The National Commission for Lebanese Women (NCLW), the United Nations Entity for Gender Equality and Women’s Empowerment (UN Women), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) are partnering to provide periodic Lebanon specific gender and COVID-19 alerts throughout the duration of the current phase of the public health crisis. These updates aim to a) provide observations on gender issues in the country context b) compile available secondary data into one reference point, c) consolidate guidance and programmatic tools related to gender issues and d) offer recommendations to support a more gender equitable response.

This issue of the Gender Alert focuses on access to justice and gender-based violence (GBV) in Lebanon during the COVID-19 pandemic. Future alerts will focus on issues such as the impact of the pandemic on women’s engagement in the economy (paid and unpaid), and gender roles and dynamics within the healthcare system.

CONTEXT

Initial trends suggest that the COVID-19 lockdown may have already - and will likely continue to - exacerbate incidents of gender-based-violence (GBV), particularly for women and girls. Already high levels of violence against women in Lebanon are being compounded by quarantines and social isolation, and job and income losses exacerbating individual, family and societal stresses. Global research indicates that these factors are challenging the ability of women to temporarily escape abusive partners, access emergency and life-saving services and increase their risk to violence due to increased societal

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1 All LCRP humanitarian partners and health service providers are welcome to support and are encouraged to feed into trends and analyses for the Gender Alert series. Please contact: Claire.wilson@unwomen.org.
2 Gender-based violence can encompasses a wide range of violence typologies, such as physical, sexual, emotional, economic, and/or psychological abuse, intimate partner violence, and sexual exploitation, including transactional or survival sex.
3 Inclusive of Lebanese nationals, foreigners, refugees, migrants, displaced persons, and other legal statuses.
Moreover, global data is pointing to the rising risks of violence against health care workers during pandemics, noting the already high levels of harassment and violence that female health workers face.

ISSUES FOR ATTENTION

1. The potential for an increase in the number and severity of gender-based violence cases
   - National and international GBV service providers are closely monitoring trends related to the number of GBV incidents reported or calls received; aggregated national analysis is not currently available. Initial reporting from Internal Security Forces (ISF) hotline on domestic violence (1745) suggests a significant increase in calls in March 2020 compared to March 2019, yet a reduction of calls in March 2020 compared to February 2020.7
   - KAFA reports that before the lockdown, many of the women who called for help were long-time survivors of violence and were primarily asking for advice on the services available. However, during lockdown in March, more women were first time callers, reporting new incidents of violence. KAFA has reported an increase in the severity and emergency nature of the calls compared to previous months.8
   - ABAAD reports an increase in women reporting death threats (based on their emergency safe shelter database). Three women in Lebanon reported threats of femicide for showing symptoms related to COVID-19 (though, did not test positive) who then sought the support of emergency safe housing services.9
   - KAFA reports a reduction in phone calls to their hotline from Syrian refugees in some areas. Since March 13, 70% of calls to KAFA’s Bekaa support center have been from Lebanese women (prior to the lock down, calls were 55% from Lebanese women and 45% from Syrian women).10

2. State protection services adapt to ensure and access to justice response to domestic violence cases, with potential for strained capacity
   - Despite the lockdown measures, state security forces have been able to respond to cases of domestic violence cases by conducting home visits and receiving cases at police stations. There is concern that the security personnel could face challenges to respond going forward.
   - Some judges are using remote listening techniques to issue protection orders for women at risk of and surviving gender-based violence, and have issued two decisions to protect two women.11 Some GBV survivors have reported being unable to seek legal redress against their perpetrators due to court closures.
   - There are reports of forensic doctors being unable or unwilling to document physical abuse of survivors at police stations for fear of COVID-19 spread, but some judges are waiving these procedures in favor of the survivor.12

3. Frontline service providers continue to provide essential services, though challenges are foreseen
   - 24/7 reporting lines for violence are running across the country, including the free national ISF hotline13 and from non-governmental service providers. Case management, psychosocial support, and information counseling are available remotely via phone or social media platforms, and service providers are working to adapt quickly to the current context, following new guidelines. Due to the lock-down measures and their economic impact, there are concerns that survivors

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6 Ibid.
7 Internal Security Forces data as of March 31, 2020; this is also inclusive of child protection cases of domestic violence, not only violence against women.
9 Reported by ABAAD, April, 2020.
10 Ibid.
11 Reported by KAFA, April 2020.
may not be able to access internet or use mobile phones to report remotely (either because they are unable to find private spaces, or do not have the credit to contact hotlines).

- Hospitals and primary health care centers continue to provide medical care for incidents of physical abuse and clinical management of rape; capacities could become limited in the onset of a level-4 COVID-19 outbreak, likely to severely strain healthcare facilities.
- KAFA reports an increase in written reports by survivors of GBV through social media, particularly Facebook; this may be a safer, cheaper and easier means/way for victims to communicate on their needs.14
- The Ministry of Interior’s decision to restrict movement of persons and vehicles under COVID-19 has not yet provided waivers for CSOs staff undertaking critical work to provide GBV services.15

4. Limited capacity for survivors at safe shelters

- Several women’s shelters across Lebanon are at full capacity and have reported that they can no longer be able to host new survivors. In addition, some shelters are unwilling to accept hosting survivors of violence due to fear of COVID-19 contagion; they have asked those seeking shelter to produce proof that they do not have COVID-19, though free COVID-19 testing at designated hospitals is only possible under certain criteria.

5. Specific marginalized groups at-risk

- Under the Kafala system domestic migrant workers remain at great risk of heightened exploitation and abuse. A recent example is a case of the death of a Ghanaian worker who reported that she feared for her life due to alleged abuse from her employers 16, and the recent video that went viral on social media of an Ethiopian worker escaping from an apartment balcony.17
- Victims of trafficking for sexual exploitation are among the most vulnerable and marginalized groups at risk. Despite the health risks during the pandemic, pimps, traffickers and sex buyers will continue to force women into sex in Lebanon, especially given the deteriorating economic situation, in line with observations from other global contexts.
- LGBTI persons isolated with homophobic and transphobic family members are also at-risk of abuse;18 no specific safe housing options exist for all LGBTI persons exist in Lebanon.
- Women and girls with physical and intellectual disabilities, and elderly persons, can be at risk of being exposed to violence.
- Amidst the nation-wide school closure, violence against children must also be carefully monitored and services expanded. On April 7, a father in Tripoli was accused of killing his 6-year-old Syrian daughter.19

COVID-19 GENDER/LEBANON FIGURES20

- 548 cumulative cases identified (47% women | 53% men)
- 48 health care workers infected (60% women | 40% men)
- 19 deaths (79% men | 21% women)

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15 UNICEF Lebanon.
17 Luna Safwan, Twitter, https://twitter.com/LunaSafwan/status/1246904340956201361/video/1.
18 LGBTI persons in Lebanon who have left situations of domestic violence in households prior to COVID-19 are struggling to maintain their shelter, due to the economic impact of COVID-19. Reported by Helem, April 2020.
RECOMMENDATIONS:

Government of Lebanon:
• Enable the ISF domestic violence hotline – 1745 – to be free of charge for all callers.
• Ensure continued capacity of police personnel (with gender balance) to respond to cases of domestic violence as well as the exploitation of domestic workers twenty-four hours per day.
• Extend the duration of judicial protection orders to cover the period of lockdown and quarantine.
• Promote and enable provisions for domestic violence survivors (including domestic workers) to attend court proceedings via accessible teleconference.
• Ensure freedom of movement for CSO staff providing GBV life-saving interventions.
• Engage municipal police to proactively mitigate and reduce domestic violence at community level as well as facilitate referrals and/or reporting to the ISF.

Humanitarian Responders:
• Fund and support programs protecting against GBV (including expanding remote case management and MHPSS services, urgently increasing shelter capacity, and procuring internet and phone credit to allow for remote service access.)
• Prioritize cash assistance and in-kind assistance GBV survivors.
• Conduct remote training for staff (specialized and non-specialized GBV actors) on preventing sexual exploitation and abuse in pandemics.¹
• Communicate and share information about best practices and challenges on GBV with the new context of the pandemic.

Healthcare and GBV service providers:
• Continue to provide access to life-saving care and medical support to GBV survivors, including clinical management of rape services.
• Provide basic training and awareness on GBV, PSEA, and safe identification to frontline health workers.
• Disseminate information and publicize resources about gender-based violence services available across the country.
• Ensure that all persons, regardless, of age, physical and mental health capacities, nationality, legal status, socioeconomic background, and sexual orientation have access to GBV services.
• Strengthen the remote outreach to women victims of trafficking for sexual exploitation through the dissemination of information on available services.

¹ The SGBV Task Force under Lebanon’s Crisis Response Plan is planning to conduct several interventions.
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