

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

2024 Midyear Thematic Report

Introduction

This Gender-based Violence Information Management System (GBVIMS) report provides analysis of GBV incidents recorded by GBVIMS users in Lebanon during the first half of 2024¹. The report, therefore, represents country-wide trends and analyses of GBV incidents reported and recorded by GBVIMS user agencies only.²

The analysis has been triangulated with other sources, such as protection monitoring report³, studies, surveys, and assessments conducted in Lebanon, such as Vulnerability Assessment of Syrian refugees in Lebanon (VASyR)⁴, and the multi-sectoral needs assessment (MSNA)⁵

Background in Lebanon

Lebanon is facing an escalating conflict especially in South Lebanon since October last year, and as the conflict continues, the needs, vulnerabilities, and protection risks of both Lebanese and refugees living in areas affected by hostilities increase. This is accompanied by service disruptions, fewer livelihood opportunities, infrastructure damage and safety concerns. Despite all of these challenges, some refugee households are unable to leave the unsafe areas due to the lack of alternatives and/ or restrictions on movements and risk of deportation because of lack of legal residency. Those who displaced also confirm challenges to secure access to livelihoods and/or accommodation elsewhere in the country resulting into pendular movements or even return to their previous place of residence in the unsafe locations using this coping mechanism, compared to a stable trend of approximately 76% in previous quarters⁶.

Administrative measures and legal restrictions have increased where security forces and municipalities across the country considerably reinforced the restrictive approach towards Syrian refugees in Q2. Between April and May 2024, the General Security Office (GSO) reiterated restrictions on employment and housing for those lacking legal residency and imposed new fees for residency renewal and work permits

The restrictive measures described above have negatively impacted women and girls, frequent checkpoint checks, curfews, increased risks of detention and deportation perceived to impact more men and boys, have

¹ In Lebanon, fourteen organizations (ABAAD, AND, CL, CW, DRC, IMC, INTERSOS, IRC, KAFA, LECORVAW, RDFL, MF, TDHL and URDA) are currently using the system; supported by UNHCR, UNICEF and UNFPA.

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 Gender-based Violence Working Group Coordinator Inter-Agency Coordination Sophie Etzold etzold@unhcr.org.

³ [Protection Monitoring Survey Findings, Lebanon – 4th Quarter 2023](#)

⁴ [Vulnerability Assessment of Syrian refugees in Lebanon \(VASyR\)](#)

⁵ [Multi-Sector Needs Assessment - Key Multi-Sectoral Findings, Lebanon, May 2023](#)

⁶ [UNHCR Protection Monitoring Report Q2 2024](#)

resulted in women and children being increasingly exposed to the public sphere and spaces, and unsafe work in households or in the agricultural sector where they reported harassment, exploitation and potential risk of gender-based violence

The multidimensional crisis has worsened the protection risks – including violence against women and girls and contributed to soaring humanitarian needs such as further exacerbated long-term structural vulnerabilities with significant consequences on the well-being of women, children, and marginalized groups such as SOGIESC persons, internally displaced persons, migrants and people living with disabilities.

The below provides an analysis of the data collected during the first half of 2024 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 2025/2026 GBV Sector Work 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.

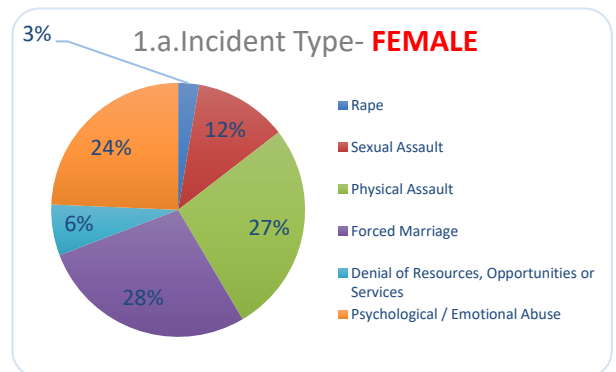
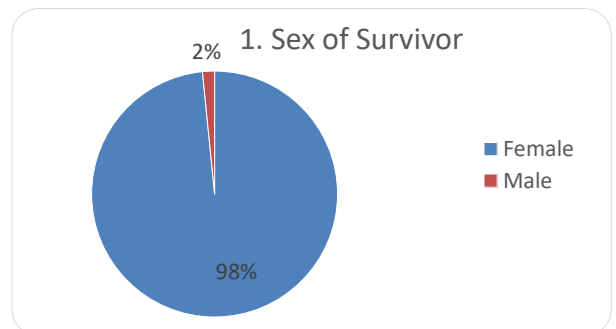
Profile of survivors of Gender-based Violence seeking assistance

Sex and Gender

According to the GBVIMS data of the first half of 2024 , women and girls continue to constitute the vast majority (98 percent) of survivors of GBV reported on GBVIMS, similar to the 2023 report.⁷

For female survivors, forced marriage, physical assault and psychological/emotional abuse are the highest reported types of incidents with 28 percent, 27 percent and 24 percent respectively. Followed by 12 percent of reported sexual assault, with 1% increase compared to 2023.

In the first half of 2024, 2% of GBV incidents were reported by male survivors, with an alarming 21 percent of reported rape incidents (although the males are 2 percent out of total reported GBV incidents, it remains alarming to have 21% of male rape cases among the total). The 2 percent of reported male survivors might not be representative of the actual needs of male survivors, noting that, with the worsening of the situation in the country, more children are engaged in child labour, especially males, and as per the Vulnerability Assessment of Syrian refugees in Lebanon (VASyR)⁸There was a 3% increase in children aged 5–17 engaged in labour, reaching 7% in 2023 and 11% for boys specifically. This highlights a growing risk of exploitation and missed educational opportunities for children. Furthermore, 6% of children are exposed to hazardous working conditions, putting their protection, physical and mental health at risk.



⁷ The reporting of sex of the survivors is standardized globally as per the GBVIMS guidance, and it is reported as male and/or female depending on how the survivor identify him/her/themselves

⁸ [Vulnerability Assessment of Syrian refugees in Lebanon \(VASyR\)](#)

Furthermore, it is noted that male survivors do not always ask for case management and prefer to receive psychosocial support and/or other types of services, which might explain the under-reporting of male GBV cases.

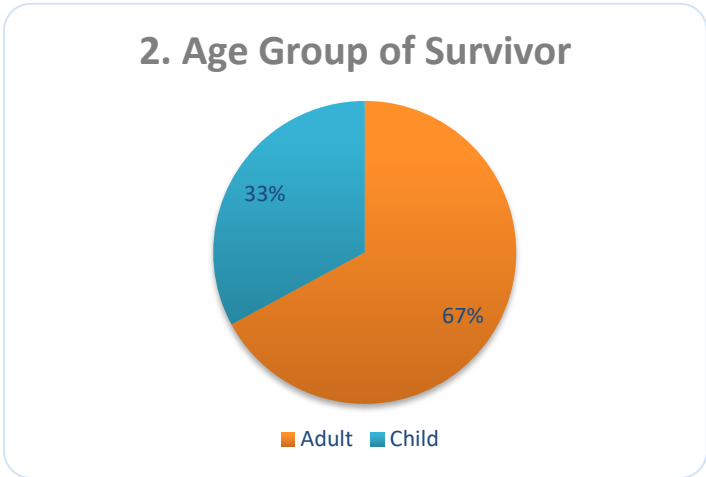
Age

2024 midyear GBVIMS data shows that 67% of the reported cases are adults and 33% are children, indicating a 3 % increase in the reported child survivor cases compared to 2023 (30%)

For adult survivors, physical assault accounted for 38 %, followed by psychological/emotional abuse accounting for 33 %. Sexual assault represents the third highest GBV type perpetrated against adult survivors accounting for 14 %, followed by denial of resources and opportunities with 8 %, rape with 4 %, while having forced marriage representing the lowest percentage of GBV with 2 %.

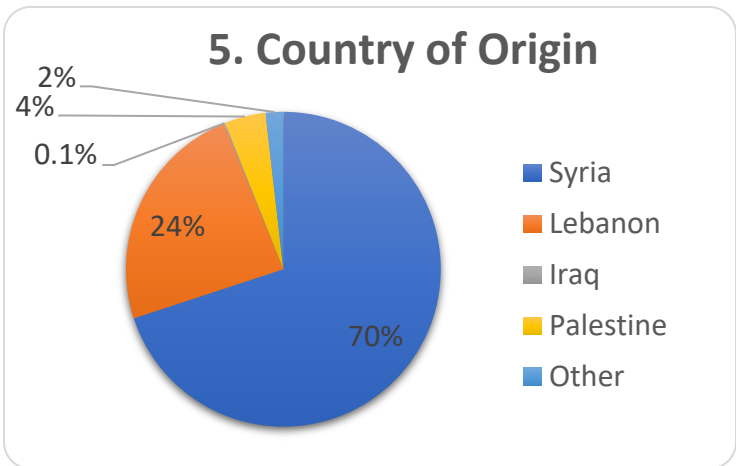
Forced marriage constitutes the highest percentage of GBV forms reported by children (78%, mainly females), with a significant increase of **20%** compared to 2023 annual report (58%) – followed by psychological/emotional abuse (8%), sexual assault (7%), physical assault (7%), denial of resources and opportunities (3%), rape (1%)

Some of the underlying socio-economic challenges are reported as contributing factors providing ground for additional risks of GBV against children especially with the increase in child labour and school dropouts.



Nationality of Survivors

Displaced Syrians continue to constitute the majority of the population of recorded GBV incidents in the GBVIMS, accounting for 70 % of all incidents recorded in midyear 2024, however, this percentage is lower than 2023 due to the increase in the percentage of Lebanese nationals with 24% (11% increase), followed by Palestine refugees (4%) and other nationalities (2%) and 0.1% Iraqi



It is noted that the reporting of different nationalities is not proportionate, even though the GBV services are accessible to all people from different nationalities, ages and backgrounds, and that due to different factors such as the gap in targeting Migrants in some regions i.e. South and Bekaa which will not provide an overarching analysis of the needs and gaps across the different population groups especially that Migrant women often engage in domestic work. The “Kafala” system further increases their risk of exploitation, by placing them under the full control of sponsors⁹. The GBVIMS taskforce and the GBV Working Group has discussed these challenges, and the recommended action points to improve the inclusive reporting (check the challenges and recommendations below)

⁹ In-Focus - Women's Livelihoods in the context of a multifaceted crisis (LRP)

Disability and diversity

The first half of 2024 show a similarity with 2023 of 2 % of all GBV incidents that were reported for persons living with a disability which shows that people living with disabilities are still facing various barriers to access services in Lebanon and this is a concerning challenge that requires efforts of GBV service providers to ensure an inclusive approach to services and increased outreach for Persons with Disability to reduce barriers to access and information and services. In addition to the inclusion of partners who provide GBV case management to Persons with Disabilities in the GBVIMS

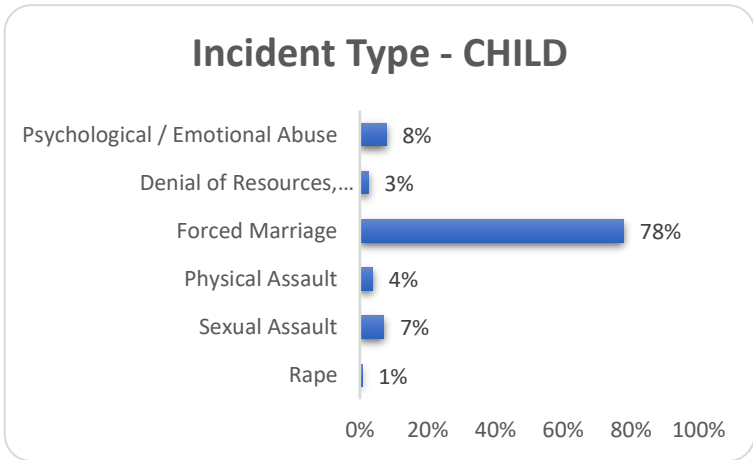
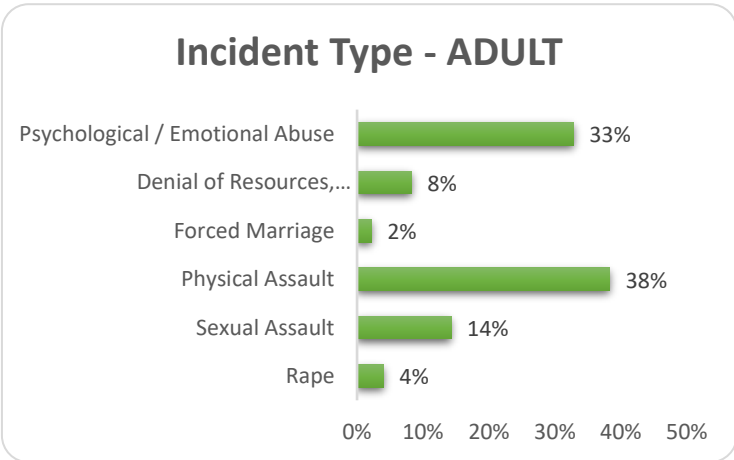
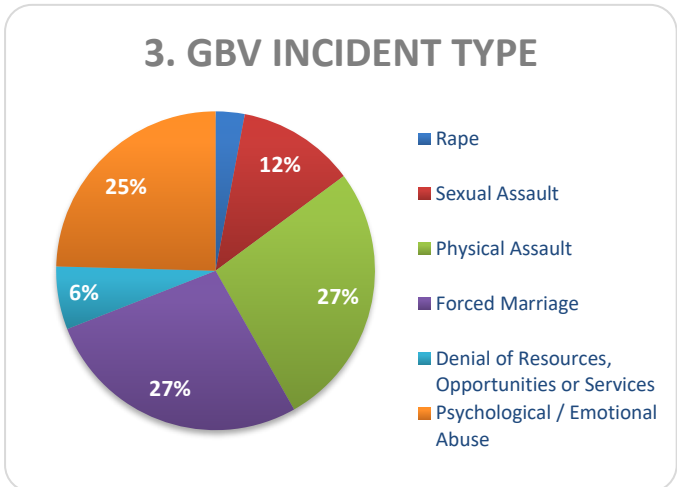
According to 2023 MSNA BULLETIN (published in June 2024)¹⁰, when disaggregated by selected demographic characteristics, a higher proportion of assessed households including a member(s) with a disability were found to have an extreme or extreme + level of needs (90%).

Most reported types of GBV incidents in 2024

Overview

In Midyear 2024, physical assault (27%), forced marriage (27% - increase of 6% compared to 2023 annual report) and psychological/emotional abuse (25%) were the most reported types of GBV followed by 12% sexual assault, 6% denial of resources and opportunities and 3% rape

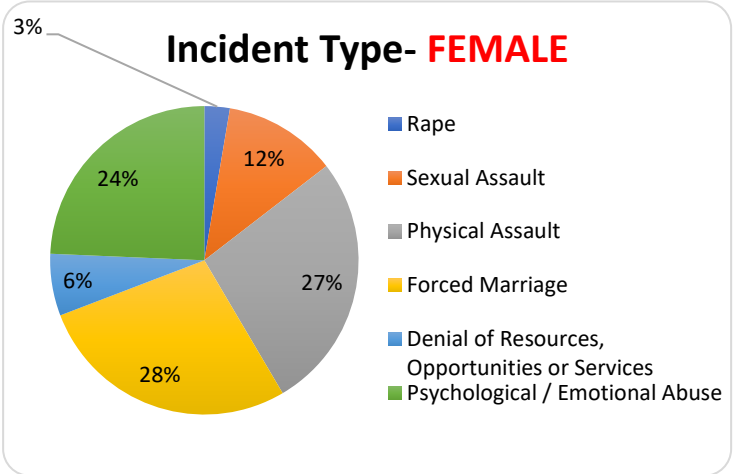
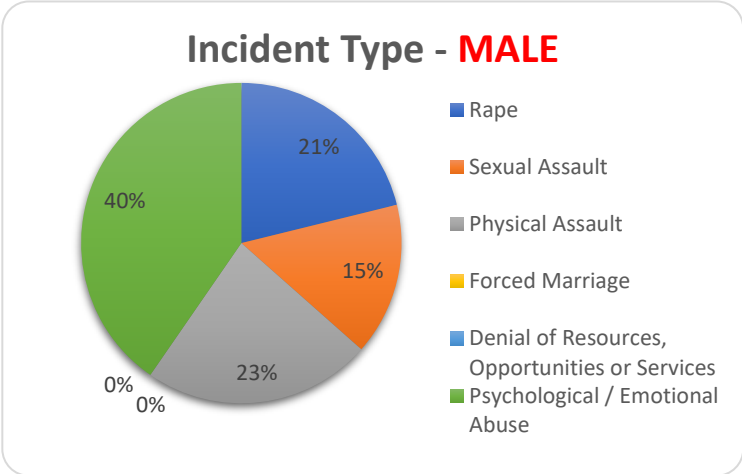
Notably, in North and Akkar, the sexual assault at workplace is the main type of reported incidents, while in Bekaa, South and BML the highest reported types of incidents are the psychological/emotional abuse and physical assault. It is also noted, that in South specifically, the risk of sexual assault is higher on the Internal Displaced Persons (IDPs) especially if they are sharing



residency/collective shelters.

¹⁰ 2023 MSNA BULLETIN ([LINK](#))

- **Physical Assault** is the highest type of reported GBV incidents in total 27% among all the reported incidents in the midyear 2024, however it is the highest type of reported GBV incidents by the adult survivors (38%),
- **Forced Marriage** constitutes the highest percentage of GBV forms reported by children (78%) (out of a total of 27% of all the reported forced marriage cases by GBVIMS partners) specifically among female survivors, with a significant increase compared to 2023 annual report (58%). According to VASyR , similar to previous years, approximately 23% of adolescent girls aged 15 to 19 were ever married (including divorced or separated) at the time of the survey (22% currently married). Breaking this down by gender shows 24% of early marriage in girls, as compared to 3% in boys.
- **Psychological/Emotional Abuse:** is the second highest reported GBV incident amongst adults (33%), with a significant percentage among both male and female survivors but specifically by male survivors (40%)
- **Intimate Partner Violence (IPV):** Intimate Partner Violence (IPV) continues to be among the most common types of GBV in Lebanon (52%). 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



Service Provision

Psychosocial support

Psychological support is the most common type of the services that are usually provided to the majority of the GBV survivors by the GBV case workers, therefore it is the highest reported type of provided service by the GBV IMS partners with 72%. Psychological support aims at building the resilience of the GBV survivors and supporting them as a first step of the case management process

Health including clinical management of rape.

Health services including clinical management of rape is the second type of provided service to the GBV survivors (11%) even though there was a slight decrease compared to 2023 (12%).

Clinical management of rape is a service offered to survivors of sexual violence slash rape and accredited health facilities by skilled service providers who are trained on provision of CMR medical services for adult and the child survivors of sexual violence the list of CMR facilities in Lebanon has been updated in May 2024 accessible on this link. It is noted that 0 cases of CMR were reported through the CMR monitoring tool that was developed by the CMR task force in Lebanon which contradicts with the GBVIMS data where 3% of the

total GBV incidences are rape which requires a close coordination between both GBV IMS, CMR task force and GBV working group coordination to identify the issue

Legal assistance and representation

GBVIMS report shows that 35% of the legal referrals were declined despite that the legal services are the third highest required services by the GBV survivors, partners indicated that 6% of the legal services are declined or either not available due to the lack of funding and that the feedback of the legal referrals differ per nationalities for example the referral for displaced Syrians aged 18 years old who do not have any ID or personal documentation fear reporting their need when they have any issue of legal residency due to the fear of being arrested etc., also going to court is considered a last resort for women, this is especially the case for Syrian refugee women in Lebanon, of whom less than 50 % reported knowledge of formal or legal ways to resolve incidents of GBV¹¹. Noting that the lack of legal residency is an additional factor which makes Syrian women fearful to go through the legal pathway. Also, the lack of trust in the legal system when reporting domestic violence and the limited capacity of Police Stations, is hindering the access of Lebanese survivors to legal assistance.

Livelihood security and cash for protection

Livelihood referrals are the fourth highest types of services referred in the first half of 2024, increase of 1% compared to 2023. 19% of these referrals were declined and 10% were not available despite the fact that limited self-reliance and financial literacy is a concern reported by the majority of GBV survivors. Limited resources and capacity of partners to provide meaningful livelihood opportunities and the overall challenging socioeconomic environment in Lebanon with high inflation has made livelihood security a significant challenge for survivors and families. According to the field report, survivors are requesting livelihood services due to the escalating socioeconomic crisis that further impacted them, and the aim of participating in skills development training and income generating activities is to support their financial stability especially with the issue of displacement which means more individuals are in need for livelihood opportunity across the different field locations

Safe shelters

Data from the GBV IMS shows that only 0.5% of the survivors were referred to shelter services in the first half of 2024, (decrease from 1% in 2023), Access to safe shelter for survivors of GBV shows a challenge in Lebanon although it is a critical service for the survivors who are at imminent risk and require a timely referral to save houses as a lifesaving and critical service. The partners reported that survivors at field are facing some challenges in accessing safe shelters due to different reasons such as checkpoints, lack of legal residency etc. especially in North and Akkar which means more effort of outreach to the different survivors is required to tackle this issue and overcome these challenges. Admission criteria by shelter agencies remain restrictive with negative impacts on the survivors especially survivors of IPV, survivors of GBV with mental health concerns as well as survivors with physical and intellectual disability who would require more complex and MHPSS tailored services face gaps in shelter service provision due to the limited resources and capacities of agencies managing shelter. Additionally, persons with diverse SOGIESC surviving GBV incidents report several barriers in accessing safe shelters due to their gender identity and their admission if approved involves lengthy assessment that might impact them negatively in case they are facing imminent risks

¹¹ An Analytical Study of Access to Justice Cases of Sexual and Gender-Based Violence cases of Syrian Refugee Women in Lebanon. Accessible on this [LINK](#)

Mental Health

Mental health services include more specialized services that are provided by specialized mental health staff such as psychiatrists and psychologists. Field reports indicate that due to the limited operational mental health programs in Lebanon, referrals to mental health services are often waitlisted and the few percentages of GBV case management service providers providing in-house specialized mental health services often prioritize their cases over external referrals due to the limited resources. Considering the increased level of stress and anxiety due to the combined health-related fears and the financial hardship people in Lebanon are experiencing, there are increasing demands for scaling up the mental health specialized services.

Challenges and Gaps in 2024

Contextual and Sectoral Challenges and Gaps

The GBV environment is negatively impacted by the **overall developments in the country especially the latest war that started in South Lebanon in the first half of the year** which led to internal displacement of a significant number of residents and displaced Syrians, therefore higher risk of exploitation and abuse. In addition to the prominent economic crisis and the absence of a functioning justice system that ensures punitive actions are taken against perpetrators of GBV through the available national system.

Migrants continue to show high levels of risk and vulnerabilities while living in Lebanon as they are facing barriers to access services and assistance, community stigmatization and limited awareness, and limited number of deployed organizations or inclusive programs that work with migrants from other nationalities. Migrants face multiple protection concerns such as sexual exploitation, trafficking, statelessness among children, evictions, forced and unpaid labor, and suicide. It is also noted that targeting Migrants in the existing programming is still a gap, including through GBV programming especially at field level, as stated by partners, their projects do not usually target Migrants in areas such as South, Bekaa and North, while Migrants have more access to the services in Beirut and Mount Lebanon, given that the higher concentration of Migrants is in Beirut and Mount Lebanon where some of them live and work independently and not with a Lebanese household, also noting that the disclosure of Migrants about their needs through the existing programmatic activities is challenging as these activities are focused on either Syrian Displaced or/and Lebanese.

The **lack of legal residency** is a factor that is challenging access to services including GBV ones especially for the children (under 18 years old) who do not possess ID or any supporting documents, therefore face a challenge in getting legal residency, leading them to fear reporting when they need GBV assistance. Noting that refugee households with at least one member above 15 years old lacking legal residency remains alarmingly high, standing at 89% of all families in the current quarter. Notably, legal residency gaps are more pronounced among females (52%) than males (48%).¹²

Access to safe shelter has been considered as one of the major issues and challenges faced by the GBV service providers, despite the availability of a list of operational shelters in Lebanon. Shelter agencies have different understanding of safe shelters in the Lebanese context in addition to unstandardized admission criteria that is often negatively affecting the survivors and not always in line with the needs of survivors

¹² [UNHCR Protection Monitoring Report Q2 2024](#)

(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, etc.)

Technical Challenges and Gaps

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 one of the future considerations that might enhance the reporting in Lebanon.

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 programming for the inclusion of people with disabilities including building the capacities of service providers through advanced and tailored training for frontline workers on disability inclusion, 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
Assess the potential of rolling out GBVIMS by new GBV case management organization working with vulnerable marginalized groups like persons with diverse SOGIESC exposed to GBV, people with disabilities, migrants, and refugees from other nationalities	GBVIMS coordinator/ GBVIMS Steering committee in Lebanon
Coordinate with the GBVIMS Global Technical Team to review the Intake Form and Compilation Sheet to include data points that facilitates extraction of figures to represent the different vulnerable groups such as Migrants	GBVIMS coordinator/ GBVIMS Steering committee in Lebanon
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
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
Work with the National and Field GBV Sector coordination to improve the accessibility to the needed services of mental health, safe shelters, livelihoods, etc. by agreeing on the action points including coordination with the other sectors	GBV working group