

Impact of the Current Conflict on Gender-Based Violence (GBV) Risks and Needs in Lebanon

GBVIMS Task Force - Lebanon

QI 2026 Analysis

Disclaimer: The data included is derived from reported incidents recorded by GBV case management service providers using the GBVIMS in Lebanon and do not present the total number of GBV incidences or indicate prevalence of GBV in Lebanon. These statistical trends are generated exclusively by GBV service providers who use the GBVIMS for data collection and analysis in implementing GBV response activities across Lebanon, with the informed consent of survivors.

Overview

The first quarter of 2026 continued to reflect the compounded impact of protracted instability, displacement, economic deterioration, and localized insecurity on women and girls across Lebanon. Findings from the Gender-Based Violence Information Management System (GBVIMS) indicate that while overall reported incidents declined significantly in March 2026 compared to February, the nature and severity of risks reported by survivors remain deeply concerning. The data also suggest important shifts in reporting patterns, survivor profiles, and access to services that should be interpreted within the broader operational and protection context.

The conflict environment and resulting movement restrictions, insecurity, economic hardship, and disruption of services continue to heighten exposure to multiple forms of GBV while simultaneously limiting survivors' safe access to reporting mechanisms and specialized services. Reduced mobility, fear of retaliation, social stigma, and constrained humanitarian outreach remain significant barriers affecting the visibility of GBV incidents.

Key GBV Trends & Emerging Concerns

GBVIMS data from Q1 2026 indicate a sharp decrease in reported incidents in March compared to January and February, with a reported 96 per cent reduction in total cases. Similar patterns of deprioritization and delays in GBV reporting were also identified in relation to the 2024 conflict, as highlighted in the 2025 GBVIMS Annual Report and Q4 2024 reporting. However, considering qualitative data and information from displaced women and girls, GBV risks and incidence have rather increased in collective sites and shared housing set up for the displaced population. Therefore, the Q1 data rather reflects significant barriers affecting survivors' ability to safely disclose and access services. Ongoing displacement and repeated population movements disrupted continuity of care and complicated case follow-up, while many survivors prioritized immediate survival needs, including shelter, food, and safety—over reporting incidents or seeking support. At the same time, operational disruptions, including the displacement or redeployment of GBV personnel and delays in accessing collective shelters, reduced service availability and timely response capacity. Overcrowded shelters and shared living arrangements further limited privacy and confidentiality, creating conditions that discouraged disclosure, particularly for women and girls exposed to heightened protection risks. In parallel, security and accessibility restrictions, closure of some GBV facilities and reduced outreach activities constrained community engagement and proactive case identification, contributing to likely underreporting of GBV incidents during the reporting period.

Reported incidents in March involved exclusively female survivors, while the proportion of child survivors appeared substantially lower compared to previous months. This trend may reflect reduced identification and referral capacities for child protection and GBV actors during periods of intensified insecurity, particularly in areas

affected by movement restrictions and operational disruptions.

The data also show a gradual increase in the proportion of Lebanese survivors over the reporting period, reaching 35 per cent in March 2026, alongside an increase in reported incidents involving Palestinian survivors. These shifts are likely linked to the deepening socioeconomic crisis, conflict-related vulnerabilities, and increased stressors affecting host communities and marginalized populations alike.

Although Intimate Partner Violence (IPV) is typically the most commonly reported form of GBV, its lower representation in March data is likely linked to displacement-related barriers that reduced survivors' ability to safely disclose incidents. In overcrowded shelters and shared displacement settings, survivors often remain in close proximity to perpetrators, increasing risks associated with reporting and limiting opportunities for confidential disclosure. At the same time, many women were temporarily separated from their partners during displacement, which may have altered immediate reporting patterns rather than reflecting a reduction in IPV risks. Fear of losing access to critical resources such as shelter, food assistance, or financial support often controlled by male heads of household also discouraged survivors from seeking help. In addition, the instability and stress associated with repeated displacement contributed to delayed disclosure, as many survivors prioritized immediate survival concerns and postponed reporting until reaching relatively safer or more stable environments.

Partners further reported an increase in the proportion of survivors with disabilities, rising from 2 per cent in January and 3 per cent in February to 5 per cent in March. This trend highlights the heightened vulnerabilities faced by people with disabilities during conflict and displacement contexts, particularly where access to information, services, mobility support, and safe reporting mechanisms is limited.

Conflict-Related Protection Risks

Findings continue to demonstrate that the survivor's residence remains the primary location where GBV incidents occur, followed by the perpetrator's residence, streets, and workplaces. The predominance of incidents occurring within domestic spaces reflects heightened household stress, overcrowding, economic pressure, and restricted mobility associated with the conflict context.

Although current operational guidance does not permit the provision of GBV case management services inside collective shelters, field partners indicated that referrals of GBV survivors from collective shelters started to emerge in April, with survivors subsequently supported through the nearest GBV safe spaces and specialized service points. Therefore, the absence of reported GBV cases from collective shelters in March should not be interpreted as an absence of GBV risks within these settings. On the contrary, overcrowded collective shelters and shared living arrangements are recognized as environments with heightened GBV risks, particularly where privacy is limited and survivors may remain in close proximity to perpetrators. This suggests that GBV incidents were likely occurring but remained underreported during the earlier phase of the displacement response.

Access to Services & Reporting Patterns

Despite ongoing insecurity and operational challenges, reporting timelines showed some improvement across the quarter. A higher proportion of incidents were reported within 0–14 days after occurrence, while fewer incidents were reported after more than one month. This may suggest improved survivor awareness of available services in some locations and stronger referral coordination among frontline actors where services remained operational.

Nevertheless, humanitarian partners continue to report major barriers affecting access to GBV services. Transportation constraints, financial hardships, fear of stigma, and insecurity continue to prevent many survivors from safely accessing assistance. These barriers are particularly acute for displaced persons, migrants, women with disabilities, and women residing in hard-to-reach areas.

Implications for Humanitarian Response

The Q1 2026 findings reinforce the need to sustain and expand survivor-centered GBV prevention and response interventions across Lebanon. Although reported incidents fluctuated during the quarter, the data and qualitative insights consistently point to persistent and evolving protection risks affecting women and girls in conflict-affected communities.

Strengthened mobile outreach, community-based identification mechanisms, and safe referral pathways remain critical, particularly in underserved and conflict-affected areas. Specialized support for women and girls with disabilities, adolescent girls, and marginalized populations should be prioritized within the response.

Continued investment in GBV case management, mental health and psychosocial support, safe spaces, and multisectoral referrals remain essential to ensure timely and confidential support for survivors. At the same time, humanitarian actors should strengthen risk mitigation efforts across WaSH, shelter, health, livelihoods, and protection programming to address the heightened vulnerabilities associated with displacement, overcrowding, economic stress, and insecurity.

Finally, the findings underscore the importance of sustained humanitarian access and predictable funding for GBV services. Reduced reporting during periods of intensified conflict should not be interpreted as a decline in needs, but rather as an indicator of the significant barriers survivors face in safely disclosing incidents and accessing the support they need.