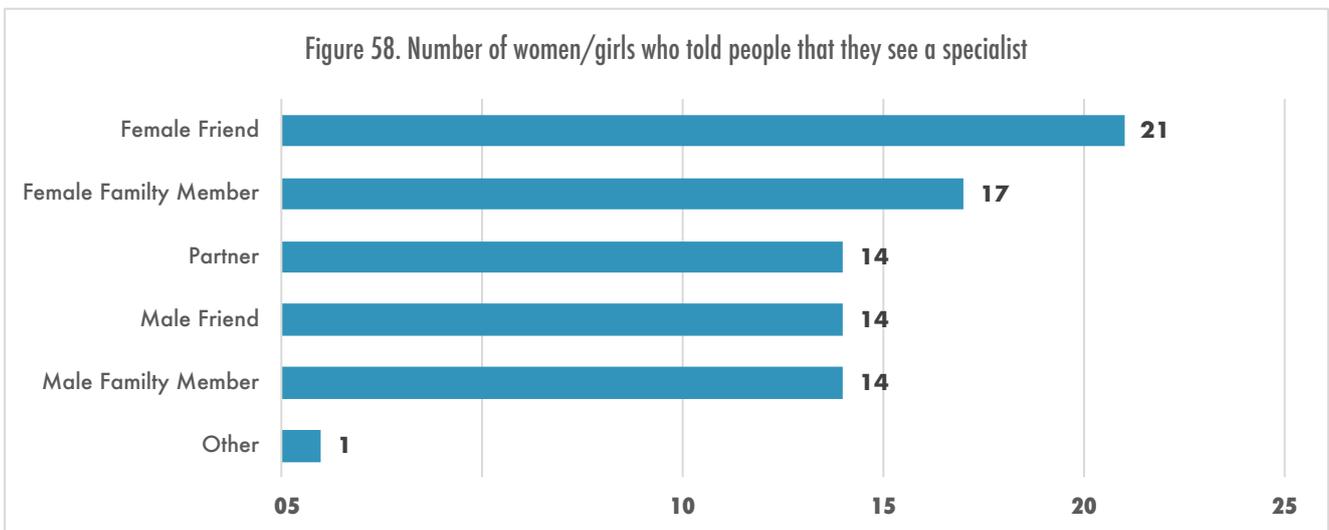


30. Have you or your partner ever seen a psychologist/psychiatrist?
 Number of responses varied for each question

Only 246 respondents answered when asked whether they (or their partner) have ever seen a psychologist/psychiatrist, 2 respondents answered "yes, my partner," 26 respondents answered "yes, me," and 218 respondents answered "no." When the 28 respondents were asked to what extent it was efficient, 18 respondents stated that it was very efficient, 6 respondents stated that it was a little efficient, and 4 respondents stated that it was not efficient. When asked whether these sessions led to a reduction in GBV, 5 respondents answered "yes," 2 respondents answered "more or less," 4 respondents answered "no," and 17 respondents answered "not applicable."

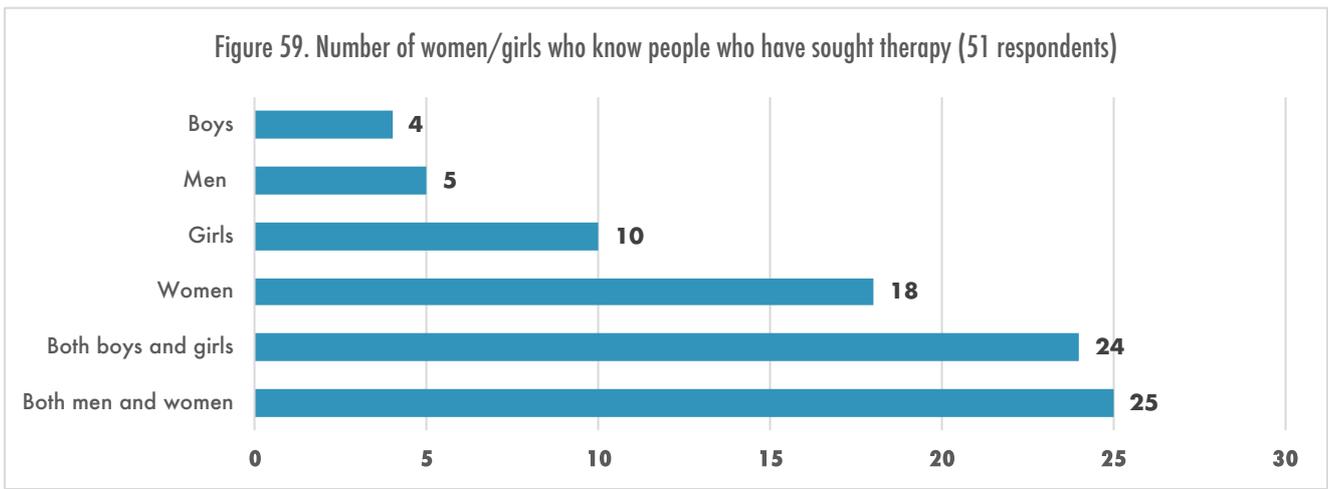


The 28 respondents when asked whether or not they told people that they went to see a specialist, 22 respondents answered "yes," whereas 6 respondents answered "no." For those who told people that they went to see a specialist, the respondents gave more than one answer. 21 respondents stated that they told a female friend, 17 respondents stated that they told a female family member, 14 respondents stated that they told their partner, 14 respondents stated that they told a male friend, 14 respondents stated that they told a male family member, and 1 respondent answered "other." The most common responses were "Female Friend" and "Female Family Member," with telling a male being less preferred. This is primarily due to the fact that females prefer to share their conversations and experiences with other females and find it difficult to discuss these topics with males.



When asked whether they (or their partner) talked to another group, 249 answered this question. 52 respondents stated that

they talked to a friend, 11 respondents stated that they talked to in a religious court, 9 respondents answered "other," and 177 respondents answered "no." When asked whether or not it was efficient talking to a friend about it, 31 respondents answered "yes," 14 respondents answered "sometimes," and 7 respondents answered "no." Out of these 249 respondents, when asked whether they knew anyone other than the people in their household who have went to therapy, 51 respondents answered "yes," and 198 respondents answered "no." For those who answered "yes," given that respondents gave more than one answer to this question, 4 respondents stated that they were **boys**, 5 respondents stated that they were **men**, 10 respondents stated **girls**, 18 respondents stated **women**, 24 respondents stated both **girls and boys**, and 25 respondents stated **both women and men**.



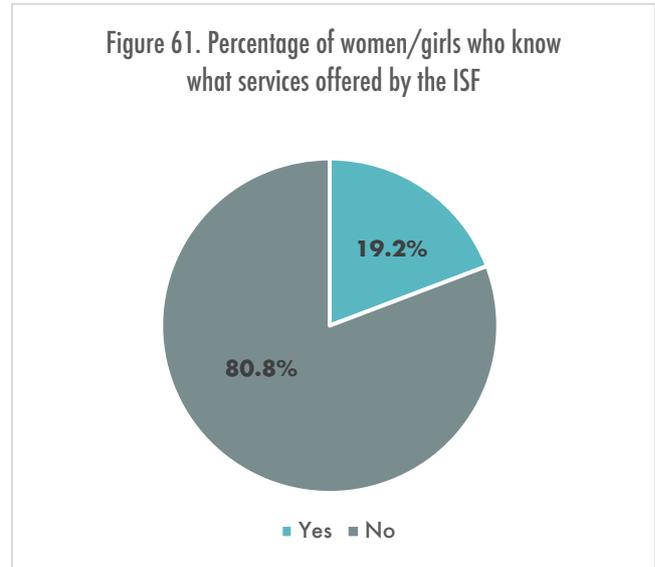
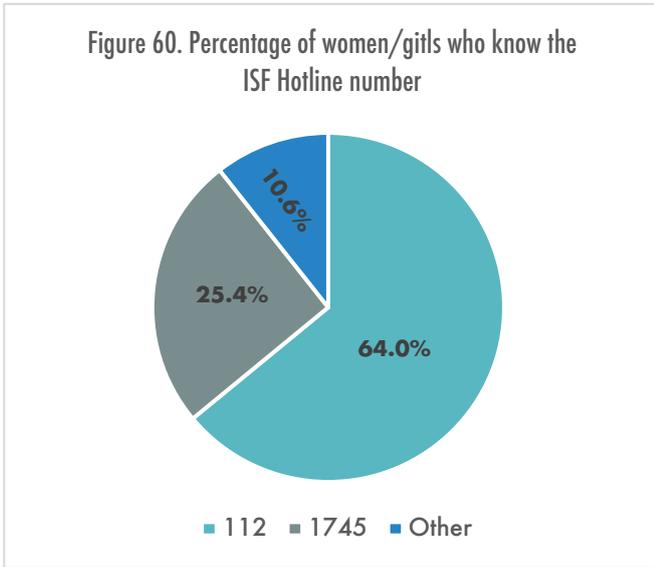
When the 51 respondents were asked to what extent it was efficient, 35 respondents answered "very efficient," 14 respondents answered "a little efficient," and 2 respondents answered "I don't know." Regarding medications, participants were asked whether they (or their partner) needed medications for mental health before the crises, only 53 respondents answered this question, where 1 respondent answered "yes, both," 17 respondents answered "yes, me," and 35 respondents answered "no." When the 249 respondents were asked whether they know anyone who needed medications for mental health before the crises, 86 respondents answered "yes," and 163 respondents answered "no." When asked whether they (or their partner) have suicidal thoughts, the majority of respondents did not have suicidal thoughts. However, it is worth mentioning that of those who had suicidal thoughts, almost all of them were women and girls. More specifically, 1 respondent answered "yes, my partner," 2 respondents answered "yes, both," 33 respondents answered "yes, me," 213 respondents answered "no," and 1 respondent preferred not to answer.

6. Knowledge of Services

31. What is your knowledge on ISF hotline number and services?

Number of responses varied for each question

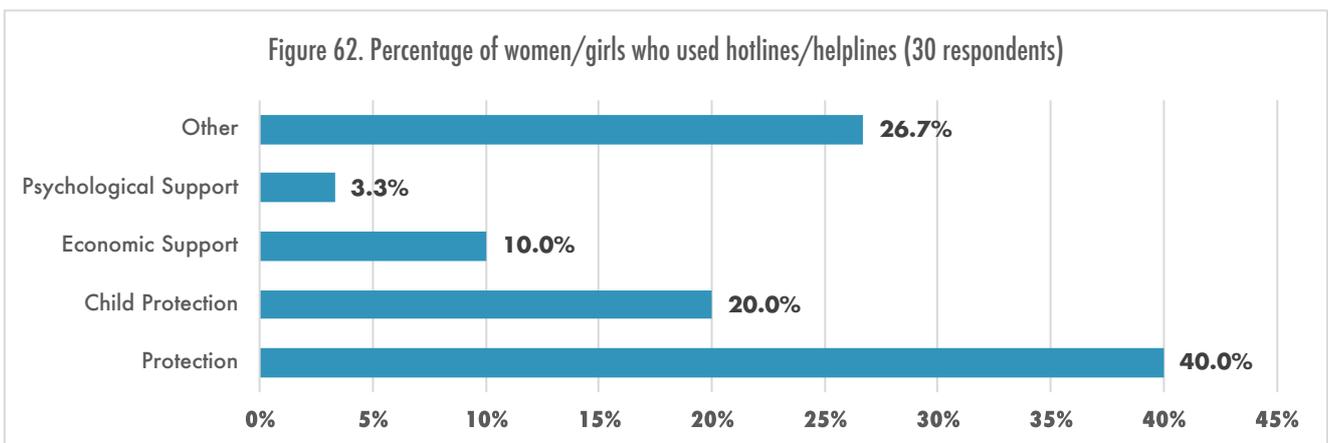
The majority of respondents were unaware of the ISF free hotline number. More specifically, only 67 respondents (26.8%) know about the ISF hotline number, whereas 183 respondents (73.2%) were not aware of the availability of the ISF hotline. Of those who know the ISF hotline number, when asked what the ISF hotline number was, 43 respondents (64%) answered "112," only 17 respondents (25.4%) answered "1745" (the correct number), and 7 respondents (10.6%) answered "other." When asked whether or not they know what services are offered by the ISF, 48 respondents (19.2%) answered "yes," whereas 202 respondents (80.8%) answered "no." Some respondents (25.4%) referred to the hotline as "112", which is the actual number for the ISF and not the one set for supporting victims of domestic violence.



32. Have you (or someone else) used hotlines/helplines?

Number of responses varied for each question

The vast majority were not aware of the availability of helpline numbers offered by local NGOs in Lebanon. More specifically, 45 respondents (18%) answered “yes,” whereas 205 respondents (82%) answered “no.” When asked whether they know someone who used the hotlines and helplines, 7 respondents (2.8%) answered “yes, but they did not answer,” 45 respondents (18%) answered “yes, and they answered,” and 198 respondents (79.2%) answered “no.” When asked whether they used the hotlines and helplines, 7 respondents (2.8%) answered “yes, but they were hesitant to answer,” 23 respondents (9.2%) answered “yes, and they answered,” and 220 respondents (88%) answered “no.” As for the reason for their call, 1 respondent (3.3%) stated “psychological support,” 3 respondents (10%) stated “economic support,” 6 respondents (20%) stated “child protection,” 12 respondents (40%) stated “protection,” and 8 respondents (26.7%) stated “other.”

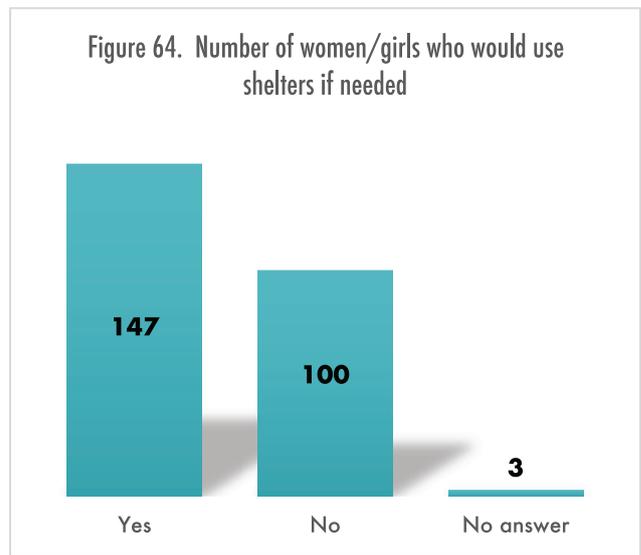
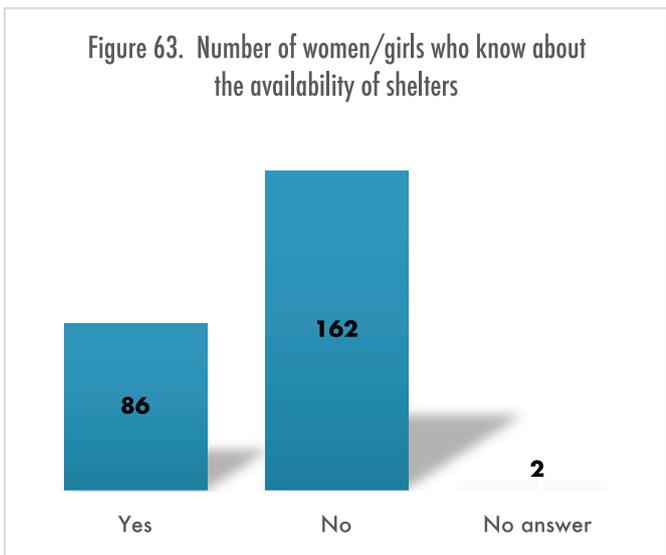


When asked whether or not it was efficient, 19 respondents (63.3%) answered “yes,” whereas 11 respondents (36.7%) answered “no.”

33. What is your knowledge on shelters available for support?

Number of responses varied for each question

Significantly high number of respondents were not aware of the availability of shelters. The proportion of women who were knowledgeable about shelters in Lebanon was low relatively to about one third of the total number of respondents. This likely help us know the level or absence of awareness about the availability of shelters offered by local NGOs for women victims. More specifically, 86 respondents were aware of the availability of shelters, whereas 162 respondents were not, while 2 respondents did not answer this question. When asked whether or not they are interested in knowing more about these shelters, 182 respondents answered “yes,” whereas 67 respondents answered “no”, while 1 respondent was not comfortable to answer. When asked whether or not they would use these shelters if/when needed, 147 respondents answered “yes,” whereas 100 respondents answered “no”, while 3 respondents did not answer this question.



More than 70% (182 respondents) of women and girls wanted to learn more about the shelters. This highlights the need for women to feel protected and safe in the event that they find themselves in a vulnerable or victimized position.

While 147 respondents said they would seek refuge or use these shelters if they were in need, a quarter of the respondents (100) said they were not interested in using the services of these shelters, and 67 said they were not interested in learning about them. They would not go to these shelters in the event of violence and would prefer to stay with their perpetrators if it meant staying with and caring for their children. While local NGOs established and operated shelters in Lebanon to fill the gap left in absence of government services, this could be due to a lack of trust in service providers. Another major reason could be social barriers to seeking help, such as feelings of shame, because revealing family violence is seen as a violation of social norms, or fear of the perpetrator. They would not seek refuge in a shelter because they are afraid of the society and the reputation they might gain if they did, knowing that women are the most vulnerable groups in the Middle East and are expected to be “housewives.” A small percentage of women and girls (less than one percent) refused to respond, indicating that women were not at ease discussing such topics.

Those 86 respondents who know about the availability of shelters were asked whether they know anyone who sought these shelters, only 18 respondents answered “yes,” however 68 respondents answered “no.” When asked whether they would take into consideration social norms in case shelters were needed, 23 respondents (9.2%) answered “yes,” 45 respondents (18%) answered “I don’t know,” 180 respondents (72%) answered “no,” and 2 respondents (0.8%) refused to answer. When asked if they know what kind of services these shelters provide, 52 respondents (20.8%) answered “yes,” whereas 198

respondents (79.2%) answered “no.” Out of 86 respondents who were aware of the availability of shelters, approximately 60% were aware of the services offered within shelters. The remaining 34 either heard about it from others but did not seek their assistance to learn more about their services, or read about it on social media but did not read the details.

7. Women/girls’ Needs

The needs of women and girls varied. While most of the women and girls indicated that the financial support or having a job are the most important at the utmost of the financial and economic crisis in Lebanon, women and girls had emphasized at the end of the survey that they lack awareness of current laws and services (legal, health, police, social, etc.) provided by the government and local NGOs. It was obvious that the need for protection and psychological support are highly required.

34. In your opinion, what are the needs of victims related to GBV?

248 out of 250 respondents answered this question

When asked what they believe the needs of victims related to GBV are, answers included:

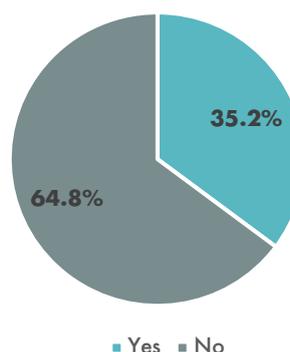
• Protection	• Ability to leave
• Safety/Security	• Medical assistance
• Support	• Inner peace
• Peace	• Awareness
• Money	• Ability to raise children on their own without violence
• Psychological support	• Independence
• Emotional support	• To be heard
• Financial support	• Legal assistance
• Shelters	• Knowledge regarding services
• Work	• More self - esteem/ confidence
• Justice	• Moral support
• Laws that protect them	• Motivation

35. Did these needs change after the crises?

247 out of 250 respondents answered this question.

Only 247 respondents answered whether or not these needs changed after the crises, 87 respondents (35.2%) answered “yes,” and 160 respondents (64.8%) answered “no.” Approximately one-third of this sample of women and girls were affected by the country's multiple crises, and as a result, their needs shifted. However, it appears that the remaining respondents' needs remained the same. In fact, with more than 97% of the sample consisting of working and middle-class women and girls, the answers were understandable and more likely for needs to remain the same.

Figure 65. Percentage of women/girls victims of GBV whose needs changed after the crises



36. How did they change?

86 out of 250 respondents answered this question.

For those who answered “yes” on the previous question, respondents stated that changes are:

- Financial support
- Economic empowerment
- More necessities
- More protection/security
- Exposed to more psychological and economic pressure
- More help/support
- More justice
- Job opportunities
- Justice
- Insurances and guarantees
- Housing support
- Awareness/educational trainings
- Laws that protect them
- Be embraced by society
- Self-defense classes
- Shelters
- Psychological assistance

37. What were your financial needs before the crises?

250 out of 250 respondents answered this question.

When asked what their financial needs were before the crises, answers included:

- Nothing
- Food
- Clothes
- Basics
- Education
- Going out
- Luxuries
- Gas/transportation
- Taxes
- Medications/medical expenses
- Housing
- Beauty products
- Entertainment
- Travelling

38. What are your financial needs now?

248 out of 250 respondents answered this question.

In comparing answers of previous question with answers of this question, it is important to note that their needs and priorities in life have changed. This is very normal and similar to all people living in Lebanon, who are currently overwhelmed with high prices and looking only for basic needs – no luxurious items anymore, only necessities.

needs are now, answers included:

- The same
- Basic needs
- Education
- Food
- Clothes
- Gas
- Fuel
- Medications/medical expenses
- Housing
- Taxes
- Electricity
- No more luxuries, only necessities
- Financial aid
- Female hygienic products
- Transportation

39. What were your medical needs before the crises?

199 out of 250 respondents answered this question.

When asked what their medical needs were before the crises, answers included:

- Nothing
- Painkillers
- Drugs
- X-rays
- Operations
- Mental health medications
- Cancer treatment
- Physician consultancy
- Vitamin supplements

40. What are your medical needs now?

202 out of 250 respondents answered this question.

Medical needs increased after the crisis. When asked what their medical needs are now, answers included:

- Nothing
- Medications
- Painkillers
- Mental health medications
- Vitamins
- Physician consultancy
- Cancer treatment
- X-rays
- Medical examinations
- Sometimes medicines cannot be found/are too expensive
- Drugs
- Vitamin supplements

Most answers stated that everything has become too expensive; they need financial support.

41. Did you have any other needs before the crises?

174 out of 250 respondents answered this question.

When asked whether or not they had any other needs before the crises, answers included:

- No
- Psychological aid
- Shelter
- Financial support/independence
- Travelling
- Medications
- Education
- Job opportunities
- Health issues

42. Do you have any other needs now?

184 out of 250 respondents answered this question.

When asked whether or not they had any other needs now, answers included:

- No
- Financial support
- Job opportunities
- Political and economic stability
- Psychological support
- Food and other basic necessities
- Shelter
- Transportation (including to school)
- Emotional support
- Education (improve educational sector)
- Housing
- Gas/fuel
- Peace
- Health issues
- Immigration
- Hope
- Salary increases

RECOMMENDATIONS:

Recommendations for the future gender monitoring tool:

- 1.** Maintain and institutionalize efforts for greater impact to reach equality as women continue to consider that men are in a more privileged position in society.
- 2.** Statistical and empirical data about gender equality in various sectors is needed. The barometer demonstrates that achieving gender equality calls for deliberate action to be taken by the main stakeholders working on advancing women's rights on a national level.
- 3.** Maintain a national gender monitoring tool with indicators tailored to the Lebanese context that oversees and informs national gender advancement:

For NCLW:

- The gender monitoring tool is expected to be measured on a yearly basis using the same indicators and data collection tools to monitor progress of gender equality.
- The gender barometer can be conducted with different sampling and based on the needs, national cultural dynamics, projects, or other study levels.
- The barometer must involve advanced assessment of potential prospective topics in the hopes of gaining further insight on gender equality dynamics.
- The questionnaire must be reviewed and tested before conducting a survey for the different topics and from different perspectives.
- The sample of women and men respondents from different regions is advisable to be diversified and expanded for the next survey in order to be more inclusive and representative of the society.

For CBOs:

- CBOs should keep training on the data collection tools and data entry. The barometer is key to expanding expertise on data entry and collection.
- CBOs and NGOs can develop programs based on research findings in addition to research data and barometer graphs.
- Interventions should be coordinated across the stakeholders to avoid duplication and should be complementary in terms of activities, programs, and events.

- 4.** Increase cooperation between the state actors and civil society actors through:
 - Developing a unified mechanism to respond and protect against GBV to be disseminated to all public institutions, municipalities, and ministries.
 - Developing a unified Sexual Harassment policy to be disseminated to the private and sectors.
 - Strengthening the collaboration between CSOs/CBOs and governmental institutions so that CSO/CBO services that respond to GBV would complement the government's available services.
- 5.** Emphasize the government's interventions and increase public trust in the government by documenting and disseminating the primary governmental interventions.
- 6.** Ensure free legal assistance to encourage recourse to the judicial system despite the economic crisis.

7. Provide adequate and accessible safeguards and protection mechanisms to prevent violence.
8. Build the capacity of frontliners and service providers to respond to crises, especially in difficult situations.
9. Strengthen the referral systems, improve services, and boost service providers' credibility along with funding increases and institutional guidance at the national level.
10. Improve coordination between all service providers to promote the importance of mental health and encourage seeking mental health services to girls, women, boys, and men.

Recommendations from the Lebanon Gender Equality Barometer on GBV:

• Enhance GBV prevention by:

- Highlighting the existence of services provided by the government, particularly in rural areas.
- Raising awareness on the Internal Security Forces (ISF) hotline number (1745), spreading information on its services, and sharing success stories with the media.
- Increasing awareness in schools on the ISF hotline and others such as the Ministry of Education and Higher Education (MEHE) helpline aiding adolescent GBV survivors.
- Increasing public understanding of emotional, economic, and verbal violence.
- Increasing knowledge of all the available services provided by state and non-state actors.
- Raising awareness on reporting mechanisms and the purpose of reporting, focusing on all regions, notably in remote areas.
- Increasing public awareness on the existence and accessibility of GBV shelters.
- Involving men and boys in GBV prevention.

• Enhance GBV response by:

- Training legal professionals and attorneys on ways to respond to GBV.
- Organizing continuous training for ISF on how to respond to GBV.
- Ensuring a personalized service for individuals at risk or GBV survivors.
- Emphasizing on the importance of legal assistance and recourse to individual at risk or GBV survivors.
- Funding and supporting health care centers and shelter services for individuals at risk or GBV survivors to be able to provide a comprehensive package of services including housing, counseling, health, legal and financial support, as well as essential and basic needs such as the provision of medicines.
- Ensuring long-term follow-up for women and girls as well as their reintegrated into society with emphasis on their economic empowerment as well as introducing the financial assistance system and helping them find employment opportunities.
- Introducing special academic programs, facilities, and access to technical and vocational education for women and girls who are dropouts.
- Creating a platform that maps all the services offered by the government and NGOs in response to GBV that helps avoid duplication of efforts.

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ANNEXES:

Annex I – Sample Methodology

Planned interviews with 50 persons per region (a total of 250 persons in all regions). The sample consisted of 250 women divided among five regions as follows:

- Beirut (20%)
- Mount Lebanon (20%)
- Bekaa (20%)
- South (20%)
- North Lebanon (20%)

Region	Beirut	Mount Lebanon	Bekaa	South Lebanon	North Lebanon
Respondents	50	50	50	50	50

The sample took into consideration 50 persons in each region. The persons were selected through NCLW and partner organizations of NCLW. The survey conducted among beneficiaries of several CBOs from NCLW's network in Lebanon that includes but not limited to:

- The Lebanese Organization for Studies and Training (LOST)
- Midal Organization
- Makhzoumi Foundation
- Fair Trade Lebanon (FTL) and Agricultural Cooperatives
- Justice without Borders
- Committee of Housewives in Tyr
- Authority for Social Services Association.

Annex II – Human Resources and Field Surveyors

The consultant had to recruit additional number of surveyors to handle the process. A number of 8 surveyors were recruited to conduct the survey who worked in parallel to speed the process.

Working Team

The team working on the gender barometer included the consultant Dr. Gulnar Wakim, with 1 Senior Analyst, 1 Database Officer, 1 Research Assistant, and 8 Field Surveyors.

Training of the Field Surveyors

Due to the COVID-19 complications, the training of the Field Surveyors was conducted virtually over two days explaining requirements, the 'Do No Harm' principles, the gender concepts, and ethics for conducting a survey. All the surveyors signed consent notes. A pilot survey followed the training sessions by each surveyor and a session of Q&As followed the pilot for all surveyors to be ready. After initiation of the survey, an end of day session with all surveyors followed to discuss challenges and provide recommendations.

Annex III – Data Management

Data Entry and Analysis

The data collected was entered to Kobo Toolbox Online Survey platform to design and gather the data online and to proceed with analysis from a gender lens perspective. Kobo Toolbox software was used for data entry and analysis to be used by NCLW which will build a knowledge database for further development and regular yearly updates.

After end survey, the Database Officer examined the data and cleaned the database before starting the analysis.

COVID-19 Pandemic Adjustments

The global COVID-19 pandemic has caused restrictions on the ability (and safety) of people meeting in public spaces and in-person, with consequences for the conduct of research fieldwork. Additionally, many organizations are working remotely. It was not possible for the researcher to travel to support the fieldwork.

Ethical Considerations

The research will be conducted with the highest standards of integrity and respect for confidentiality of sources, respect for the beliefs, manners and customs of the social and cultural environment; for human rights and gender equality; and for the 'do no harm' principle for humanitarian assistance. The consultancy team will respect the rights of institutions and individuals to provide information in confidence, will ensure that sensitive data is protected and that it cannot be traced to its source and will validate statements made in the report with those who provided the relevant information.

* The Barometer data was collected by a team of experts. Its contents are the sole responsibility of the consultant and do not necessarily reflect the views of the National Commission for Lebanese Women.