



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

Quarter 3-2022 Report

Lebanon

Background

Over the last two years, Lebanon has been facing political and economic crises that have significantly impacted the country's political and socio-economic stability. The country is struggling with electricity blackouts, fuel and water shortages, and the near collapse of the banking sector and public services. Lebanon is also experiencing a cholera outbreak due to deteriorated water and sanitation conditions which has now spread to at least 2,700 cases nationally¹ and which has negatively impacted the health and hygiene situation of the most vulnerable populations including those living in Informal Tented Settlements (ITSs). This multi-layered crisis² had significant consequences on the well-being of women, children, and marginalized groups such as LGBTIQ+ persons, migrants and people living with disabilities.

This Gender-based Violence Information Management System (GBVIMS) report³ provides analysis of GBV incidents recorded by GBVIMS users in Lebanon during the Q3 reporting period. The analysis has been triangulated with other sources, such as protection monitoring reports, studies, surveys, and assessments conducted in Lebanon such as the Vulnerability Assessment of Syrian refugees in Lebanon (VASyR⁴), and the multi-sectoral needs assessment (MSNA).⁵

Profile of survivors of GBV seeking assistance

According to the GBVIMS data of Q3 2022, female survivors continue to constitute the majority of survivors seeking services given the disproportionate exposure of women and girls to GBV. Similar to previous reporting periods, **94 percent** of all survivors were female, and **6 percent included men and boys reporting GBV incidents**. With no difference compared to the previous quarters, organizations and service

¹ World Health Organization report on Cholera outbreak in Lebanon. Accessed at: [Cholera – Lebanon \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/cholera)

² ACT Alliance Alert: Lebanon Crisis. Accessed at: <https://reliefweb.int/report/lebanon/act-alliance-alert-lebanon-crisis-16-march-2021>

³ 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).

⁴ United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme (2021). "Preliminary Results of the Vulnerability Assessment of Syrian Refugees." Accessed at: <https://data2.unhcr.org/en/documents/details/88960>

⁵ MSNA 2021. Accessed at: [Multi-sector needs assessment \(MSNA\) - Lebanon 2021 | HumanitarianResponse](#)



providers have designed activities and programs tailored to meet the needs of women and girls, with increased initiatives and programs that work on engaging men and boys in the GBV programming.

Q3 data indicates that adults accounted for **85 percent** and children make **15 percent of the GBV incidents reported through the GBVIMS**. The percentage of children seeking services increased by 4 percent compared to the second quarter of 2022. The increased number of children seeking services is likely linked to the increasing risks faced by children in the compounded crisis but also to the increase in services available targeting children in the region as reported anecdotally by GBV service providers. Several partners working with children subjected to GBV reported that they are expanding their programs to new areas and they have increasing coverage compared to the past quarters.

Displaced Syrians continue to constitute the majority of the population seeking GBV services, accounting for **77 percent** of all the individuals seeking support during the quarter, followed by Lebanese nationals and Palestinians from Lebanon and Syria, accounting for **19 percent** and **2 percent** respectively. Survivors from other nationalities have also been affected by the escalating socio-economic crisis, with the country's limited capacities to provide basic services such as electricity, water, health and sanitation services, health care and protection services. Moreover, data from the GBVIMS reveals that **7 percent** of the incidents reported are perpetrated in Syria, compared to **93 percent** occurring in Lebanon after displacement and flight. Several reasons might justify this percentage, including the late disclosure of incidents that happened before refuge, or the return of displaced Syrians to Lebanon. This percentage increased by 5 percent compared to the last quarter. Consequently, there is a need to monitor this trend. Conflict related sexual violence is a critical concern and the worsening of the humanitarian situation in Syria may also result in heightened levels of insecurity and exposure of women and girls to GBV.

In Q3, a slight increase in reported incidents of survivors of GBV living with disabilities seeking support and services is observed (3 percent in Q3 compared to 2 percent in Q2). However, the percentage of those reporting GBV incidents remains comparatively low and limited access to services and information remains a barrier for persons living with disabilities reporting their exposure to GBV. According to the findings of 2021 VASyR,⁶ **9 percent** of displaced Syrians have a disability, with 30 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 16 percent, El Nabatieh governorate ranked first with the highest-level of documented persons living with disability, while Mount Lebanon had the lowest prevalence of persons living with disability (7.5 percent)⁷. This special difference is also reflected by the data on survivors with disability recorded in the GBVIMS, with the highest reported percentage (6%) of survivors living with disability recorded in the South.

Most reported types of GBV incidents in Q3

Women and girls continue to be disproportionately exposed to different types of GBV in the community. In Q3, **physical assault and psychological/emotional abuse were the most reported types of GBV**, accounting for **35 percent** and **32 percent** of all reported incidents, respectively. Incidents of sexual

⁶ United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme (2021). "Preliminary Results of the Vulnerability Assessment of Syrian Refugees." Accessed at: <https://data2.unhcr.org/en/documents/details/88960>

⁷ MSNA 2021. Accessed at: [Multi-sector needs assessment \(MSNA\) - Lebanon 2021 | HumanitarianResponse](#)

violence, including rape and sexual assault present the third most reported type of GBV incident with 17 percent of all incidents reported.

Intimate Partner Violence (IPV)

62 percent of all GBV incidents were perpetrated by the intimate partner of the survivor which is an increase of IPV by 5 percent compared to Q2 2022. Data extracted from the GBVIMS indicate that both adults and children are subjected to IPV, with **11 percent** of female children reporting being subjected to violence by their partner, including married children/ adolescent girls exposed to IPV, marking a 4 percent increase compared to the second quarter of 2022.

Forced/ Early Marriage

Early marriage is the most prominent type of GBV perpetrated against children, constituting **84 percent** of the forced marriage incidents reported in this quarter. According to the gender findings of UNICEF 's recent report⁸ on multidimensional child poverty, adolescent girls, regardless of their nationality, shared experiences of harassment in public spaces and restriction of their mobility preventing them from accessing services. Additionally, 22 percent of Syrian girls aged 15-18 who do not attend school report marriage as the main reason behind this. The same report reveals that girls' right to play is further restricted due to harassment and gender norms, as they are more likely to be confined to the home due to their parents' concerns about their safety.

The majority of incidents (43 percent) were reported after one month or more of the incident occurring, while **22 percent** were reported in the first 3 days of the incident. Despite the increase in the percentage of incidents reported within the first three days of the incidents, the delayed reporting of incidents is often linked to the delayed disclosures of GBV incidents by survivors due to a number of reported reasons, including fear of stigma, time needed to accept and process the abuse before reporting and seeking services by specialized service providers. In addition, GBV is commonly underreported due to the risks associated with reporting, particularly for IPV where survivors fear of retaliation or consequences affecting their families as well as fear of stigmatization within the family and community are some of the reasons why survivors hesitate to report.

Service Provision

According to Q3 data, psychosocial support (PSS) is the main service that survivors requested in Q3 and previous quarters with **84 percent** of the services provided for new incidents. This is also due to the fact that psychosocial support is often provided by the case worker/ social worker as an in-house service of GBV case management services when supporting and caring for survivors.

Apart from PSS, health and medical services are the most requested other specialized services that GBV survivors were successfully referred to, accounting for 23 percent. Security and law enforcement services as well as legal assistance services continue to constitute the highest percentage of most declined referrals by GBV survivors, accounting to 34 percent and 31 percent respectively. Fear of reporting modalities and

⁸ United Nations Children's Fund (2022). "Deprived Childhood". Accessed at: <https://www.unicef.org/lebanon/reports/deprived-childhoods>



limited trust in law enforcement, in addition to the judges strike that impacted the functionality of the law enforcement agencies that are expected to extend support in line with the wishes of the survivor might be additional impediments for survivors to request report to the police.

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:

- Ensure that GBV is mainstreamed across sectors through collaborating and promoting joint initiatives among GBV, child protection, MHPSS, and health actors and the Ministry of Social Affairs to mitigate the risk of GBV, especially sexual abuse and exploitation.
- 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.
- Strengthen the collaboration between GBV sector and Ministry of Social Affairs, the Lebanese National Commission of Women to introduce the GBV services and improve Lebanese women and girls' access to services.
- Adapt the complaints and feedback mechanisms to take into consideration barriers women usually face to report or file a complaint, to be able to capture the challenges faced by women and girls in accessing services.
- Strengthen programming for the inclusion of people with disabilities including building the capacities of service providers, working on the accessibility of facilities and strategic partnerships with organizations specialized in working with persons with disabilities.
- Strengthen community-based approaches such as outreach and scale up the work with community volunteers and committees to ensure improved access to services and information for women and girls.
- 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 ultimately change harmful male behaviors and attitudes.