



UNITED NATIONS
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UNU-GCM

Institute on Globalization,
Culture and Mobility

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Access to SGBV Protection Services for Syrian and Palestinian Refugees in Lebanon

Policy Report
2018

This report aims to contribute towards the attainment of the Sustainable Development Goals (SDGs), with particular focus towards:

- SDG 5 - Gender Equality: Achieve gender equality and empower all women and girls.
- SDG 16 - Peace, Justice and Strong Institutions: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Summary¹

This report aims to map needs and services for Syrian and Palestinian women in Lebanon in cases of sexual and gender-based violence (SGBV). “Sexual and gender-based violence refers to any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships” (UNHCR, 2018)². It is a violation of human rights (UNHCR, 2018). SGBV encompasses threats, and can be physical, emotional, psychological, or sexual in nature. This includes intimate partner violence, forced marriage, survival sex, and domestic violence. This report analyses protection³ services available to victims/survivors⁴ of SGBV within refugee communities in Lebanon. Services may include medical attention, psycho-social support, legal counselling, and physical security⁵. Working towards achieving SDG 5 on gender equality, and SDG 16 on building peace, justice, and strong institutions⁶, the focus of this policy report is on access to security and justice for female victims/survivors of SGBV.

This policy report is based on extensive fieldwork conducted in 2018 in Lebanon, including in 6 Palestinian camps, to identify key actors, negotiate access, build trust with participants, and conduct interviews in an ethical, sensitive, respectful manner. At a time when needs continue to grow and funding has been significantly cut, especially for UNHCR⁷ (the United Nations Refugee Agency) and UNRWA⁸ (the United Nations Relief and Works Agency for Palestine Refugees in the Near East) in Lebanon, this report provides grounded recommendations to agencies present in Lebanon. The report aims to highlight SGBV protection concerns, identify available services, analyse gaps, highlight best practice and provide opportunities for improving policy and practice in this area.

¹ The author would like to thank Dr. Parvati Nair (Director, UNUGCM) and Ms Jumanah Zabaneh (UN Women, Lebanon) for their comments and advice.

² For definitional discussion please see: (Health-Genderviolence.org, n.d.), (Violence Against Women & Girls, 2014), (EIGE, n.d.) and (UNHCR, 2018)

³ “Refugees are defined as persons who are outside their country of origin owing to well-founded fear of being persecuted for any of the stipulated reasons, and whom the State is unable or unwilling to protect against such persecution. The role of international protection is, as conceived by that view, to make up for the failure of the State to protect the concerned person against the persecution feared.” (Fortin, 2000)

⁴ “Victim” is a term often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency (IASC, 2005), some people identify as a victim, while others prefer the term survivor. For additional discussion on terminology, please see: (openDemocracy, 2018)

⁵ An overview is provided in the UNHCR Protection Handbook (n.d)

⁶ As per the Sustainable Development Goals (SDGs) (United Nations, 2015)

⁷ There is a \$4.1 billion funding gap in the UN led response plan for Syrian refugees in 2018 (UNHCR, 2018b)

⁸ On September 1st 2018, the US Government has completely cut all contributions to UNRWA (Mshasha, 2018). Earlier in 2018, UNRWA faced a funding shortfall of \$250 million - despite a Pledging Conference in June – as the US had initially withdrawn \$300 million in voluntary contributions earlier this year (UNRWA, 2018).

Lebanese Context

Lebanon has a population of approximately 6 million, which includes 174,000 Palestinian refugees⁹ and 1 million Syrian refugees¹⁰. There are 18 official religious sects (United States Department of State, 2011). Independence was obtained in 1943 when a sectarian power-sharing mechanism termed consociationalism was adopted. Consociationalism is a form of democracy that seeks to regulate the sharing of power in a state that comprises diverse societies. Seats in parliament are split evenly between Christians and Muslims, and the main offices of President, Prime Minister, and Speaker of Parliament are reserved for Maronite Christians, Sunnis, and Shiites, respectively (Muhanna, 2017). Decision-making is based on consensus between the parties, which is often difficult to achieve - for example, it took 29 months to elect a President due to a lack of consensus (Human Rights Watch, 2017). Elections were held in 2018, after a gap of a decade, for the first time on the basis of a new electoral law which pilots proportional representation (The Daily Star Newspaper – Lebanon, 2017). Men dominate positions of power across sectors. There were 3 women in the previous parliament compared to 97 men. After a gap of 10 years, there are now 6 women in Parliament (The Daily Star Newspaper – Lebanon, 2018).

In effect, religious affiliation determines the extent to citizens' political rights and privileges. It is a system that, in its diversity, lacks inclusivity and equal rights. In Lebanon, a variety of non-state (armed) actors are involved in governance, often in networked arrangements of state and non-state actors (Cammatt, 2014). The nature of security pluralism does not promote the equitable distribution of security as a public good or accountability as it is contingent to certain interests and is detrimental to the 'other' who remains unprotected (Terpstra and Frerks, 2016). This is especially applicable to refugees. In addition, a gendered dimension cuts across all social cleavages (Mourad and Piron, 2016). Lebanon is ranked 135 out of 144 countries in terms of the gender gap (World Economic Forum, 2016). The Constitution does not include a provision that defines and prohibits gender-based discrimination. In addition, nationality laws are patrilineal - in 2018 a proposal was made to amend the nationality laws to allow Lebanese woman to confer her nationality to her family when marrying a foreigner, except the marriages to a man from neighbouring States i.e. Syria and Palestine. This is a stark example of the discrimination that is faced by female refugees (UNFPA, UNDP and UNWomen, 2018).

"The urban poor lack the political power to claim their entitlements and demand a fairer system" and in the case of women, "gender identity intersects with poverty to create a double layer of prejudice" (Brouder and Sweetman, 2015:5). Lebanon is not a signatory to the Refugee Convention 1951. While Lebanon has taken in a significant number of

⁹ As per the census in 2017, 174,422 individuals live in 12 camps and 156 Palestinian gatherings in Lebanon (Govt of Lebanon, 2017). UNRWA has reported 449,957 registered Palestinian refugees in Lebanon (UNRWA, 2018b).

¹⁰ UNHCR has reported 976,002 registered Syrian refugees in Lebanon (UNHCR, 2018c).

Palestinian and Syrian refugees, there have also been discriminatory state policies in place in terms of employment and residence (Carnegie Middle East Center, 2018). Recently in 2018, up to 3000 Syrians have returned home, although the voluntary nature of their return is unclear (Collard, 2018; Elbadawi, 2018).

Personal Status Laws

Lebanon acquired, and retains, the main elements of its judicial and legal systems under the French mandate (Mallat, 1997). There are several codes for civil, criminal, and commercial law. Lebanon's hybrid, plural legal landscape is particularly pronounced in the realm of personal status laws, which mainly pertain to family law matters. Lebanon does not have a civil code regulating personal status matters. There is a separate jurisdictional system for family law. Areas that are considered matters of 'personal status' are regulated by different codes and fall under religious jurisdictions. There are 15 separate personal status laws for the country's different recognized religious communities including twelve Christian, four Muslim, the Druze, and Jewish confessions, which are administered by separate religious courts (Human Rights Watch, 2015). The plural legal landscape means that Lebanese citizens are treated differently when it comes to fundamental aspects of their lives, including marriage, divorce, and custody of children (Munshey, 2018). This disproportionately affects women. For example, the minimum age for marriage differs according to sect (Figure 1), essentially legalising child marriage (Human Rights Watch, 2017b).

Religious Sect	Man	Woman
Catholic Church	16	14 (an older age can be sanctioned by the Church)
Greek Orthodox Church	18 (This can be reduced to 17)	18 (This can be reduced to 15 by the Priest)
Evangelical Church	18 (This can be reduced to 16 by the Evangelical Court)	16 (This can be reduced to 14 by the Evangelical Court)
Sunni	18 (This can be reduced to 17 by a Sunni Judge)	17 (This can be reduced to 9 by a Sunni Judge)
Shia	Puberty is the main criteria – theoretically set at 15	Puberty is the main criteria – theoretically set at 9
Druze	18 (This can be reduced to 16 by a Druze Judge or Sheikh)	17 (This can be reduced to 15 by a Druze Judge or Sheikh)

Jews	18 – This can be reduced to 13 by (i) the authority of the father, or (ii) if she is an orphan, the consent of the girl and agreement of mother/brother.	12.5 (This can be reduced by (i) the authority of the father, or (ii) if she is an orphan, the consent of the girl and agreement of mother/brother)
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Figure 1: Marital age by sect (Data Source: Inter-Agency Coordination, 2014; Govt of Lebanon, 2006)

In the case of SGBV, the most likely avenue for legal redress is through new domestic violence legislation passed in 2014, which criminalises various forms of interpersonal violence, particularly intimate partner violence. Current assessments suggest that the new domestic violence legislation suffers from a lack of awareness among the legal community, ill-equipped courts, and a lack of economic empowerment of women resulting in them not being able to use the law to their benefit (Moussawi and Yassin, 2017). The law also does not adequately protect refugee women, as they face particular challenges such as a lack of legal residence in Lebanon (Moussawi and Yassin, 2017). Particularly, the law states that in case of any conflict between the new law and personal status laws, personal status laws would take priority (Kafa, 2015). This applies even where they appear to tolerate violence against women (Sussman, 2011). Significantly, women fear losing their children in custody cases if they report domestic violence. The application of age limits of maternal custody is particularly discriminatory towards women across all sects, as shown in Figure 2.

Religious Sect	Boys Age	Girls Age
Catholic Church	2 years old; can be extended if Catholic judge determines it is in the best interests of the child.	Same
Greek Orthodox Church	14 years old; can be extended if judge determines it is in the best interests of the child.	15 years old; can be extended if judge determines it is in the best interests of the child.
Coptic Orthodox Church	11 years old; can be extended if judge determines it is in the best interests of the child.	13 years old; can be extended if judge determines it is in the best interests of the child.
Evangelical Church	12 years old; can be extended if judge determines it is in the best interests of the child.	Same

Armenian Orthodox	7 years old; can be extended if judge determines it is in the best interests of the child.	9 years old; can be extended if judge determines it is in the best interests of the child.
Syriac Orthodox	7 years old; can be extended if judge determines it is in the best interests of the child.	9 years old; can be extended if judge determines it is in the best interests of the child.
Assyrian	7 years old; can be extended if judge determines it is in the best interests of the child.	9 years old; can be extended if judge determines it is in the best interests of the child.
Sunni	12 years old; can be extended if judge determines it is in the best interests of the child.	Same
Shia	2 years old; Fiqh Jafari judges can extend if the child has reached the legal age of choice (usually puberty) and chooses to stay with his or her mother.	7 years old; same
Druze	7 years old; the judge has no discretion to consider special circumstances.	9 years old; same

Figure 2: Age limits of maternal custody (Data Source: Human Rights Watch, 2015).

The IMAGES Survey reveals that awareness of the relevant laws relating to gender equality varies between men and women (UN Women, Promundo and CRD, 2016).

Gender Equality Related Laws

Percentage of men and women who are aware of any laws promoting women's rights, IMAGES MENA Lebanon 2016

	MEN	WOMEN
Violence against women	87.2	76.0
Women's right to divorce/custody/child visitation	29.0	35.8
Honor killing	20.9	23.8
Early marriage	15.9	18.5

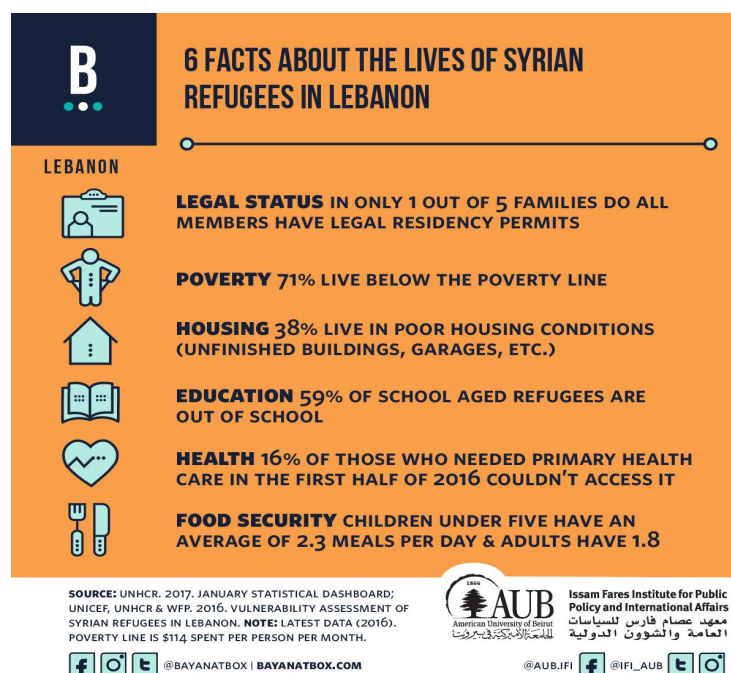
Figure 3: Awareness of gender equality related Laws (Image Source: UN Women, Promundo and CRD, 2016).

Across all confessions, women face legal and other obstacles in exercising their rights. The discriminatory personal status laws therefore contribute towards violence against women (IWSAW, 2018). Given the overall legal landscape, access to justice for victims/survivors of SGBV is particularly challenging.

NGOs often step in to provide appropriate support for women to fill the gap left by the state (Human Rights Watch, 2015). Special centers (and a limited number of shelters) exist in Lebanon that admit SGBV survivors and provide a range of primary health care services and counselling. These centres are run by local NGOs (such as Abaad¹¹ or Kafa¹²) with the help of governmental and international organizations (IWSAW, 2018). NGOs aim at providing holistic, survivor-centred support for all forms of SGBV through psycho-social support, economic, legal, and medical assistance (UNFPA, 2010). These organisations provide women support and access to essential services. However, the amount of protection (in the form of access to security and justice) provided to refugee women is unclear. This report will analyse whether the current services provided by various actors are sufficient to protect refugee women who are victims/survivors of SGBV in Lebanon.

Syrian Refugees

Lebanon has been a significant host country for Syrian refugees. 1 in 4 people in Lebanon are Syrian refugees (AUB IFI, 2016). Now in its 8th year, the crisis is suffering from fatigue among funders and the host community. As the corresponding infographics show (Figure 4 and 5 – AUB IFI, 2018), Syrian refugees face significant protection concerns.



¹¹ Abaad, 2018

¹² Kafa, 2018

Figure 4: 6 facts about the lives of Syrian Refugees in Lebanon (Image Source: Issam Fares Institute for Public Policy and International Affairs, American University of Beirut¹³).

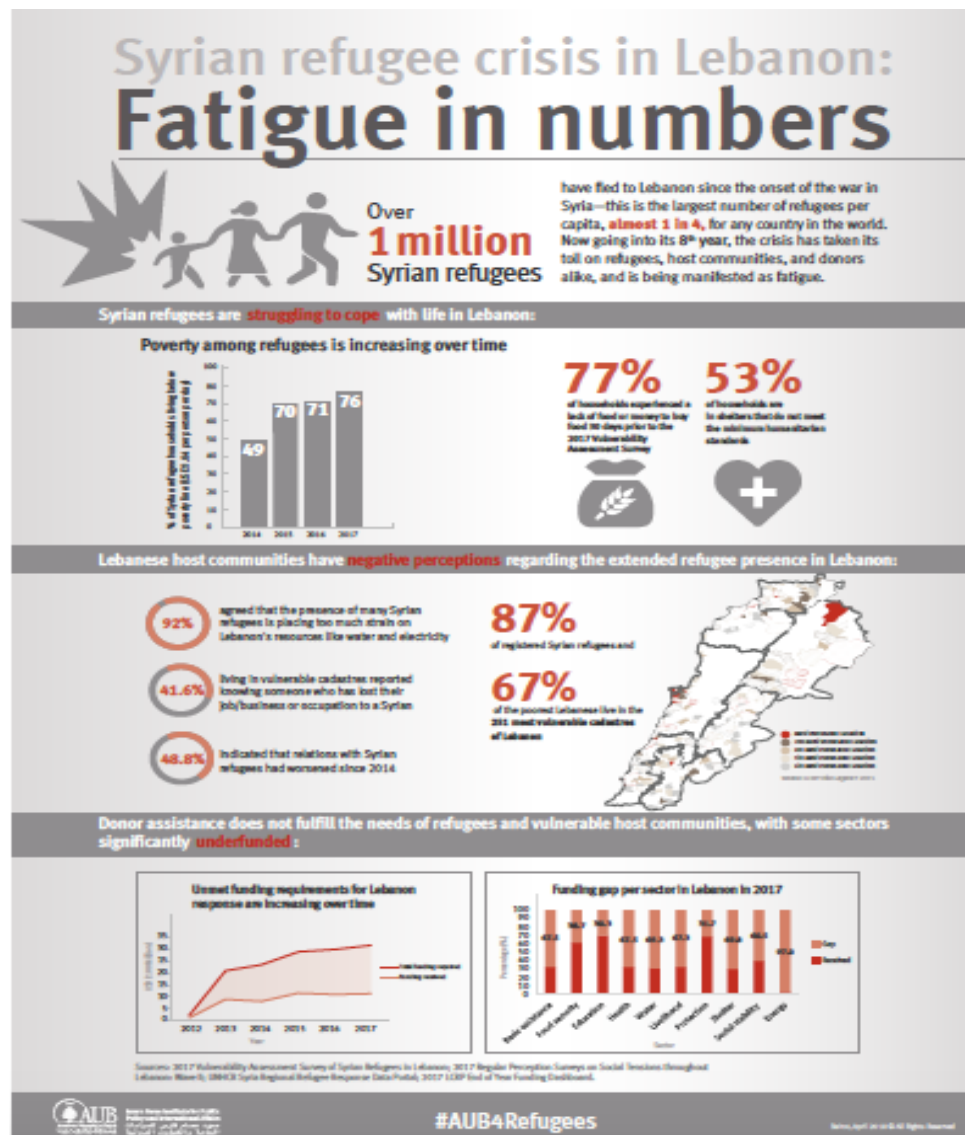


Figure 5: Syrian Refugee crisis in Lebanon: Fatigue in Numbers (Image Source: Issam Fares Institute for Public Policy and International Affairs, American University of Beirut¹⁴).

Particularly, compared to other host countries, they have limited rights compared to Lebanese citizens (Carnegie Middle East Center, 2018). This is attributed to the fear of their impact on Lebanon's social cohesion and delicate religion-based power balance. In recent months this has also led to disputes between the Lebanese government and UNHCR over the return of Syrian refugees (Azar, 2018). Concerns have been raised regarding the voluntary nature of this return, and the link between restrictive conditions experienced in Lebanon.

¹³ Can be accessed at: <http://website.aub.edu.lb/ifi/publications/Pages/infographics.aspx>

¹⁴ Can be accessed at: <http://website.aub.edu.lb/ifi/publications/Pages/infographics.aspx>

1500 Syrian children work on the streets in urban areas, either begging or selling goods. 60% of these children have experienced violence, either verbal, physical or sexual, by passers-by or family members and the rates of abuse among Syrian children has drastically risen (IRC, 2016).

The human rights of female refugees are particularly at risk due to their precarious legal status, and gender. Syrian refugee women face serious human rights abuses, including gender-based violence, exploitation and sexual harassment, particularly in public places (Amnesty International, 2016). Intimate partner violence, early marriage and survival sex were identified by Syrian women and girls as rampant forms of violence being experienced in camps and other informal settlements in Lebanon (International Rescue Committee, 2012). A complex myriad of factors contribute to early marriage including poverty, lack of educational opportunities and concerns about SGBV. Sexual exploitation under the guise of marriage is a reality for some Syrian girls (Bartels et al., 2018). Survival sex is linked to women's needs to access income to cover living costs in Lebanon (International Refugee Committee, 2012). Syrian women also appear to be at particular risk of trafficking into forced prostitution and sexual exploitation. In March 2016, security officers freed 75 Syrian women from two brothels in Beirut (Amnesty International, 2016). The risk of harassment by men was worse if they had no adult male relatives residing with them (Amnesty International, 2016). For women, violence is frequently sexualised and men assert their control over public space through gender-based violence (Brouder and Sweetman, 2015). This is also attributed to attitudes towards gender equality as found in the IMAGES Survey in Lebanon: 26.3% of men, significantly more Syrians than Lebanese, and 13.5% of women agreed that a woman should tolerate violence at home. These views were positively associated with being unmarried and less educated among men. Women who were married, from the older generation and with a lower educational level were also found to be more likely to accept violence towards women (UN Women, Promundo and CRD, 2016). Many of these are cited as negative coping strategies of fleeing from conflict and changing gender roles. In addition, camp-based contexts produce and exacerbate vulnerabilities and exploitation (UNHCR, 2006).

Survivors are reluctant to report gender-based violence due to cultural stigma, and a lack of access to information about avenues of support (International Rescue Committee, 2012). Many Syrian refugee women lack valid residence permits and, as a result fear reporting sexual harassment or other abuse to the Lebanese authorities (Amnesty International, 2016). The lack of legal status means that refugees are often afraid of approaching authorities for fear of being caught without legal documents (Janmyr, 2016). Renewal of residence permits are only permitted under certain categories and costs money. The government's onerous renewal procedures encourage a sponsorship regime similar to that applicable to migrant workers (Janmyr, 2016). As studies show, this has led to exploitation

and abuse of migrant workers (Human Rights Watch, 2016). Under residence requirements, refugees also have limited freedom of movement resulting in a lack of access to services and employment opportunities. Coupled with a lack of economic empowerment, refugee women suffer from increased exploitation and extremely limited access to justice. NGO's may also discriminate in providing services due to a lack of documentation (International Rescue Committee, 2012). There are a lack of support services and legal remedies for refugee women in Lebanon, whether it be Syrian or Palestinian women, who are particularly vulnerable due to the gender discriminatory legal and political regime.

Palestinian Refugees

Palestinian refugees have been present in Lebanon for 7 decades. The historical and political context is therefore different for Palestinian refugees. 45% of Palestinians live in 12 recognized Palestinian refugee camps (as shown in Figure 6), all of which suffer from serious protection concerns, including poverty, overcrowding, and lack of infrastructure (UNRWA, 2018). The camps have also seen a number of non-Palestinians increase due to the Syrian crisis. For example, in Shatila camp, 57.7% of the residents are Syrians and 29.7% are Palestinian refugees. This has further exacerbated pre-existing protection concerns in the camps (Govt of Lebanon, 2017).

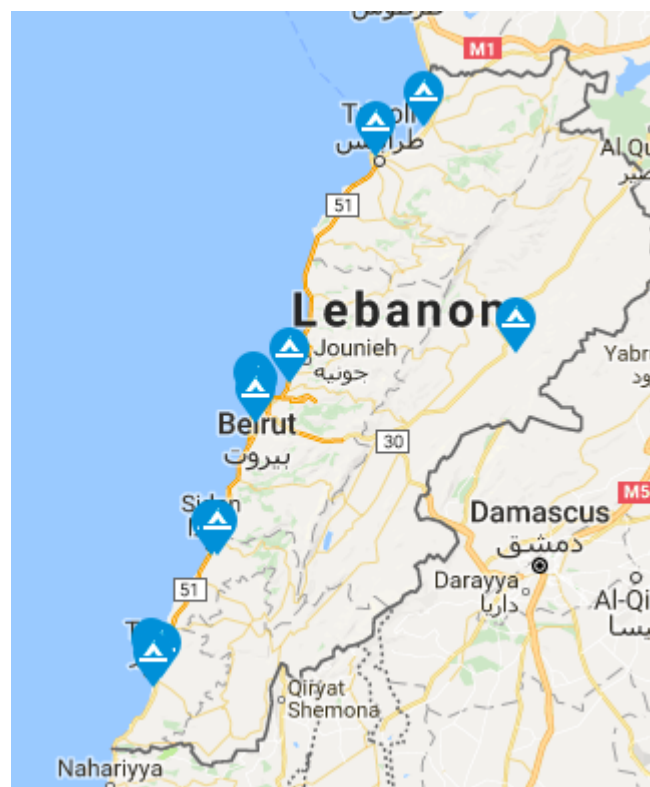


Figure 6: Map of Palestinian Refugee Camps (Image Source: UNRWA, 2018)¹⁵

¹⁵ Can be accessed at: <https://www.unrwa.org/where-we-work/lebanon>

Camps are excluded from wider society with restricted freedom of movement and restricted access to economic opportunities. Policies restrict access to major social and occupational institutions and affect the living conditions of Palestinians (AUB and UNRWA, 2015). Palestinian refugees in Lebanon are restricted from working in 39 occupations and from owning any property outside the boundaries of their camps (UNRWA, 2018c). In 2010, the occurrence of extreme poverty was four times higher among Palestinian refugees compared with the Lebanese population (AUB and UNRWA, 2010). The camps are isolated from the rest of the population with lower levels of education and healthcare, as well as high exposure to child protection and SGBV risks. UNRWA is the main relief and health provider (Leake, 2014). On September 1st 2018, the US Government has completely cut all contributions to UNRWA severely jeopardising the Agency's services (Mshasha, 2018). Previously in 2018, UNRWA faced a funding shortfall of \$250 million - despite a Pledging Conference in June - due to the US withdrawal of \$300 million in voluntary contributions (UNRWA, 2018). The complete withdrawal of US funding adversely impacts the provision of critical services and wellbeing of Palestinian refugees in Lebanon.

The Palestinian camps are governed and policed by popular committees that are representatives of the Palestinian factions such as Hamas, Fatah etc., however, their ability to provide protection and services to vulnerable groups is weak and variable (Danish Immigration Service, 2014). The governance context can be roughly understood as depicted in Figure 7 – although the process is not linear or disaggregated – with the Government of Lebanon mainly coordinating with UNRWA, who are dependent on donor funding to provide their services (Munshey, Forthcoming).



Figure 7: Palestinian Camps governance context (created by the author based on fieldwork data)

The Popular Committees in turn are based on the Palestinian Factions interests and representatives. Consequently, many refugees within camps rely on support from local Palestinian NGOs. Within this fragmented structure, levels of cooperation and contestation

vary. Citizens access to basic services such as education and healthcare are limited and isolated from wider society. Many local Palestinian NGOs are present within the camps and fill the gap in providing services. These baseline protection concerns contribute to compromised safety and increased vulnerability.

In Palestinian camps, instances of SGBV are prevalent although there is a distinct lack of literature analysing the needs and services for SGBV survivors in Palestinian camps in Lebanon. Core types of SGBV reported by UNRWA are shown below in Figures 8 and 9.

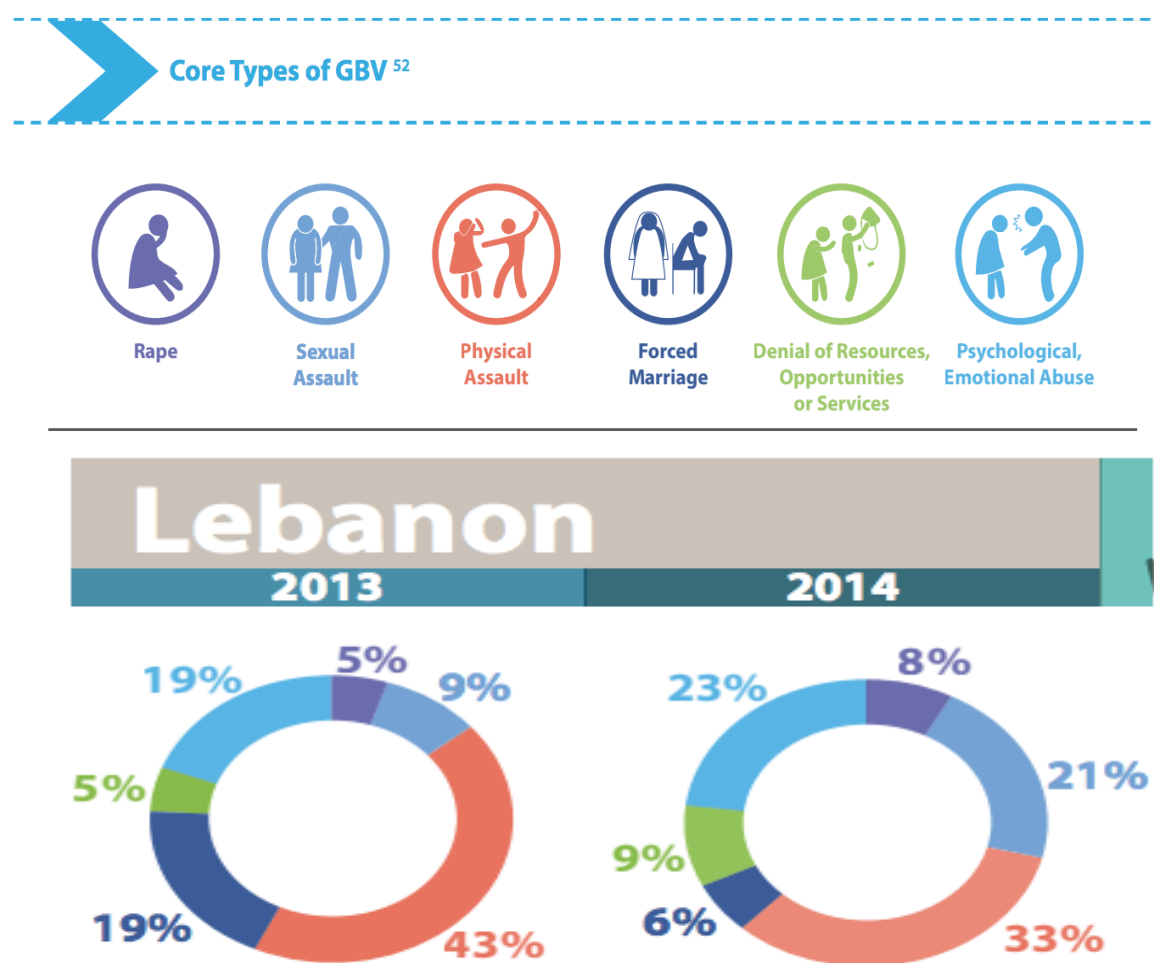


Figure 8 and 9: Core Types of GBV (UNRWA, 2015)

In 2000, Association Najdeh¹⁶ highlighted the prevalence of domestic violence among Palestinian refugee women with nearly one third of women experiencing beating by their husband (Association Najdeh, 2000). Previous studies have found that the majority of Palestinian refugee women are subjected to physical or emotional abuse at some point in their lives (Hammoury et al., 2009). Violence against pregnant women among Palestinian

¹⁶ Association Nadeh is a feminist, secular NGO. More information is available here: <http://association-najdeh.org/en/>

refugees in Lebanon was evident. Poor educational level, undesired pregnancy, and fear of husband or someone else in the house were possible factors associated with violence (Figure 10).

Variable	Lifetime			Last year			During pregnancy		
	No.	%	p value ^a	No.	%	p value ^a	No.	%	p value ^a
Educational level									
Elementary or less	48	75.0	0.00	17	26.6	0.00	11	17.2	0.01
Intermediate and secondary	121	60.5		47	23.5		27	13.5	
University	38	44.7		3	3.5		2	2.4	
Employment of respondent									
Yes	18	52.9	0.42	4	11.8	0.26	3	8.8	0.64
No	188	60.1		62	19.8		36	11.5	
Employment of husband									
Yes	196	59.2	0.87	62	18.7	0.34	37	11.2	0.48
No	11	61.1		5	27.8		3	16.7	
Place of residence									
Inside camp	65	64.4	0.22	25	24.8	0.09	16	15.8	0.10
Outside camp	142	57.3		42	16.9		24	9.7	
Fear of husband or someone else in house									
Yes	48	85.7	0.00	21	37.5	0.00	13	23.2	0.01
No	158	54.1		45	15.4		27	9.2	
Age, years									
15–24	67	56.3	0.88	29	24.4	0.16	20	16.8	0.07
25–29	58	60.4		20	20.8		11	11.5	
30–34	39	60.0		10	15.4		6	9.2	
35+	42	61.8		8	11.8		3	4.4	
Parity									
Primipara	91	54.5	0.08	36	21.6	0.28	23	13.8	0.13
Multipara	116	63.7		31	17.0		17	9.3	
Length of marriage, years									
≤1	44	51.8	0.11	14	16.5	0.45	9	10.6	0.76
>1	162	61.6		53	20.2		31	11.8	
Gestational age									
First trimester							4	4.5	0.06
Second trimester							20	13.9	
Third trimester							16	13.9	
Desired pregnancy (respondent)									
Yes							21	8.8	0.02
No							19	17.1	
Desired pregnancy (husband)									
Yes							25	8.5	0.00
No							15	26.8	

^aTwo-tailed *p* value for chi-square test.

Figure 10: Violence against women among Palestinian groups (Image Source: Hammoury et al., 2009)

Khawaja and Tewtel-Salem (2004) compared husband and wife reports of wife beating using household survey data collected from poor Palestinian refugee communities in Lebanon. They found that the majority of couples agreed on reports of wife beating. Overall, 29.5% of husbands compared with 22% of their wives reported that wife beating occurred at least once during their married life. Of these, 18.6% of couples agreed that wife beating had ever occurred (Khawaja and Tewtel-Salem, 2004).

Recent studies also show high prevalence rates of violence among women attending health care services or clinics (UNFPA, 2010). Specifically, two surveys conducted by Association Najdeh on a sample of 300 households in 2011 and 2013 in four Palestinian refugee camps in the North and the South (Saida area), show that social, verbal, physical and sexual violence was reported by women (Najdeh, 2016) as shown in Figure 11.

Type of violence	Women reporting an incident of at least one indicator of a form of violence during life time 2013		Average number of respondents **	Women reporting an incident of at least one indicator of a form of violence during life time 2011		Average number of respondents **
	Number	Percent		Number	Percent	
Social – all indicators	65	55.1	118	107	68.6	156
Verbal – all indicators	35	29.7	118	57	36.8	155
Physical – all indicators	26	21.0	124	37	24.4	152
Sexual – all	9	7.0	128	9	5.8	154

Figure 11: Reporting of violence against women in Palestinian Camps (Najdeh, 2016)

Approximately a quarter of women reported physical violence, in addition, seven percent of women in 2013 reported sexual violence. Programmatic data from Association Najdeh counselling centres show a higher percentage of physical violence as shown in Figure 12 (Najdeh, 2016).

Type of violence	old & new cases displaced & non-displaced women		old & new cases displaced & non-displaced men		Total
	Number	Percent	Number	Percent	
Physical	128	30.1	47	38.8	175
Sexual	18	4.2	10	8.3	28
Total	425	100	121	100	546

Figure 12: Programmatic data of violence against women in Palestinian Camps (Najdeh, 2016)

Specific SGBV services are scarcely available within the camp and barriers to access outside support are extremely high (UNRWA, 2018). Women within a tight-knit community fear further violence when reporting SGBV. In addition, in the Palestinian context, outright resistance and condemnation against Palestinian norms could be seen as divisive and subversive to the larger cause. This form of loyalty also often results in domestic abuse going unreported - formally or informally (Partain, 2015). Legally, while some effect of Law 293 can be seen within Lebanese society, the permeation of this within Palestinian camps is limited due to their isolated nature (Kafa, 2018b). Due to the isolation of the Palestinian camps from larger society, it is important to analyse the types of services that are available to Palestinian women, and how these can be improved within the camps.

Mapping Services and Identifying Gaps

Although the historical context and protection concerns differ among refugee communities in Lebanon, it is clear that there are a lack of support services and legal remedies for women in Lebanon. In the case of Syrian and Palestinian women, their access to security and protection services is further frustrated and exacerbated by their refugee status. Syrian and Palestinian victims/survivors of SGBV are particularly vulnerable due to double discrimination on the basis of their gender identity and refugee status.

Syrian Refugees

SGBV remains a significant problem for Syrian refugee women and girls in Lebanon. It causes major health and wellbeing problems, and has profound effects on their lives. Much of this phenomenon is attributed to displacement conditions, pressures, and disruptions (Spencer et al., 2015). Interviews conducted with major actors including UN agencies, INGOs, and NGOs involved in SGBV protection service provision for Syrian refugees reveals clear gaps, best practice, and avenues for further inquiry particularly in the areas of: coordination, partnership, and availability of data.

1. Coordination

In light of the Syrian crisis, under the framework of the Lebanon Crisis Response Plan¹⁷, the SGBV National Task Force co-chaired by UNFPA, UNHCR and the Lebanese Ministry of Social Affairs (MOSA) provides coordination and direction (UNHCR, 2018d). It further divides into working groups which meet regularly to discuss progress and priorities. The Task Force aims at prevention, care, and support through an integrated strategy, using a survivor-centred and rights-based approach.

A list of partners from 2016 is below (Figure 13):

¹⁷ The LCRP is a joint Government of Lebanon – UN plan to ensure that the humanitarian response to the Syria crisis tangibly benefits Lebanon and helps to stabilize the country during this challenging period (United Nations, 2016).

Figure 13: Map of SGBV organisations (Image Source: Inter-Agency Information Management Unit, 2016¹⁸)

Many national and international organisations have been working on reducing SGBV against Syrian refugee women, focusing on prevention and protection programmes using a holistic multi-sectoral approach incorporating a range of services such as legal services, information provision and awareness raising, medical and psychological health services, etc (Anani, 2013). Statistical Information collected by the Inter Agency Partners of the Lebanon Crisis Response Plan from May 2018 provides data on services provided (Figure 14).


 Protection	This month:	
	Partners reporting	37
	Population reached	67,974
# of individuals benefitting from legal counseling, assistance and representation regarding legal stay	11,797 /	40,000
# of individuals benefitting from counseling, legal assistance and representation for civil registration (birth registration, marriage)	26,389 /	91,000
# of individuals benefitting from community-based interventions	16,299 /	67,640
# of individuals trained, supported, and monitored to engage in community-based mechanisms	1,822 /	5,201
# of individuals with specific needs receiving specific support (non-cash)	7,069 /	16,000
# of women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces	15,490 /	140,000
# of women, girls, men and boys sensitized on SGBV	23,370 /	286,750
# of boys and girls receiving case management services and assisted through Child Protection focused psychosocial support	4,258 /	24,000
# of caregivers engaged in activities to promote wellbeing and protection of children	10,357 /	29,262
# of boy and girls boys engaged in community-based Child Protection activities	36,919 /	91,445

Figure 14: Data on protection services (Image Source: United Nations and Govt of Lebanon, 2018)

As can be seen, there is great emphasis on prevention activities in the form of awareness-raising and sensitisation. There appears to be a lack of follow up of prevention activities with provision of protection and legal services to enforce rights. The legal assistance provided is usually limited to registration and residence status, rather than provision of legal services in personal status courts and in domestic violence cases. There are a lack of organisations engaged in this work among the Syrian community resulting in a lack of emphasis on protection services including provision of security and justice. However, it is unclear to the

¹⁸ Can be accessed at:

https://reliefweb.int/sites/reliefweb.int/files/resources/Interagency_Quarterly_Jan_December_2016_Protection.pdf

extent to which this may be attributable to women themselves choosing not to pursue legal remedies.

Inter-Agency Standard Operating Procedures for SGBV Prevention and Response have been developed in Lebanon which provides information to members of the SGBV Task Force on what services are available, how they are delivered, and how partners can coordinate (Inter Agency Standing Committee, 2014). Despite these efforts to create referral pathways and share information between key actors, the services provided are “decentralised and scattered throughout the different regions and are provided by different providers. Having to go to different access points to obtain services hinders ... access” (Anani, 2013). A mobile phone application called RESPOND (recently developed by Abaad) provides information on service points in each geographical area and multiple sectors (such as health, counselling, etc). While it serves the purpose of coordinating efforts, it also demonstrates the decentralised nature of services, and lack of uniformity among regions and services. Despite the coordination efforts, criticism has been raised relating to “restricted access to information about the availability of services and support” for Syrians specifically (Anani, 2013).

2. Partnership

The Ministry of Social Affairs partners with UN agencies in coordinating the SGBV Taskforce, and other partners in providing services to SGBV survivors and communities including Syrian refugees. For example, Abaad uses the Ministry of Social Affairs (MOA) Social Development Centre’s (SDC) to provide holistic services to survivors (Abaad, 2018b). This includes psychosocial support, legal support, and other life skills. These SDCs are utilised to provide safe spaces for women and girls. They are used as spaces where women and girls can meet, socialise, learn about their rights, and understand how to seek services they need. This public-private partnership is an example of innovative ways to collaborate across sectors to provide survivors with the services they need. This is done within the framework of the Lebanon Crisis Response Plan which has 4 pillars (as seen in Figure 15).



Figure 15: Pillars of Lebanon Crisis Response Plan (Image Source: United Nations and Govt of Lebanon, 2018)

While earlier the emphasis had been on pillars 1 and 2 which are of a more humanitarian nature, the funding trends are moving towards 3 and 4 where sustainable change can be brought by strengthening systems. This also involves directing increased funding through the Ministry of Social Affairs rather than only through partner organisations. For example, UNICEF (The United Nations International Children's Emergency Fund) plans to address the needs of SGBV survivors at the local level by scaling up the response capacities of MOSA SDCs to address needs (UNICEF, 2018). This form of partnership may lead to an improvement in long-term protection services for survivors of SGBV.

Areas where partnership and collaboration could have positive effects are within healthcare and education. Many Syrian children are out of school or drop out of school at an early age. Without access to education, there are many social disadvantages specifically for females. The long-term effect of loss of education affects women's well-being, health, financial dependence and decreases their ability to make choices (Charles and Denman, 2013). In the short term, girls not participating in education are also more at risk of entering into sex work and more likely to marry early and therefore more likely to experience intimate partner violence (Charles and Denman, 2013). The public, private, and non-profit sectors could work together in the field of education to include more boys and girls in formal education. Without this, they face increased vulnerabilities.

In addition, within the healthcare sector, there may also be opportunities for partnership among the public and private specifically in responding to SGBV. With inequitable health

coverage being a longstanding problem in Lebanon, Syrian refugee women's health, and specifically their sexual and reproductive health, is disproportionately affected (Yasmine and Moughalian, 2016). Studies show that gynaecologic conditions are reported commonly among Syrian refugee women, and the majority who suffer violence, do not seek medical care (Reese Masterson et al., 2014). There are high costs associated with medical services, including the clinical management of rape, which contributes to the reluctance of accessing services in cases of SGBV (Samari, 2014). Although this is primarily the state's responsibility, keeping in mind the gaps in medical care, it would be a positive step to think collaboratively of ways to better target reproductive health services in refugee settings.

3. Availability of Data

There remains massive underreporting of SGBV incidents which is a major constraint to policy and planning (UNICEF, 2018). Survivors are reluctant to report SGBV due to cultural values, stigma, and fear of further violence. Disclosing incidents remains extremely challenging, and there has also been an increase in survivors declining referrals to services, particularly legal assistance, safe accommodation and protection services (United Nations and Govt of Lebanon, 2018). Without accurate data, it is difficult to plan or budget for appropriate SGBV services. In this context, the Gender Based Violence Information Management System (GBV IMS) collects data from 6 major SGBV service providers, allowing the capturing of information on incidents reported in the course of seeking services and allows to safely collect, store and analyse data related to SGBV (GBV IMS, 2016). Although it has limitations and does not provide a comprehensive overview, it does allow for more accurate planning.

Within the GBV IMS, the most commonly reported types of violence, involve physical violence (40% of the reported cases), mainly linked to violence within the family or home, sexual violence (rape and sexual assault), emotional violence, as well as forced and child marriage (United Nations and Govt of Lebanon, 2018). Data reported through the GBV IMS indicates that 76% of incidents took place at the victim/survivor's and perpetrator's house (United Nations and Govt of Lebanon, 2018). Over 70% of reported domestic violence incidents are perpetrated by an intimate partner or family member (GBV IMS, 2016). The Syrian conflict has led to major shifts in traditional gender roles for refugees. For example, almost 19% of households are female-headed (Woldetsadik, 2018). Consultations with persons displaced from Syria indicate that economic vulnerability and a change in gender roles within families, among others, are contributing to interpersonal tension, leading to an increased risk of domestic violence. This negative coping strategy is an area that requires further research, as it would provide insight on how to engage and sensitize men as well (United Nations and Govt of Lebanon, 2018).

Significantly, 54% of survivors declined legal services and 43% declined security/protection services. 30% of survivors seek help after a month of the incident occurring (GBV IMS, 2016). There is therefore a gap between providing information and following up with specialised services to Syrian women. Low levels of access to and utilisation of service for survivors of SGBV may be limited due to geographical distance, restricted freedom of movement, lack of service capacity and lack of funding (UNICEF, 2018). This is particularly evident in the sphere of security, shelters, and access to legal services. There is a reluctance among victims/survivors to access services other than psychosocial support which may be due to fear of negative consequences, lack of knowledge of services, or limited freedom of movement (GBV IMS, 2016). To understand these dimensions better and plan accordingly, data collection should be emphasised and mainstreamed.

Palestinian Refugees

With the Syrian crisis, there has been a large influx of Syrians and Palestinian Refugees from Syria (PRS) moving in to Palestinian camps. This has exacerbated tensions, increased overcrowding, and posed increased challenges to service provision. The gap in funding and capacities is now larger than ever, and needs continue to grow. Noticeable characteristics within the Palestinian camp context are of heightened isolation, and the importance of community-based mechanisms. These pose challenges and require solutions of a different nature to those of Syrian refugees. In addition, there is a significant lack of data on SGBV needs and services in Palestinian camps, potentially due to their isolated nature.

1. Isolation

In Lebanon, Palestinian camp residents are the most discriminated against, the most under privileged and the least able to access their basic rights (Shtayyeh, 2015). Camps already have chronic problems in terms of health, social, and economic conditions. Refugee camps, too, are gendered on the basis of their layout, lighting, provision of services, entrances and exits and the ways in which individual bodies and their sexualities are performed within the camp walls (Sayigh, 1998). The architectural setting and physical location of refugee camps play a vital role in the easing of gender-based violence and the promotion of hierarchical relations of power (Shtayyeh, 2015). Many camps tend to be overcrowded and lacking privacy, forcing men and women to share toilets, showers and other spaces that are usually private. The distances that refugees must travel from their rooms to reach facilities creates additional barriers.

Within Palestinian camps, many of the services available to Lebanese and Syrians are unavailable. This is clear in the sphere of healthcare, where the levels of service are markedly different. This gap also extends to mental health services - there are a limited number of providers, and practitioners numbers and capabilities vary from camp to camp.

Camp-based contexts produce their own vulnerabilities, including SGBV among women. The avenues open to female survivors are more limited than their Lebanese counterparts. Local Palestinian NGOs present within camps have limited budgets and significant operational restrictions due to the camp's governance context. Despite this, some NGOs such as Beit Atfal Assamoud achieve significant results with the help of long-standing international donations and deep contextual knowledge (Beit Atfal Assamoud, 2018). They focus on economic empowerment, psychosocial support, education, healthcare, and addressing other needs to bridge the gap between camp-based residents and the outside.

Given the gap that exists in provision of services in camps, novel approaches have been applied to tackle this issue of access. Abaad's Jina Al Dar project featured a touring mobile bus which provided mobile outreach services, including legal and health information, and educational activities involving the entire community. Between August 2016 and December 2017, the touring bus offered gender-based violence prevention and response services in 90 villages across six of Lebanon's eight administrative divisions, and three Palestinian camps. However, this is a temporary measure (Woldetsadik, 2018). Long-term SGBV prevention and response services should be safe, non-stigmatising and supportive with trained specialised staff and permanent setups in the camps, rather than survivors having to travel outside camps (Hassan et al., 2016). However, it is clear that all the services required are unlikely to be available within camps, therefore camp-based services should be functionally linked to a broader coherent system with established mechanisms for referral.

In terms of SGBV protection, UNRWA is a major provider of services within camps, and also faces significant challenges including massive budget cuts to their work (UNRWA, 2015). Lack of mechanisms of protection for women, in addition to the lack of referral mechanisms among organizations themselves poses a major challenge (Najdeh, 2016). The cultural and economic barriers of accessing protection outside of camps are extremely high. Despite policing and court reforms, large public awareness campaigns, and other efforts centred around Law 293, the permeation of this within Palestinian camps is limited due to the isolation they experience (Munshey, Forthcoming). Increased outreach efforts are required for broader changes to have an effect within the isolated systems of Palestinian camps.

2. Community Mechanisms

In refugee communities most survivors of violence will not seek formal services, however, there is much that community-based organizations can do, with the support of international organizations, and donors, to enhance support for Palestinian refugees.

Within a tight-knit community, women and girls are often reluctant to tell anyone about the violence they face 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

(Spencer et al., 2015). Most survivors access informal support, rather than formal sources such as the police or NGOs. Amnesty International highlighted that refugee women have a serious lack of trust in the Lebanese authorities' willingness to effectively and impartially investigate complaints brought by refugees (Amnesty International, 2016). While some survivors of violence sought NGO support services, it was very rare for survivors to report instances of SGBV to the police (Amnesty International, 2016). 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 often had to obscure their visits to SGBV survivor service providers by informing their family members that they were obtaining alternative, more socially acceptable services such as healthcare (Spencer et al., 2015). Recommendations by Palestinian women and girls (based in Palestine) sought to fill institutional gaps, increase female participation in the security, justice and political spheres, and increase the capacity of service providers in rendering services to those in need (Chaban, 2010). Specifically, women and girls recommended an increase in confidential services among core security and justice providers, which in the case of Palestinian camps in Lebanon are the Popular Committees. Without their support, it will be very difficult to achieve the outreach that is needed for marginalized women and girls to benefit from their services.

The General Union of Palestinian Women (GUPW)¹⁹ aims to increase female representation at the political level of popular committees in order to create more gender equitable policies and sensitive governance structures within camps. This initiative faces significant challenges based on patriarchal exclusion of female representatives. However, progress has been made (Figure 16) and representation has increased from 5 female members of popular committees in 2011 to 47 members in 2014 (Najdeh, 2016).

Area	Number of Women	Proportion of women (%)
Sour – South Lebanon	13	13%
Saida – South Lebanon	9	27%
Beqaa	3	14%
Beirut (and suburbs)	13	23%
North	9	18%
Total	47	18%

Figure 16: Female representation in Popular Committees (Data Source: Najdeh, 2016)

¹⁹ Founded in 1965 as an umbrella organisation for Palestinian women groups as part of the Palestine Liberation Organisation (PLO) (Encyclopedia Britannica, 2018)

Implementing SGBV services has faced great difficulties in the field. UNRWA faced misunderstandings and misinterpretation of their GBV work including limited acceptance and even opposition from some frontline staff, political factions and segments of camp leadership (UNRWA, 2015). These factors lead to UNRWA freezing the project 5 months into its implementation in 2011 (UNRWA, 2015).

UNRWA has adopted a GBV case management approach where GBV caseworkers and clients work collaboratively on various aspects of the required interventions to meet needs in a survivor-centred, holistic manner. An agreed upon intervention plan with the survivor is the outcome of this process. UNRWA ensures that appropriate care is provided and coordination of services across the organization and with external providers is facilitated (UNRWA, 2015). Services include primary healthcare, special hardship assistance, emergency cash assistance, psychosocial support and mental health services, and legal counselling and representation (apart from criminal cases). In situations where required services are not available within UNRWA nor offered by local camp-based service providers, UNRWA refers survivors externally to international and Lebanese NGOs (UNRWA, 2015). This includes specialized women's safe spaces and empowerment centres, protective shelters for survivors and women at risk, specialized mental health and child protection services as well as specialized medical care, such as clinical management of rape (CMR). The perception among camp residents is that they may be ineligible for external services, especially if they are offered by Lebanese organisations. Infact, Palestinian refugee survivors can generally access services such as the above at external organizations, usually offered through the Inter-Agency SGBV Taskforce and Child Protection in Emergencies Working Group in Lebanon while some services remain inaccessible to Palestine refugees, including Palestine refugees from Syria (PRS) (UNRWA, 2015).

Additionally, UNRWA initiated discussion groups with women and men to explore coping mechanisms available for both of them in situations where trauma, stress and isolation translate into strained family relations, consequently increasing the likelihood of gender-based and other forms of violence (UNRWA, 2015). Another valuable initiative that brought together displaced PRS and Palestine Refugees in Lebanon was carried out by UNRWA in partnership with Abaad in 2014 when 16 young girls and boys between the ages of 15 and 18 participated in a gender awareness programme in Burj Shemali Camp in South Lebanon. They then documented, through photography, how they perceive gender relations, gender inequalities and gender differences in their communities (UNRWA, 2015). While working with boys may be possible, increasing the proportion of engagement of men in awareness raising activities, and to develop the role of the men volunteers in Violence Against Women programming poses heightened resistance and difficulties within Palestinian camps (Najdeh, 2016).

As a result of opposition, “soft” strategies are often adopted in SGBV programming. For example, UNRWA established community-based support groups for PRS and Palestine refugees in Lebanon as a forum to represent women’s interests and to help identify and protect those most vulnerable to SGBV (UNRWA, 2015). Presently, Women’s Community Committees are supported by UNRWA and are present in 9 camps. They have autonomy over the thematic focus of their activities, which ranges from child marriage to educational opportunities for women and children (Munshey, Forthcoming). They have the potential to provide support, information and referrals to the larger community. However, they suffer from budgetary challenges, mirroring UNRWA’s larger financial constraints (Munshey, Forthcoming).

Recommended strategies could be to offer multiple services in one site to help women overcome high social barriers to attending survivor support services. This would be similar to practices in SDCs in Lebanon. To achieve this in a camp-based context, it is important to engage with stakeholders and develop community mechanisms to increase gender sensitive security. This can be done by conducting community safety audits, sensitising and engaging relevant community stakeholders and actors, establishing support for women’s groups and setting up capacity-building protection programmes for women (Anani, 2013). To achieve this in a sustainable manner, funding, commitment within camps, and external support is required.

Recommendations

Lebanon’s large refugee population is excluded politically, socially, and economically (Mourad and Piron, 2016). In cases of SGBV, there are a lack of support services and legal remedies for refugee women in Lebanon. Provision of protection services - specifically security and justice - differs across Syrian and Palestinian camps. UNHCR and UNRWA remain the main implementing and coordinating agencies, and NGOs provide protection and support to fill the gap left by the state. However, many services are nationality-based and exclusionary or perceived to be exclusionary and discriminatory. The lack of valid residency remains a significant barrier to accessing protection.

1. State and non-state actors engaged in service provision for victims/survivors of SGBV must remove residency requirements for accessing their services, in a manner that is meaningful, effective, and immediate.

For those who turn to the state, the new Domestic Violence Legislation of 2014 establishes protection measures and related reforms. However, in case of any conflict of laws, personal status laws take priority - which contribute to SGBV (Human Rights Watch, 2015). Women are trapped in a plural, differential legal system. For refugees particularly, state institutions are viewed as untrustworthy. While there are a number of organisations that work with

Syrian refugees on bridging gaps and providing services, the number is significantly lower for Palestinian refugees. In addition, the NGOs within Palestinian camps are facing increased demand for their services with many Syrians and PRS now residing in the camps. Despite recent efforts within Lebanese society relating to strengthening legal protection, there has been limited effect within Palestinian camps due to isolation, decreased funding, and operational restrictions. Increased outreach efforts are required to provide support to marginalised populations who may be the most vulnerable.

2. Outreach efforts among refugee communities and particularly in Palestinian camps must be amplified, to fully benefit from Law 293 and related efforts.

Protection gaps are particularly clear in the sphere of access to physical security and legal services. The majority of residential shelters implement strict eligibility criteria, preventing access to some women at high risk, who could be refugees, and survivors with mental health conditions. When available, access to legal services remains challenging for SGBV survivors due to the length of procedures, fear, lack of trust in potential protection measures (i.e. implementation of protection orders), lack of documentation (including residency, and proof of marriage), sponsorship, and fear of losing custody of children (United Nations and Government of Lebanon, 2018). There is no meaningful legal aid system in place for cases like this. These barriers are higher for refugee women who are unfamiliar with the system, and fear discrimination. Women in Lebanon therefore rarely obtain adequate legal or other kinds of protection in cases of SGBV.

3. Gaps within the legal framework must be bridged to make human rights protection a reality for refugee women in cases of SGBV in Lebanon. In addition, the severe lack of shelters in Lebanon must be rectified to enable female victims/survivors of SGBV to access security.

It is unrealistic to envision achieving these changes without engaging and sensitizing men. It has been argued that in patriarchal societies like Lebanon, it is a necessity to work with men and boys to eliminate violence against women by changing their perceptions, attitudes, and beliefs (El-Sanousi and Anani, 2010). As the IMAGES study shows, attitudes are a significant barrier towards tackling SGBV issues (UN Women, Promundo and CRD, 2016). This was piloted by Kafa and Oxfam GB in 2010. The focus on engaging and sensitizing men is a step forward in the region. It was found that the main challenge is to find the right balance that allows for working with men and boys without compromising the agenda of women's organisations (El-Sanousi and Anani, 2010). In the field, it is also practically difficult to implement activities from a logistics and security perspective – most men work outside the home which makes the logistics and timing of the sessions difficult. In addition, male groups of Syrian refugees are often viewed as a security risk by local municipal police and other security actors. Further activities and research could be conducted to understand how men

and boys could be better integrated into violence prevention initiatives to prevent marital rape and sexual assault, child marriage, and child abuse (Spencer et al., 2015). This is particularly relevant in light of conflict, migration, and related negative coping strategies highlighted in this report.

4. Engaging and sensitizing men is essential. To achieve this, further research and understanding is needed on effective intervention strategies specially within challenging camp-based contexts.

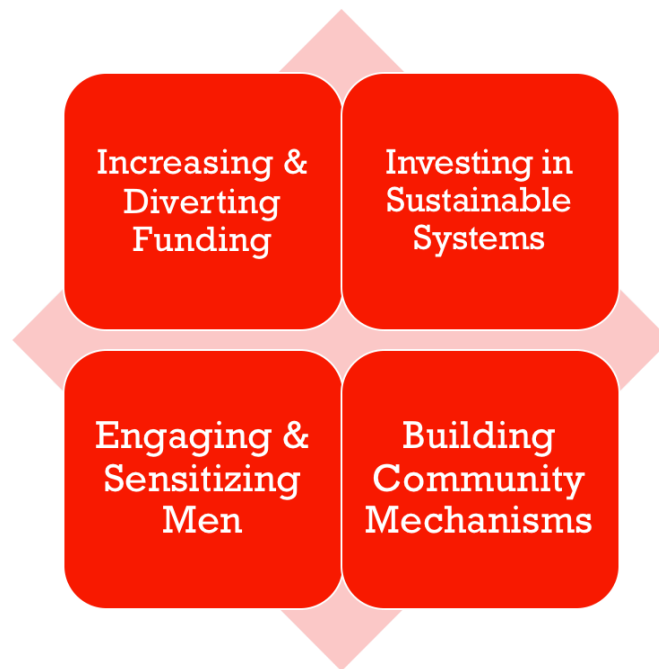


Figure 17: Recommendations (Image created by the author)

This report finds that the long-term aim must be to increase funding to support refugees in Lebanon in general, and within the SGBV context in particular. Without this increase in funding, it is operationally difficult to provide services to survivors/victims of SGBV among refugee communities in Lebanon. This funding should be diverted to investment in sustainable systems - this would require funding models which favour long-term interventions, strengthening national systems, and building community mechanisms. Within the current funding climate, it is difficult to achieve this. Within the present system, accessing effective protection services remains distant and challenging for Syrian and Palestinian women in Lebanon.

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