

A STUDY ON THE DISCRIMINATION THROUGH ECONOMIC ABUSE
IN TIMES OF CONFLICT: THE CASE OF PALESTINIAN REFUGEE
WOMEN IN LEBANON



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FOR RELIEF AND DEVELOPMENT – DECEMBER 2022

ABBREVIATIONS AND ACRONYMS

A/ SA	Agree/ Strongly Agree
D/ SD	Disagree/ Strongly Disagree
ESSN	Emergency Social Safety Net
FGDs	Focus Group Discussions
GBV	Gender Based Violence
HH	Households
KIIs	Key Informant Interviews
LCRP	Lebanon Crisis Response Plan
MEB	Minimum Expenditure Basket
NGO	Non-Governmental Organization
PARD	Popular Aid for Relief and Development
PRL	Palestinian Refugee in Lebanon
PRS	Palestinian Refugee from Syria
PSS	Psycho-Social Support
SMEB	Survival Minimum Expenditure Basket
SPSS	Statistical Package for the Social Sciences
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP	World Food Programme

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1. INTRODUCTION

1.1 Overview

For the past three years, Lebanon has been dealing with one of the worst socio-economic crises in recent centuries. The fragile socio-economic situation has been adversely impacted by the COVID-19 pandemic and the Beirut Port blast, where hundreds lost their lives, and thousands lost their livelihoods and homes. The economic crisis has made it challenging for Lebanese residents even to afford their most basic needs as the Lebanese Lira has rapidly depreciated, reaching a 211-219% depreciation rate recorded at the beginning of 2022 (World Bank, 2022). This has further affected the lives of the Lebanese population and refugees residing in the country, noting that refugees fall among the most vulnerable.

As an indication, in December 2022, the Lebanese Ministry of Economy and Trade published a report that shows the current prices of meat per kilogram, setting the cost of one kilogram of cow meat at approximately 10 USD and the cost of one kilogram of goat meat at approximately 12 USD.¹ Due to the extremely dire conditions, the World Food Programme (WFP) has been distributing food to families in need, including Palestinian and Syrian refugees in Lebanon. This food distribution known as Family Food Basket is designed to meet the nutritional requirements of a population who can be targeted through a tailored nutrition program.

In October 2022, WFP assisted a total of 1,773,200 beneficiaries in Lebanon through cash-based transfer modalities amounting to USD 23 million and through the distribution of food parcels. The people assisted were 685,400 Lebanese, 1,082,300 Syrian refugees, and 5,500 refugees of other nationalities. An additional 352,000 Lebanese received cash assistance through the Government's Emergency Social Safety Net (ESSN)². The Minimum Expenditure Basket (MEB), covers the basic needs of a household to live with dignity, and the Survival Minimum Expenditure Basket (SMEB), covers the requirements to exist and meet lifesaving needs while displaced. Additionally, as the Lebanese Lira lost most of its value since 2019, the cost of SMEB increased by 1484% from October 2019 till June 2022. Thus, the cost of SMEB is currently LBP 843,000 per person estimated to cover the nutritional needs of five to six family members, estimated at 20 USD³.

¹ <https://www.economy.gov.lb/en/services/center-for-pricing-policies/mini---basket-weekly->

² https://docs.wfp.org/api/documents/WFP-0000137483/download/?_ga=2.201710417.1958817864.1647513688-1742085453.1646403115

³ https://fscluster.org/sites/default/files/documents/20220719_fsswg_national_working_group_presentation_v1.pdf

According to the Lebanon Crisis Response Plan (LCRP) 2022, the nation has been hosting, since November 2019, 1.5 million Syrians who have fled the civil war in their country, including 844,056 registered as refugees with UNHCR . Additionally, there are 29,000 Palestinian refugees from Syria (PRS) and an estimated 180,000 Palestinian refugees from Lebanon (PRL) residing in the country, the majority of whom are dispersed among 12 camps and 156 gatherings (Government of Lebanon & UN, 2022). The number of PRL registered by UNRWA is much higher, reaching 479,537.

Regardless of the actual numbers residing there, Lebanon is hosting the world's most significant number of refugees per capita and square kilometers. The rapid and massive influx of refugees has quickly outgrown the capacity of public services and resources, including infrastructure for electricity, water supply, sanitation, solid waste management, public health, and education, leading to a shortage of services and a deterioration in their quality. In addition, the instability in the region has hurt national incomes by deterring foreign investment, harming the tourism sector, and restricting the import-export trade between Syria and Lebanon (KAFA & UNICEF, 2020). This has affected the lives of many, especially the most vulnerable, who are prone to increases in domestic violence, including gender-based violence (GBV), which was already present before the crisis. KAFA, a Lebanese non-governmental organization (NGO) well known for supporting GBV cases since 2005, published a report in 2020 highlighting the notable increase in the number of calls received by the organization. 1,780 new calls were recorded in 2020; 31% and 28% were attributed to emotional and physical violence, respectively; the rest were distributed among verbal, sexual, and economic violence (KAFA, 2020).

Unfortunately, the Lebanese laws in Lebanon are quite outdated, promoting a patriarchal society and limiting women's access to equitable rights as men (Saghieh & Karame, 2020). Although some improvements have been noted over the years driven by civil society lobbying, laws in general continue to be discriminatory against women. To date, Lebanon has failed to ensure an impartial set of laws that guarantees women's rights. Even though women play a significant role in economic, social, and political life, they continue to face marginalization and discrimination in many aspects of society, particularly in the wake of the recession and fewer work prospects (Human Rights Watch, 2020). There are several sexist discriminatory laws, mostly ones that concern personal status. The Lebanese state has never authorized a civil personal status law, leaving it to the religious courts of officially recognized sects to handle personal matters including marriage, divorce, alimony, custody, and inheritance. Thus, the 15 religious courts' laws apply to Lebanese citizens (Human Rights Watch, 2015). Furthermore, when it comes to addressing gender and gender-based violence (GBV), the Lebanese Penal Code reflects a sexist, patriarchal culture (Human Rights Watch, 2020). For instance, it still considers adultery and abortion as crimes, with the latter only being permitted in rare cases. While ignoring the customer, it punishes women who perform sexual services as prostitution offenders. Moreover, Lebanese women are still prohibited from granting their nationality to their children and are subject to discrimination under labor and social security laws. And, due to the predominately male culture, their involvement in decision-making in Parliament and the Council of Ministers is still negligible.

1.2 Purpose and Scope

With increases in GBV on a national level, one wonders if the same applies to the most vulnerable members of society, the refugees. Thus, this study aims to map the various forms of gender-based violence among Palestinian refugee women, linking it to economic abuse and discrimination in times of conflict. The research seeks to investigate (1) whether GBV is different in camps than in gatherings, especially after the worsening of the socio-economic situation in Lebanon; (2) if protection services provided by NGOs are more abundant in camps rather than in gatherings, and vice versa; and (3) how and if the marginalization of PRL and the constitutionalized discrimination to which they are subjected to under the Lebanese law, correlates with GBV. It also aims to consider the dimensions and implications of economic violence in the Palestinian case (deprivation and poverty resulting from being a refugee and the associated dispossession, residing for a prolonged time in the same shelter, or being faced with multiple displacement).

As a pilot study and to compare the situation in camps and gatherings, the research has focused on two areas located in the same region: El-Bus camp and Wasta gathering in Tyre, South of Lebanon.

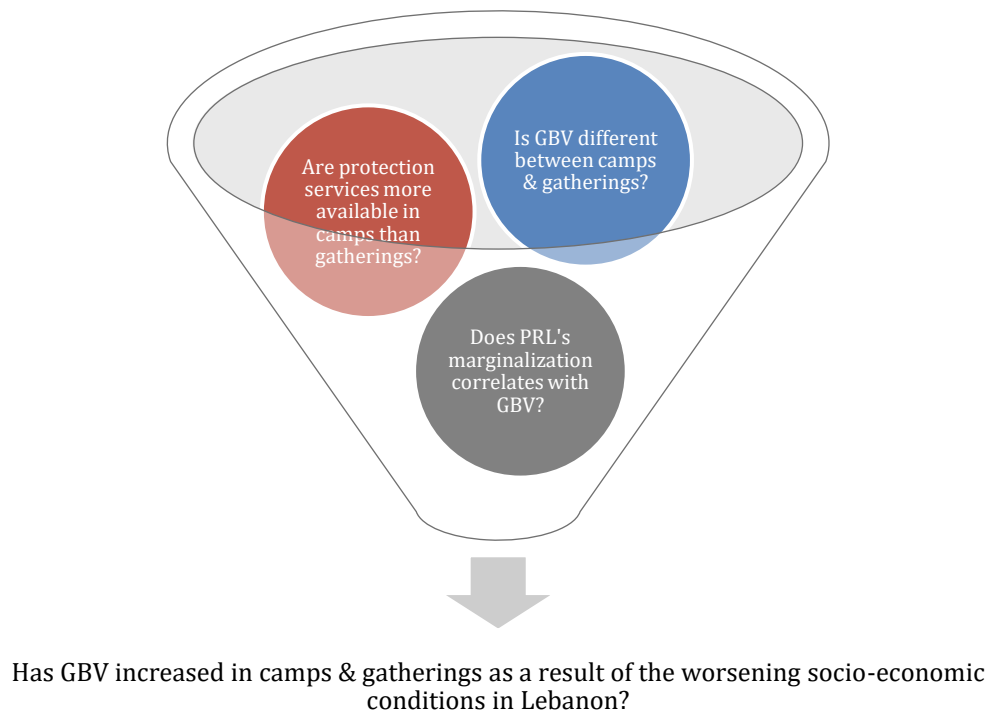


Figure 1: Research Questions

2. METHODOLOGY

This research adopted a mixed methodology approach, starting with a quantitatively dominant survey administered at El-Bus camp and Wasta gatherings in the South of Lebanon. The sample selection was calculated at a 95% confidence level to minimize errors and generalize findings. It thus

targeted 340 Households (HHs) from El-Bus camp out of the estimated 3,346 HHs residing there and 92 HHs from Wasta gathering out of the estimated 120 HHs living there. However, the data collection team faced uncooperativeness in the camp and was only able to collect 128 surveys, whereby the team successfully compiled 95 surveys from the Wasta gathering. Data collection was more successful in the selected gathering rather than the camp since residents of Wasta gathering are more familiar with PARD, its services, and its staff since the organization has been present in that location for quite some time now, which is not the case for El-Bus camp.

Quantitative research findings were supplemented with qualitative data collection from 15 stakeholders to gather more in-depth information and to validate and/or backup the information arrived at in the quantitative study. Accordingly, 4 Key Informant Interviews (KIIs) were held with women residing in Wasta Gathering, 1 Focus Group Discussion (FGD) was held with six women from El-Bus camp, and 5 KIIs were implemented with NGO staff and activists active in the targeted locations and in specifically in the field of women empowerment or GBV.

Both the survey and the guidelines for the KIIs and FGDs are annexed to this report.



Figure 2: Data Collection Participants

3. LIMITATIONS

Data collection in the El-Bus camp proved challenging, with many households refusing to participate in the survey despite promises of anonymity. As such, the sample of quantitative data collected from the camp failed to reach the desired 5% margin of error and instead has a margin of error of 8.5%. Combined, data collected from El-Bus and Wasta has a margin of error of 6.3% at a 95% confidence level. From a statistical perspective, the acceptable margin of error usually falls between 4% and 8% at the 95% confidence level. Thus, despite these limitations and considering the overall sample, the study still produces valuable insights into the research questions.

4. ANALYSIS AND REPORTING ON MAIN FINDINGS

4.1 Quantitative Analysis

4.1.1 Respondents' Profile

Survey respondents formed 128 HHs from El-Bus camp and 95 HHs from Wasta gathering, comprising 57.4% and 42.6% of the total survey respondents. There were more female respondents than males having a percentage of 70.4% compared to 29.6%, with the majority being the head of the household's spouse at 52.91%, followed by the head of the household at 42.6%. 77.58% of respondents identified as Palestinian Refugees in Lebanon (PRL); the rest comprised Syrians, Lebanese, and Palestinian Refugees from Syria (PRS), amounting to 22.42%. A variety of age groups are represented among the respondents, with 5.83% being the lowest percentage among those between the ages of 15 and 24. Forty-five years of age and older made up 46.64% of the sample, while people aged 25 to 45 made up 47.53%.

Out of all respondents, 50.22% of people indicated having chronic diseases, and 6.73% of people as having a disability. Chronic disease respondents comprised 55.8% of the Wasta sample respondents, compared to 46% in the El-Bus camp. Disabled respondents made up 5.4% of the El-Bus camp sample and 8.42% of the Wasta sample. As for the level of education, 95.96% of respondents completed some level of education. However, 43.05% dropped out after elementary school. Respondents with an intermediate or baccalaureate level of education made up 30.94% and 10.76% of the total level of education, respectively, while respondents with a bachelor's degree made up 7.17%.

Figure 3 provides a summary visual distribution of the 223 survey respondents by nationality (PRL: Palestinian Refugee in Lebanon, PRS: Palestinian Refugee from Syria, Syr: Syrian, and Leb: Lebanese), Gender (Male: M, Female: F), and Place of Residence (El-Bus Camp or Wasta Gathering)

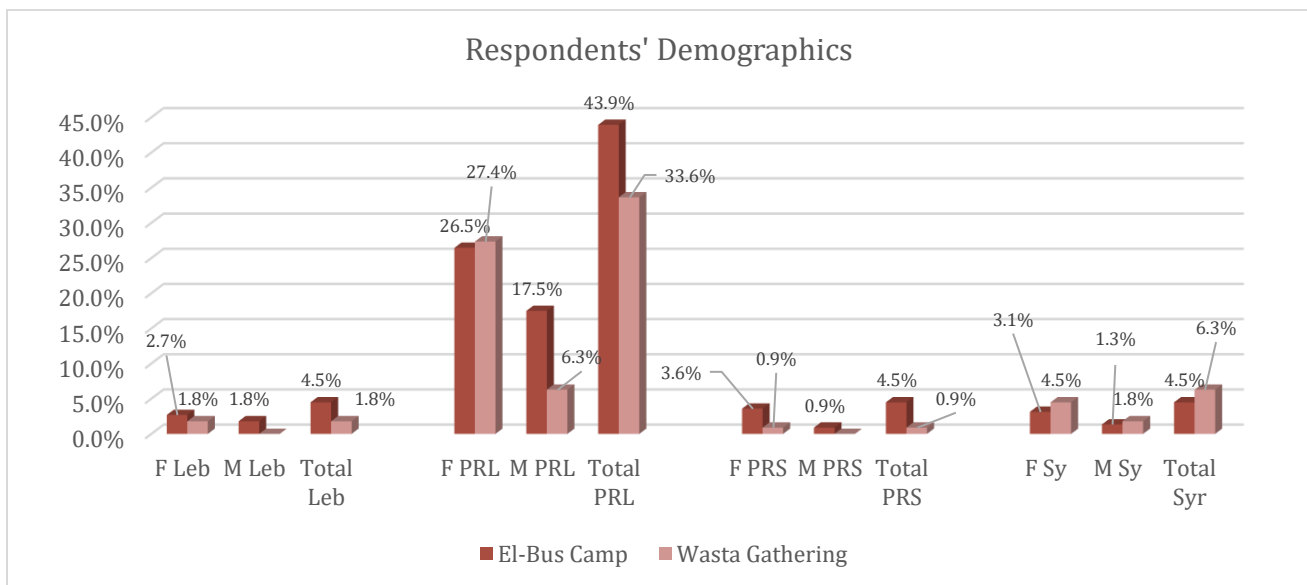


Figure 3: Distribution of Survey Respondents by Nationality, Gender, and Place of Residence

4.1.2 Family Status and Income

58.3% of the sample's respondents have 4–7 direct family members living in the same household, while the percentage of HHs with eight or more members per household stands to be the lowest at 8.97%. 55.79% of HHs in Wasta gathering have 4–7 individuals per household, compared to 61.72% of HHs in the Bus camp. The majority have members aged between 29 to 44 years, followed by 44-63 years old, with only 15.7% having children under three years of age. 46.19% reside in houses with one to two rooms, while 52.02% reside in houses with three to four rooms. 47.09% have at least one family member with a chronic disease and 16.14% have a family member with a disability. When asked about children's education status, and as shown in Figure 4, 36.77% of respondents indicated that they have no children eligible for education. In comparison, 10.76% indicated that they are not sending their children to educational institutions although they are eligible mainly because of the dire economic conditions. As to the remaining respondents, 4.93% indicated having 4-7 children eligible for and enrolled in education and 47.53% indicated having 1-3 children eligible for and enrolled in education.

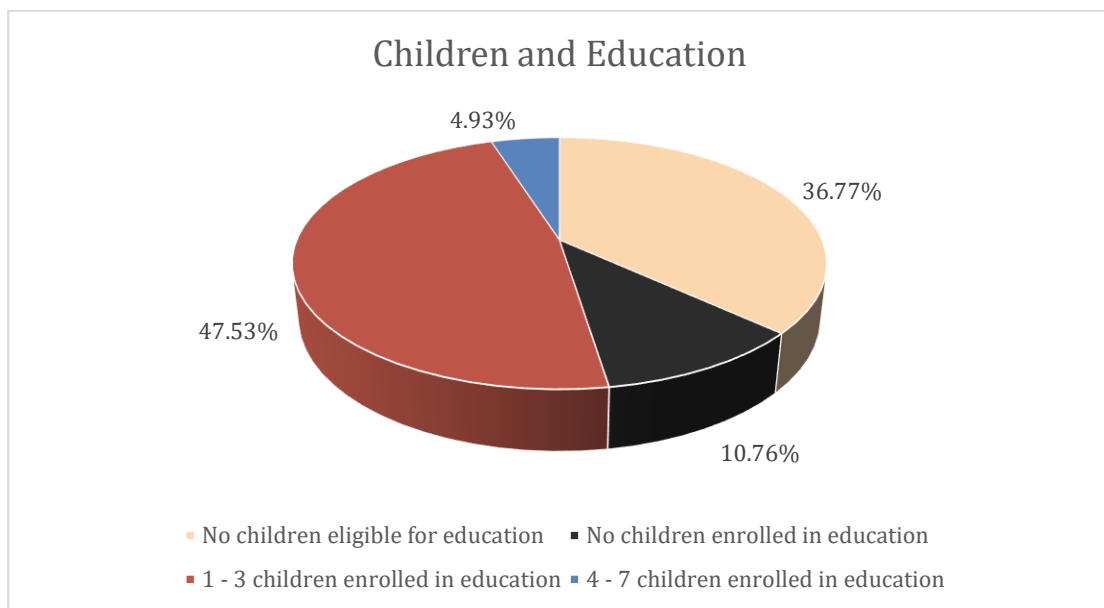


Figure 4: Distribution of Children's Eligibility to Education and Educational Status

Regarding family income, 69.51% have the husband/ man as the primary breadwinner, while 10.76% have the woman/ wife as the primary breadwinner. Additionally, 3.14% have a daughter as the primary breadwinner. All in all, 17.94% responded that females in the HHs earn an income, with 11.21% residing in El-Bus camp. Moreover, 58.3% indicated that they have another source of income, with 49.78% mentioning the UN as the other income provider. The percentage of families from the sample receiving UN support is slightly higher for El-Bus camp residents (54.05%) than for the Wasta gathering.

Food was rated as the number one expense on which income is spent in both Wasta and El-Bus (97.9% and 98.4% of respondents, respectively), followed by healthcare. 68.16% of the survey respondents indicated that both the head of the household and the spouse have authority over how income is spent, with the higher percentage being recorded in El-Bus camp.

4.1.3 Perception towards GBV

91.93% of respondents perceived GBV to include (a) harmful doings directed at another person, (b) abuse of power, and (c) a violation of human rights. 82.96% believed the primary reasons driving GBV varied to include lack of law enforcement, poverty, and lack of education with no significant differences in perception noted between Wasta and El-Bus.

The majority of respondents believed that GBV causes depression, followed by anxiety. Perception did not differ based on the respondents' gender, nationality, or level of education.

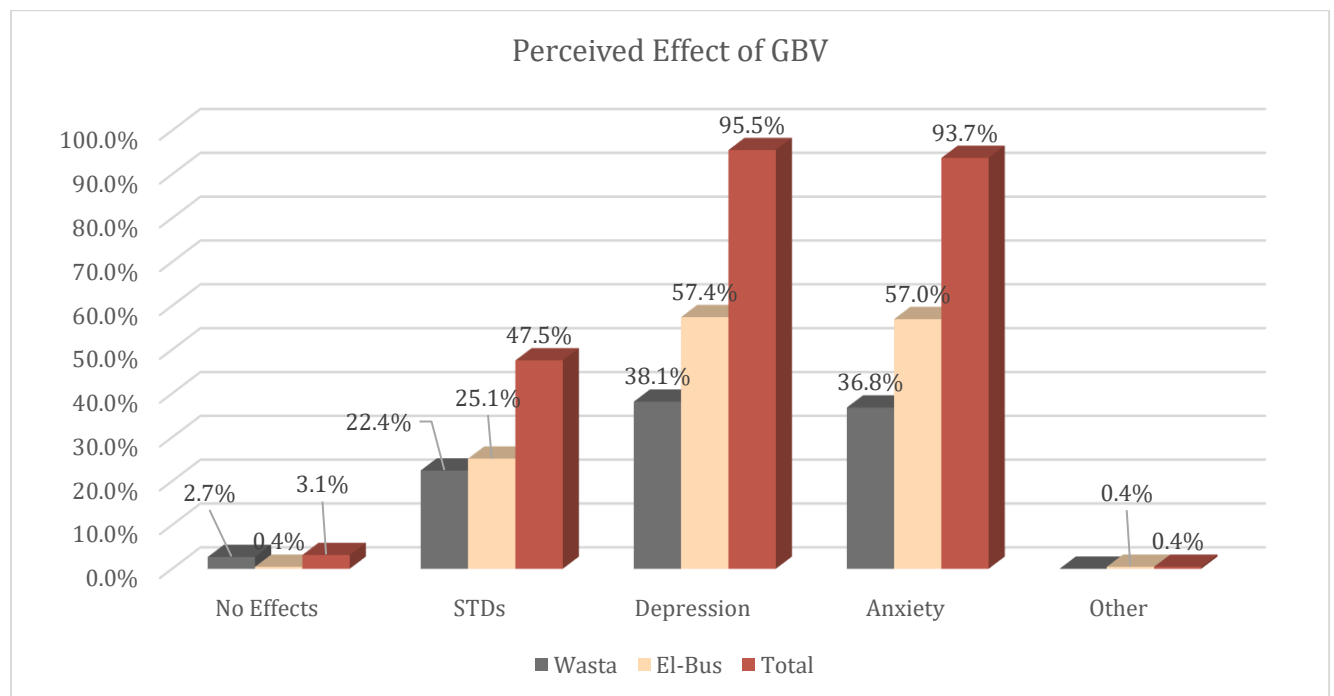


Figure 5: Perceived Effect of GBV by Place of Residence

Most survey respondents (93.72%) perceive that GBV has increased after the crisis.

The survey included seven Likert scale questions at the end to capture respondents' overall perception towards GBV varying from Strongly Agree (SA), Agree (A), and Neutral (N) to Disagree (D) and Strongly Disagree (SD). The three main factors perceived by respondents to impact and increase GBV are poverty, lack of economic opportunities, and limited access of PRL to their rights, respectively, as shown in Figure 6.

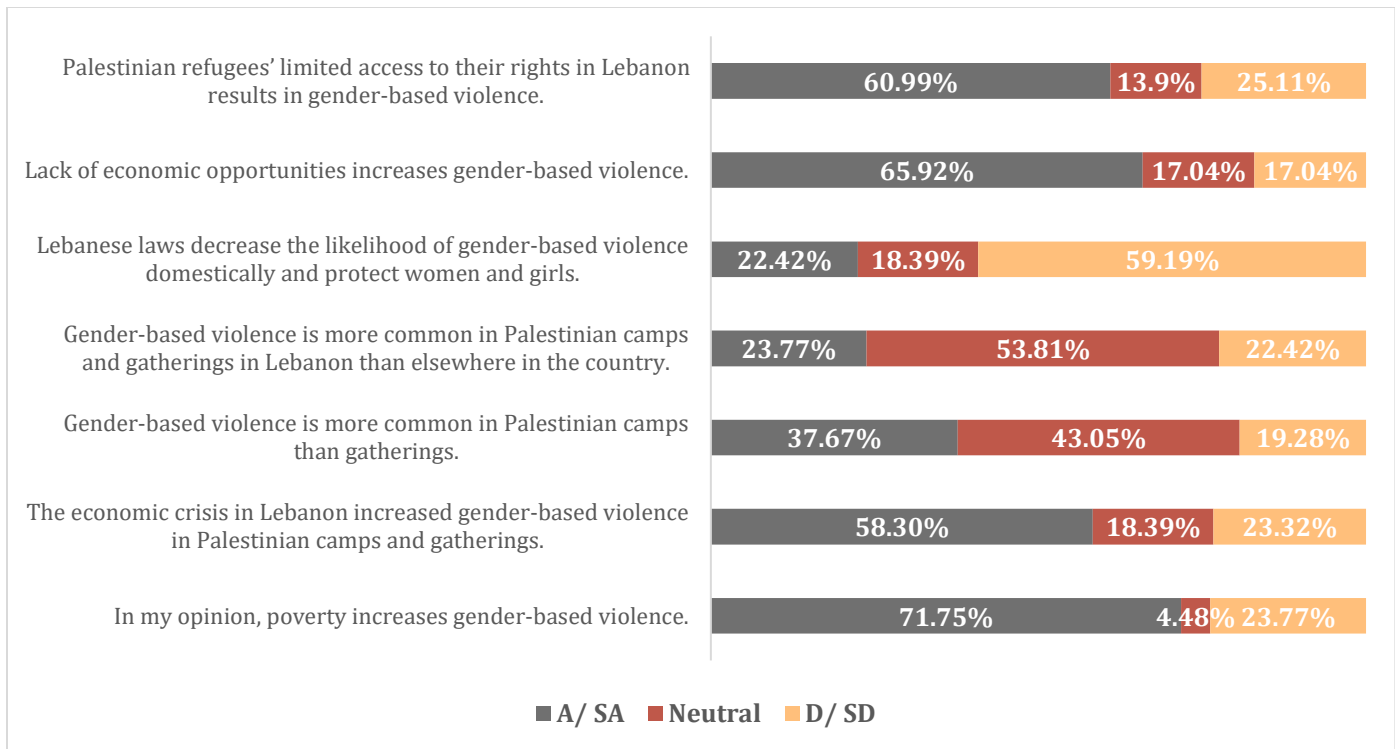


Figure 6: Perception towards Main Factors Influencing GBV

4.1.4 Availability of Services for GBV and Women's Health

When asked about the availability of health services provided for women's sexual and reproductive health in the respective areas, most respondents acknowledged the presence of clinics (71.75%) and mobile clinics (42.6%), with the mobile clinics being available mainly for Wasta's residents. 80% of Wasta's respondents indicated having access to the mobile clinic. Unfortunately, only 35.43% of respondents perceived these services as equally available to girls under 18. It is worth noting that the mobile clinic is operated by PARD to facilitate access to services for women residing in gatherings. The mobile clinic is mobilized to give everyone the possibility of being seen, including women and girls who are forced to take advantage of the husband or father to be away to carry out relevant medical examinations.

As to the leading providers of health services, 56% mentioned the UN, and 43% said NGOs, with PARD being mentioned by 96.88% of the respondents as the leading NGOs providing such services. It is also worth noting that while most El-Bus residents (74.22%) rely on UN agencies to access healthcare services, the majority of Wasta residents (81.05%) rely on NGOs. The most prevalent type of service provided regarding abuse against women as shown in Figure 7 is PSS in both El-Bus and Wasta, and more so for Wasta residents, whereby 45.31% of El-Bus respondents indicated the presence of such services as compared to 74.74% of Wasta's respondents.

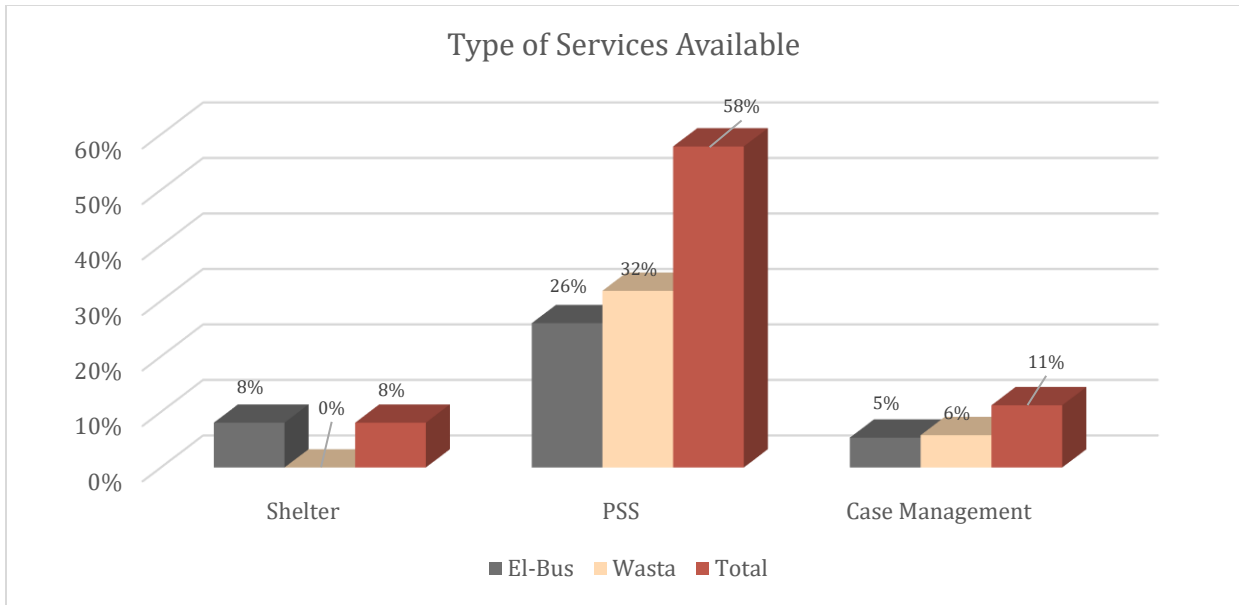


Figure 7: Types of Services Available by Place of Residence

4.1.5 Experience with Physical or Emotional Abuse

20.18% of survey respondents state that they have experienced physical or emotional abuse, divided into 82.22% Females and 17.78% Males. Moreover, 24.66% of survey respondents know someone who has been a victim of physical or emotional abuse, divided into 74.55% Females and 25.45% Males.



Figure 8: Percentage of Respondents Experiencing Violence or Abuse by Gender

4.1.6 Correlation of Variables

The quantitative data were entered and cleaned using the Statistical Package for the Social Sciences (SPSS). All variables were correlated to check for significance. The two variables associated with GBV are female income and place of residence (Wasta gathering or El-Bus camp) as shown in Table 1.

			Do females in your household earn an income? Who specifically?		Total
			No	Yes	
Have you ever experienced or been a victim of physical or emotional abuse?	No	Count % of Total	147 _a 65.9%	23 _b 10.3%	170 76.2%
	Not sure	Count % of Total	4 _a 1.8%	1 _a .4%	5 2.2%
	Yes	Count % of Total	31 _a 13.9%	14 _b 6.3%	45 20.2%
	Would rather not say	Count % of Total	3 _a 1.3%	0 _a 0.0%	3 1.3%
Total		Count % of Total	185 83.0%	38 17.0%	223 100.0%

Table 1: Correlating females who earn an income and experiences of GBV

According to survey respondents, as females earn more income, they become more prone to experiencing physical or emotional abuse. As analyzed using SPSS, a strong positive correlation exists between female income and experiencing and being a victim of GBV. A significant value of $0.038 < 0.05$ was reached as shown in Table 2.

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.432 ^a	3	.038
Likelihood Ratio	8.056	3	.045
Linear-by-Linear Association	.348	1	.555
N of Valid Cases	223		

Table 2: Result of the Chi-Square test

Consequently, women who are working and earning their own income are more likely to be victims of GBV and/or economic abuse (please refer to Figure 9 for a summary of all responses). This finding coincides with the findings reached through qualitative data collection as explained in the qualitative section.

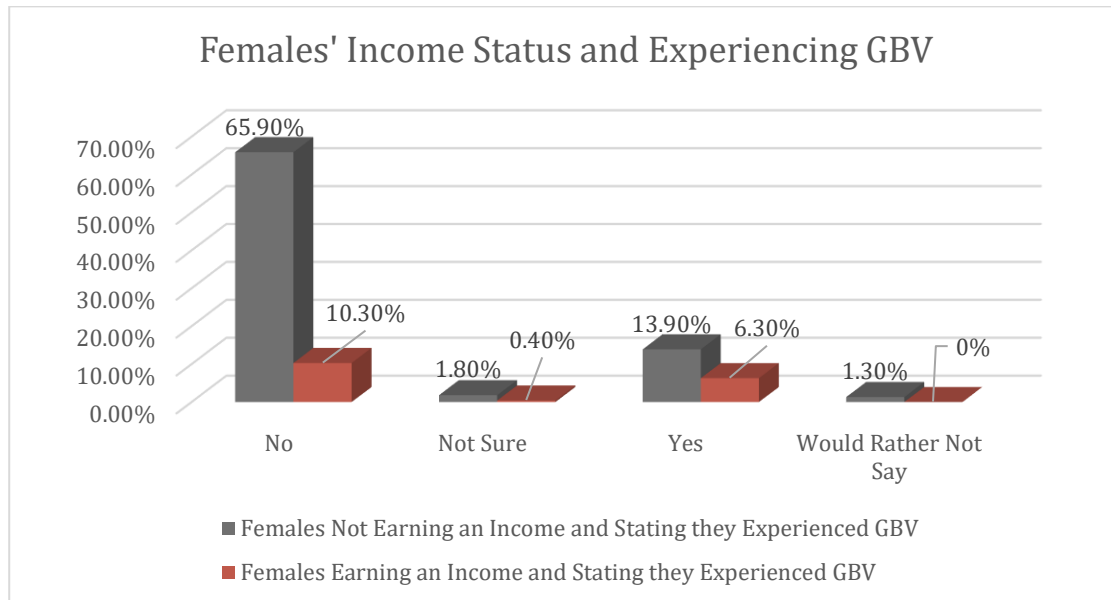


Figure 9: Correlation between Females' Income Status and Reporting Experiencing Violence or Abuse

Additionally, residents of Wasta seem to be more subjected to physical or emotional abuse. In fact, 31.58% of respondents from the Wasta gathering have indicated experiencing physical or emotional abuse compared to 11.72% of El-Bus camp respondents. The place of residence, whether Palestinian camp or gathering, seems to affect the lack of economic opportunities somewhat, increasing GBV.

The Chi-Square test of the survey's sample size indicates no relationship between the level of education, age, chronic disease, gender, and GBV. Furthermore, the protection services available inside Wasta gathering and El-Bus camp do not affect the increase or decrease of GBV.

4.2 Qualitative Analysis

4.2.1 Respondents' Profile

Feedback was obtained from a total of 10 refugee women and 5 NGO representatives from El-Ghad, Development Action without Borders – NABA'A, Children of Justice, the Arab Resource Center for Popular Arts (ARCPA), and the General Union of Palestinian Women.

4.2.2 Respondents' Perception of Factors Impacting GBV

Consulted refugee women and NGO representatives concurred that all types of violence existed and continue to exist among marginalized communities irrespective of the crisis, including GBV and political and socio-economic-related violence. Nevertheless, at varying degrees, many factors continue to impact GBV, particularly across Palestinian camps, gatherings, and surrounding areas.

A. From the Perspective of El-Bus Camp Residents

The consulted refugee women reported that among many other factors, the lack or limited support by the local community/society for women's rights and women victims of GBV combined with the adopted social customs and traditions, beliefs, and culture, which are mainly to the benefit of men in general, and the financial crisis are all compounded factors that impact GBV. Abusive men take advantage of these issues to justify their behaviors or not be held responsible for their behaviors and attitudes. This has played a significant role in the continued and escalating GBV against women and children. A refugee woman commented that the notable contributing factors that impact GBV and stand in the way of stopping the ill-treatment by an abuser focus on women not willing to report or file complaints against their abusers because of the discriminatory laws, feeling trapped by the unfair social traditions and beliefs, and the lack of courage to speak up out of fear of receiving worse abusive treatment and losing her children.

B. From the Perspective of Wasta Gathering Residents

One of the refugee women noted that there should be more awareness among men and boys and more awareness and courage among women victims of GBV to reduce the impact of GBV. Another refugee woman commented that the financial crisis is the main contributor to all types of violence, especially against women and children. To respondents 'the main factor that impacts GBV is the women who accept physical, mental, and verbal abuse because they are torn between enduring violence or losing their children. A refugee woman noted that parents forcing their daughter to return to her abusive husband contributes to GBV. On the other hand, another refugee woman reported that other contributing factors include the women who perceive insults and beatings by the man as a social norm and men's beliefs that aggressive behaviors against family members stand for 'manhood. 'Although this attitude has declined in the gathering, it is one factor that impacts GBV, especially among households in which men possess abusive personalities.

C. From the Perspective of NGO Representatives

One NGO representative reported that all types of violence existed before the crisis, and however, the evil customs, traditions, and false beliefs have significantly contributed to GBV in general. In addition to the poor communication, such as profanity, lack of respect, and demeaning speeches among spouses or as expressed by the husband towards the wife and children. Another NGO

"I am the absolute master and family members must obey the man" is a common perception

representative commented that illiteracy, poverty, and harmful traditions are among the factors that impact GBV. Factors added by some are the lack of understanding between the spouses, the evil societal customs and practices, and sometimes the age differences between the spouses combined with the deteriorated socio-economic situation. A Psycho-Social Support (PSS) Specialist interviewed noted that the continued deteriorated socio-economic situation had impacted GBV because, as a result, many of the men have either developed aggressive behaviors against their family members or already possess aggressive personalities/behaviors and have become more abusive towards their wives and children since they are feeling tenser and pressured.

One NGO representative summarized that unfortunately the factors that have contributed to more violence against women and children, by both men who possess aggressive/violent behaviors and men who have developed ill-treatments, include (1) the deteriorated psychological well-being, health conditions, and the complex political and socio-economic situation; (2) patriarchy, societal customs, traditions, beliefs, etc. combined with the limited awareness among women; (3) the increased unemployment rate (mainly since Palestinians are restricted from working in 39 professions in Lebanon); (4) the consequences of the current crisis including the high dollar rate, lack and/ or high prices of medication, the low wages compared to the dollar rate, increased expenses for housing and shelters, high transportation cost to get to work, the inability to provide milk for children and put food on the table, and the spread of theft; as well as (5) the significant increase in the number of students who have been deprived of continuing their studies due to unaffordability, noting that UNRWA does not cover all the associated expenses that the refugees incur to provide education for their children.

Social norms, discriminatory laws, the worsening socio-economic conditions, the associated poverty and illiteracy, are all factors contributing to the increase in GBV as perceived by activists and NGO Representatives

4.2.3 Perceived Impact of the Financial Crisis and Poverty on GBV

All interviewed NGO representatives concurred that all types of violence existed before the financial crisis in marginalized communities, including health, psychological, physical, sexual, and verbal violence. Nevertheless, they still perceived poverty as a contributing factor, especially among Palestinian refugees who face restrictions in accessing job opportunities. One NGO representative added that job opportunities for Palestinian women are even more limited, and if they secure jobs, their salaries tend to be lower than those offered to men. She said that many employers take advantage of women because they know they are in need and would accept low salaries. These issues are interconnected and lead to inevitable financial struggles and accumulated problems. As a result, men and, at times, women who have the potential to become abusers/offenders let out their frustrations through ill-treatment towards their wives or/and children and use such issues as an excuse to justify their behaviors.

The interviewed PSS Specialist concurred that GBV was present before the financial crisis; however, it is a contributing factor because abusers become even more abusive towards their wives and

children under such conditions. She noted that “we had many GBV cases before the crisis, but after the crisis, more GBV cases have been recorded in camps, mainly in the overcrowded camps of Nahr El Bared, Beddawi, and Ein El Helweh. She explained that poverty and financial stressors could affect men's psychological well-being and behaviors in general, especially in marginalized communities where people were already suffering from financial challenges which got combined with lost jobs, lack of new job opportunities, and high rent expenses, transportation, etc. However, financial stressors and poverty cannot be the sole triggers for GBV: there are other factors, including environment, culture, and the psychological structure of the person to become the abuser, the unjust, the offender, biased, etc.....In such cases, multiple contributing factors are involved, including an aggressive personality, if the person has been raised in an environment that practices and accepts violence, and if the person experienced abuse during childhood and has the potential to become an abuser. As such, the financial crisis and poverty are not the sole contributors.

“We have witnessed cases of domestic violence, shaving women’s head, beatings, imprisonment, insults, and harassment, and fierce violence against children, particularly girls (children and teenagers) in which the father imprisons them, does not allow them to go to school and forces them to serve him and his visitors. In some cases, such violent acts are combined with an unhealthy atmosphere for children that entails drug abuse and harassment.”

On a relevant note, one NGO representative reported that the financial crisis has intensified violence in general, and unfortunately, poverty has been one of the aggravating factors of GBV. He stressed that violent behaviors are not accepted and cannot be justified regardless of the type of struggle. A man cannot explain his abusive behaviors against his wife because she complains or even nags about household needs or if she works to support her family and no longer has time to attend to her family's needs, for instance. It is a fact witnessed that poverty leads to multiple disputes among spouses. The man who cannot provide for his family reaches a deteriorated psychological well-being, and therefore, a man with an abusive personality becomes more violent with his family members. Disputes and problems between spouses increase as the financial situation worsens. In turn, GBV among marginalized families can either initiate and develop during financial stressors or deepen by a man who already has an abusive personality.

In poverty-stricken households, when women earn an income, they become more prone to be subjected to GBV by men who cannot provide for their families

4.2.4 Effect of the Lebanese Law on GBV inside Palestinian Camps and Gatherings

In terms of the effect of the Lebanese laws regarding women in general and Palestinian refugees in particular as related to GBV inside Palestinian camps and gatherings, NGO representatives reported that Lebanese laws pertaining to job restrictions that forbid Palestinian men and women from practicing many specialties, as well as the discrimination they face in salaries and benefits have

“What is considered an unforgivable mistake for a man is considered a misdemeanor for a woman”.

contributed to aggravating all types of violence because it limits access to social, health, and protection services. Nevertheless, one NGO representative explained that women now have the right to file complaints against their abusers/husbands. Another interviewee explained that the increase in GBV has resulted in acknowledging the right of women victims of GBV to file a legal complaint against

their husbands if they are physically abused or if their lives are in danger; however, women need to feel safe and have trust in the system to develop their courage and gradually free themselves from bad social traditions and beliefs to speak up and file a complaint against their abusers. Another NGO representative viewed the Lebanese laws to be generally quite unfair to women. The PSS specialist added that the Lebanese laws regarding the right of women to file a complaint against their abusers could not be applied inside the Palestinian camps and gatherings because these areas fall under the authority of the Palestinian political and religious parties. Thus, the Lebanese authorities do not interfere even if a legal complaint is filed. She also noted that women face a deterring factor whereby the laws do not protect them regarding their children's custody.

4.2.5 Perceived Factors that Influence Access to GBV Services and Willingness to Speak Up

A. From the Consulted Women's Perspective

A refugee woman reported that many NGOs support women's affairs. However, the number of women who seek help is still not as it should be because women are still affected and restricted by social customs, traditions, and beliefs and are generally afraid of receiving worse abuse and/or losing their children, primarily because they are not supported by laws that preserve their safety and rights within the camp. These facts discourage many women from speaking up and seeking help. Another refugee woman stated, “to encourage women to be more willing to speak up; they need more support that makes them feel safe and protected. Women need capacity building and job opportunities. I mean, if they receive PSS and become aware, then what? They are still dependent on their abusive husbands, and even if they leave their husbands, they cannot afford to raise their children”.

Refugee women concurred that NGOs specializing in GBV cases should provide more protective services. They also noted that they do not have NGOs in the camps and gatherings that provide the services provided by KAFA⁴, for instance.

B. From NGO Representatives' Perspective

Consulted NGO representatives reported on NGO efforts to encourage women to seek support. However, with the absence of general societal support and in light of the prevailing norms, they still often feel discouraged from doing so. Many women lose hope after realizing that the abusers' behaviors will not change and that they cannot be treated better.

The PSS specialist commented that a lack of trust and courage discourages women from seeking support. Therefore, women who access GBV services are (a) primarily women who feel safe and trust the NGO they refer to for help and support, as well as (b) women who have developed the courage to speak up and are ready to receive awareness and guidance about their choices in terms of their and their children's safety.

One NGO representative reported that women's access to GBV services had been enhanced because of a 15-year-old agreement drawn between the "General Union of Palestinian Women", the "Palestinian Popular Committees" in camps and gatherings, UNICEF, and other NGOs. This agreement required the popular committees to include women representatives as members, a fact which has encouraged more women who suffer from GBV, rape, or physical abuse to seek help. Still, another representative noted that societal customs, traditions, and women's fear are more substantial and, combined with limited/lack of awareness, still discourage women from accessing GBV services. Another representative added that the injustice and unfairness against women and children in protecting them and preserving their rights significantly prevented victimized women from speaking up or filing legal complaints against their abusers. Therefore, many women are still hesitant to seek help due to the inherited societal customs and traditions, out of fear of being subjected to more violence and/or fear that the system and related laws will not allow them to achieve justice and preserve their rights. She added that this also includes educated and working women, especially women with young children. Nonetheless, she stated that currently, 30 to 50% of women victims of GBV could express themselves and share information about all forms of abuse and would seek help. She noted few women have reported that they are subjected to marital rape, but they cannot demand their rights or seek medical treatment out of fear.

"I met by a coincidence a woman who had marks on her face from her husband's beatings, but at first, when I asked her, she said she had fallen and hit her face. Gradually, during our conversation she started crying and expressed her struggles, but she still refuses to file a legal complaint against her husband".

⁴ KAFA runs a support center that provides women and children victims of violence with social, legal, and psychological support. Services offer include listening and counseling, free legal consultation and guidance, psycho-therapeutic services, and referral to a safe shelter when needed.

Another representative commented that most refugee women in gatherings had developed the courage to speak up because they are now more educated about abusive behaviors and more aware of their abusers' behaviors and intentions, as well as men who take advantage of women's vulnerability. This was complemented by an interviewee who stated that women in camps are unwilling to speak up because they are more bound by a closed community of culture, customs, and traditions that negatively affect women and limit their choices/decisions. In all instances, generally speaking, there is a decreased acceptance of a man's perceived right to beat and verbally abuse a woman. As a result, more women refuse such behaviors and stand up for themselves. Some leave the house and go to their parent's house, while others seek divorce.

4.2.6 GBV Trends in Camps and Gatherings

Consulted refugee women and NGO representatives concurred that GBV has increased in Palestinian refugee camps and decreased in gatherings and surrounding areas for reasons outlined below. This perception does not comply with the quantitative survey results, as discussed in this report's triangulation section.

A. From the Perspective of El-Bus Camp Residents

A refugee woman reported, "I think GBV has increased much more in camps than in gatherings. However, abusive behaviors cannot be justified regardless of reasons because a man who is respectful and has good values and principles does not abuse his wife and children regardless of the situation. An abuser remains an abuser regardless of the situation. Abusers use difficult financial, social, and political situations to justify their unjust behaviors". Another refugee woman reported that the lack of social support is one of the main factors that have increased GBV. A third refugee woman commented, "I think GBV has increased in camps due to the difficult socio-economic situation as, in addition to men who have a history of abusive behaviors, there have also been men who did not previously show violent behaviors but have developed aggressive behaviors during the past years and let out their anger and frustration on their wives and children. Also, there has been an increase in divorce rates and many incidents in which the man kicks out the wife and children from their home". On a relevant note. Another refugee woman commented, "I think men who have become abusive because of the difficult socio-economic situation are more dangerous than men who are known to depict abusive behaviors because the former are outraged and have become physically and verbally abusive to the point where they are not aware of their actions and the harm they are causing."

A refugee woman was mistreated/abused by her late father and was put to work at age 12; she has received PSS and is currently an activist with an NGO. She reported that GBV had increased significantly in camps more than gatherings ever since the Covid-19 outbreak and the financial crisis in Lebanon. She noted that "the continued deteriorated socio-economic situation has reduced parents' tolerance and attention is given to their children. Most children play on the roads, either because they are kicked out from their homes to play outside or because they are avoiding experiencing violence/abuse". She added: "violence has increased in the past years, and parents do

not realize that they are responsible for a whole new future generation who will take their place one day."

Interviewed residents acknowledged that many NGOs provide PSS and awareness services. Still, because there are no holistic services that protect women and their rights, this has reflected negatively on many women who spoke up and stood up for themselves and have gotten in more trouble with their abusers, primarily because the community and most parents do not support women victims of GBV and do not allow their daughters to file legal complaints against their husbands. They further explained that community members like to gossip about GBV victims but do not support them.

B. From the Perspective of Wasta Gathering Residents

A refugee woman reported that financial issues and women's acceptance of violence for their children are among the main contributing factors that have increased GBV. Another refugee woman commented that parents who force their daughter to return to her abusive husband and turn a blind eye when subjected to more violence contribute to the increase in GBV. Two refugee women noted that perhaps the rise in GBV is related to the financial crisis, limited awareness, overcrowded homes, and the presence of multiple nationalities in the camps, mainly because the actions and behaviors of a man are justified by society.

As to gatherings, they perceive GBV to have decreased because of the collective efforts that have positively impacted the attitudes and behaviors of community members toward women. Residents reported that their community supports GBV victims, and GBV cases have decreased. The community provides moral support to women and has publicly become against GBV. Many men are defending the rights of women. Moreover, due to the increased awareness by NGOs, education, travel, the internet, etc... many of the males of the younger generation no longer accept the negative attitudes and behaviors towards women. Interviewees added that the attitude towards the concept of "manhood" and that it stands for control over family members has changed in the gathering throughout the past years mainly because women have gained more awareness about social norms and their rights and have developed self-confidence and courage to stand up for injustice and unfairness. Another refugee woman commented that women have an opinion now and are decision-makers. For instance, women decide whether to marry off their daughters and to whom, and the girl has the right to decide whom to marry. Another refugee woman reported that GBV has lessened because the women now speak up and stand up for their rights, mainly because of the efforts of NGOs. She continued explaining that the increased awareness has decreased violent behaviors by men, and even fathers have become more flexible about their daughters' social interaction and roles in society. Men are coming to realize that "being a man" is related to "integrity, dignity, and respect" rather than "shouting, beating, disrespecting, and practicing control over women. "Moreover, the efforts of NGOs, the GBV hotlines provided by specialized NGOs, women's awareness of their rights, increased knowledge and understanding, and self-confidence among women all decrease GBV.

C. From the Perspective of NGO Representatives

The PSS Specialist reported that violence has increased in general, and GBV has significantly increased after the crisis in camps. Men generally have been suffering from the financial crisis and related consequences. In turn, as previously noted, men with aggressive personalities and those with the psychological structure and potential to become abusers/offenders suppress their anger and then let it out on their wives and children through abusive behaviors. Other NGO representatives concurred that violence increased after the crisis and during the spread of Covid-19 because it limited people's movement and source of income amid increased prices and expenses. The financial burdens and low wages lead to social, economic, and even intellectual problems without associations that can prevent this, whether in Palestinian camps or gatherings.

Another representative reported that NGOs working with women's and children's issues have greatly influenced men's mindsets and perceptions but have not been able to eliminate GBV. In terms of the effect of social media amid the financial crisis, the comparison between the lifestyle of individuals and families on social media has led to more gossip and more disputes between spouses. It has pushed women to demand their needs, leading to more anger and abuse by violent/abusive men.

Another NGO representative said that violence is less apparent in gatherings than camps and is more under control in gatherings than in camps because, in gatherings, there is more unity among family members, and the community has become more supportive of justice and fairness for women. He added that financially, the situation in gatherings is somewhat better as compared to camps, which might also be a contributing factor to the decrease in GBV, whereby many families in Wasta gatherings have children or family members abroad who send them money (in dollars or euros averaging 50 USD per month). This does not mean that Wasta residents are doing economically well especially in light of the recent crisis; however, their situation is somewhat better.

GBV has increased in camps and decreased in gatherings as perceived by consulted stakeholders.

4.2.7 Availability of Protection Services

A. From the Consulted Women's Perspective

Refugee women reported that they do not have NGOs that provide GBV protective services like KAFA, for instance, and do not have shelters in the camps or gatherings. They also noted that PSS and awareness sessions are vital in GBV cases, but they are insufficient in terms of protection, safety, and securing the rights of a woman victim of GBV. Therefore, in addition to PSS, the integration of capacity building is essential to enhance women's income and/or employability and promote self-reliance.

B. From the Perspective of NGO Representatives

The PSS specialist reported the presence of a psychological clinic in the camps and gatherings through which NGOs have gained women's trust. Services provided include discussions, awareness, PSS, and Focused PSS. Awareness sessions touch on various topics including reproductive and child health, women's health, sexual and gynecological diseases that a woman may be exposed to, and health issues that women may be exposed to before, during, or after giving birth. In addition, some NGOs support women victims to find job opportunities and provide services related to protecting children from family violence. Victims of a need for shelter or a lawyer are referred to NGOs that provide such services. When a woman files a legal/official complaint about harassment, rape, or GBV, the Lebanese authority cannot enter the camps. In such cases, a safety plan and protection measures are developed by NGOs on how women victims can protect themselves with the help of a trusted person (friend, family member, a staff member from an NGO, etc.). However, these services remain insufficient.

Two psychologists working across refugee gatherings in Lebanon, including Wasta gathering claimed that economic abuse has generally increased under the economic crisis. One claimed that in 2021 one economic abuse case was spotted out of 90 GBV cases, while in 2022, this number increased to 9 cases. Economic abuse cases have been described by these psychologists as one of two states. One: the woman earns an income and the man in the household takes all of the income earned and does not give her any money, maintaining the decision on how the money is spent to overcome the feeling of inferiority this scenario generates. When women generate the income, they become more independent which in turn drives men towards economically abusing them to claim their power in the patriarchal society we live in. Two: the man earns an income and refuses to give the woman any money for the household or agrees to give her some after he belittles her. Both scenarios are common in Palestinian refugee households but are under-reported because many women are not aware that that they are being economically abused, feeling it is normal for the man to make the financial decisions in the household.

One NGO stated that it has established "listening centers" in camps and gatherings to encourage the victims of GBV to speak up and seek support. Through these centers, the NGO has been able to help many women and protect them from harm by their abusers with complete discretion. Other additional available services include GBV hotlines provided by specialized NGOs and referrals to Hemaya and Abaad. However, all services remain insufficient, and there is a great need for behavioral development. NGOs should also work on changing the culture and behaviors, not only benefits. They need to work on freeing people from bad traditions and customs that limit their progress and physical and mental well-being. There should be preventative measures, not just attending to problems when they happen.

C. Protection Services Needed in Camps and Gatherings

Due to the dire needs and the escalating violence and challenges, especially amid the current multi-level economic, financial, and monetary crisis and the unfortunate consequences of the Covid-19 pandemic faced by marginalized communities, particularly women and children, the following recommendations concerning the services that should be updated/added to protect women from

GBV inside camps and gatherings have been forwarded by refugee women and NGO representatives as presented hereunder.

- To integrate comprehensive protection services for women victims of GBV and capacity-building interventions, which is vital to enhance women's ability to secure a source of income and/or to promote self-reliance.
- To develop a behavioral development strategy. NGOs should try to change the culture and behaviors, not only services. They need to work on freeing people from bad traditions and customs that limit their progress and physical and mental well-being. There should be preventative measures, not just attending to problems when they happen.
- To increase the scale of awareness raising and exert collective efforts to engage more men and boys in awareness sessions about domestic violence, GBV, and child development and protection.
- To increase the physical presence of NGOs specialized/active in GBV, particularly those providing shelter, protection and financial support services, within Palestinian camps and gatherings (such as "KAFA," ABAAD, etc..).

4.3 Triangulation with Literature

The results of the household survey's data and the open-ended interviews add credibility to the study and enhance its reliability, especially since most survey respondents are PRL women.

According to information from ABAAD⁵ in 2020, vulnerability levels have dramatically risen among residents of Lebanon since 2019, with many experiencing income losses and women reporting higher rates of GBV and psychological distress. The explosion of Beirut port on August 4, 2020, and the start of the COVID-19 pandemic hastened Lebanon's economic collapse. They built physical barriers between afflicted people and their support networks, making GBV more of an issue of concern. Additionally, many services have been altered or discontinued due to the pandemic, giving survivors restricted access⁶. Compared to 2019, 2020 witnessed an increase in GBV according to the GBV Information Management System (GBVIMS) published by UNHCR and UNFPA. This increase was attributed to the worsening of the country's economic situation. Data from UNRWA also indicates that domestic violence cases have increased in Palestinian camps, and children have increasingly reported witnessing these incidents occur in their homes⁷.

Moreover, having a patriarchal society, Lebanon does not have laws that fully protect women and keep them safe. Even though in 2014 the Parliament endorsed a law that protects women from domestic violence, which was subsequently updated in 2020, abusers are seeking new ways to get

⁵ABAAD, a leading agency in gender equality in the MENA region, provides protection and support services to GBV victims. It also supports capacity building of local, regional, and international entities that are active members in protection programmes, case management, sexual and reproductive health and rights (SRHR), mental health, psychosocial support and sexualities.

⁶<https://www.fmreview.org/issue66/potts-barada-bourassa>

⁷ Source: GBVIMS, Annual Overview of Incidents of GBV in Relation to Lebanon's Situation, 2021.

away with violence. Lebanon is to date a sectarian country lacking a civil law and referring court decisions to religious courts which often discriminate against women. According to an article published in October 2022 by The New Humanitarian, more women in Lebanon are seeking help as they are dealing with domestic violence inside their household. Additionally, women's rights advocates have been witnessing an increase in gender-based violence against women and girls after Lebanon's increased instability.⁸

The results of this study are in congruence with the available literature. Study results show that GBV trends have generally increased. Quantitative and qualitative data collectively concur with the literature, pointing towards an increase in GBV due to the compounded socio-economic and political crisis in Lebanon. However, while quantitative data indicates that GBV is higher in the gathering than in the camp, qualitative data shows the opposite, pointing to the perception that GBV has increased in Palestinian refugee camps and decreased in gatherings and surrounding areas due to several reasons, including the availability of services by NGOs. These collective efforts have positively impacted the attitudes and behaviors of community members in general towards women, the moral support available in gatherings to women, and the transformation in men's attitudes toward defending women's rights. What is evident is that Wasta gathering has more NGO protection services available as opposed to El-Bus camp, which has more UN services.

Triangulating findings, this study occurs with the recommendation provided by UN Women stressing the vitality of having a national referral pathway guideline for the prevention and response to GBV. The United Nations launched the concept of a referral pathway particularly to help NGO representatives on how to deal with GBV cases in marginalized communities.⁹ The pathway also guides the victims of GBV on how and where to seek help and what services are available where they reside. NGO representatives can resort to the UN's pathway to better understand how to approach such victims, consequently reducing the occurrence of GBV and abuse. Another recommendation is to implement a national campaign similar to the one implemented by the UN Women under the title "16 Days of Activism against Gender-Based Violence. This campaign is typically by civil society actors and is supported by the United Nations, to spread awareness about GBV.¹⁰ By actively working to reduce GBV in Lebanon, including among the marginalized and disadvantages communities, the country will be one step closer to achieving The United Nations Sustainable Development Goal SDG5 titled "Achieving Gender Equality and Empowering All Women and Girls" is attained.

⁸ <https://www.thenewhumanitarian.org/news-feature/2022/10/4/Lebanon-economic-collapse-gender-based-violence>

⁹ <https://evaw-global-database.unwomen.org/fr/countries/africa/uganda/na/national-referral-pathway-guideline-for-prevention-and-response-to-gbv>

¹⁰ https://www.unwomen.org/en/news-stories/in-focus/2022/11/in-focus-16-days-of-activism-against-gender-based-violence?gclid=Cj0KCQiA4OybBhCzARIsAlcfn9nH1cqLjw2YFQb48AKn19QzSUQ2V84qU1tmBL-IrQPihRC40DxQCkoaAsQEEALw_wcB

5. CONCLUSION, RECOMMENDATIONS, AND LESSONS LEARNT

5.1 Conclusion

Violence against women/girls, and children is a human rights violation. All types of violence, particularly GBV and domestic violence have become of greater concern since the outbreak of COVID-19 and the dire economic situation in Lebanon, specifically in vulnerable communities, including refugee camps and gatherings. Moreover, the acquisition of basic resources is becoming extremely difficult as the Lebanese Lira has been greatly depreciating since the end of 2019 to date. As the situation in Lebanon has been experiencing a decline, the most vulnerable communities, including Palestinian refugee women residing in camps and gatherings, have increasingly become victims of economic, physical, and emotional abuse.

The sample of respondents consulted with from El-Bus camp and Wasta gathering both indicated that GBV is present and has increased in light of the crisis. Despite the presence of services provided by the UN and NGOs, such services should be upscaled to ensure women are protected from GBV, domestic violence, economic abuse, and discrimination. Nevertheless, although still falling short, these services are having an impact. For example, a psychologist shared a success story about a woman who was being constantly abused by her husband economically, psychologically, and physically. With services and trainings received, she enhanced her skills and started working and earning an income. Gradually, she became more aware of her situation as a victim and started resisting it, which improved her overall living conditions.

5.2 Recommendations

The following set of recommendations have been forwarded by the consulted stakeholders.

- To integrate comprehensive protection services for women victims of GBV integrating capacity-building interventions, which is vital to enhance women's ability to secure a source of income and thus promote self-reliance. Such capacity building shall also address teaching women how to handle expenditures, including how to save money for personal use.
- To increase the scale of awareness by raising and exerting collective efforts to engage more men and boys in awareness sessions about domestic violence, GBV, and child development and protection. This will contribute to initiating behavioral development where traditions and customs will be changed. To engage boys and men, incentives need to be introduced to attract them to the awareness raising session and ensure their active participation.
- To develop a platform where activists specialized in GBV in Palestinian camps and gatherings can meet on a regular basis to discuss preventive measures that can be taken regarding GBV, economic abuse, physical abuse, and emotional abuse.
- To increase the physical presence of NGOs specialized/active in GBV, particularly those providing shelter, protection and financial support services, within Palestinian camps and gatherings (such as "KAFA," ABAAD, etc.).

- To spread awareness about economic abuse as a type of abuse.
- To organize dialogue sessions with male and female youth to discuss the importance of women rights and their independence.
- To develop/integrate family-centered awareness workshops or interventions that engage all family members (men, boys, women, girls) in sessions pertaining to domestic violence, GBV, discrimination, child development and protection, and family relationships and communication.

5.3 Lessons Learnt

The following section highlights the key lessons learnt to help improve the development/implementation of future projects.

- Integrating a behavioral development action plan into GBV and domestic violence related projects is essential to initiate a process through which preconceived ideas and views towards traditional gender roles can be changed as a step to viewing females and women as equal partners.
- Gaining the trust of women victims of GBV/domestic violence is vital to increase the scope of reach.
- Comprehensive and family-centered awareness raising interventions are needed to impact the whole family. Such interventions need to highlight that economic abuse is as well a type of abuse to be overcome.
- Providing capacity-building interventions are crucial to promote women's ability to secure a source of income that would promote self-reliance, thus contributing to the sustainability of outcomes.

SECTION TWO: FAMILY AND PERSONAL INFORMATION

1. How many direct family members do you have including yourself?						
<input type="checkbox"/> 1-3 members		<input type="checkbox"/> 4-7 members		<input type="checkbox"/> 8-10 members		
<input type="checkbox"/> above 10		<input type="checkbox"/> N/A				
2. How many direct family members do you have including yourself living with you in the same house?						
<input type="checkbox"/> 1-3 members		<input type="checkbox"/> 4-7 members		<input type="checkbox"/> 8-10 members		
<input type="checkbox"/> above 10		<input type="checkbox"/> N/A				
3. Household members disaggregated by age:						
	0	1	2	3	4	5 6
0-3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-6 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17-29 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29-44 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44-63 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 years and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any family member have a chronic disease?						
<input type="checkbox"/> Yes		<input type="checkbox"/> No				
5. How many rooms is your house composed of?						
<input type="checkbox"/> 1-2 rooms		<input type="checkbox"/> 3-4 rooms		<input type="checkbox"/> 5-6 rooms		
<input type="checkbox"/> above 6 rooms						
6. In your household, how many children are enrolled in education?						
<input type="checkbox"/> 1-3 members		<input type="checkbox"/> 4-7 members		<input type="checkbox"/> 8-10 members		
<input type="checkbox"/> above 10 members		<input type="checkbox"/> No children eligible for education				
<input type="checkbox"/> No children enrolled in education						
7. How many family members have a disability?						
<input type="checkbox"/> 1-3 members		<input type="checkbox"/> 4-7 members		<input type="checkbox"/> 8-10 members		
<input type="checkbox"/> above 10 members		<input type="checkbox"/> N/A				
8. Who is the main breadwinner in your house?						
9. How many family members earn an income?						
<input type="checkbox"/> None		<input type="checkbox"/> 1-3 members		<input type="checkbox"/> 4-7 members		
<input type="checkbox"/> 8-10 members		<input type="checkbox"/> more than 10 members				
10. Type of employment of family members:						
	0	1	2	3	4	5 6
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do females in your household earn an income? Who specifically?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Explanation:</i>		
12. What other sources of income does the family have?		
<input type="checkbox"/> None	<input type="checkbox"/> Support from relatives	
<input type="checkbox"/> Support from NGOs	<input type="checkbox"/> Support from UN	
<input type="checkbox"/> Other:		
13. What is the average family income per month? (in LBP)		
<input type="checkbox"/> 675,000 - 999,999	<input type="checkbox"/> 1,000,000- 3,999,999	
<input type="checkbox"/> 4,000,000 - 6,999,999	<input type="checkbox"/> 7,000,000- 10,000,000	
<input type="checkbox"/> More than 10,000,000		
14. In what currency do you earn your income?		
<input type="checkbox"/> LBP	<input type="checkbox"/> USD	<input type="checkbox"/> Both LBP & USD
15. How many times have you been displaced?		
<input type="checkbox"/> 1-2 times	<input type="checkbox"/> 3-4 times	
<input type="checkbox"/> 5-6 times	<input type="checkbox"/> More than 6 times	

SECTION THREE: PERCEPTIONS TOWARDS GBV

1. In your opinion, how is gender-based violence best described?		
<input type="checkbox"/> Harmful doings directed at a person	<input type="checkbox"/> Abuse of power	
<input type="checkbox"/> A violation of human rights	<input type="checkbox"/> All of the above	
<input type="checkbox"/> Other		
2. In your opinion, what is/are the main reason(s) of gender-based violence? Choose all that apply		
<input type="checkbox"/> Lack of law enforcement	<input type="checkbox"/> Poverty	
<input type="checkbox"/> Lack of education	<input type="checkbox"/> All of the above	
<input type="checkbox"/> Other (specify):		
3. In your opinion, what are the physical and mental effects of gender-based violence? Choose all that apply.		
<input type="checkbox"/> There are no effects	<input type="checkbox"/> Sexually transmitted infections and diseases	
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	
<input type="checkbox"/> Other (specify):		
4. Do you think that the income you make depends on your gender?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
<i>Explanation:</i>		
5. What are the main expenses in your household?		
<input type="checkbox"/> Education	<input type="checkbox"/> Food	<input type="checkbox"/> Rent
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Household items	<input type="checkbox"/> Clothes
<input type="checkbox"/> Other (specify):		

6. In your household, who has authority on how the income is dispersed/ used?		
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Head of Household's Spouse	
<input type="checkbox"/> Both	<input type="checkbox"/> Other (specify):	
7. What are the health services provided regarding women's sexual and reproductive life in your area? Choose all that apply		
<input type="checkbox"/> Clinic	<input type="checkbox"/> Mobile clinic	<input type="checkbox"/> Family health care center
<input type="checkbox"/> Dispensary	<input type="checkbox"/> Midwife	<input type="checkbox"/> Hospital
<input type="checkbox"/> Other (specify):		
8. Who provides these services mainly? Choose all that apply		
<input type="checkbox"/> NGO (specify):	<input type="checkbox"/> UN	<input type="checkbox"/> Municipality
<input type="checkbox"/> PRCS	<input type="checkbox"/> Other (specify):	
9. What are the health services provided regarding abuse against women in your area? Choose all that apply		
<input type="checkbox"/> Shelter	<input type="checkbox"/> PSS	<input type="checkbox"/> Case Management
<input type="checkbox"/> Other (specify):		
10. Who provides these services mainly? Choose all that apply		
<input type="checkbox"/> NGO (specify):	<input type="checkbox"/> UN	<input type="checkbox"/> Municipality
<input type="checkbox"/> PRCS	<input type="checkbox"/> Other (specify):	
11. In your current place of residence, are women's rights to health, including sexual and reproductive health, available to girls under 18?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
<i>Explanation:</i>		
12. Have you ever experienced or been a victim of physical or emotional abuse?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure	<input type="checkbox"/> No
<input type="checkbox"/> Would rather not say		
<i>Explanation:</i>		
13. Do you know anyone who has experienced or been a victim of physical or emotional abuse?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure	<input type="checkbox"/> No
<input type="checkbox"/> Would rather not say		
<i>Explanation:</i>		
14. Do you think gender-based violence has increased in your place of residence after the financial crisis in Lebanon?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure	<input type="checkbox"/> No
<i>Explanation:</i>		

SECTION FOUR: RATING SCALE STATEMENTS

Based on the response scale, please specify your level of agreement to each of the below statements.

1 for “Strongly Disagree”, 2 for “Disagree”, 3 for “Neutral”, 4 for “Agree”, and 5 for “Strongly Agree”.

Statement	1 SD	2 D	3 N	4 A	5 SA
In my opinion, poverty increases gender-based violence.					
The economic crisis in Lebanon increased gender-based violence in Palestinian camps and gatherings.					
Gender-based violence is more common in Palestinian camps than gatherings.					
Gender-based violence is more common in Palestinian camps and gatherings in Lebanon than elsewhere in the country.					
Lebanese laws decrease the likelihood of gender-based violence domestically and protect women and girls.					
Lack of economic opportunities increases gender-based violence.					
Palestinian refugees’ limited access to their rights in Lebanon results in gender-based violence.					

Comments if any:

ANNEX 2: LIST OF QUALITATIVE INTERVIEWS

Refugee Women Interviews - Wasta Palestinian Gathering			
Location: Fayza Mousa House			
Name	Nationality	Residence	Date
Fayze	Lebanese	Wasta	Sept 29,2022
Mariam	Lebanese	Wasta	Sept 29,2022
Souheila	Palestinian	Wasta	Sept 29,2022
Meysa	Palestinian	Wasta	Sept 29,2022
Nidaa	Palestinian	Wasta	October 7, 2022

Refugee Women Interviews - El-Bus Palestinian Camp			
Location: The center of Women's Humanitarian Organization Center			
Name	Nationality	Residence	Date
Mona	Syrian	El-Buss Camp	October 7, 2022
Siham	Lebanese	Rashidieh Camp	October 7, 2022
Aya	Syrian	Burj Shemali Camp	October 7, 2022
Alia	Palestinian	El-Buss Camp	October 7, 2022
Amena	Palestinian	El-Buss Surrounding area	October 7, 2022

NGOs Representatives Interviews				
NGO	Name	Position	Gender	Date
El-Ghad	Ghazi Hussein ElHassan (Abou Rami)	Head of El-Ghad organization in South Lebanon.	Male	October 7, 2022
NABA'A	Abd Elatif Issa	Area Manager/Coordinator of Sour	Male	October 7, 2022
Children of Justice	Hussein Ali Zeidan	Head of "Future Youth Center" and "Children of Justice at Qasimiya Gathering	Male	October 7, 2022
ARCPA	Pascal Mrad	PSS specialist	Female	Oct 8,2022
General Union of Palestinian Women	Zahra Ahmad Mohamad	Responsible for the General Union of Palestinian Women in Sour Area. Responsible for the working women's affairs at the Palestinian General Federation of Trade Unions in Lebanon	Female	Oct 9,2022

ANNEX 3: GUIDING QUESTIONS

INTERVIEW

NGO Representatives and Activists

The purpose of this study is to gather data on marginalized Palestinian refugee families, specifically Palestinian refugee women, located in El-Bus camp and Wasta gathering in the South of Lebanon. This study also gathers data on the effect of the Lebanese law and economic crisis in Lebanon and how it relates to gender-based violence. The respondent's anonymity is ensured, and personal information shall be kept private. The survey focuses on gathering personal and family information for statistical purposes only. NO NAMES SHALL BE REVEALED or any other additional information that can make the individual or family identifiable. The research will help direct programs that will focus on protecting Palestinian refugee women from gender-based violence.

SECTION ONE: GENERAL INFORMATION

Respondent Name	
Respondent Position	
Organization Name	
Organization Target Area	
Organization Main Services	

SECTION TWO:

<p>1. How long have you been working on site in Palestinian camps and gatherings? Please specify whether your work is focused on Palestinian camps or Palestinian gatherings, or both.</p> <p> <input type="checkbox"/> Camps <input type="checkbox"/> Gatherings <input type="checkbox"/> Both </p> <p><i>Years/Months active:</i></p>
<p>2. Prior to the economic crisis in Lebanon, have you ever witnessed gender-based violence among marginalized families in the NGO's target area?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No </p> <p><i>Explanation:</i></p>

3. Has gender-based violence increased or decreased after the crisis?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
<i>Explanation:</i>		
4. How are you able to monitor this change in gender-based violence? Please provide examples.		
5. What are the main factors contributing to GBV in your opinion?		
6. What services does your NGO provide to women who are victims of gender-based violence, if any?		
7. In your opinion, are the services available to women victims of GBV sufficient?		
8. In your opinion, what factors influence women's access to GBV services?		
9. Are victimized women today more willing to share information about their condition than before? Why or why not?		
10. In your opinion, do Lebanese laws regarding women in general and Palestinian refugees in particular have any effect on gender-based violence inside Palestinian camps and gatherings? In what ways?		
11. In your opinion, do you think poverty has any effect on gender-based violence? Please explain by referring to examples witnessed on site.		
<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
<i>Explanation:</i>		

12. Are you aware of services available to women victims of GBV? How can women know about these services and access them?
13. Are there any provisions which restrict women's access to health services? In particular which require the consent of male relative/ husband for a married woman's medical examination or treatment or access to contraceptives or abortion?
<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <i>Explanation:</i>
14. Are medical services related to women's sexual and reproductive life and/ or violence against women covered in your area?
15. Are women's rights to health, including sexual and reproductive health, available to girls under 18?

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