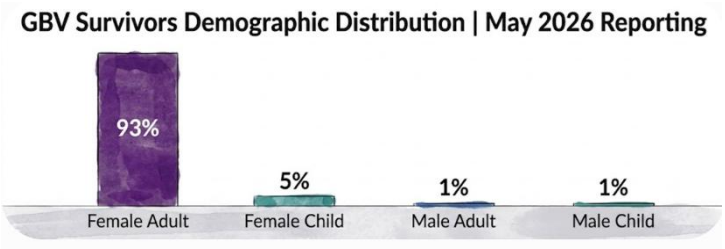
GBV IMS

GBVIMS Comparative Narrative Analysis: April – May 2026

Disclaimer: *The data presented in this report is derived from GBV incidents reported to and recorded by GBV case management service providers using the Gender-Based Violence Information Management System (GBVIMS) in Lebanon. The findings reflect only incidents reported through participating GBV service providers and should not be interpreted as representative of the prevalence or overall magnitude of GBV in Lebanon. Significant underreporting remains a recognized limitation due to stigma, fear of retaliation, safety concerns, barriers to access, and survivors' individual decisions regarding disclosure and help-seeking.*

Following the resumption of conflict in March 2026, GBVIMS data indicate a marked increase in reported GBV incidents. After an initial decline in reported incidents during March, likely reflecting disruptions to service delivery, access to GBV services, and reporting mechanisms during the initial phase of the conflict escalation, reported **incidents increased substantially by 75.9 per cent** between March and April. This upward trend of increased recording of GBV following the initial escalation was sustained into May, with a further 1.6 per cent increase in reported incidents. Despite the substantial increase in reported incidents following the resumption of conflict, the number of reported incidents in both April and May 2026 remained lower than those recorded during the corresponding period in 2025. This suggests that the current figures may not yet reflect the full scale of GBV needs, as conflict-related barriers continue to affect survivors' ability to safely access services and report incidents. As the humanitarian impact of the conflict persists and access to services gradually improves, additional numbers of survivors may come forward to seek support, and reported incidents may continue to increase in the coming months.

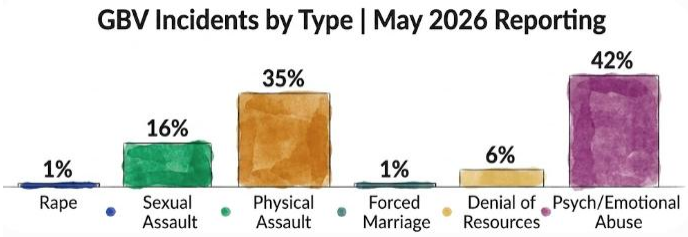
This trend should be interpreted within the context of reporting coverage during the period, as three partner organizations were unable to submit their May data due to ongoing programme cycle renewals or temporary suspension of activities resulting from funding constraints. Therefore, variations between the two months should be considered with caution, as the reported figures may not fully capture changes in reported GBV incidents and service uptake during the reporting period.



The demographic profile of survivors remained largely consistent between April and May 2026, with women and girls continuing to account for the majority of individuals accessing GBV services. The age and sex disaggregation of survivors showed a slight difference between April and May 2026. In May, women continued to represent the majority of reported survivors, accounting for 93 per cent, while girls represented 5 per cent. Male survivors remained limited, with male adults and children each accounting for 1 per cent of reported cases. Compared to April, when child survivors represented only 4 per cent of cases and were exclusively adolescent girls, May showed a slight increase in the proportion of child survivors, with reported cases including both girls and boys.

Although the overall survivor profile changed only marginally between the two reporting periods, the consistency of these trends demonstrates the persistent nature of GBV risks affecting women and girls across humanitarian settings and highlights the continued need for sustained access to comprehensive, survivor-centred response services.

Between April and May 2026, the distribution of reported GBV incident types showed mixed trends. The most notable change was a 63.6 per cent decrease in reported rape incidents. In contrast, physical assault increased by 10.8 per cent, followed by denial of resources, which increased by 7.4 per cent, and sexual assault, which increased by 6.6 per cent during the same period. Reports of psychological abuse decreased



slightly by 4.4 per cent, while forced marriage remained stable with no reported change. Despite fluctuations across incident types, physical assault and psychological abuse continued to represent the most frequently reported forms of GBV in May, indicating the continued prevalence of violence within interpersonal and household contexts, including intimate partner violence that continued to represent the predominant context of reported GBV incidents during both reporting periods (88 per cent in April compared to 89 per cent in May). The consistency of this finding reinforces the continued prevalence of violence occurring within intimate relationships and highlights that domestic settings remain the primary environment in which survivors seek GBV case management services. The decrease in reported rape cases should be interpreted with caution, as variations in reporting may reflect changes in access to services, disclosure patterns, referral pathways, or other contextual factors rather than a direct reduction in the occurrence of incidents. Noting that survivors of sexual violence often face significant social, cultural, and protection-related barriers to reporting, which continue to contribute to substantial underrepresentation within routine service data.

Impact of Displacement on GBV Risks

The most significant shift observed between April and May 2026 relates to the displacement profile of survivors accessing GBV services. The proportion of internally displaced persons (IDPs) increased from **12 per cent in April to 21 per cent in May**. When comparing the actual number of IDP survivors reported, this represents an 85per cent increase between the two months, indicating a substantial rise in displaced survivors accessing GBV services. The proportion of refugee survivors declined from **61 per cent to 54 per cent** and the proportion of host community survivors remained relatively stable.

This evolving profile confirms the detrimental impact of displacement of the safety, wellbeing and exposure to gender-based violence of women and children.

The continued representation of displaced survivors within the GBV caseload reinforces the need to ensure that specialized GBV services remain accessible across both collective and non-collective settings. Given that a significant proportion of displaced populations continue to reside outside formal shelters, strengthening community outreach and mobile service delivery remains critical to reducing barriers to safe disclosure and access to support.

Referral Pathways and Service Provision

One of the most notable operational developments between April and May was the change in referral pathways through which survivors accessed GBV services. The proportion of survivors who self-referred declined, while referrals originating from other humanitarian service providers increased considerably.

This shift may indicate improved engagement of survivors by frontline actors and strengthened coordination across humanitarian sectors. Increased referrals from non-GBV actors suggest that awareness of GBV referral pathways may be improving and that service providers across sectors are increasingly able to recognize potential GBV risks and facilitate safe referrals to specialized services. Continued investment in capacity strengthening for non-GBV actors remains essential to ensure that referrals are conducted safely, confidentially, and in accordance with survivor-centred principles.

Conclusion and recommendations

The comparison between April and May 2026 highlights the need for flexible GBV programming that can adapt to changing displacement patterns, particularly by strengthening outreach to displaced populations outside collective shelters. The continued predominance of intimate partner violence underscores the importance of maintaining specialized GBV services, including case management, psychosocial support, safety planning, and referrals. The increased referral from humanitarian partners further emphasizes the importance of inter-sectoral coordination and continued capacity-building on survivor-centred approaches and safe referral pathways.

Recommendations

Based on the analysis of GBVIMS data for the first half of 2026 and the evolving humanitarian context following the resumption of conflict, the GBV Working Group recommends the following priority actions:

Expand access to life-saving GBV response services and safe reporting mechanisms. Strengthen community outreach, mobile service delivery, and safe disclosure mechanisms to ensure women and girls can access timely, survivor-centred GBV services despite movement restrictions, displacement, and other access barriers. Continue disseminating information on GBV risks, available services, and referral pathways to increase awareness, facilitate safe and informed self-referrals, and reduce barriers to accessing specialized support.

Strengthen prevention and response to intimate partner violence (IPV). Given the continued predominance of IPV among reported incidents, partners should scale up targeted IPV prevention and response interventions by strengthening case management, psychosocial support, and specialized counselling services. Programmes should include context-specific awareness and behaviour change messaging, promote women's and girls' safe and timely access to services, and increase the meaningful engagement of men and boys to address the underlying drivers of IPV.

Sustain flexible and conflict-responsive GBV programming. Ensure GBV programmes remain adaptable to evolving humanitarian needs by prioritizing services for displaced and conflict-affected populations, maintaining continuity of life-saving interventions during periods of insecurity, and strengthening inter-sectoral coordination to facilitate safe referrals and integrated service delivery.

Strengthen GBV information management and reporting. Improve GBVIMS reporting coverage, partner capacity, and data quality by supporting timely and consistent data submission, reinforcing adherence to GBVIMS standards, and strengthening partners' technical capacity. Enhanced reporting will improve the completeness and representativeness of GBV data, enabling more robust evidence for programming, advocacy, and resource allocation.

Invest in sustained GBV response capacity. Ensure continued investment in specialized GBV services, qualified personnel, and community-based programming to maintain equitable access to quality, survivor-centred care. Sustained funding and operational flexibility are essential to preserve service continuity and respond effectively to evolving GBV risks in Lebanon's protracted humanitarian context.