



Gender-Based Violence (GBV) Information Management System (IMS)

Overview of GBV trends in Lebanon

2023 Midyear Report

Lebanon

Introduction

The Gender-based Violence Information Management system (GBVIMS) report provides analysis of GBV incidents recorded by GBVIMS user organizations in Lebanon during the first half of 2023.¹ The report therefore represents trends and analysis of GBV incidents reported and recorded by the GBV IMS user agencies across Lebanon and hence does not provide any indication of the prevalence of GBV in the country.²

In support of the analysis, the information has been triangulated with other sources, such as consultations with the GBVIMS data gathering organizations³ and assessments conducted in Lebanon such as the Secondary Data Review for Lebanon⁴, Vulnerability Assessment of Syrian refugees in Lebanon (VASyR⁵), and the multi-sectoral needs assessment (MSNA)⁶ And other thematic assessments.

Background

Lebanon continues to experience a multi-layered crisis with a series of overlapping political, economic and social instability that is exacerbating long-term vulnerabilities, reversing previous development gains, and leading to increasingly visible humanitarian needs among the most vulnerable people, including 2.5 million poor Lebanese, migrants, and refugees from Palestine, as well as some 1.5 million displaced

¹ There are 16 GBVIMS user organizations in Lebanon: ABAAD, AND, CL, CW, DRC, IMC, INTERSOS, IRC, KAFA, LECORVAW, RDFL, MF, TDH-L, URDA, AMEL and Najdeh.

² The data included in this report are derived from reported cases by GBVIMS users in Lebanon and do not represent the total number of GBV incidence or prevalence of GBV in Lebanon. These statistical trends are generated exclusively by GBV service providers who use the GBVIMS for data collection in implementing GBV response activities across Lebanon, with the informed consent of survivors. Fourteen organizations contributed to the trends. These data should not be used for direct follow-up with survivors or additional case follow-up. This information is confidential and must not be shared outside your organization/agency. Should you like to use this data or access more information on the GBVIMS, please contact the Inter-Agency GBVIMS Coordinator, Lamis Delbani (aldelbani@unfpa.org)

³ Two rounds of consultations took place in 2023 to validate the GBVIMS data and have more in-depth analysis of the trends by the GBVIMS data gathering organizations and the GBV national and field coordinators.

⁴ Lebanon GBV Secondary Review (2018-2022). Accessed at: <https://data.unhcr.org/en/documents/details/99208>

⁵ United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme (2022). "Vulnerability Assessment of Syrian Refugees in Lebanon." Accessed at: <https://reliefweb.int/report/lebanon/vasyr-2022-vulnerability-assessment-syrian-refugees-lebanon>

⁶ MSNA 2022. Accessed at: <https://reliefweb.int/report/lebanon/lebanon-msna-bulletin-2022-key-findings-november-2022>



Syrians⁷ within the Lebanese territory. The Syrian refugee population in Lebanon remains one of the largest concentrations of refugees per capita in the world.

This multidimensional crisis has worsened existing protection risks – including violence against women and girls and contributed to urgent immediate and longer-term humanitarian needs with significant consequences on the well-being of women, children, and marginalized groups such as SOGIESC persons, migrants and people living with disabilities. During the first six months of 2023, GBV actors and other Protection agencies observed an increase in hostility and negative media rhetoric against displaced Syrians further characterized by increased restrictive actions such as curfews, checkpoints, requests for registration through municipalities, confiscation of items such as routers, solar panels or routers, which resulted in limitations in their mobility, exacerbation of existing socioeconomic challenges for families, increase in intimate partner violence in homes, exposure of women and girls to unsafe labour activities and public spaces and reported increase in exploitation and sexual assault.

On the macroeconomic front, and at the beginning of July 2022, the World Bank downgraded Lebanon to a lower-middle-income country for the first time in 27 years. Following a cumulative four-year contraction of 37.2 percent of Lebanon’s Gross Domestic Product (2018–2021), real GDP is estimated to have declined by 2.6 percent in 2022. As a result, Lebanon’s financial and humanitarian situation ranks among the most severe crises in the world today.⁸

In 2023, survivors of GBV and other vulnerable groups in Lebanon continue to face challenges in claiming rights within the national system due to limited availability of legal services and court representations caused by the paralysis of the legal system in Lebanon. According to field reports, and despite the fact that organizations providing legal assistance services were able to represent survivors of GBV in religious courts for family law matters, the issuance of protection orders or due process for perpetrators of GBV is directly affected by the shortage of services in the civil judiciary system.

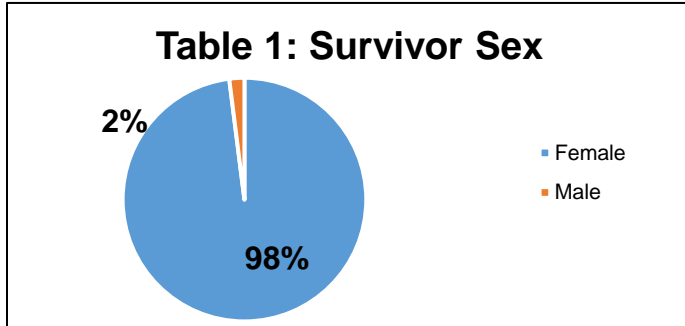
The below provides an analysis of the data collected during the first half of 2023 aiming to capture main trends informing programmatic needs and priority actions for the remaining part of the year and indicative of GBV prevention and response needs for the 2024/2025 Lebanon Response Plan. In the final chapter of the GBV IMS report, recommendations for the GBV WG are listed to be implemented by all actors and monitored by the interagency GBV IMS coordinator.

⁷ OCHA “Lebanon Humanitarian Fund Annual Report 2022”. Accessed at <https://reliefweb.int/report/lebanon/lebanon-humanitarian-fund-annual-report-2022#:~:text=Lebanon%20is%20witnessing%20an%20upsurge, stigmatization%20of%20communities%20have%20multiplied>.

⁸ World Bank “Lebanon Economic Monitor, Spring 2023”, accessed at: <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-spring-2023-the-normalization-of-crisis-is-no-road-for-stabilization>

Profile of survivors of Gender-based Violence seeking assistance

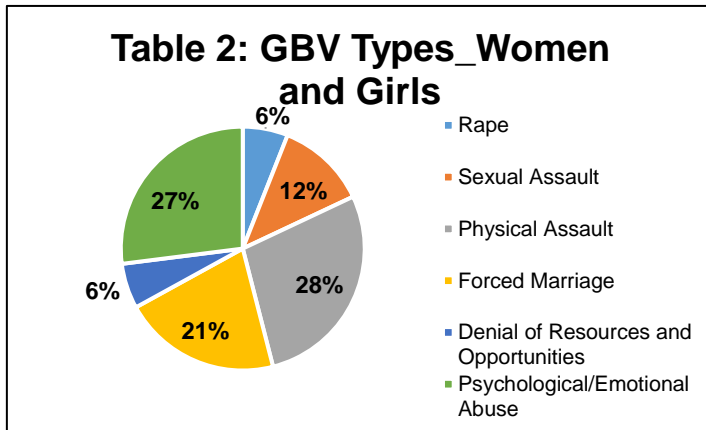
Gender of Survivors:⁹



Globally and in the context of Lebanon, women and girls are disproportionately exposed to gender-based violence related risks due to several factors linked to the existing patriarchal structures and power dynamics in the community. According to the GBVIMS data of the first half of 2023, **women and girls continue to constitute the vast majority (98 percent) of survivors of GBV**

reported on GBVIMS, with 3 percent increase among women survivors compared to 2022 (in 2022 95% of reported incidents were reported by women and girls). **Types of GBV incidents reported**

For women and girls, physical assault and psychological/emotional abuse present the most reported types of GBV incidents, accounting for 28 percent and 27 percent respectively. Forced/ child marriage is the third most reported GBV type with 21 percent, followed by sexual violence, including rape and sexual assault, and denial of resources and opportunities, with 18 percent and 6 percent respectively (table 2).

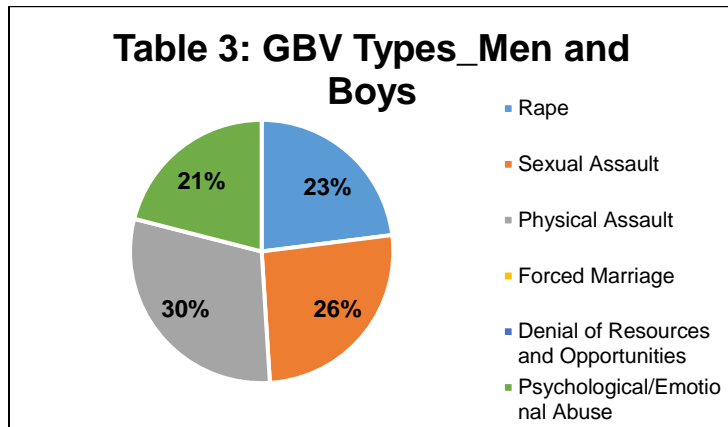


Reporting of GBV incidents to partners has reduced by half (4% in end of year GBV IMS Report 2022 to 2% mid-year of 2023). Overall, men and boys reporting GBV incidents constitute a low percentage of survivors (**2 percent**). Among them, **81 percent** are adult, and **19 percent** are boys/ children. The percentage of men disclosing GBV incidents remains low, despite the increased awareness on the need to target male survivors of GBV and the efforts made in scaling up of programming that targets men's engagement in

⁹ Sex is a data point collected using the GBVIMS data collection tools (intake form). To note that the GBVIMS Data gathering organizations/case management organizations ask about the gender of survivors as well to ensure survivor-centered representation of their gender.

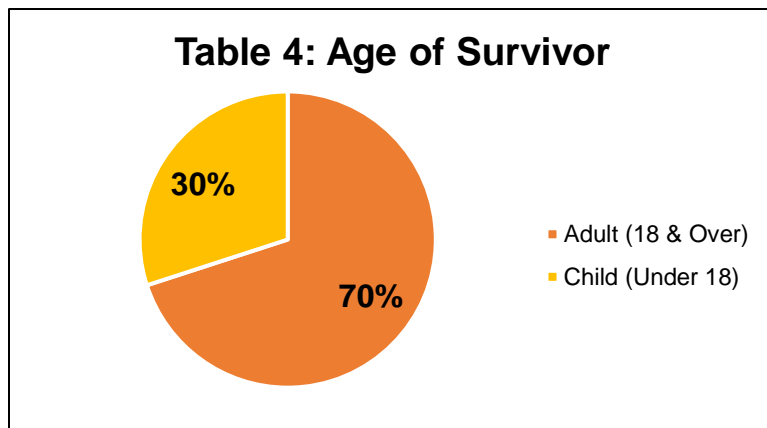
GBV prevention activities in different regions in Lebanon. Low reporting by men and boys might be attributed to the stigma faced by survivors of GBV within the society in general, related gender norms as well as an overall increase in negative perception and rhetoric on gender and diversity in 2023.

Data from the first half of 2023 indicates that male survivors, including survivors identifying themselves as males, also disclosed GBV incidents such as **sexual violence, including rape and sexual assault**, and **physical assault**, accounting for **49 percent** and **30 percent** of reported incidents respectively. Incidents of **psychological/emotional abuse** present the third most reported type of GBV among incidents with **21 percent** of all incidents reported (table 3).



Persons with diverse SOGIESC remain one of the vulnerable groups that face GBV due to their gender identity, sexual orientation and/or other sex characteristics, and they often have safety and protection concerns due to the ongoing risks they are subjected to at home and in the community. Field reports indicate that people with diverse SOGIESC may be reluctant to report a GBV incident, because of expected further abuse or stigmatization from the community, as a result of the norms-based discrimination.

Age



GBVIMS data covering the first half of 2023 shows that adults accounted for **70 percent** while children constituted **30 percent** of the **GBV incidents reported through the GBVIMS. In 2023**, adults continued to constitute the highest percentage of people seeking services. However, GBV against children was increasingly reported in the GBVIMS in 2023, with **13 percent** increase compared to 2022.¹⁰ According to field reports,

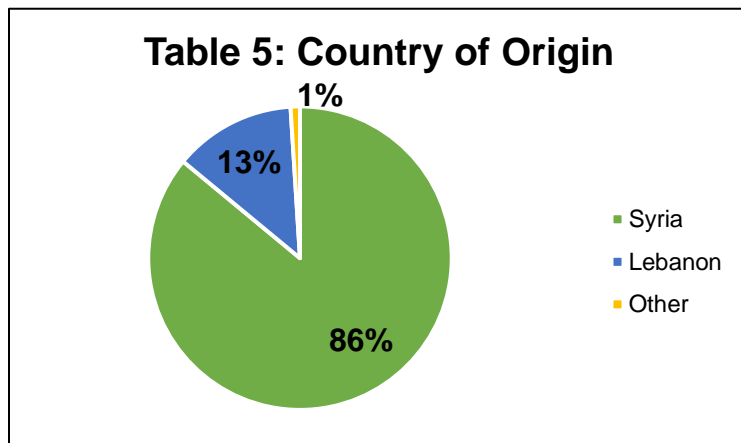
¹⁰ This trend is concerning given the operational procedures between CP and GBV actors currently applied in Lebanon to use either system the GBV or the CP Information Management Systems. Further work needs to be done to harmonize procedural standards and tools in use. Despite this increase, and due to the unstandardized procedures of reporting across sectors, other

several socio-economic factors contribute to additional risks of GBV against children, such as schools closure reported in the beginning of 2023 that increased the exposure of children to GBV, deteriorating socioeconomic conditions, resorting to harmful coping mechanisms including child marriage.

For adult survivors, the main types of GBV reported are **physical assault** accounting for **37 percent**, followed by **psychological/emotional abuse** accounting for **34 percent**. **Sexual violence, combining sexual assault and rape**, represents the third highest GBV type perpetrated against adult survivors accounting for **20 percent**, followed by **denial of resources and opportunities** with **8 percent**, while having **forced marriage** representing the lowest percentage of GBV with **1 percent**.¹¹

Concerningly, for **child survivors of GBV**, **forced marriage** and **sexual violence, combining sexual assault and rape**, constitute the highest percentage of GBV types reported by children, with **69 percent** and **16 percent** respectively, followed by **psychological/emotional abuse** with **8 percent** and **physical assault** with **5 percent**. **Denial of resources and opportunities** represent the lowest forms of GBV reported by child survivors, accounting for **2 percent**.

Nationality of survivors



Displaced Syrians continue to constitute the majority of the population recording GBV incidents in the GBVIMS, accounting for **86 percent** of all incidents recorded in the first half of 2023, with **12 percent** increase compared to 2022.

Lebanese nationals are the second largest nationality disclosing GBV incidents to GBVIMS data gathering agencies, constituting **13 percent** of the incidents in 2023, with **10 percent** decrease compared to 2022.¹²

Survivors from other nationalities constitute **1 percent** of all recorded incidents in the first half of 2023. Survivors from different nationalities have been affected by the escalating socio-economic crisis, with the country's limited capacities to provide basic services. In Q3 2023, a new organization that targets migrant workers joined the GBVIMS, which will lead to increased reporting of migrants in the GBVIMS. No cases were recorded by Palestinians from Lebanon and Syria in 2023, the reason is mostly related to the fact that UNRWA or organizations working in partnership with UNRWA were not members of the GBVIMS steering committee and the GBVIMS data gathering organizations in the first part of 2023. In Q3, 2023 a

child protection actors report GBV incidents perpetrated against children under the CPIMS which might cause double reporting or underreporting in case the actor is not a GBVIMS user organization.

¹¹ Given the different operational procedures between CP and GBV actors currently applied in Lebanon to use either system the GBV or the CP Information Management Systems, this trend might be underreported.

¹² It is worth noting that as outlined, the GBVIMS reflects on agencies using the system and programs that target vulnerable populations under the LCRP and the ERP hence this reflects on the agencies with specific programs, some of which are focusing on refugee and humanitarian assistance which might be the reason for the higher proportion of displaced Syrians.

new organization whose focus is working with Palestinian refugees started reporting on the GBVIMS, and this will contribute to increased representation of this nationality in the next reporting period.

Disability and diversity

According to the findings of 2022 VASyR,¹³ **14 percent** of displaced Syrians have reported living with a disability, and **32 percent** of Syrian households having at least one member living with a disability. The recorded prevalence of disability varied from one Lebanese governorate to another, with Baalbek-El Hermel recording the highest disability prevalence of **18 percent**.

In 2023, only **1 percent of all GBV incidents reported were recorded for persons living with a disability** with no change compared to 2022. Considering that the low reporting of GBV within population groups living with disability is a concerning challenge, this trend requires efforts of GBV service providers to reduce barriers to access information and services, in addition to ensuring that the Washington Group Set of Questions are part of the assessment conducted with survivors of GBV.

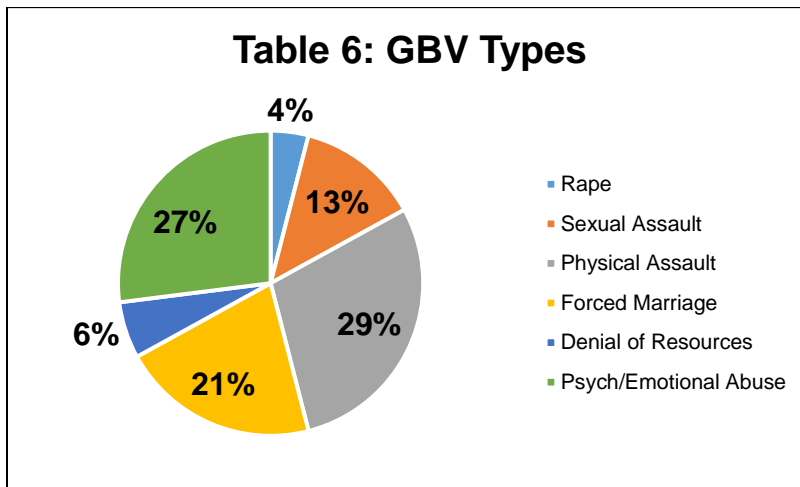
Notably, Akkar recorded the highest percentage of survivors living with disability, with **4 percent**. Anecdotal evidence from the field indicates that the mobile approach is considered a good practice to reach out and target people living with disability, considering their limited mobility outside their residence and the huge increase in the transportation fees. Another good practice was reported by the GBVIMS DGOs, as strategic partnerships with organizations specialized in working with people living with disability enhances the organizations' ability to target this population and improve their access to services, especially in the case of survivors living with mental disability as it was reported by the DGOs as a main challenge.

Most reported types of GBV incidents in 2023

Overview

In the first part of 2023, **physical assault and psychological/emotional abuse were the most reported types of GBV**, accounting for **29 percent** and **27 percent** of all reported incidents, respectively. Forced marriage **present the third most reported type of GBV incident with 21 percent** of all incidents reported, followed by Incidents of **sexual violence, including rape and sexual assault with 17 percent** and **denial of resources and opportunities with 6 percent** of the incidents. Women and girls continue to be disproportionately exposed to different types of GBV, including physical, emotional and sexual assault at home and in the community.

¹³ United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme (2022). "Vulnerability Assessment of Syrian Refugees in Lebanon." Accessed at: <https://reliefweb.int/report/lebanon/vasyr-2022-vulnerability-assessment-syrian-refugees-lebanon> -



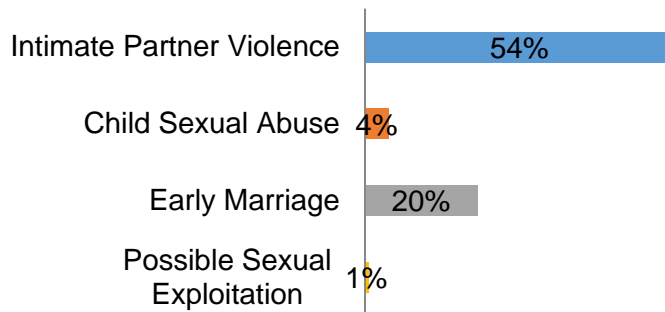
Intimate partner violence (IPV)

Intimate partner violence can have different forms of GBV including physical, emotional, sexual violence and/or denial of resources reflecting on the perpetrator of GBV being the intimate partner of the GBV survivor. IPV often indicates that homes are not considered a safe space for women and girls in Lebanon, with **63 percent** of the incidents reported taking place at the client’s homes.

54 percent of all GBV incidents recorded in the GBVIMS were perpetrated by the intimate partner (husband or partner) of the survivor, with no change compared to 2022. GBVIMS data indicates that both adults and children are subjected to IPV, with **75 percent** of survivors of IPV are adult females, and **25 percent** of female children reporting being subjected to violence by their partner, including married adolescent girls exposed to IPV. The percentage of female children subjected to IPV increased with 8 percent compared to 2022 figures.

Intimate Partner Violence is highly influenced by norms pertaining to gender ideologies and perceptions. According to UNICEF study on **Understanding the root causes of violence against children and women in Lebanon**¹⁴, several drivers were identified as contributing to IPV. One of the main drivers are the **psychological drivers** including attitudes, self-efficacy and the economic impact that curtails women mobility and impacts their ability to take an active role in decision making. The **sociological drivers** were classified as important as the psychological drivers, where men and women feel compelled to comply with gender roles, and these roles are usually reinforced by peer relations, in addition to the religious norms that sometimes justified the act of violence within marriage relationship as a disciplinary measure.

¹⁴ UNICEF, Underneath the Surface: Understanding the Root Causes of Violence against Children and Women in Lebanon. Accessed at: https://www.unicef.org/lebanon/media/5251/file/UNICEF_Lebanon_Social_Norms_research1_EN.pdf%20.pdf

Table 7: Case Context***Sexual Abuse against Children:***

Data from the GBVIMS indicate that **4 percent** of the reported incidents are incident of child sexual abuse, with 1 percent decrease compared to 2022. Field reports show that there is an increase in **sexual violence and harassment**, with a strong linkage between child labor and sexual assault. Sexual assault is often reported in the workplace, especially in agriculture, domestic work, and shops.

Field consultations also indicate that there is an increased risks of sexual assault in schools and on the way to school that is not fully supported by evidence data.

Forced/ Early Marriage

Child/ Early marriage is the most prominent type of GBV perpetrated against children, particularly girls, constituting 95 percent of the forced marriage incidents reported in 2023, with 26 percent increase compared to 2022.¹⁵

According to VaSyr 2022, and similar to previous years, one in five adolescent girls aged 15– 19 were married at the time of the survey. Among married girls, **68 percent** did not attend school on any day during the scholastic year 2021/2022.

Field consultations show that families choose to force their children to marry at an early age because of the economic burden as a result of Lebanon's compounded crisis. Despite the Suni court decision to increase the age of marriage to 18, DGOs reported that this decision is less likely to prevent child marriage since it is a traditional norm, and marriage registration in the religious courts might be delayed, relying on the Sheikh documentation.

In 2023, DGOs reported that they have seen a concerning shift in the age of forced marriage, with girls as young as 12-13 being subjected to early marriage unlike the past years where their ages at the time of marriage range between 15 and 18 years. Furthermore, early marriage is usually associated with school dropout and intimate partner violence in its various forms, in addition to serious negative impact on the children's development.

¹⁵ The United Nations Convention on the rights of a Child defines the child as every human being below the age of eighteen years. The article can be accessed at <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>



Service Provision

Mental Health and Psychosocial support

Psychosocial support (PSS) is the main service that survivors requested and were receiving in the first half of 2023, constituting 68 percent of the services provided for new incidents. PSS is usually provided by case workers/ social workers as an in-house service within the case management process.

Field consultations indicate that mental health services, that are provided by specialized mental health staff such as psychiatrists and psychologists, is considered a gap in service provision. Due to the limited resources and the huge caseload, specialized mental health service providers are prioritizing high risk cases over medium and low, creating a gap in services that might be delaying the completion of the action plans, as part of the case management service. There are increasing demands for scaling up the mental health specialized services, considering the continuous escalation in the socioeconomic crisis in Lebanon.

Health including clinical management of rape (CMR)

14 percent of all recorded survivors of GBV have received health and medical services, including clinical management of rape services. Field reports indicate that, due to the decreasing funding, there is an increasing need to cover the fees of forensic doctors, especially in the cases of IPV, including physical and sexual assaults.

Clinical management of rape is a service offered to survivors of sexual violence/rape in health facilities by skilled service providers who are trained on provision of CMR medical services for adult and child survivors of sexual violence. The GBVIMS shows that **43 percent** of the incidents are reported after one month of the incident date. Considering the importance of timely reporting of GBV incidents especially incidents of sexual violence, there should be increasing efforts to enhance timely reporting and ensure timely access to health services including clinical management of rape.

Security and Law enforcement

Security and law enforcement services continue to constitute the highest percentage of **most declined referrals by GBV survivors, accounting to 37 percent in 2023.**

According to field reports, survivors of GBV often refrain from accessing security or police stations to file protection complaints due to the fear of stigmatization, lack of trust and risks of persecution or being arrested for different reasons like the lack of legal status, and the **fear of being deported** along with their families to Syria, which is an observed trend that is reported by the DGOs in 2023. Survivors lack of trust in the security and law enforcement systems is affecting their access to the services despite of the high need.

Legal assistance and representation

Data from the GBVIMS show that legal assistance services constitute the second highest percentage of declined referrals in 2023, accounting for **36 percent, with no change compared to 2022.** In 2022, the



Lebanese judges started a strike that caused complete paralysis of the legal system in Lebanon and drastically impacted women and girls' access to justice. In 2023, and despite the fact that judges resumed their work and the strike was over, field reports indicate that the gap continues as the legal representation fees increased as a result of the socioeconomic crisis, associated with the reduced funding across local and internal service providers and protection agencies.

Challenges and Gaps

Women and girls continue to face significant challenges in accessing services as a result of gender-based violence, including sexual violence. GBV is often embedded in **harmful traditional practices such as on child marriage and intimate partner violence**. GBV is experienced everywhere, however homes are considered as the most unsafe places, public spaces also present significant risks to women and girls where sexual harassment and sexual violence is reported.

Despite the progress made so far in the sensitization of the community on GBV core concepts and safe and ethical referral pathways, **GBV remains underreported in Lebanon**. Facilitating safe and confidential services for survivors and building survivor trust in services is key. Understanding the needs of particularly vulnerable groups, including survivors living with disability and those with diverse SOGIESC, is a consistent challenge given the intersectionality of vulnerabilities that might be considered as additional barriers to report/seek support.

Furthermore, one of the main challenges faced is the **stigmatization of GBV survivors by the community** which sometimes hinders the survivors with different vulnerabilities from reporting their experience in GBV to specialized services, including the case management services.

Access to safe shelter has been considered as one of the major issues and challenges faced by the GBV service providers. Safe shelters unstandardized admission criteria in the Lebanese context is often negatively affecting the survivors and not always in line with the needs of survivors (i.e. survivors with children above 10 year old boys, limited structure to ensure safe exit from shelters, people living with disabilities limited access to shelters; persons with mental health concerns, admission of survivors with diverse SOGIESC, etc.) Additionally, the absence of a clear exit strategy, allowing the GBV survivors to generate income and be independent when leaving the safe shelter, is one of the constant challenges faced in relation to the safe shelter services.

Reporting cases of child survivors of GBV remains a challenge faced by different GBV service providers. Due to the different procedures of reporting across sectors, child protection actors report GBV incidents perpetrated against children under the CPIMS which might cause double reporting or underreporting in case the actor is not a GBVIMS user organization. Interoperability between CPIMS and GBVIMS is now under discussion, in the aim of enhancing the reporting in Lebanon.

Migrants continue to show high levels of risk and vulnerabilities while living in Lebanon as they face barriers to access services, community stigmatization and limited awareness, and a limited number of deployed organizations or inclusive programs that work with migrants from other nationalities. Migrants



GBV IMS Steering Committee and GBV IMS Task Force Lebanon

face multiple protection concerns such as sexual exploitation, trafficking, statelessness among children, evictions, forced and unpaid labor, and suicide.

Recommendations

The GBVIMS Steering Committee supported by the co-leads of the Gender-Based Violence Working Group recommend the below actions to address the challenges and gaps outlined:

Action Point	Responsible Focal Point/ or Actor
Strengthen and scale up the programs that work with refugees, Lebanese and migrants through community-based approaches addressing the needs of different nationalities, including in Lebanon.	GBV Working Group/ GBV actors working with migrants in collaboration with IOM
Increase targeted programming that focuses on sexual abuse and harassment, including sexual abuse on children.	GBV Working Group and GBVIMS/Case management taskforce
Address gaps identified on access to safe shelter for specific at-risk groups	Relevant TF + GBV Coordinators and specialized agencies
Enhance intersectoral collaboration among education, child protection and GBV partners to improve safety in schools. This could include GBV training for teachers and students, and safe referrals to specialized services.	GBV and CP working group
Promote community-led GBV Prevention Campaigns by engaging with local communities in designing and implementing GBV prevention campaigns. Empowering community leaders and activists to take a lead role in raising awareness about GBV, disseminating information on available support services, and fostering a culture of gender equality and respect within their communities.	GBV Working Group and GBVIMS/Case management taskforce
Scale-up programming that engages men and boys in women’s protection and empowerment, including religious and community leaders, to prevent and respond to GBV and change harmful male behaviors and shift norms and attitudes, especially in relation to gender norms, decision making, child marriage, divorce and female leadership.	GBV Working Group and GBVIMS/Case management taskforce
Scale-up programming that targets male survivors of GBV, including working on holistic outreach strategies that helps in information dissemination and access to up-to-date service mapping with clear information about service providers working with male survivors of GBV.	GBV working group



GBV IMS Steering Committee and GBV IMS Task Force Lebanon

Strengthen programming for the inclusion of people living with disabilities including building the capacities of service providers through advanced training, working on the accessibility of facilities and strategic partnerships with organizations specialized in working with persons with disabilities.	GBV Working Group in collaboration with the PWD Taskforce
Ensure regular update and disseminate the GBV referral pathway and the list of available hotlines.	GBV working group
Strengthen timely and safe referrals across sectors, and to the GBV sector, through capacity building on GBV core concepts, including disclosures and safe and ethical referrals.	GBV working group
Rollout the contextualized global guide on caring for child survivors of GBV and the decision tree, to better organize and harmonize the work around targeting child survivors of GBV.	GBV and CP working group in collaboration with UNICEF
Assess the barriers that may prevent women and girls to access GBV services (transportation issues, restricted mobility, prioritization of other needs), and adopt blended approaches in GBV programming including designed online platforms for better access to information and services for women and girls under restricted mobility.	GBV actors/ GBV working group
Hold bilateral meetings with sectors (health, migrants, CMR, shelter, etc.) to enhance the referrals to GBV case management services.	GBV working group co-leads and GBVIMS coordinator