

GENDER-BASED VIOLENCE TRENDS ANALYSIS: GAZA

April - May 2025

The GBV Area of Responsibility (AOR) in Gaza continues to collect information to analyze gender based violence (GBV) trends in the current emergency context. This report highlights the incidence and the nature of GBV cases reported by GBV service providers, acknowledging that reporting of GBV still remains challenged in Gaza due to limited movement, stigma and lack of information despite the awareness raising efforts on the available services. The data primarily reflects cases managed by GBV Case Management Taskforce members, including AISHA, AWDA, CWLRC, CFTA, WAC, IMC, UNRWA, ACHA, WEFAQ.

Key Findings

Overall trends

Since the collapse of the ceasefire between Israel and Gaza on 8 March 2025, the situation in Gaza has continued to deteriorate. Constant evacuation orders have led to repeated forced displacement, with many families uprooted multiple times. The blockade on border crossings has further compounded the crisis particularly for women and girls by severely limiting access to essential resources such as food, water, and shelter, as well as life-saving services, including health care.

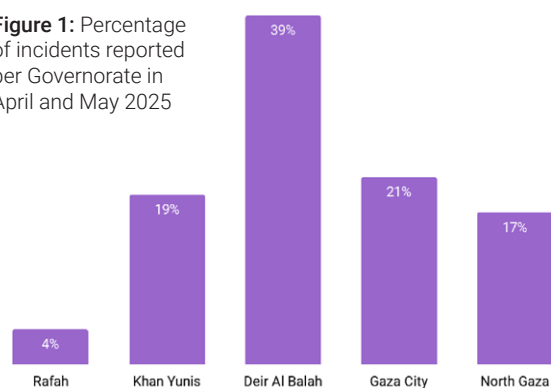
The risk of GBV has intensified, driven by displacement, scarcity of resources, and the breakdown of protective family and community structures. While the number of GBV cases reported increased in April compared to earlier months, there was a 19.8% decline in reported incidents in May 2025. This decrease is attributed to large-scale displacement among the community as well as the service providers, and disruptions in case documentation whereby many survivors continued to seek services but were not captured in official reporting due to lack of transfer of case files.

During this reporting period, denial of resources, opportunities, and services emerged as the most frequently reported form of GBV. This was closely linked to the widespread poverty, displacement, and the growing scarcity of basic supplies, particularly food. While reported cases of rape and sexual exploitation and abuse (SEA) remain low, these incidents are severely underreported. GBV case managers have shared concerning testimonies in task force meetings and trainings, including cases involving adolescent girls and women with disabilities raped by family members and strangers. Despite rape appearing as 0% in the data, there has been severe underreporting due to fear of retaliation, stigma, and lack of awareness about available services and the collapse of justice system, with survivors not consenting to the recording of their cases.

Locations GBV incidents were recorded

The majority of GBV incidents (40%) were reported in Deir al-Balah. This is attributed to the concentration of GBV service providers in that area, as constant evacuation orders hindered access in other locations. However, GBV incidents were reported across all five governorates, supported by the rollout of remote, helpline-based case management modalities in April and May 2025. (See Figure 1 for a breakdown by governorate.)

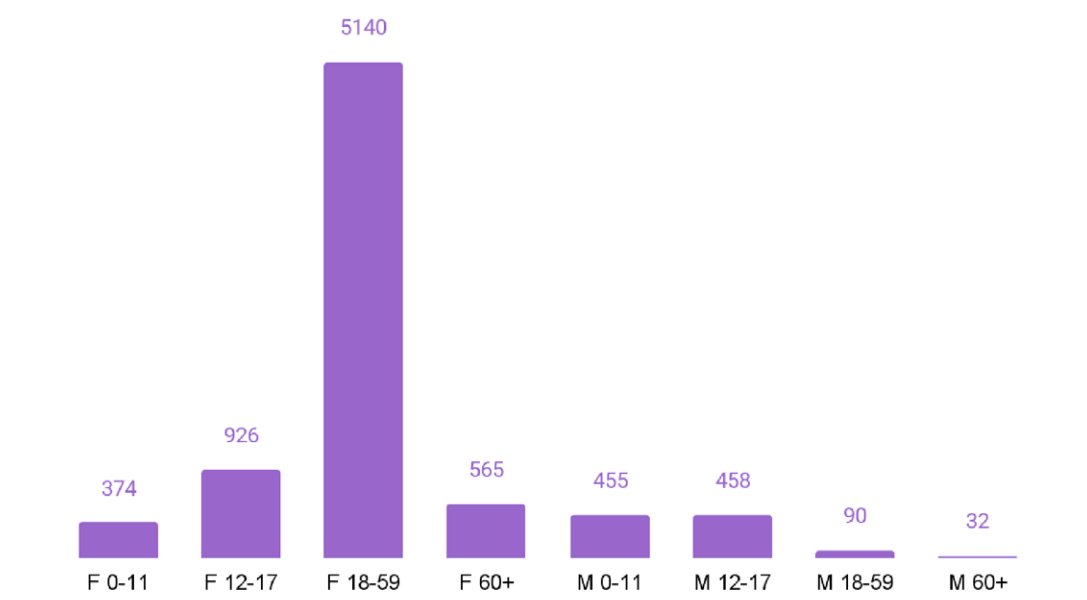
Figure 1: Percentage of incidents reported per Governorate in April and May 2025



Gender and Age Disaggregation

Women and girls remain the primary survivors of GBV, with 72% of cases involving adults over 18 years old and 28% involving individuals under 18. Of the survivors who reported incidents, 8% were women with disabilities. The figure 2 below provides a detailed breakdown by gender and age for April and May 2025.

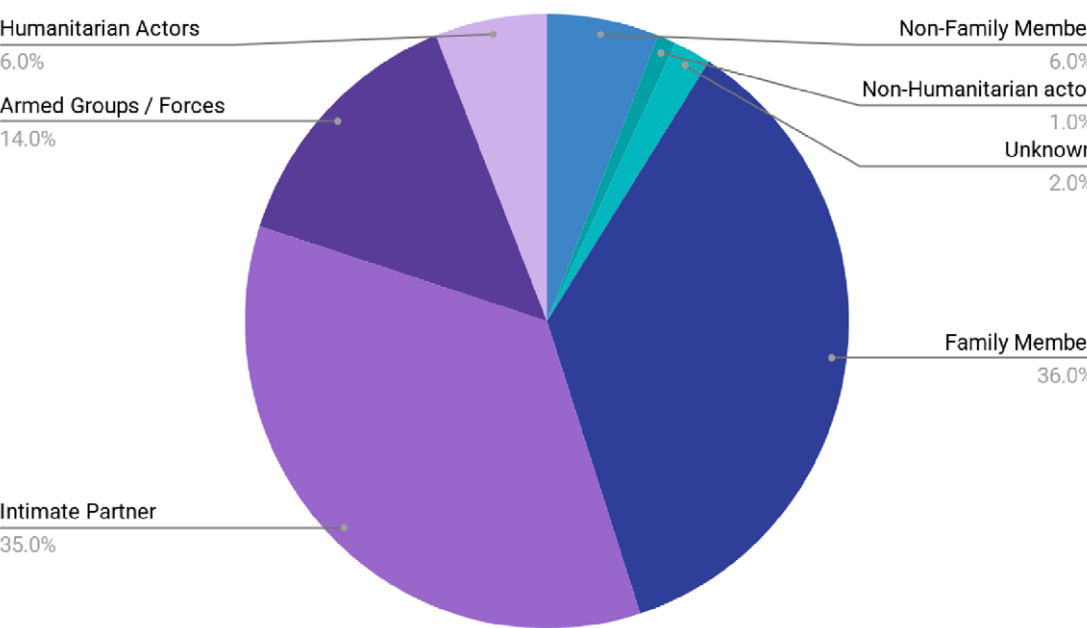
Figure 2: Break down by gender and age of GBV incidents reported in Gaza in April and May 2025



Analysis of Alleged Perpetrators

As shown in Figure 3, most of the reported violence was perpetrated by family members other than spouse (36%) and intimate partners (35%). This aligns with case manager discussions, which describe increased tensions in households due to resource scarcity and loss of livelihoods, resulting in higher rates of domestic and emotional abuse. This marks a shift from earlier months, when perpetrators were more often outside the family. Notably, 6% of cases involved humanitarian workers, particularly vendors distributing cash or voucher assistance—indicating incidents of SEA. Reports involving armed actors also increased (14%), though survivors are often reluctant to name them due to fear of retaliation.

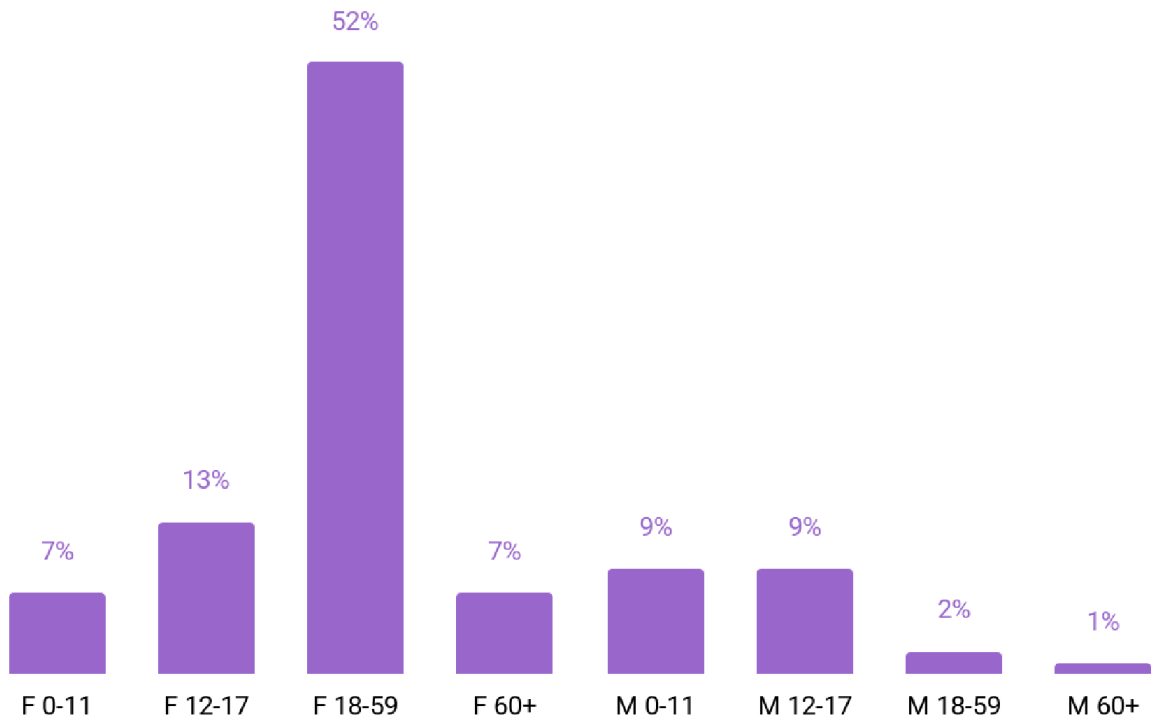
Figure 3: Alleged GBV perpetrators in April and May 2025



Analysis of Denial of (access to) Services, Resources and Opportunities – 38% of reported incidents

Denial of access to essential services and opportunities was the most prevalent form of GBV during April and May. The most affected demographic was women aged 18–59 (52%). This is a shift from the latter part of 2024, when children were more prominently affected. The increase is linked to heightened pressure on women, especially mothers, to provide for their families amid extreme scarcity. The aid blockade has depleted resources, and with widespread displacement, any remaining resources are contested. (See Figure 4 for a disaggregated analysis.)

Figure 4: Analysis of numbers reporting denial of resources, opportunities by gender and age



Analysis of Forced Marriage, including Child Marriage

According to the GBV Case Management Task Force (CMTF) in Gaza, forced marriage includes all forms of early and child marriage, as children are unable to provide full, informed consent. Despite anecdotal evidence from case managers indicating a rise in forced marriages, only 4% of reported GBV incidents involved this form of violence—suggesting significant underreporting.

Gaza’s legal minimum age of marriage is 17, but Sharia courts—currently the only functioning courts—permit marriage from age 15 for girls and 16 for boys, provided puberty and physical maturity are demonstrated. However, humanitarian actors report cases of girls as young as 12 being married off, often as a coping strategy in response to poverty, food insecurity, lack of shelter, or as a means to «protect» girls from perceived social risks such as overcrowding or post-violence stigma as well as to reduce the burden from the family ‘less extra mouth to feed’. In some cases, girls were forced to marry their perpetrators.

Services Provided and Gaps

During April and May 2025, a total of 45 GBV partners provided services in Gaza. This included 18 implementing partners and 27 donors, among others. Services offered included GBV case management, psychosocial support, limited health care, safe shelter, and the distribution of dignity kits. However, critical services such as legal assistance, economic empowerment, and referral mechanisms remained extremely limited or unavailable.

The most requested but unavailable services were livelihood support and dignity kits—both affected by the aid blockade. GBV service providers emphasized the need for livelihood opportunities including vocational training and small business support for women, particularly through Women and Girls Safe Spaces (WGSS). Women attending WGSS expressed strong interest in acquiring skills that could help sustain their families during the ongoing crisis and support long-term recovery, particularly among female-headed households.

Coordination Updates and Products

- GBV Case Managers were trained on GBV case management focusing on crucial topics including remote case management, data protection, referral when there are limited services, dealing with women with disabilities, handling child survivors.
- Caring for Child Survivors Task Force conducted a training for 20 participants in May in the South led by IRC and UNICEF.
- A Guidance Note for GBV Case Management during acute crisis developed to support Case Managers along with other Guidance Notes stated below:
 - » Guidance note on the linkage between GBV and MHPSS
 - » Guidance Note on working with Women with Disabilities
 - » Guidance Note on the Linkage between GBV and Food Scarcity
 - » Guidance Note on working with Male survivors of GBV
 - » An interactive real time Mapping of Women and Girls Safe Spaces
 - » Service mapping of services of management of complex GBV cases
 - » Advocacy Note on Menstrual Hygiene Management in Gaza
 - » Guide for awareness raising on GBV issues and services in WGSS and shelters

Recommendations and advocacy

- **Additional funding** is needed to ensure that the service provider can expand their case-management work-force, MHPSS needs to continue to grow.
- **Scale up and enhance** GBV response services (including GBV case management service provision, PSS interventions, increase the number of women and girls' safe spaces, and strengthen information management systems).
- **Support to the frontline** GBV service providers to reduce workload and mitigate burnout.
- **Empower women and girls** through income-generating and livelihood opportunities to reduce GBV risks.
- **Increase access** to dignity kits , hygiene supplies and MHM kits to protect women safety, health, and dignity.
- **All clusters to include** GBV risk mitigation measures in their response efforts. WASH, Shelter, Health, Food Security, Health and all clusters have a responsibility to ensure that GBV risk mitigation and consideration of the specific needs of women, girls, and other groups are met.

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