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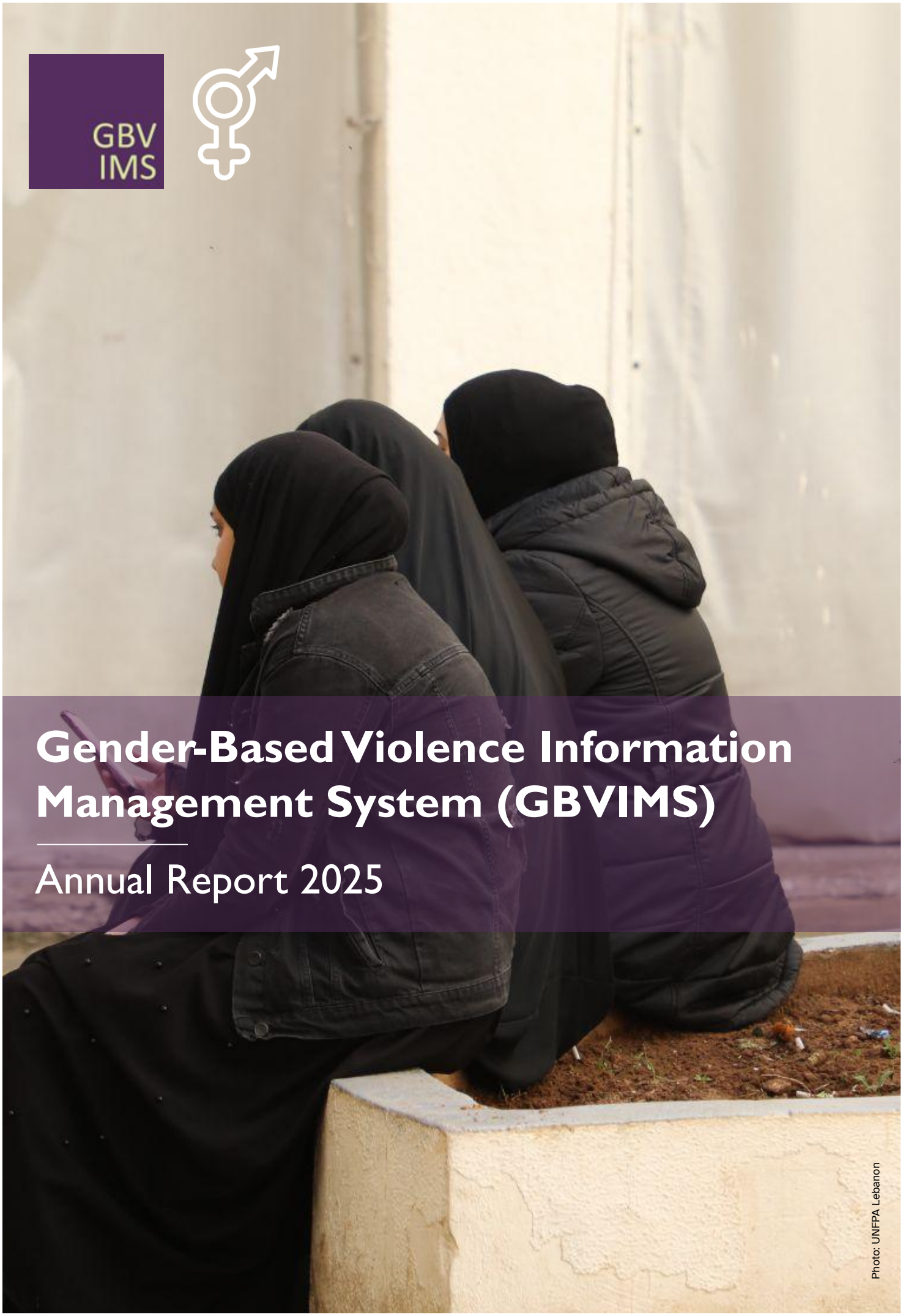

GBV IMS

Gender-Based Violence Information Management System (GBVIMS)

Annual Report 2025

Photo: UNFPA Lebanon

I. Introduction

This Gender-Based Violence Information Management System (GBVIMS) report provides analysis of GBV incidents recorded by GBVIMS users in Lebanon during 2025 and provides comparative analysis to the findings of the 2024 GBVIMS Annual Report[1]. The report represents country-wide trends and analysis of GBV incidents reported and recorded by GBVIMS user agencies[2]. This report provides information on incidents of gender-based violence (GBV) reported by 18 data gathering organizations providing services to GBV survivors between January to December 2025. 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.

The data analyzed in the report covers GBV survivor profiles, incident details, contexts, alleged perpetrators, services provided and gaps, referrals, and provides conclusions and recommendations.

The findings of the report have been triangulated with other sources, such as the Monthly and Quarterly Protection Monitoring Report Lebanon, Midyear and Yearly Protection Sector Dashboards 2025, 2024 GBV Safety Audit of the GBV Working Group - Lebanon, Vulnerability Assessment of Syrian Refugees (VASyR), Multi-Sector Needs of Migrants -IOM and other reports.

2. Background & Context

In 2025, Lebanon continued to face a complex and protracted crisis that has profoundly affected the country's social, political, and economic landscape. Developments in 2024 and early 2025—including intermittent armed escalations, prolonged political paralysis, and deepening economic collapse—have further exacerbated vulnerabilities across population groups, with disproportionate impacts on women, girls, and marginalized communities.

The 2025 GBVIMS findings underscore that reported GBV trends remain highly sensitive to fluctuations in funding levels, service coverage, operational capacity of partners, and reporting modalities. Increases in reported incidents in certain regions—most notably Beirut/Mount Lebanon—are primarily associated with conflict-related displacement, which has driven higher population density and increased demand for GBV services. Conversely, declines in reported GBV incidents in other regions are more reflective of constrained operational and reporting capacity than of reduced GBV risk. In the North and Bekaa, the limited presence of GBV case management actors in 2025 was highlighted amid rising needs of newly arriving population groups, such as displaced Syrians. In the South, reductions in reported incidents were attributed to service disruptions, continuous insecurity due to persistent attacks, and reduced reporting capacity linked to the ongoing conflict. Across several regions, funding shortfalls have led to the reduction of GBV and child protection programming, thereby reducing survivors' access to structured and specialized services.

At the national level, the 2025 GBVIMS recorded an **11% increase** in reported GBV incidents compared to 2024. Increases were observed in Akkar, Beirut/Mount Lebanon, and the North, while declines were reported in the Bekaa and South.

Regional variations in reporting trends closely mirror differences in partner presence and operational reach. Some areas have experienced fluctuations in reported caseloads linked to population movements—particularly the large-scale returns in December 2024 and during the first quarter of 2025, alongside ongoing cross-border movements between Lebanon and Syria. At the same time, reduced funding for specialized and quality GBV services continues to pose challenges

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[1] *2024 GBVIMS Annual Report*
[2] *Eighteen organizations contributed to this report: ABAAD, AMEL, AND, Caritas Lebanon, DRC, IMC, Imam Sadr Foundation, INTERSOS, IRC, I'M Possible, KAFA, LECORVAW, LUPD, Makhzoumi Foundation, NAJDEH, RDFL, Tabitha and TDHL.*
[3] *Lebanon Response Plan: Protection Sector Dashboard - Mid-Year 2025*
[4] *Flash Appeal: Lebanon, Covering the period January-March 2025*

or sustainability of GBV response efforts in Lebanon, with some agencies reporting higher caseloads per caseworker and strains on service continuity. Field actors highlighted that without commensurate funding and expansion of partner coverage, these operational constraints may limit GBV response capacity going forward into 2026.

North and Akkar: Akkar and the North recorded substantial increases in reported GBV incidents in 2025, with a 95% increase in Akkar and a 20% increase in the North compared to 2024. Field actors attributed these rises primarily to external shocks, including the arrival of Syrians and the targeting of specific groups, which led to heightened GBV risks in inadequate and overcrowded housing. The sharp increase in Akkar is specifically linked to operational improvements, such as expanded outreach, increased funding for new arrivals, and the addition of new GBVIMS reporting members. Despite these efforts, newcomers continue to face persistent barriers, including limited trust in services, mobility restrictions, and low awareness of available support.

South: In contrast, the South experienced a 4% decline in reported GBV incidents in 2025. Field-level discussions emphasized that this trend does not reflect a reduction in GBV occurrence, particularly given the ongoing insecurity, continued attacks on civilians, and displacement dynamics in the South. Rather, it points to reduced reporting and response capacity driven by a combination of factors, including deprioritization linked to funding cuts, service disruptions, and significant operational constraints. GBV IMS partners reported that access to certain areas remained limited or was only possible through remote modalities due to persistent insecurity, while some locations were intermittently inaccessible, constraining both outreach activities and case follow-up. These conditions also affected staffing presence and continuity of service delivery in the South, further limiting survivors' access to specialized GBV services. Participants warned that continued funding constraints in 2026 may further erode response capacity and access to services, increasing reliance on informal or concealed coping mechanisms among survivors

Beirut/Mount Lebanon: Beirut/Mount Lebanon recorded a significant 30% increase in recorded GBV incidents in the IMS in 2025 compared to 2024. While population movements and displacement have contributed to heightened vulnerability in Beirut/Mount Lebanon, this is particularly due to the region's high population density. Several additional factors influenced this rise. These include the onboarding of new GBVIMS reporting partners in Beirut and Mount Lebanon, expanded geographic and increased programmatic coverage supporting marginalized groups including survivors with disabilities or others marginalized from the community. Enhanced community outreach, emergency funding initiatives, and awareness-raising activities, also facilitated increased disclosure.

Bekaa: Bekaa experienced a 19% decline in reported GBV incidents in 2025 compared to 2024. Field-level discussions confirmed that this decrease does not signal reduced GBV risk but rather reflects shrinking service availability and funding constraints affecting continuity of some GBV case management coverage in the region. Consequently, reporting has increasingly focused on high-risk cases, while low-risk cases remain largely undocumented. Economic hardship and deteriorating security conditions were identified as compounding factors, simultaneously increasing underlying GBV risk and limiting survivor engagement with available services.

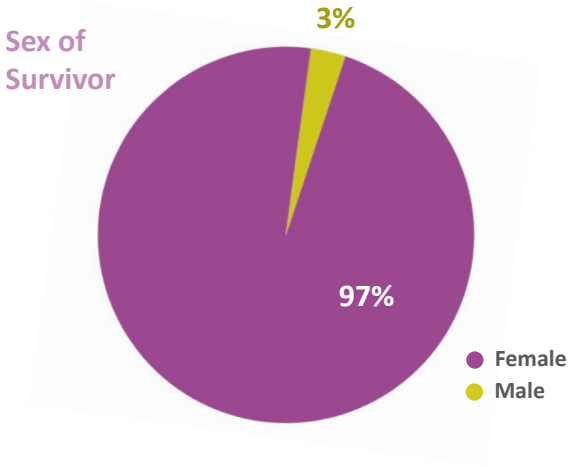
3. Profile of Survivors of Gender -Based Violence Seeking Assistance

SEX AND GENDER

Women and girls continue to constitute the majority (97%) of the survivors of GBV in 2025, however there is a slight increase in the reported percentage of men and boys survivors of GBV (3%) compared to 2% in 2024.

Field-level analysis pointed to persistent fear of stigmatization of GBV against men, limited male-specific services, reduced engagement and referral pathways, including fewer entry points for safe identification and referrals, limited specialized services for men, and increased reliance on informal or non-specialized support services, and changing service delivery models (such as mobile safe spaces) that may not adequately reach male survivors. This was reflected in the decrease of the reported GBV incidents by men and boys survivors in North, Akkar, Bekaa and South, whereas Beirut/Mount Lebanon recorded a slight increase, associated with targeted engagement of men and boys and integrated outreach approaches by some GBVIMS agencies. Reported incidents primarily involved psychological and emotional abuse, including threats,

intimidation, humiliation, coercion, and controlling behaviours. These forms of violence often occur within unequal power relations, where men and boys may be subjected to abuse by family members, intimate partners, community actors, employers, etc.



TYPES OF GBV BY GENDER

For women and girls, physical assault (38%), psychological/emotional abuse (38%) and sexual assault (12%) constitute the highest reported incidents in 2025, followed by denial of resources and opportunities (7%), rape (3%), and forced marriage (3%).

For men and boys, psychological/emotional abuse (44%) and physical assault (33%) continued to be the most frequently reported incidents in 2025. However, reported sexual assault incidents increased to 15% in 2025 from 13% in 2024. While rape reporting remained that same (7%).

AGE

Across all regions, reporting by adult survivors increased, while child-related GBV reporting declined significantly, from 26% in 2024 to 9% in 2025. This decline is attributed to increased referrals to Child Protection actors and to GBV service disruptions in certain regions, rather than to a reduction in the incidence of violence. Notably, the Child Protection Working Group. A planned collaboration between the GBVIMS Coordinator and the Child Protection Information Management System (CPIMS) Coordinator will enable a better comparative analysis that is focused specifically on GBV-related child survivor reporting, which will help clarify the observed divergence in GBV trends.

Among **adult women,** who account for the majority of reported cases, **physical assault** constitutes 40% of all reported incidents, closely followed by psychological/emotional abuse at 39% - in all cases committed by intimate partners. Together, these two forms represent nearly 79% of all reported cases within this age and gender group, underscoring the entrenched nature of domestic/intimate partner violence. Sexual assault accounts for 11%, while rape represents 3% of reported cases. Denial of resources, a form of economic violence, comprises 7%. Forced marriage among adult women remains limited at 1%, indicating that this violation is more concentrated among children.

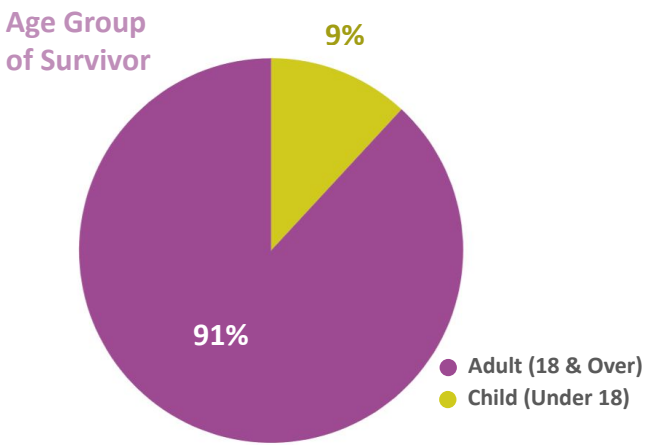
In contrast, reported incidents of **adult men** show that **psychological/emotional abuse** constitutes the largest share at 45%. Sexual violence (rape and sexual assault combined) accounts for approximately 22% of reported cases among adult men (8% rape and 14% sexual assault). While overall male reporting remains significantly lower in absolute terms compared to women, the proportionally higher representation of sexual violence warrants attention, particularly in terms of stigma, disclosure barriers, and service accessibility for male survivors.

Among girls (below 18), the pattern of violence shifts considerably. **Forced marriage** emerges as the most reported violation at 30%, accounting for nearly one-third of all reported cases affecting girls. This highlights the continued prevalence of child marriage as a protection concern and points to structural drivers such as economic hardship and harmful social norms. Psychological/emotional abuse follows at 27%, while physical assault and sexual assault each represent approximately 18% of reported cases. Rape accounts for 3% of reported cases among girls.

When it comes to child survivors, especially boys under 18, within GBVIMS, psychological/emotional abuse or other types of incidents are recorded as GBV only when the incident meets GBV-specific criteria as outlined in the global definition. This includes, for example, threats of sexual violence, sexual harassment, intimidation, unwanted sexual attention, or other forms of menacing behavior of a sexual and/or GBV-related nature. In contrast, exposure to violence by parents, caregivers, or in public settings is generally classified under child

protection unless it aligns with these GBV-specific parameters. This distinction is critical to ensure accurate categorization and consistent application of GBVIMS definitions across reporting partners.

Although representing the smallest cohort, reported GBV incidents of **boys (below 18)** demonstrate that psychological/emotional abuse accounts for 40% of cases, while physical assault represents 34%. Sexual violence remains notable, with sexual assault at 17% and rape at 6%, bringing the combined total of sexual violence to approximately 23%. While reported case numbers are low, the proportional weight of these violations suggests serious protection concerns alongside potential underreporting dynamics.



NATIONALITY OF SURVIVORS

Nationally, displaced Syrians continued to represent the majority of reported GBV survivors in 2025 (57%), consistent with patterns highlighted in the 2025 Mid-Year Lebanon Response Plan (LRP) Sector Report[3]. However, a notable increase in reported incidents among Lebanese survivors was observed (37%), compared to 28% in 2024. This shift should be read in the context of the 2024 Internally Displaced Persons (IDPs) crisis and the subsequent 2025 scale-up of protection programming, including the second Flash Appeal with a specific focus on Lebanese IDP returnees[4], which likely contributed to increased service engagement among Lebanese populations. Field actors also highlighted improved awareness of GBV services among Lebanese women and girls, particularly in communities affected by displacement and return dynamics. At the same time, delays in disclosure (rather than challenges caused by accessing reporting mechanisms) were commonly observed. These delays were primarily linked to immediate post-displacement priorities—such as securing housing, livelihoods, and basic needs, particularly among IDP returnees and newly displaced populations following December 2024. This trend is supported by the GBVIMS Task Force's thematic analysis on the impact of conflict and displacement on GBV needs, which compared findings across Q4 2024 and Q1–Q2 2025. Protection monitoring findings further indicate that these groups faced heightened risks related to inadequate housing conditions and legal insecurity[5].

For Lebanese survivors, GBV trends in 2025 point to a more different risk environment shaped by geographic disparities, household-level vulnerabilities, and increased incidence of intimate partner violence (IPV), which remained a key concern across multiple governorates. Structural barriers to accessing justice—including limited functionality or accessibility of judiciary services, procedural constraints, and gaps in legal protection mechanisms—were identified as more salient constraints than legal status itself. These factors, combined with localized service availability and uneven programmatic coverage[6] underscore the need for more targeted, area-based programming that accounts for subnational risk variations and intersectional vulnerabilities.

Displaced Syrians continue to face compounded GBV risk factors, including deteriorating legal status, with 83% reported as lacking valid residency[7]. The VASYR 2025 findings[8] further highlight persistent economic vulnerability, increased reliance on informal and precarious labor, including child and forced labour in some contexts—and restricted access to services. Women and girls residing in informal settlements[9] or in post-December 2024 displacement contexts were identified as particularly at risk, with reported increases in IPV, early marriage risks, and survival strategies linked to economic distress[10]. Additionally, returns to Syria and cross-border movements emerged as an underexplored but relevant dimension of GBV risk and disclosure patterns in 2025[11]. Barriers such as fear of detention, deportation, restricted mobility, stigma, and limited trust in authorities remain key obstacles to disclosure and safe referral pathways, particularly given the likelihood of non-reporting in contexts of irregular status.

Reporting trends among migrants reflect persistent structural barriers to disclosure and access to GBV services, including mobility restrictions, dependency

[5] *Protection Monitoring 2025 Monthly Reports: February, March, May*
[6] *End-Year 2025 Protection Sector Dashboard (LRP)*
[7-8] *VASyR 2025*
[9] *2024 GBV Safety Audit - Lebanon*
[10] *GBVIMS 2025 Annual Analysis*
[11] *End-Year 2025 Protection Sector Dashboard (LRP)*

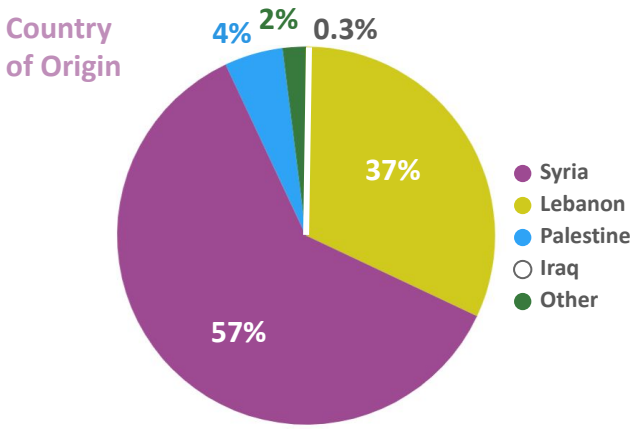
on employers, and lack of legal protection mechanisms in addition to the fear of retaliation, deportation, and loss of employment as major deterrents to disclosure. Migrant domestic workers face heightened vulnerability due to live-in employment arrangements, restricted freedom of movement, and confiscation of identity documents, which increase exposure to exploitation and abuse[12].

These conditions contribute to heightened exposure to GBV in both private and public spaces, where normalization of violence against migrant women has also been reported. Differences in risk exposure were noted between live-in and live-out arrangements, although these were not consistently captured in reporting systems. While migrants continue to face fear of retaliation, deportation, and loss of employment as major deterrents to disclosure, specialized service providers for migrant populations are present.

Palestine refugees, particularly women and girls, continue to face sustained and multidimensional GBV risks shaped by structural and socio-economic vulnerabilities. Intimate partner violence (IPV) remains the most frequently reported form of GBV within this population, driven by persistent economic hardship, high unemployment rates, and household stressors linked to prolonged precarity. These risks are further exacerbated in camp settings and informal gatherings, where overcrowding, limited privacy, and restricted mobility contribute to heightened exposure to violence and reduced coping mechanisms.

Structural constraints related to legal status continue to shape protection outcomes, including restrictions on employment opportunities, movement, and access to services outside designated areas, reinforcing dependency on humanitarian systems. While UNRWA remains a primary service provider, overstretched protection and psychosocial support services, combined with limited referral capacity in some areas, continue to affect timely access to comprehensive GBV response services. These constraints are particularly pronounced for women and girls with intersecting vulnerabilities, including disability, adolescent girls at risk of early marriage, and female-headed households.

Overall, the persistence of IPV, combined with structural dependency, economic fragility, and camp-based environmental risks, underscores the need for more targeted, community-based GBV programming within Palestine refugee settings, with strengthened prevention, psychosocial support, and safe referral pathways tailored to camp and non-camp contexts.



ADDITIONAL DEMOGRAPHICS

Marital Status:

- Married **59%** *(52% in 2024)*
- Divorced/Separated **22%** *(16% in 2024)*
- Single **16%** *(29% in 2024)*
- Widowed **4%** *(3% in 2024)*

Unaccompanied & Separated Children **2%** *(9% in 2024)*

Survivors with Disabilities **3%** *(2% in 2024)*

Changes in marital status patterns of survivors disclosing GBV were observed in 2025, with increases in reported cases among married and divorced or separated survivors. Field-level inputs from GBVIMS partners indicate that these trends are closely linked to intensifying economic stressors—particularly loss of income, debt accumulation, and reduced access to basic services—as well as displacement-related pressures, including overcrowded living conditions and prolonged dependency on humanitarian assistance. These factors have contributed to heightened household tension and power imbalances, thereby exacerbating risks of intimate partner violence (IPV).

Partners in the South reported an increase in cases where financial strain and unemployment among male household members were associated with heightened controlling behaviors and incidents of physical and

emotional abuse. In the North and Bekaa, service providers highlighted patterns among displaced and returnee populations where housing insecurity and shared living arrangements contributed to increased exposure to IPV, particularly among married women. Divorced and separated women were also reported to face compounded vulnerabilities, including economic marginalization and limited social support, increasing their exposure to exploitation and abuse.

Reported cases involving survivors with disabilities increased slightly in 2025, reflecting gradual improvements in identification and referral mechanisms, though underreporting remains a concern particularly due to persistent accessibility barriers and limited availability of inclusive GBV services.

Women and girls with disabilities face heightened exposure to sexual violence, including rape and sexual assault, particularly in contexts where access to information on available services is limited or not provided in accessible formats (e.g. sign language, easy-to-read materials, or adapted communication channels). This limits awareness of rights, available services, and safe reporting mechanisms, thereby constraining timely disclosure.

Additional risk factors highlighted by GBV Working Group partners in Lebanon include dependency dynamics, where survivors with disabilities may rely on caregivers for daily support. In some reported cases, caregivers or household members—who may also be primary perpetrators—control access to mobility, communication, and external support services, significantly increasing exposure to abuse and reducing opportunities for safe disclosure or help-seeking

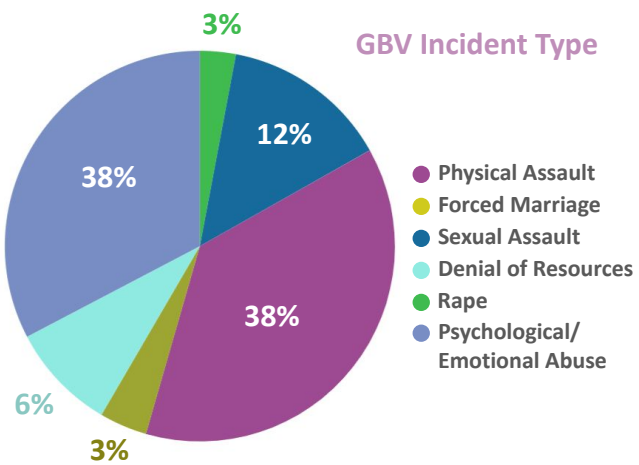
Conversely, reported cases involving unaccompanied and separated children (UASC) declined significantly. GBVIMS data and field-level discussions suggest that this decrease does not necessarily reflect reduced exposure to GBV risks, but rather changes in reporting and referral pathways, including increased diversion of cases to child protection actors and reduced child protection programming capacity in some areas. Child protection partners in Lebanon have consistently highlighted that UASC remain at heightened risk of multiple forms of violence and exploitation, including sexual violence, sexual exploitation, survival sex, and coercion, particularly among adolescents lacking stable caregiving arrangements[13]. These risks are further compounded in displacement settings by family separation, insecure or overcrowded living conditions, and limited access to structured protection systems, which increase exposure to unsafe environments and negative coping mechanisms[14].

Overall, these findings underscore the need to strengthen GBV–Child Protection coordination to ensure systematic identification, safe referral pathways, and targeted prevention and response interventions addressing the intersecting vulnerabilities of UASC within GBV programming.

RECORDED TYPES OF GBV INCIDENTS IN 2025

The 2025 GBVIMS findings reveal notable shifts in the types of reported GBV incidents compared to 2024. Reporting forced and early marriage declined sharply, from 18% in 2024 to 3% in 2025, particularly in Akkar and the South. Field actors interpreted this decrease not as a genuine reduction in incidents, but as under-recognition and underreporting, reflecting the continued normalization of early marriage as a coping strategy amid economic collapse and displacement. In addition,, referrals to child protection actors for child marriage related cases may present a contributing factor. To better understand this trend, the GBVIMS coordinator will follow up with the CPIMS coordinator to conduct a comparative analysis. This will help determine whether the decline in early marriage reports in GBVIMS reflects a true reduction in risk or a reporting practice where child survivors are primarily referred to child protection case management agencies.

Increases were observed in other types of GBV. Physical assault rose from 31% in 2024 to 38% in 2025, while psychological abuse increased from 30% to 38% with the South experiencing particularly pronounced effects[15]. These increases were associated with the ongoing economic crisis, conflict-related stress, and reduced humanitarian coverage, which have constrained household coping capacities. As a result, some families have reportedly resorted to negative coping mechanisms, with increased reliance on coercive control and violence as a means of managing stress within the household.



RAPE

Rape - as the severest form of GBV - remained one of the least reported types of GBV incidents nationally in 2025, accounting for 3% of reported cases, similar to 2024 (3%). However, the total number of reported rape incidents increased by 20% compared to the previous year. Of this proportion in 2025, 3% were reported among female survivors and 7% among male survivors, however, trends varied significantly by region, reflecting differences in identification capacity, service density, and survivors' thresholds for disclosure.

In Beirut and Mount Lebanon, reported rape cases increased from 2% in 2024 to 4% in 2025. The comparison of the total number of reported rape incidents shows an increase by 110% compared to the previous year in Beirut/Mount Lebanon. Field-level validation linked this rise to strengthened identification and referral pathways, including enhanced coordination with the Internal Security Forces, increased engagement of first responders, and expanded service availability. Population movements into urban areas with higher service density, combined with delayed disclosures following periods of instability and conflict, contributed to increased reporting rather than indicating a sudden escalation in risk.

In Bekaa, rape reporting increased modestly despite an overall decline in reported GBV incidents 3% in 2025 compared to 2% in 2024), the comparison of numbers shows a 17% increase in the proportion of reported rape incidents in Bekaa. Field actors highlighted a pattern of severity filtering, whereby survivors increasingly seek formal assistance only for the most severe violations. Security conditions, population movements, and improved identification through primary health care facilities were also cited as contributing factors.

In North, reported rape cases declined (2% in 2025 compared to 4% in 2024). The comparison of numbers show that the decrease equals 28% out of the total reported rape incidents in North. This decrease was attributed primarily to reduced funding for community outreach, information sessions, and awareness activities, which limited identification and disclosure opportunities, rather than reflecting a reduction in the occurrence of rape.

While rape is widely understood to be significantly underreported, in the South, reported rape incidents declined sharply by 47% in 2025 (from 3% in 2024 to 2% in 2025). This decrease is linked to the ongoing conflict, displacement, restricted mobility, and reduced service coverage were consistently identified as major barriers to disclosure, suggesting that underreporting remains significant.

SEXUAL ASSAULT

Sexual assault reporting in 2025 displayed clear regional variation, shaped by differences in service accessibility, reporting coverage, and survivor awareness.

In Beirut and Mount Lebanon, reported sexual assault incidents have increased (10% of all incidents recorded in 2025, compared to 7% in 2024). However, this increase is significant as it represent an 81% increase in the total number of reported sexual assault incidents. Field discussions associated this rise with improved survivor awareness, the inclusion of additional GBVIMS reporting partners, and strengthened referral mechanisms. Higher levels of trust in urban service settings, combined with expanded outreach, facilitated the disclosure of incidents that had previously gone unreported.

In the Bekaa, reported sexual assault incidents declined despite indications of heightened risk (11% decrease in 2025 compared to 2024). This reflects a 11% decrease in the total number of reported sexual assault incidents. Field actors noted that incidents involving online harassment and other non-physical violations—reflecting underlying sexual abuse risks—were predominantly classified under psychological/emotional abuse in line with GBVIMS standards. Reduced outreach activities and service contraction further constrained identification and reporting.

In the North and Akkar, sexual assault reporting increased in parallel with overall reporting trends. In Akkar, the total reported number of sexual assault incidents increased sharply by 89%, while in the North it increased by 18% between 2024 and 2025. Field-level validation linked this rise to expanded outreach services, improved awareness of available GBV services, and strengthened referral pathways across Lebanese, Syrian, and Palestinian communities.

In the South, sexual assault reporting declined (13% in 2024 compared to 10% in 2025), representing a 23%

decrease in the total reported incidents. This reduction is likely linked to ongoing insecurity, mobility restrictions, and reduced humanitarian presence. Underreporting is considered likely, particularly among displaced populations and adolescents, where access to services and safe disclosure channels remains constrained.

PHYSICAL ASSAULT

Physical assault reporting increased in several regions, reflecting the combined effects of economic stress, displacement, and household-level tensions.

In the South, physical assault increased markedly from 17% in 2024 to 24% in 2025—representing a 34% increase in the total reported incidents for this region. This was strongly associated with economic collapse, unemployment, scarcity of assistance, and conflict-related stressors. Field actors described increased household tension, family separation, and intimate partner violence as key drivers.

In North and Akkar, increases in physical assault reporting were closely linked to the overall increased reporting, with Akkar seeing a significant 87% increase in total reported incidents and the North seeing a 5% increase. These trends are attributed to increased outreach and improved identification rather than assessed changes in underlying risk levels.

In Beirut and Mount Lebanon, physical assault reporting increased as part of the overall rise in reported incidents (37% in 2025 compared to 34% in 2024), with the data showing a 43% increase in total reported cases for the region. Field discussions highlighted delayed disclosures, with survivors reporting incidents that occurred earlier once service availability and outreach improved.

In Bekaa, physical assault reporting increased despite the overall reduction in reported GBV incidents (from 31% in 2024 to 47% in 2025), reflecting a 22% increase in the total reported incidents. Field actors consistently emphasized that different types of GBV incidents are likely to increase, but reduced funding, agency withdrawal, limited outreach, and prioritization of high-risk cases have constrained reporting.

PSYCHOLOGICAL AND EMOTIONAL ABUSE

Psychological and emotional abuse showed notable increases in 2025, particularly in regions where awareness of non-physical forms of GBV expanded.

In Beirut and Mount Lebanon, reports of psychological and emotional abuse rose sharply (42% in 2025 compared to 32% in 2024), with a 75% increase in total reported incidents. Field-level validation linked this increase to heightened recognition of technology-facilitated GBV, including online harassment and verbal sexual abuse. National advocacy efforts and awareness campaigns contributed to increased disclosure and improved classification of these incidents.

In the South, psychological abuse increased alongside economic hardship and prolonged displacement (from 34% in 2024 to 43% in 2025), supported by a 22% increase in reported incidents. Field actors linked this trend to heightened coercive control, verbal abuse, and deprivation within households, exacerbated by reduced humanitarian coverage.

In the North (from 30% in 2024 to 37% in 2025) and Akkar (from 29% in 2024 to 34% in 2025), reporting increased as awareness of GBV concepts improved. This is reflected in the data as a 44% increase in the North and a substantial 128% increase in Akkar, as survivors became more able to recognize and report non-physical violence through accessible services.

In Bekaa, reporting declined by 8% in 2025 compared to 2024, due to the fact that psychological and emotional abuse remains widespread but underreported as shared by partners.

FORCED MARRIAGE

Reported forced marriage declined sharply across all regions in 2025. Field-level validation consistently indicated that this decline reflects under-recognition and underreporting rather than a genuine reduction in prevalence.

In Bekaa and the South, forced and early marriage were widely described as normalized coping mechanisms amid economic collapse and displacement, yet reporting plummeted by 82% and 79% respectively. Reduced funding for prevention and awareness initiatives, combined with community concealment, significantly limited identification and reporting.

[12] Multi-Sector Needs of Migrants in Lebanon - IOM
[13] UNICEF Lebanon – Child Protection Programme / Humanitarian situation updates
[14] UNHCR Lebanon Protection Monitoring

In North and Akkar, early and forced marriage practices persist, particularly among displaced communities. These incidents are frequently underreported or recorded under other categories, with Akkar showing a 20% decline and the North showing no change (0%), reflecting limited recognition of early marriage as a form of GBV.

In Beirut and Mount Lebanon, the 81% decline in reporting was attributed to shifts in incidents classification practices, population movements, and possibly increased awareness around consent and delayed marriage. However, field actors cautioned against interpreting reporting declines as evidence of reduced prevalence.

DENIAL OF RESOURCES, OPPORTUNITIES,AND SERVICES

Denial of resources and opportunities reflect deepening economic vulnerability and power imbalances within households primarily through the systematic withholding of essential services or by preventing a partner or family member from accessing the financial means for basic necessities—such as food, clothing, and hygiene products or by the confiscation of earnings, a practice where survivors are coerced into surrendering their paychecks or benefits.

In the South, reported denial of resources increased significantly (17% in 2025 compared to 13% in 2024), marking a 21% increase in total reported incidents, and was directly linked to unemployment, aid scarcity, and family separation. Field actors described increased control over financial resources and access to basic needs as a prevalent form of violence.

In North and Akkar, reporting increased alongside overall trends—by 39% and 43% respectively. This was linked to the overall increase in reported incidents and driven primarily by improved awareness and outreach efforts rather than changes in underlying risk.

In Beirut and Mount Lebanon, denial of resources was reported in the context of displacement-related stress and economic instability, though reporting actually saw a 21% decrease in total incidents, even as other types rose (4% in 2025 compared to 7% in 2024).

In Bekaa, reporting declined significantly by 46% (from 5% in 2024 to 3% in 2025) due to reduced service availability and prioritization of severe cases. Field discussions emphasized that denial of resources remains widespread but largely hidden due to mobility constraints, documentation barriers, and limited trust in service outcomes.

LOCATION OF INCIDENTS

62% Survivor's Home	20% Perpetrator's Home	<5% Public Spaces

In GBVIMS, the classification of incident location distinguishes between "survivor's home" and "perpetrator's home" to better understand the context and dynamics of violence[16].

Survivor's home refers to incidents that take place in the residence where the survivor is currently living. This may include their own house, a shared family home, or any shelter arrangement (such as rented accommodation or informal settlements). Violence recorded under this category is often associated with intimate partner violence or abuse by family members or cohabitants.

Perpetrator's home refers to incidents that occur in the residence of the alleged perpetrator, where the survivor does not reside. This may include situations where the survivor was visiting, invited, coerced, or taken to the perpetrator's home. Such cases can reflect different patterns of risk, including sexual exploitation, abuse by acquaintances, or incidents involving individuals outside the survivor's immediate household.

Analysis of the place of incident in 2025 indicates that the majority of reported GBV incidents continued to occur in the homes, private settings, primarily within the survivor's or perpetrator's residence. Field-level validation across all regions confirmed that this pattern is closely linked to the predominance of intimate partner violence, psychological abuse, and denial of resources, which are most often perpetrated within household environments. Economic deterioration, displacement, overcrowded living conditions, and prolonged periods spent at home due to insecurity and mobility restrictions have further intensified exposure to violence in domestic spaces, especially among refugees where 83% of households reporting movement restrictions[17].

In contrast, incidents occurring in public spaces, workplaces, or institutional settings remained comparatively lower but were more frequently reported in urban and service-dense areas such as Beirut and Mount Lebanon, where survivors have greater access to reporting mechanisms and support services. However, field discussions highlighted that workplace-related GBV—particularly sexual harassment, exploitation, and abuse—remains significantly underreported despite persistent risks. This

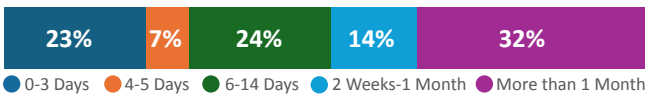
[15] *In the South: Physical assault surged by 34%, while psychological abuse rose by 22% and denial of resources increased by 21%*
[16] *GBV Information Management System (GBVIMS), User Guide*
[17] *Monthly Protection Monitoring Report Lebanon-December 2025*

is especially evident in informal and unregulated sectors, including agricultural labor, where women and children face heightened exposure to exploitation due to poor oversight, economic dependency, and unsafe working conditions[18]. Migrant domestic workers and displaced Syrian women were also identified as particularly vulnerable to abuse within employer households, where restrictions on movement, isolation, and power imbalances limit their ability to report incidents or seek support.

In public spaces, harassment against women and girls was consistently described as widespread and normalized, contributing to significant protection concerns. Reporting and qualitative data, including findings from the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR)[19], identified markets and transportation hubs as key locations where incidents frequently occur. Despite this, such forms of violence often remain underreported due to social normalization, lack of accountability mechanisms, and limited confidence in response systems.

TIMELINESS OF REPORTING AND SERVICE PROVISION

Time Between Incident and Report



Reporting timelines are defined as the interval between the date of the incident and the survivor's first contact with GBV case management services.

For incidents such as rape, presentation within 72 hours is considered critical, as it enables access to time-sensitive clinical management of rape services. Cases reported after 72 hours fall outside the optimal window for these urgent medical interventions.

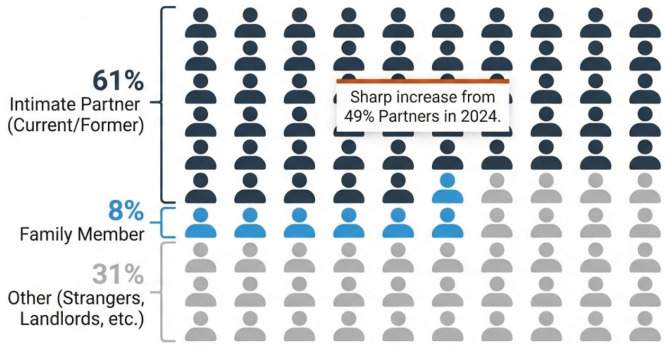
For analytical purposes, incidents reported more than 1 month after the incident are commonly interpreted as late reporting, reflecting delays in accessing GBV case management services. These delays may be associated with barriers such as stigma, fear of retaliation, limited awareness of services, and constraints in safe access to care.

The 2025 GBVIMS data indicates an overall improvement in the timeliness of reporting. A reduction in late reporting was observed, with the proportion of survivors reporting incidents more than one month after occurrence decreasing to 32 % in 2025, down from 44 % in 2024.

Concurrently, timely reporting improved, as the share of survivors reporting incidents within 0–14 days increased to 23 % in 2025, up from 18 % in 2024.

Despite these improvements, delayed reporting remained a persistent national challenge, with a substantial proportion of survivors continuing to report incidents more than one month after occurrence. Field-level inputs identified several contributing barriers, including restricted mobility, insecurity, fear of stigma or retaliation, and social and gender norms that limit survivors' movement and help-seeking behaviors, alongside reduced geographic coverage of GBV services. In the South, the reduction of cash support for transportation further constrained survivors' ability to access services in a timely manner.

ALLEGED PERPETRATOR-SURVIVOR RELATIONSHIP



Similarly to 2024, data on alleged perpetrator–survivor relationships in 2025 indicate that perpetrators were most frequently intimate partners or other family members, underscoring the predominance of domestic and familial violence within the overall GBV caseload. Field-level discussions across regions highlighted that intimate partner violence remains deeply embedded in contexts of economic stress, displacement, and shifting household roles, which intensify power imbalances and control dynamics.

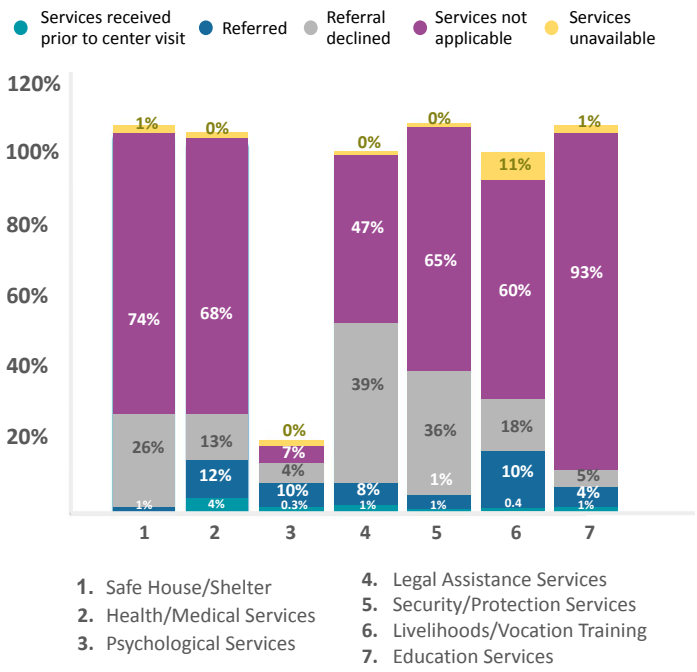
In cases involving children, perpetrators were commonly identified as primary caregivers or extended family members, i.e. fathers, uncles, grandfathers, etc. Field reports indicate that this pattern has become more pronounced during periods of conflict and displacement, where families are increasingly residing in shared or overcrowded living arrangements with extended relatives or

[18] Violence and Harassment in the World of Work - IOM
[19] VASyR 2025

other families. In these settings, children are exposed to a wider circle of people within confined spaces, often with limited privacy, supervision, or safe sleeping arrangements. This has increased the risk of abuse occurring within the home environment, while simultaneously making disclosure more difficult due to fear of family conflict, dependency on perpetrators, and lack of confidential reporting channels. The reduction of child-friendly spaces, along with disruptions of schools—especially in the South during the first half of the year—has further restricted opportunities for safe identification and referral, given the critical role these settings play in detecting and responding to child protection concerns. Incidents involving non-family perpetrators were more frequently reported in urban settings and among newly displaced populations, increased interaction in public, communal, or institutional spaces heightened exposure to risk.

Overall, field validation emphasized that violence perpetrated by known individuals—especially within the family—creates substantial barriers to reporting and help-seeking. Reported perpetrator–survivor relationship patterns should therefore be interpreted in light of survivors' limited ability to safely disclose violence committed by individuals on whom they may be economically, socially, or physically dependent.

REFERRAL TO OTHER SERVICE PROVIDERS



1. Safe House/Shelter
2. Health/Medical Services
3. Psychological Services
4. Legal Assistance Services
5. Security/Protection Services
6. Livelihoods/Vocation Training
7. Education Services

The referrals to GBV case management are usually sent from different service providers. In 2025, 40% of the incidents were referred by other humanitarian/development actors, 20% from psychosocial/counselling service, 5% from community volunteers and 4% from health/medical service providers.

GBV case management agencies refer survivors to different service providers according to their needs, however high proportions of survivors declined referrals for legal assistance, security/protection, and livelihoods across regions due to the perceived lack of trust in the legal system as well as fear of repercussions and deportation. For Displaced Syrians, legal residency is the most common barrier noting that according to VASyR, only 16.5 % of individuals above the age of 15 have legal residency permits, down from 18.4 % in 2024[20]. This legal precarity limits survivors' willingness and ability to pursue formal justice or protection pathways. Among migrant populations, barriers are further compounded by lack of access to valid identification documents, particularly the confiscation or expiry of passports, which significantly constrains their ability to safely seek legal support.

Additional contributing factors included limited trust in institutions, fear of legal or security repercussions, lengthy procedures, high costs, mobility constraints, and concerns regarding feasibility and long-term benefit of livelihood interventions. Survivors' readiness and perceived safety at the time of assessment also influenced referral uptake.

LIVELIHOODS AND VOCATIONAL TRAINING

Livelihoods and vocational training referrals were marked by relatively low uptake and notable reluctance. While 10 % of survivors were referred to livelihood services, 18 % declined these referrals. A majority (60 %) of cases were categorized as not applicable, indicating that economic interventions were either not immediately relevant or not prioritized during case management. Additionally, 11 % of cases reported livelihood services as unavailable. Very few survivors reported having accessed livelihoods support prior to the centre visit (0.4 %). This pattern reflects persistent barriers to economic programming, including feasibility concerns and structural constraints. Field actors

[20] VASyR 2025

highlighted that the livelihoods sector in Lebanon offers few accessible opportunities for displaced Syrians, with existing programs often constrained in scale, eligibility criteria, or alignment with survivors' immediate needs. For displaced Syrians in particular, restrictive labor policies, lack of legal residency or work permits, and concentration in informal and unstable employment further reduce both access to and the perceived benefit of such interventions, leading some survivors to decline referrals.

SECURITY AND PROTECTION SERVICES

Security and protection services provided by law enforcement actors (such as police, ISF, etc.) showed one of the highest rates of referral refusal. Although 1 % of survivors were referred and 1 % had previously accessed protection services, 36 % declined referrals despite being assessed as eligible. A further 65 % of cases were deemed not applicable, suggesting that formal protection interventions were either not required or not considered safe or appropriate in most situations. The high decline rate underscores survivors' fear of repercussions and limited trust in security mechanisms.

LEGAL ASSISTANCE SERVICES

Legal assistance referrals were characterized by both high relevance and high refusal. While 8 % of survivors were referred to legal services and 1 % had accessed such support prior to the centre visit, a substantial 39 % declined legal referrals. Nearly half of cases (47 %) were classified as not applicable. The elevated refusal rate reflects barriers including fear of retaliation, procedural complexity, and perceived low likelihood of positive outcomes.

PSYCHOSOCIAL SERVICES

Psychosocial support demonstrated the highest level of engagement among all service types given the fact that it is a regular service within case management where 81% of new incidents received psychosocial support within case management service. An additional 10 % were referred to external service providers, while only 4 % declined referrals. Psychosocial services were considered not applicable in 7 % of cases. This pattern indicates high acceptability, and perceived safety of psychosocial interventions among survivors.

HEALTH AND MEDICAL SERVICES

Health and medical services were largely categorized as not applicable, accounting for 68% of cases, suggesting that immediate medical needs were either absent, previously addressed, or time-bound to the incident. 12 % of survivors referred to health services, and 4 % had already accessed medical care prior to the centre visit. However, qualitative findings nuance this interpretation. Across regions, field actors reported that many migrants and refugees face significant barriers to accessing healthcare, including cost, documentation requirements, and discrimination. In 2025, especially in the first half of the year, a notable reduction in access to health services was identified, raising concerns about unmet needs and increased protection risks, particularly for vulnerable groups, according to the Protection Monitoring for Internally Displaced Persons (February to June 2025)[21] shows that the reported unavailability of healthcare and medical service by KIIs accounted for 44%.

SAFE HOUSE AND SHELTER

Safe house and shelter services were predominantly assessed as not applicable (74%), reflecting that emergency accommodation is relevant only in a limited number of high-risk cases. Among survivors for whom shelter was considered appropriate, 26% declined referrals, while only 1 % were referred and only 0.1 % had accessed shelter prior to the centre visit. Service unavailability was reported in 1 % of cases. The high refusal rate highlights the sensitivity of shelter interventions and survivors' concerns regarding safety, family separation, and longer-term consequences. Findings indicate that survivors tend to prefer referrals to cash-for-rent programs rather than placement in safe houses managed by GBV agencies because it allows them to maintain a degree of control and autonomy over their living arrangements. With cash support, they can choose where to live, stay with family or trusted networks, and avoid the visibility and restrictions that may come with institutional shelter settings.

4. Challenges and Gaps

CONTEXTUAL CHALLENGES

- **Continuity of GBV services:** Several key GBV programs are operating with funding confirmed only until mid-2026. Without renewed funding, case

[21] Protection Monitoring summary report February - June 2025. Situation of Internally Displaced Persons (IDPs) in Lebanon, cross-population

management,psychosocial support, and safe spaces in high-risk regions may be suspended, disrupting survivor follow-up and weakening referral pathways.

- **Shrinking Safe Spaces and Reduced Outreach:** Funding cuts have constrained community-based safe spaces and outreach activities as highlighted in the 2025 GBV Facility Mapping, which reported the permanent closure of six Women and Girls Safe Spaces,[22] reducing safe disclosure entry points for women and girls. Reduced outreach particularly affects survivors with mobility constraints and marginalized populations who rely on community-level engagement to access services.
- **Referral Gaps for Legal & Mental Health Services:** Survivors lack clear pathways to legal and mental health (MH) services due to different reasons including limited of specialized service providers,limited geographical coverage as most mental health services are centralized especially in Beirut, in addition to the lack of trust in the justice system or fear of stigma, etc., compounded by limited livelihood programs with strict eligibility criteria. Advocacy is needed to mainstream GBV services across sectors and prioritize survivor-specific interventions

[22] 2025 GBV Facility Mapping

5. Recommendations

Main Finding	Recommendation for Actors	Primary Responsible Actors	Timeline
Update the GBVIMS tools of Lebanon (ongoing)	Follow up with the global GBVIMS technical team and the national taskforce on the proposed revisions to GBVIMS tools to strengthen trend analysis. Recommended amendments include capturing online/technology-facilitated GBV, introducing “mental health” as a distinct referral category, and recording the occupation of the alleged perpetrator. These adjustments would enhance the depth and quality of analysis and support more evidence-based advocacy efforts.	GBVIMS Coordinator + GBVIMS Global Focal Point	Q1 2026
Capacity building and training	Capacity building of GBV data gathering organizations on confidential, timely, and ethical GBV data collection, analysis, and utilization of GBV information management systems focusing on GBV incident classification, recording and reporting.	GBVIMS Coordinator	Regularly
	Training on GBVIMS Plus (Primero)	GBVIMS Coordinator	March 2026
	Support capacity building initiatives within the sector (i.e. capacity building for Persons with Disability)	GBVIMS Coordinator+ GBVIMS Taskforce Members	2026
Enhanced coordination with Child Protection IMS Coordinator	Develop joint GBVIMS-CPIMS analysis about the Child Survivors: Both coordinators will resume the collaboration regarding the joint data points from the systems that can be compiled and analyzed especially the child marriage, and sexual assault trends	GBVIMS + CPIMS Coordinator	2026

5. Recommendations

Main Finding	Recommendation for Actors	Primary Responsible Actors	Timeline
Contextual monitoring and follow up with the GBVIMS Task Force Members	Continuously assess the situation and the contextual factors that impact GBV case management and GBV information management with the GBVIMS data gathering organizations including funding shortfalls, conflict and hostilities, accessibility, etc. and put mitigation measures as relevant	GBVIMS Coordinator	Regularly
	Ensure that GBV incidents involving child survivors are recorded in the GBVIMS when they are not captured through CPIMS. This will support more comprehensive qualitative analysis of reporting pathways and referral practices, enabling a better understanding of observed trends and helping to identify potential data gaps.	GBVIMS Coordinator and GBVIMS Data Gathering Organizations	Regularly