Gender-Based Violence AoR
Palestine

UNFPA

GENDER-BASED VIOLENCE TRENDS ANALYSIS: GAZA

2025
January to December

89%	64.3%	35.2%	2.7%	9%
Of all reported cases are Women & Girls	Of perpetrators are an intimate partner	Denial of Resources largest GBV type reported	Cases Involving Humanitarian Actors	GBV Case M'gmt Taskforce Partners

Throughout 2025, the Gaza Strip remained one of the most severe and complex humanitarian environments globally. The population experienced sustained military operations, repeated and often rapid cycles of forced displacement, widespread destruction of civilian infrastructure, and near-total collapse of essential services, including health, protection, and social support systems. These conditions fundamentally shaped both the incidence of gender-based violence (GBV) and the ability of survivors to seek support.

GBV trends in 2025 cannot be understood in isolation from this broader context. Rather than representing discrete incidents, the patterns observed reflect a structural environment in which violence is both intensified and normalized, while protective systems are simultaneously eroded.

Three overarching dynamics define GBV in Gaza in 2025:

- **Intensification:** Increased exposure to multiple and overlapping forms of violence
- **Internalization:** Concentration of violence within households and intimate relationships
- **Invisibility:** Severe constraints on reporting and service access masking the true scale of GBV

The data presented in this report is drawn from GBV cases managed by members of the GBV Case Management Taskforce, including Women Affairs Center (WAC), Abdel Shafi Community Health Association (ACHA), Aisha Association for Woman and Child Protection (AISHA), Al Awda Health and Community Association (AWDA), The Center for Women's Legal Research, Counseling and Protection(CWLRCP), Culture and Free Thought Association (CFTA), Wefaq Society for Women and Child Care (WEFAQ), International Rescue Committee (IRC), International Medical Corps (IMC), and The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

These organizations operated under exceptionally constrained conditions. Service providers faced repeated displacement, destruction of facilities, limited access to affected populations, and significant personal risk. Many staff were themselves directly affected by the crisis, impacting both operational capacity and continuity of services.

Despite these constraints, partners maintained GBV case management services through continuous adaptation, including mobile service delivery, remote case management where feasible, and integration with other humanitarian services. The data collected under these conditions represents a critical, though partial, evidence base.

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.

CRITICAL LIMITATIONS ON REPORTED DATA

Reported GBV figures in Gaza must be interpreted as minimum indicators of prevalence. The data reflects only those cases that were able to reach functioning GBV services, within a context where access to such services was severely restricted.

BARRIERS TO DISCLOSURE AND ACCESS

Physical access constraints
Active hostilities, insecurity, and movement restrictions frequently prevented survivors from reaching service points. In many cases, services were physically inaccessible for extended periods.

Destruction and disruption of safe spaces
Women and Girls Safe Spaces (WGSS), which typically provide confidential entry points for GBV disclosure, were repeatedly damaged, destroyed, or forced to close. Their absence significantly reduced safe reporting channels.

Lack of privacy in displacement settings
Overcrowded shelters and shared living arrangements made confidential disclosure extremely difficult. Survivors often remained in close proximity to perpetrators, increasing risk of retaliation.

Service fragmentation and interruption
GBV services were frequently disrupted due to insecurity, displacement of providers, and infrastructure damage. This limited both initial access and continuity of care, particularly for case management.

Psychological and social barriers
Stigma, fear of retaliation, and concerns regarding confidentiality significantly deterred disclosure. These barriers were particularly acute for survivors of sexual violence.

Reduced awareness of services
Frequent displacement disrupted outreach and communication, leaving many survivors unaware of available services or how to access them.

Limited availability of specialized services
Access to clinical management of rape, mental health care, and legal support was severely constrained. The absence of these services reduced both reporting and the ability to provide comprehensive care. Fluctuations in reported figures reflect changes in service access and operational capacity as much as changes in GBV incidence.

STRUCTURAL DRIVERS OF GBV

Protracted displacement and overcrowding
Large portions of the population were displaced multiple times throughout the year, often into overcrowded shelters, informal settlements, or shared accommodations with extended family or unrelated households. These conditions significantly reduced privacy and increased exposure to violence, particularly intimate partner violence (IPV), sexual harassment, and abuse within extended family structures. Overcrowding also intensified interpersonal tensions, contributing directly to the high proportion of GBV perpetrated by intimate partners and family members.

Collapse of livelihoods and economic stress
The near-total erosion of livelihoods resulted in extreme financial pressure on households. This stress not only increased conflict within families but also altered power dynamics, particularly where women and girls became more economically dependent. The prominence of denial of resources (35.2%) reflects how control over access to food, shelter, and assistance became a primary mechanism of coercion and abuse.

Aid dependency and power asymmetries
With humanitarian assistance serving as a primary means of survival, control over aid distribution created significant power imbalances. These dynamics increased risks of exploitation, including sexual exploitation and abuse, and reinforced patterns of coercion linked to access to basic needs. The data on cases involving humanitarian actors underscores how structural conditions of aid delivery can contribute to GBV risk when safeguards are insufficient.

Erosion of community protection systems
Traditional social protection mechanisms, including extended family networks, community leadership structures, and informal accountability systems were significantly weakened due to displacement, loss of life, and fragmentation of communities. This erosion reduced both prevention capacity and survivor support pathways, increasing isolation and vulnerability.

Normalization of violence in a protracted crisis
Continuous exposure to violence, loss, and insecurity contributed to the normalization of violent behavior. Psychological stress, trauma, and the breakdown of social norms increased the acceptability of violence within households, particularly against women and children.

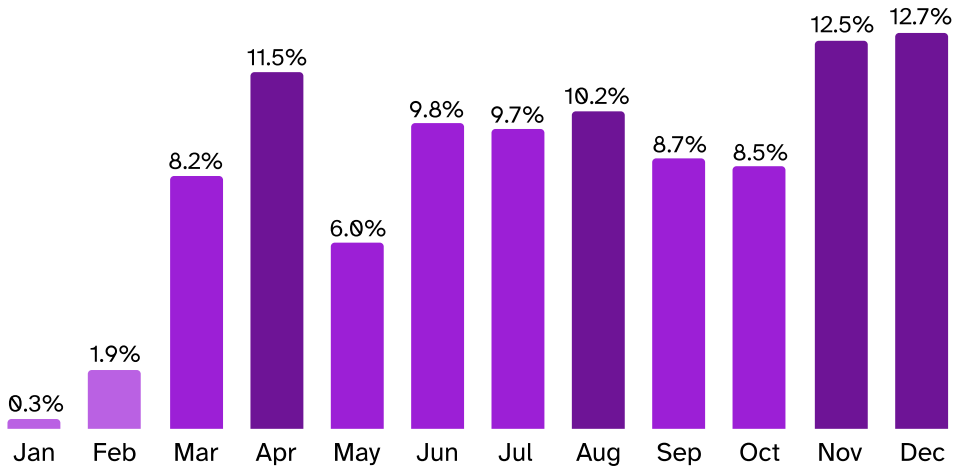
Negative coping mechanisms
Households under extreme economic and protection pressures increasingly resorted to harmful coping strategies, including forced marriage. These practices were often perceived as protective or economically necessary, particularly for adolescent girls, but significantly increased their exposure to GBV.


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MONTHLY DISTRIBUTION OF REPORTED CASES

Reported GBV cases were distributed unevenly across the twelve months of 2025. January accounted for the smallest share of annual reported cases (0.3%), while November and December together accounted for over a quarter (25.2%) of all cases documented across the year. A notable dip in May (6.0%) was followed by relatively consistent reporting from June through October, before a marked increase in the final two months of the year.

Figure 1: Monthly Distribution of Reported GBV - Gaza 2025 (as % of annual reported cases)



The low figures in January and February most likely reflect a combination of disrupted service access, limited partner operational capacity, and reduced outreach coverage following displacement events, rather than a genuine reduction in GBV incidence. The concentration of reported cases in November and December may similarly reflect periods of improved partner capacity or catchup documentation, as well as heightened operational activity. The reduction of aerial strikes following the 'ceasefire agreement' in October is also likely to have contributed to increased reporting in November December, as both services and the population were able to have greater stability.

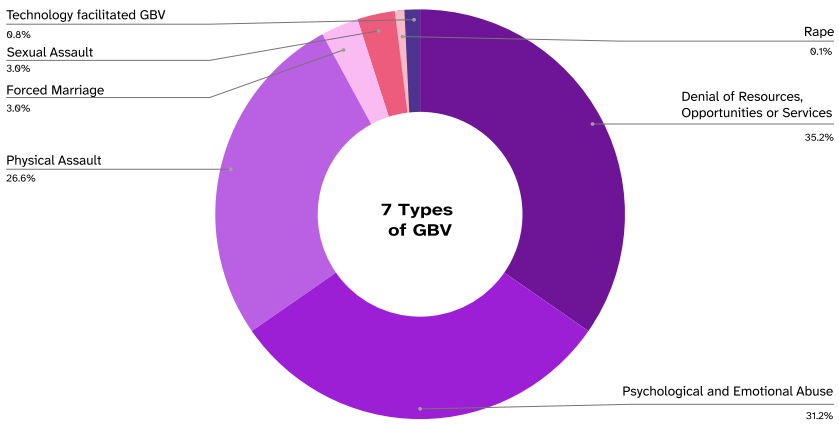
TYPES OF GBV DOCUMENTED - 2025

Annual GBV Type Distribution

Across the full year, three GBV types accounted for the vast majority of documented cases. Denial of resources, opportunities, or services was the most frequently documented form (35.2%), followed by psychological and emotional abuse (31.2%) and physical assault (26.6%). Together, these three categories represent over 93% of all documented GBV.

Forced marriage and sexual assault each accounted for 3.0% of documented cases. Technology-facilitated GBV represented 0.8%, and rape 0.1%. These lower figures almost certainly reflect severe under-reporting of sexual violence, which faces the greatest social stigma and the highest disclosure barriers, particularly in displacement settings with limited privacy and collapsed support structures.

Figure 2: Annual GBV Type Distribution — Gaza, 2025 (% of all documented cases)



GBV Type by Month

When examined by month, the three dominant GBV types maintained relatively consistent proportional shares throughout the year, though with some variation. Denial of resources was most prominent in April (42.7% of that month's cases) and June (39.5%), and comparatively lower in January through March. Physical assault showed its lowest monthly shares in March and April, and its highest in January and November–December. Psychological and emotional abuse was highest as a share in March (41.0%) and fluctuated less dramatically than the other two major types across the year.

Sexual assault showed its highest monthly shares in May (5.0%) and September (5.1%), while forced marriage peaked as a share of monthly cases in August (5.1%) and January (4.5%). These fluctuations are notable but should be interpreted with caution, they may reflect changes in reporting patterns, partner capacity, or community dynamics rather than changes in actual incidence.

Figure 3: GBV Type Composition by Month — Gaza, 2025 (% share within each month's reported cases)

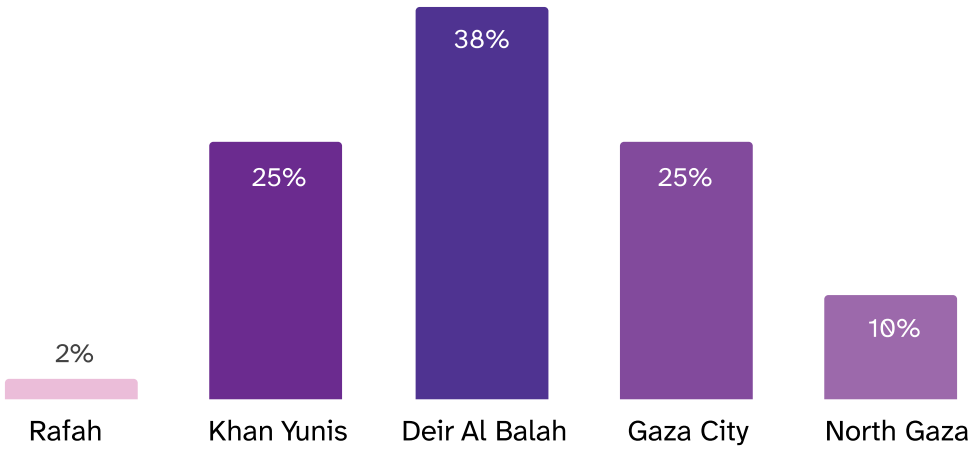
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Denial of Resources, Opportunities or Services	31.34%	32.48%	33.15%	42.75%	32.06%	39.47%	35.74%	32.53%	34.79%	33.62%	32.64%	34.32%
Psychological and Emotional Abuse	29.85%	34.33%	40.96%	31.33%	31.62%	28.51%	33.15%	28.74%	29.42%	29.91%	29.73%	30.70%
Physical Assault	32.84%	30.07%	20.71%	20.21%	25.98%	25.79%	23.91%	28.23%	25.81%	30.24%	31.45%	30.46%
Forced Marriage	4.48%	1.56%	1.72%	3.64%	4.54%	2.61%	3.45%	5.14%	4.36%	2.37%	1.80%	1.65%
Sexual Assault	0.75%	0.71%	2.59%	1.32%	4.98%	2.58%	2.48%	4.07%	5.10%	3.16%	3.65%	1.71%
Technology Facilitated GBV	0.75%	0.85%	0.78%	0.68%	0.66%	1.04%	1.19%	1.20%	0.53%	0.55%	0.62%	0.68%
Rape	0.00%	0.00%	0.10%	0.07%	0.18%	0.00%	0.08%	0.08%	0.00%	0.15%	0.10%	0.48%

GEOGRAPHIC DISTRIBUTION OF REPORTED CASES

Deir Al Balah accounts for 38% of all documented incidents

Incident data disaggregated by governorate reveals a striking geographic concentration, with Deir Al Balah recording the highest proportion of cases at 38% - more than any other single area. This likely reflects the concentration of displaced populations in this central governorate following mass displacement from northern Gaza and Gaza City, as well as the presence of established GBV monitoring and reporting services in the area.

Figure 4: Geographic Distribution of Reported GBV Cases — Gaza, 2025 (% of annual reported cases)



These figures reflect a combination of population distribution, service availability, and access conditions rather than a direct measure of GBV incidence by area. Areas with higher reported shares are likely those where GBV partner organizations maintained more consistent presence and operational capacity. Rafah's extremely low share (2%) is not consistent with the scale of humanitarian need documented in that governorate and strongly suggests severe under-reporting driven by access constraints, service collapse, and restricted movement - not an absence of GBV.

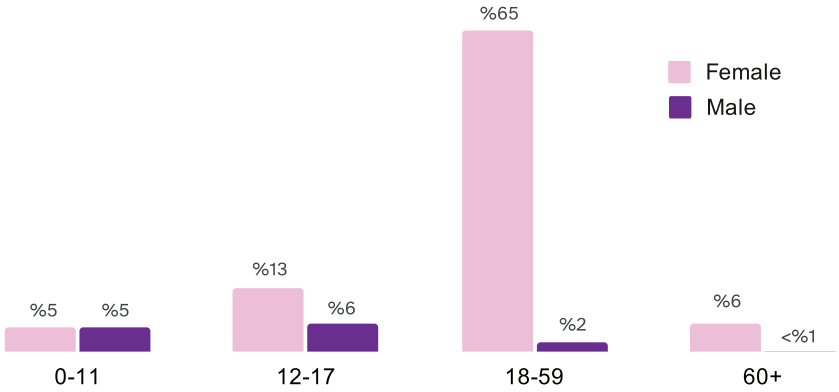
PROFILE OF SURVIVORS

Women and girls bear 89% of the burden

The age and gender breakdown of documented survivors confirms the gendered character of the crisis. Female survivors accounted for 89% of all reported cases, with women aged 18–59 comprising the single largest group at 65% of total. Girls aged 12–17 accounted for 13%, and girls under 12 for 5%. Males represented approximately 13% of documented survivors, with boys aged 12–17 comprising 6%.

The high proportion of adult women (18–59) reflects both their elevated exposure - given displacement, overcrowded living conditions, and economic dependency in conflict settings - and their relative empowerment to access reporting mechanisms compared to younger survivors. The substantial proportion of adolescent girls (12–17) is a critical protection concern, particularly in relation to forced marriage, which increased sharply in May, August and September and is frequently used as a coping mechanism by families under extreme economic stress.

Figure 5: Survivor Age and Gender Profile — Gaza, 2025 (% of all reported cases)



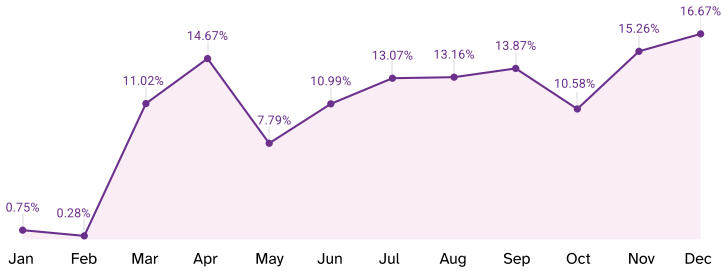
Male survivors represented 13% of documented cases. Among male survivors, adolescent boys aged 12-17 accounted for the largest share (6% of total reported cases), followed by boys under 11 (5%), men aged 18-59 (2%), and older men (less than 1%).

The very low representation of older men (60+, less than 1%) and older women (6%) relative to their likely share of the affected population may reflect barriers to disclosure among elderly survivors, including reduced mobility and access to services, social norms around reporting, and the types of GBV most likely to affect this group.

Age-specific concerns

Adolescent girls (12–17): This group's share of monthly cases rose consistently through the year, from approximately 0.7% in January to 16.7% in December, suggesting deteriorating protection conditions for girls as the crisis intensified. The surge in forced marriage cases in certain months is particularly concerning for this age group.

Figure 6: Survivor Age: Adolescent Profile - Gaza, 2025 (% of all reported cases)



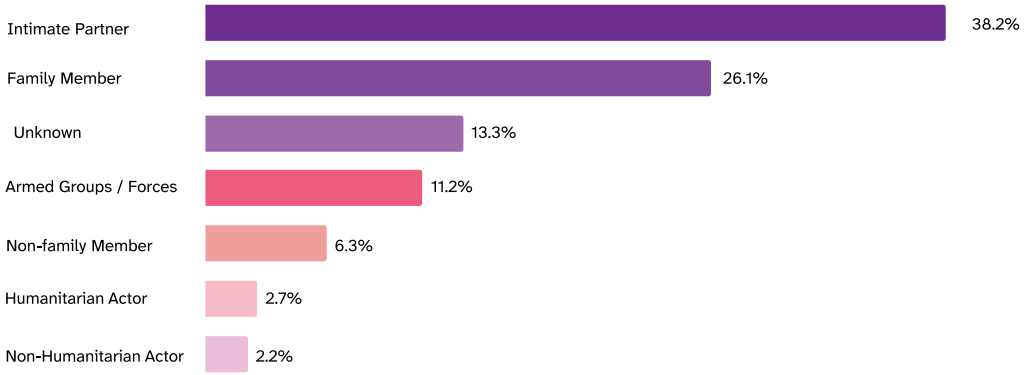
Older women (60+): While representing only 6% of survivors overall, elderly women face acute vulnerabilities in humanitarian crises, including reduced mobility, isolation, and limited access to services. Their relatively low representation in data may reflect barriers to reporting rather than lower prevalence.

Male survivors: The 13% of documented survivors who are male represent an underserved population. Male GBV survivors in conflict settings face significant stigma and limited services, and the data likely reflects severe under-reporting for this group.

PERPETRATORS OF VIOLENCE

Intimate partners represented the largest single perpetrator category (38.2%), followed by family members (26.1%). Together, these two categories, encompassing domestic and intimate partner violence, accounted for 64.3% of all cases with an identified perpetrator relationship. Unknown perpetrators represented 13.3% of cases, reflecting either the inability of survivors to identify perpetrators or fear of disclosure.

Figure 7: Perpetrator Categories — Gaza, 2025 (% of all documented cases)



Armed groups were identified as perpetrators in 11.2% of cases, reflecting sustained conflict-related GBV risk throughout the year. Non-family members accounted for 6.3%, while non-humanitarian actors and humanitarian actors represented 2.2% and 2.7% of cases respectively.

The 2.7% share attributed to humanitarian actors - while smaller in proportion - is significant given the power imbalance inherent in aid delivery relationships, particularly in a context of absolute resource dependency. This figure demands continued and strengthened accountability mechanisms, as led by the PSEA Working Group.

GBV Types Involving Humanitarian Workers[1]

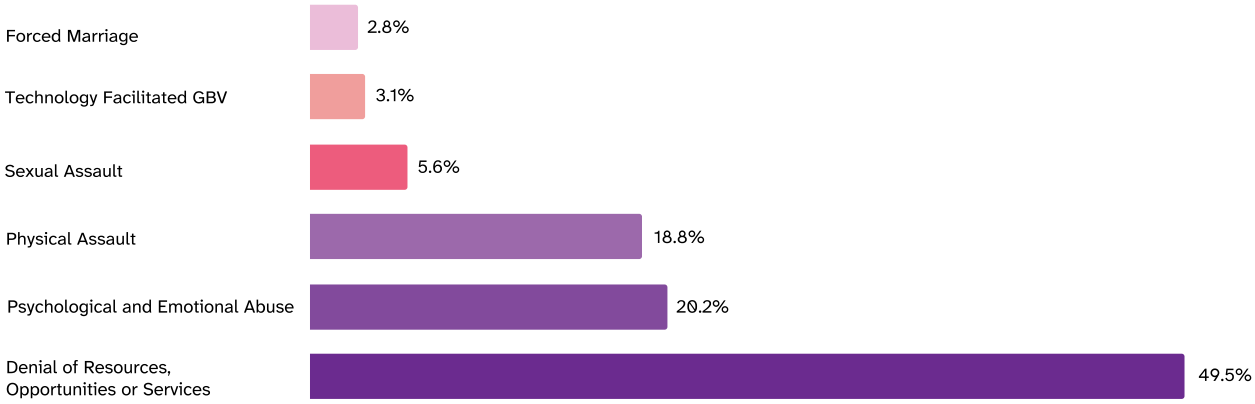
The protracted humanitarian crisis in Gaza has produced conditions in which the majority of the population is heavily dependent on humanitarian assistance for survival, including access to food, water, shelter, healthcare, cash, and other essential services. This widespread dependency generates significant power imbalances between those delivering aid and those receiving it, creating an environment in which the risk of sexual exploitation and abuse, as well as other forms of gender-based violence perpetrated by individuals in positions of power or influence, is heightened across all service delivery points.

In cases where survivors identified the perpetrator as a humanitarian worker including staff, contractors, or affiliates of international and national NGOs and UN agencies operating in Gaza - denial of resources, opportunities, or services represented the largest proportion of incidents reported to GBV case managers (52%), followed by psychological and emotional abuse (27%) and physical assault (9%). Sexual assault (5%), technology-facilitated GBV (3%), forced marriage (2%), and rape (0.1%) were also reported. These figures should be interpreted with caution, as incidents involving humanitarian personnel are widely understood to be significantly underreported due to stigma, fear of retaliation, lack of trust in reporting mechanisms, and concerns over losing access to life-saving assistance. The data therefore likely reflects only a fraction of incidents occurring within the humanitarian response.

In line with a survivor-centred approach, GBV case managers prioritize survivors' safety, confidentiality, dignity, and informed consent throughout the response process. Survivors are informed of available reporting pathways and, where informed consent is provided, are supported to report incidents through the inter-agency PSEA (Protection from sexual exploitation and abuse) Network. The PSEA Network supports survivor-centred response, organizational accountability, programmatic risk mitigation, and, where feasible, survivor-centred investigations in line with PSEA obligations and IASC minimum standards. This includes engagement with concerned organizations to strengthen safeguarding measures, reduce future SEA risks, and reinforce safer programming and accountability systems. Concurrently, GBV case management continues to provide individualized psychosocial support, safety planning, referrals, and risk mitigation for survivors.

1 Note on classification: GBV actors in Gaza record all disclosed incidents against the seven standard GBV typologies (rape, sexual assault, physical assault, forced marriage, denial of resources/opportunities/services, psychological/emotional abuse, and technology-facilitated GBV). Sexual Exploitation and Abuse (SEA) is not itself a GBV type but a classification based on perpetrator identity: an incident becomes an SEA concern when the disclosed perpetrator is a humanitarian worker. The data presented here therefore captures the form the violence took (the GBV type), while the link to SEA is established through the perpetrator field. Cases involving humanitarian workers are referred - with the survivor's informed consent - to the PSEA Network, which holds the mandate for investigation and organizational accountability.

Figure 8: GBV Types Where Perpetrator Was a Humanitarian Actor — Gaza, 2025 (% within humanitarian actor sub-category only)



PSEA Accountability

Cases attributing violence to humanitarian actors - however small their proportional share - represent a fundamental violation of protection principles. All organizations delivering aid in Gaza must maintain functional, safe and accessible SEA complaints mechanisms, sensitize affected communities on PSEA and relevant mechanisms, provide mandatory training to all staff, and ensure transparent reporting of incidents through the coordination system and with the PSEA Working Group.

In 2025, the PSEA Network and the GBV AoR, strengthened frontline response capacity by delivering targeted training for GBV case managers on the safe and survivor-centered handling of SEA disclosures within case management processes. The training focused on core safeguarding principles, including confidentiality, appropriate response protocols, and practical guidance on navigating the intersection between mandatory reporting obligations and informed consent. A total of 40 GBV case managers were trained, enhancing their ability to respond to SEA disclosures in a manner that prioritizes survivor safety and dignity.

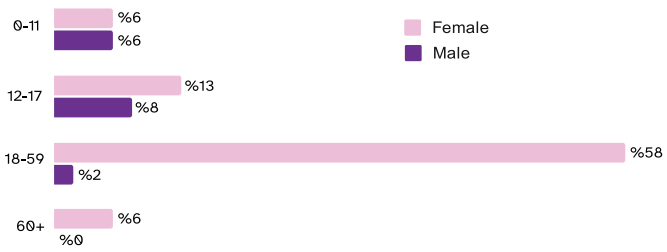
Building on these efforts, the PSEA Network and GBV AoR will scale up this initiative in 2026 through five dedicated trainings across Gaza. These sessions will incorporate practical case studies and scenario-based exercises to further institutionalize survivor-centered approaches and strengthen the quality and consistency of frontline responses to SEA across the humanitarian response.

SELECTED GBV TYPE TRENDS ACROSS 2025

Denial of Resources, Opportunities, or Services

As the most documented form of GBV across the year (35.2% of all cases), denial of resources warrants specific examination by survivor profile. Adult women aged 18-59 accounted for 58% of denial of resources cases, followed by adolescent girls aged 12-17 (13%) and girls under 11 and boys under 11 (each 6%). Adolescent boys aged 12-17 represented 8% of denial of resources cases - a higher proportional share than their representation among the overall survivor population.

Figure 9: Denial of Resources Cases by Age and Gender - Gaza, 2025 (% within denial of resources sub-category)

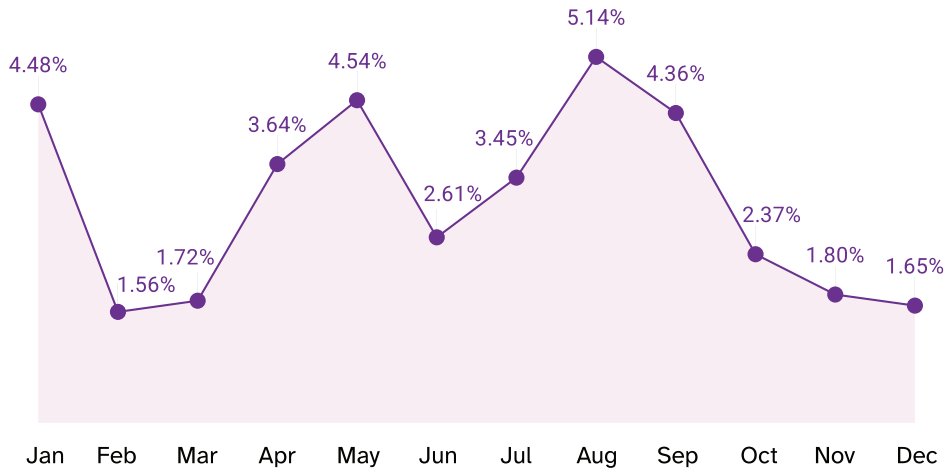


These figures highlight the deeply gendered and age-differentiated nature of resource exclusion in Gaza. In an environment of near-total dependency on external aid, exclusion from or denial of access to essential resources functions as a form of coercive control with severe consequences for safety, health, and autonomy. The higher representation of adolescent boys in this sub-category compared to overall survivor figures merits further investigation.

Forced Marriage

Forced marriage represented 3.0% of all documented GBV cases across the year. As a share of monthly reported cases, it peaked in August (5.1%) and January (4.5%) and was lowest in February and March (1.6 - 1.7%). April also recorded a relatively elevated share (3.6%). This pattern, particularly the August peak, is consistent with evidence from other conflict-affected contexts that forced marriage as a coping mechanism tends to increase during periods of heightened insecurity and household economic stress, though the data alone cannot confirm all of the drivers.

Figure 10: Forced Marriage as % of Monthly Reported Cases — Gaza, 2025

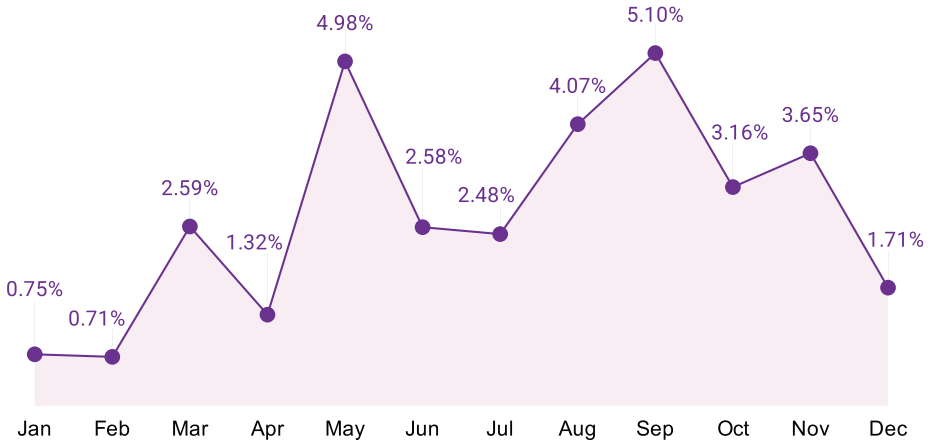


Forced marriage disproportionately affects adolescent girls and younger women. These cases carry severe consequences for survivors' safety, health, education, and long-term wellbeing. The persistence of forced marriage reporting throughout the year, rather than as an isolated peak, points to ongoing structural drivers that require sustained programmatic attention.

Sexual Assault

Sexual assault represented 3.0% of all documented cases annually. Its share of monthly cases showed notable variation, ranging from 0.7% in January and February to 5.1% in September and 5.0% in May. The months of May, August, and September recorded the highest proportional shares.

Figure 11: Sexual Assault as % of Monthly Reported Cases — Gaza, 2025



As with all forms of sexual violence, these figures almost certainly represent a significant undercount relative to actual incidence. Sexual assault faces the highest barriers to disclosure of any GBV type, including stigma, fear of retaliation, lack of trust in the confidentiality of response providers, and limited access to medical care and psychosocial support. Monthly variation in reported shares is likely to reflect changes in reporting conditions as much as changes in incidence.

RECOMMENDATIONS

The following recommendations are grounded in the 2025 data and address both the immediate operational priorities for GBV response and the systemic investments required to sustain an effective evidence base for advocacy.

1

Strengthen Mobile and Community-Based Service Access

Expanding mobile WGSS, community focal points, and outreach teams, particularly in areas close to the "yellow line" and areas of recent displacement, is essential both to reach survivors and to strengthen the evidence base.

2

Embed GBV risk mitigation across all humanitarian sectors

The prominence of denial of resources as the leading documented GBV type, and its dominance among cases involving humanitarian actor perpetrators, requires a cross-sectoral response. All actors involved in humanitarian distributions must embed GBV risk mitigation into their delivery systems, train frontline staff on survivor-centered response, and ensure that safe, accessible complaints mechanisms are in place and communicated to affected communities.

3

Strengthen accountability mechanisms in aid delivery systems

Cases involving humanitarian actors (SEA) require dedicated accountability responses. Organizations must go beyond policy compliance to implement functional survivor-accessible reporting channels, transparent incident tracking, and regular mandatory PSEA training for all staff and volunteers.

4

Direct, Flexible Funding to Women-Led Organizations

Women-led organizations remain at the core of GBV case management in Gaza, delivering services under extreme conditions and with inadequate resources. Donors and humanitarian actors must prioritize direct, flexible, multi-year funding to these organizations to sustain case management, psychosocial support, and safe space programming. Equipping WLOs with mobile tools and digital documentation capacity will strengthen their ability to adapt to shifting access conditions.

5

Sustain GBV Visibility in Humanitarian Leadership and Funding

GBV must remain a central priority in the overall response. Sustained advocacy is needed to protect dedicated GBV funding lines within pooled funds, maintain GBV forums and prevent GBV services from being deprioritized within broader humanitarian frameworks.

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.

To contact the GBV AoR Palestine team, please reach out at:

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