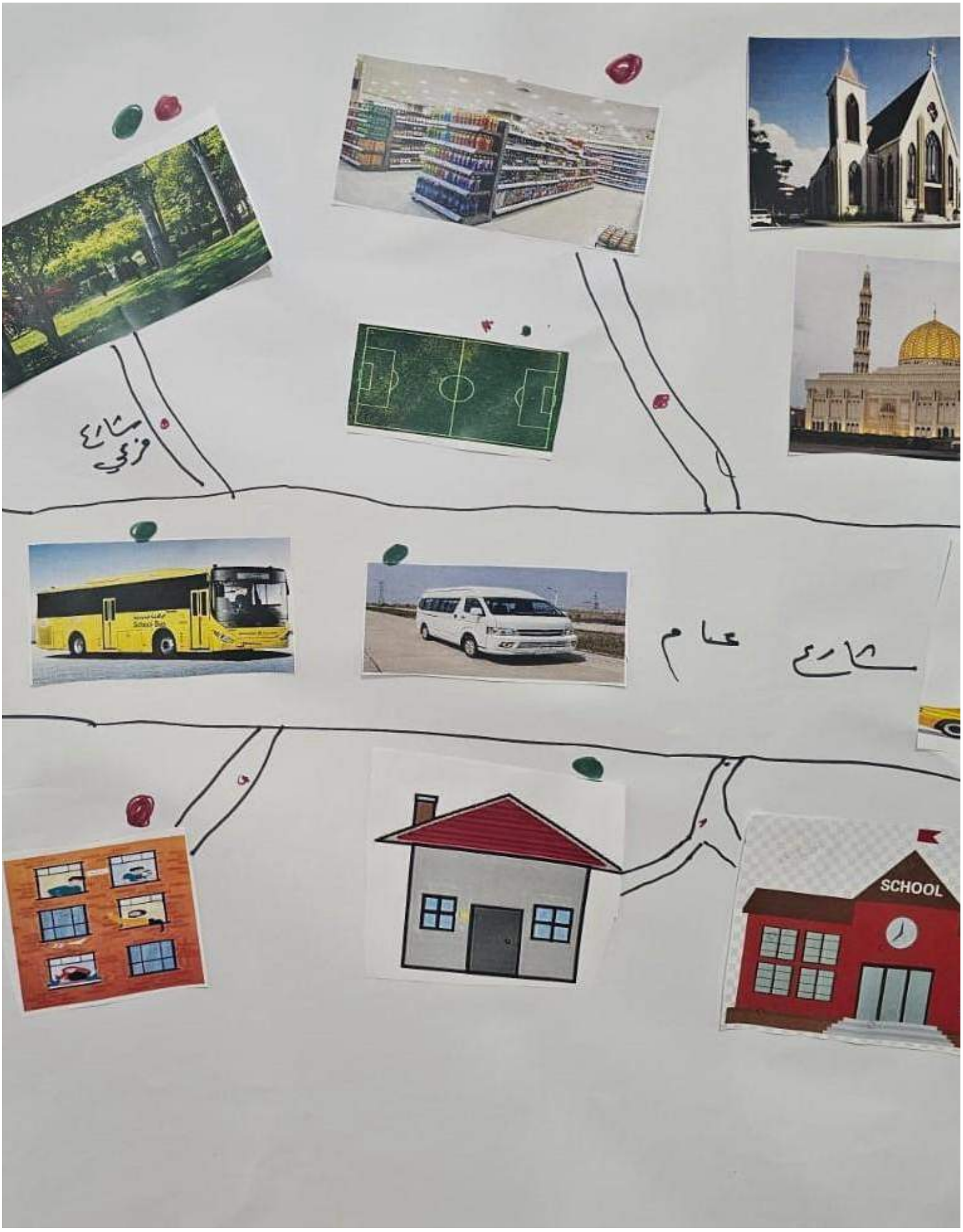
Gender Based Violence Safety Audit for Lebanon

GBV Working Group – Lebanon

November 2024



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This report was written on behalf of the Gender-based Violence Working Group in Lebanon, by Rana Aoun (GBV consultant with UNFPA and UNHCR) in close collaboration with and support from Sophie Etzold (GBV Coordinator with UNHCR), Elisa Cappelletti (GBV Coordinator with UNFPA), and Pamela Di Camillo (UNFPA Lebanon Acting Representative).

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Gender Based Violence Working Group Lebanon

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Acronyms

AGD	Age, Gender and Diversity
BML	Beirut and Mount Lebanon
CBO	Community Based Organization
CP	Child Protection
DRC	Danish Refugee Council
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GBVIMS	Gender Based Violence Information Management System
IMC	International Medical Corps
INGO	International Non-Governmental Organization
IPV	Intimate Partner Violence
IRC	International Rescue Committee
ISF	Internal Security Forces
ITS	Informal Tented Settlement
M&E	Monitoring and Evaluation
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MSNA	Multi-Sectoral Needs Assessment
NGO	Non-Governmental Organization
PRL	Palestinian Refugees in Lebanon
PRS	Palestinian Refugees from Syria
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psycho-Social Support
SEA	Sexual Exploitation and Abuse
TFGBV	Technology Facilitated Gender Based Violence
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
VASyR	Vulnerability Assessment of Syrian refugees in Lebanon
WFP	World Food Program
WGSS	Women And Girls' Safe Spaces

1. Executive summary

This report presents the findings from the Gender Based Violence (GBV) safety audit (hereafter referred to as GBV assessment or safety audit), which was conducted in Lebanon from July to November 2024, on behalf of the national GBV working group and four sub-national GBV working groups in South, Bekaa, North, and Beirut and Mount Lebanon. The report provides an in-depth analysis of intersecting GBV risks, vulnerabilities and needs faced by women and girls and other marginalized communities across Lebanon, such as persons with disabilities, refugees from Syria, Palestine and other countries, internally displaced people, migrant workers and marginalized communities or groups.

The safety audit examines the compounded effects of Lebanon's ongoing economic crisis, sociopolitical instability, and the escalation of conflict with Israel since October 8, 2023. By adopting an intersectional, rights-based and feminist methodology, the safety audit identifies GBV risk factors, affected populations and groups, gaps in services, and community and service provider recommendations, and provides a roadmap for future evidence-based interventions in a constantly changing and challenging context.

Context overview: In recent years, Lebanon's crises have disrupted societal structures and services, intensifying vulnerabilities among its diverse populations. Lebanon hosts the highest number of refugees per capita globally, with over 768,000 Syrian refugees registered with UNHCR[1] and nearly 500,000 Palestinian refugees registered with UNRWA.[2] Additionally, the escalation in conflict led to an ongoing displacement crisis that has reached unprecedented levels, with 878,497 individuals displaced, of whom 52% female and 48% male as of 31 October 2024.[3] Pre-existing patriarchal norms and inadequate legal frameworks have compounded GBV risks, further marginalizing vulnerable groups, including persons with disabilities, migrant workers, and persons from marginalized communities.

Methodology: The safety audit was conducted through two main data collection methods: Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). **95 FGDs** were conducted with a total of **915 women, girls, men and boys,** divided into different community groups based on nationality, gender, age, refugee/displacement status and other relevant criteria. Additionally, 9 FGDs took place with **72 GBV experts** including case managers, facilitators and members of the GBV working groups across the country. Also, KIIs targeted **6 key informants** non-GBV service providers who provided in-depth knowledge on cross-sectoral issues such as health, clinical management of rape, and governmental policies or viewpoints. The GBV risk assessment and safety audit was funded and coordinated by UNFPA and UNHCR, and 28 GBV service providers across the country took part in community engagement and conducting community FGDs.

Key findings: The safety audit has identified widespread and intersecting GBV risks exacerbated by compounded crises. One major GBV risk is ***Intimate Partner Violence (IPV)*** and Family Violence, which remain the most pervasive GBV types in Lebanon, further intensified by economic hardship, displacement, and a return to entrenched gender norms. Psychological, physical, and economic violence are common forms. Marital rape, although prevailing, remains legally unaddressed. Refugees and IDPs face heightened IPV risks due to overcrowding in their accommodation or displacement sites, substandard living conditions, and economic dependency.

Sexual violence is another prevalent form of GBV, encompassing rape, sexual assault, and harassment, which occur frequently in public spaces, workplaces, displacement centers, and transportation hubs. Refugee and displaced women in camps or shelters report alarmingly high levels of sexual violence.

Vulnerable groups, such as adolescent girls and women with disabilities, are at heightened risk of exploitation, especially when confined and isolated within their homes.

Additionally, poverty, economic collapse and cultural norms drive ***early/child and forced marriage*** prevalence among refugee and displaced girls, particularly in rural areas. Child marriage exacerbates health risks, restricts education, and heightens vulnerability to IPV and exploitation.

A main finding from the safety audit was the rise of ***Technology-Facilitated GBV (TFGBV), such as online violence through social media tools.*** Online harassment, stalking, and digital blackmail were frequently cited by community members and GBV experts alike. Adolescent girls, female migrant workers, and public-facing women are reportedly disproportionately targeted. The lack of digital literacy and awareness about reporting mechanisms compounds these risks.

The safety audit also examined *Sexual Exploitation and Abuse* (SEA) risks, which were reported in humanitarian aid contexts, with marginalized groups such as adolescent girls and undocumented refugees being most vulnerable. Coercion into sexual acts in exchange for aid is exacerbated by power imbalances and underreporting due to stigma and dependency.

Vulnerable Groups: The safety audit found that certain groups face disproportionately higher risks of GBV due to their intersectional vulnerabilities and structural and systemic inequalities relating to gender, legal status, social status and nationality.

Refugee Women and Girls from Syria, Palestine, and other minority groups face heightened risks due to legal, economic, and societal marginalization. SEA, IPV, and early marriage risks are amplified in camps, informal settlements, and workplaces.

Internally Displaced Women and Girls reportedly face increased IPV and SEA risks in overcrowded shelters with limited privacy and shared WASH and shelter facilities. Displacement exacerbates family violence and coercion by landlords or employers.

Persons with Disabilities, *including women and girls but also men and boys* reportedly face considerable risks of exposure to sexual violence and economic exploitation. Limited accessibility to services further isolates them and makes them more vulnerable to exploitation.

Female migrant workers under the Kafala system face exploitation, including forced labor, sexual violence, restrictive and substandard living conditions. Live-in migrant workers are vulnerable to all types of violence at the hands of employers and male family members, while live-out migrant workers are particularly vulnerable to sexual violence and trafficking.

Persons from marginalized communities, particularly transgender women, face systemic discrimination, violence, and ostracization. They are targeted by family members, community actors, and institutional systems, with limited access to safe spaces or inclusive and adequate services.

[1] *According to UNHCR's data portal: https://data.unhcr.org/en/situations/syria/location/71.*
[2] *According to UNRWA's website (2023): https://www.unrwa.org/where-we-work/lebanon.*
[3] *OCHA (2024); Lebanon: Flash Update #43 - Escalation of hostilities in Lebanon, as of 31 October 2024*

1. Executive summary

Safety audit - key findings

Locations and spaces: the safety audit highlights widespread perceptions of ***unsafety across public, private, and virtual spaces.*** Unsafe locations were pinpointed as crowded areas, poorly lit streets, agricultural sites and pathways, and public transportation. Displacement centers and informal settlements reportedly pose significant risks due to overcrowding and lack of privacy. Community members, especially women and girls, also reported diminished safety during nighttime. This limitation on mobility heightens isolation and restricts access to essential services and opportunities. Homes were largely identified as a paradoxical space in terms of safety. While homes are reportedly perceived as a refuge, they were also identified as the primary site for IPV, family violence, and sexual violence. Overcrowded homes shared by multiple families exacerbate these risks.

The impact of compounded crises: The compounded economic and sociopolitical crises have deepened vulnerabilities, particularly for women and girls and marginalized groups. Displacement has escalated IPV, sexual violence including SEA, and exploitation risks. Legal and economic marginalization has left undocumented individuals susceptible to coercion and abuse and service disruptions in hard-to-reach and unsafe conflict-affected areas, such as South Lebanon and Bekaa, have reduced access to GBV support.

Gaps in Services: The GBV sector in Lebanon has implemented a large-scale intervention to address gender-based violence; however, the safety audit highlights significant ***gaps in prevention and response mechanisms.*** Notably, GBV services are limited in rural and conflict-affected areas, where access is most critical. Additionally, these services often lack accessibility for persons with disabilities and fail to adequately include persons otherwise marginalized based on their gender, age or diversity. Current interventions are primarily designed for women and girls in general, with limited tailoring to the specific needs of marginalized groups. Enhancing these services to be more inclusive and accessible is essential for effectively reaching and supporting all vulnerable populations.

Recommendations: The report provides actionable recommendations to address the widespread GBV risks and needs.

In terms of *strengthening GBV services:* Expand Women and Girls' Safe Spaces (WGSS), mobile service units and other GBV service provision modalities in rural and underserved areas; develop inclusive and accessible services for persons with disabilities and other marginalized groups.

In terms of *mitigating GBV risks:* Integrate GBV risk mitigation across all sectors, including housing, health, and education; train non-GBV actors to recognize and address GBV risks, receive disclosures of GBV incidents and conduct safe referrals.

In terms of *improving SEA mechanisms:* Strengthen SEA reporting and accountability frameworks; and enhance community awareness about protection from sexual exploitation and abuse (PSEA).

In terms of *advocacy and legal reform:* Advocate for the reform personal status laws to ensure equal rights for women in divorce, custody, and inheritance; advocate for the criminalization of marital rape and enhance legal protection and safe reporting to law enforcement actors against GBV to strengthen the protection of those at risk of GBV and to ensure prosecution of perpetrators.

In terms of *migrant worker rights:* advocate for dismantling the Kafala system to protect migrant workers' rights; intentionally outreach to migrant workers in an inclusive way and provide essential GBV prevention and response services in an accessible manner.

In terms of *enhancing digital literacy:* Promote awareness of online safety and reporting mechanisms to combat TFGBV by ensuring an Age, Gender and Diversity (AGD) approach to reach children, adolescents and adults alike; closely coordinate and collaborate with relevant stakeholders including other sectors as well as local NGOs and national stakeholders; strengthen programs addressing online violence and abuse and adopt programs to this increasing risk online violence poses particularly to girls and boys.

Conclusion: GBV is a considerable risk reported amongst all communities disproportionately affecting women and girls and marginalized communities. This Safety Audit underscores the critical need for holistic, intersectional, and survivor-centered approaches to address the multidimensional risks faced by Lebanon's diverse populations. Urgent, tailored action is required to mitigate risks, bridge service gaps, and ensure the dignity and safety of all vulnerable groups, particularly women, girls, and marginalized communities. Findings and specific recommendations are included in the report, sections 4 to 6.

2. Introduction

The GBV risk assessment and safety audit[4] report provides an analysis of data collected by the GBV working group across Lebanon, between July and September 2024. The exercise was designed to capture the distinct experiences of diverse community segments in Lebanon, including women and girls, through an intersectional feminist approach. The overall objective is to ensure that GBV risks are identified using an AGD approach to allow for programmatic recommendations addressing the humanitarian and specific needs of all population groups and persons at heightened risk across Lebanon.

The present report includes analysis of collected data that has been triangulated with other sources, such as studies, and surveys conducted in Lebanon. These include but are not limited to the Vulnerability Assessment of Syrian refugees in Lebanon (VASyR)[5], and the multi-sectoral needs assessment for 2024 (MSNA).[6]

The safety audit report is comprised of seven main sections: an **executive summary**, **introduction**, an overview of the **methodology and overview of data collection tools**, a section on **identified GBV risks** affecting women, girls and other vulnerable populations in Lebanon, a **stakeholder analysis and overview of GBV services**, **recommendations** and a **conclusion**. These sections are complemented by **annexes**.[7]

2.1 Lebanon Context Overview

In recent years, communities in Lebanon have been grappling with unprecedented, compounded crises of multilayered nature, including severe economic crises and deflation of the Lebanese currency, sociopolitical instability and absence of political leadership or governance resulting in large-scale protests, and more recently the escalation in conflict with Israel (starting on 8 October 2023) at the southern borders and spreading across the country in the last quarters of 2024. Lebanon's socio-cultural context is shaped by entrenched patriarchal values and a legal system that has persistently fallen short in protecting the rights of women and girls.[8] In the World Economic Forum's Global Gender Gap Index for 2023 Lebanon was ranked 132 out of 146 countries and has repeatedly ranked at the lower end of development indices globally.[9] The Political Empowerment subindex was particularly low, with Lebanon scoring a mere 2.1% parity score in 2023 and registering one of the largest gender gaps globally.[10] Research has consistently shown that "gender inequality is the root cause of violence against women and girls and shapes every aspect of women and girls' lives" (COFEM, 2018, p.1).[11] In fact, GBV is the most extreme manifestation of gender inequality. In Lebanon, it affects women and girls and marginalized communities disproportionately and its consequences can lead up to death.

Lebanon remains the country hosting the largest number of refugees per capita.[12] The Lebanese Government suspended new registration of Syrian refugees in 2015. As of September 2024, Lebanon hosts approximately 768,353 registered Syrian refugees (49.5% male, 50.5% female) living in cities, villages and informal tented settlements across the country.[13] The Government estimate remained at 1.5 million Syrian refugees in Lebanon, as per the Lebanon Response Plan (LRP).[14] As of March 2023, the total number of UNRWA registered Palestine Refugees in Lebanon was 489,292 persons, with a total of 23,026 Palestine Refugees from Syria residing in Lebanon. Approximately 45% of these refugees live in the country's 12 official refugee camps. Additionally, Lebanon hosts 11,411 refugees from other nationalities such as Sudanese and Iraqi, and is home to a total of 176,504 migrant workers from 98 nationalities (with a majority of 38% Ethiopian and 21% Bangladeshi).[15] Of the total migrant worker population, 48% are "live-out" migrants, 48% are "live-in" migrants, 4% have unknown living arrangements.[16] These different populations face varying levels of GBV risks, as shown throughout the safety audit findings.

While the data collection took place between April and September 2024, in September, the security situation worsened significantly for all communities caused by the escalation of the conflict from the southern parts to the Bekaa El Hermel area, Southern Suburbs of Beirut and other affected areas across the country. Israeli airstrikes affected the entirety of the country, while the south witnessed considerable higher risks and destruction during the 15 months of war. This has led to the highest displacement crisis in Lebanon's recent history, with over 878,497 people internally displaced of whom 52% are female and 48% are male (OCHA 2024.)[17] For comparison, as of 23 August 2024 at the time of data collection, OCHA had recorded 111,940 IDPs.[18]

The situation is a complex, multidimensional and layered crisis, which has inevitably worsened risks in general and GBV risks specifically. It is likely to have significant and dire consequences on the well-being and health of women, girls and other marginalized groups in Lebanon including migrant workers, people with disabilities and persons otherwise marginalized based on nationalities, gender identities and displacement status. This safety audit attempts to map these risks as well as the services available to respond to them.

2.2 Assessment objectives

This safety audit was carried out to evaluate the GBV risks affecting various population groups in Lebanon and to analyze the effectiveness of existing prevention, mitigation, and response programs designed to address these risks. Conducted on behalf of the GBV Working Group in Lebanon, this exercise had as primary objectives:

- To identify GBV risks, needs and gaps faced by women, girls and other vulnerable population groups in Lebanon, specifically the 4 main areas of South, North, Bekaa and Beirut/Mount Lebanon.
- To assess and monitor the overall safety and GBV prevention, mitigation, and response programming in Lebanon.
- To identify strengths within refugees, displaced, migrant and host communities to mitigate risks of GBV.

[4] *Hereunder also referred to as safety audit.*
[5] *UNHCR, UNICEF and WFP (2023) The Vulnerability Assessment of Syrian Refugees in Lebanon*
[6] *OCHA (2024) Multi-Sectoral Needs Assessment - Lebanese Households in Lebanon*
[7] *Annexes can be provided upon request to the GBV WG coordinators, see last page.*
[8] *Human Rights Watch (2015) Unequal and Unprotected Women's Rights under Lebanese Personal Status Laws*
[9] *World Economic Forum (2023) Global Gender Gap Report 2023*
[10] *Ibid*
[11] *COFEM (2018) Feminist Pocket Book, Tipsheet #5, Feminist approaches to building knowledge and evidence on GBV; https://cofemsocialchange.org/wp-content/uploads/2018/11/TS5-Feminist-approaches-to-building-knowledge-and-evidence-on-GBV.pdf*
[12] *UNHCR (2024) Lebanon fact sheet*
[13] *UNHCR's Operational Data Portal; accessed in November 2024.*
[14] *Government of Lebanon and the United Nations (2023) Lebanon Crisis Response Plan; https://lebanon.un.org/sites/default/files/2023-05/Lebanon%20Crisis%20Response%20Plan%202023_0.pdf*
[15] *IOM (2024) Lebanon - Baseline Assessment Round 4*
[16] *Ibid*
[17] *OCHA (2024) Lebanon: Flash Update #43 - Escalation of hostilities in Lebanon, as of 31 October 2024*
[18] *OCHA (2024) Lebanon: Flash Update # 25 – Escalation of hostilities in South Lebanon, as of 23 August 2024*

2. Introduction

- To highlight refugees, displaced, migrant and host communities' and service provider's recommendations to prevent, address or mitigate GBV risks in Lebanon.
- To identify areas where GBV response – and the overall humanitarian response – in Lebanon needs to be enhanced through evidence-informed programming, advocacy, coordination, and partnership, and to ultimately help design evidence-based programming which helps secure funding.

The exercise aimed to understand the unique experiences of different segments of communities in Lebanon, through an intersectional methodological approach, in order to ensure that programming and humanitarian aid responds to the needs of specific groups at heightened risk of GBV including: women, girls, men, boys, elderly individuals, persons living with disabilities, persons marginalized based on their gender, age and diversity, including working women, from the Lebanese host community, displaced Lebanese community, Syrian refugees, Palestinian refugees from Lebanon and from Syria, migrant women, stateless individuals and refugees from other nationalities including Iraqi and Sudanese refugees.

2.3 Scope and limitations of the GBV Safety Audit

This report focuses on the GBV risks faced by women and girls and vulnerable groups in the context of the compounded crises facing Lebanon in recent years. The areas covered by the safety audit and consulted community groups were chosen by members of the GBV working group in Lebanon and include four wide geographic locations where the GBV sub-working groups are sited: South Lebanon, Beirut/Mount Lebanon, Bekaa and North Lebanon. Partners who conducted the data collection with community groups chose the exact localities where focus group discussions (FGDs) were held, across the four main areas, depending on their presence and their ability to access the locality. Data collection took place in urban and rural areas, including with host communities, refugee camps, informal tented settlements, and displacement centers across Lebanon. Data collection was conducted from early July to early September 2024.

This safety audit faced several limitations. Data collection was completed by early September 2024, prior to the grave escalation in conflict that has led to a much wider displacement crisis and widespread unsafety across the country. Although data collection included consultations with community groups affected by the conflict in the South, such as displaced individuals from the South, the data analyzed below is not reflective of the context of escalated and wider conflict at the time of writing. It is to be noted that the risks and needs highlighted below have been compounded and further exacerbated since data collection.

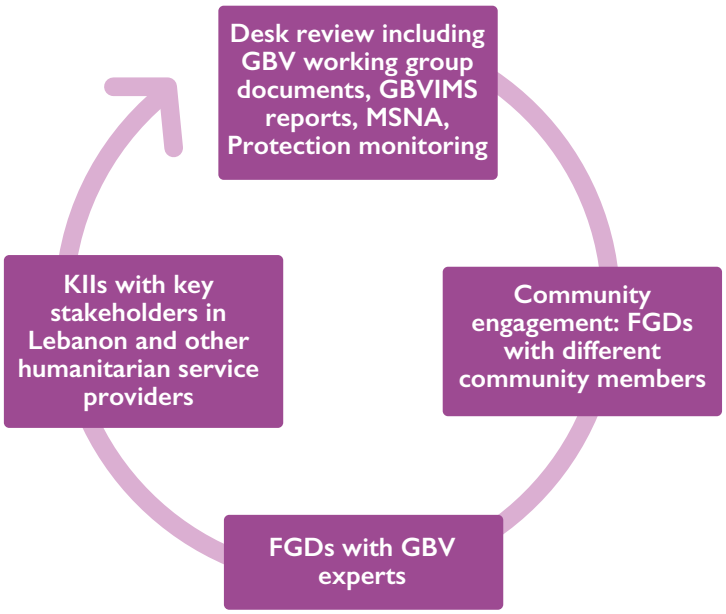
Another limitation of the safety audit was the inability to directly engage with persons marginalized based on their gender or diversity, as well as the limited engagement with stateless individuals and refugees from countries other than Syria and Palestine. These challenges were primarily due to the complexity of reaching certain population groups and the logistical constraints associated with data collection efforts.

Please note that this safety audit is not intended to provide prevalence data, it was not conducted to seek evidence or proof of the occurrence of GBV incidents in Lebanon, as it is acknowledged that GBV is happening everywhere[19] and is always exacerbated in displacement and conflict settings.

3. Methodology and Overview of Data Collection Tools

The safety audit was conducted through two main data collection methods: Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Qualitative data was collected by GBV working group partners throughout July 2024 until September 2024, in the South of Lebanon, Beirut/Mount Lebanon, Bekaa and the North of Lebanon. The safety audit also included thematic focus on persons with disability, persons displaced from the South, and migrant workers. Collected data was then triangulated from diverse global and local resources to ensure relevance and insights.

Figure 1: Triangulation of data sources



This assessment adhered to the GBV guiding principles and approaches, incorporating participatory, inclusive, intersectional, feminist and gender-sensitive methodologies.

[19] *Inter Agency Standing Committee (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery; Page 2, Box titled: Assume GBV Is Taking Place.* https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015

3. Methodology and Overview of Data Collection Tools

Approaches used throughout design, data collection, analysis and writing:

Human Rights-Based approach: Centering the inherent dignity and rights of every individual, adhering to the core humanitarian principles of humanity, neutrality, impartiality, and independence, focusing on needs-based and ethical data collection and community engagement.
Survivor-Centered approach: Prioritizing the safety, rights, choices, and well-being of survivors, placing their experiences and perspectives at the core of the process.
Intersectional Feminist approach: Acknowledging and addressing how overlapping social identities, such as gender, race, class, and sexuality, interact to create unique experiences of oppression, and amplifying the voices of marginalized groups.
Adolescent-Friendly approach: Adapting data collection tools and questions to be sensitive and relevant for adolescents, ensuring that younger participants feel comfortable.
Inclusive Approach for Persons with Disabilities: Systematically incorporating the needs and viewpoints of persons with disabilities to ensure accessibility and equitable engagement and participation.
Community-Based approach: Engaging varied groups and community members to foster a sense of ownership, contextual sensitivity and adaptation.
Trauma-Informed approach: Recognizing the potential impact of trauma, promoting data collection in a way that avoids retraumatization and providing a supportive environment for those survivors/at risk of GBV.

The FGDs and KIIs were adapted from global, regional and context specific tools, drawing from UNFPA's Voices of Syria methodologies and UNHCR's comprehensive safety audit toolkit[20]. The assessment team then worked with the larger GBV working group to finetune and finalize the data collection tools, and to coordinate data collection. The assessment team then facilitated training sessions for partner staff who volunteered to facilitate FGDs with community members. The training presented the safety audit methodology, the way forward in coordinating the data collection phase and facilitation guidelines for the FGDs. The list of actors, organizations and governmental bodies working in Lebanon who contributed to the assessment through data collection, participation in key informant interviews and/or technical review is annexed below **(Annex B.1: Stakeholder and Service Provider List).**

Data collection included a variety of actors, stakeholders and implementing partners in Lebanon – and their beneficiaries. The types of GBV risks assessed within this study follow the GBV Information Management System (GBVIMS) classification system and guidelines[21], and include the 6 core types of GBV (rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services and psychological/emotional abuse), and intersections of violence such as intimate partner violence, early marriage, child sexual abuse, harmful traditional practices and sexual exploitation and abuse within the humanitarian aid system.

The data collection involved three main qualitative tools: focus group discussions with affected populations, focus group discussions with GBV experts and focus group discussions with non-GBV service providers. The methods are further detailed below.

3.1.1 Focus Group Discussions with Affected Populations

As part of the safety audit, 95 FGDs were conducted with a total of 915 women, girls, men and boys. FGD participants were refugees, internally displaced people, host community members and migrant workers residing in Lebanon's 4 main areas of South, Beirut/Mount Lebanon, Bekaa and North. Trained facilitators led the FGDs and ensured that sensitive information was collected whilst upholding the assessment's approaches and principles (detailed above), especially with regards to safety and confidentiality. A copy of the FGD template is annexed to this report **(Annex A.1 FGD with Community Members)**. Nine community members participated on average in each FGD. **Annex B.2 List of Consulted Community Groups** includes a table and figures that provide further information on FGD participants.

An opt-in approach to sampling was used, in which participants were informed about the objectives of the assessment and the data protection safeguards in place for the research, then invited to participate. Participants who agreed to take part in the safety audit provided their informed oral consent, and their personal data remained anonymous. The FGDs took place at partners' community centres and women and girls' safe spaces in Lebanon.

At the start of the FGDs, participants drew maps of their neighbourhood, including public places they frequent in their daily lives. They then proceeded to discuss which of these areas are safe or unsafe, for women, girls, men and boys and different vulnerable groups in their communities. This exercise was used as a starting point for discussions on GBV risks within their area, identifying specific groups at heightened risk of GBV, determining the impact of recent compounded crises on those at risk and survivors of GBV, identifying coping strategies used for mitigating GBV risks, mapping available services, barriers to accessing services and overall recommendations to improve the safety and security of women, girls and those at risk of GBV in Lebanon.

Below are two examples of maps generated during the FGDs.

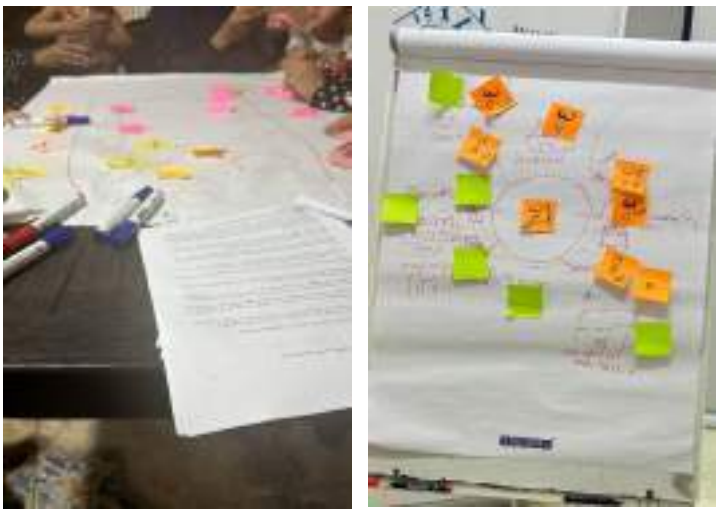


Figure 2: *[Left] Internally displaced women draw the community surrounding their displacement center, mapping safe and unsafe places in South Lebanon in July 2024; and [Right] Female migrant workers map their community in Mount Lebanon, indicating safe and unsafe places, September 2024.*

[20] *See: https://www.unhcr.org/gbv-toolkit/resource/gbv-safety-audit-toolkit-en-sp-fr-ar/*
[21] *The GBVIMS classification tool can be accessed through the following link: https://www.gbvims.com/gbvims-tools/classification-tool/*

3. Methodology and Overview of Data Collection Tools

3.1.2 Focus Group Discussion and Expert Consultation Groups with Service Providers

National and local GBV experts and services providers were engaged through FGDs/expert consultation groups to share their insights on GBV risks and needs as they are currently experienced by different groups in Lebanon, and the status of GBV services from their perspective. In total, 9 FGDs took place with 72 individuals across the country. The list of consulted expert groups is annexed below **(Annex B.3: List of consulted expert Groups).**

The FGDs/expert consultation groups aimed to map out existing GBV risks in Lebanon's different areas, as perceived by GBV service providers and frontliners, as well as the impact of recent crises on these risks. Additional questions included a comprehensive assessment of available GBV services, gaps in services and recommendations for strengthening the GBV response in Lebanon. The FGD template is annexed below: **Annex A.2: FGD with GBV experts.**

3.1.3 Key Informant Interviews with Non-GBV Service Providers

As part of the safety audit, 6 key informants who are not GBV service providers took part in the KIIs. They provided information based on their professional experience on GBV risks and status of services in Lebanon's 4 main areas. The list of respondents is annexed below **(Annex B.4: List of KII respondents).**

The KIIs aimed to map out existing GBV risks in Lebanon especially for community groups with intersecting sets of vulnerability, the impact of compounded crises on these risks, available GBV services, gaps in services and recommendations for strengthening the GBV response in Lebanon. The KII questionnaire template is annexed to this report: **Annex A.3: KII with non-GBV service providers.**

4. Identified GBV Risks Affecting Women, Girls and Other Vulnerable Populations in Lebanon

This section details the findings from the data collection and analysis, divided in sub-sections based on identified thematic areas: identified types of GBV, vulnerable groups at heightened risk of GBV and identified risk factors, findings from the safety audit regarding areas of high GBV risk, perpetrator profile, impact of the ongoing war and compounded crises, and existing coping mechanisms at individual and community levels.

4.1 Identified Types of GBV

Consulted community members, GBV experts and service providers expressed that women and girls from all nationalities and backgrounds are at risk of all types of GBV, inside and outside of their homes and in the virtual online space. Women and girls are more likely to be homebound, dependent and at higher risk of GBV due to several factors: current compounded crises and conflict, deeply entrenched harmful traditional gender norms, restricting reproductive and caregiving responsibilities, and the fear of sexual harassment and assault, as well as a lack of representation of women in the public sphere. GBV also affects other vulnerable members of the population such as people with disabilities including men and boys, IDPs and refugees in general, migrant workers and other persons marginalized based on their gender or diversity.

During community FGDs, consulted women, girls, men and boys were asked to list what in their opinion and perception are the top three safety concerns affecting women and girls living in their area. Participants were prompted to use the GBVIMS definition (see FGD template annexed below). Each group of participants voted and agreed on a common response, which have been summarized in the below table.

Area	Top safety concerns affecting women and girls living in this area	Number of times an FGD group identified this type of GBV as a top concern
South Lebanon	Sexual assault especially sexual harassment in public spaces	Mentioned 13 times
	Physical assault especially IPV and family violence	Mentioned 9 times
	Denial of resources, opportunities or services, especially economic exploitation	Mentioned 7 times
Beirut and Mount Lebanon	Sexual assault especially workplace harassment and harassment in public spaces	Mentioned 16 times
	Physical assault especially IPV and family violence	Mentioned 14 times
	Psychological and emotional abuse especially stalking and discrimination	Mentioned 8 times
Bekaa	Physical assault especially IPV and family violence	Mentioned 15 times
	Sexual assault especially sexual harassment in public spaces	Mentioned 12 times
	Early marriage	Mentioned 10 times
North region	Physical assault especially IPV and family violence	Mentioned 18 times
	Sexual assault especially sexual harassment in public spaces	Mentioned 14 times
	Psychological and emotional abuse especially against refugees	Mentioned 11 times

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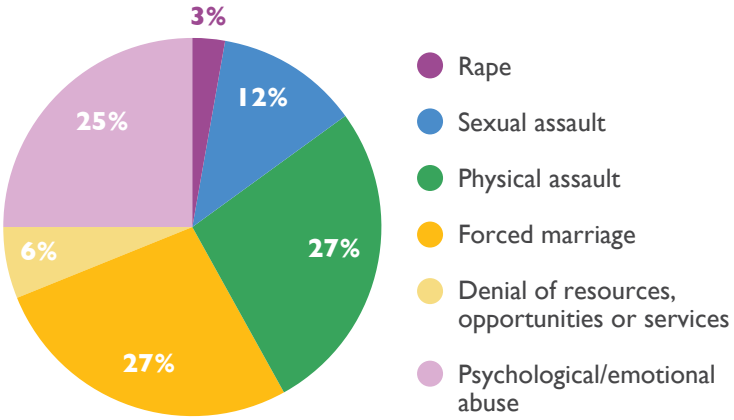
According to community perceptions, the diagram below presents the summary of most common GBV types nationally:

Figure 3: Total number of times GBV type was mentioned as a primary safety risk in an FGD

A comparison of this data to the data gathered by the GBVIMS shows there are similarities and discrepancies. The below diagram that summarizes GBV incident types reported through the GBVIMS for the period of January – June 2024 shows that physical assault was the most common type of GBV (27%) which corresponds to what was highlighted by consulted community members. However, forced marriage accounted for 27% of reported incidents without necessarily being perceived as a major GBV risk by consulted community members. And while consulted community members and GBV experts alike highlighted the high risk of sexual assault including harassment in public spaces, displacement centers and workplaces, this type of GBV only accounted for 12% of reported cases through the GBVIMS. This highlights a gap that has been known for over a decade of GBV response in Lebanon regarding the underreporting of sexual violence incidents.

The qualitative data gathered through FGDs and KIIs also showed specific GBV risks and types that were commonly present in each of the areas. Below is a narrative description of these identified risks as reported by community members and key informants.

Figure 4: GBV incidents as reported through the GBVIMS (Jan-June 2024)



4.1.1 Intimate Partner Violence and Family Violence

Findings from consulted community groups, GBV experts and service providers along with existing data from desk reviewed resources raise the alarm on the incidence of intimate partner violence and family violence in Lebanon. They show that IPV and family violence remain a pervasive and intergenerational issue, with root causes and patterns that minimally vary across the four regions.

Reportedly, IPV and family violence include several types of violence used in tandem to exert power and control over women and girls and deny them autonomy, independence and self-determination rights. The most common types of violence mentioned by consulted groups are physical violence and psychological violence, which have been reported across all 4 regions. This includes beating and physical restraint in addition to control tactics such as verbal abuse, threats, monitoring of women and girls' actions and social interactions, criticism, humiliation and forced isolation. Consulted women mentioned that these types of violence are used commonly by husbands and/or male family members to punish them for any perceived disobedience, or to exert control over them/other females in the family. In addition, IPV and family violence often include economic/financial violence, through the denial of access to resources, controlling female family members' finances by male family members or husbands, denying women and girls access to family resources or decision making about household finances, including in some instances forcing them to give up their own earnings. For married women, a fourth type of violence reported was marital rape. Some consulted women indirectly referenced sexual coercion between married couples, making a reference to marital rape and mentioning that women often do not have a say about their marital sexual activity. This type of violence is rarely acknowledged or reported due to high cultural stigma and because sexual activity is often perceived as a husband's right and a wife's duty. It is to be noted that the Lebanese legal framework does not criminalize sexual assault or rape in the context of marriage[22], for these same reasons.

The data also shows that often, psychological/emotional violence is a precursor to other types of violence including physical or sexual violence in the context of IPV. As psychological/emotional violence is a type of violence that is often reported to case management organizations as per the GBVIMS data, this finding

[22] *International Commission of Jurists (2019) Gender-based violence in Lebanon: Inadequate framework, ineffective remedies (see page 5)*

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underscores the importance of early interventions to address this form of violence before it escalates to include other types of violence in domestic contexts.

Data gathered through the safety audit also shows that while IPV and family violence can affect all and any group in Lebanon, it is of higher incidence among refugees and IDPs. Displacement, substandard living conditions, over-crowdedness in shelter, lack of privacy, economic vulnerability and proximity to conflict-areas were all identified as exacerbating factors for violence, in addition to further entrapping women in abusive relationships.

4.1.1.1 Community perceptions on IPV and family violence

In 2014, Lebanon adopted law 293 for the protection of women and family members from domestic violence and physical abuse[23]. However, the law remains lacking in its provisions and in its enforcement[24], and consulted respondents complained about weak law enforcement and lack of effective protection against IPV and family violence. Additionally, many women and girls mentioned that family violence and IPV are often regarded as "family matters" and are widely accepted by the community. Some women mentioned that if the harm is not visible (requiring hospitalization for example), nobody will consider it as an issue. Reportedly, survivors are often blamed for abuse by immediate social networks including family, peers, and the abuser himself, and are often pressured to reconcile with perpetrators under the pretext of preserving the family unit. Discriminatory personal status laws that do not give women equal rights when it comes to divorce and custody rights also contribute to this pressure, making it difficult for married women to escape abusive relationships. Fear of retaliation from the perpetrator or ostracization from society is also a barrier stopping women from seeking services, especially for women coming from tribal families, IDPs and refugees. In addition, women and consulted GBV experts reported an overall difficulty in accessing services in remote rural areas (like Wadi Khaled and Aarsal) and in areas affected by ongoing conflict (like the South during data collection, and Bekaa and Beirut's southern suburbs at the time of writing).

4.1.2 Sexual Violence, including Rape, Sexual Assault and Sexual Harassment

Consulted community members and GBV experts raised the alarm about another widely common type of GBV in Lebanon: sexual violence including rape, sexual assault and sexual harassment. Regarding rape, community members reported that it included incidents of forced sexual acts that often occurred either in isolated areas (rural areas, agricultural fields, empty roads, in commute through public transportation in isolated areas) or during displacement. In fact, Syrian refugees and IDPs reported that rape and sexual violence posed a serious concern to women and girls in camps and displacement centers. Community members and experts also stressed the fact that sexual violence is a serious threat faced by people with disability across ages and genders.

An overwhelming number of consulted community members also mentioned sexual assault and sexual harassment as pervasive in public spaces, workplaces and schools. Women and girls talked about sexual assault and harassment in marketplaces and souks, in public transportation and commute to and from work/school, in the streets, in the schools, and anywhere where they were performing everyday tasks. Reportedly, men including youth hang out in the streets, in public areas and near schools and harass women and girls when they get a chance. The harassment starts as verbal harassment but can escalate to sexual assault or even rape especially in isolated areas or in the dark.

Reports of sexual violence within close-knit communities and families were also highlighted by consulted community members in the North and in Bekaa. They also mentioned that this type of GBV remains hidden, as cultural stigma around it is extremely high in addition to fear of retaliation from perpetrators and family and fear of ostracization from the family and community. Community members talked about incest at the hands of male family members such as fathers, brothers, uncles or cousins. Women and girls living with extended family members due to displacement or loss of parents were found to be at a higher risk of sexual violence and exploitation by guardians or relatives.

Sexual violence reportedly mostly affects girls aged 12 to 18 the most, and young women up to the age of 25, but also adolescent boys and older women. Women and girls living in crowded areas such as refugee camps and IDP centers also face heightened risks, while suffering from a lack of protection and difficulty reporting and accessing services. Female migrant workers and persons from marginalized groups also reported a high incidence of sexual violence at work (especially in domestic settings) and in public spaces during commute. Women and girls and men and boys with disabilities were also found to be particularly at risk of this type of violence due to physical dependency, mobility restrictions, neglect and negative community perceptions that often stops them from reporting.

4.1.3 Early, child and Forced Marriage

Consulted community members spoke of early and forced marriage risks mostly in the Bekaa and in rural areas in the South. Consulted community members were aware of health risks associated with early marriage and mentioned health risks associated with early pregnancies including maternal mortality and injuries related to childbirth. They also mentioned that married girls are often removed from schools, curtailing their education and future opportunities, and making them more vulnerable to IPV and exploitation at the hands of their husbands and new family. Reports also included the risk of isolation from family and peers faced by girls after marriage. Reportedly, early marriage is often used to alleviate financial burdens on families, affecting mostly refugees and IDP girls from impoverished families. Economic hardship and insecurity along with traditional patriarchal values were reportedly the main drivers of early marriage, especially in rural and tribal areas. Early marriage was also perceived as a protection for girls when in unstable, insecure and highly volatile environments.

Forced marriage was rarely mentioned in collected data, except in Beirut and Mount Lebanon and particularly in urban settings affecting migrant workers or vulnerable women, who can find themselves coerced into marriages for financial or legal benefits. The risk of forced marriage also extends to women with disabilities, who are often not given the choice to choose their partner and are coerced into marriages organized around perceived care and financial support.

[23] *The text of the law can be found on KAFA's website through the following link: https://kafa.org.lb/sites/default/files/2021-10/law-293-english.pdf*
[24] *Rola El Husseini for the Arab Center Washington DC (2024); Violence Against Women in Lebanon: The Challenge of Legislative Action*

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4.1.4 Technology Facilitated GBV and Online Violence / Cyber Violence

GBV experts and consulted community members talked about rapidly increasing risks involving technology facilitated GBV (TFGBV). Perpetrators were either strangers on the internet, or perhaps more disturbingly people known to the victims, such as ex-partners, colleagues or community members. This highlights a serious concern of blurred lines between online and offline violence, with perpetrators leveraging existing power imbalance in offline relationships to extend the abuse onto the digital space, effectively invading the autonomy and safety of women, girls and other marginalized individuals in all dimensions of their lives.

Similarly to IPV, TFGBV can include different types of GBV. The most reported type in the audit/assessment was cyber harassment on social media platforms such as Facebook, WhatsApp and TikTok, with women and girls reportedly receiving unsolicited messages mostly from men, including explicit content. Another type of cyber harassment that can be committed by perpetrators of all genders towards survivors of all genders was public shaming and bullying on social media via derogatory comments about appearance, lifestyle or opinions. Online stalking and digital blackmailing were also reported as a main concern especially for younger women and adolescent girls. Consulted community members talked about risks of having their profiles tracked and monitored, receiving frequent messages, or instances of perpetrators using personal information such as images, media or conversations to extort economic or sexual favors from their victims. This was reportedly also a common risk for female migrant workers. Additionally, the intersection between cyber violence and economic violence was clear, with financial abuse often accompanying harassment and sexual abuse, and perpetrators asking for money in exchange of not sharing sensitive content that they had gotten from women and girls and other vulnerable and marginalized groups either through hacking, doxing or extortion.

The linkages between IPV and TFGBV were clear and abundant. A very common risk reportedly included the non-consensual sharing of intimate content by ex-partners, such as threats of and/or sharing of intimate photos and videos. Women wearing the hijab were also afraid of having their photos without hijab shared and exposed over social media. This form of violence was used as a sort of revenge by ex-partners to further exert abuse on their victims and tarnish their reputation within their communities as the blame always falls on the survivor. Another type of intersection between IPV and TFGBV was the creation of fake profiles and identity theft in order to tarnish the reputation of survivors, spread false information about them, or harass and deceive their loved ones and people on their social media reach.

The groups most at risk of TFGBV were reportedly adolescent girls and boys and young women who are active online. They often are lured into sharing personal information, photos or videos (such as a girl who wears the hijab lured into sharing her picture without a hijab) and then face extortion and threats of being exposed by the perpetrators. Female migrant workers are also at high risk due to their vulnerable living conditions and isolation. Women in the public eye, women with public profiles or with influence are also at heightened risk, especially those involved in activism, feminism, journalism, etc. Online violence against them is often orchestrated by individuals or groups opposing their work and can include coordinated online hate campaigns. Also, consulted GBV experts sounded the alarm about persons at heightened risk and marginalized groups facing very high TFGBV risks of online abuse. This includes hate speech, threats of violence and death threats, and outing or threats of outing to their families or wider community, in particular in more conservative regions where such threats and acts can be life threatening.

GBV experts and community members also mentioned that women and especially adolescent girls have very limited literacy regarding their digital rights, online safety, and ways to report and seek support regarding TFGBV. This emphasizes the need for digital safety tools and digital literacy awareness raising especially for young women and girls. While the Lebanese Cybercrime and Intellectual Property Bureau[25] (part of the Internal Security Forces) is making considerable efforts to fight TFGBV, there is still a need for stronger enforcement mechanisms to penalize perpetrators and swiftly takedown any harmful content online, especially in IPV cases and blackmailing cases, in addition to informing the wider community –with special attention to younger girls, refugees and migrant workers – about the reporting mechanisms in place.

4.1.5 Sexual Exploitation and Abuse in The Humanitarian Aid Sector in Lebanon

During the FGDs, consulted community members were informed about their right to be protected from sexual exploitation, abuse (PSEA) and sexual harassment in humanitarian aid. They were then asked about perceived risks in accessing aid in Lebanon, and any sexual exploitation or abuse (SEA) risks they have heard of in the community. Unfortunately, findings show that women and marginalized groups do face SEA risks and can be at risk of coercion into sexual acts in exchange for basic services such as food and essential supplies, shelter, housing, and priority access to services in general. Reportedly and not surprisingly, these incidents are more common among marginalized groups and against individuals with intersecting levels of vulnerability such as adolescent girls, refugees living in refugee camps, IDPs in displacement centers and those relying on aid distribution for meeting their basic needs. Aid workers who find themselves at a power advantage unfortunately reportedly exploited their positions to sexually exploit or abuse women and girls and individuals from marginalized groups. Often, SEA acts are accompanied by threats of withholding aid, threats or acts of blacklisting from services, and false promises of being given priority access to services such as resettlement or shelter. Community members mentioned that girls as young as 14 were targeted by SEA under the pretext of providing basic or life-enhancing assistance.

Individuals from marginalized groups are at heightened risk, especially those with precarious legal status such as Syrian refugees or female migrant workers without valid residency papers. Worryingly, the risk of SEA increases when they find themselves seeking emergency aid during a crisis. Also, widows, divorced or single women heading their households were reportedly at higher risk due to the lack of what is perceived in the community as "male protectors". These women often face isolation and stigma and can find themselves in extremely precarious economic situations which exacerbate power imbalances and increase SEA risks.

Consulted community members mentioned that victims of SEA would rarely come forward or report due to several factors: on the one hand, they depend on access to delivered aid and would not want to risk losing it or facing retaliation, on the other hand they fear stigma by their community and victim-blaming. Additionally, there is a perception that those in charge will not take any actions

[25] *The Bureau's website can be accessed through: https://www.isf.gov.lb/en/cybersecurity and reporting can be done online through: https://isf.gov.lb/en/report. Website is available in English, Arabic and French.*

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against aid providers if survivors reported SEA cases. Thus, SEA remains underreported due to the power imbalance, community distrust in SEA reporting mechanisms and safeguarding measures, community dependency on aid, and a general fear of losing aid that survivors can be highly dependent on for their and their family's survival. This unfortunately creates an environment in which SEA is prevalent with perpetrators often escaping accountability.

At the time of writing and with the ongoing displacement crisis, SEA risks have reached an all-time high. IDPs, displaced refugees and individuals from marginalized groups are more vulnerable to GBV in general and SEA specifically as the dependence on aid for basic needs and survival increases. With the increased involvement of informal humanitarian actors (such as volunteers and general people who organized themselves to respond to the emergency) and increased involvement of governmental actors (school directors whose schools are now displacement centers for example), SEA risks increase without necessarily having a clear reporting and accountability mechanism in place in these cases.

4.1.6 Regional Trends in IPV, Sexual Violence, and SEA

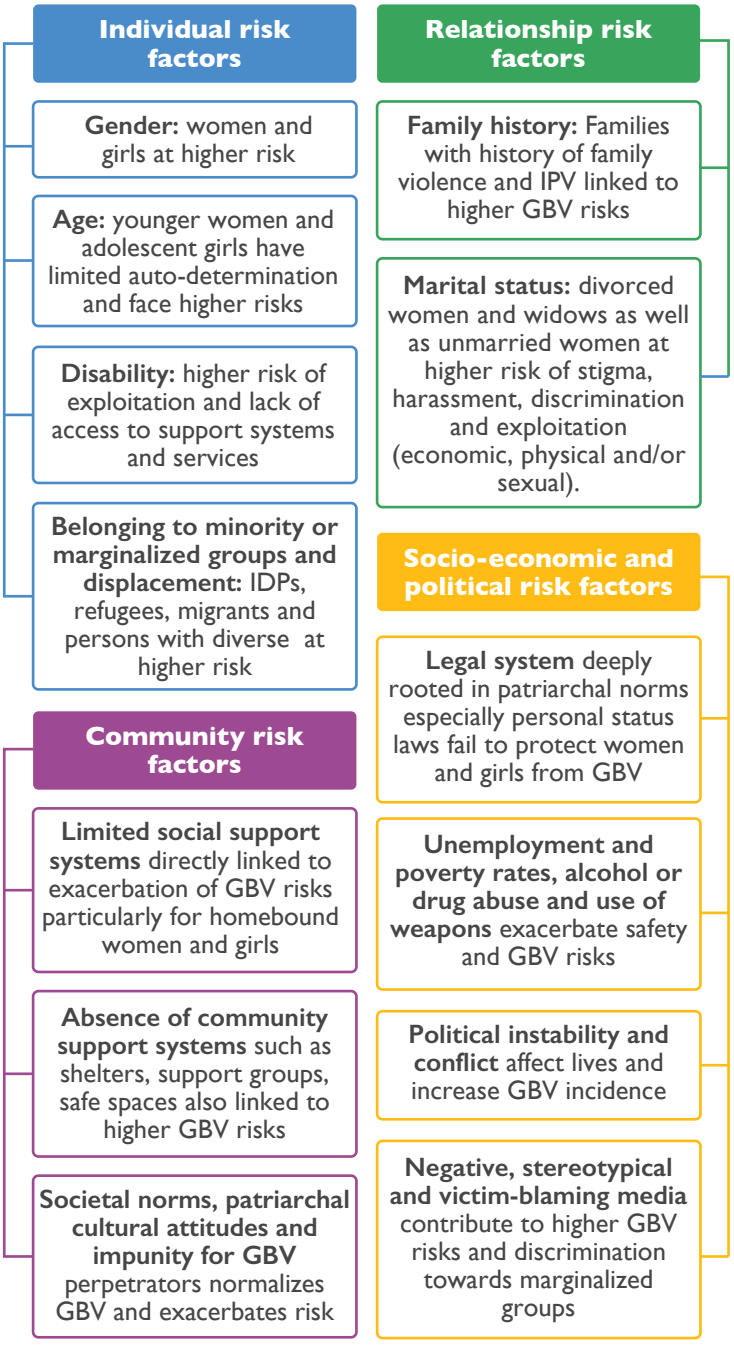
IPV and family violence were reportedly linked to tribal family structures and norms in the Bekaa and in the North, with violent retaliation, including femicide, occurring when women are perceived to dishonor the family. Additionally, consulted refugee women and men in the North mentioned that proximity to checkpoints and conflict-prone zones exacerbated IPV and family violence risks for them. In fact, armed conflict is frequent in these areas, and men find themselves frequently stopped at army checkpoints which is accompanied by the fear of deportation. This causes significant distress to family members. Heightened stressors consequently exacerbate IPV and family violence risks for women and girls. In the South, IPV was reportedly deeply rooted in patriarchal traditions, with restrictions on women's movement and decision-making. Limited access to GBV support services was mentioned as discouraging survivors from reporting violence. In Beirut and Mount Lebanon, financial dependency is reportedly the key factor contributing to IPV, with economic violence commonly used as a control mechanism. Women often face restricted access to their earnings or financial resources.

Regional trends regarding sexual violence highlight heightened risks in agricultural areas in the North, Bekaa and South. Reportedly, women in informal agricultural work face heightened risks of sexual violence, including economic and sexual exploitation and assault. In the North, FGDs included reports of intra-family sexual violence, with survivors reportedly hesitating to report due to stigma and lack of knowledge about existing services. In the Bekaa, rape and sexual assault were reportedly common in isolated rural areas and during tuktuk transport especially through secluded or agricultural roads. In Beirut and Mount Lebanon, sexual violence is prevalent in public transport, workplaces, and crowded areas. Stalking and surveillance were noted as significant concerns, especially for female migrant workers, who face high risks in public and private spaces.

In terms of sexual exploitation and abuse, SEA incidents are often linked to informal or fake humanitarian actors exploiting their roles as intermediaries in aid distribution, especially in the North and Beirut/Mount Lebanon. There were fewer direct reports of SEA in the South, but distrust in aid workers was noted due to perceived favoritism and corruption. In the Bekaa, there were high reports of SEA in aid distribution centers, particularly for Syrian refugees in informal settlements. Community members also highlighted that service scarcity increases vulnerability to exploitation.

4.2 Vulnerable Groups at Heightened Risk of GBV and Identified Risk Factors

The data collected during the safety audit corresponds to national[26] and global findings: Women and girls are disproportionately at higher risk of GBV, especially those with intersecting vulnerabilities and risk factors, such as those living with disabilities, those displaced or refugees, those who are migrant workers and those who are marginalized based on their gender, age or diversity. Men and boys who are part of these marginalized communities also find themselves at heightened risk of GBV.



[26] *MSNA, GBVIMS and VASyR findings align with this statement.*

4. Identified GBV Risks Affecting Women, Girls and Other Vulnerable Populations in Lebanon

The safety audit has identified several risk factors that lead to an exacerbation of GBV risks. These risk factors exist and intersect at individual, relationship, community and societal levels. They have been summarized in the chart below.

It is the intersection of these risk factors that significantly exacerbates GBV risks for individuals and groups, whilst limiting their ability to seek support. For example, an adolescent Syrian refugee girl, born into a family with history of IPV, living in an area affected by the current conflict, who is not in school and who has a disability will be at a very high risk of GBV, including family violence, early marriage and sexual harassment in the community. These risk factors are likely to limit her autonomy and self-determination power, her ability to be surrounded by a supportive network, as well as her capacity to learn about her rights and about the services available to her and how to access them. The below sub-sections provide further details on specific risks faced by different community groups.

4.2.1 Refugee Women and Girls

Due to the intersection of risk factors, women and girls who are refugees from Syria, Palestinian refugees from Syria, Palestinian refugees from Lebanon and from other minority groups such as Sudan or Iraq find themselves at higher risk of GBV. Reportedly, these risks are exacerbated when they live in camps or informal tented settlements, when they have other risk factors such as disability, and when they have expired legal documentation. In fact, Lebanese security forces and municipalities across the country have recently adopted an even more restrictive approach towards Syrian refugees. Since May 2024, the General Security Office (GSO) has reiterated restrictions on employment and housing for those lacking legal residency. In addition, new fees for residency renewal and work permits have been imposed. This has left a large majority of Syrian refugees lacking official legal documentation and has put them at further risk of GBV especially exploitation, and sexual exploitation and abuse for those dependent on aid for survival.

Additionally, refugee women reported experiencing high levels of IPV, often made worse after the stress of displacement and economic struggles. Reports of sexual harassment and sexual violence in general in public spaces were commonly observed in FGDs, in addition to reports of sexual violence in the workplace especially in informal work. In Beirut for example, many women raised concerns about refugee women being targeted for trafficking for labor or sexual exploitation at work. Also, TFGBV was more commonly talked about during FGDs in Beirut and Mount Lebanon with refugee women and girls than in rural areas.

For adolescent refugee girls, early marriage also remains a high risk, reportedly especially for those living in camps, in rural areas or in informal tented settlements.

4.2.2 Women and Girls and Other Vulnerable Groups Internally Displaced from the South, Bekaa and Beirut

For women and girls from all nationalities, being displaced due to the current escalation in hostilities puts them at a higher risk of GBV. Economic and psychosocial stress from displacement, uncertainty, grief, inability to meet basic needs have all reportedly increased tensions within families and consequently heightened IPV and family violence risks. Additionally, women in abusive relationships are more likely to be even more dependent on partners in displacement, making leaving even more complex.

One major factor increasing GBV risks for displaced women and girls is shelter and access to water, sanitation and hygiene. In crowded displacement centers where a high number of families share common spaces including sanitation facilities, lack of privacy is directly correlated to higher sexual violence and IPV risks.

Consulted IDPs also mentioned a higher risk of sexual exploitation and abuse at the hands of landlords, employers, supermarket owners, anyone who lends them money or goods, and humanitarian aid workers. Coercion for shelter, food, money or employment are unfortunately common as reported by consulted community members. In general, reportedly it was common for host community members to exploit displaced women and girls by offering temporary employment, housing or any other basic need in exchange for sexual and/or financial favors.

IDP girls also face early marriage risks in communities where it is perceived as a protective measure, and a measure to alleviate financial burdens on the family. In addition, withdrawal from school has also been reported as an issue faced by IDP girls, due to security or safety concerns, or due to financial constraints. This further isolates them and creates an even higher risk of early marriage for girls who suddenly find themselves homebound away from home.

Reportedly, women and girls with disabilities are also at a stark disadvantage and higher risk of GBV, with reports of neglect, all types of abuse including physical and sexual abuse, and SEA particularly in crowded shelters and displacement centers.

4.2.3 Adolescent Girls

In this safety audit, girls aged 15 and more were included in FGDs in separate groups according to nationality, marital status, displacement status and disability. The FGD tool itself was modified to use appropriate language and age-friendly questions and methodology. In addition to the risks faced by girls as mentioned in this section in general, this sub-section includes their own reports and perceptions.

Consulted girls talked about sexual harassment risks that they face outside the home, in public spaces (streets, souks, transportation, malls, roundabouts, gardens…) and in school environments, inside the school by peers or teachers, and during commute to and from school from men at large. Frequent harassment has reportedly stopped many girls from going outside, as they fear what they might encounter.

Many girls also reported that the workplace, especially in informal settings such as domestic work or agriculture, were highly unsafe for them. They mentioned sexual violence risks and exploitation risks at work, and refugee girls mentioned being targeted for sexual exploitation in camps and in informal tented settlements.

Consulted adolescent girls frequently reported frustrations from being homebound and being denied access to education due to several factors such as financial constraints or being protected from perceived GBV risks outside the home. They reported being exposed to early marriage risks, often being married by the age of 15, as a way for their families to alleviate financial burdens and protect them from perceived sexual violence risks. They also reported high levels of family violence against them at the hands of male family members. For married girls, these risks extend to IPV and violence at the hands of their in-laws.

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> *My family thought that marriage would protect me, but now I honestly feel trapped. I stopped going to school, lost my education and I now feel that I don't have a future.*
>
> An adolescent girl part of the FGD with married girls in the Bekaa

Girls especially in Beirut mentioned high risks of TFGBV and talked about how unsafe the digital space can be for them. They mentioned that while being on social media and actively participating in the digital space is a well needed respite especially when homebound, the risks are imminent in terms of stalking, sexual harassment, and receiving unsolicited messages.

> *Even on social media, we cannot feel safe. People send inappropriate messages all the time.*
>
> An adolescent girl part of the FGD with girls in Beirut

A general feeling of stigma, feeling unprotected and vulnerable was reported by girls, especially refugees and internally displaced girls who reported that they sense a lack of legal protection and feel helpless due to all the risks they face inside and outside the home and on the digital space. They also mentioned that often, they don't know who to turn to for support, where to seek services or who is available to listen to them.

4.2.4 Women and Girls and Men and Boys with Disabilities

The partners conducting the FGDs for the safety audit made efforts to include people with disabilities in 24 FGDs in total, among the different groups of women, girls, men and boys. Additionally, dedicated FGDs were conducted with women with disability, girls with disability and men with disability (2 FGDs each). The initial methodology aimed to include people with disability in every FGD, however that was not possible for all partners, due to limitations in ability to include people with disabilities in their programs in general.

Findings from the safety audit showed that women and girls with disabilities face the same risks as women and girls in general, however these risks are exacerbated as disability is an additional intersecting risk factor. They are especially at a proportionally higher risk of sexual harassment and exploitation, often by family member, community members or caregivers. They are perceived as unable to defend themselves and unable to report or seek services, which increases their risk of exploitation. Those living in camps were reportedly at even higher risk, due to overcrowding and lack of privacy. They also face the full spectrum of family violence, from physical violence to emotional and psychological abuse. More recently, younger women and girls with disabilities are facing increased risks of online and TFGBV. Perpetrators reportedly perceive them as an "easy prey" for economic and sexual exploitation in the virtual spaces.

Men and boys with disabilities were also reportedly at risk of sexual violence, discrimination and bullying, especially for those living in institutional care.

People with disabilities in general reportedly face economic violence. On the one hand, they are often excluded from opportunities and remain highly dependent on caregivers and family. On the other hand, those working are reportedly at high risk of exploitation, and family members/caregivers often withhold their income or their aid/disability benefits under the pretext of managing their finances for them. They also face significant social isolation, which heightens GBV risks, creating barriers to accessing services and education. In addition, most GBV services are not equipped with inclusive accessibility measures, which effectively excludes them from GBV services.

4.2.5 Women Head of Household

As a direct consequence of patriarchal values and unequal systems, community perceptions about women unaccompanied by male members remains discriminatory and stigmatizing. Many women head of their households reported facing risks of economic and sexual exploitation, either through exploitative labor or through sexual exploitation by landlords and general service providers (supermarket owners) or humanitarian service providers (when their survival depends on aid). In addition, they reportedly are at higher risk of sexual harassment in public or even by known male community members who perceive them as vulnerable and easier to target. Divorced women and widows who live with extended family also reported a higher risk of family violence at the hands of in-laws and other family members, including physical abuse, psychological and emotional abuse, restrictions on movement and social interactions, and forcibly being isolated and homebound. In addition, it was reportedly common for divorced women to be blamed as responsible for breaking their family and stigmatized by their family and community at large. They reported facing stigma, isolation and reduced community support, which in turn heightens GBV risks and lowers possibilities to reach out for support and services.

Consulted community members also talked about the massive legal discrimination faced by divorced women due to the personal status laws[27]] in Lebanon. Frequently, especially those with children find themselves in endless battles for custody, inheritance, and/or spousal support. Personal status laws are based on each religious sect, but in general they all give unfair advantages to men in terms of custody and support. they also mentioned that they rarely seek support from GBV services, as they fear retaliation and losing their jobs, and they face language and cultural barriers.

4.2.6 Working Women and Girls

Consulted community members highlighted that working women and girls face a unique risk of GBV within the workplace, on the way to and from work, and in their personal lives and online presence due to work. Workplace harassment was cited as a high risk, with physical, verbal and sexual harassment common at the hands of employers and male family members. Women and girls shared that those working are prone to receiving inappropriate comments,

[27] *For an overview of personal status laws for Christian and Muslim sects in Lebanon, refer to KAFA's booklet on common questions about personal status laws: https://kafa.org.lb/sites/default/files/2019-01/PRpdf-90-635882033908238022.pdf*

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unwanted sexual advances, especially in informal work settings such as in agriculture, domestic work or retail work. In the North, Bekaa and South, those working in agriculture and domestic work are at higher risk. In Akkar, consulted GBV experts mentioned a high prevalence of rape and sexual assault in agricultural fields. In general, women in low-income jobs such as those working in retail in small shops, in factories, in agriculture or in street vending reported frequent harassment, economic and sexual exploitation from employers, colleagues and customers. Adolescent girls were at increased risk, and those who are refugees and IDPs were also at increased risk. Consulted community members mentioned that male colleagues and supervisors often leveraged the power imbalance that stems from being a man and from the work itself to exploit women and girls.

Many women mentioned that working women and girls can find themselves coerced into sexual acts in exchange for favorable shifts, job security, promotions, or access to additional resources at work. On the other hand, women and girls also talked about being subjected to economic violence and experiencing underpayment, denial of benefits, and withholding of their wages by their employers. In turn, this increased their economic dependency and consequently their vulnerability to exploitation.

Often, especially in conservative areas, women and girls facing GBV at work were blamed by their families and communities and further stigmatized. Syrian women mentioned that due to movement restrictions on male family members, they found themselves as the sole breadwinners and increasingly vulnerable to exploitation. In Beirut and Mount Lebanon, women working in the service industry and those working in urban centers such as malls reported facing harassment online by customers or colleagues who would stalk them in the digital space after having accessed their personal information.

Another main group of working women at risk of heightened GBV were migrant women and girls, those who live with their employers and those who don't, as further detailed in the sub-section below.

4.2.7 Female Migrant Workers

Consulted service providers made a clear distinction between live-in migrant workers – those who live inside the homes of their employers – and live-out migrant workers – living on their own and working either for one or multiple employers. Both live in and live out migrant workers can be working legally with formal papers, or illegally. Migrant work in Lebanon is regulated by the Kafala system, a discriminatory legal sponsorship framework that regulates the employment and residence of migrant workers in Lebanon and other Arab countries. The majority of female migrant workers are employed for domestic work. For both live-in and live-out migrant workers, cultural and systemic racism exacerbates their vulnerability and the risks of violence and GBV that they face.

For live-in migrant workers, GBV risks include employer abuse ranging from emotional, economic, physical and sexual violence and rape, in addition to forced labor, exploitative work conditions, restricted movement, restricted ability to communicate with people and even family members outside the employer's home, restricted access to services including healthcare, and being treated like a commodity with employers often abandoning migrant workers when displaced or selling them with properties or homes. Live-in migrants can also face inhumane treatment when it comes to their living conditions, with many living in unsafe small and substandard spaces such as balconies, rooftops, locked rooms, small room above the kitchen, or in shared home spaces without any privacy such as in living rooms and kitchens. They also are at legal disadvantage, with the employer's word often taken at face value leading to accusations of running away, theft or other crimes that can lead to sentencing and with little recourse for justice.

For live-out female migrant workers, the situation is not easier. They face threats of eviction from their rented homes, extortion, exploitation (labor, financial and sexual), and demands for sexual favors from men in the community, landlords and public transportation drivers. In fact, reportedly the risk of sexual violence while using public transportation or walking on the streets, especially in Beirut and Mount Lebanon, was extremely high. Live-out migrant workers can also have an irregular legal status and face challenges to find sponsors, leading to a heightened risk of exploitation under the pretext of regularizing their legal documents. Consulted migrant workers and experts also highlighted the increased risk of trafficking into sex work and survival sex under coercion faced by live-out migrant workers, especially as the crises in Lebanon continue to exacerbate their economic vulnerability, leading to the inability to regularize papers and leave the country.

Children of migrant workers in Lebanon also face risks including documentation issues especially for children born out of rape. Many inherit their mother's irregular status and remain undocumented and stateless, limiting their access to education and services.

With regards to sexual and reproductive health, reportedly female migrants from countries with high prevalence of female genital mutilation (FGM) such as Sudan, Ethiopia or Egypt remain underserviced in Lebanon, with the medical system largely unequipped to deal with FGM as it is thought to be not occurring in the country.

The difficult situations faced by migrant workers in Lebanon reportedly lead to harmful consequences for their health and wellbeing, including dire mental health challenges that come as a direct result of prolonged abuse, including suicide and complex trauma.

The safety audit also looked into the situation of male migrant workers, through dedicated FGDs and consulting GBV experts. However, identified risks remained vague in terms of general violence such as physical abuse from employers and supervisors at work, verbal abuse and threats, economic and labor exploitation and limited access to support.

4.3 Safety Audit: Areas of high GBV risk within Lebanon

At the beginning of the FGD, women and girls and other vulnerable groups were asked about their definition of safety. Their responses indicate that safety is perceived as physical, political, emotional, and psychological security, with a strong emphasis on stability, freedom from violence (GBV, war, social instability and threats against refugees), access to enough resources and peace of mind. Another recurrent theme linked to safety was the presence of family and supportive social networks. Economic stability, access to basic resources (like housing including "an actual roof over our heads, and not a tent"[28], food, and healthcare), and protection from poverty were also mentioned as essential to feel safe. Consequently, consulted community members shared that they feel safe not only in the absence of danger, but also when surrounded by a protective, nurturing environment that supports their well-being and autonomy. On the other hand, feeling unsafe was reportedly

[28] *As mentioned by several consulted Syrian refugee women, including one who is the head of her household.*

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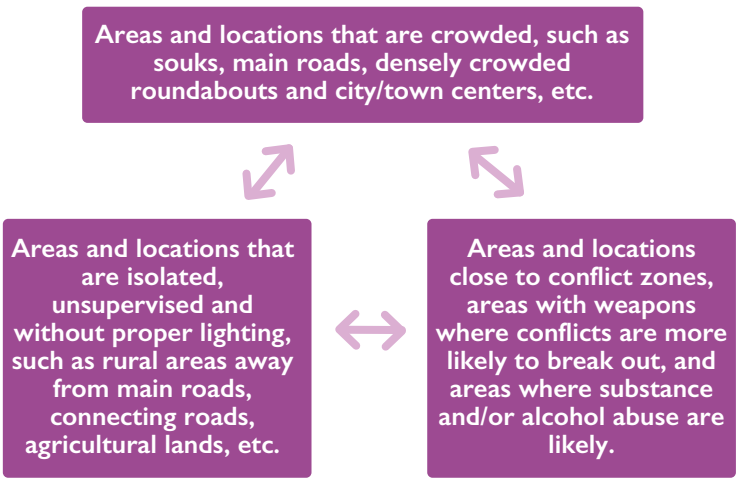
associated with a feeling of constant fear and threat, instability, lack of control over one's environment, and exposure to war, poverty, and interpersonal violence.

Unfortunately for women and girls and other vulnerable groups in Lebanon, unsafety is widespread. Specifically, GBV is no longer limited to the private and public spheres and has significantly spread to virtual spaces. While no place is unanimously marked as safe or unsafe by consulted community members and service providers, there are spaces that constitute heightened risk as detailed below.

4.3.1 Analysis of Reported Feelings of Unsafety in Lebanon's Four Main Areas

Women and girls and other community groups at heightened risk of GBV reportedly feel unsafe in areas and locations that fall under three main categories:



Unanimous reports show that the perception of safety diminishes at night, with many preferring to avoid going out or limiting their movements to immediate surroundings during nighttime. For girls, being outside the home both during daytime and nighttime present safety concerns, and the main mitigation measures are either remaining homebound or going out only when accompanied by family members or trusted adults.

Other characteristics of areas and locations marked as unsafe include areas where groups of men gather, often youth, and engage in inappropriate behaviour including harassment, bullying, or verbal abuse. For refugees (especially male refugees), these acts also include discrimination, acts of intimidation and physical violence. The presence of stray dogs in certain locations was also frequently cited as a safety risk.

Below is a list of specific locations mentioned as unsafe by community members and consulted GBV experts. An important caveat to note is that these locations have mostly shifted at the time of writing, due to airstrikes, destruction and displacement.

Situation in Beirut and Mount Lebanon: In Beirut and Mount Lebanon, main highways were marked as unsafe by the community, in addition to highly crowded souks. Specifically, Bir Hassan, Al Nabaa, and Jeser el Matar were mentioned as unsafe, in addition to public transportation where risks of sexual assault and harassment are reportedly high. Areas affected by airstrikes and shelling are particularly unsafe for all inhabitants.

Situation in the South of Lebanon: Similarly, areas affected by airstrikes and shelling are unsafe for all inhabitants. Many of the areas mentioned during FGDs are now experiencing high displacement due to the increase in hostilities. A few areas were specifically mentioned as unsafe by GBV experts are the area close to Majidiye ITS, areas under the sole control of political parties, and crowded areas (markets and roundabouts) in Nabatiyeh and Saida due to the risks of sexual harassment, sexual assault, and theft. Public displacement centers were also marked as unsafe by consulted community members, with reports of crowdedness and lack of privacy that heightened GBV risks overall.

Situation in the Bekaa: In Bekaa, the following locations were reported as unsafe at the time of data collection: the agriculture road pathways (طريق السهل), due to issues like theft, sexual harassment, drug use, and lack of lighting; roads connecting villages (الطريق العام), due to the presence of stray dogs, lack of lighting, and isolation; gardens and public spaces that are reportedly unsafe both during daytime and nighttime with frequent incidents of sexual harassment, public transportation especially vans and tuktuks due to a high risk of sexual harassment, and shopping areas and markets during times when they are particularly crowded. Additional locations marked as unsafe by consulted GBV service providers were Chtoura roundabout, Chtoura-Zahle highway, Ras Al Ain Road in Baalbeck, the Ferzol-Baalbeck highway, Barelias agricultural roads, and Fayda road.

Situation in the North of Lebanon: Consulted women and girls marked several areas as unsafe: Abou El Foz Street, where a crowded coffee shop hosts a large number of men leading to a high risk of sexual and verbal harassment and potential conflicts between the men including use of weapons and drug abuse, as well as Kahwet Sultan café for similar reasons. Streets leading to schools were also reportedly unsafe due to the presence of loitering men. The Corniche near the sea, the souk and the public gardens were also unsafe, especially at night. Public transportation was also marked as unsafe. Reportedly, the road leading to the UNRWA clinic and Al Hilal hospital were also marked as unsafe. Rural, agricultural and isolated roads were also mentioned as posing significant sexual harassment, assault and rape threats, in addition to the presence of stray dogs and animals.

4.3.2 Homebound Women and Girls

Paradoxically, the home is where women and girls can feel the safest or the most unsafe. Consulted women also mentioned that the home can be a main location where women and girls and other vulnerable groups feel unsafe. As mentioned in FGDs, women and girls can be at risk of intimate-partner violence anywhere and especially inside the home. Girls and unmarried women can also face family violence at the hands of male members, especially fathers and brothers. And all vulnerable groups – including boys and especially adolescent girls and persons with disabilities – can be at risk of sexual violence. These risks are compounded when several families live together, or when a family lives in a refugee camp or in a displacement centre. Crowdedness, lack of privacy and lack of access to private latrines and showers are main risk factors increasing the incidence of sexual violence and intimate-partner violence.

Reportedly, older adolescent girls and younger married women, especially among Syrian refugee and displaced families, are often homebound. Families and husbands restrict their movement in a way to exert control and under the pretext of protecting them from potential violence that they can face outside the home. However, this limits their ability to maintain supportive social networks with larger family and peers and is a barrier to accessing opportunities and services.

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4.3.3 GBV Risks Related to Public Transportation

Consulted community members mentioned that common modes of transportation include private vehicles (when afforded), walking, taxis, mini-vans, buses, motorcycles, and Tuktuks. An overwhelming majority of consulted community members and GBV experts alike mentioned that public transportation is unsafe for women, girls and other vulnerable groups in Lebanon. Taxis were mentioned as unsafe, particularly in rural locations and on roads leading from one town to the other. Buses and mini-vans were reportedly safer due to the presence of others, but also presented a risk of sexual harassment especially at night and a risk of theft of personal belongings when crowded. By far, the means of transportation most commonly cited as a high GBV risk factor were unofficial and unregistered means of public transportation such as tuktuks. Particularly in the North and Bekaa, tuktuks were reportedly extremely unsafe for women and girls riding alone, with reports of rape, sexual assault, sexual harassment, kidnapping and theft.

GBV risks and other risks such as financial exploitation and heightened fares are compounded for migrant women, and women and girls with disabilities. Overwhelmingly, women and girls often encounter uncomfortable situations across all types of public transportation with drivers making inappropriate comments or attempts at physical advances. As mitigation measures, women and girls avoid using public transportation when unaccompanied by family members or peers. They travel in groups when possible, avoid traveling during nighttime or use known and trusted drivers.

4.3.4 Reports of a Generalized Feeling of Unsafety Especially for Refugees

Although data collection took place prior to the escalation in hostilities and the spread of airstrikes across Lebanon, a significant number of consulted community members expressed having a generalized sense of unsafety in relation to their physical safety from harm. This concern was more pervasive among groups of IDPs, migrant workers and refugees. In fact, Syrian refugees frequently mentioned a prevalent feeling of fear and insecurity across gender and age groups. This is due to recent limitations on movement for Syrian refugees, army raids to refugee camps especially ITSs, difficulty getting regular residency paper renewals resulting in irregular presence in the country, arrests at army checkpoints, and frequent acts of racism and violence from host community members towards refugees. As a result, Syrian refugees reportedly significantly reduced their mobility and use of public spaces, especially men and boys during the day and women and girls during the night. This has limited men's ability to work and has put a higher strain on women, girls and younger boys to engage in labor and be responsible for the family's livelihood, which in itself comes with heightened GBV risks including economic exploitation and sexual harassment at work.

4.3.5 GBV in Schools

Consulted community members mentioned that while schools should be a safe space for girls and boys, this isn't always the case. Concerns were raised in terms of bullying, harassment including sexual harassment at the hands of peers and school staff/teachers, and unsafe routes for school commute. It was mentioned that adolescent girls are often verbally harassed by men who hang out around the school or on the routes to school. A consulted service provider and a 3 other GBV experts also mentioned the need to secure a more robust reporting mechanism in schools, due to a heightened risk of sexual harassment and abuse within the education system, both in private and public schools. On the other hand, many public schools require support to ensure proper hygiene and privacy in toilets (running water, soap, tissues, lockable doors, safe access to toilets, etc.), and gender segregated toilets for mixed gender schools.

4.3.6 Workplace-Related GBV

The majority of community groups, GBV experts and service providers consulted for this assessment raised significant concerns regarding GBV risks for working women and adolescent girls. These risk span across displacement/migration status and age, but are exacerbated for refugee women and girls, and migrant workers. Many reports linked unsafety at work to risks of sexual harassment threats or acts by employers or colleagues, and/or sexual, economic and physical exploitation and abuse at work. Risks become exacerbated particularly if they were working in unregulated sectors and/or without up-to-date residency status. Refugee and migrant worker women also reported facing discrimination and lack of legal protection in terms of employment rights. This, coupled with poverty and economic pressures and lack of knowledge about their rights and available services puts pressure on women and girls to tolerate unsafe work conditions and harassment. In the case of Syrian refugees, male refugees are facing restrictions on movement due to discriminatory regulations and threats of arrests on military checkpoints. Consequently, women and girls are picking up the brunt of the family's financial responsibility and are often forced to accept work that is risky, exploitative in nature and puts them at risk of various forms of violence including GBV. The riskiest work sectors for women and girls were reportedly domestic work, any work that requires working inside homes of employers, working in clothes shops and other retail jobs, and agricultural work especially those in open fields such as in Akkar or Bekaa. Community members and consulted experts also mentioned that the commute to and from work, especially if through public transportation, poses significant GBV risks for women and girls.

In 2021, Lebanon adopted Law No. 205 to criminalize sexual harassment and for the rehabilitation of its victims[29]. While this law applies to all individuals in the country regardless of nationality or residency status, it still lacks effective enforcement measures to address systemic barriers and protect the most vulnerable workers such as migrant domestic workers or refugee workers. Additionally, according to consulted experts, the most vulnerable workers are largely unaware of this law and how its protective measures apply to them, indicating the need for targeted interventions for the protection of vulnerable workers from GBV, including more awareness raising on existing rights and further advocacy in this regard.

4.3.7 Unsafe Areas for Men and Boys

While drawing the community map, FGD participants were also asked to note if any of the areas are unsafe areas for men and boys. Reportedly, most of the risks they face stem from attitudes, behaviors and violence related to expressions of harmful masculinities, or racial discrimination against refugees and migrants. These include fights in the streets and public spaces; alcohol and

[29] *International Labor Organization overview of Law No. 205 to criminalize sexual harassment and for the rehabilitation of its victims; Accessed on November 2024: https://natlex.ilo.org/dyn/natlex2/r/natlex/fe/details?p3_isn=114675#:~:text=The%20law%20contains%20whistleblower%20protections,20%20times%20the%20minimum%20wage.*

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drug consumption and abuse; and armed conflict. Community tensions and violence also include army raids into refugee camps, arrests at checkpoints, or fears and threats of such arrests. Additionally, working refugee men and boys also reportedly face economic, physical and verbal abuse in the workplace. Consulted GBV experts also mentioned risks of sexual exploitation especially for working boys and men and boys with disabilities.

According to the GBVIMS midyear report for Lebanon (January to June 2024), 2% of all survivors who sought support from GBV case management agencies were men and boys. This small percentage is of course not indicative of all male survivors. Since most GBV services are also designed to serve women and girls, and due to societal taboos, GBV incident reporting by men and boys is low. Additionally, globally men tend to use strategies that seek to avoid and reduce feelings of vulnerability to cope with trauma and extreme stress, including alcohol and substance abuse and the use of weapons. This links back to harmful masculinities, and the risks reported by women, girls, men and boys about misuse of weapons, alcohol and drug abuse in Lebanon.

4.3.8 Places That Are Marked as Safe by Women and Girls and Other Individuals at Risk

There are specific places where women and girls and other community groups reportedly feel safe, such as community centers/service provision centers and women and girls safe spaces, religious spaces like mosques and churches, and areas frequented by the community such as clinics, schools, local stores, and designated community spots with security measures, like camps with guards or areas that are well lit. Many community groups also mentioned feeling safe within their neighborhoods, at home and among peers. One caveat for feeling safe outside the home is going out during daytime. Places marked safe by community groups have these characteristics in common: familiar, well-populated, and monitored environments (presence of guards or municipality or police). Answers shared by community members Show the need for supportive community presence, lighting and visibility, and structured safety procedures (by community or otherwise organized such as guards) to enhance feelings of security, especially in areas that are suffering from social or political instability.

4.4 Perpetrator Profiles

Community members, service providers and GBV experts were asked about the profiles of GBV perpetrators. Their answers were consistent with the findings of the GBVIMS throughout the past decade: the vast majority of reported GBV incidents are perpetrated by men, most often family members: intimate/former partner, primary caregiver, and family other than spouse or caregiver. Also, most reported GBV incidents took place at the survivor's home. According to the 2024 GBVIMS Midyear Report for Lebanon[30], 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 2023. 63% of the incidents reported took place at the client's homes. This data was confirmed by consulted women and girls as well as GBV experts, who also specified on more than one occasion that women and girls feel particularly at risk around men in their families, but also men and adolescent boys who abuse drugs or alcohol or who have access to weapons, public transportation drivers, employers, and/or men who hang out in groups in the streets especially at night.

4.5 Impact Of Ongoing War and Compounded Economic Crises on Women, Girls and Other Vulnerable Groups

October 2023 marked an escalation in conflict in South Lebanon, with Israeli airstrikes and artillery shelling affecting several areas in the South. As months passed by, the conflict grew in intensity and geographical distribution. As of 24 September 2024, the conflict significantly intensified. Israeli airstrikes are now affecting the entirety of the country, with most aggressions targeting South Lebanon, Beirut and its Southern suburbs, and the Bekaa. As hostilities persist, the needs, vulnerabilities, protection and GBV risks for Lebanese citizens (displaced and host community), refugees (Palestinians, Syrians and others), and migrant workers in affected areas are growing.

This situation is worsened by governmental, humanitarian and private service disruptions, and difficulties reaching affected areas. The conflict has also reduced livelihood opportunities, significantly damaged infrastructure, and heightened safety concerns. It has led to the highest displacement crisis in Lebanon's recent history, with 878,497 people internally displaced of whom 52% female and 48% male (OCHA 2024)[31]. 3,287 people were killed and 14,222 injured since 8 October 2023, including at least 203 children and 644 women killed (MoPH)[32]. This number is rapidly increasing with the Israeli army continuously issuing displacement orders for residents of cities and towns across Lebanon.

It is safe to assume that all the risks and needs identified in the present safety audit are now compounded for displaced populations, across gender, nationality and age groups. This is especially true for individuals and families currently residing in displacement centers across Lebanon, most of which are highly precarious and lack basic needs such as kitchens, showers and consistent access to running water. The situation is also difficult for families taking refuge in crowded homes, hosted by other family members or friends, with reports of lack of privacy and crowdedness amidst economic difficulties and lack of resources. Additionally, the majority of public displacement centres such as public schools and universities are refusing to host non-Lebanese displaced individuals, such as Syrian refugees and migrant workers. Consequently, many families are seeking refuge in make-shift tents in public areas such as the beach or city centers, or in their cars or on the streets, exposed to all kinds of environmental risks and evictions by the police.

Widespread stressors, lack of privacy, lack of access to basic needs, the presence of constant threats and frequent subsequent displacement place IDPs in a highly precarious position and exposes them – especially women and girls – to exacerbated risks of GBV including intimate partner violence, family violence and sexual abuse. Although data collection for the safety audit was conducted prior to the escalation in conflict across the country, the data collection had already included groups of IDPs from the South who had highlighted these risks in displacement. Consulted IDPs and experts all mentioned the precarious situation in displacement centers and crowded homes, and the rise in violence in general and in GBV against women and girls specifically.

[30] *GBVIMS Steering Committee and GBVIMS Taskforce (2023) GBVIMS Midyear Report for Lebanon*
[31] *OCHA (2024) Lebanon: Flash Update #43 - Escalation of hostilities in Lebanon, as of 31 October 2024*
[32] *Lebanon's National News Agency Webpage on 12 November 2024.*

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Another major risk facing the IDP populations especially women, girls and boys is the risk of sexual exploitation and abuse. Amidst chaos, high demand for shelter, extreme precariousness and lack of individual self-determination capacity, the power dynamics are extremely imbalanced between refuge seekers and service providers from government, religious or civil society backgrounds. Unfortunately, some service providers take advantage of the power in their hands to inflict harm and abuse. Several reports of SEA have already been raised to the PSEA taskforce/focal points in Lebanon, but there is a need to strengthen the process especially when it relates to perpetrators from non-NGO, non-UN backgrounds.
arrests at checkpoints, or fears and threats of such arrests. Additionally, working refugee men and boys also reportedly face economic, physical and verbal abuse in the workplace. Consulted GBV experts also mentioned risks of sexual exploitation especially for working boys and men and boys with disabilities.

4.6 Existing Coping Mechanisms at Individual and Community Levels

Consulted community members were asked about the coping mechanisms they have adopted to adapt to their realities and the risks they face. Across groups, common themes included:

1. **Reliance on family members, social networks of peers and friends** for psychosocial support, safety and economic resilience.
2. **Seeking economic empowerment** in an ongoing way through registering in vocational trainings whenever possible, seeking job opportunities and taking on several jobs to ensure meeting livelihood needs and achieving economic independence.
3. **Seeking more information and awareness about their rights** and gaining more insight into safe practices that would safeguard them and their families.
4. **Reliance on civil society, UN/NGOs, and governmental services** to access the services they need (including counseling, shelter, livelihood programs and legal support) and demanding support in advocacy for their rights including enforcement mechanisms for existing supportive laws.

For women and girls, one cross-cutting coping mechanism is avoiding movement at night and avoiding unaccompanied movement. The presence of others (especially family members) is perceived as a protective measure against harassment and sexual violence risks outside of the home. They also emphasized the importance of self-defense classes, accessing women and girls' safe spaces to take part in various activities and to gain a wider support network, skills building activities.

For men and boys, the main coping mechanism mentioned in FGDs included family and peer support, for guidance, safety and psychosocial wellbeing especially in unsafe locations. For boys, one main coping mechanism is youth and sports club centers. Another community level coping mechanism for men and boys is organizing and taking part in informal patrol groups in their areas. This is reportedly common practice in rural and/or isolated towns, where official security is minimal, as well as in urban neighborhoods where tension is high such as in Tripoli or in Bekaa, specifically in towns where theft, harassment or armed conflict are frequent. Some refugee camps and IDP centers also have informal patrol groups coordinated by community leaders to safeguard the community. These patrol groups monitor public spaces including streets and alleys, especially at night.

For refugees and IDPs, an additional mentioned coping mechanism is efforts to keep a low profile and be less visible to avoid discrimination and harassment. Families become the main and sometimes only support system in the face of a discriminatory system. These groups rely heavily on humanitarian aid to meet basic needs and access their rights.

For persons with disabilities, the main coping mechanism in the face of inexistant accessibility measures at country level is the heavy reliance on family members for mobility, livelihood and support. However, those who access organizations that advocate for their rights also find strength in advocating for their needs, raising their voice and being heard. At community level, the presence of inclusive infrastructure including accessible buildings and transport where available are reportedly the most important coping mechanism, in addition to NGO programs that provide disability-specific services such as support network building, therapy and assistive devices.

For migrant workers, community groups and migrant grassroot organizations are key to maintaining safety and psychosocial wellbeing. Migrant workers mentioned also having to carefully plan their finances and engage in extreme savings strategies in order to minimize their dependence on employers and be able to survive. Learning about their rights and attending awareness raising sessions on workplace rights and possible legal recourse against violence, harassment and exploitation was also mentioned as an important coping mechanism against being at the mercy of employers.

5. Stakeholder Analysis and Overview of GBV services in Lebanon

This section highlights the findings from the safety audit when it comes to existing GBV services in Lebanon, gaps, community perceptions and barriers in accessing these services.

5.1 Overview of Existing Prevention, Risk Mitigation and Response Services

Since the beginning of the response to the Syrian refugee crisis in 2013, a comprehensive set of GBV prevention, risk mitigation and response services have been set up in Lebanon. These services were coordinated by the GBV working group and several taskforces such as the GBVIMS taskforce, with sub-working groups and sub-task forces taking place at each of the four areas in Lebanon. The GBV working group is coordinated and co-chaired by UNFPA. UNHCR and the Ministry of Social Affairs in Lebanon. It is open to more than 40 organizations and governmental bodies providing GBV services in Lebanon. At governmental level, the National Commission for Lebanese Women (NCLW), the Ministry of Social affairs (who co-chairs the GBV working group), other ministries such as the Ministry of Public Health (MoPH) and the Internal Security Forces (ISF) take part in coordination and service provision. A family protection unit exists within the ISF, tasked with applying the law 293/2014 on the protection of women and other family members from domestic violence, however consulted community members and experts mentioned that their role remains limited in outreach and capacity.

Across Lebanon, a multitude of local and international organizations provide dedicated support to survivors and those at risk of GBV. The majority of these organizations have generously contributed time and resources to conducting the FGDs for this safety audit. NGOs provide a range of non-specialized and specialized survivor-centered services such as group and individual psychosocial support, GBV case management, emergency shelters, emergency cash support, legal aid, counseling and women empowerment services. These services are often offered in women and girls safe spaces scattered across the country, or embedded in existing community centers, social development centers (linked to MoSA) or health centers. In terms of prevention and risk mitigation, many organizations focus on community awareness raising and advocacy at different levels of society. UN agencies in their turn coordinate efforts and provide capacity building focusing on standardizing service delivery across all four regions. They also fund GBV and gender mainstreaming initiatives across other sectors.

Community leaders across different communities in Lebanon play an important role in shaping attitudes and behaviors toward GBV. This role can take on positive notes and contribute greatly to advocacy for survivors' safety, dignity and protection, or it can take on negative notes including the perpetuation of harmful traditional norms that further discriminate and exacerbate violence for survivors and those at risk of GBV.

5.1.1 Availability and Quality of GBV Services Across Lebanon

Reportedly, a range of GBV services are available including women and girls' safe spaces across different regions in Lebanon. At the time of data collection, funds had been depleted for some time and many centers and safe spaces were forced to close their doors and suspend service provision. However, with the current emergency, stakeholders are advocating for renewed funds and response, which will allow for the resuming of services. In general, urban areas such as Beirut or Tripoli are well services, while more remote and rural areas such as Wadi Khaled, Hermel and Aarsal are more likely to be underserved despite high levels of refugees.

Community members and experts were asked about the quality of GBV services and findings show that survivors appreciate NGO-run services, mentioning feeling safe and receiving empathy and survivor-centered services. However, community members criticized governmental services, citing limited staff, limited services, discriminatory attitudes towards refugees or those coming from economically challenged backgrounds.

A range of 24/7 emergency services exist in Lebanon, including clinical management of rape, hotlines including the ISF hotline 1745, and other NGO hotlines. However, consulted experts and community members complained that in reality, few services are provided outside of working hours even in cases of emergencies, especially when it comes to emergency shelters.

In terms of accessibility and safety of existing GBV services, the safety audit findings show that accessibility remains a significant issue to refugees and migrants who lack documentation and fear deportation, survivors who are isolated and homebound, people with disabilities due to physical and communication barriers, and other marginalized groups who face extreme social exclusion. Furthermore, consulted community members and GBV experts mentioned that frontliners attitudes and behaviors highly influence the safety of GBV services, with staff members who uphold negative or harmful views unable to provide safe and ethical services.

5.1.2 Help-seeking Behaviors Among Survivors and Persons at Risk of GBV

Many consulted community members were unaware of existing GBV services, especially GBV response services and specialized services. This limited awareness was more pronounced in rural areas and in displacement camps, due to limited outreach. Additionally, those at intersectional risk of GBV such as migrant workers and women and girls with disabilities were especially unaware of existing GBV services, including governmental ones.

Furthermore, consulted community members mentioned that survivors often hesitate to seek help and disclose incidents due to the fear, stigma, and survivor-blaming attitudes that are rife around them. Consulted community members described NGO services as approachable and effective, while governmental services were described as slow and inaccessible, particularly for marginalized groups.

5.1.3 Barriers in Accessing Services

In addition to what is described above, specific barriers face survivors seeking access to services depending on their intersecting identities and risks of marginalization.

Refugees report fear of deportation and limited access to legal services, in addition to transportation challenges to and from services especially in rural areas or in areas separated by army checkpoints. They also reportedly face stigmatization from the community when seeking services such as emergency shelter or legal actions.

Internally displaced women and girls face reduced access to services due to limited knowledge about existing services and limited mobility while in displacement.

5. Stakeholder Analysis and Overview of GBV services in Lebanon

People with disabilities face being often overlooked by outreach efforts, in addition to a general lack of inclusive communication tools, inaccessible centers and inability to take part in specialized services such as emergency shelters.

Migrant workers face language barriers, isolation and dependency on employers especially for live-in migrants, and lack of inclusion in mainstream GBV services.

Other marginalized groups excluded based on their gender face discrimination from service providers and social stigma when accessing services, in addition to the fear of backlash and retaliation from perpetrators.

5.2 Identified gaps in services

The safety audit has highlighted a range of gaps in GBV service provision. Existing services for GBV survivors are often designed to serve women and girls, Syrian refugees and the Lebanese host community. They often do not take specific measures to include marginalized communities such as women and girls with disabilities, female migrant workers, stateless individuals, refugees from other minority groups or marginalized groups.

Additionally, the safety audit findings show limited mental health services available for survivors, with often long waiting times to receive services including counselling/therapy and psychiatric service provision. Another major gap highlighted by experts and community members was the lack of shelter services, with emergency shelters often over their capacity, and other shelter options virtually non-existing. Additionally, traditional safe shelters do not accept survivors who have mental health issues, or disabilities, or other marginalized groups.

Finally, a main highlighted gap was around the lack of livelihood opportunities and services for survivors and those at risk of GBV. With livelihood is directly correlated with independence and the ability to leave abusive relationships, this gap holds special importance.

6. Recommendations

This report has highlighted a multitude of GBV risks facing women and girls and other vulnerable populations from refugees, displaced, migrant and host communities in Lebanon. The following recommendations have been highlighted as suggestions drawing from consulted community members, partners, and service providers.

6.1 Recommendations for Service Provision and Accessibility

Improve accessibility of GBV information and services:
- Use simple, inclusive and clear language that is adapted to different literacy levels and translate them to different languages spoken by target groups.
- Incorporate visual aids such as pictures and posters for individuals with low literacy levels.
- Disseminate information to the community(ies) using diverse channels such as social media, radio, community-based networks and existing service delivery centers such as health centers, dispensaries and schools, to ensure widespread reach.

Expand coverage of safe shelters:
- Establish safe spaces in underserved areas, particularly rural and displacement camps.
- Ensure these spaces are equipped to support persons with disabilities through ramps, assistive devices, and accessible facilities.

Expand the quality, impact and reach of GBV prevention services:
- Launch targeted community awareness campaigns focusing on early prevention and recognition of GBV.
- Engage with men and boys on GBV prevention and awareness raising.

Integrate GBV risk mitigation into other sectors:
- Include GBV awareness in curricula for education, child protection, and livelihood programs.
- Design livelihood programs that economically empower survivors, reducing vulnerability to abuse.

Strengthen emergency response mechanisms:
- Equip non-GBV services with emergency protocols for survivors, such as transportation to shelters or medical care.

Strengthen GBV service provision to marginalized community groups:
- Develop existing services to intentionally outreach, engage with and provide services to survivors from marginalized communities including persons with disabilities, refugees from minority groups, stateless individuals, migrant workers and other marginalized groups.
- Intentionally outreach to minority groups in an inclusive way and provide essential GBV prevention and response services in an accessible manner.

6.2 Recommendations for Community and Survivor Support

Expand the quality and impact of GBV prevention services:
- Launch community awareness campaigns on early prevention and GBV recognition.
- Engage men and boys in prevention and awareness-raising efforts.
- Educate the general public on bystander intervention techniques to address sexual harassment in public spaces safely.

6. Recommendations

Strengthen collaboration and referrals between sectors:
- Build referral pathways between GBV and non-GBV service providers (e.g., healthcare, education, mental health, and shelter services).
- Train non-GBV service providers to safely receive disclosures and conduct referrals according to established guidelines.

Expand Availability of Mental Health Services:
- Increase the provision of free mental health services for GBV survivors, particularly for marginalized groups like migrant workers, refugees, persons with disabilities, and others marginalized based on gender or sexual orientation.
- Establish dedicated mental health units within GBV service centers, shelters, and healthcare facilities, or integrate mental health services into existing community health centers to ensure proximity and accessibility.
- Increase the number of trained mental health professionals specializing in trauma-informed care for GBV survivors.
- Ensure services are available in underserved areas, including rural and displacement camps.

Foster collaboration between Child Protection (CP) and GBV sectors:
- Train CP caseworkers on GBV principles and response mechanisms.
- Train GBV caseworkers on family-focused intervention skills, addressing intersecting CP and GBV concerns.

Build the capacity of service providers:
- Offer gender and GBV sensitivity training for GBV and non-GBV service providers to ensure survivor-centered approaches.

Address risks of sexual exploitation and abuse:
- Expand awareness campaigns to educate communities about SEA, their rights, and available reporting mechanisms.
- Distribute information about SEA prevention and reporting in accessible formats, including visual aids and translations into local languages.
- Conduct regular training on preventing SEA for aid workers, focusing on power dynamics and ethical behavior.
- Ensure a wider availability for confidential and accessible reporting mechanisms for SEA survivors, such as hotlines, online platforms, and in-person complaint desks.
- Ensure reporting channels are survivor-centered, protecting survivors from retaliation or stigma.
- Set up independent bodies to investigate SEA allegations and ensure accountability for perpetrators.

6.3 Recommendations for Policy and Advocacy

Advocate for wider and more robust legal protections for survivors:
- Push for enforcement of GBV-related laws and penalization of perpetrators.
- Provide survivors with free legal assistance and ensure legal support is accessible for marginalized groups, including migrant workers, refugees without legal residence, persons with disabilities, and other marginalized groups.
- Advocate for the reform of personal status laws to ensure equal rights for women in divorce, custody, and inheritance.
- Advocate for the criminalization of marital rape and enhance legal protections against GBV.
- Advocate for dismantling the Kafala system to protect migrant workers' rights

Strengthen donor-funded initiatives:
- Prioritize funding for underserved regions, particularly rural areas and informal settlements.
- Support initiatives for marginalized groups, led by grassroots or community-based organizations.

Develop monitoring and accountability systems:
- Create systems to track the effectiveness of GBV programs and address service delivery gaps.

6.4 Recommendations for Digital Literacy and Technology-Facilitated GBV

- Enhance digital literacy in the community to support GBV prevention and awareness.
- Incorporate technology-facilitated GBV awareness into public campaigns and community training programs.
- Train GBV case managers on responding to cases of TFGBV and supporting survivors including legal framework and possible avenues for protection.

7. Conclusion

The **Gender-Based Violence (GBV) Safety Audit for Lebanon** highlights how compounded crises of conflict, economic collapse, and sociopolitical instability have exponentially heightened GBV risks for women, girls, and other marginalized groups. Refugees, internally displaced persons, persons with disabilities, migrant workers, and other marginalized groups face intersecting vulnerabilities that affect them disproportionately. Despite existing efforts from GBV service providers, coordinating and governmental bodies, entrenched patriarchal norms, inadequate legal protections, and systemic inequalities perpetuate the prevalence of GBV in Lebanon.

Key findings underscore that GBV takes multiple forms, from IPV and family violence to SEA, sexual harassment, and technology-facilitated GBV. Unsafe environments—both in real life and virtual – limit the autonomy and safety of women and girls and vulnerable populations, with displacement centers, public spaces, workplaces, and even homes presenting heightened risks. Early and forced marriages continue to jeopardize the futures of adolescent girls, while discriminatory frameworks, such as the Kafala system and personal status laws, exacerbate exploitation and violence against migrant workers and women.

The report reveals existing gaps in GBV prevention and response. Services remain inaccessible to many, particularly in rural and conflict-affected areas, and often lack inclusivity for persons with disabilities, migrant workers and other marginalized groups. Stigma and fear of retaliation further deters survivors from reporting, perpetuating a culture of silence around GBV. Moreover, weak accountability mechanisms and distrust in SEA reporting frameworks highlight urgent areas for intervention.

Despite these challenges, opportunities for progress exist. Community resilience, innovative coping mechanisms, and growing awareness provide a foundation for comprehensive, survivor-centered solutions. The recommendations emphasize the need for expanding accessible GBV services, strengthening legal protections, and promoting inclusive, intersectional programming. Advocacy for legal reform – particularly around marital rape, personal status laws, and the Kafala system – can be instrumental in creating sustainable change. Simultaneously, integrating digital literacy initiatives and enhancing protection against TFGBV can empower women and girls in both physical and virtual spaces.

The path forward requires coordinated action from stakeholders across humanitarian, governmental, and civil society sectors. The systemic factors that perpetuate GBV in Lebanon can be addressed through robust funding, inclusive programming, and community-driven approaches, helping actors and communities in building a safer, more equitable society. This report serves as a tool for evidence-based advocacy and programming, underscoring the urgent need for bold, transformative interventions to safeguard the rights and dignity of all individuals, especially the most vulnerable women and girls and members of marginalized communities.

For any questions or comments, or should you wish to get access to the annexes, please contact the GBV WG Coordinators:
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Report Annexes

- Annexes A1 - A3: Data Collection Tools
- Annexes B1 - B4: Data Collection Processes
- Annex C: References and Bibliography [33]

[33] *Annexes remain with the GBV WG but can be provided upon request.*