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Gender-Based Violence (GBV) Trends Analysis

Gaza GBV Case Management Taskforce Report
1 Sep – 30 Sep 2024

Background

Almost a year after the war, the GBV AOR (Area of Responsibility) in Gaza is continuing to operate with Emergency Case Management—providing the service, but with limited documentation. This approach was introduced to minimize written records of cases and to protect the privacy and confidentiality of survivors, especially given the frequent forced displacement. In August 2024, the Case Management Taskforce (CMTF) agreed to begin systematizing the monitoring of trends to better inform response planning and advocacy efforts within the GBV AOR, as well as to promote GBV minimum standards, prevention, and risk mitigation measures.

The first trends monitoring tool was launched in September, with the findings presented below.

GBV TRENDS

Trend 1: Denial of (access to) Resources and Services

Among the most reported GBV incidents in the context of Gaza, the CMTF noted a comparatively high number of cases involving the denial of (access to) resources and opportunities during the reporting period. Nearly 40 percent of all cases that sought assistance were classified under this type of GBV (see Figure 1 below). The cases appear to be reported from across Gaza, and they are not unexpected. During the same period, the Integrated Food Security Phase Classification (IPC) Assessment was conducted in Gaza, revealing that 86 per cent of the population is in IPC Phase 3 (Crisis), 31 per cent in Phase 4 (Emergency), and 6 per cent in Phase 5 (Catastrophe) (IPC Gaza Strip, 17 October 2024).

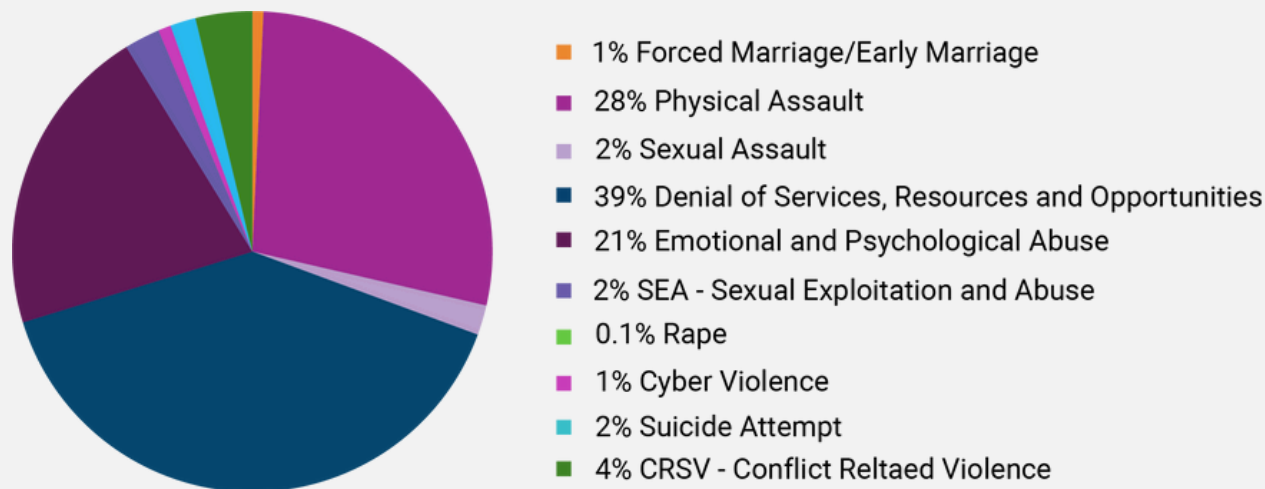
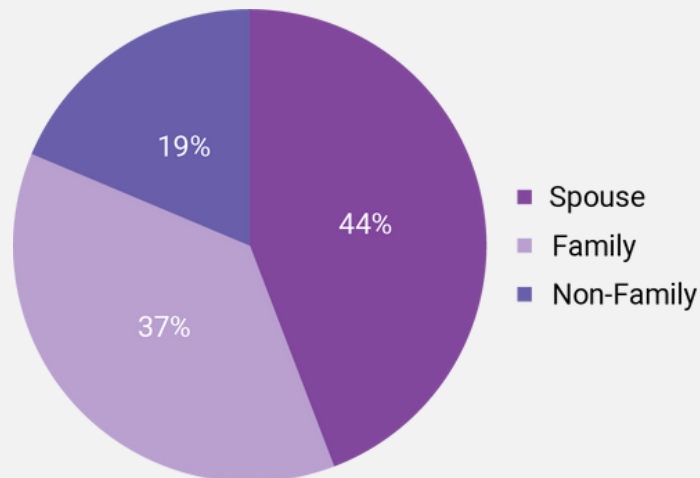


FIGURE 1 GBV TRENDS, SEPT 2024. GAZA GBV CMTF

GBV TRENDS

This situation is attributed to the ongoing hostilities, restricted humanitarian access, and the collapse of food systems. In addition to these factors, other contributing elements must be considered, such as inflated prices, which have significantly disempowered and increased the vulnerability of women and girls—particularly women and girls with disabilities, and female-headed households. The denial of resources is further exacerbated by the breakdown of families due to forced displacement, pushing women and girls to seek refuge with other (host) families for survival (for themselves and their children), often leaving them last in line to access food or other resources. In terms of age breakdown, the majority of reported cases were women aged 18-59, followed by girls aged 12-17.



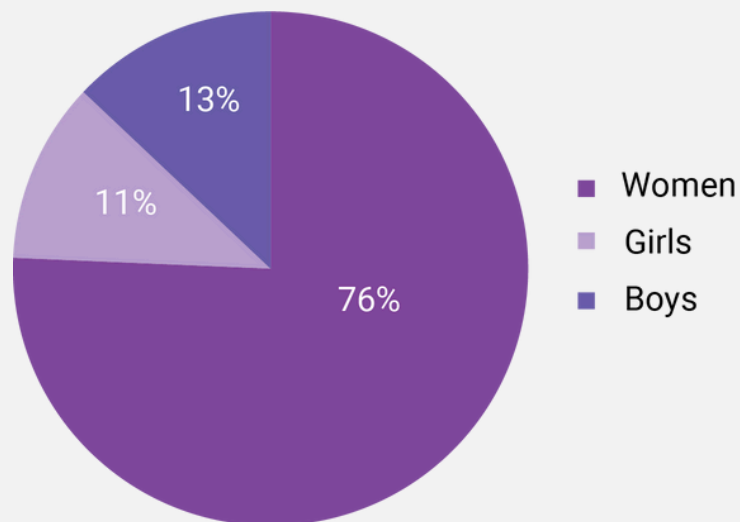
In addition to the denial of access to resources, the Case Management Taskforce (CMTF) recorded a significant number of denials of services. The reports indicate that most of these service denials were perpetrated by traditional humanitarian providers—International Non-Governmental Organizations (INGOs), National Non-Governmental Organizations (NNGOs), and United Nations agencies. This is likely another dimension of the worsening food crisis, where service providers are forced to prioritize and, at times, refuse to provide services, potentially abusing their power.



GBV TRENDS

Trend 2: Physical Assault

The second most reported type of incident is physical assault—28 per cent of all reported cases are classified as physical assault, mostly against adult women (18-59), but also involving girls (12-17) and boys (12-17), as shown in Figure 3. More than half of the perpetrators were reported to be intimate partners (spouses), followed by reports of physical violence committed by family members, non-family members, and, finally, several cases involving non-traditional humanitarian actors (e.g., contracted vendors for cash and voucher assistance).



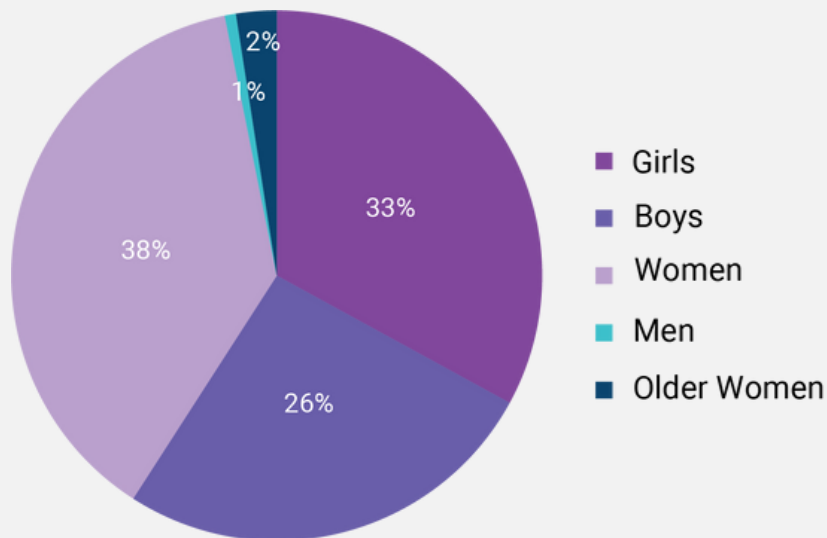
It is important to highlight that this type of incident is largely under-reported. Physical violence within families has become almost normalized and justified by the difficult conditions that challenge the family's survival. According to case workers and Mental Health and Psychosocial Support (MHPSS) specialists operating in Gaza's humanitarian response, these conditions have stripped men of their traditional role as breadwinners, and their inability to provide for their families triggers negative emotions, violence against family members, and, at times, even self-harm.



GBV TRENDS

Trend 3: Emotional and Psychological Abuse

The third most reported category of GBV during the given period is emotional and psychological abuse. This type of abuse is primarily perpetrated by spouses and family members, targeting women and girls (12-17 years old), but also affecting boys and older women. Emotional abuse is rarely a standalone form of GBV; it is typically accompanied by physical violence and, increasingly, cyber violence.



However, girls reported this type of abuse the most, followed by the denial of access to services and resources, and physical assault (Figure 5). The sources of abuse include family members (such as a brother, father, mother, or other immediate family member), spouses, non-family members, and even humanitarian workers and armed groups. The latter is linked to conflict-related experiences in public spaces and at checkpoints.

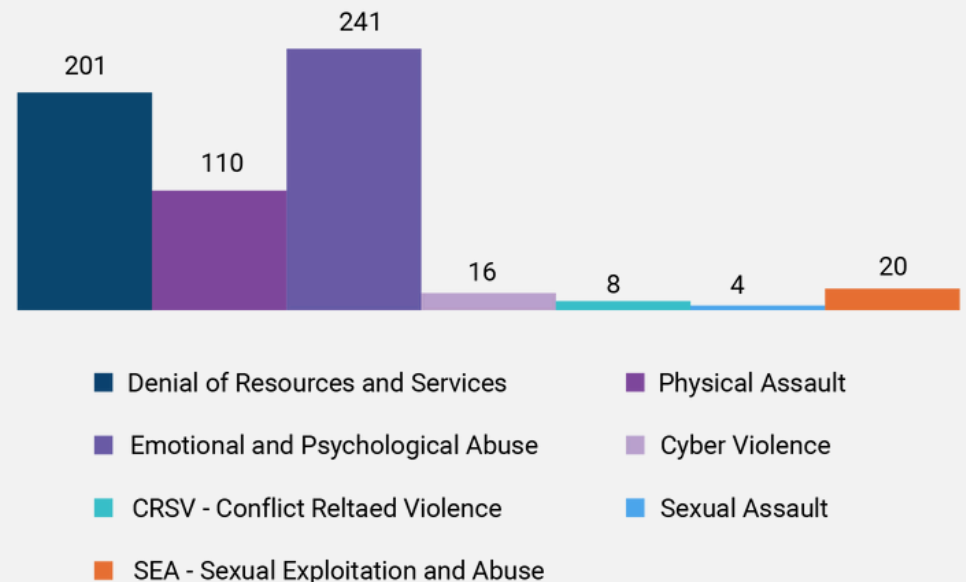
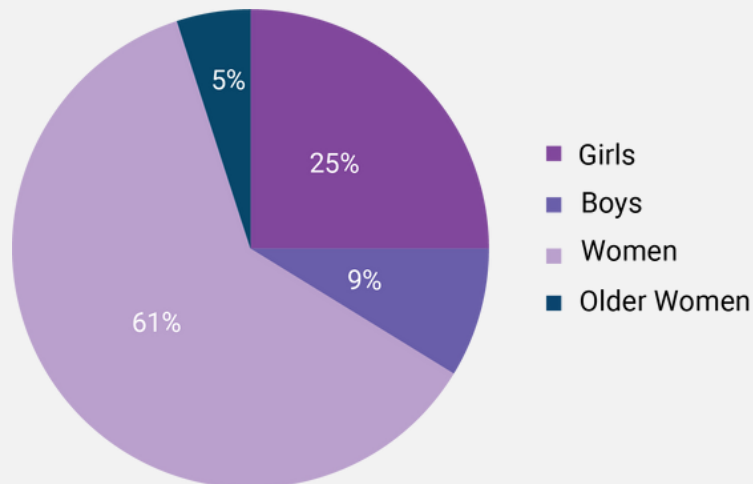


FIGURE 5 MOST COMMONLY REPORTED TYPES OF VIOLENCE AGAINST GIRLS IN THE REPORTING PERIOD. GAZA GBV CMTF, SEPT 2024

GBV TRENDS

Trend 4: Sexual Exploitation and Abuse (SEA)

A concerning trend of SEA by humanitarian workers has been noted, particularly involving staff at distribution points and vendors in cash and voucher programs. GBV AOR members are increasingly raising concerns about SEA involving non-traditional humanitarian personnel, as response options are limited due to the lack of effective law enforcement. Reporting SEA cases is also challenging, as the process may risk exposing survivors. While caseworkers are required to report these incidents, they face significant constraints. Proper investigations are often impossible, and confronting vendors can increase risks for both caseworkers and survivors. Additionally, aid agencies have limited options when it comes to contracted vendors, due to the decimated formal market and economy in Gaza.



RESPONSE

The Gaza GBV CMTF is ensuring that cases are safely accessing services based on their needs and requests, and that survivors receive support until the case is closed when the conditions are met. It is important to note that the number of new cases opened in a given month is four times larger than the number of cases closed.

In terms of response and access to services, the CMTF notes that access to health services, beyond clinical management of rape and sexual and reproductive health (CMR and SRH), is the most challenging, as women and girls require specialized services for general health and issues related to deteriorating water, sanitation, and hygiene (WASH) conditions, which they are forced to endure. Moreover, survivors are unable to find sufficient protection through the law, though they do have access to legal aid. Cases are being documented in preparation to be brought to trial once the judicial system is re-established.

Additionally, caseworkers report a need to reintroduce economic empowerment programs, as survivors are seeking ways to achieve financial independence and are interested in attending programs that would provide them with the skills and knowledge to start their own small businesses. Even during the peak of the war, women are seeking empowerment programs not only for financial gain but also for their psychological impact on self-esteem.

LIMITATIONS

CMTF recognizes the following limitations in responding to GBV in the current context:

- **Increasing the number of High-Risk GBV Cases:** Displacement sites are facing an increasing number of high-risk cases, with limited safe spaces for private, confidential service provision, which hinders effective support.
- **Absence of Dedicated Shelter and Safety Services for Child Survivors:** Without designated child-friendly shelters, some child survivors are referred to service points alongside adults, increasing the risk of harm.
- **Limited Capacity of GBV Case Managers:** High turnover has led to the recruitment of many new, less experienced case managers, which impacts the quality and consistency of support provided to survivors.
- **Shortages of Non-Food Items (NFIs) and Dignity Kits (DKs):** Insufficient supplies disrupt the full case management service cycle, reducing the effectiveness of support for survivors.
- **Lack of Equipment and Infrastructure:** Inadequate facilities and resources limit the ability to conduct comprehensive GBV case management and affect the accurate documentation of services provided.

RECOMMENDATIONS

Given these limitations, CMTF recommends the following actions to be prioritized:

- Provide advanced GBV case management training, with a focus on newly recruited case managers, to strengthen their skills and knowledge.
- Expand the number of GBV shelters, including a dedicated shelter specifically for child survivors, to ensure age-appropriate safety and support.
- Increase the number of GBV service points to uphold confidentiality and privacy principles in service delivery.