2025 SUMMARY REPORT

December 2025

Introduction

The 2025 Summary Report presents a comprehensive analysis of the Kabi Ma Me Hotline, a nationwide emergency and support system established by One Love Sisters Ghana to respond to the urgent protection needs of LBQT and Gender Nonconforming (GNC) individuals across all 16 regions of Ghana. Since its launch in 2022, the hotline has evolved into a structured and reliable national mechanism, operated by 32 trained hotline operators and 3 coordinators equipped with professional skills in crisis response, psychosocial support, survivor-centered communication, and human rights protection. The hotline functions as a confidential entry point for survivors experiencing gender-based violence, discrimination, blackmail, eviction, family rejection, or other human rights violations, offering immediate guidance, safety assessment, referral to shelters and legal or medical support, and ongoing case management. Beyond response, the system also documents and analyzes incident data to inform advocacy and strengthen community protection systems. In a national context where stigma and fear often silence queer and gender-diverse individuals, the Kabi Ma Me Hotline has become a trusted lifeline and a critical part of Ghana's GBV response ecosystem—providing rapid intervention, amplifying marginalized voices, and reaffirming OLS's commitment to building a safer and more inclusive society.

Methodology

This analysis is based on the complete set of incident reports documented through the Kabi Ma Me Hotline for the January to November 2025 reporting year. Data was generated directly from frontline operations: every hotline operator documents each case encountered, whether through direct calls, WhatsApp messages, referrals, observations, or emergency follow-ups, and submits a structured report to the regional coordinators. Coordinators review, verify, and consolidate these reports before entering them into the central Excel-based database maintained by the Administrative and Data Analytics, Monitoring, Evaluation, Accountability and Learning (DMEAL) units.

The dataset includes detailed variables such as date of incident, date of report, caller demographics, region, type of violation, relationship to perpetrator, incident motivation, risk level, actions taken,

resolution pathway, and case outcome (resolved, pending, referred, or non-actionable). Additional fields capture multi-incident cases, contextual notes, safety concerns, and operator observations. Quality assurance procedures—daily verification, cross-checking duplicated entries, and weekly coordinator reviews—were used to ensure accuracy, eliminate inconsistencies, and validate each record before analysis.

Data cleaning involved standardization of terminology, harmonization of case categories, recoding of overlapping incident types, and separation of actionable cases from non-actionable reports (such as general observations or media-based incidents). Quantitative analysis was conducted to identify trends by month, region, violation type, and perpetrator relationship. Comparative analysis across previous years (2022–2025) was incorporated to assess growth in reporting, shifts in violence patterns, and the strengthening of the hotline system.

Overall, the methodology ensures that findings accurately reflect the realities faced by LBQT and GNC individuals across Ghana, grounded in systematically collected, verified, and ethically handled case data.

Findings

The findings presented in this section provide a comprehensive overview of the patterns, trends, and dynamics observed across all incidents reported through the Kabi Ma Me Hotline in 2025. Drawing from systematically documented case reports submitted by hotline operators nationwide, the analysis highlights not only the volume of incidents but also the nature of violations, regional distribution, motivations behind the cases, relationships to perpetrators, and the effectiveness of response actions.

This section moves beyond raw numbers to unpack the underlying drivers of the incidents, expose recurring risk factors, and identify the forms of violence most affecting LBQT and GNC individuals across Ghana. It also contextualizes the data within broader social, cultural, and systemic realities, offering an in-depth understanding of where vulnerabilities are concentrated and how different forms of discrimination manifest in everyday life.

The findings further assess the operational performance of the hotline—examining response rates, resolution pathways, and collaboration with partner organizations—to provide clear evidence on what is working, where gaps remain, and how the system is evolving. Together, these insights form the foundation for strategic recommendations aimed at strengthening protection, enhancing service delivery, and improving outcomes for survivors nationwide.

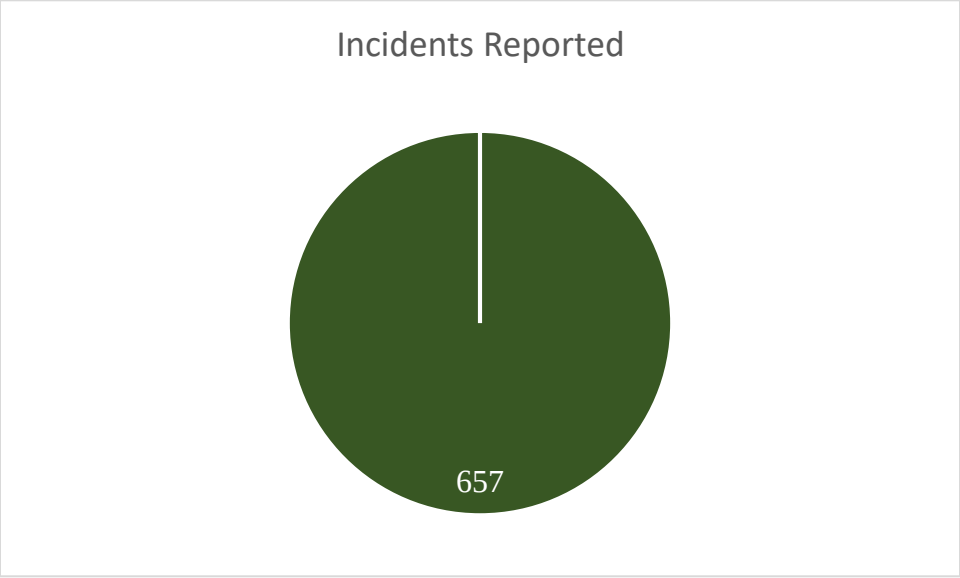


Figure 1: Incidents Reported

Source: Hotline Data, 2025

A total of 657 incidents were reported, providing the full scope of cases received through the hotline over the period. These reports include both the 300 incidents that were fully addressed and the remaining non-actionable cases, which were documented but did not require or allow direct intervention.

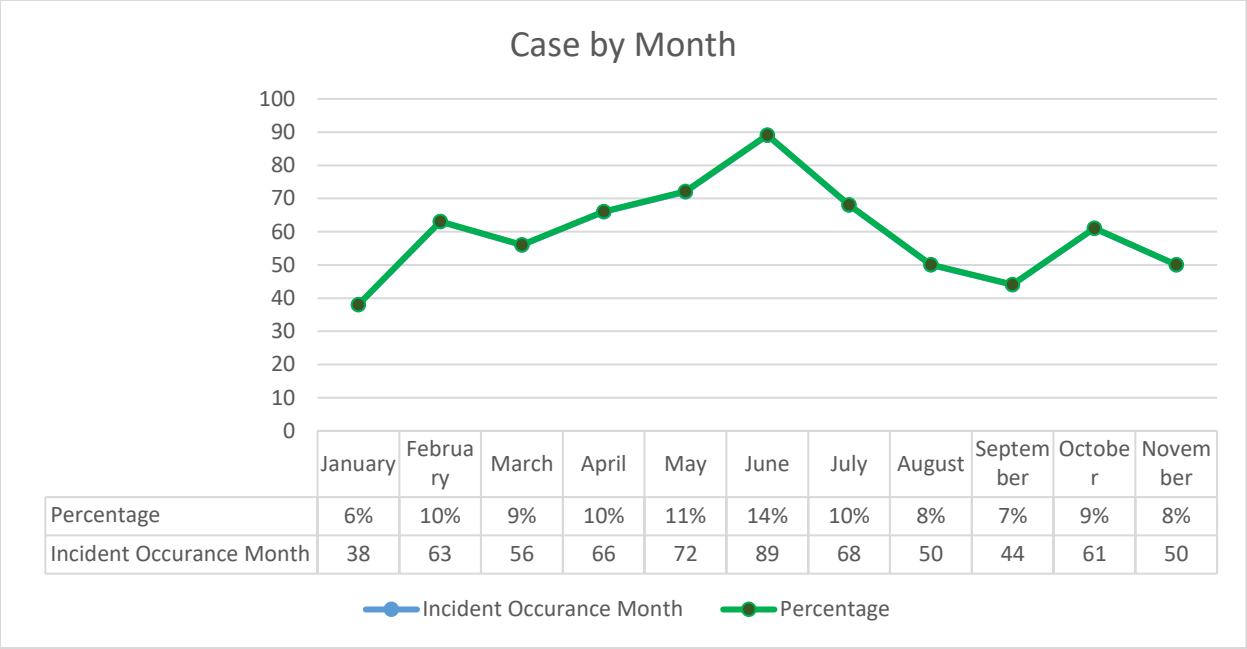


Figure 2: Cases by Month

Source: Hotline Data, 2025

The data indicates clear fluctuations in hotline activity across the year, with several months standing out as periods of heightened crisis reporting. June recorded the highest volume of incidents at 89 cases, representing roughly 14% of all reports in the reporting year. May followed with 72 cases (about 11%), while July and April also showed elevated activity with 68 and 66 cases respectively, each contributing approximately 10% of the annual total. These mid-year surges contrast sharply with the year's lowest point in January, which recorded only 38 cases, suggesting a temporary decline in incident occurrence. Overall, the distribution reflects a consistent pattern of increased reporting in the second and third quarters of the year, underscoring periods where community stressors, or exposure risks may have been particularly pronounced.

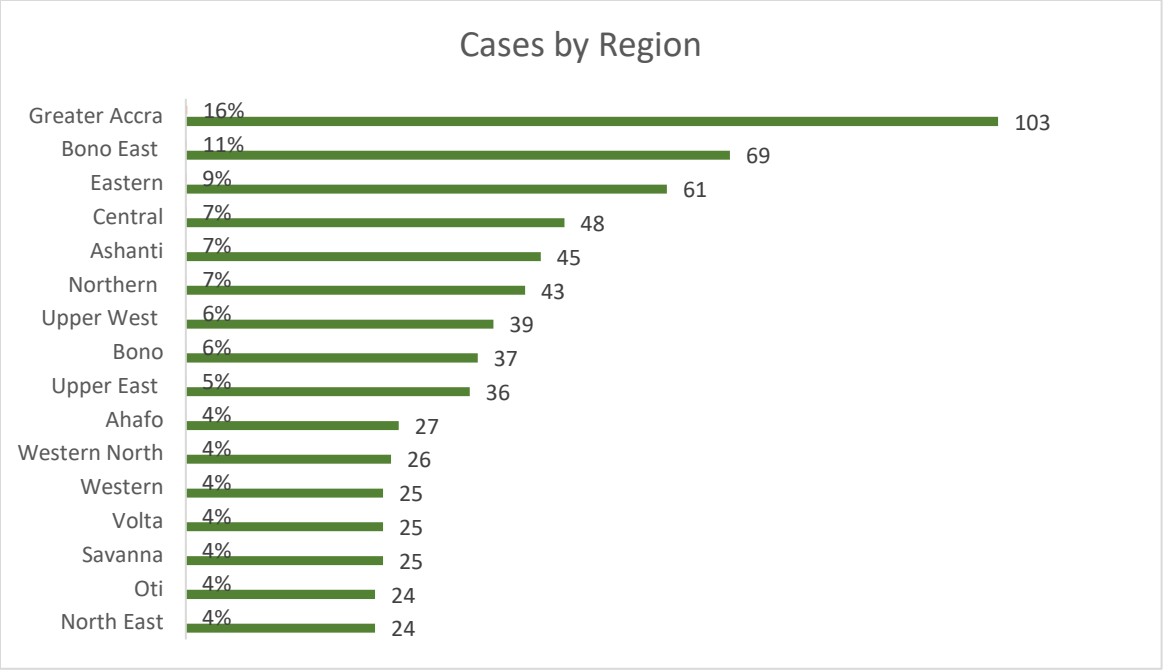


Figure 3: Cases by Region

Source: Hotline Data, 2025

The regional distribution of cases shows a clear and uneven concentration of reported incidents. Greater Accra accounts for the highest burden at 16% of all cases (103), far surpassing every other region and signaling a distinctly higher exposure to violence, discrimination, and crisis triggers within the capital's dense and highly mobile LBQT/GNC population. Bono East follows at 11% (69 cases), with Eastern Region close behind at 9% (61 cases), forming a secondary hotspot that reflects persistent structural vulnerabilities rather than gaps in outreach. The mid-range regions, including Central (7%), Ashanti (7%), and Northern (7%), record steady but significant caseloads that indicate pervasive risk environments across both urban and peri-urban areas.

Upper West (6%) and Bono (6%) sit in the moderate band, while Upper East records 5% of cases. The lowest-incidence regions, North East, Oti, Savanna, Volta, Western, Western North, and Ahafo, each fall between 4%, which may reflects smaller populations, lower visibility of queer communities, and fewer public interaction points where violations typically surface. Overall, the pattern forms a clear gradient where incident likelihood increases with urban density, socio-economic pressure, heightened visibility, and increased community mobility.

Type or Nature of incident

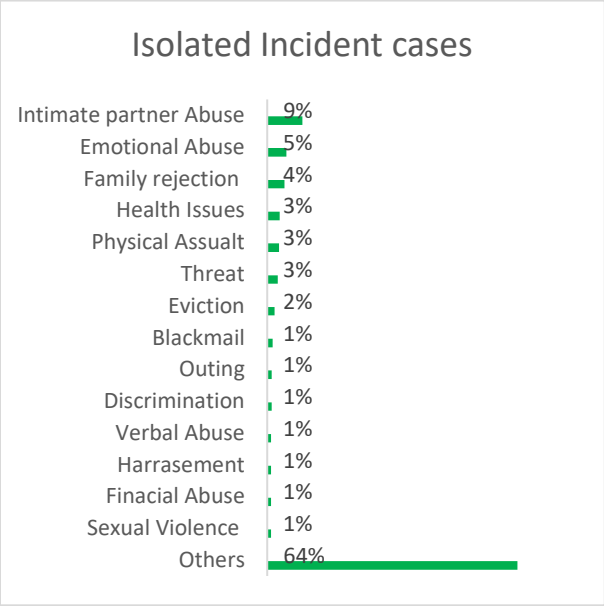


Figure 4: 2025 Incidents Reported

Source: Hotline Data, 2025

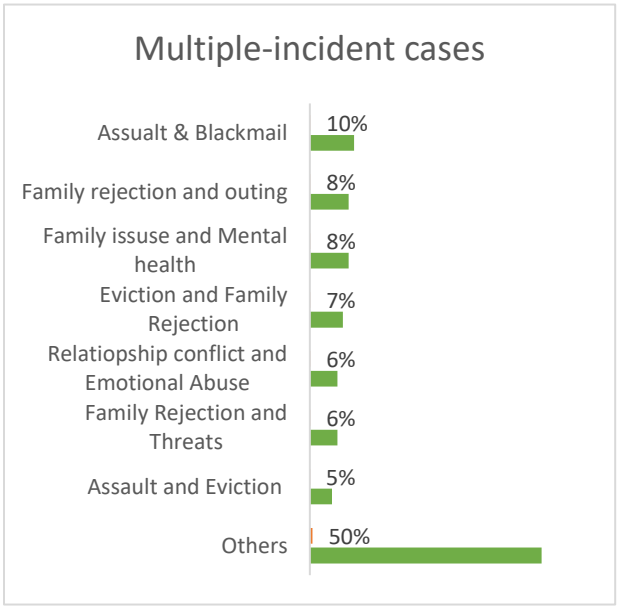


Figure 5: 2025 Incidents Reported

Source: Hotline Data, 2025

The incident distribution in figures 4 shows that a large proportion of entries, 64% of single-incident reports (406), fall under "Others," which represents non-actionable monitoring data such as radio insults, discriminatory public commentary, or general observations documented by hotline operators. This confirms that the hotline is not only a survivor-support system but also an active surveillance mechanism, capturing early warning signals of public hostility across the country. Once these observational cases are excluded, the clearest pattern emerges in actionable survivor incidents: Intimate Partner Abuse is the most frequently reported at 9% (57 cases), highlighting persistent relational violence within LBQT and GNC relationships. Emotional Abuse (5%) and Family Rejection (4%) follow, showing that interpersonal and family-based harm, rather than anonymous public threats, forms the core of direct crisis reports. Physical Assault, Health Issues, and Threats (each 3%) reflect steady exposure to direct risks, while Eviction (2%) and categories such as Blackmail, Outing, Discrimination, Verbal Abuse, Harassment, and Financial Abuse (each 1%) represent targeted but lower-frequency incidents that still carry significant protection concerns.

For multiple-incident cases, as shown in figure 5, “Others” again dominates at 50%, reinforcing that half of these entries are observational reports of complex public events rather than survivor-specific crises. Among the actionable multi-incident cases, Assault & Blackmail appears most frequently at 10%, illustrating situations where physical harm escalates into coercion or extortion. Several combinations center around family rejection, Family Rejection & Outing (8%), Family Issues & Mental Health (8%), Eviction & Family Rejection (7%), and Family Rejection & Threats (6%), confirming that family environments remain the most volatile and high-risk spaces for queer individuals. Relationship Conflict paired with Emotional Abuse (6%) reflects intra-relationship instability that often compounds psychological harm. Overall, once non-actionable “Other” observations are separated, the core data reveals a consistent pattern: survivor cases are driven primarily by intimate partner dynamics and family-related hostility, both of which create layered risks that require coordinated psychosocial, legal, and safety responses rather than isolated interventions.

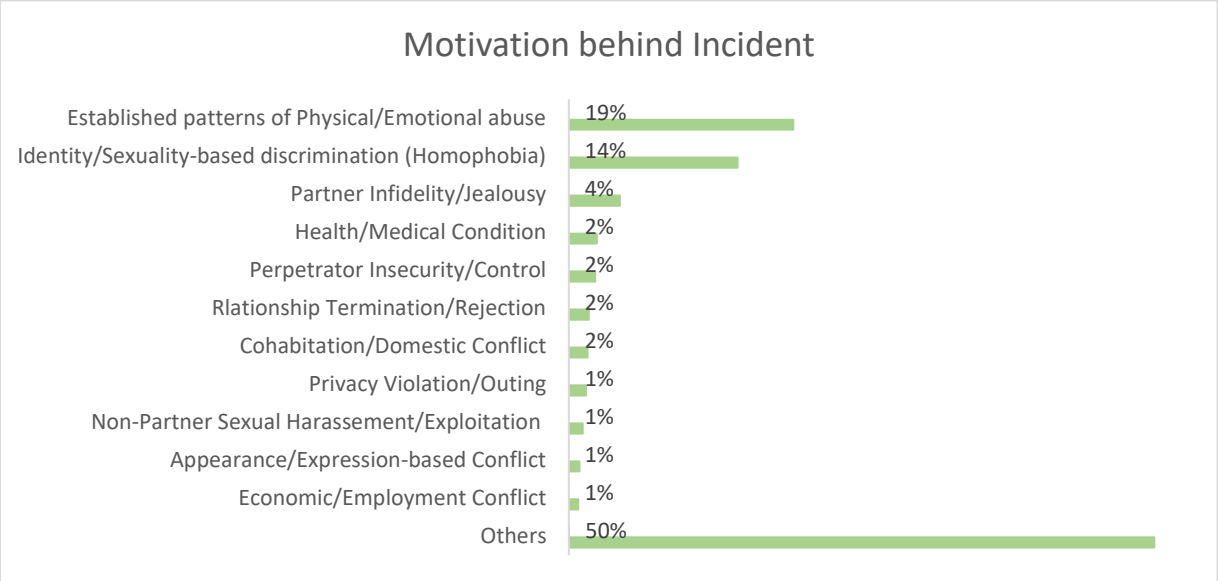


Figure 6: Motivation behind Incidents

Source: Hotline Data, 2025

The motivations behind the incidents show a clear hierarchy of drivers once the non-actionable “Others” category, 50%, largely consisting of general observations, third-party media hostility, or reports without identifiable survivors, is separated from the crisis-relevant data. Among the

actionable cases, the most dominant motivator is established patterns of physical and emotional abuse (19%), confirming that many survivors are living in chronically violent environments. The second strongest driver is identity- or sexuality-based discrimination (14%), indicating persistent homophobia as a structural threat that fuels both targeted attacks and ongoing psychological harm for LBQT and GNC individuals. Mid-level motivators, including partner infidelity/jealousy (4%), and a cluster of interpersonal triggers such as health/medical vulnerabilities, perpetrator insecurity/control, relationship termination, domestic conflict, and privacy violations (each 1–2%), reflect the complex mix of relational pressure points that escalate into violence when combined with the broader hostile environment. Appearance/expression-based conflict, economic/employment disputes, and non-partner sexual exploitation appear infrequently (each 1%), illustrating the breadth of vulnerabilities the community faces across social, economic, and public settings.

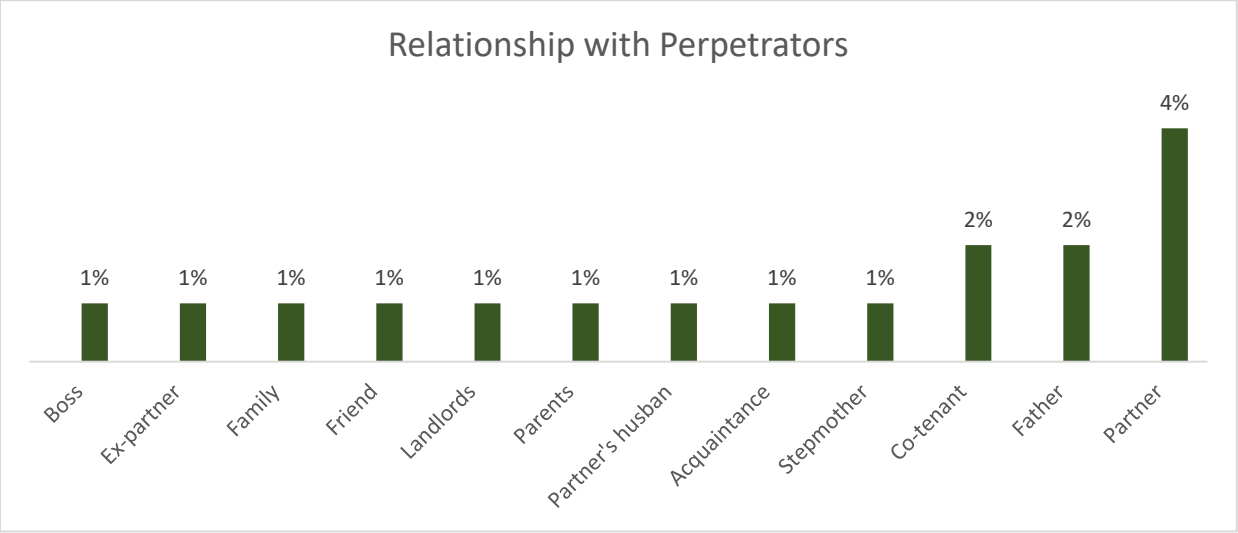


Figure 7: Relationship with Perpetrators

Source: Hotline Data, 2025

The data presented in figure 7 shows most incidents involve a wide spread of low-volume actors each contributing 1–2% of cases. These include bosses, ex-partners, friends, landlords, acquaintances, and extended family members, all appearing individually at 1% each, along with co-tenants and fathers at 2%. Only current partners stand out at 4%, making intimate partners the single most common identifiable perpetrator group in this dataset. This pattern reinforces a

consistent trend in hotline reports: while violence and violations come from many directions, intimate partners remain the most persistent and recurring source of harm, especially in cases involving control, emotional abuse, threats, and physical assault.

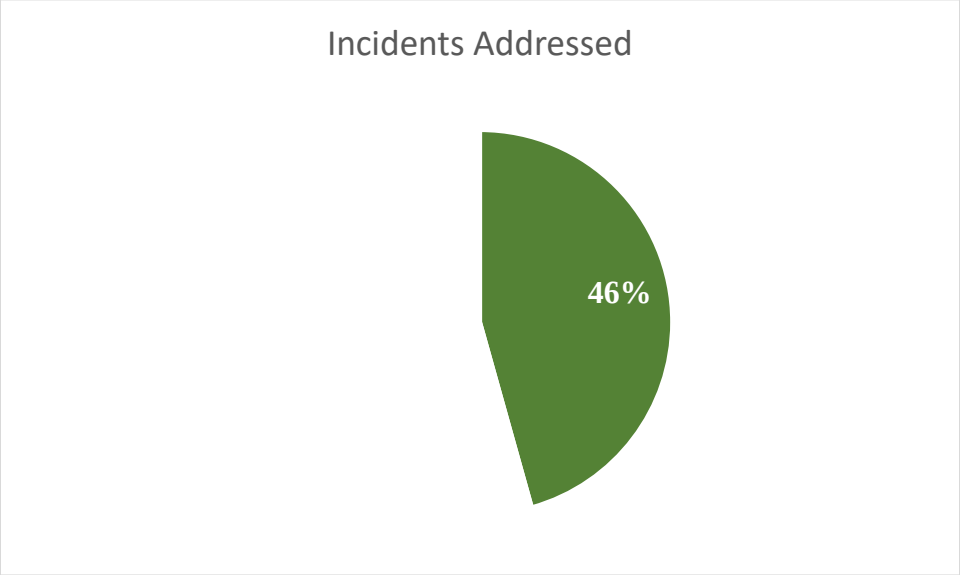
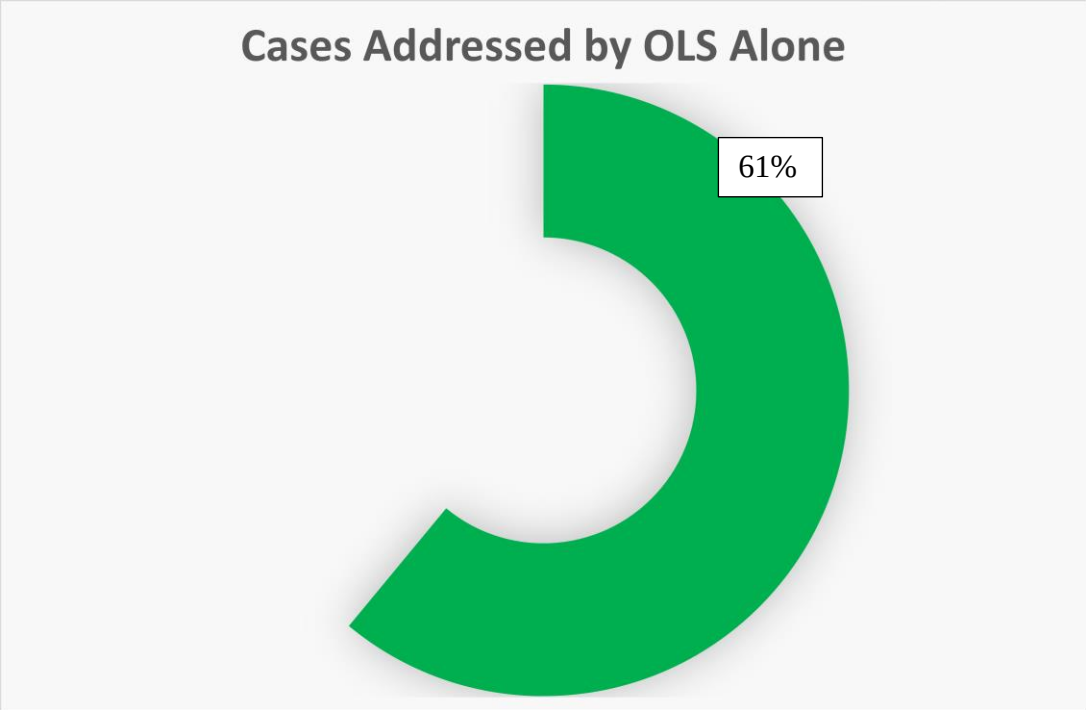


Figure 8: Incidents Addressed

Source: Hotline Data, 2025

Out of all reports received, 300 incidents (46%) were fully addressed with direct intervention through crisis response, referral, case management, and safety planning among others. This volume reflects a consistently high demand for support and confirms that nearly half of all incoming reports required active operational engagement from hotline operators and coordinators. These addressed cases represent the core workload of the hotline, real survivors, real threats, and real-time decisions around safety, shelter, healthcare, psychosocial support, and legal referral. The remaining reports fell under non-actionable cases, which consist largely of general observations, media-based stigma, or incidents without identifiable victims. This group also includes cases in which survivors initially sought help but later withdrew their complaints or became unreachable, limiting the ability of the hotline to intervene.



A majority of the caseload, 61%, was fully managed and resolved by OLS alone, demonstrating strong internal capacity in crisis response, case management, and survivor support. The remaining 39% required joint intervention with external partners such as the Rapid Response System (RRS), indicating that a significant subset of cases involved complexities (legal, medical, safety-critical) that demanded multi-agency collaboration.

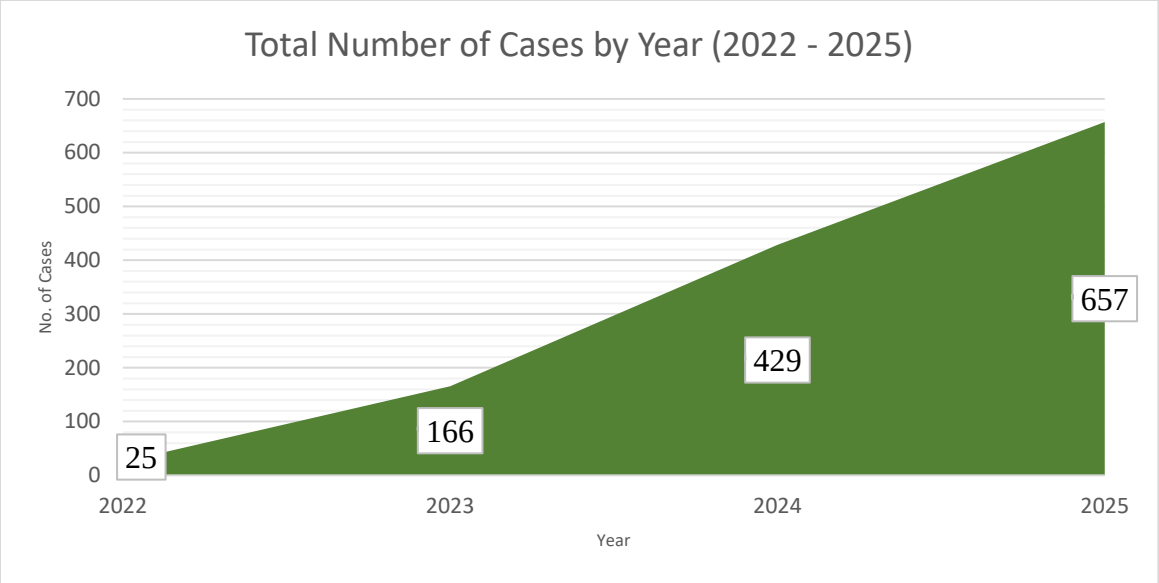


Figure 1: Total Number by Year (2022 – 2025)

Source: Hotline Data, 2025

The annual case load shows a sharp and consistent escalation in reported incidents, rising from 25 cases in 2022 to 166 in 2023, then surging to 433 in 2024, and reaching 657 cases in 2025. This pattern reflects a rapid expansion in visibility, trust, and utilization of the hotline system as coverage improved and operators matured in outreach and documentation.

Challenges

1. High expectations of immediate support from victims which creates emotional pressure on operators who must balance empathy with the operational limits of the hotline.
2. Victims withdraw their cases and become unreachable, driven by fear, emotional exhaustion, pressure from family, friends or partners, or sudden change in living situations creating incomplete cases and emotional uncertainty- never knowing if the person is safe or at risk.
3. Fear of exposure leading to limited disclosure. Although trust in the hotline has grown over the years, fear remains a natural part of the process. Survivors worry about being outed, judged, blamed, or reported to people who might hurt them. Even when they trust the hotline, they often hold back sensitive details, fearing consequences for themselves or the

people they rely on. This limits the operator's ability to assess risk accurately and provide the best possible support.

4. Community perceptions regarding age and seniority. In some communities, younger or newer operators are not taken seriously. People question their maturity, competence, or authority-even when they are fully trained. This results in community members refusing to report through them, undermining their confidence and slowing down response. Operators must navigate not only the case but also the social politics of age, respect, and hierarchy.

5. Medical cases requiring follow-up become difficult. Cases involving injuries, STIs, emergency care, or prolonged treatment are particularly challenging. Survivors may be unable or unwilling to attend follow-up appointments. Some fear being questioned by medical staff, while others cannot afford transportation or medication. Operators end up carrying the emotional burden of unresolved health risks, with no guarantee that the survivor is actually receiving care.

6. Victims involving operators in personal resolutions, risks, and negative perceptions. Some survivors pull operators into personal disputes, for example, relationship conflicts, arguments with partners, or family misunderstandings. When survivors later reconcile with the person who harmed them, the operator can be blamed for "interfering" or "taking sides." This creates reputational risk for operators and sometimes puts them in unsafe situations.

7. Emotional over-attachment from survivors. For survivors who feel isolated or rejected, the operator becomes the only safe and supportive voice in their life. This can lead to emotional dependence—frequent calls, seeking validation, or expecting the operator to solve unrelated personal problems. While understandable, it strains operator boundaries and increases burnout, because operators cannot be a replacement for long-term psychosocial support.

Conclusion

The data demonstrates a rapidly growing demand for the Kabi Ma Me Hotline, with cases increasing significantly each year and reaching their highest levels in 2025. The pattern of incidents reported, spanning identity-based discrimination, established patterns of abuse, intimate-

partner violence, blackmail, threats, and evictions, reflects both the heightened vulnerability of LBQT and GNC persons in Ghana and the essential role of the hotline as a national safety mechanism. OLS has proven capacity to address the majority of cases independently while also demonstrating strong collaborative competence through joint interventions with RRS partners. The regional distribution shows that cases are not isolated phenomena but a nationwide issue, with Greater Accra, Bono East, Eastern, and Central regions reporting the highest volumes. The significant proportion of actionable incidents confirms the hotline's function as a critical frontline protection service, while the non-actionable reports still provide vital intelligence for trends, risks, and advocacy priorities. Overall, the hotline is not only responding to crises but generating national-level evidence that strengthens protection systems and informs policy engagement.

Recommendations

1. **Strengthen Operational Capacity and Systems**
   Enhance operator skills, improve case-management technology, and increase regional resources to ensure faster, more effective, and trauma-informed responses across all regions.
2. **Deepen Multi-Agency Collaboration and Survivor Support Pathways**
   Formalize partnerships with legal, health, security, and shelter providers to streamline joint interventions and expand access to comprehensive support services for survivors, especially those facing eviction, chronic abuse, or safety threats.
3. **Scale Prevention, Community Education, and Evidence-Driven Advocacy**
   Use trend data, including identity-based discrimination, outing, and family rejection, to guide targeted community engagement, reduce stigma, and strengthen early-warning and broader advocacy efforts.

Acknowledgement

Partners

We extend our sincere appreciation to all partner institutions and collaborators under the Rapid Response System (RRS). Thank you for standing with us.

Donors