



GENDER-BASED VIOLENCE (GBV) SNAPSHOT: GAZA

December 2024 - March 2025

The situation in the Gaza Strip continues to be incredibly fluid, with the situation deteriorating rapidly since the collapse of the ceasefire, resulting in intense air-strikes and increased presence of Israeli Forces in Gaza. Despite some partners resuming activities before and during the ceasefire, many partners report the need to close programming in the face of multiple forced displacement, insecurity for response providers and the destruction of Women and Girls Safe Spaces (WGSS) and hospitals.

Escalating Risks of GBV in Gaza

Nearly 50% of the estimated 2.1 million displaced and affected people in the Gaza Strip are women and girls. Of the estimated 50,669 people killed between 7 October 2023 and 31 March 2025, the United Nations Human Rights office, estimates that nearly 70% are women and children. As access to food, water, shelter, and medical care continues to deteriorate, the United Nations has raised urgent concerns about the survival and safety of civilians—particularly women and girls. In this environment of extreme deprivation and fear, risks of gender-based violence (GBV) have significantly increased. The ongoing conflict has deepened pre-existing vulnerabilities, including poverty, family separation, and the breakdown of social safety nets.

Collapse of Services and Protection Structures

Access to GBV response services in Gaza is critically limited. Case management, psychosocial support, medical care, and other lifesaving services are either non-functional or operating at minimal capacity due to damaged infrastructure, supply shortages, and restricted humanitarian access. The displacement, injury, or death of frontline service providers has further eroded response capacity, leaving countless women and girls—many of whom are experiencing exploitation, sexual violence or intimate partner violence—without recourse or protection.

Adolescent girls and women with disabilities, especially those orphaned or separated from families, face acute risks in overcrowded shelters, where the lack of trusted adults and guardianship systems increases exposure to early and forced marriage, and abuse. Meanwhile, traditional community-based protection mechanisms have collapsed under the weight of conflict. Women's groups, safe spaces, and local NGOs that once provided vital support are now destroyed, overwhelmed, or inaccessible, leading to an environment where fear, stigma, and impunity prevail.

Urgent Needs and Call to Action

Displaced women report deep fears for their personal safety and that of their families, with many citing the lack of privacy, secure latrines, and safe bathing spaces as significant protection and health concerns. Overcrowding, prolonged electricity outages, and the lack of water and food have strained family dynamics, increasing tensions and the incidence of GBV. Humanitarian access remains severely constrained, making it nearly impossible to restore referral pathways or deliver critical services such as the Clinical Management of Rape (CMR). Movement restrictions, both imposed and socially enforced, limit survivors' ability to seek help, while the deployment of specialized GBV personnel and delivery of lifesaving supplies remain dangerously delayed. A severe lack of funding continues to undermine GBV response efforts, limiting the ability to scale up services, pre-position supplies, and expand outreach. Without urgent and sustained financial support, women and girls in Gaza will remain at heightened risk of violence, exploitation, and abuse, with little hope of protection or recovery.

A ceasefire is urgently needed to enable safe access for the delivery of life saving support.



KEY GBV TRENDS

Trend 1: Limitations linked to reporting and data collection

The GBV AoR has not been able to roll out the GBVIMS in the Gaza Strip. Combined with the immense challenges GBV response providers face in delivering services—and the barriers survivors encounter in disclosing incidents and accessing support—this means that the information in this update should not be considered a comprehensive reflection of the scale of GBV in the Gaza Strip. It is likely that the actual level of GBV is significantly higher.

Trend 2: Disclosing and accessing GBV response service

Many survivors of gender-based violence (GBV) are unable to report incidents or seek critical support due to the inaccessibility of response services. This inaccessibility is often the result of service closures, limitations on GBV staff movement, and widespread shortage of experienced GBV response providers. The situation is further compounded by the expansion of red zones which continue to displace both services and response actors. As a result, survivors are left without safe, confidential, and timely pathways to access care, protection, and justice, deepening their vulnerability and silencing their experiences. During the reporting period, 3 of the 17 WGSS were forced to close or temporarily suspend activities. Following the breakdown of the ceasefire in March, 23 health facilities providing Sexual and Reproductive Health and Rights (SRHR) services, including CMR, collapsed, and dozens of response providers have been forcibly displaced, with many having a family member killed or injured.

Trend 3: Increased risks of Sexual Exploitation and Abuse (SEA)

In Gaza, women's roles as primary caregivers and providers for their families place them at heightened risk of sexual exploitation and abuse (SEA) and have a significant impact on their overall well-being. Faced with extreme hardship, many women and girls prioritize basic survival tasks over accessing GBV services or participating in awareness-raising and psychosocial support activities. When engaging with women and girls on GBV-related issues, many women express urgent needs for food and shelter, which often take precedence over seeking protection or support services. The GBV AoR is working with other clusters to strengthen referrals of complex GBV cases to increase where possible their receiving priority support.

Trend 4: Increased cases of life-threatening intimate partner violence (IPV)

GBV Case Managers have reported that GBV survivors are experiencing an intensification of intimate partner violence (IPV), noting that psychological distress among men has increased across the Gaza Strip. The catastrophic impact of the war—including the killing of loved ones, loss of income, repeated forced displacements, and the absence of psychosocial support—has significantly heightened stress levels, contributing to increased expressions of anger and violence within the household. The GBV AoR is exploring how to partner with MHPSS actors on how to increase PSS support to men in the Gaza Strip.

Trend 5: Suicidal ideology observed among GBV survivors

In the reporting period a total of 43 survivors were known to have committed suicide. All were females and were in the age group of 18-59. GBV survivors often experience grave psychological impacts of the violence they have experienced. Service providers have reported that it is becoming more common for GBV survivors to express suicidal thoughts. The GBV AoR through UNFPA is working with GBV Case Managers to strengthen their efforts on safety planning with survivors and increasing referrals to clinical MHPSS providers.

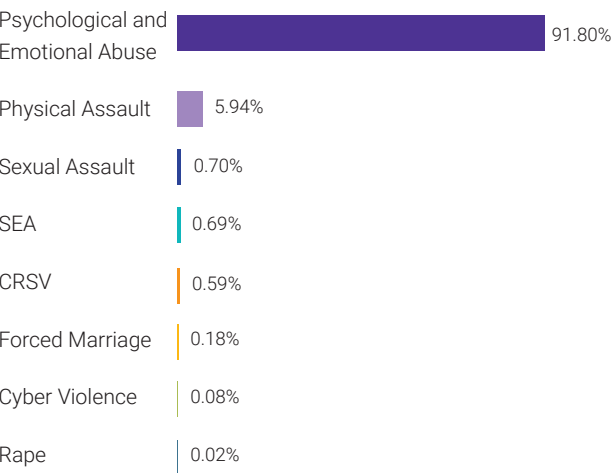


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**Reported GBV by Type of Violence -
December 2024 - March 2025**

Reports from Gaza indicate an increase in various forms of gender-based violence (GBV), with intimate partner violence—particularly psychological and emotional abuse—being among the most commonly reported. Conflict-related sexual violence (CRSV) and sexual exploitation and abuse are also rising concerns, particularly in contexts where individuals are dependent on aid and services. Adolescent girls face increasing restrictions on their movement, limiting their access to education and support services, while incidents of sexual harassment, sexual assault, and rape are also being reported, further underscoring the urgent need for comprehensive GBV prevention and response interventions.

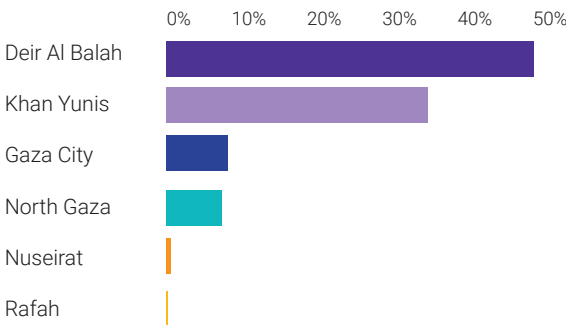
% of incidents type breakdown



Location of where GBV Cases have been reported

GBV incidents in Gaza are being reported primarily within the family unit. Outside of this, GBV is being reported as taking place in and around collective shelters and displacement sites, where overcrowding and lack of privacy increase risks, especially for women and girls. Distribution points—particularly during food and bread distributions—also present significant protection concerns due to chaotic conditions and limited oversight. Inadequate WASH facilities, including public latrines and bathing areas, further heighten vulnerability to GBV, as they often lack proper lighting, security measures, and gender-segregated spaces. Analysis of data during the reported period shows the majority of reported cases were received in Deir Al Balah and Khan Yunis. This likely reflects the availability of GBV response providers to access these locations. Prior to the ceasefire, access to Gaza City, North Gaza, Nuseirat and Rafah was extremely limited. Access to these locations changed during the ceasefire.

% of incidents by governorate/city



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PRIMARY COPING MECHANISMS BY WOMEN AND GIRLS

In Gaza, many women and girls remain silent about their experiences of GBV, feeling that the violence they endure is insignificant compared to the broader suffering caused by the war. With the overwhelming focus on survival, displacement, and loss, many believe their personal experiences of abuse are not a priority and hesitate to seek help. This is especially true for GBV survivors who have had family members killed, where the loss of life and pain that creates cannot be compared to GBV.

A key barrier to disclosure is the fear that reporting GBV, especially violence perpetrated by husbands or family members, who are already facing immense hardship, displacement, and conflict-related violence will create additional hardships for both the survivor, the perpetrator and extended family members.

The stigma surrounding GBV remains deeply entrenched in Gaza, particularly in cases of domestic and sexual violence, making it extremely difficult for survivors to come forward. Women fear shame, blame, and retaliation from their families and communities, which often discourages them from seeking support. The normalization of violence within the Gaza Strip further reinforces these barriers, leaving many survivors feeling that abuse is an unavoidable part of life under war. Additionally, the lack of access to multi-sectoral and comprehensive response services, combined with limited safe housing or financial independence, makes it nearly impossible for many women to escape abusive situations.

Even when women and girls attempt to access services, a lack of safe access poses a major obstacle. Restrictions on movement, lack of affordable transportation, widespread damage to infrastructure, and ongoing insecurity severely limit their ability to reach Women and Girls Safe Spaces, case management services, or healthcare facilities. Many areas remain difficult for GBV response providers to access due to security concerns, forcing survivors to risk their safety just to seek support.

Adolescent girls face even greater barriers due to deeply rooted social norms that restrict their mobility, increasing their isolation and vulnerability.

Without the ability to move freely or access essential services, many women and girls are left with no viable options for protection or recovery, reinforcing cycles of violence and harm. Addressing these challenges requires urgent efforts by GBV actors to increase safe access to GBV services, strengthen community support systems, especially for adolescent girls and challenge harmful norms that silence survivors.

When women seek support, they often turn to trusted female relatives or friends rather than formal services, fearing stigma, retaliation, or further harm. Many attempt to cope by minimizing or de-escalating violence or enduring abuse to avoid social consequences. However, as the war continues and conditions deteriorate, harmful coping strategies are becoming increasingly common. Severe shortages of essential supplies such as food, hygiene items, and safe water, coupled with unsafe and inadequate WASH facilities, have left many women and girls with few options to protect themselves. In desperation, some are resorting to begging, early and forced marriage, child labour, and survival sex, further exposing them to violence and exploitation. Male survivors of sexual violence also face profound stigma and have almost no safe avenues for support, leaving them isolated and without access to critical services. Without urgent intervention, these risks will only continue to escalate, placing even more women, girls, and other vulnerable groups in life-threatening situations.



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KEY RISK FACTORS EXACERBATING GBV IN GAZA

Presence of Armed Actors:

Conflict Related Sexual Violence including rape, sexual harassment and sexual abuse including acts of humiliation, targeting both women and men.

Collapse of protection and justice systems:

There is little to no legal accountability for GBV crimes, leading to widespread impunity for perpetrators.

Breakdown of family and community protection structures:

Many displaced families are struggling to survive, leaving vulnerable individuals without support.

Severe poverty and food shortages:

Economic desperation has increased the likelihood of sexual exploitation, forced marriage, and survival sex. This has been seen by GBV Case Managers especially in areas that have been totally blocked from receiving any form of aid supplies.

Overcrowded and unsafe shelter conditions:

The lack of privacy and gender-segregated facilities has increased sexual violence risks.

Limited humanitarian access:

Many GBV survivors cannot access case management, psychosocial support, or medical care, leaving them trapped in dangerous situations. This is further compounded by the challenges that GBV response providers have in being able to move freely in communities and confidentially meet with survivors.

Multiple displacements:

Many individuals have been displaced over ten times since the war began which has aggravated their vulnerability and risk to GBV.



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CONSEQUENCES

The consequences of gender-based violence (GBV) in Gaza are severe, life-threatening, and have both immediate and long-term impacts on survivors, their families, and the wider community. Given the ongoing war and humanitarian crisis, the risks and repercussions of GBV are exacerbated by extreme poverty, displacement, and the near-total collapse of protection and support systems.

Physical and Health Consequences

- **Injuries and long-term disabilities:**

Survivors of GBV often suffer physical injuries, ranging from bruises and fractures to life-altering disabilities, as access to medical care is extremely limited.

- **Sexual and reproductive health risks:**

Lack of access to medical care means survivors of rape and sexual violence are at high risk of unintended pregnancies, unsafe abortions, and sexually transmitted infections. The collapse of Gaza's healthcare system has made Clinical Management of Rape (CMR) extremely limited.

- **Maternal health complications:**

Pregnant women experiencing violence face a higher risk of miscarriage, stillbirth, and complications during childbirth, which is especially dangerous given the current shortage of medical supplies and skilled healthcare workers.

Psychosocial and Mental Health Consequences

- **Trauma and psychological distress:**

GBV survivors often suffer from anxiety, depression, and suicidal ideation. The war, loss of loved ones, and lack of access to support services further compound their distress.

- **Social isolation and stigma:** Many survivors face blame, rejection, or even further violence from their families and communities, particularly in cases of sexual violence. Women and girls have reported being forced into early or forced marriages as a "solution" to rape or to "protect" them from further harm.

- **Suicide and self-harm:** The overwhelming emotional and physical toll of GBV, combined with the lack of mental health services, has led to case managers hearing of an increase in attempted suicides and self-harm by GBV survivors.

Economic Consequences

- **Loss of livelihoods:** Many women experiencing GBV are economically dependent on their abusers, making it

nearly impossible for them to leave abusive relationships. The destruction of businesses, workplaces, and livelihoods in Gaza has further diminished their economic independence. Even those who are eligible for and would greatly benefit from cash assistance face significant barriers due to limited access to mobile phones, which are essential for digital cash transfer systems. In many cases, mobile phones are controlled or owned by the abusers themselves, further restricting survivors' autonomy and ability to safely receive support.

- **Increased reliance on harmful coping mechanisms:**

With limited options for survival, GBV case Managers are seeing an increase in the number of women and girls resorting to harmful coping strategies such as survival sex further exposing them to exploitation and violence.

Impact on Families and Communities

- **Breakdown of family and social structures:**

GBV contributes to family fragmentation, with women and children often forced to flee their homes or remain trapped in cycles of violence. Displacement and overcrowding in shelters exacerbate tensions and stress, leading to increased domestic violence.

- **Intergenerational trauma:** Children exposed to GBV—whether as direct survivors or as witnesses to violence—face long-term psychological and behavioural challenges. Many boys who grow up witnessing violence may later perpetuate the cycle of abuse, while girls may struggle to escape it.

Barriers to Justice and Protection

- **Lack of legal recourse:** There is almost no functioning legal system to hold perpetrators accountable, leaving survivors without protection or justice. The absence of law enforcement has led to impunity for GBV crimes.

- **Inability to access services:** Restrictions on movement, ongoing airstrikes, and the destruction of infrastructure mean that survivors have little to no access to safe spaces, case management, or psychosocial support.

Long-Term Consequences

- **Normalization of violence:** With GBV becoming more widespread and unaddressed, there is a growing normalization of violence against women and girls, further entrenching gender inequality.

- **Worsening gender disparities:** The prolonged war and humanitarian crisis risk a reversal of women's rights in Gaza.

Without urgent intervention, the consequences of GBV in Gaza will continue to escalate, placing women, girls, and other vulnerable groups at even greater risk.



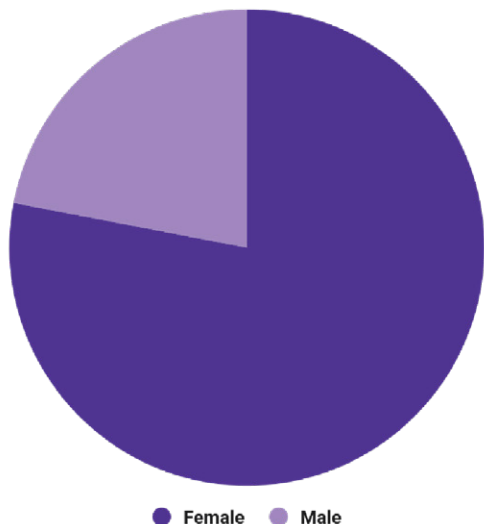
AFFECTED POPULATIONS AT HEIGHTENED RISKS OF GBV

Certain population groups in Gaza are at heightened risk of gender-based violence (GBV) due to increased vulnerability and reduced access to protection mechanisms.

Women, Adolescent Girls, and Female-Headed Households

Women and girls in Gaza—especially those who are displaced, widowed, unaccompanied, or heading households—are at the highest risk of gender-based violence (GBV). The collapse of social protection systems, overcrowded shelters, and extreme economic hardship have intensified exposure to intimate partner violence, sexual violence, and harmful coping mechanisms such as forced and child marriage. Female-headed households, many of whom have lost male family members due to the conflict, are particularly vulnerable to sexual exploitation and abuse, often in efforts to access aid or meet basic needs.

% of incidents by governorate/city

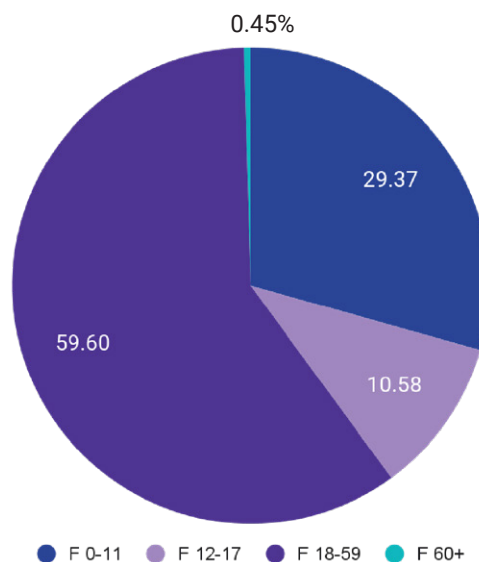


Adolescent Girls, Unaccompanied Children, and People with Disabilities

Adolescent girls and unaccompanied or separated children face acute risks due to movement restrictions, lack of supervision, and limited access to protection services. Girls are particularly vulnerable to harassment, assault, exploitation, and early marriage, especially in overcrowded shelters with inadequate privacy or WASH facilities. Children who have lost caregivers face heightened risks of trafficking and abuse.

Women and girls with disabilities are doubly marginalized, facing significant barriers to mobility and support, and are at greater risk of neglect and sexual abuse, particularly in emergency shelters lacking accessibility.

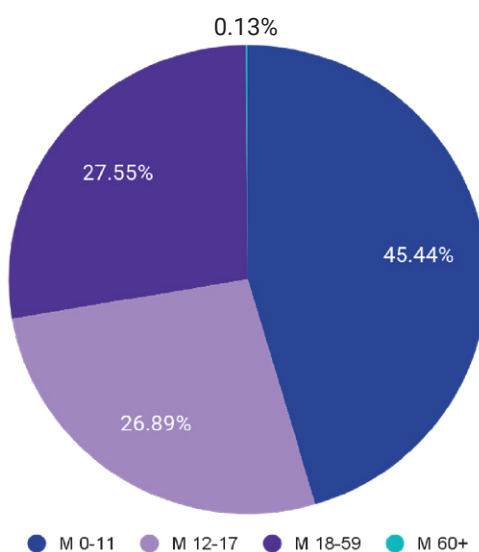
% of incidents by female age group



Male Survivors

While less frequently reported, men and boys—particularly those in detention or conflict settings—also face sexual violence but have very limited avenues for disclosure or support due to stigma, fear, and lack of appropriate services.

% of incidents by male age group





GBV AOR UPDATES



166,549

Total people reached



21,961

Persons accessing
Women and Girls Safe
Spaces (mobile and
static)



57,146

GBV specialized
services provided to
GBV survivors and at-
risk women and girls



61,845

Persons reached
through outreach
activities / mobile
response



1,121

People trained on
GBV related topics



19,068

Dignity kits
distributed (DK &
MHM Kit)

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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