Policy Brief

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Lives interrupted: mixed-methods policy brief on youth experiences of the war on Gaza (2024–2025)

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Introduction

Since the Hamas attack of 7 October 2023, Israel has systematically destroyed the Gaza Strip, killed tens of thousands of people, and deliberately obstructed life-saving humanitarian aid (Amnesty International, 2024; UN, 2025). The scale and intensity of the violence have placed young people in Gaza at severe risk across every dimension of their well-being – including their physical health and nutrition, access to safe water and sanitation (WASH), education, mental health and their bodily integrity and safety.

Although the ceasefire in place since 10 October 2025 has brought some relief, humanitarian aid continues to be obstructed, and hundreds of Palestinians have been killed due to ongoing Israeli hostilities (OHCHR, 2026). Young people continue to face acute deprivation: disrupted or destroyed schooling, collapsed health and mental health services, severe food insecurity and malnutrition, lack of safety, and critically limited access to safe water, sanitation and hygiene.

This brief examines the multidimensional impacts of the war on young people's capabilities and well-being in order to inform the post-ceasefire humanitarian response. It pays particular attention to:

- **Nutrition**: widespread food insecurity and its developmental consequences;
- **Health**: the collapse of Gaza's health system and its consequences for physical well-being;
- **WASH**: the breakdown of water, sanitation and hygiene infrastructure and services;
- **Mental health**: the psychological toll of trauma and chronic stress;
- **Education**: the destruction of schools and the interruption of learning;
- **Bodily integrity**: heightened exposure to violence, exploitation and unsafe conditions.

Special focus is given to at-risk groups like girls and young women, young people with disabilities and orphaned youth.

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Methods

This brief is based on longitudinal mixed-methods data collected across two rounds: Round 1 in August–September 2024, and Round 2 in October–November 2025 (shortly after the ceasefire of 10 October 2025). The research was designed to assess young people's experiences and perceptions of the conflict across all six capability domains – education, health, mental health, bodily integrity, nutrition and WASH – and to track changes over time.

The survey sample was proportionately drawn across all five governorates of Gaza. In Round 1, data were collected with 1,011 young people (526 females and 485 males, aged 10–24 years). In Round 2, 1,380 young people were surveyed (837 females and 543 males).

Seventy-six percent of the original sample (n=772) was successfully re-engaged in Round 2, with the same sampling approach applied to select replacements. To ensure the inclusion of voices of the most at-risk young people, the sample deliberately oversampled married girls and young women, young people with disabilities, and – in Round 2 – orphaned children, reflecting the large number of newly orphaned young people resulting from the war. Survey weights were applied in the analysis of Round 2 data.

A subset of the survey sample was purposefully selected for qualitative in-depth interviews, including young people with disabilities, girls and young women married as children and orphans. Round 1 qualitative data were collected in November–December 2024 with 100 young people (56 females and 44 males), complemented by 24 key informant interviews (KIIs) with service providers and community leaders. Round 2 interviews included in-depth individual interviews (IDIs) with 86 young people (44 females and 42 males), 10 focus group discussions (81 young people), 30 IDIs with caregivers (20 mothers and 10 fathers), and 24 key informant interviews with service providers and community leaders.

Ethical clearance was granted by the Helsinki Committee (PHRC/HC/1245/24), the Gaza Ministry of Health, the Gaza Ministry of Education, and the ODI Global Ethics Committee (ODI R025002). All procedures strictly followed international ethical guidelines, including the principles of informed consent, privacy, confidentiality and voluntary participation. Written consent was obtained from participants aged 18 and above; participants under 18 provided verbal assent alongside caregiver consent.

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Findings

We present headline findings from the study focusing on the young people who participated in both rounds of data collection in 2024 and 2025. More details can be found in a series of thematic policy briefs here.

Nutrition

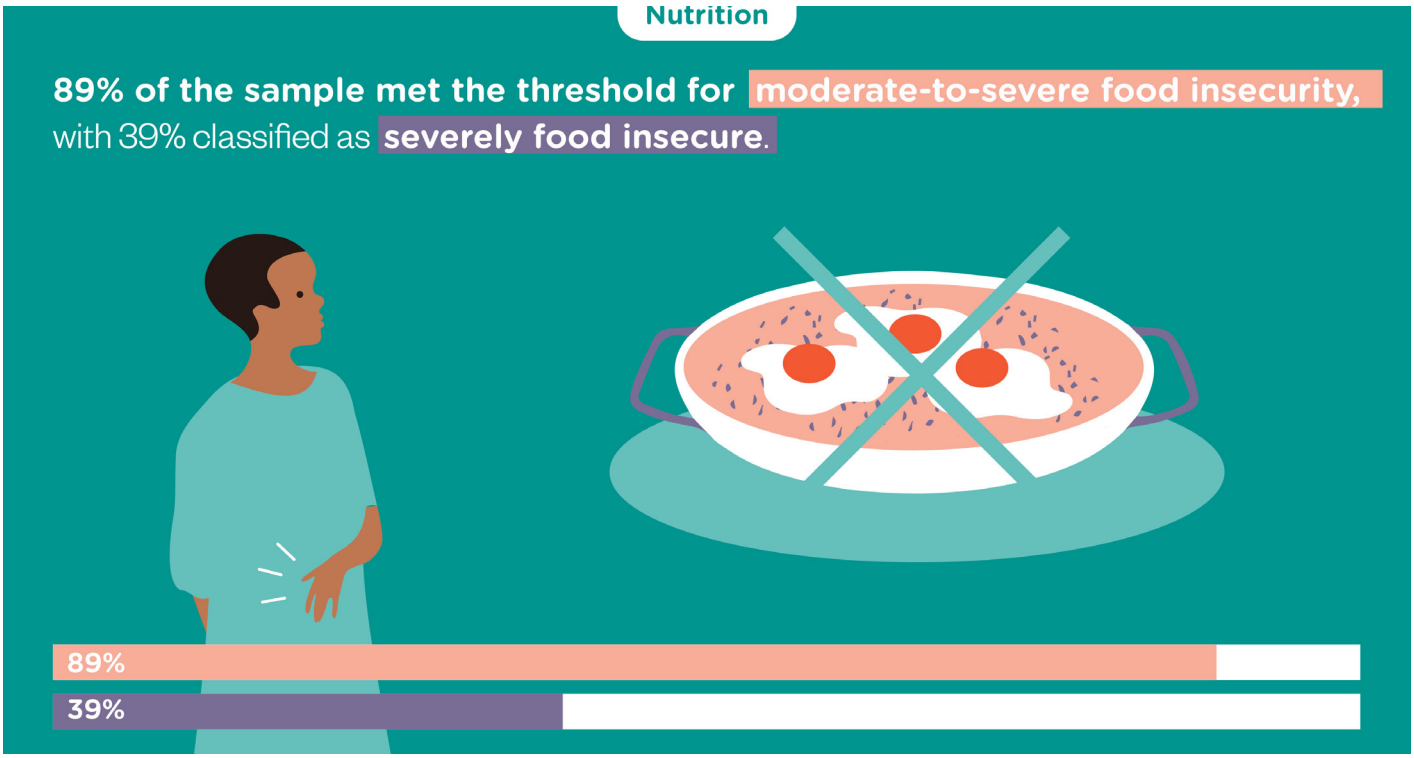
1. 89% of the sample met the threshold for **moderate-to-severe food insecurity (rCSI)**, with 39% classified as **severely food insecure**.
2. 69% of young people **felt hungry more than once** in the last 4 weeks, falling to 62% in Round 2.
3. The share reporting **a lack of food as a key challenge rose** sharply by 25 percentage points, from 63% to 88%.
4. The **main barriers to accessing food** were: high prices (79%); lack of cash (73%); unfair distribution (46%); loss of income (42%); looting or theft (37%); food shortage in the market (27%); lack of safety at aid distribution points (22%).
5. The most commonly received forms of food assistance were flour and canned food. While fresh vegetables were considered essential, only half accessed this type of support (Round 2). **Married adolescent girls** were more likely to experience hunger in the past 4 weeks (77% versus 63% of non-married girls), while **girls and young women** were more likely to fall into the severe food insecurity category (42% versus 35% of boys and young men).

'I used to just wait to get food, but I just remained hungry. My mother was the only one responsible for us. We couldn't pressure her more than she could bear. We just waited till we got another meal. We sometimes had only 1 meal per day... There wasn't any food available due to starvation... we had to just accept the feeling of hunger... I could just drink water.'

(An 18-year-old young woman)

'Flour was too expensive and unavailable in the market. The stage we faced previously, and even the famine; you could see people dying of hunger. This is a destruction in its own way. Sometimes we used to sleep hungry, imagine! We are able to buy, but nothing is available. Understood?... Other than this, the traders & robbers we were stolen so many times. Honestly, there were so many difficulties during the famine.'

(A 14-year-old girl)

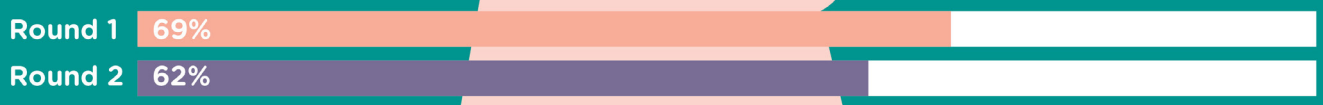


Nutrition

Catastrophic food insecurity was experienced by approimately two thirds of young people. 62% of young people felt hungry in Round 2, falling only 7 percentage points since Round 1.

'For example, two bananas — the child keeps crying. Should I eat it or leave it for the child?'

(An 18-year-old pregnant mother)



Nutrition

The share of young people citing **lack of food as a key challenge** rose by 25 percentage points between Rounds 1 and 2.

'We used to go out as a group at 02:00 AM to wait in a queue. I mean to secure bread for all. I mean for the girls, for the male guys and for all families.'

(An 18-year-old boy)

+25pp

Health

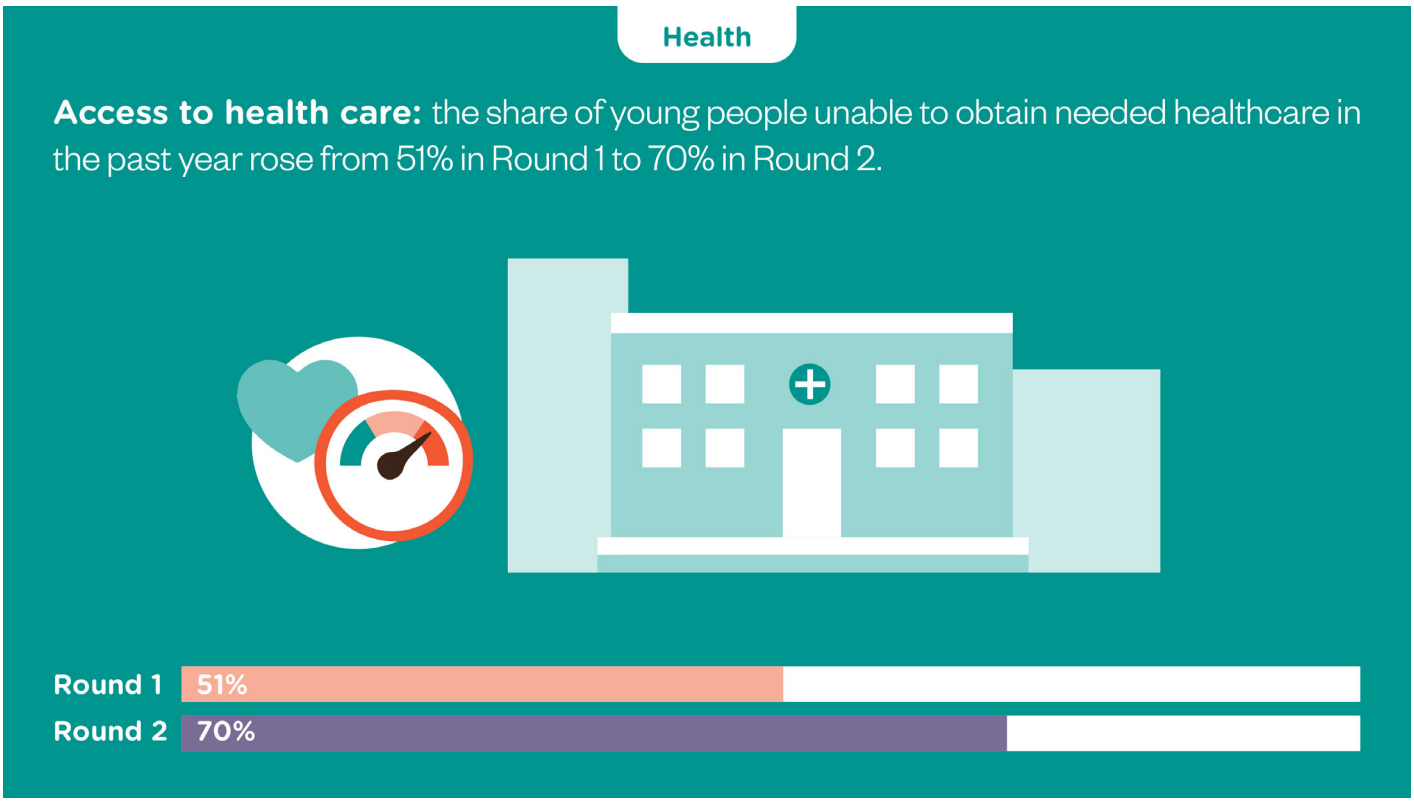
1. **Self-reported health improved**: with 42% reporting being in very good health in the past two weeks in Round 2, compared to 30% in Round 1.
2. **Access to care worsened**: the share of young people unable to obtain needed healthcare in the past year rose from 51% in Round 1 to 70% in Round 2.
3. Of those who struggled accessing health services, **the main reported barriers** in Round 2 were: lack of medication (48%); no money for transport (35%); the war (27%); no transportation available (22%); no services available (15%); no skilled doctors (12%).
4. **Antenatal care coverage improved**: rising from 42% of pregnant women receiving any antenatal care in Round 1 to 78% in Round 2.
5. **Young people with disabilities were significantly more likely to report significant injury or illness during the war** – 61% versus 25%, and they were **less likely to have access to health services** – 82% vs 66%.

'[My health] is not like before the war because of the famine, I started having, what do they call it, a blood deficiency... I used to get dizzy, I feel it gets dark whenever I stand up, and I feel no energy'.

(A 17-year-old adolescent girl)

'There were not many medicines... they did not give me a painkiller at all except at bedtime.'

(A 20-year-old young man who lost his leg in an airstrike)



Health

Young people with disabilities were significantly more likely to report significant injury or illness during the war...

...and that they were **unable to access health services.**

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WASH

1. **Severe water insecurity remained high across both rounds**, falling only slightly from 88% in Round 1 to 82% in Round 2.
2. **There were notable shifts in how water was accessed**: In Round 1, 58% relied on paid tank water and only 35% on free tank water. By Round 2, this had reversed: 70% accessed tank water free of charge, while only 23% still paid.
3. **Reliance on humanitarian assistance for drinking water grew considerably**, from 35% to 70%.
4. **Toilet access deteriorated**: the share of respondents reporting no toilet in their accommodation, or relying on primitive solutions such as digging holes, rose from 20% in Round 1 to 28% in Round 2. The median number of persons sharing a single toilet did, however, improve from 13 to 9.
5. **Access to soap nearly doubled**, rising from 1 in 5 (21%) to more than 1 in 3 (38%).
6. **Menstrual hygiene remains a serious and worsening** concern: the share struggling to access menstrual supplies rose from 3 in 4 (74%) in Round 1 to 83% in Round 2. As a **coping mechanism**, girls and young women in Round 2 reported: borrowing pads from family (50%); using cloth (42%); borrowing money (26%).

'There were long lines of 70 people or so waiting for the bathroom... We could hear the boys when they entered, and see them, and they could see us... The bathrooms were always dirty.'

(A 16-year-old girl)

'There was no fresh water. I was begging everyone... My throat was so dry... I was dying of thirst.'

(An 18-year-old pregnant woman from the North recalled an acute war crisis)

' I drank a mix of seawater and tomato paste 'o moisten my saliva, despite vomiting and feeling exhausted... internally,'simply 'to stay alive.'

(22-year-old man)

WASH

Reliance on humanitarian assistance for drinking water grew considerably.

'Each one of us would drink a small quantity, just a glass.'

(A 16-year-old girl with a disability)

Round 1	35%
Round 2	70%

WASH

83% of young women in Round 2 struggled to obtain menstrual supplies

— an increase of 9 percentage points from Round 1.

'We used baby diapers if we couldn't find sanitary pads.'

(A 17-year-old girl)

Round 1	74%
Round 2	83%

Mental health

1. **Symptoms of anxiety and depression improved** notably by the immediate post-ceasefire period, with the most pronounced improvement among young women:

- Moderate-to-severe anxiety (GAD-7) dropped from 61% to 39% (30% for women);
- Moderate-to-severe depression (PHQ-8) fell from 56% to 38% (29% for women);
- Moderate-to-severe psychological distress (GHQ-12≥3) reduced only slightly from 94% to 92%, while severe distress increased from 10% to 13% (≥10).

2. By contrast, **PTSD rose** from 55% to 62%, with the steepest rise among young people with disabilities (17pp) and boys aged 10-14 (20pp).
3. **Resilience also weakened:** the share of participants scoring low on resilience rose from 44% to 50%, with the largest increase among young adolescents aged 10-14 (by 15%).
4. In Round 2, young people reported **multiple traumatic events**: neighbourhood bombed or destroyed by the Israeli occupation (94%); seeing an Israeli raid (94%); own house destroyed by the Israeli occupation (90%); losing a close family member (80%); seeing the remains of dead people (77%); injured (by gunshots or shrapnel) (20%).

A 16-year-old adolescent spoke of intense grief after losing thirteen friends, becoming 'depressed for about a month,' not eating, going out, or talking to anyone at home.

(16-year-old girl)

'Abnormal dreams... I dream that and find myself suffocating under the rubble... waking up in terror... and then sitting by the door at night, ready to flee.'

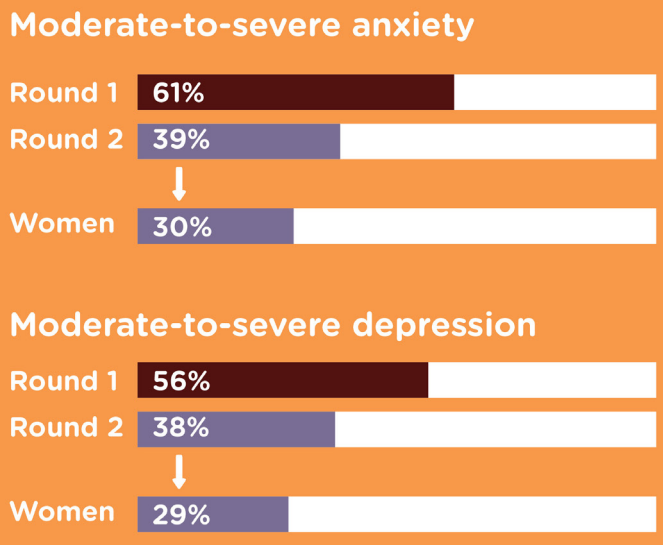
(A 22-year-old married man)

'We did not cope. We were forced to survive. We had no other choice.'

(A 23-year-old married young man)

Mental Health

Symptoms of anxiety and depression improved notably by the immediate post-ceasefire period, with the most pronounced improvement among young women:

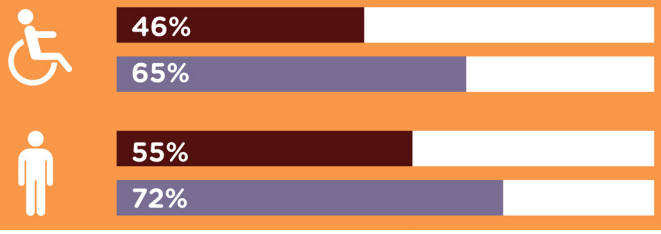


5. To cope with war-related stress, young people reported the following **coping mechanisms**: religious practices (26%); social interaction (18%); withdrawal from others (15%); crying (12%); sleeping (10%).
6. **Willingness to volunteer for reconstruction efforts grew** from 56% to 63%, with the largest rise among young adolescents (24pp) and females (11pp).
7. **Young people with disabilities had significantly higher levels of moderate to severe anxiety**. In Round 2, 61% of young people with disabilities versus 25% without disabilities had scores of 10 plus on the GAD-7 scale. They also had significantly **higher rates of moderate to severe depression** as measured by scores of 10 plus on the PHQ-8 scale – 69% versus 39%.

Mental Health

The proportion of young people with **PTSD disorder rose** from 55% in Round 1 to 62% in Round 2...

...with the steepest rise among y**oung people with disabilities** and boys aged 10-14.



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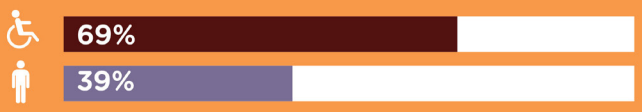
Mental Health

Young people with disabilities had significantly higher levels of moderate to severe anxiety. 61% of young people with disabilities versus 25% without disabilities had scores of 10 plus on the GAD-7 scale.

They also had significantly **higher rates of moderate to severe depression** as measured by scores of 10 plus on the PHQ-8 scale – 69% versus 39%.



Mental Health

Notwithstanding the immense mental health toll of the war on Gazan adolescents and youth, **many young people were still hopeful:** 77% believed they would be be better off a year from now.

'I wake up suddenly, scared. I can't sleep. I feel anxious... I feel scared about when the rocket will come. At which moment?'

(A 19-year-old young man with a severe war-related injury)

Education and learning

1. **Participation in education rose**: just 4% reported joining educational activities since the start of the war in Round 1, rising to 40% by Round 2.
2. The reported **presence of educational services more than doubled** between rounds, from 16% to 39% between Rounds 1 and 2.
3. In Round 2, the **main reported barriers** to education were: lack of reliable internet connection (21%); struggling to do anything under the current conditions (20%); lack of access to a device (16%); security concerns (13%).
4. **Changes in educational aspirations**: in Round 1, more than 1 in 4 respondents (28%) said that the war had increased their educational ambitions, but by Round 2, this had fallen to 19%. A bigger proportion of respondents reported that the war **did not affect their aspirations** in Round 2 (23%), as compared to Round 1 (15%). 84% intend to re-enrol in education when the war ends. Aspirations for higher education were higher among unmarried participants, orphans, and young adolescents (10-14 years).
5. **Married girls** and young adults (aged 20-24) were less likely to be in education during the war.

'I don't have any ambitions now. My father was martyred, and I'm now solely responsible for the household.'

(An adolescent boy who had previously studied hard to become a doctor)

'I went anywhere, as long as I could succeed and get a grade, and not lose my education despite the war, despite the pain, despite the bombing.'

(An 18-year-old male respondent)

Education and learning

Between Round 1 and 2, **enrolment in education improved by 36 percentage points**. 84% intend to re-enrol in education when the war ends.

Bodily integrity

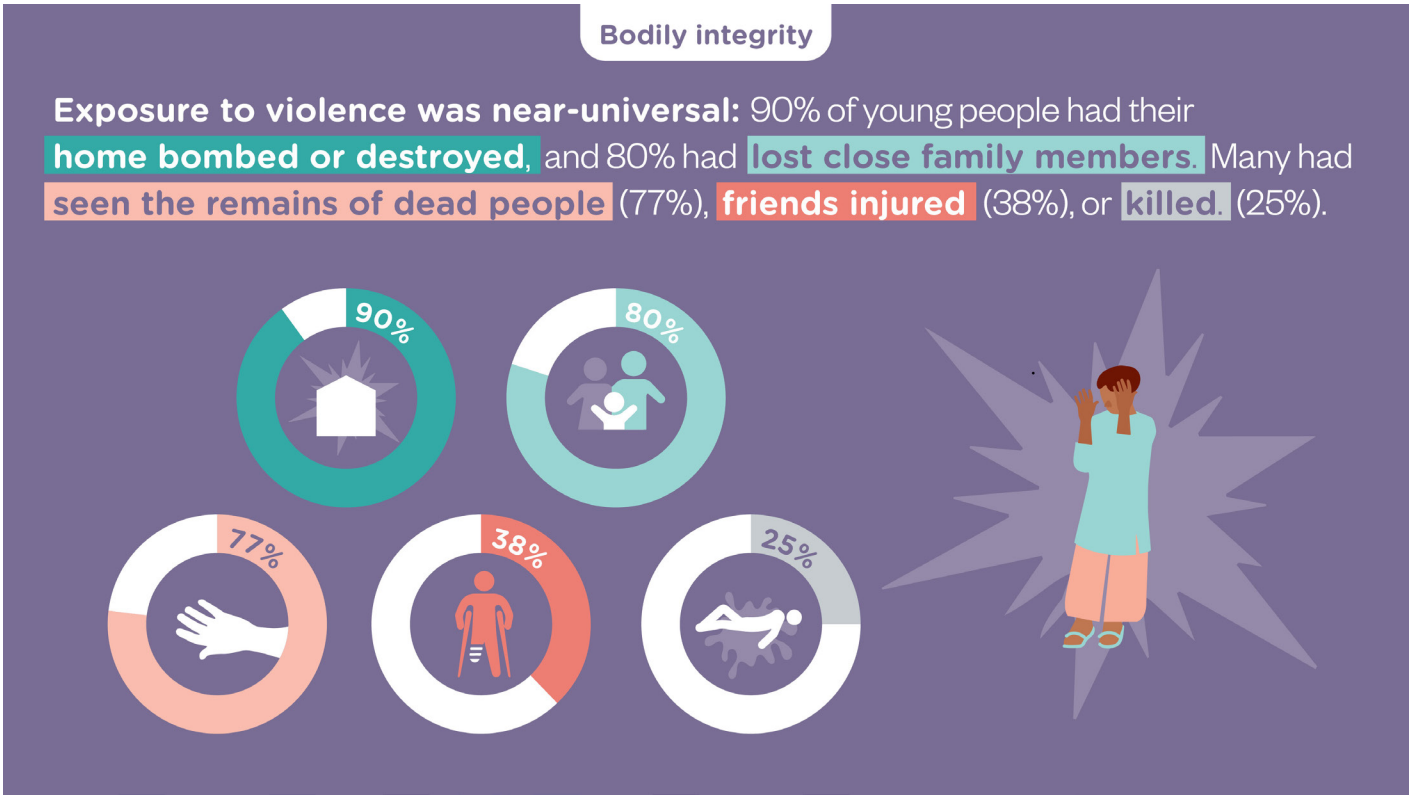
1. **Exposure to violence was near-universal**: 90% of young people had their home bombed or destroyed, and 80% had lost close family members. Many had seen the remains of dead people (77%), friends injured (38%) or killed (25%).
2. **90% of boys and 86% of girls said that levels of violence have risen since the start of the war,** which includes physical assaults, verbal abuse and robbery.
3. Findings point to a **modest decline in family violence** between the two rounds after the ceasefire: Witnessed or known physical violence by a family member in the past two weeks fell from 30% in Round 1 to 18% in Round 2, while psychological violence dropped from 53% to 34%.
4. **Feelings of safety at home improved considerably**: 63% of respondents felt safe at home in Round 2, compared to just 29% in Round 1.
5. **The war has intensified pressure on underage girls (and to a lesser extent boys) to marry**. 82% of respondents agreed or partially agreed that the war had increased pressure on girls to marry, and 72% said the same for boys.

'My family were under pressure during the war; there was no money and no work, so they took out their anger on us... My dad smokes... on days he didn't smoke... he yells and scolds, and sometimes he hits.'

(A 16-year-old girl)

'We weren't able to move freely. We could be killed at any time on the street. We used to risk our lives just to get wood and other things.'

(An 18-year-old young man)



Bodily integrity

The war has intensified pressure on underage girls (and to a lesser extent boys) to marry.

82% of respondents agreed or partially agreed that the war had increased pressure on girls to marry...

...and 72% said the same for boys.

6. Among married respondents in Round 2, 16% reported physical **violence from their partner** in the past year; 31% reported psychological violence; 5% reported sexual violence. The **main reported drivers of increased partner violence** were: financial stress (77%); psychological stress (69%); poor living conditions (62%); using violence as a venting mechanism (28%); long periods spent at home (22%); crowded shelters (20%).

'As for early marriage, unfortunately many families were forced to marry off their daughters to reduce burdens and responsibilities, especially since they could barely support themselves amid repeated displacement... There were also other behaviors and phenomena related to sexual exploitation, which unfortunately emerged and intensified'

(Key informant)

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Policy and programming recommendations

Ending the illegal occupation and blockade of Gaza, and the withdrawal of Israeli forces, are essential preconditions for enabling young people and their families to rebuild their lives. The findings of this brief point to an urgent, multidimensional response. The new administration of Gaza (the National Committee for the Administration of Gaza), humanitarian agencies and donors should prioritise the following actions across all six capability domains.


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Nutrition

Short term

- Ensure the immediate, unconditional entry of food aid into Gaza – prioritising children, young adolescents, females, orphaned children and young people with disabilities – including nutritious supplements and fresh products.
- Uphold the critical role of UNRWA and NGOs in food delivery; the ongoing defamation of these organisations must end immediately. Food aid must never be conditional or expose people to danger.

Longer term

- Support Gaza's municipalities to restore the agricultural sector, including farms, greenhouses and irrigation systems destroyed during the war.
- Provide farmers with seeds, tools, livestock, fertiliser and Halal finance mechanisms, alongside risk-sharing protections for smallholders.

Health

Short term

- Release detained health personnel, allow re-entry of medical workers, and restore the consistent supply of medicines, equipment and fuel needed to sustain health services.
- Prioritise maternal and reproductive health, including antenatal care, safe delivery, postnatal care, and access to menstrual hygiene supplies and facilities for girls and young women.
- Prioritise the health needs of young people with disabilities through targeted outreach and by integrating disability-related care components in the regular package of services.

Longer term

- Reconstruct healthcare infrastructure with explicit disability inclusion at every stage of planning and delivery.
- Reinstate and expand adolescent-friendly health services and scale up medical education to replace lost workforce capacity.
- Strengthen social protection for families of young people with conflict-acquired disabilities, covering medications, specialist care and assistive devices.

WASH

Short term

- Deliver potable water into Gaza as a priority (with particular urgency in the North and for orphaned children) and educate young people on safe water collection, storage and purification as a temporary measure.
- Ensure aid delivery addresses the specific needs of girls and young women, especially with regard to providing menstrual hygiene facilities and supplies.
- Protect the operational capacity of international NGOs providing water services; Israel's defamation of these organisations must stop immediately.

Longer term

- Restore and upgrade freshwater aquifers, desalination facilities, water treatment systems and the sewage network, prioritising pipes, concrete and fuel for reconstruction.
- Restore and upgrade shared and household WASH infrastructure, ensuring accessibility for young people with disabilities.

Mental health

Short term

- Establish youth-friendly safe spaces in shelters, schools and community centres offering routine psychosocial activities, with targeted outreach to girls and young people with disabilities.
- Train teachers, volunteers and health workers in Psychological First Aid (PFA) and deploy simple mental health screening (including clear referral pathways for severe cases) in clinics, schools and at aid distribution points.
- Integrate the WHO Mental Health Gap Action Programme (mhGAP) into primary and emergency care, ensuring essential medicines are available and affordable.
- Conduct awareness campaigns to reduce stigma around mental health, particularly for girls and young women, through schools, media and religious institutions.

Longer term

- Secure multi-year funding for community-based MHPSS systems – not only emergency projects.
- Expand and retain a qualified MHPSS workforce, including psychologists, psychiatric nurses, social workers and counsellors.
- Build on the Palestinian National Cash Transfer Programme to address economic vulnerabilities that drive mental ill-health, with linkages to MHPSS, GBV and disability services.

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Education

Short term

- Capitalise on young people's high educational aspirations and scale up hybrid and online learning options, with particular attention to older adolescents and married young people, and ensure access to devices and affordable internet connectivity.
- Integrate psychosocial support, resilience-building and practical life skills (including water purification, wound care and safe conduct during the occupation) into all educational activities.
- Equip learning centres and tents with stationery, educational materials, electricity and reliable internet.

Longer term

- Map available education services, assess gaps and rebuild schools and universities, equipping them with libraries, computers and laboratories.
- Integrate social cohesion, life skills and positive coping into the curriculum and invest in counselling services within schools.

Bodily Integrity

Short term

- Establish confidential, accessible reporting channels for gender-based violence (GBV) and child abuse (hotlines, community focal points), with integrated safety, medical, psychosocial and legal support.
- Train frontline workers in shelters, clinics and distribution sites to identify and refer cases of domestic violence, child marriage risk and mental health disorders.
- Improve safety and privacy in shelters (including segregated sleeping areas and complaint mechanisms) and increase aid and improve living conditions to reduce key drivers of child marriage and intimate partner violence.

Longer term

- Strengthen legal protections against child marriage and develop long-term programmes keeping girls and boys in education through scholarships, safe learning spaces and skills training.
- Support women's and youth economic initiatives to reduce economic drivers of violence and child marriage and increase household resilience.

References

Amnesty International (2024) '*You feel like you are subhuman': Israel's genocide against Palestinians in Gaza*. London: Amnesty International (https://www.amnesty.nl/content/uploads/2024/12/Gaza-genocide-report.pdf?x90620)

OHCHR (2026) *Gaza: Civilian killings continue after ceasefire*. Office of the High Commissioner for Human Rights (https://reliefweb.int/report/occupied-palestinian-territory/gaza-civilian-killings-continue-after-ceasefire-enar)

UN (2025) 'Legal analysis of the conduct of Israel in Gaza pursuant to the Convention on the Prevention and Punishment of the Crime of Genocide'. United Nations Human Rights Council, 16 September (https://www.un.org/unispal/wp-content/uploads/2025/09/a-hrc-60-crp-3.pdf)

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