GENDER-BASED VIOLENCE TRENDS ANALYSIS: GAZA

April - June 2026

INTRODUCTION

The protracted crises in Occupied Palestinian Territory (OPT) have created conditions in which women and girls face escalating risks of Gender Based Violence (GBV). As people continue to experience repeated forced displacement, live in severely overcrowded and inadequate shelters, pervasive insecurity limited and intermittent access to services and resources, the breakdown of social protection systems, and the erosion of rule-of-law mechanisms have combined to drive a continued escalation in GBV — even as reporting remains limited.

GBV incidents continued to be reported to members of the Gaza GBV Case Management Task Force, who provided case management to women and girls, many presenting with life-threatening needs. These included severe mental health impacts, such as post-traumatic stress disorder, depression, and suicidal ideation, as well as physical injuries sustained or aggravated by GBV.

This quarterly report analyzes data collected by 10 partner organizations of the Gaza GBV Case Management Task Force, that is under the GBV Working Group (formally AoR), to highlight the types and nature of reported incidents. Its purpose is to inform life-saving interventions by GBV specialists, as well as risk mitigation efforts by non-specialist sectors, during the reporting period of April–June 2026.

While this quarter's findings point to key trends and reflect improved reporting practices, GBV reporting in Gaza remains constrained by high levels of stigma and limited awareness of available services. As such, the data presented should be understood as indicative rather than comprehensive.

The data reflects incidents managed by the following Task Force members:

- Women's 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)
- The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)

These organizations continued to operate under exceptionally constrained conditions. During this quarter partners particularly experienced significant operational constraints including shortage of fuel and engine oil, transportation costs, lack of spaces to set up the service delivery points, very limited resources for running the service delivery points, limited referral services and there was high demand for services compared to the capacity. Partners adopted integration with health service delivery points, running multiple sessions in a day which also impacted on the emotional state of the case workers who often reported being overstretched and facing severe burnout. The data collected under these conditions represents a critical, though partial, evidence base.

Disclaimer on GBV 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.

KEY FINDINGS

OVERALL TRENDS

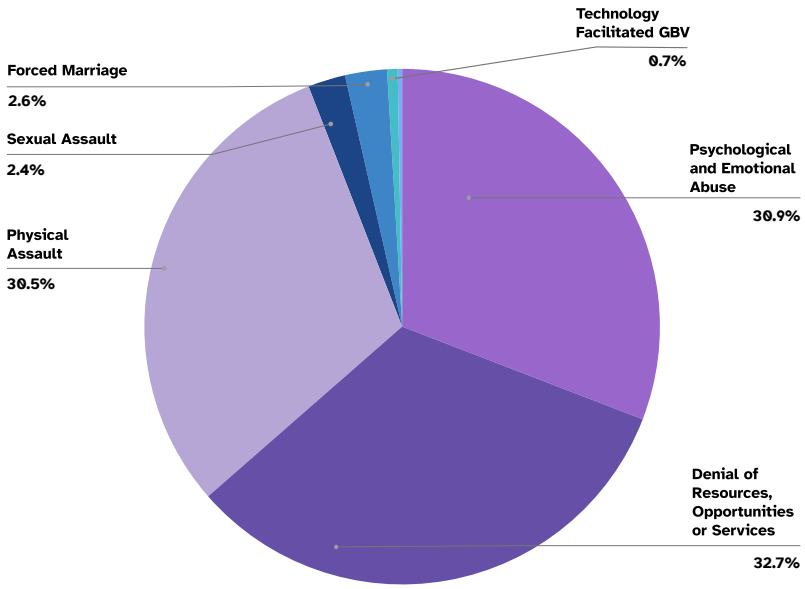
Women and girls continue to face high rates of GBV, many of which result in life-threatening consequences , particularly extreme emotional trauma, including post-traumatic stress disorder and depression. From April to June 2026, the overall number of reported GBV incidents increased by 27% compared to the January-to-March period. The denial of resources, opportunities, and services, driven by extreme household shortages, remained the leading form of reported GBV, particularly affecting women aged 18 to 59. The second highest form of GBV reported was psychological and emotional violence, followed by physical violence, sexual violence, and forced and early marriage.. These trends are attributed to heightened stress felt by women and men forced to live in inadequate and overcrowded shelters and continued limited access to basic resources including food, water, basic hygiene materials and clothing.

Women and girls in Gaza remain extremely vulnerable to gender-based violence (GBV) due to continuous displacement and substandard living conditions. Service providers report an urgent need for improved shelter as tents deteriorate, while inadequate sanitation, poor health services and the collapse of food production systems further exacerbate safety risks. Additionally, a lack of access to critical information continues to compromise the safety of women and girls. The increase in reported incidents is also linked to the expansion of GBV service delivery points, which grew from 64 to 74 this quarter, allowing more opportunities for confidential reporting. However, coverage remains severely inadequate across the Gaza Strip. Despite the establishment of new service points, 17 Women and Girls Safe Spaces (WGSS) remained closed due to funding challenges and security issues.

FORMS OF GBV REPORTED

Multiple forms of GBV were reported to the case management organizations, the highest GBV incidents during the period were denial of resources and opportunities (32.7%), psychological and emotional violence (30.9%); Physical assault (30.5%). Sexual violence incidents increased in number this quarter accounted for 2.4% unlike 2.2% in the previous quarter. The figure below highlights the GBV incidents reported by type.

Figure 1: Reported GBV Cases by Type (April to June 2026)



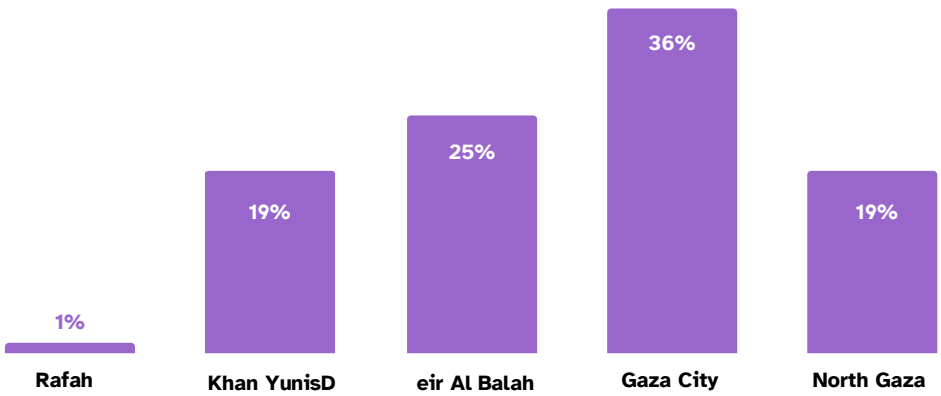
GEOGRAPHICAL LOCATIONS GBV INCIDENTS WERE RECORDED

Gender-Based Violence incidents were reported across all five governorates. The highest number of reports originated from Gaza City (36%), followed by Deir El Balah (25%). North Gaza and Khan Younis each accounted for an equal percentage (19%) and Rafah accounted for the lowest (1%). The low numbers in Rafah is attributed to very low population distribution, limited-service providers, and reporting challenges, though high demand for services from the one GBV service provider in Rafah has been noted.

This represents a shift from the trends observed in the first quarter (January to March 2026), where reporting was distributed as follows: Gaza City (31%), Khan Younis (27%), Deir El Balah (24%), and North Gaza (17%) and in the 2025 annual trends, where Deir Al Balah recorded the highest proportion of incidents at 38%.

These current trends indicate an increase in reporting from North Gaza and Gaza City, which may imply the emergence of new GBV risk factors in both areas, and will be examined further in the coming months with the GBV Case Management Task Force members.

Figure 2: Reported GBV Cases by Governorate (April to June 2026)

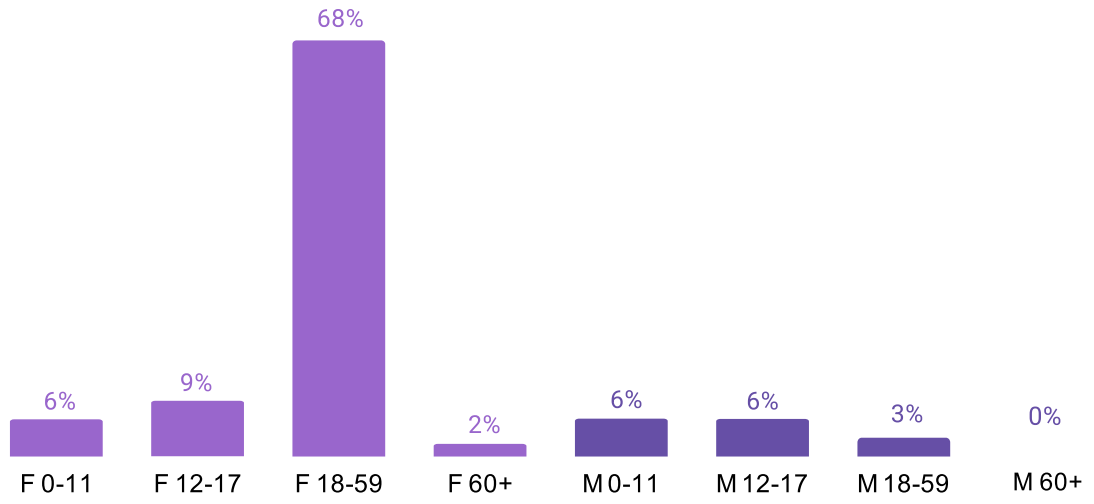


GENDER AND AGE DISAGGREGATION

Women and girls remain highly vulnerable to economic deprivation through the denial of resources and opportunities, as well as other forms of gender-based violence . This highlights the multiple, intersecting forms of gendered discrimination they face, which significantly increases their vulnerability.

Notably, adult women aged 18–59 constituted the highest proportion of reported survivors at 68%, representing an 11% increase from the previous quarter. This trend indicates growing vulnerability within this demographic, particularly regarding economic violence.

Figure 3: Breakdown of Reported GBV Incidents in Gaza, by Gender and Age (April–June 2026)



ANALYSIS OF DENIAL OF (ACCESS TO) SERVICES, RESOURCES AND OPPORTUNITIES – %32.7 AND HIGHEST OF REPORTED INCIDENTS.

This is an analysis of the persistence and increase in economic violence against women aged 18-59 in Gaza, specifically concerning the denial of services, resources, and opportunities, where 70% of survivors of this form of GBV are of the said age group.

This trend is largely attributed to the ongoing economic crisis, loss of livelihoods, destroyed properties, and high market prices driven by increased fuel costs. Furthermore, the persistent breakdown of social and family structures has left many women completely economically non-autonomous. For instance, one woman reported that following her husband's death in the war, her mother-in-law continues to deprive her of her economic gains. This case demonstrates how existing norms that deny women property rights, inheritance, and equal land ownership are being reinforced.

This situation calls for specific actions to mitigate risks associated with any form of cash support to women. Additionally, women have urgently requested a scale-up of economic empowerment measures to reduce their vulnerability.

ANALYSIS OF FORCED MARRIAGE, INCLUDING CHILD MARRIAGE

There has been a significant rise in early and forced marriage incidents in Gaza. During the reporting period, forced and early marriage accounted for 2.6% of total reported GBV incidents, up from 2% in the previous quarter (January to March). In absolute numbers, this represents a stark 123% increase, indicating a severe escalation. While the majority of reported incidents (67%) involved women aged 18-59 - pointing to forced and early marriage as a risk affecting young women broadly, not only adolescents - girls aged 12-17 accounted for a further 16% of cases. The highest(33%) of the incidents were reported from Gaza City, 31% from Deir Elbalah and 27% from North Gaza.

Case managers report that this trend continues to be driven by a combination of economic, social, and cultural factors. Due to the acute stress of displacement, severe overcrowding in camps, poverty, resource scarcity, food insecurity, and a lack of adequate shelter, families are increasingly marrying off young girls to alleviate financial burdens. Additionally, marriage is being used as a mechanism to protect adolescent girls from the social vulnerabilities and safety risks prevalent in camp settings. Furthermore, many girls can no longer attend school. Despite efforts to establish learning centers across the Gaza Strip, access remains highly limited, leaving marriage as the primary available option for many families.

ANALYSIS OF SEXUAL VIOLENCE

Sexual violence incidents, including rape and sexual assault, have become critical in Gaza. Accounting for 2.7% of total reported incidents from April to June 2026—up from 2.1% in the preceding quarter (January to March 2026)—this represents a 61% surge in absolute case numbers.

The case management taskforce links this rise to expanded confidential reporting mechanisms, heightened awareness-raising initiatives, and the integration of sexual and reproductive health (SRH) and GBV services across the Gaza Strip.

Reported cases were distributed relatively evenly across all governorates. Demographic data indicates that females aged 18–59 represented the vast majority of survivors at 76%, followed by adolescent females (aged 12–17) at 8%, and males aged 18–59 at 5%. Women aged 60 and older, as well as young children (both girls and boys aged 0–11), were also affected.

SERVICES PROVIDED AND GAPS

During the quarter, 61 GBV partners—including 14 National NGOs, 5 NGOs, 11 women-led organizations, 20 International NGOs, 9 UN Agencies, and 2 government bodies—conducted interventions. The majority of services offered included awareness raising and multisectoral services delivered through 74 operational women and girls safe spaces (WGSS). Additional services provided were GBV case management with cash assistance, mental health and psychosocial support, health care, safe shelters, capacity building, and the distribution of dignity and menstrual health management (MHM) kits. Some partners also provided Multi-Purpose Cash Assistance (MPCA) to mitigate GBV risks among the most vulnerable women and girls. Furthermore, GBV referral maps were continuously updated, and pocket guide orientations and GBV risk mitigation sessions were conducted for other sectors. These interventions contributed to an increase in referrals and raised the average number of people reached monthly from 34,000 to 65,000.

Significant unmet needs remain regarding Gender-Based Violence (GBV) response efforts.

There is a critical need to expand GBV multisectoral services to underserved, high-risk locations. A recent mapping of Women and Girls Safe Spaces (WGSS) coverage across more than 500 displacement sites in Gaza, using a 500-meter radius, indicated only about 50% coverage. However, full coverage across all locations is required.

Furthermore, 17 WGSS were closed due to funding shortages and security concerns. GBV mitigation through Multi-Purpose Cash Assistance (MPCA) for protection also remains a major gap, despite high demand from women and girls for increased MPCA and livelihood opportunities. Finally, GBV risk mitigation across other sectors and clusters is currently limited and must be strengthened to address the safety risks identified in the GBV safety audit.

RESPONSE UPDATES AND PRODUCTS

Key updates and achievements regarding GBV interventions during the period of April to June 2026 include:

- **GBV Safety Audit:** Conducted a safety audit to identify specific issues putting women and girls at risk of gender-based violence (GBV), resulting in targeted recommendations for specific clusters to address these concerns.

- **Menstrual Hygiene and Health Webinar:** The GBV Thematic Group, in collaboration with the Sexual and Reproductive Health and the Hygiene Promotion Technical Working Groups, led a webinar focusing on key issues affecting youth and persons with disabilities, as well as supply chain challenges, with actionable recommendations.

- **Women and Girls' Safe Spaces (WGSS):** Completed an assessment of WGSS, which informed the development of contextualized WGSS guidelines to improve multisectoral GBV service delivery. Additionally, partners expanded the number of operational safe spaces from 64 in the previous quarter to 74 by the end of Quarter 2.

- **GBV Case Management Support:** Provided specialized mentorship on managing complex cases to GBV Case Managers, alongside ongoing supervision through monthly GBV Taskforce meetings.

- **Capacity Building:** Initiated training in line with the GBV capacity building plan to strengthen partner capacity in core GBV standards, including case management, MHPSS, and information management.

- **Advocacy Strategy:** Developed a national advocacy strategy and established an advocacy taskforce with finalized Terms of Reference (TORs).

RECOMMENDATIONS AND ADVOCACY

- **Address Economic Violence:** Increase initiatives to reduce vulnerability, including cash assistance for GBV risk mitigation, vocational skills, livelihood opportunities, and life skills training.
- **Support Case Managers:** Invest in care for carers to support overwhelmed case managers handling the surge in GBV cases.
- **Increase Funding:** Expand the multisectoral GBV response to unreached sites and establish more Women and Girls Safe Spaces. This should be achieved through direct funding to Women-Led Organizations and by integrating safe spaces within SRH facilities.
- **Mitigate Risks Across Clusters:** Ensure other clusters implement GBV risk mitigation to address risks arising from their responses.
- **Collaborate on Adolescent Protection:** Partner with the child protection sector to strengthen support for adolescent girls and mitigate risks of forced marriage, sexual exploitation, and abuse.

GBV Thematic Group

The GBV TG, led by UNFPA, is a forum under the Protection Cluster that coordinates GBV prevention and response in humanitarian settings. It brings together NGOs, UN agencies, donors, academics, and independent experts committed to ensuring more predictable, accountable, and effective action to prevent and respond to GBV in emergencies.

In OPT, the GBV TG coordinates partners' efforts to meet the needs of affected populations across Gaza and the West Bank.

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