





**REVIEW** OF  
GENDER-BASED VIOLENCE  
**RESOURCE AND TRAINING MATERIALS**  
IN LEBANON

**Executive Summary**

**Prepared by**  
Education for Change (EfC)

United Nations Population Fund - Lebanon



## RESEARCH CENTER AND TEAM

### Education for Change (EfC)

Education for Change (EfC) is an independent consulting and research company specialising in:

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- Strategy and policy analysis,
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### Research Team

**Louise Wetheridge** is a researcher with over 6 years experience in gender and international development. She is a full time member of staff at EfC.

**Dr Jinan Usta** is a Physician based at the American University of Beirut Medical Centre, with considerable experience of gender-based violence in Lebanon.

# BACKGROUND

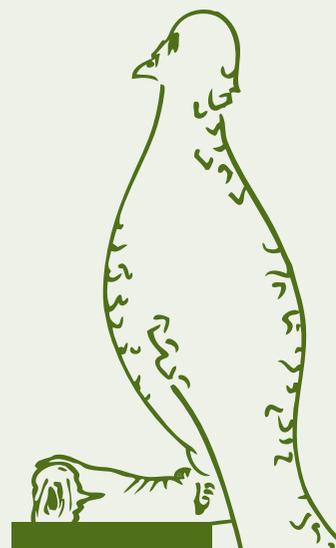
Around the world, gender-based violence (GBV) reflects and reinforces inequalities between men and women. It is entrenched by power relations and control, cultures of silence, denial and political and cultural apathy, and affects men and women throughout their lives.

This review of training materials and resources on GBV in Lebanon aligns with international agreements including, but not limited to:

- Convention on the Elimination of All forms of Discrimination against Women (CEDAW, 1979)
- Declaration on the Elimination of Violence against Women (DEVAW, 1993)
- International Conference on Population and Development agreements (ICPD, 1994)

The 1994 ICPD Programme of Action (POA) constitutes UNFPAs framework for operations in developing countries. The POA recognises that women's empowerment and gender equality are cornerstones of development.<sup>1</sup> It encourages men to take responsibility for their sexual and reproductive behaviour and social and family roles with special emphasis on the prevention of violence against women and children (ICPD POA, paragraph 4.27). At the state level, it calls on countries to take full measure to eliminate exploitation, abuse, harassment and violence against women, adolescents and children (ICPD POA paragraph 4.9). These statements underpin UNFPAs approaches to development.

There are many global initiatives to tackle GBV, to protect those who experience it, and to prevent it from happening. Resistance movements and responses are diverse and widespread. Training





materials and resources on GBV globally use different terminologies, from violence against women (and girls) to gender violence or gender-based violence, and they mean different things when they discuss violence. The choice of language and the cultural context is highly significant. Women are disproportionately the victims of violence but the use of “gender-based violence”, as in this review, aims to reflect the fact that violence stems from gendered power relations, hierarchies and can also be perpetrated against boys and men. Women and men, as stated in some resources catalogued here, need to have access to and be empowered by training and learning on GBV because they can both be powerful activists for positive change.

In the past training materials on GBV tended to be produced by Western organisations and were not usually directly applicable to developing country contexts. Over the last decade an increasing number of GBV materials have been developed by developing countries and regions that are relevant to those contexts. These more recent resources are available from international as well as country-based organisations.

Many GBV resources aim primarily to raise awareness of the phenomenon. More recently, efforts have been made to link awareness-raising training and resources with practical tools and skills development. This recognises that people need best practice methods and techniques to bring about change. Another trend over the past decade has been to encourage the involvement of men and boys in GBV training and learning as participants and leaders.<sup>2</sup> Involving more males in GBV action aims to break down stereotypical gender roles and expectations and encourage solidarity of men and women in the fight against GBV.

In the Middle East and North Africa (MENA) region GBV is increasingly recognised as a phenomenon, deeply rooted in existing power relationships, sexuality, self-identity and the structure of social institutions.<sup>3</sup> Knowledge and understanding of the many facets of the problem is gaining ground in Middle Eastern communities. A few countries in the region (including Jordan, Egypt, Palestine, and Turkey) have undertaken large scale, population-based surveys on the magnitude of and attitudes towards GBV;<sup>4</sup> others including Lebanon and Syria have done prevalence studies within selected groups of women.<sup>5</sup> Public service announcements, posters and leaflets on GBV are visible and some training workshops are available to GBV activists and professionals. With the limited data available in the region, it is notable that, in the region:

- (a) GBV is widespread (in different manifestations);
- (b) The reported prevalence of GBV in the region falls within the global range;

- (c) The acceptance of violence, particularly spousal violence, is high;
- (d) Most victims do not seek assistance, especially not formal help, and significant barriers exist to seeking help, including a scarcity of safe, accessible and effective places of GBV protection and intervention.

Despite these characteristics GBV is not recognised a major problem in all MENA countries. Only 17 out of 22 Arab states have ratified CEDAW and among the states that have efforts to combat GBV are arguably limited.

The newly established UNFPA Arab States Regional Office (ASRO) recently conducted a mapping of activities on gender equality and women's empowerment in the region. It found that forms and focus of GBV differ from country to country and include physical abuse and violence, sexual harassment, verbal abuse, child and early marriage and female genital mutilation. It highlights that activities to sensitise community, policy makers and service providers are common, but that the region would benefit from improved knowledge sharing.<sup>6</sup>

Research has been instrumental in shedding light on what is happening, identifying needs and gaps and the obstacles faced in GBV work. Its revelations (for example that women survivors will only seek police assistance in extreme cases, risk losing the sympathy of family and friends and may be ignored by the police) have an effect on what kind of training may be delivered and to whom. Research can help GBV training providers (such as NGOs, government agencies) better understand what kind of knowledge and skills health workers or social workers need, according to the needs of GBV survivors. Research findings can also indicate what resources for the general public (posters or television advertisements) might best help women and men to seek support. In this way, GBV research and GBV resource development are strongly linked.

Lebanon ratified the CEDAW in 1996. The Lebanese Constitution states that all men and women are equal before the law to enjoy civil and political rights equally and be equally bound by public obligations and duties without any distinction (Article 7). GBV is prevalent in Lebanon in different forms, including domestic/marital physical, sexual and psychological violence. It is estimated by NGOs working with abused women that almost 80% of female victims of domestic violence are also victims of spousal rape.<sup>7</sup>

UNFPA has a global mandate to promote the rights of every man, woman and child to enjoy a life of health and equal opportunity, including ensuring that every girl and woman is treated with dignity and respect. Its programmes are cross-sectoral, covering reproductive health, maternal health, education and HIV/AIDS. In



2008, the UNFPA Lebanon launched a two year project which looks at mainstreaming and institutionalising GBV in national planning and development, supported by the contribution of the Government of Italy. The review of training materials and resources is one of several activities implemented under a consolidated two year national GBV action plan with prioritisation for 2009-2011 managed by UNFPA and its partners.

There is no national standardised GBV training and resource guide, with ideas/sample sessions and activities for using with different users.<sup>8</sup> In 2007, MOSA developed a national training manual for its social workers with guidance on how to conduct awareness-raising sessions for women and to communicate and provide referral for women survivors of violence.<sup>9</sup> Recently, the United Nations High Commissioner for Refugees (UNHCR) has developed guidelines on how to address refugee victims of abuse and trained its staff and health care providers in Lebanon to use the guidelines; a follow-up assessment may be available at a later date.

There is also no national information system or database for monitoring and recording cases of GBV and follow-up. Overall, there is a lack of long-term coordinated planning and action on GBV at the national level in Lebanon although important steps, including the UNFPA project, are being taken.

## OBJECTIVES

The purpose of this assignment was to:

Review all the reference and training material, guides and tools developed and/or adapted in Lebanon and related to gender based violence prevention and protection. In addition, the review should also assess the different information systems (softwares, records, forms, etc) currently or previously used for monitoring, reporting and documenting cases of GBV. (UNFPA, Terms of Reference)

To reach this purpose, the assignment objectives were:

- (a) identifying and reviewing all resources available at the national and sub-national levels;
- (b) analysing their gaps, appropriateness, relevance, comprehensiveness, mode of utilisation, etc according to the needs of the different target groups; and
- (c) suggesting practical recommendations for future development/adaptation of resource/training guides.

The deliverables are a comprehensive report and Catalogue of resource and training materials in English and Arabic.

# METHODOLOGY AND PROCESS OF WORK

The agreed methodology packaged the work into four distinct elements: inception and information gathering; focus group; reporting.

## Inception and information gathering

Existing GBV training materials and resources were identified (through communications with the Client and key initial stakeholders), gathered and analysed. This early documentation highlighted further resources and a need to pinpoint the meaning of “resource”. This was finally understood to mean any published or unpublished material that has a primary aim for training and learning on GBV, including:

- Training manuals, trainers handbooks or guides;
- Reference guides;
- Focus group, workshop, seminar etc documents;
- Posters, flyers, stickers, visual materials;
- Leaflets, brochures and information, education, communication materials;
- Video and audio materials.

The consultants gathered materials from a wide range of national and international stakeholders. Resources were gathered in Arabic, English and French languages. A stakeholder list was developed and maintained. Major sources of materials were a few Lebanese NGOs, government ministries, INGOs, UN agencies and academic institutions in Lebanon.

A total of 44 GBV training materials and resources are included in the Catalogue. It was not our mandate to assess or evaluate the quality

of the collected resources, beyond the fact that they are relevant and accessible to this review. Each resource entry comes with brief comments about the resource.

During consultations with stakeholders, the review of information systems (software, records, forms) used for monitoring, reporting and documenting cases of GBV was considered. For this, consultations were extended to a wider range of ministries (including the Ministry of the Interior, MOPH and MOSA), public reporting facilities (within NGOs), police services and selected university hospital departments.

## Focus group

Based on the list of stakeholders consulted for the desk review, the consultants requested expressions of interest for a focus group on GBV training materials and resources, aimed at people who regularly produce resources or are interested in doing so.

Focus group participants included individuals having previous experience in training and representatives of women organisations having long term contacts with women survivors and therefore able to identify the needs. Care was taken to include organisations addressing Palestinian and non-Palestinian refugees.

The focus group was held in Beirut over a half day session. Its objectives were to: discuss and comment on the methodology employed by this review to gather resources; reflect and comment on issues related to accessing GBV training and resources; share knowledge on existing materials; explore needs and gaps for developing or adapting further materials; and identify target users and beneficiaries of resources.

Some of the key points raised by the participants are:

- (a) The content of training sessions conducted in Lebanon are mostly developed from resources available in the international literature, yet references are not mentioned that would ensure the credibility and reliability of the information provided;
- (b) Most training sessions have been limited to a few hours which may not be enough to develop sufficient skills; trainings tend to lack identifiable objectives and lack evaluation or follow-up to assess outcomes or impact;
- (c) Concerns regarding the qualifications and skills of some trainers;
- (d) Concerns regarding whether training/resources are provided because it is an identified priority need or because it is attached to donor demands/funding;
- (e) Most of the resources developed locally target social workers to a great extent and health workers to a lesser extent yet care and support to GBV survivors must be multi-sectoral;

- (f) The longer term aims for eliminating GBV in Lebanon must be considered when developing resources as well as the shorter-term prevention or protection agendas. This will determine the content and target group of the resources.

## Reporting

This report and Catalogue use a three-tier analysis to order and critique the resources: 1) Resource origin, 2) User Group, and 3) Primary objective of the resource.

### 1- Resource origin

This refers to whether the resource is A. adapted/developed in Lebanon or B. adapted/developed externally (regionally or internationally).

### 2- User group

This is sub-classified into five categories:

1. Social workers,
2. Health workers,
3. Educationalists (including teachers, university lecturers, scout leaders),
4. Gender practitioners (including women's organisations),
5. Public/NGO sector workers in general.

In mapping the resources at the beginning of the assignment other user groups were identified including lawyers, judiciary, police, policy makers and community leaders. However there are no catalogued resources for these users, so they are excluded.

### 3- Primary objective

This third tier of the classification considers whether the resource aims for 1) awareness-raising/sensitisation of users; 2) knowledge development of users; or 3) skills, tools and techniques development of users.

This aims to reflect and represent the global debate on training and learning materials as sensitisation or tools and training vehicles. It is useful to assess whether GBV resources in Lebanon have a significant focus on one or the other key objective. For each resource and group of resources as classified above, the consultants also consider the primary type of GBV, the resource's relevance, comprehensiveness, modes of utilisation, and gaps.

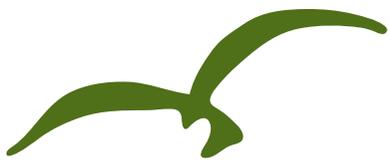
These three major classifications enable a comparative review of the resources available. Several resource titles are repeated across more than one user group in this report because they are aimed at multiple users. In the Catalogue however the resource is listed only once under its primary user group.

# Limitations and Facilitating Factors

This review is limited by availability and accessibility of resources and may not account for privately held or inaccessible training materials, session outlines, guides, tools, visual, audio and textual materials that may exist. The following section presents the most salient limitations and facilitating factors experienced by the review team.

## Limitations

- (a) It takes considerable time to gather resources – stakeholders can be slow to respond and the resource gathering and progressive analysis is time-consuming.
- (b) Very few resources produced in Lebanon are available electronically or on the internet – restricting sharing and easy access/reference.
- (c) Few resources are available in English and fewer in French.
- (d) The clarification of the scope of the term “resource” to include Public Service Announcements, short films and leaflets, added to the complexity of the review.
- (e) Staff turnover in organisations means that relatively new staff are not aware of past training or resources going back up to 15 years – it becomes inaccessible/lost knowledge.
- (f) Lack of detailed information about resources (how they were developed, whether piloted etc.) frustrated attempts to consider quality, usefulness and other indicators.
- (g) Many organisations were reluctant, unable or did not agree to share materials or resources due to lack of documentation, concerns about reproduction of materials without consent, finalisation or referencing.



- (h) Many training and resources are developed on demand by individuals after contracts documentation is not retained by organizations.
- (i) Very few training sessions have written accompanying outlines for future replication.
- (j) No national information system capturing GBV data exists and though a few organisations have their own information systems which are used for specific, internal purposes, it is difficult both to capture and to assess these systems. Systems contain highly sensitive data.

### Facilitating factors



- (a) The consultants used existing networks, colleagues and contacts and personal knowledge base on GBV to facilitate the process and built in flexibility to the timeline. The focus group participants recommended a short questionnaire to gather information about resources quickly. This facilitated data gathering.
- (b) The consultants sourced resources electronically wherever possible, used scanning facilities and otherwise worked in hard copy.
- (c) The consultants worked in three languages and divided the work according to language capabilities.
- (d) UNFPA facilitated a partners meeting in April, with all three implementing companies attending. This supported sharing of definitions, ideas and prompts for gathering different resources.
- (e) Where possible, consultants sought to go back to previous staff or persons with many years experience; in other instances known and current resources only were gathered.
- (f) A UNFPA letter to a small extent encouraged organisations to share; over time, with more details about the assignment and reassurances, other organisations came on board.
- (g) The inventory and report primarily document and discuss the available resources on their own merits in terms of what is known. It is nevertheless indicative of volume and type of resources available.
- (h) The consultants spent time talking to the organisations known to have their own systems and disseminated a questionnaire to learn key facts. Systems could not be shared electronically but were viewed in person where possible.

## MAIN FINDINGS AND RESULTS

Among those who work on GBV in Lebanon, across sectors, there is significant enthusiasm for and commitment to, training materials and resources to support, enhance and progress awareness, knowledge and skills in GBV in Lebanon. Very few victims of violence report their experience, and it is widely anticipated that the development of a diverse range of resources on GBV will increase reporting and ensure women feel secure and have the knowledge to do so. On the other hand, this review has found a significant lack of resources nationally for these purposes, in particular for certain user groups and forms of GBV.

Resources that do exist are unconnected to each other. There is duplication of effort and, consequently, lack of uniform agreement on the priorities for GBV training and resource development in terms of GBV focus area, resource type, focal user group etc. Little sharing and collaboration exists that would maximise resource usage and development for best practice. This lack of sharing has also resulted in duplications of work and a prevailing and identified attitude of competition not collaboration .

Yet stakeholders are aware of, and many resources reflect the fact that GBV cannot be addressed through the requirement of services within a single sector. They must be aimed at both prevention and protection and require the participation and services of multiple sectors including all those referenced as user groups in this report.

As yet, there is no national manual or collection of what exists for GBV training and resources; it is part of the intention of this review that the Catalogue makes progress towards providing a comprehensive list and also works towards a synthesis and agreement on language and terminology related to the subject.

A number of key points should be reiterated reflecting on the resource analysis:

The majority of accessible Lebanese resources are for social workers as users and are aimed at adult women as beneficiaries;

The majority of resources are workshop methodologies that focus on general awareness-raising on GBV concepts, prevalence and protection;

There is an absence of product sheets for each resource which makes it difficult to ascertain what the original objectives and expected outcomes of the resource were;

- Many resources take account of beneficiaries' literacy and the impact of the resource on the general public consequently the use of animated images and video is high;

Most regional/international resources connect GBV to reproductive health programmes and services and to international human rights conventions.

Three NGOs' information systems were captured for this review. All three are relatively new and designed for the purposes of the specific organisation. They record broadly similar types of data and have appropriate follow-up mechanisms in place. The systems seem to work well individually and for the purposes of the organisation, but there remains a question about whether data might be more effectively used and efficiently gathered via a central national information system that could be used by multiple organisations and allow for easier retrieval of data (with confidentiality and privacy ensured). Such a shared system would give better access to prevalence data, enable organisations to coordinate follow-up and referral and learn from each others' expertise and skills in dealing with survivors of abuse and their families.



## Recommendations

These recommendations are intended for a general audience including UNFPA and other UN agencies in Lebanon, and also NGOs in Lebanon, independent researchers, academics, policy makers and any other interested party.

### Develop a few standardised manuals and resources

Developing standardised GBV training manuals for each professional sector (health, social, education, legal etc.) would help to ensure a common language and consistent dissemination of concepts and sector-specific practical tools and techniques. The manuals could be in the form of a resource kit, possibly adapted from existing national or regional materials. The manuals should be piloted across the target user groups to ensure relevance, usability and acceptability, with users ideally being involved in the development of the manual itself. Attention must be paid to cultural sensitivity of the content.

Standardising manuals would also help to ensure the quality of the information given. The persons or entity responsible for creating the manuals or kit should be responsible for quality assurance of the contents.

Training of trainers manuals would further support the cascading of knowledge and skills within each sector and encourage sharing of learning among peers. Training of trainers guides could be developed as an add-on to the standardised manuals.

## Provide tailored training materials and resources for specific user groups

The critical user groups in need of more and better GBV training materials and resources are:

- (a) Educationalists (teachers and education managers);
- (b) Police and legal service personnel (including lawyers);
- (c) Religious and community leaders.

Resources should be developed and used to ensure the equal opportunity to participate by men as well as women within these user groups.

## Ensure resources are aimed at a particular beneficiary or group of beneficiaries

There is a need to make sure that training and resources are developed and delivered with the beneficiaries always in mind. Who the beneficiary is will determine the type of resource, the information it gives, its approach, language, style etc. Often the end beneficiaries will be women experiencing violence, but these will be different types of women. Beneficiaries may also be young girls, boys and men.

This review finds that critical beneficiaries who currently lack GBV resources targeted at them are:

- (a) Young people (youth and adolescents). Targeting young people can arguably positively and effectively influence long-term behavioural and social change;
- (b) Marginalised and at-risk groups (domestic workers, sex workers, refugees in camps).

## Conduct systematic evaluations of training materials and resources

This can be effectively achieved through, for example:

- (a) Feedback forms distributed and collected back immediately at end of trainings and stored in hard copy or electronically by the training provider (the organisation, not the individual, where possible). The forms should include indicators for assessing the quality, usefulness, relevance and effectiveness of the training;
- (b) Developing an evaluation tool for follow-up evaluations with training participants (contact details should be retained) at strategic time intervals for example, after three months, six months and one year. This would facilitate learning about the longer-term outcomes and impact of the training on the individual and on their work;

- (c) Planning and undertaking external evaluations of resources and materials and their impact on the users and on the beneficiaries.

## Collaborate systematically and openly with other resource providers

Through regular and open sharing of GBV resources across organisations, learning and the spread of ideas about best practice for GBV training materials and resources can be better maximised. This process could be scaled up to include non-GBV resource providers, so that GBV is mainstreamed into multi-sectoral manuals and tools including where GBV is not a primary focus (for example, in health service delivery guidelines, educational textbooks etc.).

## Provide a list of references to complement materials and resources

This would support trainers and resource developers to know where to look when they are developing new materials or adapting existing ones for different user groups. This list of references for GBV training and learning could be diverse, including website links with media materials (news articles, video, images), international conventions and declarations (CEDAW, CRC, other human rights articles, the MDGs), good quality international workshop guides and tools, and more.

## Create a set of minimum specifications for GBV trainers/resource persons

Minimum specifications for training and resource development should be considered to ensure the quality of resources and training provision. These specifications should be developed collaboratively by all stakeholders. They could cover understanding and experience of GBV in Lebanon, sensitivity to different cultural contexts, ability to adapt methodologies to different user groups, and experience of designing and delivering training. Minimum requirements for the training/resource would include describing the aim, objectives, methodology, and expected outcomes.

Alternatively, the establishment of a core team of GBV trainers that could be tapped into by different organisations could be beneficial and also ensure quality of training provision. These trainers would become focal points. Through training of trainers and a requirement for trainers within the group to change periodically (every two or three years, for example) it would be possible to ensure the continuous

capacity development of this team. On the other hand, having a core team might also limit the ability of persons outside the team to develop their skills and deliver good quality GBV training and resources.

### Consider developing a national GBV information system

There is a critical need for a national information and data collection system to gather and store GBV information. The system could be integrated with other information systems, such as health information. This system should learn from the processes and types of data stored by the NGOs (including those whose systems have been reviewed for this study). The development of the system would need to include a wide range of stakeholders from government to UN agencies, NGOs and individuals.

## FOOTNOTES

1. UNFPA (1994). International Conference on Population and Development Programme of Action. Accessed online at <http://www.unfpa.org/public/site/global/lang/en/pid/1973>
2. For example, UN Secretary General Ban Ki Moon launched the Network of Men Leaders in November 2009 to combat violence against women. Article accessed online at <http://www.un.org/apps/news/story.asp?NewsID=33053&Cr=violence+against+women&Cr1>
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4. For example: Department of Statistics [Jordan] and Macro International Inc. *Jordan Population and Family Health Survey 2007*. Calverton, MD: Department of Statistics and Macro International Inc; 2008; El-Zanaty F, Way A. *Egypt Demographic and Health Survey 2005*. Cairo, Egypt: Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro; 2006; Haj-Yahia MM. The incidence of wife abuse and battering and some sociodemographic correlates as revealed by two national surveys in Palestinian society. *Journal of Family Violence*. 2000;15(4):347-374; Jansen HAFM, Uner S, Ergocmen BA, et al. National research on domestic violence against women in Turkey: summary report. Ankara: ICON-Institut Public Sector GmbH, Hacettepe University Institute of Population Studies, BNB Consulting Ltd Co.;2009.
5. For example, Usta J, Farver JA, Pashayan N. Domestic violence: the Lebanese experience *Journal of Public Health*, Vol 121 (3), pp. 208-219.

Maziak, W., & Asfar, T. (2003). Physical abuse in low-income women in Aleppo, Syria. *Health Care for Women International*, 24, 313-326.

6. Haddad, L., Ishikawa, K. (Draft, 2010). Gender mapping in Arab states. UNFPA Arab States Regional Office

7. Freedom House Special Report Lebanon 2010

8. An example of such a resource is the Oxfam Gender Training Manual (1999); although not specifically on GBV this kind of manual draws together best practice and ideas on gender training into a very useful and usable format.

9. KAFA (Enough) Violence and Exploitation (2007). Gender-based violence: breaking the silence building the capacity of Social Development Centre (SDC) social workers on the issue of GBV , Ministry of Social Affairs and KAFA: Beirut.

