Assessment of Gender-Based Violence Risks, Needs and Service Gaps during the 2026 Emergency in Lebanon: Executive Summary

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Data Collection 29 April -18 May 2026

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Executive Summary

Introduction

The escalation of hostilities in Lebanon beginning on 2 March 2026, following regional military developments and the conflict between the US and Iran, triggered large-scale displacement and a rapid deterioration of humanitarian conditions across the country. Within days, displacement exceeded one million people, with affected populations facing significant challenges in accessing safe and affordable accommodation, essential services, and basic infrastructure.

While a portion of displaced populations sought refuge in collective shelters, the vast majority, estimated at more than 85 per cent, resided outside formal collective sites, including in rented accommodation, hosted arrangements, unfinished buildings, informal settlements, and other precarious living conditions. The identification, registration, and service provision for displaced populations living outside collective shelters presented considerable operational challenges due to limited outreach capacity, fragmented coordination mechanisms, and the absence of comprehensive tracking systems.[1]

The conflict has significantly impacted the protection environment, exposing displaced Lebanese populations, Syrian refugees, Palestine refugees from Lebanon and Syria, migrant workers, and host communities to heightened protection risks, including increased exposure to gender-based violence (GBV).

Reports from GBV service providers and humanitarian partners indicated a deterioration in safety, increased stressors within households and communities, overcrowded living conditions, and reduced access to protection services. However, limited evidence existed regarding the specific experiences and risks faced by women and girls residing outside collective shelters. In response, UNFPA, CARE International in Lebanon, and HDA jointly conducted a dedicated assessment to better understand the evolving GBV risks, barriers to service access, and response priorities among conflict-affected populations.

The assessment was conducted following the announcement of the ceasefire on 17 April 2026. Data collection took place within a context marked by recent displacement, ongoing insecurity, and significant psychosocial distress among affected populations. Contextual information reflected in the report was updated through 15 July 2026.

Methodology

The assessment employed a purposive qualitative sampling approach to capture the lived experiences, protection concerns, and service access barriers of women and girls affected by conflict and displacement, with a particular focus on those residing outside collective shelters.

Data collection was conducted between 29 April and 18 May 2026 through:

- 33 Focus Group Discussions (FGDs);
- 19 Key Informant Interviews (KIIs); and
- 7 additional interviews facilitated by GBV Working Group partners.

Participants included displaced Lebanese women and girls, Syrian refugees, Palestine refugees, migrant women, women from host communities, service providers, and representatives supporting marginalized and at-risk groups. Analysis followed a hybrid qualitative methodology combining AI-assisted thematic analysis

[1] DRM Reports (March - 16 July 2026), and IOM Displacement Tracking Monitoring (July 2026)

with expert review and validation by GBV practitioners to ensure contextual accuracy, survivor-centred interpretation, and trauma-informed analysis.

Key Findings

Based on the qualitative data from the 33 focus group discussions (FGDs) and 19 key informant interviews (KIIs), the following key findings were identified:

1. **Conflict and displacement significantly increased exposure to GBV risks**

The conflict and mass displacement exacerbated pre-existing gender inequalities and created new protection threats for women and girls across all affected population groups.

Loss of privacy and dignity: Women and girls living in overcrowded accommodation arrangements, shared housing, informal settlements, or collective environments reported severe loss of privacy, personal autonomy, and dignity. The lack of gender-sensitive shelter arrangements and inadequate partitioning heightened discomfort, stress, and protection risks. Women and girls who wear hijab reported remaining fully covered at all times, including during sleep, due to the presence of unrelated men and their fear of harassment and shame within living spaces.

Unsafe accommodation and exclusion: Displaced Syrian, Palestinian, and migrant women reported actual or perceived discrimination when seeking accommodation, including denial of access to shelters, exploitation by landlords, and unequal treatment based on nationality or legal status.

Increased domestic violence and household tensions: Participants consistently reported an increase in intimate partner violence (IPV), emotional abuse, and family conflict. These trends were linked to income loss, unemployment, psychological distress, overcrowding, and prolonged displacement.

Movement restrictions and safety concerns: Women and girls reported restricting their movement to daylight hours due to inadequate street lighting, security concerns, fear of harassment, and perceived risks of kidnapping or sexual violence. These restrictions further reduced access to services, livelihoods, social networks, and support systems.

Heightened and systemic risks for groups facing intersecting vulnerabilities: Age, gender and diversity has a profound impact on exposure to risks and ability to cope or seek protection. Women and girls with disabilities faced particularly severe risks, including inaccessible evacuation routes, inadequate shelter infrastructure, and barriers to service access. Adolescent girls experienced increased isolation, interruption of education, and elevated risks of child marriage. Organizations supporting individuals with diverse gender identities and sexual orientations reported heightened isolation, targeted hostility, and limited access to trusted protection mechanisms.

2. **Conflict exacerbated barriers to GBV disclosure, reporting, and service access**

The assessment found that women and girls faced multiple, overlapping barriers that hindered access to GBV services and reduced opportunities for safe disclosure.

Physical barriers included:

- Insecurity and restrictions on movement;
- Damaged infrastructure and unsafe transportation routes;
- Lack of accessible facilities; and

- High transportation costs
- **Social and cultural barriers included:**
- Harmful gender norms;
- Survivor-blaming attitudes;
- Fear of stigma, discrimination, or retaliation;
- Dependence on abusive family members or partners; and
- Social isolation

Administrative barriers included:

- Lack of legal documentation;
- Limited awareness of available services; and
- Insufficient dissemination of information regarding GBV risks and referral pathways

These factors collectively reduced help-seeking behaviour, delayed access to life-saving services, and increased exposure to ongoing abuse.

3. GBV service providers experienced substantial operational disruptions

Workforce displacement and psychosocial strain: Many GBV personnel were themselves displaced and affected by the conflict. Service providers reported elevated levels of stress, burnout, secondary trauma, and compassion fatigue resulting from prolonged emergency response demands, high caseloads, and repeated cycles of escalation with limited opportunity for recovery.

Closure and destruction of service infrastructure: Hostilities resulted in the closure, relocation, or destruction of Women and Girls Safe Spaces (WGSS), field offices, and service delivery points, particularly in South Lebanon, Nabatiyeh, and the Southern Suburbs of Beirut. This reduced the number of safe and confidential spaces available for service provision and survivor disclosure.

Logistical and transportation barriers: Insecurity, transportation shortages, and limited financial resources restricted the ability of staff to reach hard-to-reach areas and hindered survivors' access to available services. Conflict-related security concerns also disrupted evacuation movements and reduced the availability of affordable transportation options.

Limitations of remote service delivery: While remote modalities supported continuity of services in some contexts, both survivors and service providers emphasized a strong preference for in-person services. Remote approaches often failed to provide adequate privacy and safety for confidential disclosure, particularly in overcrowded settings where survivors were living with family members or potential perpetrators.

Funding constraints and inability to scale response: Chronic underfunding significantly constrained service expansion during the emergency. Funding limitations affected case management capacity, protection cash assistance, integrated mental health and psychosocial support (MHPSS), mobile outreach deployment, staffing, and the provision of essential items such as dignity kits.

4. Coordination and outreach challenges limited protection coverage

Difficulty identifying and reaching displaced populations outside collective shelters: The response architecture heavily focused on populations residing in collective shelters despite the majority of displaced persons living elsewhere. As a result, many displaced women and girls residing in private accommodation, informal settlements, and hosted arrangements remained difficult to identify and underserved by humanitarian actors. More efforts should be made by all responsible response actors to address those challenges that created access gaps.

Referral pathway challenges: Key informants reported that referral pathways often remain overly technical and difficult for communities and non-specialized actors to navigate. Language barriers, excessive reliance on QR codes, and complex referral documentation reduced the effectiveness of community-based referrals and early identification efforts.

Administrative and coordination bottlenecks: Local organizations highlighted administrative burdens and lengthy approval processes for activities implemented outside collective shelters. These challenges limited the speed and flexibility of humanitarian responses.

Insufficient integration of protection across sectors: Participants reported that protection and GBV risk mitigation were frequently treated as secondary priorities compared to shelter, food assistance, and other immediate needs. This limited the systematic integration of GBV risk mitigation measures across humanitarian response sectors.

Key Recommendations

1. Prioritize and expand specialized GBV services

Maintain and scale up Women and Girls Safe Spaces (WGSS), mobile service delivery, and face-to-face case management to ensure survivors have access to confidential, safe, and survivor-centred support. Remote modalities should only be used when security conditions prevent in-person access.

2. Strengthen outreach to populations outside collective shelters

Invest in community-based identification, mobile outreach teams, door-to-door engagement, and localized service delivery models to systematically reach women and girls residing in hosted accommodation, rented housing, informal settlements, and other non-collective settings.

3. Ensure disability-inclusive, adolescent-responsive, and age-sensitive programming

Allocate dedicated resources to address the specific needs and risks faced by adolescent girls, older women, women and girls with disabilities, and other groups facing intersecting forms of vulnerability. Accessibility considerations should be integrated across all stages of service design and implementation.

4. Strengthen frontline workforce wellbeing and surge capacity

Expand staff care initiatives, psychosocial support mechanisms, supervision structures, and emergency surge capacity to address burnout, secondary trauma, and workforce depletion during periods of heightened emergency response.

For All Humanitarian Actors

5. **Institutionalize GBV risk mitigation across all sectors:** Ensure that GBV risk mitigation is systematically integrated into emergency shelter, WASH, food security, health, cash, and education interventions. Mandatory safety audits, participatory safety mapping, and "Do No Harm" approaches should be embedded throughout programme design and implementation.

6. **Apply conflict-sensitive and equitable aid allocation approaches**

   Ensure humanitarian assistance reaches both displaced populations and vulnerable host communities in order to reduce tensions, perceptions of inequity, and associated protection risks, including GBV.

7. **Simplify referral pathways and strengthen safe disclosures and referrals**

   Develop community-friendly referral mechanisms that are accessible, multilingual, and easy to navigate. Strengthen the capacity of non-specialized frontline workers to identify protection risks and facilitate safe, survivor-centred referrals.

For Donors

8. **Provide predictable, flexible, and multi-year funding**

   Increase dedicated funding for life-saving GBV programming, including case management, MHPSS, protection cash assistance, safe spaces, mobile outreach services, and emergency preparedness. Flexible funding mechanisms are critical to enable rapid adaptation during periods of escalation and displacement.

For Government Authorities and Municipal Actors

9. **Improve safety, accessibility, and public infrastructure**

   Prioritize the rehabilitation of public infrastructure, including street lighting, transportation networks, and public facilities in high-risk areas. Ensure WASH facilities are safe, well-lit, sex-segregated, accessible for persons with disabilities, and designed in consultation with women, girls, and marginalized groups.

10. **Facilitate humanitarian access and service delivery**

    Streamline approval processes and coordination procedures to facilitate timely humanitarian interventions, particularly for outreach and protection activities targeting displaced populations residing outside collective shelters.

Conclusion

The 2026 conflict and large-scale displacement crisis have significantly heightened GBV risks while simultaneously weakening the systems intended to protect and support women and girls. Those residing outside collective shelters remain particularly difficult to identify and reach, resulting in critical protection gaps. Addressing these challenges requires sustained investment in specialized GBV services, strengthened outreach and referral mechanisms, meaningful integration of GBV risk mitigation across all humanitarian sectors, and predictable multi-year funding. Without urgent action and adequate financial support, women and girls will continue to face elevated protection risks and reduced access to life-saving support and services.