Gender-Based Violence AoR
Palestine

GENDER-BASED VIOLENCE TRENDS ANALYSIS: GAZA

June - August 2025

INTRODUCTION

Between June and August 2025, the Gender-Based Violence (GBV) Area of Responsibility (AoR) in Gaza monitored and analyzed GBV trends amid ongoing airstrikes, repeated forced displacement, famine and acute shortages of basic items, inflated costs, cash shortages and the erosion of basic services, all of which continue to shape the risks faced by women and girls.

This report aims to provide GBV actors and humanitarian partners with a grounded understanding of the incidence and nature of GBV cases documented during this period, and to situate these findings within the wider constraints and risks affecting GBV survivors and response service providers across the Gaza Strip.

Reporting of GBV remains exceptionally challenging. Survivors face intersecting barriers including stigma, fear of retaliation, restricted movement, and limited knowledge of what services remain available after almost two years of bombardment and mass forced displacement. The closure and destruction of many Women and Girls Safe Spaces (WGSS), along with the destruction and disruptions to health and psychosocial support facilities, have further reduced the safe entry points through which survivors can safely disclose violence and access care. **Despite sustained awareness-raising efforts by GBV partners, these conditions mean that the trends presented here capture only a fraction of the true scale of GBV across the Gaza Strip.**

The data presented in this report is derived primarily from cases managed by members of the GBV Case Management Taskforce, including AISHA, AWDA, CWLRC, CFTA, WAC, IMC, UNRWA, ACHA, and WEFAQ.

These organizations continue to operate under extraordinary constraints, often relocating services multiple times due to bombardment, or adapting case management to mobile or remote modalities when physical access is impossible. The patterns highlighted therefore reflect the realities of survivors who were able to reach structured case management services during this period, not the full spectrum of needs in the wider community.

This analysis underscores both the persistence of GBV in the ongoing emergency and the resilience of local organizations striving to uphold survivor-centered services despite the collapse of infrastructure, scarce resources, and daily insecurity. It is intended to support collective learning, inform advocacy with humanitarian leadership and donors, and guide operational priorities for the months ahead.


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Disclaimer on Gender-Based Violence Data and Analysis

The data presented in this Gender-Based Violence (GBV) trends analysis reflects only those cases that have been reported to organizations providing GBV case management services. As such, the figures do not represent the full scope, prevalence, or incidence of GBV within the affected population, but rather only the cases that have come to the attention of GBV service providers.

It is important to note that GBV response actors, the GBV Area of Responsibility (AoR), and UNFPA are not responsible for verifying or confirming individual cases. In accordance with established international standards and a survivor-centred approach, all cases are recorded as reported by the survivor, with the survivor's account taken at face value and without further validation or investigation by GBV actors. The verification and investigation of cases fall within the mandates of rule of law institutions, and, in contexts governed by international humanitarian law, under the Office of the High Commissioner for Human Rights (OHCHR) and other competent authorities.

This approach is consistent with the Global Gender-Based Violence Information Management System (GBVIMS) ways of working, which prioritise confidentiality, safety, dignity, and respect for the rights of survivors.

The collection and analysis of this data are undertaken with the sole objective of informing GBV prevention and response programming. Specifically, the data serves to identify gaps in services, highlight geographical and demographic patterns in reporting, and enhance understanding of the types and trends of GBV incidents being reported over time.

SIX CORE TYPES OF GBV

The six core GBV types were created for data collection and statistical analysis of GBV. They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based.

1 Rape

Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

2 Sexual Assault

Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.

3 Physical Assault

An act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. This incident type does not include FGM/C.

4 Forced Marriage

The marriage of an individual against her or his will.

5 Denial of Resources, Opportunities or Services

Denial of rightful access to economic resources/ assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

6 Psychological / Emotional Abuse

Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Source: GBVIMS, GBV Classification Tool.

The GBV Classification Tool was developed as part of the GBVIMS project initiated in 2006 by OCHA, UNHCR, and the IRC. The GBVIMS global team has counted on technical guidance from the Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action, throughout the project.

KEY FINDINGS

Types of GBV Reported

The reported cases of gender-based violence (GBV), as documented by response actors, illustrate a wide range of violations experienced by women and girls, and increasingly men and boys.

- **Denial of resources, opportunities, or services (35.5%)** constitutes the largest share of reported cases. This reflects the use of economic and social control as a pervasive form of violence, where survivors are systematically deprived of access to household essentials including food, cash assistance and other essential services.

- **Psychological and emotional abuse (29.8%)** was the second most reported category, underscoring the widespread use of threats, intimidation, and humiliation. These forms of violence, though less visible as often taking place within a domestic environment, have severe and lasting impacts on survivors' well-being.

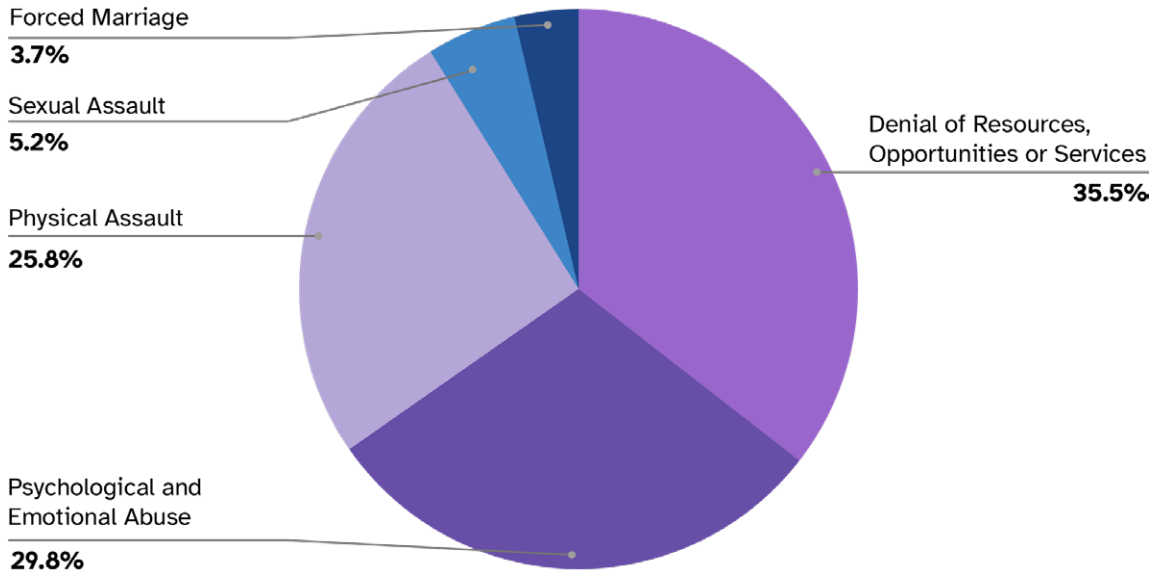
- **Physical assault (25.8%)** was also frequently reported, showing the continued prevalence of direct bodily harm and highlighting the urgent need for stronger protective and accountability mechanisms.This type of violence was frequently reported within a domestic partnership.

- **Sexual assault (5.2%)** which also includes cases of sexual exploitation and abuse (SEA) remains a serious concern. While representing a smaller proportion compared to other types of GBV, sexual violence is widely underreported due to stigma, fear of retaliation, and barriers to disclosure. Its presence in the data highlights ongoing risks in both public and private settings, as well as the critical need for survivor-centered reporting mechanisms and accountability frameworks. remains a serious concern. While less frequently reported than other forms, it is widely recognized as subject to underreporting due to stigma, fear of retaliation, and barriers to disclosure.

- **Forced marriage (3.7%)** was also identified, pointing to the exacerbation of harmful practices due to the deteriorating conditions within the Gaza Strip.

- **Rape (0.1%)**, though representing the smallest proportion of reported cases, constitutes one of the gravest violations. The extremely low reporting rate is likely linked to stigma, fear, and safety concerns, rather than actual rarity.

Figure 1: Reported GBV Cases by Type (June to August 2025)





Artwork © Haifa, 40, Gaza — adapted for publication

Mental Health and Suicide Risk

A particularly alarming dimension of the reported cases is the documentation of 102 incidents of suicide or attempted suicide among survivors. This represents a significant increase compared with the previous trends analysis, pointing to a worsening crisis in the mental health of GBV survivors.

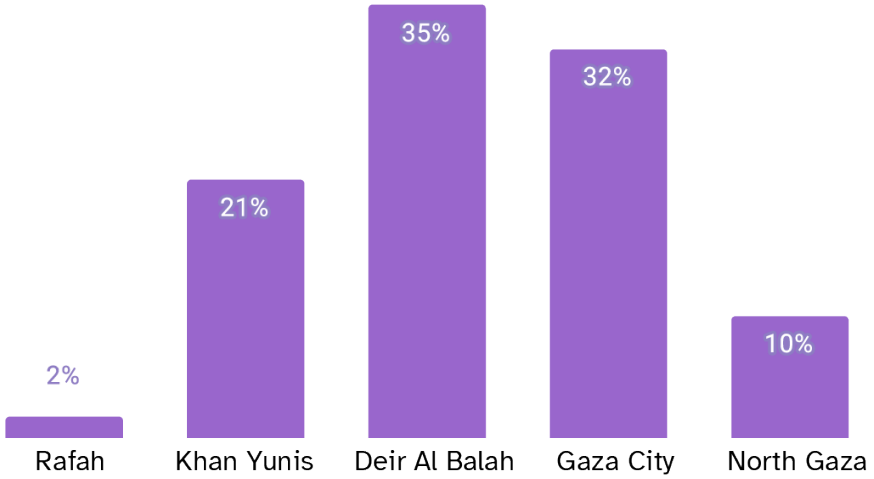
These figures highlight the extreme psychological toll that GBV, combined with broader conditions of displacement, insecurity, and lack of protection, has on individuals. The data suggests that survivors are facing not only violence but also overwhelming distress, isolation, and despair, often without access to life-saving mental health and psychosocial support (MHPSS).

The increase in reported suicides and attempts underscores the urgent need to strengthen the integration of mental health care within GBV response services. This includes scaling up community-based psychosocial support, ensuring confidential and survivor-centered counseling services, and investing in referral pathways to specialized mental health care. Without such investment, survivors will remain at heightened risk of self-harm and further trauma, and the humanitarian system will fail to address a critical dimension of GBV response.

Geographic Distribution of Reported Cases

The largest share of reported incidents occurred in Deir Al Balah (35.4%), followed by Gaza City (31.8%) and Khan Younis (21.1%). Smaller proportions were reported in North Gaza (9.9%) and Rafah (1.8%). This distribution reflects how displacement patterns, service availability, and security conditions shape disclosure. The higher figures in Deir Al Balah and Gaza City may indicate both increased prevalence and greater access to reporting, while the extremely low figure in Rafah suggests under-reporting linked to access constraints rather than an absence of GBV.

Figure 2: Reported GBV Cases by Governorate (June to August 2025)

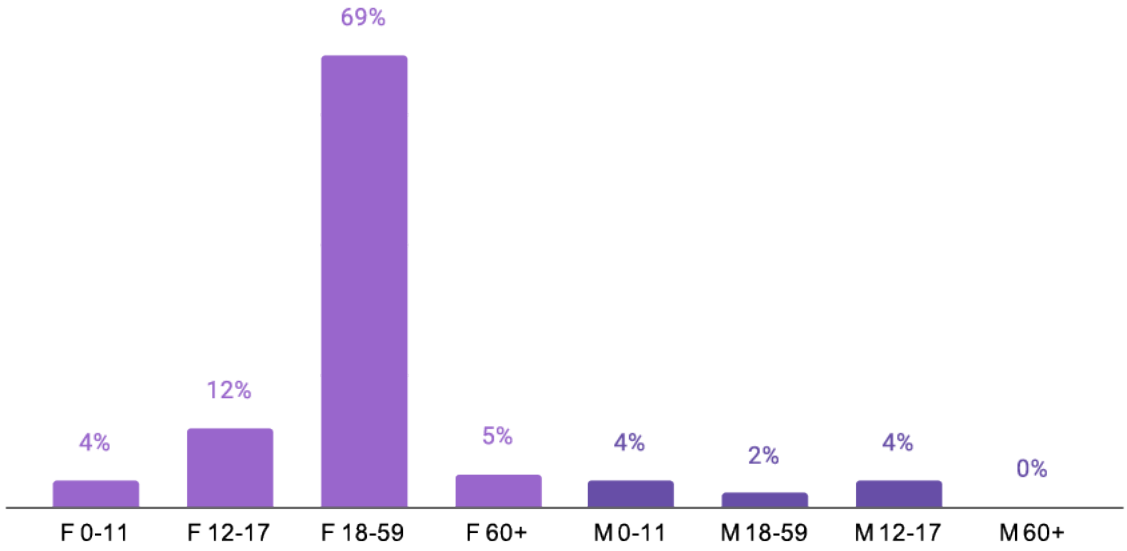


Gender and Age Profile of Survivors

The majority of survivors who sought help during the reporting period were adult women aged 18–59; representing nearly 69% of all reported cases. Adolescent girls aged between 12–17 account for 12.3%, followed by girls under 11 years (3.8%). Older women (60+) represent 4.8%.

Among male survivors who sought help during the reporting period, the largest share was adolescent boys aged between 12–17 (4.5%), followed by boys under 11 (4.1%) and men aged 18–59 (1.5%). Elderly men (60+) are the least represented at 0.05%. This profile confirms that women and adolescent girls remain the most affected, but also underscores that boys are at meaningful risk, especially in contexts of detention, displacement and weakened protection systems.

Figure 3: Break down by gender and age of GBV incidents reported in Gaza (June to August 2025)





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Perpetrators of Violence

Most reported GBV incidents were attributed to family members (42.3%) and intimate partners (not separately disaggregated in percentages, but included within family categories in the dataset), showing the dominance of domestic and intimate partner violence. Unknown perpetrators (21.5%) form the second-largest category, reflecting either inability or fear of survivors to identify perpetrators. Armed groups accounted for 18.2%, pointing to conflict-related risks, while non-family members (10.2%) and non-humanitarian actors (3.5%) were also reported as committing GBV.

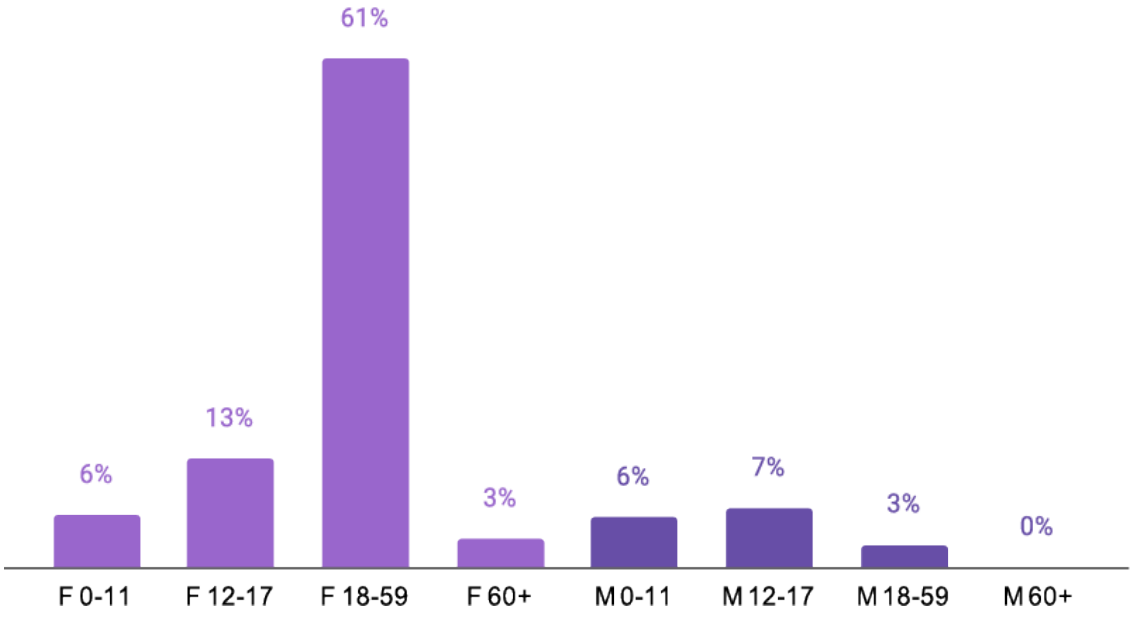
While cases of GBV perpetrated by humanitarian personnel represent over 4 percent of all reported incidents, the PSEA Network and GBV AoR recognize this as a serious and unacceptable concern requiring immediate and sustained action. Beyond case identification and documentation, the Network is prioritizing concrete prevention and accountability measures, including targeted and inclusive training for humanitarian actors, frontline staff, case managers, and focal points to ensure they are fully aware of standards of conduct and able to identify, safely respond to, and refer SEA-related cases. These efforts are complemented by extensive community-based awareness sessions, reaching an estimated 500,000 people annually in Gaza, emphasizing how and where survivors can safely report incidents, access services and helplines, and receive confidential support. In addition, an online campaign reaches an average of 1.7 million people in the State of Palestine with PSEA messaging through SANAD's social media platforms. Together, these initiatives underscore the Network's commitment to addressing this critical issue and ensuring that affected populations have access to safe, confidential, and survivor-centered support. A joint guidance note is also being developed for GBV case managers on handling SEA disclosures.

Denial of Resources, Opportunities, and Services

When examining denial of resources as a specific form of GBV, adult women aged 18–59 account for 61% of such cases, followed by adolescent girls (13.1%) and girls under 11 (6.3%). Older women (3.5%) are also affected. Among males, adolescents (7.2%) and younger boys (6%) report denial of resources more often than adult men (2.8%) or elderly men (0.07%). These findings highlight the gendered impact of humanitarian aid gaps and systemic inequalities, with women and girls most often excluded from essential services and opportunities, reinforcing cycles of dependence and vulnerability.

Examples shared by GBV Case Managers in regards to the types of cases under this category included male heads of households obtaining food via humanitarian aid organisations and then selling it and keeping the money for his own use.

Figure 4: Analysis of numbers reporting denial of resources, opportunities by gender and age (June to August 2025)



Key Trends and Implications

From June to August, the data demonstrates that GBV in Gaza is deeply rooted in domestic politics but is also fueled by conflict-related and structural factors. Women aged 18–59 are disproportionately affected across all categories, while adolescent girls are particularly vulnerable to both direct violence and harmful coping mechanisms such as early marriage. Boys, though a smaller percentage, also face risks that cannot be overlooked.

The presence of humanitarian actors among perpetrators - though proportionally smaller - remains a serious concern, reinforcing the need for survivor-centered PSEA mechanisms. The prominence of denial of resources as a form of GBV emphasizes the urgent intersection between humanitarian aid delivery and protection risks.

Overall, the percentages point to systemic and multidimensional GBV risks, aggravated by conflict, displacement, and restricted humanitarian access. Effective programming requires not only service provision but also risk mitigation across all sectors to reduce exposure to violence and ensure survivors have safe, dignified avenues for support.

Services Provided and Gaps

Between June and August 2025, a total of 72 GBV partners were active in Gaza, comprising 31 implementing partners and 41 donors. Services delivered included GBV case management, psychosocial support, basic health care, safe shelter, and the distribution of 1,867 dignity kits and 2,877 menstrual health management (MHM) kits.

Despite these efforts, critical life-saving services remained severely constrained and, in some locations, entirely unavailable. Partners consistently underscored the following priority gaps:

- **GBV Menstrual health and dignity kits:** Women and girls repeatedly stressed the urgent need for dignity kits, but supplies remain grossly inadequate. Items available on the local market are prohibitively expensive, and humanitarian actors face persistent barriers to importing them due to the aid blockade and looting. As a result, most displaced women and girls lack access to basic menstrual hygiene items, deepening their sense of indignity and vulnerability.

- **Cash for protection:** GBV partners supported through UNFPA continued to provide cash assistance for vulnerable GBV survivors; however, overall needs remain significantly high. Liquidity challenges also persist in Gaza, characterized by high commission fees on cash withdrawals, which continue to pose barriers to assistance. Despite these constraints, cash remains a top-priority and is a dignified response modality to address urgent protection needs for GBV survivors.

- **Fuel supplies:** Acute fuel shortages severely undermined GBV service delivery. Several GBV actors supporting mobile outreach teams reported being unable to reach affected communities as well as support supervision of frontline staff and deliveries - including dignity kits and case management supplies due to lack of fuel.

- **Mental health and psychosocial support (MHPSS) for staff:** GBV frontline workers, many of whom are themselves displaced and traumatized, reported extreme stress. Immediate MHPSS support for providers was inconsistent, sporadic or unavailable, compromising both their well-being and the quality and continuity of survivor services.

- **Basic needs for displaced staff:** Many GBV workers and volunteers who continue to serve their communities are also living in displacement, without adequate tents, food, or essential items. This dual burden has left providers struggling to meet their own survival needs while sustaining life-saving services for others.

RECOMMENDATIONS AND ADVOCACY

•**Strengthen Mobile and Community-Based Access Points:** The destruction of safe spaces and repeated displacements demand flexible service delivery. GBV actors should expand the use of mobile WGSS, temporary safe shelters, and community focal points to ensure survivors can still disclose and access services. Integrating GBV staff into multisectoral mobile teams can help reach newly displaced populations.

•**Mainstream GBV Risk Mitigation Across Humanitarian Sectors:** Humanitarian actors in non-GBV sectors must embed GBV risk mitigation measures into their core activities. Training frontline workers on survivor-centered response and confidential referrals ensures that survivors who disclose during non-GBV interactions receive appropriate support.

•**Prioritize Flexible Funding and Direct Support to Women-Led Organizations (WLOs):** WLOs remain at the frontline of the GBV response in Gaza, often delivering services under extreme insecurity. Humanitarian actors and donors should prioritize direct, flexible funding to these organizations to sustain case management, psychosocial support, and risk mitigation. Equipping WLOs with tools for mobility, communication, and digital documentation enhances their capacity to adapt to shifting needs.

•**Sustain Advocacy and Visibility for GBV:** Humanitarian leadership and donors must ensure that GBV remains a central priority in the overall response. This requires sustained advocacy to safeguard dedicated GBV forums, protect GBV funding lines within pooled funds, and prevent GBV services from being absorbed or deprioritized under broader protection frameworks. Keeping GBV visible in strategic planning and resource allocation is essential to maintain lifesaving services for survivors.



GBV Area of Responsibility (AoR)

The GBV AoR, led by the United Nations Population Fund (UNFPA), is a global forum for coordinating and collaborating on GBV prevention and response in humanitarian settings. The group brings together NGOs, UN agencies, donors, academics, and independent experts who share the goal of ensuring more predictable, accountable, and effective GBV prevention and response in emergencies. In the Occupied Palestinian Territories (oPT), the GBV AoR is coordinating efforts of partners to meet affected populations in Gaza and the West Bank.

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