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Murielle Khalife

The impact of the Lebanon-Israel war of 2024 on Lebanese displaced adolescent girls: An exploration between theory and reality.

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Abstract:

The thesis delves into the struggles and sufferings of the Lebanese adolescent girls during the 2024 Lebanon-Israel conflict. It examines the challenges faced by girls that particularly hinder their healthy growth while in displacement, including the complexities of reintegration in post-conflict contexts.

Adolescents are particularly vulnerable in humanitarian settings, yet protection mechanisms that would safeguard their rights are often neglected, and are instead receiving similar interventions compared to infants. During this critical phase of development, adolescents are highly susceptible to any stressful events that would lead to prolonged mental health complications. Still, adolescent girls navigate the intersecting vulnerabilities exacerbated by the socio-cultural norms obstructing their well-being.

Even though Lebanon ratified both the Conventions on the Rights of the Child (CRC) and the Elimination of all Forms of Discrimination Against Women (CEDAW), which would guarantee children's rights and protection in fragile settings, their application remains paradoxical based on the lived testimonies of the Lebanese displaced girls in the recent displacement that occurred. Thus, the study critically assesses the efficacy of the national emergency plan adopted in 2023 to protect the IDPs against any forms of aggression. Additionally, it examines the Human Rights violations that have exacerbated the quality of life of adolescent girls, while shedding light on the resilience and protective factors that have practically mitigated their psychological burden throughout all cycles of displacement. It also addresses the institutional gaps and challenges in meeting the needs of the targeted population, thereby mitigating further harm to their well-being.

Inspired by theorists that have contributed to addressing the research question in all its features, starting from the theory of attachment, ecological model, narrative identities, feminists' theories on gender and conflicts, with the incorporated three narrative critical case studies that have highlighted the challenges occurred in emergency settings, as a raised voice for the oppressed girls who remain silenced.

To support the adolescent girls in future emergencies, a recommendation chapter is dedicated to the voices of the displaced, with the field-based organizations, and the governmental actors.

Ultimately, the research calls for amending the national emergency plan that could not adequately address the needs of the displaced people, particularly centering the most vulnerable categories at the core, with tailored programs targeting adolescents and youth, where they must actively participate in the preparation of the emergency response plan, as active agents in society.

Acknowledgment:

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LIST OF ABBREVIATION:

CP – Child protection

GBV- Gender Based Violence

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

CRC – Conventions on the Rights of the Child

UNICEF- United Nations International Children's Emergency Fund

UNFPA – United Nations Population Fund

IRC – International Rescue Committee

MOSA – Ministry of Social Affairs

DRM - Disaster Risk Management

WHO – World Health Organization

IDP – Internally Displaced Persons

PTSD – Post Traumatic Stress Disorder

C-PTSD- Complex Post traumatic Stress Disorder

CSO – Civil Society Organizations

Keywords: Lebanese adolescent girls – Trauma – Resilience – Displacement – Mental health well-being – conflict – Internally Displaced Persons – coping mechanisms – risk factors - gendered experiences – safety and security – ecological model – national response plan.

Contents

Chapter 1: Introduction:

Internal displacement is portrayed as a constant struggle on a global level, with 73.5 million people claimed to be internally displaced at the end of 2024. Internally displaced persons (IDPs) are the most vulnerable category in times of conflict. Despite the fact that the state bears the primary responsibility to guarantee their fundamental rights, in various countries, IDPs are disproportionately protected, often trapped with prolonged displacement, and stripped of their fundamental rights. (UNHCR, 2024) During the twentieth century, the Middle East generated massive waves of refugees and IDPs as a result of regional conflicts, large-scale development projects, forced settlement of nomads, ethnically motivated forced migration, and continuous regional wars. (POMPES,2017, p. 4). Lebanon has endured for a long time, several series of wars, notably the civil war (1975-1990), where the suffering, chaotic displacement movements, reached 800.000 internally displaced persons, with 900.000 Lebanese leaving their nation. (Baldwin-Edwards, 2003, p.11) Consequently, internal tension among sects marked the start of the instability in the country, resulting from a weak political system that would arrange the control of segmented interests of identities in a pluralistic state. Thus, the government is highly driven by external influences, including political deadlock, geopolitical shifts, and regional tensions. This cycle of violence has led to economic and social collapse, further deteriorating the country's hope for peace and solidarity. (Harb,2024).

Lebanon, which is already drowned in its sectarianism's complexity, is also facing a historical series of clashes, occupation, material loss, casualties, and deaths with Israel. These tensions were further intensified by the creation of the Shiite Muslim political armed party "Hezbollah", also known for its alliance with Iran's supreme leader (Robinson,2023). Hezbollah's ideology is emphasized by its military supremacy to resist against its main enemy, Israel, and its resistance against the West's influence in the Middle East. Nevertheless, the ongoing clashes between Hezbollah and Israel slackened, especially after the Israeli forces withdrew after the 18-year occupation of South Lebanon in 2000. (Salhani,2023)

An operation marked the turning point into Israeli territory in July 2006, where the capture of two soldiers and the death of three, reshaped the entire dynamics between the two opponents. Though

it was one of the country's shortest wars, it was also the worst regional war in Lebanon's history. The battle lasted for 33 days, resulting in over 1,200 deaths, thousands of injuries, countless instances of infrastructure destruction, and a mass displacement of civilians, particularly from the Shiite communities in South Lebanon, Baalbek, and the suburbs of Beirut (Dahieh). An estimated 735,000 individuals were internally displaced, positioned at a heightened risk without a safe place, due to massive destruction. The ceasefire was announced on August 14, 2006, after which the United Nations Interim Forces in Lebanon (UNIFIL) came into effect, following the creation of a buffer zone and the adoption of the United Nations Security Council Resolution 1701. Its primary mandate is to restore peace and security, while assisting the Lebanese government to reestablish its authority, after the withdrawal of Israeli forces from the South. (UNIFIL,2024)

However, neither side abided by the 1701 resolution's criteria. On one hand, reports from the UNFIL claim that Israel's ongoing violations violate Lebanon's sovereignty and occupy northern Ghajar, and report ongoing airspace violations breaching the country's sovereignty. Hezbollah, on the other hand, did not respect the disarmament of armed groups and, in contrast, strengthened its military capabilities. Moreover, ongoing tensions between those two factions were escalated by repeated exchanges of rockets. All these violations raise a serious concern about the UNFIL's role in ensuring complete safety in the region and commitment to the resolution (UNIFIL, 2017).

The constant violations that occurred over the years clashed on October 8, 2023, following the surprise attack by Hamas on Israel, which resulted in 1,139 deaths and captured 250 as hostages. As an act of solidarity with Gaza, Hezbollah decided to expand its military actions by sending rockets to northern Israel. The positioning of Hezbollah was based on the atrocities of Israel's bombardment, killing approximately 41,500 people since October 7. The ongoing exchange of rockets between Lebanon and Israel started in South Lebanon, particularly in Bint Jbeil, Marjayoun, and Tyre, with sporadic attacks targeting Hezbollah-affiliated members in Dahieh, Beirut suburbs, from October 2023 till September 2024. According to the Lebanese Ministry of Health, ninety-seven thousand people were forcibly displaced from the South, with 566 people killed, where at least 133 were civilians (Al Jazeera,2024)

By September 17, 2024, the escalation had worsened after the incident of the pagers & walkie-talkies that exploded in various areas in Lebanon. This catastrophic operation targeted anyone who was holding this device, killing at least 11 people and wounding 2,750. (CNRS, 2024, p.16)

The severity of the conflict was not only limited to the Pagers attack, but expanded with intensified airstrikes occurring in South Lebanon, Beqaa Valley, and southern suburbs of Beirut, accompanied by occasional targets outside those areas, with the absence of warnings. On October 1, 2024, Israeli forces began their ground invasion into the border of Southern Lebanese territory and near villages, causing widespread destruction of villages to demolish entire communities. The extensive war lasted for two months in Lebanon, where the continuous bombardments, flare bombs, and phosphorus shells caused long-lasting environmental damage (CNRS, 2024, p.2-4).

Within the two months of full-scale war, Lebanon has witnessed the most significant number of displacements compared to the 2006 war, where 25% of the population had to flee their home due to Israeli warnings, followed by immediate attacks. These unprecedented short warnings occurred even in the middle of the night, accompanied by chaos among people not knowing where to find safety.

Most displaced people originated from South Lebanon, Beqaa, and the Beirut suburbs. An estimated one million people have been displaced, trying to secure their lives through renting alternative houses hosted by their relatives. To respond to this demographic crisis, public schools served as temporary shelters to house the displaced people who had no other option. One hundred ninety thousand one hundred two displaced people were hosted in public schools with 44,000 families in different areas in Lebanon, where Mount Lebanon welcomed 412,321 people (CNRS, 2024, p.23).

The number of killed civilians reached 4,047, with 790 women and 316 children, and 16,593 were wounded in Lebanon from the war, since October 8, 2023, as stated by Health Minister Firas Abiad. Also, the United Nations Children's Agency reported the lived Human Rights violations occurred, where at least one child was killed, with 10 injured daily, highlighting the undeniable impact of the conflict on civilians. (Al Jazeera, 2024)

Massive displacement, socio-economic collapse, humanitarian crisis, and political deadlock were aligned with the aftermath of the high-scale and intensive Israeli-Lebanon conflict in 2024. (ESCWA & UNDP, 2024, p.32).

All affected communities are exposed to daily challenges and struggles while in displacement. However, children are at a higher risk of bearing the brunt of humanitarian disasters, as they lose

by default access to their fundamental needs, including the right to health, education, and protection services. While in displacement, children are exposed to many forms of abuse, violence, exploitation, and neglect. According to UNICEF (2025), which conducted a child-focused rapid assessment illustrating the anxiety rate of children from the recent conflict, attained 72% as reported by their caregivers, with notably 20% of caregivers reported treating their children strictly. (ESCWA & UNDP, 2024, p.52-56). Given this evidence-based implications on children, and the lack of research on war effects addressing girls, the research aims to tackle the overall well-being of the Lebanese displaced adolescent girls to contextualize their displacement challenges, while addressing protection mechanisms gaps and risk factors.

War and displacement disproportionately impact women and girls who face additional layers of vulnerability. They are seen as passive actors, rather than active agents of change, due to oppressive cultural and social practices, including the harmful conditions, that would thereby increase the risks of being survivors of gender-based violence. The risk of exposure is compounded by the lack of implementation of the rule of law, preventative measures to safeguard women's rights, social breakdown, prolonged displacement, and other factors. Mental health and psychosocial support are often undermined, even though trauma from war could last for a lifetime if untreated. (Ensor,2014, p.1-2).

Acknowledging that war and displacement are profoundly gendered and generational, the study is consequently designated for the displaced Lebanese adolescent girls, among the most affected, yet unseen.

1.1) Statement of the problem:

As per the Internal Displacement Monitoring Center 2025 report, Lebanon is ranked among the second most internally displaced persons in 2024 in the Middle East and North Africa, after Palestine, witnessing 1,056,000 displaced civilians due to conflict and violence. (IDMC,2025, p.27). Displacement was and is still an ongoing cycle throughout Lebanon's history, oscillating between the civil war, the Israeli invasions (1978-1982-2006), the Beirut blast in 2020, and the recent 2024 war. Displacement arose in unprecedented and unnatural ways, leaving only a few able to return to their homes. (Diab,2025, p.8). The Lebanese people have always been victims of catastrophic events, forcibly moving their houses, losing their loved ones, and finding ways to survive. These compounded challenges since 2019 have decreased the country's economic status by 15 years. (IDMC, 2025, p.31).

Undoubtedly, the cycle of displacement is always at risk of re-occurring in Lebanon, as practically proven by the recent conflict. The recent ceasefire announcement between the two parties, made on November 27, 2025, was in line with United States efforts. It was followed by an agreement with the Lebanese government to deploy the Lebanese Armed Forces to southern Lebanon in cooperation with UNIFIL. However, the arrangement did not entail long-term stability and peace with Israel, as the opponent country has total freedom with the US's agreement to continuously send airstrikes when perceiving any act of threat by Hezbollah in Lebanon. Israeli military forces drew a map where residents living seven kilometers from the border are prohibited from crossing the threshold. In addition, Israel issued daily warnings to restrict movements southward from the Litani River between 7 PM and 5 AM. (Mercy Corps Lebanon,2024, p.3)

Also, thousands of Lebanese remain internally displaced, unable to reach their area of residence due to the ongoing security threats and unexpected, continuous attacks from Israel. Consequently, the timeline of displacement events has perpetuated the country's hope for stability. In contrast, political instability is exacerbating the IDPs' financial situation and living conditions, as they are unable to access their fundamental services, particularly after the complete or partial destruction of their homes, with a significant rupture of their income. (IOM,2025, p.2).

Hence, it is crucial to acknowledge the long-lasting humanitarian crises on children's well-being, facing severe consequences, including family separation, recruitment into armed forces or groups, physical or sexual abuse, psychosocial distress, injuries, or death. (CPIMS,2019).

Children were and are still facing emotional, physical, and mental implications of the recent Lebanon-Israel war. According to UNICEF, over 166 children have been killed, and at least 1,168 have been injured since the start of the war in South Lebanon, specifically in October 2023. However, the number has significantly increased during the sudden escalation in September 2024, with an estimated 300,000 children forced to flee their homes, as mentioned by UNICEF. Children are carrying the weight of this massive displacement, accompanied by ongoing nightmares, anxiety, fears, destruction, and the possibility of developing trauma (UNICEF,2024). The uncertainty of returning to their safe homes was a significant threat to their well-being and development. Many children have also lost their parents or loved ones and are facing continuous fear of death.

Moreover, the lack of gender-sensitive programming implemented among overcrowded shelters and hosted families, as well as the lack of adequate tailored implementation toward adolescents, subsequently led to the urge to adopt action plans to mitigate war consequences on their well-being. The absence of gender neutrality in displacement significantly increased the risks of adolescent girls being exposed to gender-based violence.

This oversight reflects the compounded acute stress experienced among adolescent girls. Also, the continuous failure of the government to safeguard children's rights and to promote their safety and dignity, as experienced in the 2006 war, questions its effectiveness and its commitment toward child protection in emergency settings.

Consequently, the thesis aims to evaluate the well-being of displaced Lebanese adolescent girls across all cycles of displacement, particularly for the families hosted in the shelters or those who shared a house to accommodate living expenses and reduce unprecedented costs stemming from the conflict. It also assessed the National Emergency Response in fulfilling the rights of adolescent girls, including rights of safe space, psychosocial support, access to mental health, and the right to feel protected against all forms of abuse and violence in conflict settings.

1.2) Research question:

The purpose of this research is to assess the well-being impact on Lebanese adolescent girls during the Lebanon-Israel conflict of 2024. It seeks to determine further the effectiveness of the national protection mechanisms in protecting their well-being. While armed conflicts and forced displacement constitute a constant threat to all community safety, girls are more likely to face gendered experiences compounded by their existing vulnerabilities rooted in pre-existing sociocultural norms. These inequalities obstructed the reintegration process due to a lack of protection mechanisms that would enhance their mental health, which has been deteriorated with the continuous experience of acute stress, loss of family members, and dismantlement of support systems due to the prolonged cycle of displacement. Thus, these heightened challenges decrease the protective factors among displaced adolescent girls, with a high possibility of developing negative coping mechanisms, including the inability to retrieve their previous routine.

This comprehensive analysis examines the intersecting vulnerabilities that became more visible and threatened during the displacement cycle. Moreover, the research will examine the effectiveness of humanitarian responses in meeting children's best interests in times of crisis. Lebanon's response plan did not effectively address tailored programs to reduce risk factors on girls' well-being, often perceived during the 2006 war, the Beirut blast, and the COVID-19 pandemic. Thus, the compounded governmental failures, with the mental health repercussions, along with the existing emergency response gaps, will be evaluated throughout this research to determine the intensity of the impact on adolescent girls in all aspects.

The following research questions will be tackled in the study, to evaluate the well-being impact on girls in displacement.

Main research question:

How did the Lebanon-Israel conflict impact the well-being of the displaced Lebanese adolescent girls, and what mechanisms could strengthen their protection in future emergencies?

Sub questions:

1- What were the gendered experiences, including mental health challenges, lived among Lebanese adolescent girls throughout the displacement cycle?

2- How was the efficacy of the ecological system in mitigating the risk factors for Lebanese adolescent girls?

3- How did the national system, along with the humanitarian organizations, plan to implement recovery programs addressing Lebanese adolescent girls?

4- What were the learning lessons for the government for future emergencies?

1.3) Hypothesis and variables:

The study analyzes the efficiency of the emergency response program in addressing the needs of the girls, including access to mental health, which was not adequately implemented in all hosted communities. Moreover, the Lebanese government did not have any emergency planning for the catastrophic two and a half months of conflict. Public schools served as shelters, which did not entail either safe spaces or privacy for girls, with limited active participation in decision-making. Hence, the emergency program was inadequately addressing access to girls' rights in conflict settings, or it was lacking funding, or it may not have been prioritized and reinforced. Furthermore, the lack of safe spaces resulted in girls internalizing their emotions, further increasing their psychological burden. The gendered experiences were also an additional challenge while in displacement, which did not practically ease a healthy reintegration in the host communities.

Based on previous emergency settings, such as 2006, the state has failed to address gendered experiences and mental health challenges for girls and adolescents, and it has exacerbated their resilience and reinforced symptoms of acute stress. Thus, the research underscores the impact of adolescent girls experiencing higher psychological distress, with a higher exposure to gender-based violence compared to the indirect affected population.

Chapter 2: Methodology and data collection:

The methodology applied in this research followed a qualitative approach, as it helps identify the Human Rights violations that occurred during the displacement cycle among the Lebanese adolescent girls while exploring gaps and institutional failure in the implementation of the national emergency plan 2024.

The qualitative approach is crucial to understanding the scope of impact, vulnerabilities, and challenges. Moreover, it tackles the gendered experiences among girls, including the evaluation of their well-being and how the national protection mechanisms effectively ensure their needs. Qualitative data ensures inclusive participation for girls' voices to take this study as a tool to reevaluate gender norms and intersectionality due to their forced displacement in different, unfamiliar areas where they fought discrimination, inequality, and lack of basic services.

It is first centered around focus group discussions with girls, adolescents, and caregivers who were displaced during the conflict, hosted or living in temporary shelters, to address the conflict implications and ongoing challenges that have significantly impacted their mental health. The focus group discussion with the girls was structured around a trauma-informed care approach, as it's a very sensitive topic since the conflict has not stopped, and the cycle of violence is ongoing.

The sampling conducted was also based on a comparative analysis among the three most affected areas: Bednayel Beqaa, Dahieh, Beirut suburbs, Tyre, and Abbassieh, South Lebanon, with adolescent girls' ages ranging from 13 to 17 years old. Undoubtedly, oral consent was secured from the girls, including a written consent obtained from the caregivers before the start of each sessions. This approach has significantly ensured participants' rights of confidentiality, while minimizing every harm possible to the girls, and ensuring active engagement from their side. Besides informed consent, I have explained during every session the objectives behind the study, while using acronyms to respect their privacy. As someone with a professional background, I have explained safeguarding measures in the sessions, ensuring that any GBV disclosure will be held with total confidentiality.

The focus group discussion aimed to interview 34 girls from across the affected areas in all over Lebanon, to explore their struggles, gendered experiences occurring during the displacement cycle, and the implications of the conflict on their well-being post-displacement. The assessment of their

well-being and resilience, mental health services, access to safe space and privacy, access to sexual and reproductive health and rights, and the implications of the disruption of their routine is crucial to prevent any further harm to them in future emergencies.

The focus group with the caregivers, reached 32 mothers across Bednayel, Chiyah, Abbassieh and Tyre. The objective is to explore the main challenges faced during the displacement, including access to safety, services, and basic needs. Moreover, it was essential to assess the support they could offer to their children, particularly adolescent girls, to mitigate mental health deterioration, while reinforcing coping mechanisms in all phases of the displacement. Also, the in-depth field research tackled the segregation of sexes in conveying gendered responsibilities to the girls who were most likely victims of bearing adulthood tasks.

On a communal level, three different interviews in each area were held with one member of each municipality, from Der Al Ahmar – Beqaa, Chiyah – Beirut and Barja – Mount Lebanon. The aim is to address the quality of services, shelter response adequacy, and level of coordination between organizations, grassroots movements, and the government.

On an institutional level, four interviews were conducted with different stakeholders to assess the effectiveness of emergency response in delivering humanitarian aid to the displaced. The child rights specialist from Save the Children Lebanon (SCI), the senior Gender-based violence manager from the International Rescue Committee Lebanon (IRC) , the Gender-based violence coordinator from United Nations Population Fund (UNFPA), and two psychologists from Restart organization.

Lastly, on a national level, two interviews were conducted to address the government's response to securing adolescent girls' well-being in displacement.

The table below shows the eight focus group discussions, encompassing 34 adolescent girls, with 32 caregivers from the three selected areas of intervention. The table also mentions the nine interviews conducted with the stakeholders relevant to answering the research question.

Other qualitative resources that significantly strengthened this research included the extraction of academic resources and organizational reports for the recent conflict, reporting the number of deaths, injured children, access to services, and the timeline of events since the start of the hostilities.

Date	Location	Participants	Organization Or institution	Data collection method	Total number
27 May 2025	Tyre	Adolescent girls	Cadmous school	Focus group discussion	9
27 May 2025	Abbassieh	Adolescent girls	Shield association	Focus group discussion	6
31 May 2025	Chiyah	Adolescent girls	Scout al Risala	Focus group discussion	10
28 June 2025	Bednayel Remote session	Adolescent girls	Scout Al Risala'	Focus group discussion	9
27 May 2025	Tyre	Caregivers	Cadmous school	Focus group discussion	10
27 May 2025	Abbassieh	Caregivers	Shield association	Focus group discussion	5
27 June 2025	Chiyah	Caregivers	SDC Chiyah	Focus group discussion	10
4 July 2025	Bednayel Remote session	Caregivers	Scout Al Risala'	Focus group discussion	7
20 May 2025	Remote session	Psychologists	Restart organization Beirut	Interview	2
17 June 2025	Remote session	Child rights governance specialist	Save the children Beirut	Interview	1
8 July 2025	In person	Senior GBV manager	International Rescue Committee Beirut	Interview	1

July 24,2025	Remote session	GBV coordinator	UNFPA Beirut	Interview	1
9 May 2025	In person	Social worker	Municipality of Chiyah	Interview	1
4 July 2025	Remote session	Employee	Municipality of Barja	Interview	1
11 July 2025	Remote session	Social worker	Municipality of Deir l Ahmar	Interview	1
9 July 2025	In person	MoSA members	Ministry of Social Affairs Beirut	Interview	2
10 July 2025	Remote session	Coordinator in Nabatieh Governorate	Disaster Risk Management	Interview	1

2.1) Limitation of the study:

The research objective is mainly divided into two major components, covering the well-being impact and gendered challenges of adolescent girls from one side, and evaluating the effectiveness of humanitarian and governmental response in mitigating the risks factors during all cycle of displacement. Hence, the research significantly covered all aspects that have perpetuated Lebanese adolescent girls' lives during the displacement cycle.

This holistic research explored the root causes of gendered experiences and the compounded existent vulnerabilities that will likely place girls at heightened risk in conflict settings. However, the implementation of the study is critical and sensitive.

Despite the fact that the tension and escalation of the conflict have been much slower after the ceasefire in November 2024, the country is still facing daily attacks and airstrikes in Beqaa, South, and occasionally in Beirut. As a result, the Lebanese adolescent girls are still facing constant violence, continuous disruption of their lives, and mental health implications, as some of them could not reach their homes since the cessation of the hostilities, after the destruction of their houses, or merely because the Israeli soldiers are continuing their operations in the South to strengthen their positioning by deploying their forces to prevent Hezbollah to renew its troops.

The Israeli army continuously sends warnings to the Lebanese who reside near the border not to return until further notice. Even people were unable to return to their hometowns due to the massive destruction of infrastructure, buildings, water, and electricity (Human Rights Watch, 2025). Thus, girls' feelings persist as long as the conflict remains in their respective areas, which remains a challenge in identifying the pre- and post-implications of the displacement cycle in that case.

Additionally, a sum of 66 participants from the focus group discussion were held in three different areas, from Tyre, Bednayel, and Chiyah. Though the sampling might not represent the full spectrum of opinions of the displaced population, it clearly emphasizes the challenges, struggles, and inequalities that occurred during the two and a half months of the atrocities.

Furthermore, the sensitivity of the topic poses a significant constraint to the consent of the parents for their children to participate in the study, specifically in the Beqaa region, where mental health is still a taboo reinforcing stigma in the society. Also, the gendered experience some girls lived,

might be challenging to disclose, even for the parents, where their focus was centered around survival mode and would neglect any other violations. The socio-cultural norms of the displaced people were a significant challenge to expressing their emotions about the struggles during the displacement, especially since most families lost loved ones and couldn't interpret their reactions due to social stigma and ideologies often reinforced by conservative communities.

Also, the reluctance of the parents to be interviewed for the purpose of sharing their experiences due to social stigma, fear of expressing their thoughts, while internalizing their traumatic events, as particularly observed with the mothers of the adolescent girls in the Scout of al Risala in Dahieh, who were unwilling to open up and discuss the challenges of displacement and conflict. Thus, alternative options had to be shifted by identifying other caregivers in the Social Development Center (SDC) of Chiyah.

Another limitation, stemming from an institutional level, was the lack of funding for the emergency program for humanitarian organizations, impacting the credibility of aid and assistance in times of crisis. Organizations did not deliver protection services in all areas; specifically, hosted families were not part of psychosocial support groups, due to incapacity of the CSOs to cover all the displaced individuals in the country. Hence, underfunded programs reduced the comprehensive approach for institutional practices in emergency settings, as the funding was gradually shutting down after the cessation of hostilities.

Lastly, the country's security and ongoing political tensions posed a constant challenge to conducting the focus group discussion in the field, as several unexpected warnings were occurring, limiting the ability to complete the sessions and even enlarging the number of participants.

Chapter 3: Conceptual legal framework:

3.1) International legal framework

3.1.1) United Nations Guiding Principles on Internal Displacement:

The United Nations Guiding Principles on Internal Displacement defines the Internal Displaced Persons (IDPs) as individuals who have been forced to flee their homes due to armed conflict situations, Human Rights violations, natural or human-made disasters, or any violence occurring within a state. The IDPs relocate from their place of residence to look for a safer place to reduce the imposed risks during that period. Thus, these individuals remain within the sovereign borders, unlike the refugees who cross international borders to seek asylum. (Diab,2025, p.4.)

Moreover, humanitarian aid is undoubtedly challenging to assist IDPs due to their settlement near conflict zones. IDPs are not protected under a particular convention. In contrast, the 1951 Convention relating to the Status of Refugees safeguards the rights of refugees. (O'Neill,2009, p.153)

While the government and public entities must have the full responsibility to protect the IDPs in conflict settings, the International Community has contributed to enhance their rights, by settling 30 principles, that safeguard the IDPs in times of conflict, as well as the deliverance of humanitarian assistance through inter-governmental and non-governmental organizations to promote their protection, safety and well-being. (OCHA, 2004)

Several principles are particularly related to the aim of addressing the research question, specifically for mitigating the risks to the displaced adolescent girls, in enjoying their rights equally under International and domestic law, as do other persons in their country. These principles shall be applied without discrimination of any kind, such as race, color, sex, language, religion or belief, political or other opinion, national ethnic or social origin, legal or social status, age, disability, property, birth, or on any other similar criteria, as per principles 1 and 2.

Whereas Principles 28, 29, and 30 are outlined for the rights of the IDPs to return voluntarily with dignity and safety (OCHA,2004)

These principles uphold the responsibility of the state to prevent displacement from occurring at first instance, to deliver humanitarian aid and protection when the displacement happens, and to mitigate every risk possible while providing durable solutions for them (Diab,2025, p.4).

However, despite the fact that the United Nations' Guiding Principles on Internal Displacement are not legally binding, its right to protect civilians affected by war is embedded and globally recognized in the International Humanitarian Law and Human Rights law. Under the international community scope, the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Committee of the Red Cross (ICRC), the United Nations Children's Fund (UNICEF), and the Office for the Coordination of Humanitarian Affairs (OCHA) are currently working to protect the IDPs. However, the coordination efforts are falling through the cracks due to unclear inter-organizational responsibilities and a lack of accountability. As a result, this collaborative approach was transformed into a cluster approach as developed by OCHA in 2006 and approved by the Inter-Agency Standing Committee. The cluster approach constitutes a sector of coordination of individual agencies, leading separate areas of expertise to serve IDPs better throughout all phases of displacement. (O'Neill,2009, p. 153-154)

Nevertheless, while humanitarian practitioners have acknowledged its efficiency in covering life-threatening needs as a short-term intervention, the cluster's programming highlights the gap in finding a durable solution for IDPs after the cessation of hostilities, particularly in the reintegration process. Consequently, the lack of durable solutions reinforces tensions among returnees driven by various factors. Hence, this critique highlights the significant gap in the displacement cycle among IDPs and questions whether the 2009 study remains relevant in light of recent displacements in Lebanon. (O'Neill,2009, p.154-155)

The state must commit to delivering to the IDPs equal fundamental rights as to its citizens without discrimination, especially since they are under threat of a prolonged cycle of displacement, insecurity and instability, deprivation of basic needs, family separation, trafficking, and other gross violations. These vulnerabilities can be mitigated by the right to seek refuge in the same country or seek asylum, and mostly to be protected from forcible return to a place where they pose a direct risk to their lives at all levels (UNHCR,2025).

Lastly, tragic losses strip IDPs of their means of survival while simultaneously breaking socio-cultural, family ties, and supporting networks, facing insecurities and stigma in the hosted

communities. Moreover, women and girls are facing a higher risk of being displaced, especially single women and the heads of households, whereas related studies are poorly addressed. (Mooney, 2025, p.9)

3.1.2) Gender protection related instruments:

Three main laws cover children's rights in armed conflict. These laws are international Humanitarian law (IHL), International Criminal Law (ICL), and International Human Rights law (IHRL), with a focus on the last one mentioned.

It is crucial to note that vulnerable groups and persons are at higher risks of facing Human Rights violations during armed conflict, despite legal protections that are supposed to uphold their rights under all conditions. This disproportionate impact calls for the urge to make additional efforts to contribute to the full entitlement of rights, especially in armed conflict settings, while ensuring accountability to those who committed these violations. However, armed groups and state actors often disrespect and neglect these laws, specifically with those who hold impunity and lack mechanisms to hold them accountable, frequently undermining the role and power of International Legal instruments in protecting vulnerable groups in conflict settings. (Mäntynen,2023, p.4)

First, this section goes to the Universal Declaration of Human Rights, with its article 3, which highlights the right to life, liberty, and security of a person. Article 25 (1) emphasizes that everyone is entitled to have a standard of living adequate for the health and well-being, access to necessities and social services, including security in case of unemployment, sickness, disability, widowhood, or being elderly. (United Nations, 1948)

Second, the Convention on the Rights of the Child, adopted and ratified on 20 November 1989, and entered into force on 2 September 1990. The Convention is enshrined from the universal declaration who believed and pointed out the full entitlement of rights for everyone, without any distinction including race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

From that perspective, the United Nations, through its Universal Declaration (CRC), emphasized that childhood requires special care and attention. The caregivers should prioritize this attention as the primary source of care. Parents should be empowered by society through the necessary

assistance and protection to deliver the best life for the child, including protection from harm, so that the child can grow up in a safe, loving, caring, and healthy environment.

All 54 articles preserved in the CRC outline the rights of the child in any circumstance and are crucial to be implemented during both peaceful and wartime settings. However, the most relevant articles to the research question, starting from article 1, define a child as every human being below the age of eighteen years, unless the law applicable to the child states that the majority is attained earlier. Hence, the adolescent girls are protected under the child rights convention, and must receive full protection under all the articles stated in the Convention. Article 6 reaffirms the state's obligation to recognize that every child has the right to life, including the right to development. Article 23 emphasizes the rights of the mentally and physically disabled children to live decently while being entitled to their full rights, including their active participation in the community and social integration. They are entitled to receive appropriate care and assistance required for their mental and physical well-being. (including access to education, health and rehabilitation facilities, and employment. Article 29 upholds the state's responsibility toward the development of a child's personality, including their mental and physical health, to the fullest attainment possible. Articles 34 and 36 uphold the state's responsibility to be accountable in protecting the child from any forms of violence, including sexual exploitation and sexual abuse, preventing them from living their life with full enjoyment of their well-being. (UNICEF,1989)

Third, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) entered into force in September 1987, complementing the CRC, with a specific address to gender based violence against women. However, CEDAW does not explicitly outline any designated article for adolescent girls; it encompasses women in general. The CEDAW and CRC encompass a broader scope of the research question, as adolescent girls who are still minors also face gendered experiences in all stages of the displacement cycle.

Starting with article 2, the state parties condemn any discriminatory act against women in all its forms, while ensuring that public authorities and institutions shall act in conformity with this obligation. Article 5 (a) entitles the state's authorities to eliminate discrimination based on customary law and other social and cultural behavior between men and women that is based on the inequality between the two sexes, including gender stereotypes. Finally, the CEDAW emphasizes that additional efforts must be implemented to support the Convention, as extensive

discrimination against women persists. In the most precarious contexts, women have less access to their fundamental rights. The Convention underscores the importance of equality between men and women in all fields to achieve peace, including societal and familial roles that remain a persistent issue and misconception, affecting women in all aspects. (United Nations, 1979)

3.2) National legal framework:

The national legal framework entails, the Convention on the Rights of the Child, national laws, and a protection mechanism that should uphold children's rights against all forms of abuse, violence, neglect, or exploitation. The state is responsible for safeguarding child's rights, and for supporting the families to protect their children. Additionally, official authorities should set the necessary criteria to meet the child's best interest while mitigating every harm possible. Lebanon signed and ratified the two most essential Conventions related to the Rights of the Child in 1991, and the Convention on the Elimination of All Forms of Discrimination against Women was ratified in 1997. The national legislation also encompasses the Law No. 293 of 4/1/2014 "Law for the Protection of Women and Other Family Members from Domestic Violence 2014. (Gale,2021, p.32-33).

There are no laws that explicitly outline a comprehensive approach to child rights law against all forms of violence and abuse. Nonetheless, the Law 422/2002 protects minors in conflict with the Law, or at-risk minors. It establishes the judicial pathway for children, including the responsibilities of judges and social workers in the process. (Gale,2021, p.56) The inter-agency working group in Lebanon includes national, international child protection, and UN agencies, led by the Ministry of Social Affairs.

The SOP (Standard Operating Procedure) for SGBV entails the responsibilities with the relevant stakeholders along with the guiding principles, services, and partners to ensure a quality of services and enhanced coordination toward achieving gender equality. SOP supports the SGBV taskforce in providing these facilities within the framework of the Lebanon Crisis Response Plan. (LCRP). The guiding principles and content of the SOP are enshrined in SGBV in emergencies, national and international legal frameworks such as GBV in Emergency Guidelines (IASC, 2005), Handbook for Coordinating GBV in Emergencies (GBV AoR 2010), Caring for Child Survivors of Sexual Violence in Emergencies (UNICEF/IRC, 2012) - (Inter-agency, 2020).

Regarding gender-related issues, a GBV coordination system was established initially in 2012 to respond to the Syrian crisis. The coordination was enhanced throughout the years with various stakeholders, aiming to create an organized structure, calling for political reforms, targeting women's rights. Despite the advocacy efforts by the CSOs, many gaps remain an obstacle, particularly a weak legal sector system, posing a significant barrier to achieving gender equality in Lebanon. (Raftery et al.2023, p.2)

However, the 2019 shift, which included a major financial collapse due to compounded crisis, exacerbating GBV coordination and services. The GBV task force serves as the primary source for the GBV sub-sector in Lebanon, coordinating with all organizations that implement services related to the women's rights agenda across all areas. Intersectoral coordination in times of crisis and emergencies is a crucial approach for GBV survivors to access basic needs while facing multifaceted challenges. A research conducted on the challenges and gaps in GBV coordination settings underscored the need to strengthen the GBV response, adaptability, and coordination to ensure the provision of essential needs to survivors in times of crisis, despite the compounded challenges and complexities Lebanon is enduring. Thus, the research question will examine the compounded challenges faced during the displacement affecting adolescent girls, with the existing GBV protective mechanisms in the county. (Raftery et al.2023, p.13)

Chapter 4: Literature review

4.1) Children at risk: understanding the vulnerabilities in times of crisis

The World Health Organization (WHO) recognizes adolescence as the transitional phase between childhood and adulthood, spanning from 10 to 19 years of age. It is the most critical phase in which adolescents explore their inner selves through stages of development, building psychosocial and cognitive growth that often shape their overall health state and structural relations.

In peaceful settings, children are often perceived as physically weaker, less developed, and lacking wisdom and understanding of life compared to adults, who are viewed as socially more developed and able to express their needs through advanced, mature means. While children who have not yet completed their developmental stages, acquiring fewer cognitive skills, intellectual abilities, and knowledge, are likely to face challenges in handling life tasks and develop the necessary skills to be more socially skilled and emotionally mature. This statement is demonstrated by the children's need to be surrounded and protected by their caregivers throughout all aspects of life. Children are in a powerless situation compared to adults, putting them in a higher state of vulnerability and requiring constant protection to safeguard these vulnerabilities. (Herring,2022, p.1512)

In emergency settings, children are highly affected and impacted; their unbearable sufferings begin from the moment of displacement. They are at a higher risk of vulnerability due to their increased exposure to abuse, exploitation, and violence. War forces families to flee their homes, where the possibility of becoming unaccompanied or separated from their caregivers and families is highly possible. They might be at risk of deportation, labor, detention, survivors of sexual violence, sexual exploitation, child marriage, and mental health deterioration. Access to basic assistance becomes a privilege during the war, resulting in children suffering from malnutrition, hunger, and a lack of hygiene, leading to diseases and physical health complications. Besides nutrition deprivation, healthcare and education won't be facilitated during the war, which will heighten the risks to children's well-being. Moreover, children are threatened with being recruited into the armed forces. (UNICEF, 2025)

Layers of vulnerabilities are highly visible for children, during displacement, especially when family ties become weaker and disrupted. Children tend to be dependent on the care, affection, of their caregivers; therefore, access to the same level of care is challenging, particularly when adults shift their priorities to finding safe places and meeting basic needs. While other children might be unaccompanied or separated from their parents, which subsequently increases their layers of vulnerabilities. (Barbara,2006, p.891)

On a micro level, children are also affected by school disruptions, weak community networks, and financial collapse. As a result, the cycle of displacement hinders the development stages of the children affected by the war, besides their necessity for protection and long-term recovery assistance. The urge to protect this vulnerable category is prioritized and considered lifesaving, as it encompasses international legal and policy frameworks that are binding on the country in times of war. Children's well-being is deteriorating due to the ongoing threats they might be facing daily; therefore, child protection mechanisms must be implemented at the start of the emergency period to secure children's lives and mitigate any risks they might encounter. (UNHCR, 2024)

Mental health is defined according to WHO as the mental well-being of people, enabling them to address and cope with the daily dresses of life, to acknowledge their abilities, learn and work effectively to contribute to their community. It is a basic Human Rights integrated with the health and well-being component (WHO,2022)

Mental health and psychosocial support are crucial to alleviating the risks to children's well-being. It is often challenging for them to receive support and be well-surrounded in times of crisis. The absence of protection can exacerbate children's well-being hindering the ability to grow up peacefully and joyfully. Complications in the long term for children, particularly the adolescents are evident through their adaptation to society post-war, as they may be excluded from their communities or face bullying due to their mental health conditions. In addition, protection should be delivered to the caregivers as well, who are also survivors of war, often suffering from psychological distress, which can prevent them from effectively saving their children from any danger, as they constitute a vital role in their safety and protection. (UNICEF, 2022)

4.2) The conflict and the forced displacement's impact on children's mental health:

4.2.1) Approaches to trauma and resilience across child's development:

Children are forced to flee their homes to mitigate any further risks to their well-being, especially in conflict settings. Any harm that carries detrimental implications on children's development constitutes a severe Human Rights violation for children, as emphasized by the UNCRC and the UN Security Council. Damages and casualties in war are horrific, and each might experience it differently, depending on various factors that will be explored in this section. War implications on adolescents significantly pose developmental threats and barriers to their growth, as they might face challenges to the fulfillment of their fundamental rights, including a higher potential for abuse and violence (Peltonen,2024, p.2)

The word "trauma" originates from the Greek word meaning "wound" or "hurt." Mental health or psychological trauma has since become more broadly defined subjectively as a painful or distressing experience, resulting in acute or chronic mental and physical impairment or dysfunction. The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), explains that trauma can occur through direct or indirect involvement of death, threatened death, serious injuries, or sexual violence and other exposures. Symptoms of trauma are often associated with a sense of shock, helplessness, or loss of control. However, as the World Health Organization (WHO) elaborates, PTSD (Post-Traumatic Stress Disorder) is the persistent and repetitive re-enactment of unwanted scenarios related to traumatic events. These feelings are often developed with acute fear, recollected through intrusive memories, nightmares, and flashbacks. During these flashbacks, individuals might experience again the same harmful event they felt before. These symptoms are also accompanied by signs of alertness, avoidance, and a significant rupture with their social life, including daily tasks and commitment. (WHO,2024)

Another diagnosis, recurrent during childhood and adolescence phase, known as "Complex Post Traumatic Stress Disorder C-PTSD," is the repeated trauma exposure to harmful events, perpetrated by trusted figures, such as caregivers, who were previously perceived as protective factors. The outcome of the rupture of trust is linked to the feeling of unsafety in early stages of the child, leading to hypervigilance with negative behaviors and mood, along with symptoms of

PTSD. Moreover, C-PTSD will significantly affect how they perceive themselves, their surroundings, and how they handle their emotions. (Feriante,2023, p.1-2)

However, it is crucial to note that children's responses to the same traumatic events vary subjectively from one child to another. The outcome of the trauma activates an internal psychological response leading to adaptation, in either vulnerability or resilience.

Threats to growth and an unsafe environment for adolescents require additional tasks to survive. Those impairments are require physical survival and coping with fear, which will become an additional coping mechanism to their daily tasks, subsequently leading to a psychological burden. Ultimately, lack of safety and exposure to daily stressor factors will perturbate and negatively impact the neurological and immune systems (hypothalamic-pituitary-adrenal (HPA) axis and the autonomic nervous system since both systems are in constant threat and under pressure from stress. As a result, negative coping behaviors will be exhibited by mental and physical perturbances to cope with the current traumatic situation. (Peltonen,2024, p.3-4)

Despite the fact that the American Psychological Association (2014) defines resilience as *"the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress"*, its nature, functions, and pre-existing factors of adaptation to resilience remain debatable. Various psychologists and scientists explain resilience in another context, which includes a broader approach of interconnected biological, psychological, social, and cultural factors contributing to the level of resilience when responding to a stressful event experienced by any individual. (Southwick et al. 2014, p.1).

Figure 1 - Interplay of trauma exposure, vulnerability and resilience

The figure 1 above illustrates the process of exposure to war that shapes the mental health outcome for adolescents, who might adopt and develop adaptive resilience or vulnerabilities. These outcomes are correlated based on risk factors and protective factors that help the children mitigate further risk exposure. Therefore, coping with the war is highly dependent on resilience through positive coping strategies. Increasing exposure to risk factors and the lack of protective factors can exacerbate their vulnerability. Moreover, the pre-traumatic, peri-traumatic, and post-traumatic risk variables contribute to the overall vulnerability of an adolescent who might be more exposed to mental health complications and the possibility of developing post-traumatic stress disorder (PTSD). (Peltonen,2024, p.3).

Understanding resilience is essential to intervening in all stages of children's lives when they are exposed to traumatic experiences. According to Ungar and Theron (2020), resilience encompasses a holistic approach that focuses beyond just the individual factors. Resilience should be based on the biological, psychological, social, and ecological factors that will help children recover from adversity by overcoming challenges encountered during their different stages of life. For example,

an individual cannot independently exhibit resilience without an effective macrosystem in place that reinforces the protective factors to engage in the healing phase.

Moreover, Ungar and Theron (2020) argue equally that adolescents' feelings and abilities to cope with trauma and the connection related to their community should be offered with opportunities. Key factors include safe and supportive spaces that aim to enhance adolescents' well-being and facilitate access to resources that help the child feel secure while responding to their needs. Hence, addressing trauma-related symptoms in vulnerable populations requires attention to the available macrosystems that contribute to the children's well-being. According to Calhoun et al. (2010) which conducted a study with war trauma survivors who have reported experiencing post-traumatic growth (PTG). This terminology is defined as the possibility of exhibiting positive personal change after being impacted by war. An individual may optimistically view life as an opportunity to develop personal strength, acquire new skills, and enhance mental well-being. (Peltonen,2024, p.7)

Kangaslampi et al. (2022), explored the correlation between post-traumatic stress (PTS) and post-traumatic growth (PTG) in displaced Syrian refugees, reported both characteristics of (PTG) and (PTS) simultaneously. While the two phenomena might be distinct and irrelevant, it is indeed positively associated in a way that individuals have to go through distress to heal post-trauma. Ferris and O'Brien (2022) supported this concept by demonstrating that children who are exposed to medical trauma, war and terror-related trauma, environmental trauma, have effectively contributed to post-traumatic growth by embracing cognitive processing. (Peltonen,2024, p.7-8)

Hiller et Al's. (2016) analysis demonstrated that even without any direct intervention for children's mental health, PTSD tends to decrease within the first 3 to 6 months post-trauma. Whereas, after this period, children who are still exhibiting signs of PTSD will likely suffer in the long term without any professional intervention. Hence, children affected by war should be treated with a holistic intervention that includes resilience-focused and personalized action plans to fulfill their needs and enhance their well-being at once. (Peltonen,2024, p.8)

Purgato et al. (2018) explored throughout their research that psychosocial interventions among children are crucial in reducing symptoms of PTSD through the activation and exploration of positive coping mechanisms, such as social networking, aiming to support children's recovery. Besides psychosocial support, cognitive behavioral therapy (CBT) is essential in improving the

mental health of children affected by war. Moreover, practical exploration of protective and risk factors to each child and multifaceted interventions are as important to secure children's well-being post-war and to mitigate long-lasting effects on their lives. (Peltonen,2024, p.8-9)

4.2.2) Beyond trauma: exploring identity and well-being:

Besides PTSD symptoms in adolescents exhibited by war and forced displacement, various complications can overlap, further perturbing their developmental stages.

Studies have shown that stressor factors, such as depression and anxiety disorders, are suffered by adolescents who are affected by the war. Moreover, multiple studies have confirmed that the heightened risks of trauma are more likely to have weak social support, weak family cohesion, and potential risk of isolation. Thus, peri-traumatic factors and post-factors have a significant impact on children's risk of developing PTSD. (Bürgin et al. 2022, p.4)

It is undeniable to acknowledge the immense mental health struggles an adolescent could be going through, especially in a proacted period, when witnessing massive destruction, leaving their beloved ones, and being forcibly displaced from the place they once called home. Specific fears, prolonged crying, dependency, psychosomatic symptoms, and aggressive behaviors often unveil children's distress response.

Subjectively, their perceptions toward enjoyable moments might shift and be widely affected, whereas their reactions to stress might differ from one adolescent to another. The psychological impact of violent events may also vary based on their developmental level, combined with their social, emotional, and cognitive development, their perception of the intensity and impact of the event, and how they are experiencing it. (Bürgin et al. 2022, p.4)

War has an additional effect on mental health and well-being due to the loss of one or both parents while fleeing from their homes or during war. Studies related to attachment demonstrate how loss and parental deprivation can impact children's well-being and increase their exposure to harm. Moreover, children who lost their safe place and are positioned in a non-ending cycle of displacement and instability critically explain their level of unsafety toward themselves, society and their future. Therefore, compounded societal and individual complexes from loss of home,

friends, family members, cities, mental health struggles, and continuous increased exposure to risk factors will threaten adolescents' safety at all levels. War's repercussions emphasize the urge to develop a safe and protective environment for adolescents to secure and promote their well-being along with a healthy growth. (Bürgin et al. 2022, p.5)

The outcome of the international mental health survey conducted in August 2023 in eleven countries has proven that Ukrainian adolescent girls who were directly witnessing the war atrocities, particularly those in the range of 13 to 15 years old, were the most vulnerable. This critical phase, stepping out toward a perception of adulthood, is confronting a harsh reality marked by violence and outbreaks, with a continuous fear of losing everything they possess and appreciate in their lives. When losing control over personal belongings, adolescents may experience self-aggression or suicidal ideation. Fear of uncertainty is what keeps adolescents anxious, having breakdowns, and expressing negative behaviors toward their surroundings. Moreover, according to scientists, adolescents lack psychological self-defense mechanisms and cannot cope with negative socio-psychological factors. As a result, adolescents tend to use coping mechanisms suggested by their environment instead of personalized ones. This phase is very sensitive, as adolescents are still developing their emotions and may easily adapt to either negative or positive behavior in response to a harmful event. A supportive environment is essential for their healthy societal adaptation by promoting their well-being, preventing any behavioral deviance. (Klochko, 2024, p.206)

The construction of identity among children is essential to understand, as it shapes their narrative mostly during the adolescent phase. Subsequently, delving deeply into the reasons behind the disruption of narrative identity that hinders girls' well-being is at the core of research.

McAdams defines narrative identity as the internal, constructed, and evolving story of the individual, to make sense of their own lives, encompassing a moral justification of their past stories while anticipating their future. Also, it serves to explain the "self", others, and the path that defines individuals, describing how they became and where their lives might lead. Narrative identity is a continuous process, but it starts to be developed in the phase of late adolescence. While shaping and drawing their narratives, people tend to depend on their social and cultural context, which runs throughout their lives, adding some meaning, purpose, and goals. Erikson (1963) believes that identity is a collection of an individual's talents, identifications, and roles. By becoming the best

version of themselves, while their identity remains steady across the past, present, and future, both for themselves. Still, identity is shaped dependently with societal expectations and validations, along with the integration of childhood identifications (mostly by caregivers or any role model). Individuals' identities are often shaped by what is accepted and what is not, what to construct, and what to reject. Therefore, narrative identities are correlated to emotional closure, psychological well-being, growth, and recovery. Narrative identities are related to feelings, as individuals tend to tell their stories depending on their contamination sequences, which can evoke negative sentiments. In contrast, positive feelings derive from a successful depression recovery, highlighting agency in one's narrative. (McAdams,2011, p.99-100).

According to Habermas and Bluck (2000), Adolescents tend to link one event to another to explain their narratives and identities. For example, an adolescent girl collects, selects, and interprets personal events that make sense to her, such as why she feels shy around boys or how a bad school year changed her inner self. Hence, adolescent girls shape their identities based on thematic events occurring throughout their lives to help them link and formulate their identities. (McAdams,2011, p.106). Moreover, modern societies don't give equal narrative opportunities, whereas most groups face challenges and limitations, especially relevant for gender, race, and class divisions. Feminist Carolyn Heilbrun (1988) contextualizes the gender inequality that deprives women of narratives, thereby leaving them feeling disempowered and out of control of their lives. Thus, many girls and women struggle to construct their narratives, which shape their vision of themselves in the future. Hence, the context of narrative identities with the perception of both feminist author Carolyn Heilbrun and McAdams made it easier to link mental health and trauma for adolescent girls in crisis, who don't have equal opportunities in forming strong identities to reflect their struggles, voices, and concerns. (McAdams,2011, p.110).

4.3) Adolescent Girls in situation of crisis

4.3.1) The roots of gender-based violence:

Gender-based violence (GBV) is defined as physical, sexual, and psychological violence against both men and women that occurs within the family, the community, and elsewhere. It includes the sexual abuse of girls, forced prostitution, marital rape, female genital mutilation, and intimidation at work and educational institutions. Unfortunately, traditional practices stemming from sociocultural factors harm women and girls with all types of abuse and violence. While anyone can be exposed to gender-based violence, women are more exposed to violence due to the oppressive gender conditions straining from various sociocultural prevailing women's lives in all aspects. (Bouta et al. 2005, p.33).

GBV can occur to both civilians and combatants in conflict settings, where its occurrence significantly increases in conflict settings and will become normalized and accepted even post-war. Women are usually unarmed, have less mobility than men, and are more prone to vulnerability due to the dismantlement of protection factors on a micro level (families and communities) and the macro level (rule of law and government).

Moreover, women have compounded responsibilities to uphold during the war, which poses an additional limitation to their mobility. They bear the responsibility of taking care of their children and elderly relatives who are not capable of fleeing from violence compared to men. Hence, women and girls find themselves stripped from their safeguarding measures and are more prone to abuse, rape, trafficking, and other violations with the absence of accountability. Many women find themselves engaged in prostitution as a survival mode, facing greater gendered experiences due to power imbalance. They also lack safety and protection due to the inadequate gender-sensitive measures in hosted places. In times of war, access to health facilities becomes a privilege, as women have higher risks of spreading sexually transmitted diseases such as HIV and AIDS.

The cycle of violence won't stop, even after the cessation of hostilities, where men would likely reaffirm their violent and aggressive behavior by adopting it as a normalized practice. War exacerbates men's identity and sense of consciousness. Some may lose their confidence and self-esteem due to harsh events that occurred during the war, with the loss of jobs, exposure to trauma, and psychological distress. In contrast, others might reinforce violence through authority and

control to maintain power. Furthermore, culture may exacerbate violence through existing social norms that are a continuous threat against women. (Bouta et al. 2005, p.34-35)

It is essential to note that gender-based violence is not a result of war, but it is embedded in socio-cultural factors that induce it, even in peaceful settings. However, multiple socio-cultural factors can place young women and adolescents' girls at a heightened risk.

First, intersectionality plays a pivotal role in highlighting the intersection of discrimination with multiple social identities. The meaning of intersectionality encompasses an understanding and explanation of the interactions shaped by Human beings depending on their unique social identity. It includes race, ethnicity, gender, class, sexuality, age, disability, migration status, religion, nationality, and other factors. Social identities are shaped by the ruling power structure, often regulated by social norms, the rule of law, policies, and public principles. Social inequalities, such as oppression, privilege, homophobia, racism, and patriarchy, emphasize the outcome of these two correlated elements. Hence, the intersectionality perspective guides us to look beyond a single factor, as inequalities overlap from different power relations, social identities, and personal experiences that operate simultaneously. Social problem interpretation cannot be predictive, as power dynamics depend on the localized context and timing, as people can experience oppression and privilege throughout their lives. Thus, intersectionality is crucial to understand, as it connects people to share their interconnected, mutual struggles and advocate for social transformation and justice. (Hankivsky,2014, p.3). Consequently, it is essential to conceptualize the theory of intersectionality in the case of adolescent girls in conflict settings by highlighting how physical and mental health complications are layered by rooted inequalities related to gender, sexual orientation, ethnicity, disability, religion, and other social identities.

Patriarchal systems and intersectionality are highly correlated to understanding the gender dynamics and structural powers resulting in the oppression of women in society. Radical feminism argues that the power struggle between men and women constitutes a fundamental conflict in society, and gender-based violence, where subordination primarily derives from patriarchy.

Also, feminist theories explore the psychological and behavioral complications of a patriarchal society on children. The first aspect of the patriarchal society from a feminist perspective, is the difference in upbringing between the two different sexes. The indifference in raising children are reinforcing inequalities within the patriarchal system. (Vukoičić, 2017, p.40)

As a result, complexities and gender norms reinforce intergenerational patriarchy, where boys are expected under social pressure to behave in a masculine way at a very young age, long before girls are expected to act like women. Consequently, the patriarchal system worsens adolescent girls' reintegration and healing process due to the gender norms and expectations in society that are highly reinforced. (Vukoičić, 2017, p.40) When patriarchy is deeply embedded in structural systems and reinforced within communities, women cannot actively participate in decision-making, feeling excluded and marginalized. In contrast, they must obey the patriarchal norms to conform to rules and orders. As a result, violence becomes a normalized behavior under the patriarchal rigid repressive system, to the point where women and girls cannot express their feelings or desires due to oppression and stigmatization.

Lastly, a meta-analysis conducted by Farinaz Basmechi in 2025 on scholarly work about women's issues in the Middle East aimed to verify the percentages for laws, government, and policies, patriarchy, war, economy, race/sect, and religion, among others. Lebanon, as my area of concern, ranked highest percentage in research interest among scholars on religion, government, policies, and laws, scoring 70% equally. Indeed, religion/sect must rank as the highest for gender scholars, as sectarian institutionalized policies are highly based on gender, which will be discussed further in the findings. In contrast, the least interest in women's issues in Lebanon was the patriarchal system in women's lives, at 40% and war, at 20%. This under-researched gap is crucial to fill in, especially in the context of the research question, where girls face gendered experiences based on their intersectionality in war and patriarchy. The author emphasizes based on her analysis of 170 books, that researchers and authors have shown little interest in sexuality, migration, disability, and interpersonal power dynamics, as well as gender-based violence, which need to be tackled and addressed in the findings. (Basmechi,2025, p.11-12)

4.3.2) Gender in conflict:

Cynthia Cockburn argues the theory of gender in conflict, where patriarchy gaslights violence and war. The theory of gender and conflict entails three major groups: gender relations, gender identities, and gender language and performance. Those groups are related to structuralist, constructivist, and post-structuralist feminist theories. Each category influences gender in society through its systems, experiences, and behaviors. Cockburn stresses the intersectionality of systems of power between nationality, ethnicity, economy, and gender power, which are fundamentally violent. Hence, she links patriarchal norms as the underlying causes of war and militarization.

This ideology invites us to explain how militarization and war are two normalized concepts due to culture and social relations, and to look at how patriarchy is endorsed within the Lebanese system, undermining the needs of adolescent girls in emergency settings. Cockburn mentions that "war is thinkable" in the sense that social identities, including cultural beliefs and practices, allow individuals to accept war as a means of authority and dominance through masculine traits over peace. Moreover, the war in the patriarchal system has social expectations toward girls' behavior, as girls tend to accomplish family duties and bear social responsibilities, including the upbringing of their little siblings. (Prügl ,2023, p.6)

Patriarchal characteristics are not solely related to men's means of violence, but rather to the conditioned and determined factors embedded in social structures. Moreover, men tend to reinforce violent means under social pressure to regain their sense of "manhood", to preserve masculine traits. Also, the patriarchal system can reinforce all means of inequalities through violence, that would subsequently contribute to maintaining men's power as the only means to retain control and authority when they feel socially weak. (Prügl ,2023, p.7)

Chodorow (1978) argues that the rooted inequalities in a patriarchal system stem from the status and positioning of power, as men are taught to be superior to women through suppression and control, especially when men cannot prove their success in society, they tend to prove it through gender-based violence. Hence, it is crucial to understand the factors behind gendered violence, as many researchers have found that men initiate violence due to social identities, whether they feel powerless and reckless, or the women's social status and functions. (Hunnicutt, 2009, p.9)

Consequently, effective measures should be implemented in post-conflict settings to mitigate violence against women by challenging traditional norms to rebuild family ties that were dismantled after the war. These changes are emphasized by the reinforcement of positive roles in society to rebuild men's personalities by exhibiting positive behaviors. (Bouta et al.2005, p.7)

In the case of this research, patriarchy limits active participation for adolescents' girls in their recovery programs, by oppressing their positioning in decision-making. A well-structured strategy targeting revolution for girls to speak loudly by trusting their thoughts and feelings to address mental health complications, gendered inequalities even if the society disregards their perceptions.

4.3.3) Gender in displacement: challenges and barriers

Girls are positioned at a heightened risk of early marriage, restricted mobilities, limited access to social support, educational disruption, and severe mental health disorders such as anxiety and depression. Gender disparities are evident compared to males by reinforcing gendered norms and reducing coping mechanisms strategies. For instance, adolescent girls in the West Bank, Syria, and Gaza reported higher PTSD symptoms compared to males. However, during the 2021 Myanmar coup, a shortage of studies has shown the prevalence of mental health implications on adolescent girls due to lack of evidence, despite the high number of anxiety and depression reported in 2021. This gap also calls for a deeper understanding of the well-being impact on this population to fill these gaps and assess the risk, thus minimizing the unique challenges and dangers encountered on the battlefield. The critical findings on girls and young women from Myanmar reported 40.2% of direct experience of armed conflict, 33,4% of unaccompanied and separated girls, and 10% lost their family members as a result of war, while 70% were psychologically distressed with insomnia. Comparing this study on a regional level, a meta-analysis on suicidal ideations for girls in Southeast Asia reported 16%, a lower percentage of the 28.2% found in Myanmar as a result of direct exposure to conflict. Moreover, the findings indicate social safety theory by shedding light on the psychological importance of social connectedness and feeling secure within personal relationships. For example, girls who were separated from their families are at higher risk of developing mental health complications, as loneliness and unsafety may activate the brain's threat response by increasing depressive thoughts and emotional instability. (Pearson et al.2025, p.2)

Women and girls face particular challenges than men during displacement, especially when in survival mode, trying to access their fundamental rights. Besides the right to feel safe and secure in a hosted place with access to food and water, women and girls face additional risks, as exposure to gender-based violence is highly dominated, especially in times of conflict.

Loss of safe place, livelihoods, and other opportunities place the women and girls in a continuous threat, where they might be forcibly engaged in transactional sex to survive, with an acute risk of violence and abuse. Moreover, girls suppress themselves by staying home, fearing the outside world, and may skip education enrollment. As a result, limited future opportunities will arise and less enjoyment of their active participation in society. Early marriage is considered a coping mechanism tool used frequently by parents to ease their financial burden, or to protect their daughter from sexual violence or to protect their honor, stemming from socio-cultural perceptions.

In addition, girls require specific health needs that can be challenging to attain during displacement as a result of financial constraints, limited quantities or services, stigma related to sexual and reproductive health, absence of a safe space, and gender-sensitive information. Results also demonstrate that pregnant girls and women receive fewer care facilities. In contrast, they are more exposed to malnutrition, poor hygiene conditions, communicable diseases, and neglect from the host community. This concept is relevant for adolescent girls, where their physical development is not complete yet, and they are more prone to mortality and morbidity. (IDMC,2020, p.15)

Even in peaceful settings, the fear of being exposed to violence deters many women from actively participating and being involved in the socio-economic and political development of their communities, which prevents them from enjoying and exercising their full Human Rights. Not a single individual is considered to be safe from gender-based violence, as harm can occur independently of their social identity. Despite the existence of international legal frameworks, as well as women activists who are protecting and advocating to end all types of violence against women and holding perpetrators accountable against their detrimental behavior, even in peaceful and non-peaceful settings, the findings of the recent war in Lebanon 2024, did not comply with the complete protection of the displaced Lebanese girls' well-being. (Fried,2003, p.3)

4.4) Post-conflict reintegration and recovery:

4.4.1) Family systems, attachment, and safety:

Starting this chapter by the attachment theory, which is crucial to understand the socio-emotional development of adolescent with their caregivers as their primary group of belonging.

Family constitutes the first emotional bond, values and beliefs that would predict their type of attachment as adults. Adolescents undergo significant emotional, cognitive, and social transformations that prepare them for adult life. Indeed, adolescents require greater privacy, marked by a decrease in the expression of their feelings and affection, and a lesser time spent with their parents. However, the presence and support from their parents would increase their sense of safety and security.

The internal working models mentioned by Bowlby guide adolescents in the construction of their relationships with others as "internal maps". How they think, behave, and interact is interlinked with the experience they had with their caregivers. These internal maps will accompany children in the future as a guide for their social relations, helping in shaping their perception of themselves and others. For instance, an adolescent who develops a secure attachment tends to solve conflicts with their parents in a healthy manner, while expecting positive outcomes. In contrast, adolescents with insecure attachment will face emotional distress and distance from their caregivers. (Delgado,2022, p.2)

The theory of Bowen, which is highly relevant to the context of adolescent girls in war, identifies the patterns that a family would adopt to resolve anxiety caused by a stressful event. Acute anxiety can still be prolonged and sustained in the long term, even in the absence of the threat. It is evident, according to Bowen, that the degree of tension a family can express and feel is correlated with external stressor factors and their sensitivity to emotional maturity, which in turn influence how they behave and transmit these traits down the generations. The differentiation of self is defined as the capacity to stay connected, while being independent and goal-oriented. Chronic anxiety may develop when family members do not acquire emotional maturity and the capacity to solve things independently. Consequently, the whole family would be stuck and transmit the entire cycle of anxiety and tension. Hence, the family projection further portrays family dynamics, especially for

the previous generation's insecurities in relationships. The transfer of parents' anxiety would lead to children being emotionally distressed. In contrast, children with the least emotional separation are less likely to develop any mental health implications when facing any external stress or threat. (Brown & Errington,2024, p.141)

The Theory of Bronfenbrenner on bioecological systems explains how individual development is highly shaped and interconnected through their surroundings and environmental systems.

The five systems that shape Human Beings are the microsystem (family, school, friends), mesosystem (the relationship with the microsystem), exosystems (local government, mass media, extended family), macrosystem (social norms, gender roles, economic system, culture, and political system), and chronosystem (the timeline of events impacting child's developmental stages). Each system plays a significant role in the individual's growth and behavior. Those systems do not solely rely on the individual but on the relationships with their family, schools, communities, and societies. (Guy Evans,2025, p.2)

The bioecological model places children between risk and protective factors, depending on multiple aspects, as mentioned in the figure. When the socioecological model, such as family, friends, school, and community, is relatively weak, children tend to have poorer developmental growth along with mental health complications. For example, children during displacement face compounded trauma exposure and the dismantlement of extended support systems that would weaken their developmental growth. In contrast, children with strong social ecology may experience better growth when facing hardship and exposure to conflicts. Hence, a comprehensive bio-ecological system should encompass all protective ecological layers to support children in the recovery process, thereby mitigating every harm possible derived from conflicts. (Betanourt et al.2023, p.3)

This theory is crucial to understanding how adolescents, practically girls in this research, are impacted by war, not just by a result of trauma but the compounded challenges and complexities embedded by the levels of ecological environment.

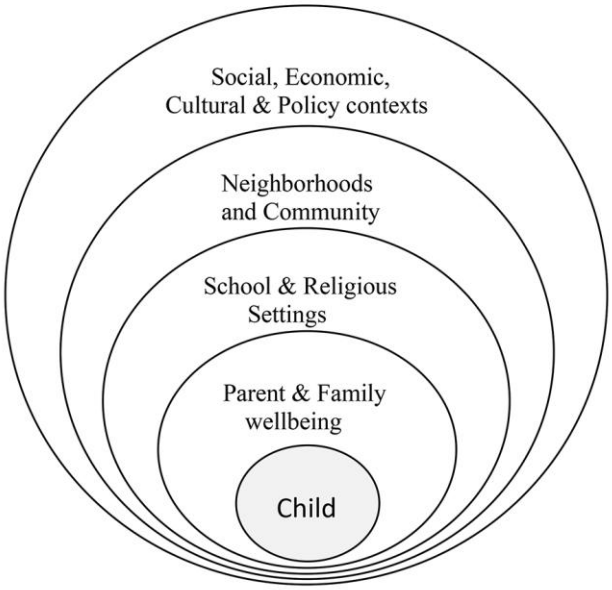

Figure 2- A bio-ecological Model of Psychosocial care and Protection of Children – (Arega,2023, p.1436)

As previously mentioned, a successful reintegration process does not solely rely on children's capacities to cope with traumatic exposure. Parental involvement in the process is crucial to strengthen their children's protective factors to ease their healing journey. Group sessions for parents aim to enhance their coping mechanisms, problem-solving, communication, accessibility to resources, anger, and stress management. The outcome of these sessions will foster positive parenting skills, contributing to their children's mental health and well-being, as well as their psychosocial resilience. To prove this statement, a study conducted by Miller et al. (2020) on Syrian refugee parents about psychoeducation and the enhancement of their skills in conflict-affected communities will likely reduce mental health deterioration for children. Several rounds of caregivers' support intervention sessions for Syrian parents were conducted with various topics to strengthen their parenting skills, work on reducing their stress factors, and improve their psychosocial well-being simultaneously. The outcome of these continued sessions has proved the correlation between enhancing caregivers' well-being and their skills in increasing their children's resilience in refugee communities. (Arega,2023, p.1438-1439)

A study collected from parents' approach toward their adolescent children exposed to trauma showed that stress is highly reduced when parents are a source of support to their children and maintain a positive relationship with them. In contrast, low support and lack of validation of feelings for their children could lead to the deterioration of children's mental health and the possibility of recovery.

Parents who challenged their assumptions by understanding the roots of trauma exposure and resilience to become a normalized concept have, therefore, helped their children with their healing process without suppressing their feelings through professional support to alleviate further mental health deterioration. However, external factors may hinder parental guidance efforts for their children's healing process due to political instability, economic collapse, and social barriers. Stereotypes of parental misguidance can stem from the fear of inducing further harm by allowing their children to express their feelings through open communication. Parents tend to overlook and trivialize the trauma, viewing it as a normal response, mainly if the event occurred on a collective level rather than individual ones. At the same time, the normalization of mental health struggles due to collective trauma is highly an intercepted notion adopted, especially in times of crisis. (Kerbage et al., 2024, p.16)

At the same time, the normalization of mental health struggles due to collective trauma is a highly accepted notion, especially in times of crisis. As a side effect of parental guidance, particularly in the recent conflict context of Lebanon 2024, when mislead and not personalized, displaced adolescent girls' reactions to trauma can further exacerbate their reintegration and healing process. In contrast, when parents provide a direct explanation to their children's traumatic event, particularly for adolescents, they are subsequently validating their feelings and personal experiences. Positive outcomes will come to effect among war-affected adolescents who will be further actively engaged in their healing process, while audibly expressing their needs and developing their identities. (Kerbage et al., 2024, p.19)

4.4.2) Governance intervention in war-related crisis:

Public institutional interventions are crucial in all phases of the displacement. During the displacement cycle, the government should be responsible for delivering aid and facilitating access to humanitarian assistance to the affected population. However, despite the development of states in governing the political system, 1.6 billion people still live in states, described as having limited and weak capacities to uphold and govern peace. Consequently, international donors have committed to delivering practical support to state-building initiatives in the affected countries. (Justino,2018, p.1).

Nevertheless, limited research and policies are available to determine which governance interventions are adequately effective to enhance peace and development in times of crisis, as it has proven challenging to improve the public system while reducing violence instantaneously. This complex parallel transformation is greatly applicable to the Lebanese context, oscillating between ending the ongoing hostilities with Israel, while reforming the cumulative political crisis, affecting not only the displaced population, but rather imposing a significant threat to the whole nation's political and social stability. The required amendments to institutions are heavily dependent on achieving inclusive governance with socio-political reconciliation; however, they may also generate conflicts due to the perturbation of power dynamics between political elites. Thus, major elements must be considered for a successful transformation in war-related contexts, focusing on local governance, the improvement of local capacity for collective action, and strengthening accountability and fairness while effectively challenging norms that regulate the governance system. (Justino,2018, p.3). Even though political transitions in times of conflict are severely challenging, it is undeniable that they can create better governance structures presented as more accountable toward citizens' views. The redefinition of a new society ensures equitable access to resources, services, and positions for new actors in society, rendering institutions fairer and more transparent. (O'Neill,2009, p.158)

Moreover, finding durable solutions during conflict reconstructions for the Internally Displaced Persons is essential to facilitate their reintegration process. The right to access to reparations for losses and reconciliations are key elements to achieve justice. However, when the state fails to guarantee durable solutions for its citizens, it subsequently limits them to enhance their financial situations, by staying in a non-viscous cycle of poverty, often facing limited employment

opportunities in their affected areas. Unfortunately, the implementation of a durable plan encompassing socio-political and economic reforms remain a challenging aspect to acquire for the IDPs living conditions.

Lastly, a successful reintegration of the Internally Displaced Persons depends on addressing protection gaps to enhance their well-being, acquiring security, Human Rights, and governance on a national and local level. It is crucial to ensure accountability to prevent another cycle of displacement for the IDPs as a path toward sustainability and peacebuilding. (O'Neill,2009, p.178)

4.4.3) Multi-sectorial intervention in humanitarian settings:

Besides parental efforts in the recovery process, social support is equally crucial for the child's development. However, studies have explored the distinction of sexes between men and girls in socialization. Men are less emotional and nurturing than women. Additionally, men engage in fight when stressed, or being encountered in a group focusing on competence and control while women tend to look for protection, support, emotional expression. Consequently, girls look for building relationships, to feel emotionally connected to disclose her feelings, as crucial element to acquire in times of crisis, mainly because they tend to find a safe space with their peers, not only to build friendship, but also because they feel emotionally protected, and secured, but they also take this opportunity to disclose any risks they might be exposed to. Still, the segregation of behaviors between the two sexes are highly interlinked with the cultural values and gender roles, often explored during childhood. (Delgado et al. 2022, p.16-17). For instance, among 151 Kuwaiti children exposed to the Gulf war crisis, girls reported higher social support in comparison to boys. In contrast, the effectiveness of this support alleviated trauma exposure on girls rather than on boys. Hence, the absence of social support hinders the recovery process for girls, where the PTSD symptoms might be exhibited throughout the years after their exposure to war-related trauma. Also, educational activities are essential in restoring their routine, by feeling more secure and safe in their new adapted environment, while mitigating trauma's repercussions. Religious institutions play a vital role for the displaced children in the provision of self-belonging, especially in the host area. Access to healthcare, mental health services, legal services, and a shelter are essential for promoting the dignity and enhancing the well-being of the affected population. (Betancourt &

Khan, 2008, p.4). Thus, it is essential to have a gender-sensitive response that is appropriate for both sexes, particularly in emergency crises, as all the mentioned theories and examples have practically proved the difference in reactions between girls and boys.

Adequate intervention adolescents should receive must be based on a resilience-oriented approach, holistic, by targeting individuals rather than groups. The Inter-Agency Standing Committee (IASC) proposed four levels of emergency intervention, targeting mental health and psychosocial support. By starting first with the provision of basic services and security, community and family support, focused non-specialized support, and specialized support. Being able to recognize and emphasize adolescent's behavior is highly connected to their resilience, especially when they have access to all required resources to recover and grow healthily.

Holistic intervention should be based on a trauma-informed care approach that seeks to deeply understanding the nature of the trauma to be able to address it effectively. This aims to ensure that children are empowered and heard, understood, and, most importantly, healed emotionally, physically, and psychologically. Trauma-informed care is based on three key components: safety, connection, and emotional regulation. Adolescents develop resilience through support, security, and the expression of emotions. Hence, mental health and psychosocial support for war-affected children must target the Pyramid of Maslow from the bottom upwards to tackle all aspects of children's lives to promote and ensure their full access to their rights. Healing stage must be personalized, depending on coping mechanisms factors, where some war-affected children will heal faster than others who might require a deeper intervention, addressing different stages of stress reactions stemming from emotional and behavioral complexities. Pre-intervention requires a deep understanding of children's mental state resulting from war-associated morbidity to recognize the most adaptive approach to meet their best interests. (Bürgin et al.,2022, p.6)

The other essential element to take into consideration during emergency response, is the Psychological First Aid (PFA), which incorporates eight main principles: engagement, safety, stabilization, information collection, practical assistance, connection with support, guidance on managing their current traumatic state, and information on where to seek help. As a consequence, children will gradually step into their previous routines through tailored interventions that will significantly ease their recovery efforts, even in abnormal conditions. Recovery also entails to intervene on improving the coping mechanisms among individuals through cultural appropriate

intervention, such as spiritual support. (Arega, 2023, p. 1447- 1448). Researchers have found the usage of the Psychological First Aid (PFA) as a primordial component during the emergency response, aiming at reducing initial post trauma distress, with the high possibility of successful recovery and reintegration on a long-term period. For instance, a study collected after the conflict in Gaza in 2014, reported a wide advantages for adolescents who received Psychological First Aid, resulting in improving their mental health state, by reducing their stress level, promoting safety with an increase of their self-regulation. (Arega, 2023, p. 1438)

Also, school-based intervention, which is greatly influenced by the social and ecological system of the child, has proven its efficiency in a psychosocial counseling program by decreasing symptoms of PTSD, particularly among Palestinian girls in the Gaza Strip. This intervention is composed of trained school counsellors, social workers, and teachers, aiming to actively participate in the recovery process of the children, by mitigating also emotional, somatic, and cognitive dysfunction, due to war-related trauma. Consequently, pre- and post-results have demonstrated the effectiveness of school-based intervention among adolescent girls, where their emotional distress, notably PTSD symptoms, has significantly decreased. (Arega, 2023, p. 1447-1448)

Community-based interventions from non-specialists in affected communities can play an essential role in children's recovery. A technique of community-based approach under solidarity groups intervention for female survivors of conflict-related sexual violence in the Democratic Republic of the Congo has practically demonstrated significant improvement in their physiological, psychological, and social well-being. Solidarity intervention aims to connect survivors to share their experiences and learn how to cope with post-traumatic events. (Arega, 2023, p. 1449)

CHAPTER 5: Findings and discussion:

Thematic sections:

5.1) Safety and security amid political crisis:

Lebanon has long been enduring political tensions due to its fragile system. Its geopolitical stance is highly influenced by the regional states along with their vested interests. External influence has further exacerbated the country's fragmented political system, which is already drowned by its sectarianism (Nashed & Cordall, 2024). Additionally, religious communities are historically divided with segregated areas, stemming from the civil war, displacement, and sectarian violence, shaping the country's geographical context. To worsen the sectarianism complexities, Israel's war against Hezbollah managed to destabilize the whole country by attacking host communities where displaced people have fled for safety. Thus, political analysts reflected this psychological torture as a punishment and retaliation against Hezbollah's Shia support base by fueling sectarian tension in all Lebanese communities (Nashed & Cordall, 2024). Consequently, non-Hezbollah-controlled areas were skeptical of welcoming displaced people out of fear of being a victim of collateral damage.

For instance, the interview conducted with the social worker from the Municipality of Chiyah mentioned that the school of Madame Aoun, which served as a shelter, did not welcome anyone who was impacted by the pager's attack, fearing that the school might be a legitimate target. This conditioning not only left the displaced homeless, but also impacted family breakdown. Additionally, mothers from the focus group discussion in Chiyah reported that they had to go through double checks from landlords for security purposes. Displaced girls reported a constant feeling of stigmatization and unceasing fear of being relocated due to suspicion from landlords in the host communities, often perpetuating their sense of safety by being constantly displaced.

Bürgin et al. (2022) analyzed Maslow's pyramid in the context of displaced people, which primarily addresses the necessity for basic needs and security. Starting from the top down, the physiological and safety elements were inadequately addressed among all participants from the focus group discussion in the affected areas. The nature distinction between the recognized rights and the implemented ones, such as the right to be protected, to regain health and dignity whether living in a warzone or fleeing to another country, should not impose any obstacle in acquiring the

fundamental necessities of the Maslow Pyramid while gradually moving to the top (Bürgin et al., 2022, p.5). However, the government failed to acquire the basic priorities as marked by the constant fears of the girls; their safety was not guaranteed while relocating to a different place, seeking safety and leaving all their belongings at risk.

The announcement of the ceasefire did not put an end to the continuous hostilities, according to a Lebanese expert for Carnegie Middle East Center, to Al Jazeera, who analyzed further, "A civil war might occur if the hostilities remain ongoing". This statement is echoed by recurrent sentiments within the Shiite communities, where the focus group discussions were conducted: the participants constantly expressed feelings of discrimination and exclusion from non-Shiite communities. Moreover, Israel's tactics have triggered a persistent political fear where the next target is unknown. Hence, the displaced communities, specifically girls who are at the center of this research, are facing dual threats compounded by their existing vulnerabilities. On one side, external threats arise from the ongoing political instability and constant fear of Israel's atrocities and unpredictable targets. On the other side, internal threats are rooted in exclusion, marginalization, and discrimination based on their social identities embedded in sectarian complexity. One girl participant from the South reported,

"Where else can we go? They are bombing everywhere".

This collective punishment is unjust for the Shiite communities, who are disproportionately bearing the brunt of the ongoing conflict, simply because of their shared religious identity with Hezbollah's affiliated people. Many participants reported that they cannot go anywhere without facing humiliation or internalizing feelings of guilt, as they might impose a risk on Druze, Christians, or Sunni communities. (Mroue & Chehayeb, 2024). Caregivers from Beqaa further emphasized feelings of discrimination regarding their hosting, while mentioning:

"We felt unequal, discriminated against other communities, as if we induced the war. After all, we never wanted to be displaced nor to witness our houses shattered and loved ones martyred".

Additionally, when rapid escalation and intensified attacks occurred, girls from the South reported waiting 9-10 hours stuck in the traffic, to reach Beirut, where they had to witness the ongoing bombings, and some reported that airstrikes targeted cars during the overcrowded traffic. Half of

the adolescent girls from the three distinctive areas mentioned that they were unaware of what was happening around them, and could not believe that they left their homes without carrying their belongings to an unknown destination.

"It is not only about going to an unknown destination, but also not knowing when we will be able to come back," as expressed by one adolescent girl from the South.

This evidence highlights the state's failure in in providing the first and foremost protection to displaced children, by proving its neglect to prioritize their safety as the most fundamental element in Maslow's hierarchy of needs.

Thus, some historical context about the country's sectarian complexities needs to be outlined to understand the current political shift by acknowledging that the escalation between Israel and Hezbollah is not sudden, but rooted in prolonged tensions and protracted wars.

Regardless, a cumulative event occurred throughout Lebanon's political chronicles. Internal displacement in Lebanon is also framed as a recurrent incident, as mentioned earlier in Lebanon's cycle of displacement. The continuous mass displacement the Lebanese have witnessed and experienced from the 2006 war, the Beirut Blast, and the current conflict explicitly shaped the government's response toward the displaced population. (Diab, 2024, p.2). As such, it is crucial to tackle the historical neglect of South Lebanon and the recurrent displacement crisis in the government's normalization positioning, including a lack of management and engagement to protect its own citizens.

The lack of governmental efforts to address the issue of the IDPs, despite its explicit inclusion in the Guiding Principles on Internal Displacement, reflects a failure of the national authorities to protect them. Consequently, participants from the South (Abbassieh and Tyre) expressed their skepticism about the government's intentions to fully acknowledge the South within Lebanon's national geography. Also, those from Chiyah, expressed similar concern, stating,

"We are not seen in this war as displaced Lebanese, but as a burden on everyone".

The government's stance has inadequately left the displaced people without formal acknowledgment, lacking appropriate services that would secure their safety and other basic needs. This lack of engagement towards the IDPs raises critical concerns about whether the government

is neglecting its responsibilities or deliberately choosing not to be fully involved in the ongoing conflict between Hezbollah and Israel. (Diab, 2024, p.4)

The discrepancies between the International legal framework on protecting the rights of IDPs and the government's negligent status toward them impose a significant gap in the recognition and protection of their rights. The state's absence exacerbates the vulnerabilities among the IDPs, placing them in a "State of limbo" - invisible and marginalized. Moreover, the government is significantly incapable of preventing its own land from being used as a battlefield for proxy wars, as previously demonstrated by the 2006 July war and the 2014 border clashes. These former battles proved the state's failure in granting the rights to the IDPs, dealing with destruction, including the human suffering and repercussions in times of crisis. (Diab,2024, p.6) Consequently, the government reinforces its incapacity to preserve its sovereignty and protect its citizens, despite formally acknowledging that they were already prepared to develop a response plan, as explicitly stated by MoSA and the DRM unit focal person during the interviews.

While the government stressed the famous slogan *"Lebanon does not want to go to war"*, it was reflected as insecurity and exclusion by the displaced communities. Particularly for adolescent girls, this insecurity oscillated between staying in their environment and leaving for an inadequate host. These inequalities imposed on the IDPs reflect the government's lens toward the conflicts, trying to minimize financial responsibilities on the IDPs, including being politically neutral. (Diab,2024, p.6-7). Consequently, the lack of protection services imposed a significant threat to adolescent girls' safety and security. This statement was proven by a mother from the Beqaa reported that her daughter was injured by Israeli airstrikes on her way home to shower, due to the lack of privacy and overcrowded shelters.

Not only did political dynamics and instability affect adolescent girls' well-being and protection, but they also imposed safety threats to their social ecology. War is often characterized by loss of security, unpredictability, and structural routine (Betancourt & Khan, 2008, p.1). As outlined in Bronfenbrenner's ecological model, the macrosystem (political context, mainly the actors who triggered their safety concerns) demonstrates how bigger systems interact with and influence smaller ones. This interaction resulted in stripping girls of their fundamental rights, undermining protective factors that could have contributed to enhancing their well-being.

For instance, macrosystems broke the family unity bond and social networks, disrupted schools, with additional risk to their physical safety (Betancourt & Khan, 2008, p.3)

Furthermore, the daily atrocities initiated by Israel, further violating the ceasefire announcement in November 2024, should not be overlooked. Israel is constantly attacking the country with airstrikes, under the justification of targeting Hezbollah, despite Hezbollah's reluctance to drag the country to war all over again (Salhani, 2025). Consequently, Israel left the returnees in constant fear of being displaced once again. A Southern participant ironically asked during the focused group discussion,

"To which period are you exactly referring? The war never stopped here."

This statement emphasized the persistent feelings of insecurity experienced among adolescent girls. They reported feeling unsafe even when returning to their homes, due to the continuous airstrikes, sonic booms, and astonishing attacks, targeting their villages. Thus, the lack of political will to hold those responsible for the crimes accountable due to their impunity is resulting in an ongoing tension, weakening the hope for peace in the country. (O'Neill,2009, p.158-159)

Linking theory to practice, as previously mentioned by Justino (2018), who focused on several elements that would follow a transitional phase in war-related contexts. In the case of Lebanon, the country is unable to prove its local capacity for collective action, due to the fragmented societies and lack of unity to end the atrocities the innocent people are witnessing, as well as the lack of accountability due to the domination of power elites ruling the system along with their vested interests, with a high reliance on external influence to decide the fate of the country. Thus, the government is far from reforming the rule of law that would guarantee the principles of democracy.

Lastly, it is essential to note that it is not a state's privilege to consider the IDPs as a category of concern, rather than ensuring that their Human Rights are being entitled and respected. Still, everyone is affected, either directly or indirectly, and has the right to be protected under International Humanitarian Law. (Mooney,2005, p. 18-19)

5.2) War & displacement implications on girls' well-being

5.2.1) Mental health and emotional impact

The mental health section is crucial to understand in order to recognize the displaced girls' struggles induced by the ongoing hostilities and frequent displacement. Their age category is particularly sensitive, as any stressful event might disrupt their developmental growth, functioning, and lifestyle. Moreover, Klochko (2024) noted in his study that adolescents who experience war are highly subject to a greater psychological burden. The prolonged displacement, exposure to traumatic events, loss of loved ones, evacuation, instability, and uncertainty can result in severe psychological disorders in children, particularly during the adolescent phase. Klochko's significantly proven that 85.7% of Ukrainian adolescent girls experienced mild to severe depression. However, the author did not focus solely on adolescent girls or examine the implications of displacement on their well-being. Hence, the research addresses this gap, tackling a gendered response and analysis for the traumatic experience in recent displacement, particularly girls, who are often under-researched in most studies. (Klochko,2024, p.208)

Despite the state and public entities being fully responsible for protecting the IDPs in conflict settings, the Lebanese adolescent girls reported fleeing their homes after several bombings near their place of residence and after the assassination of Hassan Nasrallah, the former leader of the Hezbollah political group. They felt hopeless, constantly fearing death or losing their loved ones.

During displacement, the repression of feelings was aggravated for adolescent girls due to overcrowded shelters and a lack of privacy, leading to social isolation. A 14-year-old adolescent girl described mental health deterioration by experiencing acute fear, vomiting, and panic attacks. Harmful scenarios have worsened in her head after witnessing the death of her neighbors. As acknowledged by Bürgin et al. (2022), children exposed to war exhibit distress and stress reactions, including specific fears, dependent behavior, prolonged crying, and psychosomatic symptoms.

Adolescent girls felt a deadline existed; they were always on the edge of their seats, and the "what if?" questions overflowed their minds, creating a feeling of being in a constant state of alertness and fear. Additionally, signs of intrusions were emphasized through repetitive scenarios in all affected areas; they could not handle any loud noises, such as the sudden slamming of a door or

fireworks. These repetitive sounds were displayed as a trigger related to the sonic booms and airstrikes, which are significant linked to their traumatic events occurred while in displacement.

These particular emotions, developed in the phase of adolescence, raise a critical concern as prolonged fear and hopelessness can disrupt emotional regulation, lack of independence, and the emergence of negative coping mechanisms. These behaviors were also observed by the psychologist from the restart organization, where adolescent girls often displayed symptoms of hypervigilance, intrusions, and social isolation. Together, these peri-traumatic experiences highly demonstrate how characteristics of the war could significantly perpetuate adolescent growth, with a prevalence of long-term persistence of the symptoms, further compounding their state of vulnerability. (Peltonen,2024, p.4).

Adolescent girls expressed their homesickness by mentioning:

"I felt homesick, everything felt unfamiliar".

They sensed time had frozen; they were unable to engage in new activities or socialize and meet new friends, fearing they would have to move again. They reported being in a complete phase of denial, refusing to unpack, and repeatedly questioning their caregivers if they will be staying in that same place for a long time. Adolescent girls worriedly described their constant anxious thoughts about their fate, especially if they would have the chance to visit their houses once again, just to feel warmth and safety.

Thus, as Bürgin et al. (2022) mentioned the correlation between pre-trauma factors along with the characteristics of the incident associated with minor to medium effects on their well-being. Also, the severity of the trauma is associated with medium to significant impacts on the experience of the event and post-trauma. (Bürgin et al., 2022, p.4)

This correlation indicates the possibility of development of PTSD for the Lebanese adolescent girls, depending on peri-traumatic factors, such as the severity of war exposure, evacuation under threats, witnessing death or heavy injuries. The post-trauma variables were found in the living, overcrowded shelters, poor social networking and support, lack of children's rights basic services, with the internalization of their emotions. All shaped together have a greater influence on the adolescent girls' recovery, particularly those who have experienced the direct impact of the war, accompanied by ongoing challenges during the reintegration process.

However, it is crucial to note that PTSD is not the only outcome that has the most harmful effect on the girls' well-being. Other mental health deterioration signs would also worsen their adaptation in society, especially with weak protective factors, which did not ease their recovery process. For instance, social isolation has impacted their self-regulation, further deteriorating their possibility of societal reintegration. The provision of "protection" often perceives girls who can go and enjoy their free time as immoral or inappropriate, especially in a fragile context. The finding is highly correlated with a study conducted with adolescent girls in Gaza, where gendered social norms resulted in the restriction of girls' mobility, as it would damage their reputation. Its harmful outcome, similarly to the Lebanese context, was emphasized by compounded psychosocial distress. (Samuel et al.2017, p.9).

5.2.2) Collective trauma and mental health stigma:

Collective trauma was taking a toll on the girls' behaviors; repetitive sentences arose during the focus group sessions, emphasizing repression of emotions due to collective damage. The normalization of the conflict was frequently occurring, often expressed through the same sentences:

"We are all living in the same situation, why should it be any different for me?"

Girls could not open up, fearing being "too much" or exaggerating with the interpretation of their emotions. Hence, all these distresses perturbed the developmental growth of adolescents, with the integration of additional tasks that went beyond their typical day-to-day tasks as children (Peltonen, 2024, p. 4). The dual fear of daily stressors, with the loss of safety while being placed in an unknown and unsecured shelter, resulted in the loss of cognitive schemas of social safety. The compounded experiences of adolescents lead to social withdrawal, exacerbating their self-perception, self-worth, and sense of stability. (Peltonen,2024, p3-4). The repetitive collective behavior observed in all the focus group discussions did not alleviate any stressors; instead, it added pressure and a feeling of powerlessness.

A 14-year-old adolescent girl from Bednayel, experienced acute stress and severe deterioration in her mental health. She was afraid to speak up due to collective fear and pressure coming from her surroundings. As a result, she fainted and began to lose weight after losing her appetite. She took anti-depressive injections, developed insomnia, and resorted to self-harm. She repressed her emotions and internalized her problems due to fear of being subjected to "collective suffering". The concept of resilience as a characteristic trait is not new for the Lebanese, as mentioned by the study of Kerbage et al. (2024), especially in the context of the compounded crisis in Lebanon. Parents expect to overcome these challenges by manifesting this trait to surpass their emotional distress. Consequently, the emphasis on resilience as a normative trait pressures girls to repress their emotions, thus, complying with the normalcy of socio-cultural norms of the Lebanese population.

Besides trauma collectivity, the stigma around mental health worsened the repression of feelings among adolescent girls. For instance, the psychologist from the Restart organization mentioned during the interview that the lack of privacy to talk about mental health challenges in the shelter posed a significant challenge. There was a notable stigma for mental health, especially among adults.

"The lunatics showed up." Even after they conducted multiple awareness sessions to introduce mental health, people joked about it:

"Look, Khaled, the doctors for the crazy are here; go talk to them and tell them how crazy you are.".

Thus, these results are aligned with the study for the compounded crisis in Beirut for adolescents, examined one year ago, by Kerbage et al. (2024), with the mental health stigmatization section associated with the avoidance and neglected behavior of the parents toward mental health struggles for their adolescent. The lack of parental empathy in being involved in children's feelings was often associated with their prevention from plunging into the "sickness role". Consequently, displaced individuals, who are already suffering from traumatic symptoms, perceived mental health services with skepticism: they feared judgment and directly linked it to the need for psychiatric services and medications, as also proven by a study conducted by Atoui et al. (2025) around mental health stigma during the recent conflict. (Atoui et Al, 2025, p.3)

As a result, girls are bearing the brunt of being misjudged by their emotional turmoil and by dealing with parental cultural misconceptions around mental health, leaving them without appropriate care.

As emphasized by the psychologist's observation with reports from adolescent girls in Chiyah, quoting what their caregivers have been frequently commenting on the request of mental health services*:*

"Did you lose your mind"? "We are not crazy, yet".

Consequently, parents tend to attribute emotions to external "temporary" threats rather than internal malfunctions. These repeated behaviors are interlinked with the adolescent girls in Beqaa who received parental mental health support after frequent exhibition of panic attacks, fainting, and vomiting. This occurrence is mentioned throughout the aforementioned studies, repeatedly linking mental health barriers to care and affection in wartime. The misconception of mental health services aligned with cultural ideologies is undoubtedly heightening psychological distress among adolescent girls who are willing to recover and heal.

5.2.3) Loss of identity and disrupted attachment

McAdams frames the theory of narrative identity as an internal, constructed, and evolving story of individuals, in order to make sense of their own lives. In the case of adolescent girls, narrative identities have faced constant disturbance. The adolescence phase is crucial for the evolvement and construction of narrative identities, shaping girls' behaviors, meaning, and purpose. (D. McAdams, 2011, p.99). The disruption of narrative identities was highly related to the participants who replaced the construction of their development with survival mode, demonstrated by their delusional behavior, where their primary source of joy was the feeling of being alive, as explicitly outlined during the sessions.

For example, a mother in Beqaa shared that her daughter's favorite talk show is about how she remained alive after visiting her house during the ongoing attacks. Her heroic behavior was not her main character trait pre-war, rather it has become her daily narrative after the conflict, where her priorities have shifted significantly. Another adolescent girl from Dahieh, Beirut suburbs mentioned her moment of gratitude, by expressing that she is still alive, despite that the enemy targeted her building:

"I am strong, I deserve praise from everyone."

Erikson mentions that the development of identity across life stages is influenced by societal expectations and validation from others (D. McAdams, 2011, p.100). This concept is particularly relevant to girls who have given up on age-appropriate activities and taken on additional responsibilities, often conforming their behavior to societal norms by aligning with other activities. Participants from Chiyah consistently described their new daily routine, highlighting the erosion of previous activities and their active engagement in political discourses, which are neither suitable for their ages nor conducive to healthy growth. Repeated replication from girls about the erosion of previous identities reflects the interception of their developmental stages, with fear, disconnection, and heightened alertness.

Moreover, Erikson adds to his theory that identity develops from a combination of childhood identifications and societal acceptance of one's inner child (D. McAdams, 2011, p.101).

Yet, the girls' self-worth and dignity were eroded by societal norms, which integrated the concept of normalization; that often undermined their suffering and further exacerbated their recovery process.

Loss of identity was shaped by societal invalidation of the girls' feelings, by forcing them into fast adaptation, despite experiencing displacement, and full or partial destruction of their houses across the three most affected areas. The constant tension created a dual feeling among adolescent girls which was demonstrated by a loss of their inner self-worth and their identity:

"We don't know who we are anymore, the war disrupted all our emotions and lives".

Social groups and peers often rendered their sufferings invisible, pressuring girls to resume life by rescheduling their previous activities and duties, amongst destruction, death, and instability.

A 13-year-old girl from Tyre stated:

"We had to go back to school, despite not having a table to study on anymore in our houses, or having the space to cry on our beloved martyred ones."

Weak identities, as mentioned previously by the feminist author Carolyn Heilbrun, are resulted from unequal gendered opportunities that obstruct girls from engaging in self-expression. This struggle is driven by the suppression of their concerns, reflecting the reality experienced by adolescent girls in crisis. They lacked sufficient safe spaces and adult figures to reconstruct their narrative identities. Hence, Heilbrun's theory made it evident by linking one adolescent girl from the South with her frequent sayings,

"I cannot behave like I used to in my comfort place, even my family doesn't understand me anymore".

Girls were in constant fear of losing more, especially when it came to losing their fathers or brothers, who were often engaged in hostilities. This constant fear disrupted their attachment and sense of belonging. As per Bowlby's theory on attachment, children must connect with their primary caregivers as a source of protection and security, and as a basis of socioemotional development (Delgado et al. 2022, p.1). Girls had experienced the disruption of attachment through displacement, associated with the fragmentation of family members, primarily their paternal figures, as essential figures for the provision of their protection.

Thus, not only fragmented family weakens secure base and attachment, but also heightens the risk of anxiety and depression, as pointed out by Bowlby in his description of girls who tend to connect with peers and caregivers to feel the warmth and regain their sense of self-esteem. (Delgado et al. 2022, p.15). The lack of protective factors, stemming from parental figures, resulted in isolation, repression, and exhibition of fear and uncertainty.

Most importantly, the detachment from their belongings, acquaintances, and personal sources of happiness resulted in isolation, as acknowledged by most adolescent girls, who were frequently questioning their surroundings:

"*When are we able to go back?"*.

Not only did they miss their previous life, but it would also connect them to personal events that would bring joy, meaning, and self-worth back.

5.3) Gender in displacement: adolescent girls in crisis:

This chapter will be divided into subsections, presenting a narrative sequence that describes girls suffering in all phases of displacement. However, it is worth noting as a start that adolescents are generally less perceived and ignored in times of emergencies, often appearing as passive victims. They are torn between the perception of infants as most vulnerable and adults as most proficient, while significantly underestimating their needs. The ongoing perception and labeling for adolescence keep proving its failure in disaster preparedness or recovery programs tailored for their sensitive age category (Cahill et al., 2010, p.6-8). Despite the sets of theoretical frameworks and conventions to protect children or women, adolescents lack a personalized section that would understand their needs in emergencies, particularly girls, who are the core sample of the research.

5.3.1) Pre-displacement cycle:

The first section will be dedicated to the rooted inequalities long before the emergence of displacement. In peaceful settings, adolescent girls face disadvantages since childhood, incorporated in gender inequality that are more prominent in early phases of adolescence, mostly by bearing expectations in this rigid transition, resulting in harmful implications on their well-being. Expectations can be interpreted through socio-cultural norms shaping girls' behaviors in all senses. Consequently, these roles and expectations will be significantly worsened in times of conflict, exacerbating their socio-economic inequalities. (IDMC,2020, p.12)

Pre-existing conditions that force girls to behave, act, and speak in "socially accepted manners" are highly interlinked with the findings, as proved by the focus group discussion with thirty-four adolescent girls from the three areas. They were ironically responding when I asked them about their gendered experience during the war,

"It is something recurrent; it is not something new. We have experienced inequality long before the escalation of hostilities; we were raised more strictly and more firmly than our brothers." Mentioned by a 15-year-old adolescent girl in Chiyah.

The preservation of traditional practices and cultural norms pose a significant harm to girls by reinforcing gender inequality. These practices are rooted in the patriarchal system, as identified by feminist analysts, which highlight the upbringing differences between boys and girls. These

entrenched behavioral roles and responsibilities in the patriarchal system are evident and prominent in times of war (Vukoičić, 2017, p.40), particularly in the interaction between caregivers and adolescent girls in displacement. Similarly, most girls mentioned that protection measures are always imposed on girls, even in peaceful times.

5.3.2) Intersecting gender and displacement:

Basmechi (2025) defines intersectionality as an integrated concept that compounds vulnerabilities and social inequalities. As evidenced from the findings, adolescent girls experienced restricted mobility, with an increase of caregiving responsibilities, and additional household efforts that are not solely shaped by gender norms, but by the intersection of age, disability, socio-cultural expectations, displacement status, safety concerns, and economic status. The combination of these overlapped social identities worsened the girls' oppressive situation in war-related contexts. To strengthen the author's theory, southern displaced girls with a physical disability were found deprived of their basic needs, as they were fleeing their home under attacks without taking their wheelchairs. Consequently, they were isolated in the shelters' rooms, lacking basic amenities, further restricting their mobility. Thereof, girls in crisis were facing double discrimination as a result of their gender and disability, exacerbating their vulnerabilities, which made them more dependent with a greater risk of exploitation (Rohwerder, 2017, p. 2- 3). These factors have been derived from the lack of an inclusive gender response and the inadequacy of shelters to host people with disabilities.

Additionally, cultural norms are restricting girls' mobility, and autonomy when relocated to an unfamiliar place, in either rented homes or shelters. They expressed their distress through the disproportionate vulnerability by witnessing their brothers gradually returning to their routine, while the girls could not. Girls from Chiyah mentioned,

"Even with our hijab on, we are not allowed to go out, as our parents have warned us about the outsiders. If we wanted to go out, our younger brother would accompany us as a source of protection, but how does a younger sibling protect us from any external threats?"

Additionally, most adolescent girls described waiting in line to use the toilet, and even hoped to have any water left to shower.

"You have to be very careful in looking around to check that no one is stalking you while going to the shower." As Stated by a 14-year-old girl from the Beqaa.

These statements reflect the tension and frustration of the non-existence of privacy. Their experiences outline the structural factors, such as overcrowded shelters, that exacerbated their vulnerabilities during displacement, while increasing the risk of being exposed to any form of violence or abuse.

Also, menstrual pads emerged as a recurrent problem among all girls. Either the younger sibling accompanied them to access menstrual pads in the hosted community, or it was found inaccessible at first within the shelters. The employee of the municipality of Barja highlighted the inequality of distribution, as one pack of pads had to be shared in each room. These inequalities reflect the girls' limitations on their most vital needs in emergency settings, especially for those who are still experiencing puberty. However, the lack of access to health services among girls reflects the governmental failure in abiding by Article 24 of the CRC on the state's responsibility to ensure that no child is deprived of their right to health.

Girls described that privacy was "*the new luxury"*. A girl from Abbassieh mentioned further:

Even if we had the chance to be alone during the day, we couldn't feel the privacy in our rooms because the curtains were thin."

Thus, even accessing the toilet alone became a source of fear for the girls, reflecting the lack of safety and protection, due to inadequate gender-sensitive measures in overcrowded host shelters and rented houses.

Furthermore, gendered disparities in additional responsibilities often reshape family roles, with girls bearing caregiving duties, including daily chores. This role reversal harmed them with an increase in responsibilities, while undermining their childhood fantasies. (Denov, et al., 2019, p5). Adult roles were highly evident in all areas, as embedded in the Lebanese socio-cultural norms. Most mothers shared their experience with their daughters who took care of their younger siblings,

or even their relatives, and helped in the daily chores. Most girls in Chiyah frequently raised their concerns with the following sentences:

"How am I supposed to protect them if I am not able to protect myself?", "*Your brother finished his food, go and remove his plate", "these adulthood responsibilities are not new, but have significantly increased since our displacement."*

These decisions were also imposed on most participants whose fathers were absent while in displacement. As a result, most mothers had to search for an alternative income, while the girls had to take on the role of duty bearers. Conflict settings reflect the disruption and changes in gender relations, as proven by Denov et Al (2019). Women, who are certainly taking on additional economic responsibilities, find it more stressful and challenging in a new difficult living environment. (Denov, et al., 2019, p.6) Hence, intrafamilial relationships and connections are highly shaped through a gender lens, which means that the outcome of these connections might either be a burden or a protection to children. Studies found that the stress level is correlated with the displaced girls who are managing additional caregiving roles. (Betancourt, et al.2012, p.10-11). Stress, internalization of emotions, and anxiety have been recurrent among the displaced adolescent girls in the study, rather than a source of protection and affection. The inequality between boys and girls was evident after the interviews I conducted with the Child Rights governance specialist at Save the Children Lebanon, as well as the psychologist from Restart organization, who both acknowledged the isolation of girls perceived in shelters, while boys were spending their whole day in the playground.

As noted by the Office of the Special Representative of the Secretary-General for Children and Armed Conflict (2010), rape and other forms of gender-based-violence against children in armed conflict can occur with near-total impunity, especially after the disruption of family unity. For instance, four families were sharing one room separated by a thin curtain, with some reporting having to live in a garage due to the incapacity of the shelters to host them. However, this minimal barrier was still an advantage for an easy access by the perpetrator to harm girls, whenever possible.

The lack of accountability and power dynamics is highly evident in the case of the field research, where most perpetrators were landlords or school principals. A mother from Chiyah worriedly expressed that an adolescent girl was repeatedly exposed to sexual harassment from the landlord.

This incident occurred after many shelters rejected them due to the large size of their family. Financial constraint and displacement left the mother silenced, fearing further instability. The 14-year-old adolescent girl was a survivor of displacement and gender-based violence at once, where she could not stand up for her fundamental rights.

Moreover, the UNFPA coordinator stated that:

"Surely, the rate of GBV incidents will increase in emergencies; however, survivors will not prioritize themselves over the provision of basic needs assistance and safety, particularly since most perpetrators have a significant power. A woman suffering from intimate partner violence (IPV) will not consider leaving her husband. However, some high-risk cases were referred through judicial pathways. Despite the ongoing awareness, girls were afraid to disclose violence due to the stigmatization and pre-conditioned norms rooted in communities."

Thus, the intersectionality of social identities encompassing discriminatory laws, lack of governmental intervention, and socio-cultural norms weakened women's rights who were unable disclose violence. Adolescent girls, who are still considered as children, did not meet the general principles of the Child Rights Conventions., particularly the best interest of the child defined as the physical, mental, and social well-being of the child throughout their cycle of life.

The right to dignity, physical, mental, and moral integrity, as per the article 6 "the right to life and survival" in the CRC, are weakened and threatened during the displacement cycle. According to the ICRC's commentary, human dignity is directly affected when individuals flee their homes due to armed conflict situations, losing autonomy and independence (Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2010, p.20-25). In the case of the research, girls were stripped of their inherent rights, starting from the right to feel safe of any gendered experience, to the right to dignity and integrity by waiting in line fearing access to the toilets or lacking privacy. Families did not have much options during the occurrence of the sudden escalation of hostilities but to stay in unsafe places, which was a legitimate target for perpetrators.

Lebanon's obligation under the CRC falls under the protection of children against any type of maltreatment, including all forms of physical or mental violence, abuse, exploitation, or neglect, while ensuring they have adequate safe spaces to play and live during displacement settings. (OSRSG-CAAC, 2010, p. 32). In contrast, based on the findings, adolescent girls expressed their gendered experiences, often undermining the state's responsibilities and continuous failure in upholding the guarantee of their rights.

Patricia Hill Collins refers to the "matrix of domination" to demonstrate the power of domination across societies. First, the structural domain encompasses social structures and laws, illustrating the failure of governmental intervention in shelter regulations to mitigate risk factors among girls. Second, disciplinary power shapes girls' restricted behaviors in shelters. Third, hegemonic power is embedded in social traditional norms that encompass expectations for girls to assume adulthood responsibilities and be protected by male relatives. Last, the interpersonal power is reflected in the violence and abuse experienced among girls with dominant figures, and in areas where they have faced discrimination. (Basmechi, 2025, p.9)

Finally, the intersecting vulnerabilities experienced among adolescent girls, covered caregiving burdens, restricted mobility, increased exposure to violence, and the lack of safe space with privacy, can be interpreted through a feminist lens on power. Feminist authors, notably Anne Wilson, argue that oppression, power, and control are defined as factors of human interactions rooted in culturally gendered norms within patriarchal systems, rather than being naturally intrinsic to individuals (Vukoičić, 2017, p.41). Thus, the power of domination exacerbated the inequalities among girls in displacement, often obstructing their reintegration with a healthy rehabilitation.

5.3.3) Gendered repercussion in post displacement:

The field research supports the findings of Bouta et al. (2005) that there is normalization of gender-based violence after the cessation of hostilities, preserving men's power and domination. Consequently, a high number of GBV cases were reported, as observed by the Ministry of Social Affairs (MoSA). Furthermore, the survivors lacked the privacy to express their concerns, as most perpetrators were nearby: shelter inadequacy was attributed to poor lighting, and easy access to unsupervised rooms. These risks were compounded by prolonged displacement, particularly in the South or Beqaa where the war remains persistent, and for the girls whose houses were destroyed.

Post-displacement increased girls' vulnerabilities at all levels, as noted by UNFPA's GBV coordinator. She mentioned the decrease of social relationships in designated recreational safe spaces, and nonscheduled activities among adolescent girls, often leading to isolation. Additionally, educational withdrawal has been observed in response to the increased number of child laborers and the demand for vocational training to start working in the early phases of adolescence. Also, parents did not let their children go to school after returning to their homes, due to their fear about their children's safety and well-being. Thus, mental health repercussions included self-harm, substance abuse, and a high rate of early marriage. Consequently, recovery programs in post displacement contexts, remain debatable due to lack of funding by the humanitarian organizations and by the government as well.

5.4) Coping mechanisms and resilience:

Coping mechanisms in response to displacement varied across the three consecutive areas. They have either employed positive or negative strategies as resilience tools to cope with the war. These mechanisms depended on adolescents' protective and risk factors. Hence, two types of coping mechanisms were displayed among participants. Understanding the root causes of the imbalance between risk and protective factors is essential for adaptation to adversities and preparing for future emergencies in the context of Lebanese adolescent girls.

The section will start by introducing the positive coping mechanisms participants have displayed in times of crisis.

I have witnessed during my eight focus group sessions, the connection between spirituality and religion as a source of strength and resilience. Mothers were heavily dependent on religion to ground their daughters while being hospitalized after being severely injured.

For instance, one mother mentioned *"God brought us to life and gave us this soul, and he takes it whenever he wants".*

Cultural identity demonstrated as a positive coping and healing tool in the case of the displaced caregivers. To strengthen the extracted findings, as per Fernando, (2006) religion and spirituality were found among the orphans in Sri Lanka, as a well-being fulfilment, to accept their traumatic past experiences. They have relied on Buddhist religious practices and activities to restore their identities post-trauma. (Betancourt & Khan, 2008, p. 23). Similarly, caregivers in the Lebanon-Israel war found themselves relying on this aspect as their primary refuge to alleviate their burdens and uplift their children. Moreover, family's strong religious beliefs and cultural practices sustain children in difficult times, particularly in the context of displacement, forming a source of hope as it enlightens their prosperity while preserving their social identity. (Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2010, p.50).

Moreover, the reliance on political affiliation was significantly evident among girls during the sessions. During the focus group in Chiyah, girls responded to their protective factors by

mentioning the resistance group “Hezbollah” as the sole source fighting against the enemy in the hope to regain their dignity.

Some girls from Chiyah reported:

“*leaving was not an option for us, until the enemy intensified the attacks posing a direct threat to our lives. The resistance group was doing its best to resist, but we had to flee to safer areas and yet faced humiliation in our homeland*”.

Most of the girls found their hope and coping mechanism in the resistance group, which empowered them. For instance, political affiliation and resistance were also displayed as protective factors for Nepali former soldiers and Palestinian youth. (Denov et al., 2020, p. 9) Girls, at a very young age, leaned on their hope in their political ideology, as it would ease their emotional burden. However, practices to express their ideology were often disrupted, especially in the context of displacement to the host communities, to prevent the provocation of any unnecessary tensions.

Some mothers in Chiyah expressed

“The hosted community was very respectful towards us, particularly because we did not put any chants showing our biased positioning”, “Katter khayron am yestaeblouna” translated in English as “they are warmly welcoming us”.

In contrast, harmful coping mechanisms were openly displayed among caregivers and adolescent girls during the war, resulting from weak protective factors, further exacerbating their compounded vulnerabilities. For example, adolescent girls mentioned focusing solely on survival mode as a coping strategy to fear and external threats. Also, the Symptoms of Post-Traumatic Stress Disorder (PTSD) did not decrease after six months of the ceasefire announcement. Despite the absence of a clinical diagnosis, girls displayed frequent panic attacks, intrusions, and heightened alertness. These symptoms are highly relevant to Hiller et Al’s (2016) analysis on the possibility of long-term suffering, if no professional intervention has occurred. (Peltonen, 2024, p.8)

Additionally, negative coping mechanisms such as emotional dysregulation, self-harm and suicidal ideations were exhibited among a Southern adolescent girl in the face of the martyrdom of her friend. The guilt feeling of missing her funeral is linked with the lack of a safe space and support

to express her feelings. What worsened her situation was when her parents cheered her up by reminding her that she is still alive, rather than addressing the root causes behind her acute sadness.

Furthermore, C-PTSD (Complex Post-Traumatic Stress Disorder), presented as a new concept for children, mentioned by the WHO, and Punamäki et al. (2018), for a prolonged exposure to a traumatic event, did not only tackle the regular symptoms of PTSD, but also dysregulation, isolation, and feelings of vulnerability. (Peltonen, 2024, p 7) Moreover, C-TPSD is correlated to age and gender, which reinforces the Developmental Trauma Framework (Rahmadi et al. 2025, p.12) to understand trauma based on each individual's psychosocial developmental context, which will be detailed in the following section.

Symptoms of C-PTSD were particularly relevant to the girls who expressed their ongoing fear, with signs of alertness and intrusions, especially when they were not able to go back to their houses, also, for the returnees in affected areas who are still experiencing prolonged exposure to conflict, with ongoing bombings and airstrikes.

For instance, Lebanese girls from the South and Beqaa are in a steady position to leave the house at any moment, particularly when they are confronted with daily bombardments, which obstruct them from regaining their self-worth, routine, and the reconstruction of their narrative identities that were once disrupted. However, with the continuous exposure to conflicts and a negative environment by their families, girls' recovery remains very debatable in that sense. As mentioned during the desk review, girls are directly affected by the family environment, particularly their caregivers' reaction and perception to the incident. They either ease the adaptation process for their children or make it more challenging by transferring their anxiety, which would lead to further mental health complications among their children. This was evident particularly among girls who expressed having significant physical and psychological losses while returning to their homes.

Lastly, the ongoing hostilities hinder the recovery process for the girls and the possibility of protracted exhibition of C-PTSD and other mental health implications, as aligned with the study of Rahmadi et al. (2025), who also conducted a study on the impact of patterns of trauma in reaction with their developmental stages in the Middle Eastern societies. Results have shown that girls have experienced aggression and social withdrawal. Consequently, the repression of trauma

for younger age groups indicates the need for the girls to verbalize their trauma through expression, and storytelling, to ease their psychological burden and to prevent the development of PTSD.

5.4.1) Social interconnectedness and ecological systems:

The theory of the ecological system is a holistic approach that requires in-depth evaluation to assess its effectiveness, or lack thereof, in promoting the well-being of adolescent girls. The recovery and healing process do not only rely on the child's resilience and capacity to integrate in post-crisis and displacement, as mentioned by Bronfenbrenner's theory of ecological systems. However, an individual's development is interconnected with their surroundings, the societal structure that would influence their growth and well-being. (Guy-Evans, 2025, p.1).

Rahmadi et al. (2025) have identified three primary trajectories for recovery (rapid recovery, gradual recovery, and persistent symptoms). These recovery patterns are dependently shaped based on the availability of social support, access to mental health services, and the stability of peaceful settings, post-conflict. However, none of these patterns were sufficiently available to support the recovery process. (Rahmadi et al.2025, p.158).

As previously mentioned, unsuccessful recovery was revealed by many girls who continue to express symptoms of PTSD, mental health complications and a weak social support.

To expand my research, as cited by Rahmadi et al. (2025), on the necessity of integration of the ecological and cultural perspective in understanding girls in war zones. The ecological model underscores the dynamic interaction between the individual's identity, contextual factors (intensity of the conflict, including the displacement cycle experienced), along with the cultural factors that would determine the recovery process (Rahmadi et al.2025, p.160). For example, caregivers in Chiyah expressed that they were too psychologically drained to support their daughters; specially to answer all their questions, or listen to their concerns. They were too exhausted to fulfill their caregiving responsibilities, including the affection their children needed to alleviate their hardships.

Also, males exhibited aggressive behavior toward their children, characterized by indirect violence, as they would rather break something in the house to release their negative emotions. However, a negative behavior by a single caregiver can perpetuate the whole inter-familial dynamics. Their emotional impairment and stress may obscure the ability to provide the necessary

care and protection to their children. Mental health implications can persist in the long term, even if the conflict ended. (Denov et al., 2019, p. 4). Another study conducted by Kerbage et al. (2024) on the parental response following adolescents' traumatic exposure in multiple crises. Authors have highlighted the main barriers in delivering support to their children, emphasizing economic pressure, political instability, and environmental limitations. (Kerbage et al. (2024), p.14).

For instance, families in South and Chiyah mentioned that their husbands lost their jobs since most of them work as daily laborers or are engaged in agriculture. Others lost their homes or even their loved ones. A participant mentioned losing all three of the cited things simultaneously. Thus, external factors affect caregivers in delivering affection and care toward their children.

Consequently, few adolescent girls expressed paternal support in times of crisis. Parental support was only possible after witnessing severe mental health complications in their children. The psychologist from Restart further supported Rahmadi et al.'s (2025) statement by acknowledging the severity of the war, depending on the impact, frequency of displacement, the level of psychosocial support from families and communities, and any pre-existing mental or physical health conditions. The psychologist grounded her analysis with the example of an adolescent girl who had obsessive-compulsive disorder (OCD). After the displacement, her OCD symptoms worsened, including the development of new obsessions and compulsions.

Also, it is crucial to note the importance of the relationship between gender and social support. The protective factors are not equally pre-determined for both girls and boys. The research conducted by Betancourt et al. (2012) on social support impact in the sample of Chechen adolescent girls who lived in IDP camps, was demonstrated by isolation and lack of peer support with bearing additional caregiving duties. (Bentacourt et al.,2012, p.11)

Consequently, as evidenced from the focus group discussions among all areas, school withdrawal with additional adulthood duties imposed a critical threat on the adolescent girls' protective factors. Adolescent girls expressed losing interest in education after being displaced in shelters or sharing overcrowded houses. One girl from Chiyah expressed:

"Why are we supposed to study when we don't even know if we will survive this war?".

Taylor & Kaplan (2023) also link girls' feelings of hopelessness for the future and poorer coping strategies, exhibiting higher risks of educational exclusion, when schools are eradicated, or it can be related to the financial inability of the parents to enroll them in education. The two authors also link the decrease of mental health implications on children with the availability of social support,

including the prevalence with a strong connection with culture, religion, and host community acceptance. (Taylor & Kaplan, 2023, p.18)

Nevertheless, education supports war-affected adolescents in regulations, as well as activities organized by schools that would establish a sense of normalcy, which is a must to return back to their routines, while fostering their well-being. Also, peers and social groups are certainly an important factors in the contribution of children's recovery, by expressing and regulating their emotions. (Van der Haer & Brown, 2025, p.7). However, friendships are often disrupted during armed conflict, especially for the Lebanese displaced girls, who could not maintain this bond.

Adolescents are primarily sensitive to the impact of negative socio-psychological experiences due to the incompleteness or poor development of psychological self-defense and coping mechanisms, especially when facing any stressful situations. Therefore, adolescents require internal and external resources as crucial elements to promote socially adaptive behaviors, including a supportive environment that must be enacted in emergency settings to foster a faster and healthier recovery. (Klochko, 2024, p. 2- 6)

Finally, given these harmful complications on adolescent girls mental health, significantly posing a threat on their developmental growth and well-being, mental health and psychosocial support programing, including a gendered sensitive response to trauma is considered as a core component of humanitarian response requiring a holistic approach, to adequately target adolescent girls, family intervention in social support to promote their well-being with a safe recovery, while subsequently reducing risk factors and increasing protective factors. (Arega,2023, p.1433).

5.5) Lived realities and vulnerabilities: Case studies of adolescent girls in displacement:

Although the thirty-four girls from Beqaa, Beirut, and South with whom I have conducted a focus group discussion share a particular, personal experience that tackles every aspect of this research, I aimed to focus on three narrative cases where the ongoing conflict has impacted their psychosocial well-being in all aspects from the three consecutive areas: Bednayel Beqaa, Chiyah Beirut, and Tyre, South Lebanon. Throughout this section, I will use acronyms to respect the privacy and confidentiality of the girls.

The three adolescent girls' narratives implemented theory to practice, including the lived vulnerabilities during the Lebanon-Israel war, 2024 – ongoing. They represent the voices, struggles, and challenges faced by every adolescent girl in affected communities who are unable to express their concerns due to pre-existing socio-cultural conditions, forcing them to suffer in silence.

Drawing inspiration from the Maslow Pyramid, this exploration of the thematic sections reveals the battles encountered by the girls during displacement. The narrative themes follow Maslow's sequence from bottom to up: the physiological needs, safety needs, love and belonging, esteem, and self-actualization.

Case study #1 Chiyah: Psychological distress, *"I am just an adolescent bearing duties of an adult"*

Z.A is a 14-year-old girl who has been living with her single mother, who suffers from hemiplegia and requires her daughter's assistance to walk. Before the escalation. Z.A was already the primary caregiver, where she does the daily chores, takes care of her mother, cooks, and does housekeeping. One of her two older brothers is married, while the other is neglectful of his family duties.

Following the escalation of the hostilities, she dropped out of school and was displaced to Barja in Mount Lebanon, with her family. She experienced challenges during the displacement, especially before settling in Barja, where she felt unsafe while being displaced twice and carrying her mother on her own. Z.A also experienced discrimination and hate from the host community, who expelled them after discovering their religious identity, creating fear and suspicion.

Consequently, Z.A felt hopeless and alone in this situation, especially since her mother and siblings were not a source of support and comfort. In contrast, her two brothers were an additional burden on her psychological state. She avoided self-expression in front of her mother, fearing it would worsen her physical condition. Thus, she would rather listen to her mother's struggles while suppressing her own emotions. She bottled up and never had the chance to express her worries.

While in displacement, she experienced a traumatic loss when her friend was martyred. She was emotionally drained, triggered by frequent panic attacks. To calm her down and prevent any disturbance in the host community, her brother retrieved a memory left behind by her friend from their house in Dahieh. She felt pain; while describing her brother's reaction:

"He just went to prevent any disturbance in the building, not because he cares about me, after all, he consistently mentioned that girls are so annoyingly emotional. He commented on my anxious behavior that we will either surpass this war or we will all be martyred somehow. I was at a loss for words; the dual anxious feeling of uncertainty about tomorrow's outcome and the unresolved grievance process weighed heavily on me. But at the end, he is right, it would be better if I cook or take care of my mother, maybe I would feel more useful in this situation."

Her two older brothers treated her from one side, as a young girl, where her opinion did not matter in family decisions. From the other side, they took her seriously as a young adult who could bear all caregiving responsibilities. She felt constantly fearful, when her older brother shouted at her in front of his wife, if she didn't clean properly or cook.

School withdrawal, repression of feelings, social isolation and lack of social support left Z.A to be engaged in self-harm by breaking a glass cup, using this negative coping mechanism to release her emotions, including constant suicidal ideations. With no support from relatives or any other professionals, she relied on the resistance group and specific political figures as a source of hope and a coping mechanism. She also mentioned that no services were provided to her family, except basic assistance from political parties.

At the end of the session, she came and disclosed her emotional distress, and acute stress while desperately seeking psychological support. Z. A's narrative represents the struggles of various girls in the community who were grappling in silence, with the absence social support, especially by bearing all adulthood responsibilities in times of crisis.

Case study #2 Tyre: Family separation and migration: "*It is okay not to feel okay as a girl":*

C.E, is a 16-year-old adolescent girl, living with her two younger brothers and her parents in Tyre. She felt delusional during the first two days of the escalation of the hostilities. She mentioned that she froze to the point where her brother had to lift her and put her in the car, because the airstrikes were very close to her so they had to leave as early as possible. Her parents were screaming at her

"Stay away from the broken glass", but I couldn't move". "*Nine hours' drive from Tyre to Beirut felt like five minutes."*

She reported leaving the country without her mother's presence. Consequently, expressing her needs to a male figure; particularly her father was a very challenging struggle. She expressed fear of not being well understood or heard. She had to call her mother to tell her that she needs menstrual pads, or personal *"stereotyped demand".* Her mother would call her father back and tell him what are the needs of her daughter, as she would ease the process.

She added: "In our society, girls are not used to open up freely to their father, or any other male figure, it's a shame". What scared me more, is that I had to be evacuated overland from Lebanon to reach Iraq, which took me three days to arrive". Those three days felt like a year to me, where I had to be aware all the time in the bus, to prevent any risk of exposure to harassment, or abuse while my father is sleeping. Once arrived to Iraqi territories, a stranger approached to me, trying to convince me where I should be secretly following him. He saw my vulnerabilities as a displaced weak girl looking for safety, against his strong positioning as someone who would secure assistance and refuge. He addressed to me as goods, an object that can be bought and sold."

("سلعة") the term in Arabic would describe the girls feeling and positioning better, as explicitly stated during our focus group discussion. The intersectionality of gender and displacement heightened her vulnerability.

Before the escalation of hostilities, she used to express her feelings through arts and theater, particularly in her low days. However, accessing her preferences and desires during the war,

especially in Iraq, was very challenging, and so she couldn't bear her pain. Since then, she had hated practicing theater and arts; it particularly explained the disruption of her narrative identity.

She added, "They never consider my feelings, as if hormonal imbalances and insignificance justify my distress or problems. We are often accused of being in a guilty position. I should be the one aware on the bus to prevent any harassment, rather than holding the perpetrator accountable."

C.E went back to Lebanon after being emotionally drained in Iraq, stating that living in a war zone is better than being away from her loved ones. Although she joined her family members in Ain Mraisseh, she claimed that her compounded intersecting vulnerabilities did not decrease. She went to the beach with her friend as a way to release her fear, while hearing her mother screaming at her to come home, as per her mother's interpretation that girls who go to this place do not have a good reputation. Consequently, she had no other option but to stay isolated at home. Hence, it is evident that it remains challenging for a girl to go out and regain a sense of routine, particularly in a war-related context. She wished for the presence of a professional who would be familiar with the stages of adolescence to understand her needs.

Case study #3 Beqaa: Acute stress and isolation: "*survival mode, that's what was left from me"*

This case, in particular, highlighted how responses to trauma differ evidently from one area to another, particularly in the Lebanese context, where mental health is still a stigma among many families, especially for girls, who are often labeled as emotional. I must admit that the focus group discussion in Beqaa was the most challenging for me; girls were not encouraged to speak about their lived atrocities. As mentioned previously, Beqaa is underreported, and not all violations that occur are outlined in the media. Consequently, girls are not adapted to expressing their emotions out loud and often resort to isolation as a coping mechanism.

B.N, a 14-year-old adolescent girl living with her two siblings and parents in Bednayel, Beqaa, chose to stay in their house since the escalation of hostilities, despite the risks encountered. Still, they had no other choice, lacking the financial resources to rent an alternative house or live in overcrowded shelters. As a result, B.N experienced acute stress and mental health deterioration due to regular airstrikes while witnessing destroyed buildings near her house. Her mental health complications were exhibited with insomnia, loss of appetite, and panic attacks.

She was hospitalized following these harmful implications, with regular anti-depressive injections. The emotional pain turned into guilt with self-harm, as B.N left her house along with her family and rented a place to reduce the psychological harm on her. B.N didn't feel any moment of privacy; she had to put on her hijab all day, with the presence of her extended relatives sharing the same house. She reported that even when alone, she never felt safe or enjoyed their privacy; she was always on standby to leave at a moment's notice, with her backpacks ready in case of warnings near her host's place.

"The hosted community perceived us all as affiliated with Hezbollah and as legitimate targets by Israel, while we are just seeking refuge to be protected against any harm and attacks. The guilt feeling resulted in increased feelings of anxiety after witnessing my father spending all his savings to see me in a better mental state. Also, I was worried that we would never go to our house again and retrieve my personal belongings, which represented my childhood."

Her mother reported that they are still in war, Israel is continuously attacking Beqaa, and yet, these attacks remain underreported, which leads to an increased fear among B.N, while blocking the process of healing.

B.N received good support from her parents, in the end, after that they witnessed that mental health could severely damage children's well-being. While family dynamics can be impacted by the war, including family members who are also victims of the war's tragic implications, the example of Beqaa can be critical in alleviating the adverse effects of war-related context. Even though parental intervention occurred in the latest phase of B.N after being hospitalized, but the healing process was significantly faster than other who did not receive any treatment at all. Thus, parental guidance and affection can effectively decrease emotional stress while promoting healthy growth. (Van der Haer & Brown, 2025, p.6)

5.6) Cross-cutting analysis: discrepancies between institutional interventions and the displaced voices' experiences:

5.6.1) Intergovernmental coordination and gaps:

This chapter begins with the governmental emphasis on its ongoing failure to uphold the rights of its citizens in the most critical time. A cross-cutting analysis section will be implemented, as a core strength of the research, to tackle the opinions and experiences of participants among Beqaa, Beirut, and South. The aim is also to interlink the unaddressed layers of services, which have significantly impacted the protection, humanitarian aid, safety, and well-being of displaced Lebanese adolescent girls.

"It is evident that the government was not prepared to confront the significant acceleration of the war crisis", as stated by the two employees from the Ministry of Social Affairs (MoSA). It is not their first experience in responding to a displacement crisis, especially after the Beirut Port explosion in 2020. Still, it is the first time for the Government to experience massive displacement, especially with the absence of funding allocated for emergency response settings.

The shelter accommodation proved its inadequacy, as is the concerned responsible were unable to host the overwhelming number of displaced people within the one week of sudden escalation, which reached more than one million. This failure is subsequently associated with the government failure in the management and preparation of the emergency plan that emerged in 2023.

The Disaster Risk Reduction coordinator from the Nabatieh governorate stated during the interview that the coordination and preparation started to take place by the Council of Ministers, which occurred directly after the October 7 war in Gaza. Additionally, MoSA mentioned that their intervention started initially in South from October 2023, including psychosocial support, mobile clinic, hygiene kits, and basic assistance along with partner organizations. A governmental committee was established to respond to this crisis, comprising a representative from the MoSA (Ministry of Social Affairs) and including sub-protection components (GBV, CP, PSS, PWD, Elderly).

However, the skepticism toward the "so-called emergency plan" is evidenced by the unavailability of funds allocated for the displaced population, especially for MoSA, which expected greater funds would be earmarked for the emergency response, where they held 0% of the national budget before the war.

"*Discrepancies in assistance were unequally distributed based on the local powers, allocated funds, and governance structures. For instance, only 100 blankets were distributed to 5,000 families, and 5,000 plates were distributed for 35,000 family members per day".* The statement was mentioned the employee of Barja Municipality, while ironically emphasizing the government's nonexistence, and reflecting the inadequacy of distribution in all districts, including the lack of coordination, transparency and corruption in withholding aids.

This argument was validated among the two other municipality employees from Beqaa and Beirut, who acknowledged the incapacity of the shelters to host IDPs, as people resorted to sleeping in the playground with a lack of adequate coordination with the government. Further, mothers from Chiyah strengthened the above argument by mentioning:

"We never felt the government's presence in peaceful settings, but how would we feel it during war and displacement? Since we arrived at shelters, we slept on the floor, without mattresses".

Grassroots initiatives were mostly persistent since the escalation of hostilities in all affected areas. Local volunteers from villages and cities took full responsibility for responding to the basic needs of the hosted families in the shelters to bridge the gap overlooked by the government. These initiatives were driven by the mistrust of the citizens toward the government's false promises and delayed intervention.

The UNFPA GBV coordinator also highlighted the discrepancies of services among Keserwan, North and South district. Some shelters were overcrowded while others were manageable. For instance, inconsistencies in aid were persistent at the Lebanese University in Jnah, across the five buildings, in terms of crowd, organization, assistance, and water access. The lack of coordination resulted in inequitable services within the same shelter.

She also added;

"*The lack of funding was an obstacle in opening more shelters and hosting all the IPDs, especially since the need was increasing but couldn't be delivered adequately". "The problem was frequently addressed during the GBV working groups.*"

Besides mattresses, food, and accommodation, many participants reported the unfairness in terms of healthcare facilities. They could not be hospitalized, as some lost their ID while others left it at home after leaving under several attacks. Many were discharged from the hospital without surgery. Beqaa participants repeatedly expressed their frustration at being undervalued during the conflict; most of the participants claimed not to have received any basic assistance, including mental health support.

A mother form Bednayel – Beqaa ironically mentioned:

"The issue did not stem from governmental negligence, but rather a complete absence of state presence. The government is quick to intervene in case of any drug suspicion in Beqaa, but it can leave people trapped under the rubble for days without intervention. It was based on a personal initiative by the Lebanese Red Cross, which would come and remove the rubble piece by piece to ensure that no one was trapped underneath."

The collective opinion expressed among stakeholders and the government's reluctance to serve its own citizens in times of crisis adequately aligns with Diab's article (2025), which conducted a study for the displaced populations in South Lebanon. The lack of formal support sprang self-reliance in the development of a solidarity and support network that shared mutual suffering while being displaced. The basic needs amenities such as sanitation, good water, mattresses, and securing a safe place to settle were initiated by communities and local political parties to cope with the immediate adversities of displacement. (Diab, 2025, p.10)

Hence, these harmful implications on the IDPs compounded by the lack of governmental coordination and funding with municipalities and local actors left the humanitarian organizations and Hezbollah primarily responsible for delivering aid to the affected communities. As a result, the IDPs found themselves hopeless in the achievement of any public authority's assistance, due to the state's repeated failures to acknowledge that the country is facing daily atrocities from Israel.

"The Lebanese government seems to be powerless and inactive before, during, and after the war; hope and trust in it appears to be lost". – Stated by a mother from Chiyah

As noted by Diab (2025), who further validated the field research, displaced people expressed their hopeless situation in advocating for their fundamental rights, while not receiving any appropriate measures for their vulnerable situation, which is being normalized. (Diab,2025,p.9) Consequently, adolescent girls are being exposed to dual invisibility, first by being neglected as a result of the lack of gender-appropriate responses, including the neglect toward their displacement status.

Not only did the government fail to ensure to the IDPs safety and security during the recent displacement, but it has also particularly neglected to provide effective solutions for the enhancement of their living conditions. What distinguishes IDPs from other national civilians is the urgent need to find a long-term solution to their displacement and struggles, after being disproportionally impacted. Displacement should be a temporary condition, but as outlined by the UNFPA coordinator and other municipality workers, some schools are still functioning as shelters, as people are still unable to return home due to the ongoing hostilities. Hence, the state is the only entity responsible for ensuring that the returnees enjoy their rights without the continuous fear of being displaced or discriminated. Their responsibility also entails a safe reintegration, with the respect of their dignity, while giving the full support and assistance to re-establish themselves. (OSRSG-CAAC, 2010, p. 56)

Nonetheless, the discrepancies between the International legal framework with the national entity to guarantee these rights, are contradicted with the participants reflection on the state's facilitation in for their reintegration process. They have not yet recovered financially and emotionally from what they have endured and are still enduring. For instance, girls from the South mentioned the lack of empathy of the state, by not reducing the load of the official exams that will happen in July.

"*Everything is proving to us that we are facing dual invisibility in the country, especially as Southern, the risk encountered as young girls and displaced did not push the MEHE to take any preventive measures to prove its positioning to our struggles,"* - mentioned by a 16-year-old girl.

Consequently, institutional neglect by the Ministry of Education and Higher Education in considering preventive measures to safeguard children's rights and their well-being resulted in the occurrence of an airstrike near Shmistar public school, Beqaa district, causing glass to fall in the classroom. This incident was not only a threat to their physical safety but also a significant psychological disturbance for the students while taking their official exams. (El Nashra,2025)

5.6.2) Pathway to sustainability in emergency contexts:

The aforementioned section, highlighted the discrepancies between the government emergency response plan and the voices of the displaced people. Humanitarian organizations, often served as filling governmental responsibilities and gaps could not fully engage their implementation to serve all the IDPs, especially after the funding cuts faced at the beginning of the year, which clearly affected the reintegration process of the displaced people, particularly adolescent girls. Thus, humanitarian workers acknowledged that the external funds from the neighboring countries and donors were higher and more efficient than the government's effort in humanitarian access.

Interviews with relevant stakeholders in IRC and UNFPA, clearly stated that there were no allocated funds for the reintegration and recovery process, further harming girls' possibility of healing. Also, as per the DRM coordinator, who explicitly mentioned that a plan should be prepared ahead of any incident that may have severe repercussions on the county. However, this proposal remains an ongoing process within the constitutional framework, including the legislation that designates members as official employees, as Lebanon is on the edge of continuous uprising tensions, conflicts, or natural disasters. (earthquake, Beirut's port explosion, and a series of wars). Consequently, the lack of humanitarian funding along with the government's reluctance to manage the issue of the IDPs prove that their rights were poorly addressed and neglected.

As per Mooney (2005), this further validates the mentioned argument by acknowledging that the IDPs are often overlooked, due to the inexistence of an effective monitoring mechanism to protect them. Humanitarian practitioner Dennis McNamara reflects on her thirty years of humanitarian experience by recognizing that the IDPs are among the most vulnerable and getting the least attention and aid. Yet, it should not be a privilege to distinguish the IDPs in times of war from the

non-affected communities, to ensure that their Human Rights are being respected. (Mooney, 2005, p.10-11)

Hence, peacebuilding efforts should be implemented to enhance the quality of life among the returnees while alleviating their sufferings. One of the relevant measures provided by the Representative of the Secretary General on the Human Rights of IDPs is to provide security, combat impunity, and undertake post-conflict reconstruction. (O'Neill, 2008 p.158). Thus, the skepticism of the government's disinclination is creating further doubts and questioning among the IDPs' path, hindering their stability and prosperity for the future.

Lastly, Naworska (2024) highlights that in a humanitarian-related context, the presence of armed conflict, coupled with a lack of peace, has been associated with persistent setbacks in development, including economic, social, and political repercussions. (Naworska,2024, p.14)

In this regard, Galtung's classification of violence is essential to analyze the context of the Lebanese displaced adolescent girls in armed conflict. First, structural violence is an undeniable struggle for the country, as the Lebanese population, particularly citizens in the most affected areas, are still witnessing daily atrocities from Israel, including the persistence of five Israeli checkpoints. Thus, it is uncontestable to acknowledge whether the presence of Hezbollah's militarization is either framed as a form of resistance, particularly for the directly affected population, or as a barrier to achieving sovereignty. Nevertheless, none of these assumptions suggests that the country will achieve long-lasting peace without the fear of another cycle of displacement. Galtung stresses the second form of violence, which is the structural one, linked to social injustices, including the gendered experiences, mental health struggles with the conflict's untreated implications that have significantly impacted and are still impacting adolescent girls' well-being. The cultural violence stemming from the patriarchal system frequently silences girls while practically normalizing the gendered behaviors, including the stigma around seeking mental health support. Hence, as long as the three types of violence persist, they inherently undermine feelings of safety for the affected population, with a high skepticism toward sustainability and durable solutions. (Naworska,2024, p.16)

Chapter 6: Conclusion

Reflecting on the general implications of the findings that have practically answered the research question in all aspects, by tackling the root causes of the adolescent girls that have exacerbated their well-being while in displacement. Chapters have initially started by conducting a conceptual background on Lebanon's cycle of displacement, to understand the continuous governmental failure in upholding the fundamental rights of the internally displaced persons, particularly in times of crisis. Second, the study has shed light on the intersecting existing vulnerabilities among the Lebanese adolescent girls, where their behaviors and coping mechanisms are shaped by the socio-cultural norms, which were greatly visible in fragile settings. Third, the research has also examined the challenges faced by the adolescent girls that effectively obstructed their reintegration process. Their weak socio-ecological system, accompanied by the ongoing insecurity due to political instability, school withdrawal, disruption of community cohesion and family ties, mental health stigma, and bearing adulthood responsibilities. Moreover, the government's inadequate solutions for the IDPs' fate, with an insufficient emergency response plan, significantly worsened their mental health state.

It is essential to note that research focusing on adolescent girls in times of war is gradually increasing. Yet, minor fails to meet girls' tailored needs in post-war recovery programs. (Park,2009, p.157) It has been practically proven after the evidence of the findings, that lacked primarily tailored emergency response programs in the Disaster Risk Management unit to mitigate any harm to girls, and by the lack of funds in the recovery programs to alleviate mental health burdens while easing their healing process. Although the Ministry of Social Affairs is effortlessly working on addressing gender-based violence through the adoption of a gender-sensitive response, it remains very challenging to tackle a real change, particularly in times of conflict. More efforts and research should be implemented to change the victimization of women from "super victims" rather than being addressed as active agents in society, by being included in decision-making. (Park,2009, p.171) Gender equality also implies the equal participation and inclusion of both sexes in society as a whole, through collective responsibility to commit to the gender equality discourse. Thus, empowerment must not be only delivered to girls to adapt to the patriarchal society, but rather adopt a transformative approach that would integrate both sexes equally. (Park,2009, p.173).

However, as severely mentioned in the research, the implication of integrating both sexes in the active participation to alleviate women's oppressions by silencing their voices on a daily basis remains challenging, particularly in the patriarchal context the country is drowned in. Traditional socio-cultural norms, with sectarianism complexities, are worsening youth participation in every public institution, which clearly reinforces gendered, inappropriate measures to address adolescent girls struggles. This vicious cycle is seen within the compounded psychological distress expressed by the adolescent girls during the focus group discussions in all areas. They have recognized the increased exposure of gender-based violence during displacement, but stressed that it is a persistent discrimination, to be seen as passive agents of change. The lack of mental health services, exacerbated by mental health stigma, has deteriorated their well-being, with an urge to intervene in their recovery programs to prevent the development of PTSD and other severe psychological complications that would endure for a long time. However, the triple loop of witnessing conflicts every day, with the lack of governmental empathy and support, including the absence of adequate healing, has effectively failed to provide sustained solutions for the girls' well-being.

Lastly, Lebanon is on the edge of a sudden escalation at any time. The study has effectively demonstrated the inadequacy of the government's emergency response plan, which lacks preventive measures to uphold the rights of its citizens. While international humanitarian organizations are slowly shutting down their programs in the country, and given the government's high dependency on humanitarian funds, there are no assurances that any sector will improve in future emergencies.

Chapter 7: Recommendation

Recommendations are primarily centered on the voices of the displaced, with caregivers and adolescent girls sharing their concerns and lived struggles throughout all phases of displacement. These harmful implications were driven by girls heightened vulnerabilities in fragile settings, compounded with mental health challenges, isolation, internalization of their emotions, a weak social support and a high exposure to gender-based violence.

Adolescent girls commonly requested the availability of safe spaces to address their concerns with confidentiality while receiving adequate support. They also inquired for the expansion of mental health services, including the presence of professionals specialized in adolescent programming. The provision of mental health is a crucial to be delivered during emergency settings, but is often overlooked. This proves that not only does the achievement of physical health solely meet Article 24 of the CRC in the fulfillment of the right to health, but also the importance of addressing the psychosocial well-being aspect. (Samuels et al.,2017. p.49).

Although educational continuity is essential for rebuilding routine among girls, shelters lacked the necessary tools to adapt to online schooling. Overcrowded host places and ongoing hostilities have practically led to psychological perturbation and instability, often undermining the possibility of regaining their self-worth in fragile settings. Moreover, the continuous fear felt by the girls is associated with the government's mistrust in upholding their fundamental rights during their most vulnerable state. The participants faced a financial crisis, compounded by the loss of their homes, which significantly highlighted the state's lack of responsibility in facilitating the safe reintegration of returnees. Also, the focus on delivering aid to the displaced people in the shelters while neglecting others who rented houses was notably a threat to their well-being.

Hence, to address the limitations that obstructed adolescent girls from thoroughly enjoying their rights as children, recommendations from stakeholders and national entities have also been at the core of the research. Notably, children are not the only agents of change in the reintegration process; the theoretical framework emphasizes the socio-ecological approach of Bronfenbrenner, shaping the child's development through different layers. Macrosystems including societal norms, must be tackled to amend the fundamental laws that did not grant equal access to services for the girls in emergency settings. Thus, the existing socio-ecological factors combined with a weak political and economic context, with a fragile governance and rule of law, institutional capacities

and coordination, limited the access to quality of services for adolescent girls. (Samuels et al.,2017. p.48). In the case of the recent conflict, all field-based interviewees acknowledged that the country's national financial budget was insufficient to afford the basic services for the attainment of girls' well-being. MoSA, along with humanitarian organizations, should allocate an emergency budget to implement long-term recovery while sustaining services for a healthy reintegration of the children after the cessation of hostilities.

Girls must acknowledge their Human Rights violations as per the Child Rights Governance Specialist, to advocate for their rights for future emergencies on a national and international level. For instance, the lack of healthcare facilities was a significant violation of their rights as children, including the right to feel safe from any violations or abuse.

Also, as per the Disaster Risk Management Unit, who highlighted the urgency to draft a preventive plan in case of any further emergency to ensure adequate and fast response, while establishing a stable and permanent committee that remains operational beyond the immediate incident, to guarantee sustained coordination and long-term preparedness. A gender sensitive measure should be implemented during the national response plan, by ensuring access to separate and safe spaces for girls, the availability of menstrual and hygiene products, access to psychological support, and the active participation of adolescent girls in decision-making during all phases of displacement. Additionally, awareness sessions on emergency preparedness have to be dedicated to reinforce gender equality, while promoting inclusive gender roles in decision-making.

A space for the establishment of a youth committee in the Disaster Risk Management unit must be enacted to mobilize children and adolescents to be actively involved in the emergency response. This step is essential for the children to voice their rights and to be prepared for any sudden escalation. Consequently, policies and development activities should be based on a trauma-informed care approach, encompassing tailored gender programs, while respecting culturally appropriate sensitivity. Incorporating these activities into schools and community centers is essential for delivering the right services to improve their well-being. (Rahmadi et al.,2025, p.13).

The Gender-based violence relevant humanitarian practitioners mentioned the necessity of the activation of a communication channel between the youth, MoSA, and the Ministry of Justice to

address their needs and concerns. Additionally, prioritizing coordination between relevant ministries, the DRM, and civil society organizations is crucial for effective preparedness, ensuring all services are adequately delivered.

Also, for an inclusive participation of the girls in emergency settings, mentors and the youth committee would enhance and empower others while continuously collaborating with relevant state members and CSOs for updates and assessment of the situation of the girls in their community, so the GBV working group can know how and where to direct their services.

Ending this section with the importance of continuous cooperation among ministries, with the emphasis on MoSA, which encouraged the support between government and CSOs to ensure sustainability without dependency on donor funding. The government's efforts in citizenship are crucial for improving the perception of the nationals, particularly the displaced people of the government's effectiveness in enhancing citizenship and rights in society.

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Annexes:

ANNEXE 1: Focus group discussion with the Lebanese adolescent girls:

All sessions began with introductions, during which participants shared their origin area of residence, where they had been displaced to, how many days after the onset of hostilities they were able to leave their homes, and where they eventually settled (whether with host families, in shelters, abroad, or at their original residence).

Note that the same questions for parents and caregivers were asked in the three consecutive areas, but certain notions varied in context among the displaced population.

→Beqaa - Bednayel, Chiyah - Beirut, Tyre and Abbassieh – South Lebanon

1. How did you feel during the recent war?
2. What were the things that scared or worried you the most during the war?
3. Did you feel safe in the place where you stayed during the war? Why or why not?
4. Who was your support while being displaced?
5. Can you describe your life inside the shelters?
6. Can you describe the access to the services while in displacement?
7. Did you feel that your rights were not heard as a girl? And if yes, why?
8. Were you able to express your feelings and fears as a girl? And to whom?
9. What are the things you missed the most during the war?
10. What were the additional responsibilities that you had to bear during the war as a girl?
11. Have you noticed any changes in your behavior or mental health after the war?
12. Do you usually talk about your feelings with others? Why or why not?
13. What kind of support or activities would you like to have to help you cope?
14. What do you wish could be changed about how adolescent girls are protected during conflict or emergencies?

ANNEXE 2: Focus group discussion with the caregivers:

1. What worried you the most about your daughter during the conflict?
2. How did you support your daughter during the conflict? And did you feel it was enough?
3. How did the absence of school or structured activities affect your daughter during the conflict?
4. What challenges did you face in meeting your daughter's emotional or psychological needs under difficult conditions?
5. Were you able to access the fundamental rights of your adolescent girls while in displacement? If no, what were the barriers?
6. How did the recent conflict affect your daughters in terms of mental health and behavior?
7. Have you noticed any changes in your daughter's personality or behavior after the conflict?
8. Did you feel some institutions or organizations played a supportive role during the conflict?
9. What kind of support did you wish to receive as a mother/caregiver during the crisis?
10. In your opinion, what should be prioritized in support programs for adolescent girls during emergencies?
11. What suggestions would you like to see from the government to better protect adolescent girls during conflict situations

ANNEXE 3: Interview with the municipalities:

Three interviews were also conducted with the municipality of Chiyah Beirut, Deir Al Ahmar Beqaa and Barja, Mount Lebanon.

1. How was the coordination with the government and CSOs to fulfill the basic needs of the hosted families in shelters?
2. After how many days were the schools able to host the families with complete access to adequately serve as shelters?
3. What role did the municipality play in the emergency response, especially regarding the sheltering of displaced families?
4. Did the municipality have a pre-existing emergency plan or protocol for displacement situations?
5. Was there accessibility to basic needs? (food, mattresses, hygiene kits) Including enough funding for all the IDPs?
6. Did girls have access to separate toilets and safe hygiene facilities (including menstrual products)?
7. Did the girls receive any psychological support? (Psychological First Aid, PSS activities?)
8. Can you describe whether the girls' adolescents had enough space to express their struggles or disclose any challenges or violations?
9. How were the rooms in the schools organized? Were there any separation measures between families inside one room for privacy?
10. Were there any reported incidents of harassment or gender-based violence?
11. Were adolescent girls involved in decision-making and leadership in shelters?
12. What were the main challenges and gaps the municipality faced in responding to the needs of adolescent girls?
13. What improvements or reforms do you believe are necessary to protect girls in future emergencies better?

ANNEXE 4: Interview with the Ministry of Social Affairs (MoSA):

1. To what extent was MOSA prepared for an emergency response?
2. What were the main strategies covered in the emergency response to protect girls' rights in an emergency?
3. Was the funding enough to serve the child's best interest? Was it delivered equitably in all affected areas?
4. How was the coordination between MoSA, CSOs, municipalities, and other public sectors?
5. How would you assess the efficacy of the government in emergency preparedness? Did the government improve its capacity from the 2006 war to serve the IDPs?
6. How would you strengthen capacity building for local organizations, schools, and municipalities to ensure that girls are adhering to a smooth recovery and reintegration post-war?
7. What were the main risk factors for girls during the cycle of displacement? How would you explain the compounded vulnerabilities and intersectionality in this context?
8. Was international convention such as CEDAW and CRC applied in times of war? Including the law 422/2002?
9. Were the girls' adolescents able to seek professional assistance and express their concerns during the war?
10. Were the adolescent girls engaged in decision-making and active participation?
11. Were there any committees in the shelters to collect feedback mechanisms for girls who couldn't express their concerns, especially if they were exposed to any violation or abuse?
12. What long-term support do you think adolescent girls require to mitigate further risks to their well-being and resilience?

ANNEXE 5: Interview with the Disaster Risk Management Unit (DRM)

1. Did the disaster risk reduction unit have any emergency preparedness measures in place before the war?
2. Could you describe the people involved in decision-making in the government?
3. How did the DRM prevent further risk to the displaced people during the war, especially for children who are more prone to vulnerability?
4. How was the DRM organized and connected in emergency response to cover the most affected areas?
5. What were the priorities for the DRM in emergency response?
6. What was the coordination like between the CSOs, municipalities, shelters, and other government branches?
7. What are the challenges faced in the field during the emergency response?
8. What would you recommend for a safe recovery and reintegration process for the displaced Lebanese and, especially, the adolescent girls?

ANNEXE 6: Interview with the Child Rights Governance Specialist

1. How would you assess the application of child rights principles during the displacement cycle, particularly in line with Lebanon's commitments under the CRC?
2. What are the international instruments related to children applied in emergency settings?
3. In what ways did Save the Children's emergency plan respond to the best interests of children during the crisis?
4. How would you evaluate the coordination between Save the Children, the Ministry of Social Affairs, and other actors in reducing risks to children throughout displacement?
5. How would you describe the participation of adolescent girls in decision-making processes during emergencies or displacement?
6. What are the main barriers adolescent girls face when trying to participate in protection or community processes actively?
7. What key services were made available to adolescent girls during the emergency phase? What additional interventions could have addressed gaps in their protection?

8. How important is the inclusion of adolescent girls in emergency planning and recovery programs, from both a protection and empowerment perspective?
9. What are the essential advocacy steps to take into consideration for future emergencies for girls' inclusion and decision-making on a governmental level?

ANNEXE 7: Interview with the GBV Manager – IRC

1. How was IRC, as a humanitarian organization working in conflicts, prepared before the escalation of the conflict?
2. How did the organization safeguard the rights of adolescent girls in emergency response?
3. Could you elaborate on the coordination plan with other international organizations to ensure that all girls have equal access to their rights in shelters or when hosted by families?
4. How has the GBV working group in Lebanon mitigated the risks to adolescent girls? Was there any tailored plan for the targeted population?
5. Could you explain the funding facilities and gaps in an emergency to ensure that the basic needs of adolescent girls are accessible?
6. Did the war exacerbate any pre-existing, compounded vulnerabilities of adolescent girls in pre-/post-displacement?
7. How did the Inter Agency Minimum Standards for GBV in emergencies programming apply in Lebanon in emergency response?
8. How can stakeholders facilitate the recovery and reintegration process for adolescent girls after the cessation of hostilities?
9. What are the recommendations to strengthen the GBV response plan in upholding girls' rights for future emergencies?

ANNEXE 8: Interview with the GBV coordinator – UNFPA

1. How was UNFPA, as an International Community, prepared before the escalation of the conflict?
2. How did the entity safeguard the rights of adolescent girls in emergency response?
3. Could you elaborate on the coordination plan with other international organizations, partners, and the government to ensure that all girls have equal access to their rights in shelters or when hosted by families?
4. How has the GBV working group in Lebanon mitigated the risks to adolescent girls? Was there any tailored plan for the targeted population?
5. Could you explain the funding facilities and gaps in an emergency to ensure that the basic needs of adolescent girls are accessible?
6. According to UNFPA, what vulnerabilities did girls have to face during the displacement cycle?
7. Did the war exacerbate any pre-existing, compounded vulnerabilities of adolescent girls in pre-/post-displacement?
8. How can the International Community facilitate the recovery and reintegration process for adolescent girls after the cessation of hostilities?
9. What are the recommendations to strengthen the GBV response plan in upholding girls' rights for future emergencies in Lebanon?

ANNEXE 9: Interview with the two psychologists from Restart Organization

1. What are the most common psychological symptoms or mental health challenges you observed in adolescent girls affected by the recent war?
2. Have you noticed specific age-related differences in how girls experienced or expressed trauma?
3. How did the change of routine/lifestyle impact their psychosocial well-being?
4. How did girls and their families respond to the idea of receiving psychological support (e.g., stigma, openness, normalization to trauma since it was collective)?
5. In your experience, what coping mechanisms have adolescent girls used in response to trauma and instability?
6. Could you describe the recovery difference between the girls who had a supportive environment and those who did not?
7. Could you explain how the national emergency plan integrated mental health programs to enhance adolescent' girls' well-being in conflict settings?
8. How can these gaps be strengthened in future crises, especially for vulnerable girls?
9. What are the recovery programs to implement for a smooth reintegration of adolescent girls?
10. Are there programs or practices in place that focus on building resilience and supporting reintegration into community life?
11. How important is it to involve adolescent girls in their own recovery and reintegration process (e.g., through participation, leadership, creative expression)?
12. What are the long-term risks if mental health needs are left unaddressed for the displaced adolescent girls?

The extraction of the findings and transcriptions will be provided upon request, as interviews and focus group discussions are too lengthy to be integrated into the thesis.