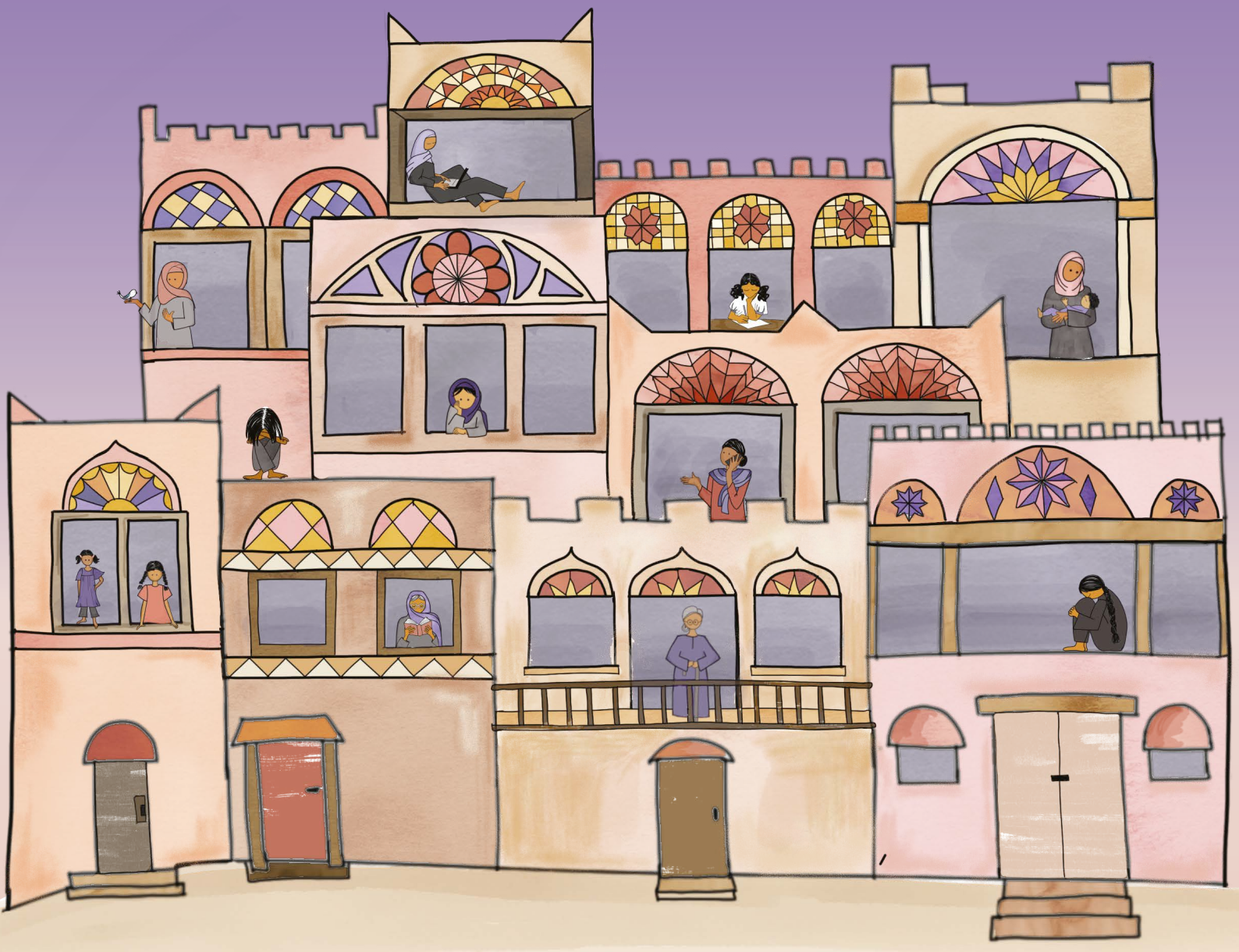
VOICES

from Yemen



UNFPA

Gender-Based Violence AOR in Yemen

acaps

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This report is dedicated to the women and girls of Yemen, whose resilience, strength, and determination continue to guide and inspire efforts towards safety, dignity and justice.

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2. Executive summary

Executive summary

Through their testimonies, women and girls described GBV as a pervasive part of everyday life in Yemen. Conflict, economic collapse, displacement, and restrictive gender norms intersect to shape women's and girls' safety, mobility, opportunities, and participation in public life. The women and girls described both the risks they face and the changes they believe are necessary to build a future in which they can live with dignity, safety, and equal opportunity.

Voices from Yemen draws on 23 focus group discussions with 136 women, 24 girls, 16 men, and 16 boys across Abyan, Lahj, Shabwah, and Ta'iz, complemented by 20 expert interviews and a secondary data review. The report's indicative findings and participants' narratives reveal consistent patterns in how GBV in Yemen manifests and how women and girls navigate risks in their daily lives. Women and girls described violence as most commonly occurring within the home – particularly domestic and family violence – as well as in public places, in schools, at checkpoints, and in IDP camps. The violence they experience includes sexual, physical, psychological, and emotional abuse as well as denial of resources and rights, including the right to education. Women and girls also reported child, early, and forced marriage, sexual harassment, and technology-facilitated GBV (TFGBV). Attacks on women civil society leaders were also reported to be becoming more frequent and violent.

Women and girls emphasised that avoiding violence often requires them to self-police and restrict their own movements, limit their access to technology, or remain silent about abuse to protect themselves and their families. These risks are shaped by deeply entrenched gender norms that reinforce unequal power relations between men and women. Participants described how expectations around honour, obedience, and women's responsibility for family reputation can normalise violence and discourage survivors from seeking help.

The prolonged economic crisis, widespread poverty, proliferating small arms and the impact of air strikes on urban residential areas, civilian infrastructure, and facilities relevant for food and fuel supplies in 2025 are intensifying pressures within households and communities, contributing to increased stress and domestic violence, potentially harmful coping strategies like early marriage and removing girls from school, and heightened vulnerability of women and girls to sexual exploitation and abuse.

Despite these challenges, women and girls consistently expressed resilience, while wishing for change. They emphasised the importance of education, economic opportunities, and greater participation in community decision-making. Many highlighted the critical role of women's organisations, safe spaces, women's economic empowerment activities, and GBV support services in enabling women and girls to seek help, rebuild confidence, and navigate risks more safely.

But the system designed to provide support for GBV survivors is increasingly fragile. Yemen's GBV response structure is uneven and largely sustained by civil society organisations and humanitarian responders rather than national institutions. Services are concentrated in urban areas, and critical gaps persist in domestic violence shelters, specialised healthcare for GBV survivors, referral pathways, and trained women personnel. Recent reductions in humanitarian funding have significantly weakened this already fragile system leaving GBV survivors without critical support. Organisations report scaling back or closing programmes that previously provided case management, psychosocial support, legal assistance, and women's and girls' safe spaces. Structures and community networks built over the years have weakened. As these services contract, women and girls face fewer safe and confidential options for seeking support, increased isolation, and reduced access to information and protection mechanisms which once helped mitigate risks.

The voices captured in this report send a clear message at a time when humanitarian funding is declining: the need for GBV prevention and response remains and sustaining GBV programming is vital for survivors and also to support community resilience and social stability. Women and girls described ongoing violence, shrinking

opportunities, and increasing barriers to safety and justice. Authorities are increasingly restricting gender equality and GBV programmes. Ending GBV requires both stronger services for survivors and broader social change to prevent violence against women and girls. Women and girls call for sustained investment in survivor-centred services, expanded support for trusted women-led organisations, and humanitarian programming that places women and girls' safety, dignity, and leadership at its centre.

Key findings

1. GBV is pervasive and widely normalised across women's and girls' lives. Domestic and family violence – psychological, physical, and economic – is the most common form of GBV. Sexual violence occurs, but is less widely reported.

2. The 2025 funding cuts have severely disrupted GBV service provision, closing almost 70% of women's and girls' safe spaces (WGSS) across Yemen. The impact in northern and southern governorates has been different, with northern governorates losing nearly all GBV programming and southern governorates experiencing major – but partial – reductions. There is insufficient capacity to adequately meet all GBV needs, which are expected to keep rising.

3. Restrictive gender norms interact with contextual factors, such as economic deterioration, conflict, and weakening legal systems, to drive GBV. These norms underpin so-called 'honour'-based expectations which function as a powerful mechanism of control and silence. Digital and electronic blackmail – threatening to expose private information or images to coerce or shame women and girls – has emerged across Yemen as a widespread and modern extension of honour-based control.

4. Women and girls face violence and restrictions both inside and outside the home. Fear of harassment combined with practical barriers, such as distance to schools or water points, contributes to many families restricting women's and girls' mobility. In some communities, women and girls have organised informal protective arrangements, such as escorting each other to school or water collection points.

5. Many survivors do not disclose their abuse or seek help due to fear of retaliation, stigma, family breakdown, and loss of economic support, combined with limited accountability for perpetrators.

6. The prolonged and escalating conflict, economic decline, protracted and new displacement, and growing widespread poverty have intensified GBV risks. Women and girls described how financial strain, unemployment, and displacement can aggravate domestic violence, early marriage, and other forms of sexual exploitation. These aggravating factors are not expected to improve in the near future.

7. Women and girls stressed that WEE and livelihood programming are critical components of GBV programming, as access to livelihoods and income can reduce women's dependency on abusive relationships and strengthen their ability to seek safety and support, as well as serving as an important culturally acceptable entry point to GBV programming.

8. Weak legal protection and near-total impunity for perpetrators is a structural risk factor. Femicide and so-called honour-based killings, when they occur, are rarely prosecuted. The absence of functional and accessible justice mechanisms allows abuse to escalate unchecked once it begins and, in some extreme cases, manifest into its most extreme final form.

9. Despite significant challenges, women and girls demonstrate resilience and have clear aspirations for education, economic independence, justice, and greater freedom of movement. Many emphasised the need to invest in women's leadership, community awareness, and services that enable women and girls to live safely and with dignity.

10. Reducing the risk of GBV is the responsibility of all humanitarian responders and requires integrating GBV mitigation measures throughout programme

design, implementation, and monitoring to ensure that humanitarian assistance does not increase exposure to GBV and reduces exposure to harm rather than inadvertently exacerbating it.

11. The humanitarian space for GBV response in Yemen is shrinking, and what funding remains is uneven and mostly short-term. Predictability is crucial to ensuring that existing systems can remain open and awareness and capacity strengthening continues, ensuring women and girls' ongoing access to the remaining spaces.

BOX 1

In a constrained funding environment, the question is not whether GBV programming can be afforded but whether its absence can. In humanitarian settings, GBV risk mitigation and survivor response are not optional add-ons: they are part of life-saving emergency action and should be prioritised. GBV increases health burdens, deepens poverty, destabilises households, undermines education, and erodes institutional legitimacy. Sustained, strategic investment in core GBV services and system strengthening is a vital stabilising measure that reduces long-term humanitarian costs. Protecting gains made over the past decade requires focused, survivor-centred, and locally grounded funding – even where expansion is no longer feasible.

3. Introduction

Introduction

Intended use of Voices from Yemen 2025

Voices from Yemen **aims to capture the experiences, dreams, and recommendations of women and girls living in Yemen.** It is based on 23 focus group discussions (FGDs) and community consultations with women, girls, men, and boys across Abyan, Lahj, Shabwah, and Ta'iz, selected in part because of accessibility and in part because these governorates report some of the highest levels of GBV. These testimonies are supplemented by 20 expert perspectives.

Because data collection was only possible in the four governorates, the report does not provide a governorate-by-governorate overview. The findings should thus be viewed as indicative rather than representative of all women's and girls' perspectives across Yemen. That said, participants' rich narratives and the secondary data provide vital insights into women's and girls' experiences of GBV and GBV services in Yemen.

The primary aim of Voices from Yemen is to **inform humanitarian programming, planning, advocacy, and policy** for 2026 and beyond. The report intends to support a range of actors to prevent and respond to GBV across humanitarian, development, and peacebuilding programming, including humanitarian responders, donors, national institutions, civil society organisations, and women-led organisations (WLOs). The publication also seeks to strengthen sector-specific actions to mitigate GBV risks.

Scope of data used to inform this report

This report is primarily based on data from 23 FGDs with women, girls, men, and boys conducted between October–December 2025 in Abyan, Lahj, Shabwah, and Ta'iz governorates (see Table 1). The FGDs explored how GBV manifests in participants' communities and their perceptions of GBV services, including suggestions for strengthening GBV risk mitigation, prevention, and response.

Table 1. Total number of FGDs conducted, broken down by age, gender, and governorate

GOVERNORATE	PARTICIPANT TYPE	# OF FGDS (N=23)
Abyan	Adolescent girls (15–19)	1
	Women (18+)	4
	Adolescent boys (15–18)	1
	Men (18+)	0
Lahj	Adolescent girls (15–19)	1
	Women (18+)	3
	Adolescent boys (15–18)	0
	Men (18+)	1
Shabwah	Adolescent girls (15–19)	0
	Women (18+)	5
	Adolescent boys (15–18)	0
	Men (18+)	1
Ta'iz	Adolescent girls (15–19)	1
	Women (18+)	4
	Adolescent boys (15–18)	1
	Men (18+)	0

Table 2. Demographic breakdown of FGD participants by age, gender, and governorate

GOVERNORATE	# OF PARTICIPANTS (N=192)					
	GENDER AND AGE		REPORTED DISABILITY STATUS	IDPS	RETURNEES	AL MUHAMASHEEN
Abyan	Girls 14–17	8	0	1	0	
	Women 18+	34	3	1	0	
	Boys 14–17	8	1	2	0	
	Men 18+	0	0	0	0	
Lahj	Girls 14–17	8	0	0	0	
	Women 18+	26	5	1	0	2
	Boys 14–17	0	0	0	0	
	Men 18+	8	1	0	0	
Shabwah	Girls 14–17	0	0	0	0	
	Women 18+	42	1	3	1	
	Boys 14–17	0	0	0	0	
	Men 18+	8	0	1	0	
Ta'iz*	Girls 14–17	8	2	2	4	
	Women 18+	34	3	3	12	2
	Boys 14–17	8	0	0	0	1
	Men 18+	0	0	0	0	
		192	**16**	**14**	**17**	**5**

*including activists and researchers

An additional 20 interviews were conducted with experts from civil society organisations (CSOs), national NGOs (NNGOs), INGOs, and UN agencies (see Table 3) to complement and further explore findings that emerged from the FGDs. These experts were based in Abyan, Aden, Hadramawt, Lahj, Sana'a, and Ta'iz, but their varied experience covered all of Yemen.

Table 3. Breakdown of interviews with experts by organisation

TYPE OF ROLE	# OF INTERVIEWS	
	WOMEN	MEN
UN staff member	2	0
NNGO/CSO leadership or staff	9	5*
INGO staff	2	1
Government staff	0	1
Total	13	7

*including activists and researchers

For more detailed information on the methodology, see Annex 1: Voices from Yemen 2025 Approach and Methodology.

Key contextual developments in 2025

Since the escalation of conflict in 2015 between the Internationally Recognised Government of Yemen (IRG) and the de-facto authority (DFA) in the north of Yemen (also known as the Houthis), the country has experienced severe humanitarian needs, marked by widespread displacement, deepening poverty, and the erosion of social and institutional systems (UNHCR accessed 23/02/2026; Arab Centre DC 19/02/2021). A ceasefire between the DFA and Saudi Arabia commenced in April 2022 and expired in October of the same year. Despite the lack of renewal since, large-scale conflict has remained largely stalled across many front lines, with occasional skirmishes and sporadic hostilities continuing (MEI 04/2024; Loft 19/12/2025). In December 2025, the Southern Transitional Council (STC) faction in Hadramawt launched a large-scale military operation with air strikes, spreading across the south of Yemen. In January 2026, the Presidential Leadership Council started a counteroffensive and took control of Aden from the STC, ending this conflict. That said, Yemen remains **politically and territorially fragmented**, with localised conflict and competing authorities undermining governance, service delivery, and economic recovery. Yemen has also been involved in the regional conflict that intensified after the onset of the war in Gaza in October 2023. In 2025, during regional tensions, air strikes on Yemen by Israeli, particularly on the urban areas of Al Hodeidah, Sa'dah, and Sana'a, resulted in a surge in civilian casualties and more critical and civilian infrastructure destruction (CIMP 01/2026; Schwartz 18/09/2025).

The humanitarian situation in Yemen remains dire, with around 22.3 million people – nearly 63% of the population – needing **life-saving humanitarian assistance and protection services** in 2026 to meet their basic needs and safeguard their wellbeing (OCHA 18/03/2026). Between August and September 2025, extreme drought followed by catastrophic flash floods affected more than 455,500 people across 20 governorates, causing displacement, damaging or destroying shelters, and depleting livelihoods (ECHO 30/09/2025). Total displacement for 2025 increased compared to 2024, with the annual figure being heavily driven upward by an escalation of events in Hadramawt and Al Maharah in December, resulting nearly 28,000 people newly displaced and 882 returnees (IOM 26/01/2026). This renewed movement occurred within a context of weakened social cohesion, where years of conflict, conflict-induced economic decline, and repeated displacement eroded trust and strained relations between host communities, IDPs, and returnees. In some areas, returnees face altered neighbourhood demographics and heightened competition over limited resources, complicating reintegration and the restoration of traditional support networks (EIP 10/12/2025).

In 2026, economic conditions remain fragile. Yemen's heavy reliance on food imports leaves households highly exposed to currency volatility and market disruptions (WB 11/2025). Although some temporary improvements in exchange rates reduced food prices in parts of the country in 2025, these gains did not translate into sustained improvements in purchasing power; 80% of the population lives below the poverty line (FAO 30/11/2025; UNHCR 07/01/2026). Utility services continued to be interrupted throughout much of 2025, with frequent electricity outages in several parts of the country. Fuel supply was constrained and shortages occurred, constraining access also for humanitarian responders (FAO 18/01/2026).

The designation of the DFA as a foreign terrorist organisation in March 2025 worsened economic conditions, particularly in the north, through reductions in global funding and aid flows (AidData 10/2025; US DOS 04/03/2025; SCSS 18/03/2025). In 2025, nearly 17.1 million people classified as experiencing Crisis (IPC Phase 3) or worse food insecurity between May–August, including 5.2 million facing Emergency (IPC Phase 4) conditions (IPC 27/06/2025).

> *"Poverty, war, and disputes affect the lives of women, girls, boys, and men and their feelings of insecurity It's as if everyone is living inside a bomb that will explode at any time." (Expert Interview, Woman)*

In this context, women and girls in Yemen have continued to face additional gendered barriers that impede the realisation of their basic rights. In 2022, Yemen ranked 155 out of 156 countries in the 2022 Global Gender Gap Report, reflecting profound disparities in women's

rights and participation (WEF 13/07/2022). Even before the conflict – in 2014 and 2015 – Yemen performed poorly in the Global Gender Gap Report, placing last in both years (WEF 2014; WEF 2015). **Deeply rooted patriarchal norms, compounded by conflict and conflict-induced economic collapse, continue to restrict women's and girls' mobility, decision-making power, and access to resources and services** within households and in public life. Weak and fragmented national legislation, particularly the absence of a legally enforced minimum age of marriage, allows discriminatory practices to persist. Customary systems – which often reinforce gender inequalities – frequently override the statutory legal system, leaving women and girls with limited protection and few avenues for redress (UNFPA 16/09/2025).

Poor economic conditions have forced Yemeni women into informal and market work to sustain their families. However, restrictive gender norms, family opposition, limited education, transport shortages, weak legal protections, and persistent related GBV, including sexual harassment and economic abuse, combine to continue to undermine their economic empowerment (SCSS 23/07/2019; ACAPS 06/06/2023). The rapid expansion of access to digital technology has exposed more women and girls to growing forms of technology-facilitated GBV (TFGBV), such as cyber harassment, blackmail, and online defamation (ARI 14/04/2025; CEIP 11/04/2024).

In 2025, the humanitarian response in Yemen continued to face significant challenges, with acute impacts on gender and protection programming. The USAID funding cuts and declining funding for GBV and women's protection severely strained humanitarian response capacity (IRC 06/05/2025). Operations were suspended or reduced and services, including the provision of safe spaces and referral pathways, weakened or collapsed.

BOX 2: Impact of 2025 funding cuts on GBV services

Global humanitarian funding cuts in 2025 significantly affected the availability of vital, life-saving GBV services across Yemen. Funding for GBV programming had already been declining, but the reductions in US assistance had a particularly severe impact because the US historically provided more than half of all GBV-related funding in Yemen (WRC 11/06/2025; UNFPA 01/2026).

In 2025, only 27% of the Yemen Humanitarian Needs and Response Plan (HNRP) was funded, leaving an estimated USD 1.79 billion in unmet needs (OCHA 31/12/2025). US funding cuts were compounded by reductions from other institutional donors. As a result, humanitarian responders scaled back GBV prevention and response activities, including case management services, psychosocial support (PSS), women's economic empowerment (WEE) activities, outreach activities, and the operation of WGSS. According to the GBV Area of Responsibility (AoR), 49 out of 68 WGSS offering case management and clinical management of rape (CMR) closed operations.

GBV services are often among the first to be cut during funding shortfalls, with lifesaving GBV response services and community outreach services deprioritised compared to sectors such as food, health, and shelter (IASC 28/08/2015).

UNFPA has warned that insufficient funding risks cutting off life-saving services for 1.5 million women and girls across Yemen, reversing hard-won progress in reproductive health (RH) and women's and girls' protection (UNFPA 04/2025).

Humanitarian organisations must also manoeuvre increasingly restrictive bureaucratic requirements, prolonged approval processes, and direct interference in gender-responsive activities (International IDEA 09/04/2025). These constraints are most severe in DFA-controlled areas, with risks to staff heightened by detention and intimidation (UN 19/12/2025; HRW 08/01/2026). The Mahram requirement and other movement restrictions on women aid workers, especially in DFA-controlled areas, also constrain gender-focused programming, including reproductive health (RH) and GBV services. The decreased presence of women staff limits women's and girls' ability to safely access assistance, further weakening gender-sensitive humanitarian delivery (ACAPS 14/12/2023; UNFPA 26/03/2024). Negative narratives about the humanitarian response and staff in both IRG- and DFA-controlled areas continue to spread via religious and media channels, compounding existing sensitivities by framing women-led initiatives as unrepresentative of Yemeni culture or as Western imports (WJWC 09/02/2025; HRW 16/01/2025; Al Araby 18/10/2025; ACAPS 05/2026; Al-Refaei,S 2024). Such messaging has contributed to increasing humanitarian access challenges, forced programme adaptations, and reduced the ability of organisations to deliver consistent, survivor-centred GBV services. Where services remain available, community mistrust and reluctance to engage with gender-focused programming limit uptake, while authorities impose conditions such as the omission of gender-related terminology from approved activities (ACAPS 05/2026; IRC 25/06/2025; IDS 20/10/2025; Al-Refaei, S. 2024).

4. Findings

Findings

Snapshot

Who?

All women and girls are at risk of GBV with some heightened risk

- Women and girls of lower socioeconomic status
- Married, widowed, and divorced women and girls
- Women and girls with a disability
- Women and girls with lower educational attainment
- Muhamasheen women and girls
- IDP women and girls
- Women and girls who are working – especially those working in NGOs, CSOs, human rights, government, and other public roles

Where?

Primary contexts of GBV

- Checkpoints and detention centres
- Homes
- IDP camps and informal settlements
- Online spaces and digital platforms
- Public spaces, including streets, markets, aid distribution sites, etc.
- Public transport
- Schools
- Workplaces

How?

Primary forms of GBV

- Accessing GBV services
- Behavioural modification or self-restriction
- Keeping silent
- Relocation
- Seeking support from informal networks

What?

Coping strategies used by women and girls to avoid GBV & manage its consequences

- Denial of rights, resources, opportunities, and services
- Domestic and family violence
- Early and forced marriage
- Femicide, including so-called 'honour' killings
- Harmful traditional practices, including FGM
- Physical violence
- Psychological/emotional violence
- Sexual violence (including rape, sexual assault, sexual exploitation, sexual harassment, and child sexual abuse)
- TFGBV

Why?

Factors driving and exacerbating GBV

- Displacement and insecure, crowded living conditions, especially in IDP camps
- Economic hardship and challenges in meeting basic needs
- Restrictive and 'honour-based' social and gender norms
- Social identity factors, including age, disability, tribal/ethnic status, socioeconomic status, education level, etc.
- Weak legal protection, culture of impunity, lack of legal enforcement

Types of GBV in Yemen

Women and girls in Yemen experience multiple intersecting forms of GBV, both within and outside their homes and online. The most recent nationally representative data on GBV is from the 2013 Yemen National Health and Demographic Survey (HDS), which found that approximately 32% of ever-married women and girls aged 15–49 had experienced physical or sexual violence by an intimate partner (MOPHP et al. 07/2015). According to the 2026 HNRP, 8.8 million women and girls in Yemen are at risk of GBV, the impacts of which intersect with (and are aggravated by) conflict, displacement, economic hardship, and restrictive gender norms (OCHA 18/03/2026; GBV AOR 20/07/2023 and 27/02/2025).

All the major forms of GBV covered by the GBV Information Management System classification tool are reported in Yemen (GBV IMS accessed 29/01/2026). Participants described violence against women and girls as normalised, embedded in, and sustained by the customs and traditions that shape everyday family and social life. Women and girls in all four governorates reported all major forms of GBV, with the exception is female genital mutilation (FGM), which is practiced by specific communities. The types of GBV most frequently discussed were family and domestic violences, along with child and early marriage. TFGBV appears increasingly widespread, highlighted both by experts and communities. Sexual violence was discussed least, likely reflecting cultural norms and taboos that inhibit the discussion of rape and sexual assault.

Domestic and family violence

Women and girls in all four governorates said the home is the primary site of GBV, emphasising the risk of both domestic and family violence.

> *"When the violence is at home, [women and girls] have no coping mechanisms. So, I do believe that when we say the home poses a bigger risk for women, it's because there are no coping strategies to reduce their risk of exposure. And they don't feel comfortable sharing what's happening at home with other community or family members."* ***(Expert Interview, Woman)***

This was echoed by the men and boys in Ta'iz and some men in Lahj. Restrictive cultural and gender norms, such as the Mahram requirement, further increase women's and girls' vulnerability to these domestic and family violence, restricting their freedom of movement and forcing them to spend significant amounts of time at home (ACAPS 14/12/2023).

Domestic violence

Domestic violence, perpetrated by a spouse or partner, is widespread across Yemen and one of the most commonly reported forms of GBV in the country. Supporting this, in a 2025 study, 60% of participants reported experiencing or knowing about instances of domestic violence – 61.7% in IRG-controlled areas and 58.6% in DFA-controlled areas (UNFPA 01/06/2025). Within the FDGs, women and girls described how domestic violence encompasses physical, emotional, psychological, and economic abuse, as well as restrictions on movement or access to services.

> *"I have been subjected to beatings and threats more than once from my husband preventing me from leaving the house. When my children try to defend me, he beats them, which makes them afraid of him just by hearing his voice, to the extent that my seven-year-old daughter involuntarily urinates in her bed."*
>
> ***(Woman from Abyan)***

As such, domestic violence affects many different aspects of survivors' safety and wellbeing.

Reflecting the 2013 HDS – in which 63% of ever-married women aged 15–49 agreed that a husband could be justified in beating his wife – domestic violence was also frequently viewed as a 'normal' part of married life (MOPHP et al. 07/2015; ACAPS 17/11/2023; Oxfam 09/2020).

> *"Housewives consider this violence as [part of] marital life, meaning it is normal to be beaten, whether or not the woman does something [wrong]."* ***(Woman with a disability from Ta'iz)***

> *"My mother receives beatings from my father. When she asks him for house expenses, his reaction is to beat her. I have a visual impairment, and when I try to defend my mother, he beats me. More than once, my mother has faced severe beatings by my father." (Man with a disability from Abyan)*

It was notable that men and boys were less likely than women and girls to identify the home as a high-risk location for GBV, suggesting that they may be less likely to perceive domestic violence as a form of GBV. The normalisation of domestic violence is likely underpinned by Yemen's patriarchal culture and legal frameworks which reinforce male authority in marriage by positioning men as decision makers. Marriage is also treated as a family arrangement, where women's and girls' consent is limited or symbolic and survivors are expected to endure abuse to preserve family unity (UNFPA 01/06/2025). This may limit survivors' recognition of abuse and willingness to seek support while simultaneously reducing the likelihood that others intervene.

Highlighting how domestic violence often escalates, several women recounted incidents of escalating domestic violence, with their or their family members' husbands stabbing, burning, or threatening to kill them (UN Women 03/06/2025). This escalation occurs in a context of limited accountability and weak enforcement of legal protections, where perpetrators face few consequences and survivors have limited avenues for redress.

> *"My sister was injured with bruises on her face and wounds on her back, with traces still present to this day. She was even stabbed in the stomach by her husband, and there are burns on her hand. She suffered from depression and had to be treated for a long time because of this violence." (Woman from Abyan)*

Yet, Yemen's legal framework for addressing domestic violence is weak and inconsistent, offering minimal protection for women and girls. Existing laws are inconsistently applied, and the conflict has further eroded enforcement, pushing families toward even greater reliance on informal tribal mechanisms. Social norms often tolerate or justify violence, with surveys and Yemeni proverbs showing widespread acceptance of the use of physical violence against wives. As a result, violence is not only inadequately addressed legally but is also socially normalised (SCSS 10/03/2021; UNFPA 01/06/2025).

Many women and girls said that they felt domestic violence is increasing. Although domestic violence in Yemen predates the current economic crisis and conflict, some women described stress as intensifying violence in the household, suggesting that economic and conflict-related stressors are exacerbating existing patterns of domestic violence (ACAPS 17/11/2023).

> *"Given [the economic] conditions and…lack of job opportunities, men become violent from the psychological pressure they are exposed to and reflect this in their behaviour on their family members, affecting them psychologically." (Woman from Abyan)*

> *"After we were displaced by the war and started living in a rented house, my mother would be subjected to beatings by my father when he could not pay the rent and provide for all our needs. This forced my mother to work to help him. But whenever she was late preparing food because of her work, he would beat her, too. This affected us psychologically, so I've gone out to work on the farms instead of my mother." (Woman from Abyan)*

Women and girls clearly linked domestic violence to deteriorating economic conditions, the ongoing impacts of protracted national and localised conflicts, and patterns of displacement and return, particularly in places like Ta'iz where returns have contributed to increased community tensions. Overcrowded shelters, lack of privacy, shared latrines, and mixed-sex spaces are triggers of sexual harassment and abuse and sources of escalating intra-household stress and conflict. Repeated displacement, loss of housing, and high rents contribute to extreme economic pressure which, together with the breakdown of social support networks, increase the risk of escalating violence within families (UN-Habitat 24/01/2019; ACAPS 14/04/2023).

Unchecked and escalating domestic violence is a well-documented pathway to femicide (see Box 3).

Family violence

Family violence is also often normalised in Yemen. Women and girls explained how they are subject to violence by fathers, brothers, uncles, grandfathers, adult sons, or fathers-in-law. Many women and girls go from being controlled by male family members to being controlled by their spouse and his male family members upon marriage. Patriarchal traditions and tribal practices in Yemen often place married women and girls under male authority, exposing them to risk of violence (SCSS 10/03/2021).

> *"I was subject to humiliation and insults by my father-in-law, who threatened to kick me out of the house along with my husband and children without reason. He even prevented me once from using the bathroom. My husband couldn't do anything because he could not disobey his father's orders… Since my husband couldn't do anything for me because of his father, who was beating me, I divorced him." (Woman from Abyan)*

During FGDs, women and girls regularly framed family violence as 'justified' given dominant social norms that reinforce men's and boys' right to control their women relatives' behaviour and impose 'discipline'.

> *"Our society accepts some forms of violence, such as a man beating his wife, a father beating his children, emotional abuse, the deprivation of simple rights for women, children, and youth. It is even called 'discipline'. And the woman should be patient with her husband, or the girl with her guardian, and not go outside his authority." (Woman from Lahj)*

> *"It is not necessarily the older brother. It can be the younger brother shouting or beating or abusing his sisters because in the family, the sisters have to serve their brothers, whether older or younger. So, the youngest can be ten years old and his sister can be 20, and he can ask her to bring him a cup of tea. And if she doesn't, he can shout at her and beat her, and it will be accepted by the family." (Expert Interview, Woman)*

Women and girls are expected to 'avoid' violence by adhering to their male relatives' expectations, a dynamic rooted in cultural gender beliefs that categorise women as du'afa (weak and in need of protection); construct women's visibility, sexuality, and social presence as potential sources of fitna (social disorder); and link women's behaviour to the preservation of family 'honour'. These social norms frame male authority as 'protective', legitimising practices such as restricting women's movement, monitoring their bodies, and arranging marriages. Boys are socialised to oversee their sisters, embedding generational patterns of control and reinforcing the idea that women's safety depends on obedience to male kin (SCSS 10/03/2021; UNFPA 01/06/2025).

Several women also spoke of the threat of violence perpetrated by other women who hold more power in the household, particularly mothers-in-law.

> *"When she marries early, she comes to a mother-in-law who is controlling, completely controlling. She marries a man to serve his mother. She comes to talk to her husband, he says, 'This is my mother.'" (Woman from Ta'iz).*

In contexts of child marriage and co-residence with the husband's family, older women, such as mothers-in-law, may reinforce norms of obedience, domestic labour, mobility restriction, and family 'honour', contributing to women and girls' isolation and exposure to physical, psychological, and reproductive harm (UNFPA 2025).

BOX 3: Femicide

Although less common than other forms of violence, femicide can be the result of the most extreme forms, of domestic and family violence. Accurate documentation of femicide requires a legal definition of the crime, systems within police and health services to record it, and a GBV information management system capable of capturing and analysing the data. These requirements are not present in Yemen and during emergencies, systematic data collection is often not feasible (UNODC 2019; GBV AOR 31/10/2022). Risk of femicide is further heightened by Yemen's prolonged conflict, patriarchal norms of male
'ownership' of women, and the erosion of protective social and legal structures, including reduced sentences for 'crimes of passion' and so-called 'honour' killings (NRC 04/2019; YAP/GAN 2024). During FGDs and expert interviews, participants described cases where domestic and family violence escalated into femicide.

> *"My sister was subject to beatings by my older brother, which killed her. He beat her until her neck broke. Of course, my brother was not punished because my father forgave him and said it was unintentional and an accident… She was a young woman who lost her life simply because she went to a friend's house. Although she told my mother, [my brother] considered it an insult to him as he is responsible for us after our father, who is separated from our mother, married another woman. This made us all fear him even more after what happened to my sister. Going out is forbidden unless he allows us. Even if we go to work, we must ask for his permission. And of course, we are subject to beatings and insults if we say we must have an opinion about something concerning the house or our private lives. Forbidden. Even our salary – he takes it and disposes of it, considering himself the man of the house. And we have no right to make any financial decisions; otherwise, [he says,] 'What happened to your sister will happen to you.'" (Woman from Abyan)*

> *"Today in Abyan, I have 215 prisoners, 15 of whom killed their wives. This is a terrifying number. Most of them justified the crimes by claiming the women committed suicide from depression or psychological pressure. They would find the women hanged or bound with belts, while all the evidence would point to their husbands as the perpetrators. In two cases, the victims were shot, and in another, they were stabbed." (Expert Interview, Woman)*

> *"Recently, after Eid, there were approximately two or three cases of husbands killing their wives. One man killed his wife in front of people as she was stepping off a bus; another killed his wife simply because she asked him for Eid expenses." (Expert Interview, Woman)*

Sexual violence, including early marriage

A 2025 study suggests that sexual violence has increased in Yemen since the war began in 2014, although reliable data to confirm trends over time is limited (GSF 03/2025). Sexual violence tends to be aggravated during conflict, although prevalence data on sexual violence is difficult to obtain (IASC 28/08/2015). During the FGDs, women, girls, men, and boys described multiple forms of sexual violence, including rape and sexual assault, sexual exploitation and abuse, early marriage, and sexual harassment and sexual abuse within the family (including marital rape and child sexual abuse).

Conflict-related sexual violence

Conflict-related sexual violence (CRSV) has been documented against women and migrants in Yemen, as well as men and boys (see Box 4) (UNSG 15/07/2025; UNSC 17/10/2025; GSF 14/11/2025; Justice4Yemen Pact 06/2024). CSRV has been most frequently reported in detention settings, along migration routes, and as abuses committed by armed parties rather than as part of large-scale or systemic campaigns of sexual violence (UNSG 06/07/2023; Justice4Yemen Pact 06/2024).

As in many conflict settings, CRSV is more often documented through detention monitoring and human rights investigations than through community-based discussions (Justice4Yemen Pact 06/2024). Reflecting this, CRSV was not discussed during FGDs, emerging primarily during expert interviews, possibly reflecting the stigma around discussing sexual violence.

Rape, including marital rape and child sexual abuse

Rape and child sexual abuse remain largely hidden in Yemen and are very rarely discussed openly. Because discussing rape is culturally taboo, the term 'sexual harassment' is sometimes used as a synonym, obscuring the full extent of sexual violence (Aref and Rahman 30/11/2024).

In Yemen, rape is generally understood as occurring outside marriage, with marital rape rarely acknowledged. Although the Penal Code criminalises rape, its provisions are undermined by the Personal Status Law, which imposes a duty of obedience on wives, effectively allowing marital rape (Aref and Rahman 30/11/2024; ACAPS 23/11/2023; Al Zumair et al. 07/01/2025). Rape occurring outside marriage carries significant stigma for the survivor and is considered deeply shameful (Aref and Rahman 30/11/2024). In some cases, survivors (including girls) are forced to marry their perpetrators to protect their family's 'honour'. This may expose them to continued sexual and domestic violence, including early and forced marriage (Al Zumair et al. 07/01/2025).

> *"I know a family living in a rural area. Their 11-year-old daughter was subjected to sexual harassment by a young man when she was fetching water from a well far from the house. This necessitated taking her out of school, preventing her from fetching water, and marrying her off early." (Woman from Abyan)*

Marital rape is rarely reported or considered sexual violence by women or men; access to sex is widely perceived as a husband's right (HRW 07/02/2020; US DOS 2017; Shreedhar et al. 02/08/2024). Consistent with this, in the FGDs and expert interviews, women described sexual relations within marriage as governed by expectations of obedience to one's husband rather than by mutual consent.

> *"My husband, when he returns from the mosque, if he returns while I am cooking, he says 'come [to bed]'. The woman must obey her husband if he requests it from her, no matter what she is doing. Even if I am making lunch for him and my children – no, 'come'...as if the matter is normal." (Woman from Shabwah)*

> *"[Marital rape is] not recognised here! Your husband can do anything he wants to you. This is what they believe – that you have to follow your husband, and this is in the Qur'an and Hadith." (Expert Interview, Woman)*

> *"I married at a young age and was raped by my husband. This is what made me hate marriage and made me feel fear and anxiety about everything." (Woman from Abyan)*

Marital rape has serious consequences for women and girls' physical, emotional, sexual, and reproductive health. It undermines their autonomy over childbearing and birth spacing, restricts access to contraception, and contributes to unintended pregnancy, pregnancy loss, and other complications. It also causes psychological harm, social isolation, and distress, often compounded by threats of divorce or harm to children (Al Zumair et al. 07/01/2025).

Experts said women and girls with disabilities and Al Muhamasheen women and girls face heightened risk of sexual violence. Muhamasheen girls are especially at risk as many are forced to drop out of school to engage in begging, street work, or agricultural labour to help support their families, exposing them to possible sexual exploitation (Al Zumair et al. 07/01/2025; Shreedhar et al. 02/08/2024). Muhamasheen women and girls also have limited access to tribal and statutory justice or family-based protection systems which increases their risk of sexual violence (UNFPA 06/2025). One girl in Abyan and two women in Ta'iz – one with and one without a disability – confirmed that women and girls with disabilities are at heightened risk of rape because they experience challenges disclosing abuse.

Cases of child sexual abuse by male family members were also reported in all four governorates.

> *"My neighbour's daughter was raped by her uncle (her father's brother) who was unmarried… She was lured in when the family was not present, and he raped her. After that, he threatened to kill her if she talked about it. He continued to rape her until her father discovered things. Then they covered it up, because the girl's father refused to report his brother. The girl's mother left her husband's home for her family's home and reported him, and [her uncle] was arrested, but the girl's father dropped the case and threatened his wife with divorce and depriving [her of access to] her children. After that, she waived her daughter's rights, and they rented a house for her far away. There are many who do not report because they fear shame and scandal." (Woman from Abyan)*

> *"There is a story in the village… A family got divorced, and they had a daughter. The father would leave the girl with her aunt until sunset, and then he would take her home to sleep. Still a minor, she began to experience pains because her father was engaging in sexual intercourse with her, and she became pregnant… The aunts trusted the girl because she did not enter or leave the house except with them. They asked her who did it, but she didn't answer. One day, the father was watched by the uncles, and he was caught during the act of raping his daughter. He used to put sleeping pills in her drink! [The father] was killed by the girl's uncle's brothers. The uncle was imprisoned and, after a short period, released. The girl was married off to her cousin." (Woman from Lahj)*

When perpetrators are family members, cases are rarely reported to the authorities. Families may instead attempt to protect the 'honour' of the survivor and her family through forced marriage, exposing the survivor to further GBV.

Girls also experience sexual abuse by people outside their family, including neighbours and shopkeepers.

> *"We had a six-year-old girl who was raped, and when we went to talk to the police, they asked where her family was when they let her out to play in the street… The one who raped her was an elderly neighbour, someone they ate and drank with. Instead of saying that this is wrong, that this is a crime, [the police] asked where her family was!" (Expert Interview, Woman)*

BOX 4: Sexual violence against men and boys

Women, men, boys, and girls agreed that sexual violence against men and boys also happens in Yemen, with cases including sexual assault, rape, child sexual abuse, sexual exploitation, and TFGBV (ASP 08/2020). That said, one expert noted that in such cases, survivors rarely reported their abuse nor accessed services.

> *"We know that… some men are exposed to sexual violence by other men, and there are very large numbers of boys in IDP camps exposed to [sexual violence]. But until now, we have never worked with these [male] survivors, but we know they exist." (Expert Interview, Woman)*

During discussions of sexual violence against boys, participants said perpetrators tend to be men in positions of trust or authority, such as family members or trusted community members. A review of documented cases of CRSV against children found that boys were among survivors of rape and sexual assault, including incidents occurring in detention facilities and areas under the control of armed groups (Justice4Yemen Pact 06/2024).

Several participants also mentioned that sexual violence, including sexual torture, has been perpetrated against men in detention and prisons, although fewer men have come forward than women.

> *"Men have come to me who were subjected to torture, beatings, and sexual torture in prisons and during enforced disappearances. Imagine a man showing you marks from beatings and electric shocks, then crying as he says he was sexually assaulted. He cannot speak out because it attacks his masculinity and dignity. It is very regrettable; many of these cases are silenced and overlooked owing to social stigma or fear of the community's reaction." (Expert Interview, Woman)*

Boys and male youth are also at risk of sexual exploitation, including sex trafficking. Several participants linked this to the deteriorating economic conditions and the protracted conflict.

> *"Because of the deteriorating financial conditions in the country, there are some rich groups that exploit young men for financial purposes. 'Come with me, and I will give you a sum of money,' meaning [they] exploit the young men sexually, especially young men aged 17–19." (Expert Interview, Woman)*

Cases of men and boys being harmed by a combination of sexual violence and TFGBV were also described.

> *"I know a boy my age who was raped and filmed via phone by the people who raped him. They threatened to publish his photo, to the extent that he tried to commit suicide because they said they would rape him again or publish his photo. When his family found out, [the perpetrators] were reported. But the boy is still suffering from depression and doesn't go out, to the extent that he has left his studies so that [other children] don't say, 'This is the one they played with.'" (Boy from Abyan)*

> *"I heard a story in my area… There was a group of boys aged 14–17 blackmailing a 14-year-old boy, raping him and filming him. One day, during an exam at school, these boys threatened him, saying, 'If you don't give us the exam answers, we will publish your clips.' One of the [teachers] heard their conversation and informed the child's mother… The child confessed to his parents, and they filed a complaint to the police, and the boys were imprisoned." (Expert Interview, Woman)*

In both cases, the boys were filmed while being raped and the videos used for the purpose of blackmail, highlighting how TFGBV can intensify the effects of other forms of GBV.

Experts highlighted that for men and boys, as with women and girls, surviving sexual violence is associated with deep shame, making it difficult to seek care. There are also few facilities available to support male survivors who come forward.

> *"There are no safe channels for men and boys to report GBV. Men will refuse to share information because of the culture. There's shame even around visiting a service centre. There are no spaces for men to receive services." (Expert Interview, Woman)*

BOX 5: Technology-facilitated gender-based violence (TFGBV)

TFGBV is not a standalone phenomenon but is deeply interconnected with, and often acts as a catalyst for, other forms of GBV. TFGBV leverages existing unequal gender dynamics and sociocultural norms surrounding 'honour' and family reputation to extend violence from the digital realm into the physical lives of women, girls, men, and boys (ACAPS 09/09/2024).

Data from Mansati, an online questionnaire platform for Yemeni youth, indicates that approximately 69% of women reported experiencing some form of cyberviolence, including TFGBV, compared to 32% of male respondents. Considering there were roughly 3.6 million social media users in Yemen as of February 2024, representing nearly 10% of the total population, TFGBV may therefore affect a significant proportion of those with digital access (Carnegie Endowment 11/04/2024).

Data collection on TFGBV in Yemen faces considerable challenges, with available information largely limited to anecdotal evidence rather than systematic analysis. Underreporting remains a critical issue, driven by social stigma, safety concerns, and law enforcement mechanisms that are neither effective nor survivor-centred. As a result, the true scale of TFGBV in Yemen is likely far greater than current data reflects, with many women and girls choosing not to disclose their experiences (ACAPS 09/09/2024; Carnegie Endowment 11/04/2024).

Child and early marriage

With no minimum age for marriage, Yemen has one of the highest early marriage rates in the world. In 2022–2023, 8.3% of women and girls aged 15–49 were married before their 15th birthday, and 34.1% of women aged 20–49 were married before their 18th birthday. 16.7% of girls aged 15–19 are currently married (UNICEF 2023). Variations in early marriage across governorates reflect differing combinations of cultural norms, economic pressures, and evolving social attitudes. For example, in Abyan and Lahj, strong cultural and economic drivers continue to reinforce early marriage practices, while in Ta'iz, the practice is reportedly more contested, with some growing opposition despite its persistence. There have also been signs of shifting awareness and changing norms in Shabwah (UNFPA 16/09/2025).

Experts and FGD participants noted that the normalisation of early marriage has intensified during the conflict, as economic decline, insecurity, and limited future prospects have led some families in both rural and urban areas to view early marriage as a pragmatic coping strategy rather than a harmful practice.

> *"Society sees early marriage as something right. If a girl reaches puberty, that's it. Her place is in her husband's house." (Woman from Ta'iz)*

> *"Early marriage is very, very common. But people don't report it because they consider it normal. Here, girls get married before 16; it is [considered] preferable that girls marry before 16." (Expert Interview, Woman)*

Families increasingly resort to early marriage as a 'protection' strategy, particularly where they fear harassment or sexual violence against girls or as a response to severe economic hardship where households leverage marriage or dowry payments to reduce household financial pressures (Salahi and Aazi 30/11/2024).

> *"A father married off his four daughters at a young age – all minors. But because of poverty and need, he married them to men older than them. When I told him that his daughters are young and this is not permissible, he said, 'From where do I get the money to spend on them when my salary as a soldier is [low], not enough for their needs? They are a burden on me!" (Woman from Abyan)*

> *"In cases where the father and mother are old, they marry off their daughter at an early age to be reassured about her [safety]." (Girl from Lahj)*

Experts highlighted that IDP girls face heightened risks of early marriage for both economic and 'protective' reasons. This is primarily because of economic precarity and reduced access to livelihoods and services following displacement and increased risk of sexual harassment and assault in overcrowded IDP camps and informal settlements where community protection mechanisms are often weakened or disrupted.

> *"Before the war, there were advocacy mechanisms, and we were able to work on [early marriage prevention], but after the war, especially in displacement camps, girls as young as nine or ten have been married off. There are cases of death among young girls owing to early pregnancy and the inability of their bodies to bear it." (Expert Interview, Woman)*

Women and girls said they had little say in the matter of marriage. Patriarchal norms position men as heads of household in Yemeni communities and as the primary decision-makers, even where mothers may be personally aware of the risks of early marriage and opposed to it (UNFPA 04/02/2026).

> *"My neighbour came crying to me because her husband wants to marry off her daughter. She is only 14. He said there is no need for [the daughter] to study, the most important thing is that she is good at reading and writing. When she refused, he threatened to divorce her, take the children, and marry the girl off without her. Indeed, the girl was married to her cousin." (Woman from Abyan)*

Lack of access to education services is both a driver and a consequence of early marriage. FGD participants depicted girls in rural areas at greater risk of early marriage, primarily because of fewer educational opportunities, insecurity, and distance, increasing the perceived risk of harassment (STC 25/03/2024).

> *"In rural areas, girls are subject to violence when deprived of education because of the distance to schools, and they might also be subject to harassment and rape when going to school. That is why she is taken out of school and married at an early age." (Woman from Abyan)*

> *"In villages, [girls] marry at age 12 or 13, but in the city at age 18 or 20. The reason is there is nothing in the countryside. No education. In the city, education plays a role." (Woman from Ta'iz)*

Although schooling in Yemen is free, additional costs such as textbooks and transport remain prohibitive for many families. Participants also said that girls who are not in school and lack future economic and educational alternatives are sometimes viewed by their families as a financial 'burden'.

Sexual harassment

Women and girls in all four governorates reported sexual harassment across a range of settings, including marketplaces, workplaces, public transport, checkpoints, aid distribution sites, and online. Similar patterns have been documented in other reports on GBV in Yemen (UNFPA 06/2025; UN Women 09/2025 and 08/12/2025; SCSS 15/12/2019). Participants also noted that sexual harassment is rarely reported owing to stigma, victim-blaming, fear of social repercussions, and limited accountability for perpetrators. This is reinforced by strong cultural norms about family 'honour'. As a result, sexual harassment functions not only as a form of violence but also as a mechanism that restricts women's and girls' participation in public life.

> *"My friend spoke to me that she was subjected to sexual harassment and told me not to tell anyone what happened to her out of fear of shame and society's view of her, so she suffers from health and psychological problems." (Girl from Abyan)*

> *"We face harassment from some men daily as we go to work daily, and we cannot tell our families so that we are not taken out of work." (Woman from Abyan)*

According to both FGD participants and experts, the threat of sexual harassment has led families to impose greater restrictions on women's and girls' movement outside the home and has encouraged women and girls to limit time in public spaces as a 'protective' measure. These dynamics further constrain women and girls' movement and reduce their autonomy.

> *"Sunset and Isha (evening prayer) are less safe for women and girls… because there is no electricity and the streets are dark. Since the war, services have vanished. Rarely does electricity come on for an hour or two. And for the last month, there has been no electricity and there is weak security, so women and children are subject to harassment by youth since drugs have become widespread, and we are afraid of going out at these times." (Woman from Abyan)*

Women also associated sexual harassment with participation in public life, particularly income-generating activities.

> *"Some women and girls are forced to work in farms and houses or [to engage in] begging, exposing them to sexual harassment and exploitation." (Woman from Abyan)*

> *"Sexual harassment while accessing services – particularly water services, water points, wells, and during the process of fetching firewood – remains one of the most common risks women and girls face." (Expert Interview, Man)*

> *"In [workplaces], some people in exploit their positions and engage in violent practices such as sexual harassment and blackmail." (Woman from Lahj)*

Women and girls risk facing sexual harassment across a wide range of workplaces, including agriculture, informal sectors, government, healthcare, and the private sector. The perceived risk of harassment – coupled with movement restrictions and broader gender norms limiting women's work – further constrains women's and girls' access to income-generating opportunities (see Denial of Rights, Resources, Opportunities, and Services).

Sexual exploitation, including in humanitarian settings

Sexual exploitation is a critical risk in humanitarian emergencies where women and girls often have unmet basic needs and dependency on aid can heighten their vulnerability to exploitation and abuse (IASC 28/08/2015). During FGDs, participants associated sexual exploitation with declining economic conditions and/or displacement. For example, women talked about potential employers exploiting women's and girls' desperation to find work, with exploitation potentially continuing after they are hired.

> *"A divorced girl with children applied for work. The manager asked her for her CV and to communicate with him for work. One day, he went to talk to her at night, and they engaged in a long conversation. He promised her work, and over the days, she was exploited, and he made her get into a relationship with him for her to get the job." (Woman from Lahj)*

During FGDs, men and women shared examples of sexual exploitation and abuse perpetrated by humanitarian responders, mirroring reports in other literature (GSF 14/11/2025; ACAPS 17/11/2023; IRC 01/2019).

> *"Male aid workers [in humanitarian organisations and camps] sometimes turn into perpetrators of violence. A male worker might take a woman's phone number under the guise of providing a food basket or assistance, which leads to electronic communication and subsequent exploitation." (Expert Interview, Man)*

> *"Displacement is a cause of violence, especially in camps where women and girls are subject to harassment and rape because of crowding, as well as exploitation by supervisors or delegates over the camps who register them [to receive] aid – especially if she is a widow with no man." (Woman from Abyan)*

Protracted conflict, economic decline, and widespread displacement may have also heightened the risk of survival sex, particularly among Al Muhamasheen, migrant, and displaced women and girls as well as women-headed households facing severe livelihood constraints (ACAPS 17/11/2023; Shreedhar et al. 02/08/2024; ACAPS 17/11/2023; Al Zumair et al. 07/01/2025).

"There are many girls who form relationships with men to obtain sums of money to help their families and themselves financially and provide them with a livelihood. Many men engage in relationships and ask the girl to go out with them and for sexual things in exchange for money. This is very widespread as a result of the economic conditions, so many girls and women are forced to do such things." (Woman from Lahj)

Commercial sexual exploitation and sex trafficking

Although less widely reported than other forms of GBV, incidents of commercial sexual exploitation and sex trafficking were reported during expert interviews. In Yemen, commercial sexual exploitation and sex trafficking occur within a context of protracted conflict and weakened protection systems. This exposes IDPs, marginalised communities, and migrants to heightened risks of coercion, forced sex work, and trafficking for sexual purposes. Yemen remains a source and destination country for sex trafficking, with women, girls, migrants, and IDPs particularly vulnerable to exploitation (US DOS 2023; Ravenstone Consult 03/2023; ACAPS 17/11/2023).

One expert said limited economic opportunities in Yemen force or deceive women and girls into sexually exploitative situations so they can support themselves or their families. Survivors often find themselves trapped and afraid to report to their family or police.

"Girls in university or finishing high school find themselves in this trap There are women in the prison who are professional pimps, and they trap these girls. The girls are afraid to tell their families, so these women tell the girls to come and stay in their homes and they will take care of them. And they fall into a cycle of prostitution. The pimps are Yemeni women. It's all local. The pimping happens in different areas It's not about the areas as much as it is about the season. During the summer, it's highest, when we would get visitors from Saudi Arabia; Yemenis – working in Saudi Arabia, the Emirates, the Gulf – would come back to visit their families, and that is when we would see high numbers of... cases." (Expert Interview, Woman)

Risks of commercial sexual exploitation is higher during the summer season, when tourists visit Yemen from the Gulf. Reports also document a perceived rise in temporary or tourist marriages, which function as a form of sexual exploitation largely driven by poverty (Shreedhar et al. 02/08/2024; ACAPS 17/11/2023).

"We have issues of trafficking and exploitative labour. The trafficking is both internal and external. They are selling young girls to Saudi Arabia or other places or sometimes trafficking them to other governorates. They take groups of 12–14-year-old girls...[and] sell their bodies or something like that. This happens more among migrants – Ethiopians or Somalis – and IDPs who are Yemeni. It exists, but everyone is afraid to talk about this and expose this problem. They are both being sold by their parents and groomed and taken away. I have heard stories of families selling their daughters under the age of 16 to get married to men outside Yemen. They get paid a lot of money for their daughter, and they know it will be challenging for her...but they sell her because their lives are so difficult and they need to feed their other children and themselves." (Expert Interview, Woman)

Physical violence

Physical violence is both pervasive and widely normalised across Yemen (Oxfam 09/2020; ACAPS 11/04/2023 and 17/11/2023; ERT 26/06/2018). It is most commonly perpetrated by men against women and children in the home (see Domestic and Family Violence) and is often viewed as a socially acceptable means of 'disciplining' women and girls or restricting their mobility. In many cases, the violence is severe and results in serious physical injury. Several experts described cases involving serious bodily harm.

"When we implemented [our small project in the North], we received cases of women and girls with physical violence mostly and it was very severe physical violence. Women weren't just coming with bruises and marks on their bodies; they were coming with real injuries." (Expert Interview, Woman)

Psychological and emotional abuse

Psychological and emotional abuse is pervasive across Yemen (UNFPA 16/09/2025; SCSS 15/12/2019). In all four governorates, women and girls described how verbal abuse, humiliation, and forms of social control – such as shaming women and girls for leaving the home or speaking publicly, accusing them of 'immoral' behaviour, and scrutinising their dress or phone use – are used to enforce women's and girls' conformity to socially prescribed gender roles. Psychological and emotional abuse occurs at home, outside the home (in workplaces, schools, means of transportation, and markets), and online.

A recent study confirms that psychological and emotional abuse is widespread in Yemen, affecting nearly 68% of all women. This includes constant belittling, threats of being forced out of the home, restricting mothers' access to their children, and deliberate social isolation, all of which undermine women's mental health and self-confidence. Such behaviour is often normalised within families and not recognised as violence. Health centres report that many women present with psychological distress linked to sustained emotional abuse within the household (UNFPA 16/09/2025).

Psychological and emotional abuse is sometimes minimised because it is perceived as less serious than other forms of GBV, and women are often expected to endure this form of abuse without complaint.

> *"No one pays attention to [verbal abuse]. For example, if the husband's family or anyone close to him makes a mistake with [the wife] using not good words, and she goes to complain to her family, they will tell her, 'The important thing is that he didn't beat you. It's normal, no problem, bear it. Others bear more than this."* *(Woman from Ta'iz)*

Yet, psychological and emotional abuse can have profound immediate and longer-term impacts on women's and girls' psychological wellbeing, building up over time and systematically eroding their mental health.

> *"I heard about a woman who was subjected to insults and cursing by her husband for several years. He despised her, saying she had no value in society or in the family. [This] led to the deterioration of her psychological state, and she suffered from depression, anxiety, and psychological stress."* *(Girl from Abyan)*

> *"Verbal violence can destroy your reputation and personality with a word; just from a rumour spreading, your life ends."* *(Woman from Ta'iz)*

In some cases, sustained psychological and emotional abuse can contribute to severe mental health crises, , including self-harm or suicidal ideation.

BOX 6: Types of psychological/emotional abuse in Yemen described by the women and girls in the FGDs

The women and girls discussed the following types of psychological and emotional abuse:

- verbal insults, with the aim to humiliate, belittle, silence, or devalue
- threats and intimidation
- 'honour'-based shaming and behavioural control
- systemic bullying
- social isolation
- reputational attacks and rumours
- online and electronic abuse (see also the TFGBV section below)
- hate speech and incitement.

Denial of rights, resources, opportunities, and services

Restrictions on freedom of movement

In Yemen, women's and girls' freedom of movement is restricted by gender norms that expect them to stay in the home unless accompanied by a male relative. Both women and men commonly justify such restrictions as 'protective'. Restrictions on freedom of movement across Yemen are mostly imposed by male family members, especially husbands and fathers, and formalised through the Mahram requirement (see Key Terms). Women and girls may face severe consequences, such as physical violence, for violating movement restrictions. Leaving the home without a Mahram – even to access services or visit family – can be seen as 'shameful' and women and girls may be subject to 'discipline'.

> *"Many women and girls are subjected to beatings and insults by their husbands if they leave the house without permission from him to visit family." (Woman from Abyan)*

Other women reported harassment at checkpoints when travelling without a Mahram.

> *"There are also difficulties at checkpoints… At the Iron Point in Lahj, female travellers – whether activists, defenders, or lawyers coming from Sana'a or Ta'iz to Aden – are constantly stopped. They are asked, 'Who are you with? Do you have a Mahram?" (Expert Interview, Woman)*

Forced isolation of women and girls inside their homes can have severe repercussions, reducing their access to education, livelihoods, and social networks – all of which limit their access to respite from violence occurring within the home. In cases of divorce or the death of the male primary bread winner, one woman explained how she experienced severe anxiety when suddenly having to travel alone.

> *"In 2017, I became a widow. I had been confined to my husband's house. I did not know the roads or anything. That's how it is – the one inside the house raises her children and serves her husband. A month after I became a widow, my father died. Me and my mother became widows, and my brothers are all expatriates. The struggle began. I [had to] strengthen myself to go out into society… I started studying." (Woman from Ta'iz)*

Denial of financial resources and opportunities

Denial of financial resources and opportunities appears to be widespread. Across all four governorates, women and girls described this as a common form of GBV that often occurs as part of domestic and family violence, where men control or withhold economic resources.

> *"We had a case of a man who beat his wife because she took money from his pocket without him knowing to buy milk for her infant." (Expert Interview, woman)*

> *"A patient with us in the Oncology Centre, we gave her aid to help with treatment. Her husband took all the aid and told her he would marry another woman with it." (Woman from Shabwah)*

In 2024, less than 5% of Yemeni women were employed compared with 60.5% of Yemeni men, meaning most women are financially dependent on male relatives, increasing their exposure to economic abuse (WB accessed 19/02/2025).

Although some studies show that more women are entering paid work because of economic necessity, this does not signal a fundamental shift in gender norms. Women and girls in all four governorates said society sees women's place as in the home, meaning that employment risks being seen as inappropriate or transgressive. Traditional sayings such as "Al-bayt al-marrah" (the woman is the home) and longstanding beliefs that cast women as du'afa (weak) or sources of fitna (social disorder) continue to reinforce expectations that women belong in the domestic sphere, limiting the extent to which their economic participation is seen as socially legitimate and contributing to normative change (SCSS 10/03/2021).

FGD participants repeatedly noted that women's husbands or family members deny them permission to work if it involves night shifts or public-facing roles,

particularly in tribal or rural areas. They also highlighted that community pressure or censure can lead to job loss, even if family members consent to their working.

Where women did work, they did not experience equal treatment in the workplace.

> *"You might work the same job as a man, [but] your salary is $100 while his is $300 under the pretext that he bears [more] responsibility." (Woman from Ta'iz)*

Women also described how male relatives withhold all or part of women's salaries. The practice of men controlling women's finances is so widely accepted that FGD participants reported that some employers pay men directly for their women family members' work.

> *"We also have IDPs who, when they work, their husbands take their money, force them to work, and violate them. This is especially true among IDPs because of high poverty levels." (Expert Interview, Woman)*

Women and girl participants also recurrently spoke about being denied access to key financial rights, such as alimony and child support following a divorce – rights guaranteed in both Yemeni law and Islamic law but denied in practice – as well as control over key assets, including gold.

> *"Women and girls can be subject to control over financial resources, prevented from working or managing money, and deprived of inheritance and alimony." (Girl from Abyan)*

Gold holds an important place in Yemeni society, serving as a woman's main form of financial security, especially as part of her mahr (dowry) and savings for emergencies. When a woman is pressured to sell her gold – or when it is transferred to her husband's name – she loses a key source of protection and independence rendering her vulnerable to economic hardship and a greater risk of being left without support if the marriage becomes unstable (ACAPS 09/02/2024; YPC 11/2021).

> *"I noticed many families where if the woman sold her gold and bought land and built a property, they would say, 'Put it in your husband's name.' And if [there are] any problems, he expels her. I noticed this a lot, especially in villages." (Woman from Ta'iz)*

Denial of inheritance and housing, land, and property

Women and girls across Yemen are routinely denied access to inheritance, including land and property (UN Habitat et al. 10/2022). This issue was raised by the women, girls, men, and boys in all four governorates as well as by experts.

> *"The deprivation of inheritance is sometimes justified because it is given to another family or tribe or because the man is in control of the family, and the woman's place is the home." (Woman from Shabwah)*

> *"[Women in villages are] deprived of inheritance [because of] customs and traditions in the family. In Sabr, all [women] are deprived of inheritance. If she is unmarried, maybe they will give her a little. If married, it is impossible that they'll give her anything." (Woman from Ta'iz)*

This aligns with literature on inheritance in Yemen, which is shaped by social and tribal norms that often limit women's ability to claim and control what they are legally entitled to. Land may be registered in a woman's name or inherited, but given structural and gender barriers, decisions are made to preserve men's control over productive assets or prevent land from passing outside the patrilineal family via marriage (UN-Habitat et al. 10/2022). Gender norms that classify women as du'afa (weak) and in need of protection further justify excluding them from decision-making and from accessing justice mechanisms (ACAPS 13/08/2020; SCSS 10/03/2021). Because a woman's status and safety are tied to her male relatives, asserting her rights – especially in cases of divorce or inheritance – can be viewed as 'dishonourable', making legal action socially unacceptable.

Some women explained denial of inheritance in terms of men's control over female relatives, with one woman from Abyan noting that boys are socialised to believe they have a right to girls' inheritance. Others stressed the role of social norms tied to inheritance and men's control of money – specifically that when women marry, their husbands take control of their inheritance. As such, properties and land are sometimes registered only in sons' names.

"We also have the problem of women being deprived of their inheritance, especially in some areas of Abyan. In certain areas of Yafa'a, for example, women receive no inheritance at all. They believe that her future husband will inherit from her, so she has no right to it. Over time, some people have begun to understand the rulings of religion better and have been paying attention to women's rights, but there are still many families who refuse to grant inheritance to their daughters, and the matter even reaches the point of registering properties and land in the name of their son only."(Expert Interview, Woman)

Participants described cases of male relatives actively seizing women's property, sometimes resulting in forced eviction or being disowned by their family to resume control of inheritance.

"No matter the level of education or knowledge, women are completely deprived of their rights. It [has reached] the point where some families disown them so they can get the inheritance without them… There are rare cases where some husbands force the wife to pay rent and seize her salary. Or some inheritance exists, but she doesn't take it officially, only symbolically." (Woman from Ta'iz)

Women also described cases where women's attempts to claim their inheritance rights were thwarted by fear of threats, social exclusion, or violence from their family members.

"She cannot claim her right before [the] judiciary for fear of being killed or [that her] family won't have mercy on her if she disobeys them. I know [a woman] deprived of her right to inheritance by her brothers when her father and mother died. She couldn't claim her rights. She lives with her big brother and…he gives her only expense money, not enough even for her needs." (Woman from Abyan)

"Many women and girls in rural and urban areas are deprived of inheritance and not given their rights by their brothers and uncles. They cannot claim their rights for fear of being harmed, because if they go to court, they are considered to have gone against the family, and this is a flaw and shame for them." (Woman from Abyan)

Denial of access to education

Women, girls, men, and boys in all four governorates widely cited the denial of girls' access to education as a major type of GBV in Yemen.

"Women are servants/slaves to men… In some areas, women bear everything (herding sheep, fetching water) and have no right to inheritance, education, or study." (Woman from Ta'iz)

"The patriarchal society still determines the girl's future, like stopping her education after the fourth or fifth grade." (Man from Shabwah)

Families frequently halt girls' education during adolescence, claiming poverty and the need for girls to contribute to the household income or prioritising spending on boys' education. Prohibitive education costs include transportation costs to distant schools and the cost of necessary ID cards. Even where girls were allowed access to education, very few families allowed them to continue to higher education.

"Many families in most areas cannot afford the study requirements, so parents take their daughters out of school." (Girl from Lahj)

"In some rural areas in Shabwah, they still prevent women from obtaining an ID card, and many girls are deprived of completing their education or entering university or employment. You can gather a thousand women without [ID] cards… They marry, and no one knows how old they are." (Man from Shabwah)

A recurring theme was that when money is tight, families prioritise investing in boys' education. This intersects with gender norms that prioritise marriage and devalue women's and girls' education, discouraging investment in girls' future because the household will not benefit from it (UNFPA 01/06/2025).

"Parents often declare, 'I will educate the boy, not the girl. Why should I pay for her?' When forced to choose, they invest in the son, believing he will one day support the family. The daughter, by contrast, is married off – her worth reduced to the dowry she brings. This reflects a broader deprivation of resources once available, such as free schooling. While tuition may be free, the family cannot afford

transportation, books, uniforms, or other school-related costs. As a result, she is excluded from education." *(Expert Interview, Woman)*

"[Families] say, 'The boy entering school is more important, and the girl sits to help her mother in the house.'" *(Woman from Shabwah)*

Fears of harassment on the way to school, mixed-gender classrooms, or stigma associated with girls' public presence were also cited, highlighting the power of discourses around girls' 'honour'. Girls can be withdrawn from school after experiencing sexual harassment and subsequently married (UNFPA 01/06/2025).

Although denial of access to education was depicted as affecting all girls in Yemen, Muhamasheen girls or those living with a disability were framed by several participants as being at heightened risk of exclusion.

"People with disabilities are deprived of education as well as services. If a girl has a disability, they fear for her [safety] going out. Even when she wants to learn a vocational skill, they refuse that because it is difficult for them to get her to the place where she wants to learn." *(Man with a disability from Abyan)*

"Another form of violence is discrimination or marginalisation. This is notably apparent among women and girls, but it increases significantly for people with disabilities and marginalised (Al Muhamasheen) groups. This manifests, for instance, in education choices. When a family cannot afford to educate both a son and a daughter, they may sacrifice the daughter's education or her privileges for the sake of the son. "(Expert Interview, Woman)

Denial of access to services, including humanitarian assistance

Women and girls are also at risk of being denied access to services and humanitarian assistance in Yemen. This is intertwined with other forms of GBV, such as restrictions on freedom of movement, and linked to restrictive gender norms that prevent women and girls from moving freely in public spaces. The women, girls, men, and boys all described denial of access to services and humanitarian resources as a challenge for women and girls – though the men and boys tended to focus more on the denial of access to education and economic resources. The women described how male relatives would refuse to allow them to access humanitarian services and support.

"[It is] difficult to access these [humanitarian] services as some…forbid their wives and daughters to go to these services considering certain customs and traditions. That's why some, when subjected to harm, cannot access services and instead stay silent." *(Woman from Abyan)*

'It's harder in some communities for women to access [services] because the family or spouse might not allow them to engage in those activities." *(Expert Interview, Woman)*

Being blocked from accessing services goes hand in hand with the denial of women's and girls' freedom to make decisions for themselves, including seeking critical support in the event of GBV. Several women participants made explicit links between male decision-making power and women's and girls' access to health services. Access to reproductive health and maternal health services in Yemen is severely undermined by conflict-related infrastructure damage, funding shortages, urban–rural inequalities, cultural and gender-based barriers, and widespread poverty.

"Previously, a girl died because her husband neglected to take her to the hospital. He brought a woman to [help her deliver for her first birth] but she couldn't deliver. Because the husband didn't rush her to the nearest health centre, she died. This happens daily with us, because they refuse to take them to health centres to follow up on their condition." *(Woman from Abyan)*

"We have a requirement to acquire male permission in our society. When a woman or girl is sick and needs to go to a health facility, they should first get male permission first – from the father, brother, or husband. She also needs to be accompanied by a male family member, especially if the health facility is far from home. If there is no male in the family or he is busy with other things, she cannot go to the health facility, so she will not receive timely and proper management." *(Expert Interview, Woman)*

Male relatives' power to decide when women and girls can access healthcare means that their health needs risk being deprioritised within households, with some men allocating money for other items, such as qat, or delaying seeking care until an illness becomes severe.

Emerging forms of GBV

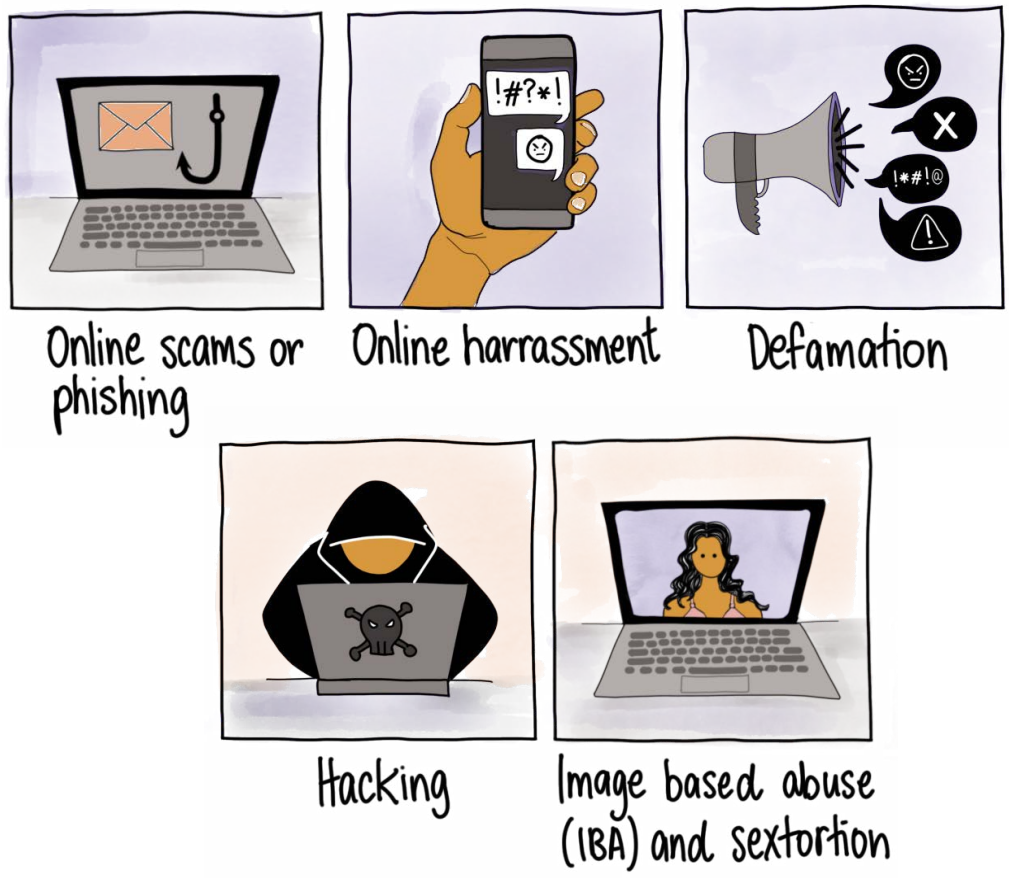
Emerging forms of GBV in Yemen reflect the ways in which protracted conflict, displacement, economic deprivation, and weakened institutions reshape risks for women and girls. Although such abuses are grounded in longstanding gender inequality, participants described how violence takes new and increasingly complex forms, linked to insecurity, aid dependence, and shrinking access to protection and justice. These include TFGBV, including online exploitation; increased risks of survival sex, including tourism trafficking; and violence against women civil society leaders and activists. These emerging patterns of abuse intensify and diversify the ways in which women and girls in Yemen are exposed to harm.

Technology-facilitated GBV

Access to digital technology has expanded rapidly across Yemen, even as internet penetration remains low at around 17.7% (ITU 01/2025). While increased connectivity has supported communication and information-sharing, it has also introduced technology facilitated GBV (TFGBV) or cyber violence (see Key Terms). Participants depicted TFGBV as common in both urban and rural areas.

TFGBV includes existing forms of GBV, such as sexual harassment and movement control through stalking and monitoring – but perpetrated online. It also includes psychological/emotional abuse through online hate speech and threats and has broadened the scope of violence that perpetrators subject women and girls to, including using online defamation, doxing (the wide dissemination of personal data), and sextortion or blackmail using image-based abuse (IBA).

Figure 2. Forms of technology-facilitated GBV in Yemen



Women, girls, men, and boys all perceived IBA to be one of the most common forms of TFGBV experienced by women and girls. It includes image manipulation, the nonconsensual distribution of intimate images and videos, the broadcast of sexual assaults, and impersonation. Participants also flagged the emergence of AI-generated or doctored images, with one key informant noting that a colleague had *"suffered electronic blackmail. Her photos were faked using artificial intelligence (AI), and she was blackmailed."* *(Expert Interview, Woman)*

Experts recurrently depicted TFGBV as increasing in both urban and rural settings, thought to be driven by insecurity, the rise in social media use, and – particularly in the case of blackmail and sextortion – poverty, with some cases cited of people perpetrating blackmail to raise money.

> *"Cyber violence…is widespread and has become prevalent in the context of war and the current circumstances… It threatens the social fabric… Cyberbullying has increased, particularly against women, schools, workers, intellectuals, and educated individuals through hate speech, mockery, and insults online. Cyber blackmail has also emerged, exploiting photos or private messages against women and girls in a very conservative society. All this is [creating] a climate of silence, fear, and shame. Social media has become a tool of violence, used to spread misleading or false information about individuals… and acts of revenge."* *(Expert Interview, Woman)*

> *"Electronic blackmail is very widespread. Nowadays, everything involves photography and documentation, and problems happen because of leaked photos. Many girls are subject to blackmail…[because] communication has become easier."* *(Expert Interview, Woman)*

In Yemen, where women's public behaviour and engagement are closely policed, the sharing of their images and of girls, especially unveiled, is considered deeply shameful and very harmful. Experts explained that perpetrators either demand photos from women and girls or source them from friends or family during mobile repairs or via hacking or malware. Women and girls are then blackmailed or extorted, with threats to publicly post photos, intimate messages, or personal details online.

Romantic relationships can also be weaponised, with men using text messaging to blackmail and extort women and girls.

> *"There are also girls who have romantic relationships, but simply having a romantic relationship is considered socially taboo. Some men exploit the images [shared in the relationship] and begin blackmailing the girl. She may be forced to steal money from her family, sell gold, or commit dangerous acts because she feels trapped and threatened. In some cases, the pressure and fear have led to suicide."* *(Expert Interview, Woman)*

> *"There was a girl in our neighbourhood who was in a relationship with a young man. The girl broke up with him. One day, while she was on the street, he stole her mobile phone, copied her photos from it, and threatened her with the photos."* *(Girl from Lahj)*

Technology can also be used for revenge, to discredit women, or to push women out of political spaces. For example, one expert noted how social media has allowed for the 'moral assassination' of women political leaders by providing unregulated space to promote messages that incite further violence, particularly by men (AR 14/04/2025).

TFGBV often has profound offline consequences for survivors, including acts of violence perpetrated by their families, communities, and wider society, including sexual violence, physical assault, and femicide. Fear of such violence can impede reporting (ACAPS 09/09/2024; Amnesty International 05/11/2024; CIVIC 09/12/2025).

> *"A man was coaxing a girl to enter into a relationship with him. He resorted to asking her friend, and her friend sent her photo to the man. After that, the man threatened the girl that if she did not have a relationship [with him], her photos would be published. The girl met his request and went out with him. The family found out about the girl's relationship, and her father then killed her."* *(Woman from Lahj)*

Experts noted that there is currently very little guidance on how to support TFGBV survivors. As a result, the GBV response is not sufficiently equipped to handle these cases.

Survival sex and tourism trafficking

While trafficking in Yemen predates the current conflict, evidence suggests that the conflict, humanitarian crisis, and collapse of protective systems have increased vulnerability to trafficking and trafficking-like exploitation, particularly for displaced people, migrants, and women and girls facing severe economic pressure. One expert explained that women and girls in Yemen are forced or deceived into sex work because of limited economic opportunities and the need to support themselves and/or their families. Survivors often find themselves trapped and afraid to report to family or police.

> *"There are women in the prison who are professional pimps, and they trap [girls in university or finishing high school]. The girls are afraid to tell their families, so these women tell the girls to come and stay in their homes, and they will take care of them. And they fall into a cycle of prostitution. The pimps are Yemeni women. It's all local. The pimping happens in different areas… it's not about the areas as much as it is about the season. During the summer, it was highest, when we would get visitors from Saudi Arabia – Yemenis, working in Saudi Arabia, the Emirates, the Gulf – would come back to visit their families, and that is when we would see high numbers of prostitution cases." (Expert Interview, woman)*

There has also been a documented rise in temporary or tourist marriages, which function as a form of sexual exploitation of girls and are largely driven by poverty (Shreedhar et al. 02/08/2024; ACAPS 17/11/2023).

Sex trafficking was also highlighted by one expert, particularly in relation to Yemeni IDP and Ethiopian or Somali migrant girls who are 'sold' to Saudi Arabia for the purpose of forced labour and sexual exploitation.

> *"We have issues of trafficking and exploitative labour… They are selling young girls to Saudi Arabia or other places, or sometimes trafficking them to other governorates. They take groups of 12–14-year-old girls… [and] sell their bodies or something like that. This happens more among migrants – Ethiopians or Somalis – and IDPs who are Yemeni. It exists, but everyone is afraid to talk about this and expose this problem. They are both being sold by their parents and groomed and taken away. I have heard stories of families selling their daughters under the age of 16 to get married to men outside Yemen. They get paid a lot of money for their daughter and they know it will be challenging for her… but they sell her because their lives are so difficult and they need to feed their other children and themselves." (Expert Interview, woman)*

Women migrant workers are at heightened risk of trafficking, extortion, forced or unpaid labour, rape, and other abuses while transiting through Yemen, including being coerced into sexual exploitation or forced labour to finance their journeys (ACAPS 17/11/2023). These dynamics reflect broader trafficking risks affecting migrants, IDPs, and economically vulnerable women and girls in Yemen, where conflict, displacement, and weakened protection systems have created conditions that facilitate both internal and cross-border trafficking. Limited law enforcement capacity, stigma surrounding sexual exploitation, and fear of retaliation further reduce the likelihood that trafficking cases are reported or investigated.

Violence against women civil society leaders and activists

Experts spoke of physical violence in public and professional spaces, particularly against women working in government, civil society, or human rights, where violence functions as a mechanism of moral policing and political intimidation (CMI 2025; Saferworld 21/02/2022). Women human rights defenders in Yemen face gender-specific reprisals, including arbitrary detention, enforced disappearance, smear campaigns, and threats of sexual violence aimed at silencing their public engagement (Amnesty International 05/2024). Women working in NGO, civil society, or official roles – whose work is outside the home and often focuses on issues supporting women and girls – risk being perceived as transgressing invisible societal boundaries. This is driven, at least in part, by anti-NGO campaigns and hostile propaganda that stigmatise women in these roles (HRW 26/06/2024; NRC 19/08/2025; Reuters 30/01/2026; FIDH 15/12/2025). Some experts drew on their own experiences and those of their peers, noting an increase in the past year of physical and psychological

violence specifically targeting women working in civil society or leadership roles.

> *"As a member of civil society…I am subject to insults, bullying, and numerous risks because of my work. They consider me immoral; these societal constraints prevent me from travelling or moving freely, and sometimes it is the family that imposes these restrictions."* *(Expert Interview, Woman)*

Participants discussed several cases where women in leadership positions were killed, highlighting the extreme risks faced by women who openly challenge established gender norms and hierarchies.

> *"The killing of women, particularly those working in government institutions or certain professions, has become a serious issue despite numerous warnings in the past. Women are sometimes accused of espionage, treason, or immoral activities."* *(Expert Interview, Woman)*

Even speaking out against injustices can trigger physical violence against women. Regardless, experts – many of whom fall within this risk group – demonstrate considerable resilience, continuing their work despite the threats.

> *"Even the smallest step we take in civil work can be fiercely attacked, keeping us on high alert. Despite all this, we continue to lead women's revolutions… We face direct violence, such as having our cars vandalised and staff assaulted, but [these] do not deter us from continuing our work and defending the rights of women and communities."* *(Expert Interview, Woman)*

Harmful traditional practices

Female genital mutilation or cutting

According to a 2013 survey, 19% of Yemeni women and girls had undergone female genital mutilation or cutting (FGM/C). Yemen has yet to ratify a law criminalising FGM/C, although the 2019 national action plan on FGM/C acknowledges it as a human rights violation. FGM/C is most practised in Al Maharah and Hadramawt, where more than 80% of women and girls have undergone the procedure, although one service provider also noticed its prevalence in Al Hodeidah and Ta'iz. Women and girls with no or minimal education are more likely to be cut than those with higher levels of education (28 Too Many 09/2020; UNFPA accessed 02/02/2026; UNICEF 2023).

Although there is some evidence to suggest a modest decline in FGM/C, some experts suggested that it is increasing again because of the combination of aid cuts affecting prevention programming, weak institutional capacity to address it, and deteriorating economic conditions across much of the country (UNICEF 2023).

> *"Female circumcision was prohibited by a decision of the health office regarding performing it inside hospitals. Today, traditional midwives themselves, or midwives working in hospitals, go to homes to perform the circumcision. It has re-emerged significantly as a result of the weakness of the state or owing to economic and legal deterioration, which has led to the [re]appearance of these things on a large scale."* *(Expert Interview, Woman)*

FGD participants did not widely discuss FGM/C nor identify it as a form of GBV experienced by women and girls. This may either reflect the sensitivity of the topic, the extent to which the practice has been normalised in some communities, or its geographic specificity. On the few occasions where FGM/C was discussed, women highlighted its potentially fatal risks, particularly when it is carried out by individuals without medical training who are unable to respond swiftly to emergencies.

> *"[FGM] endangers girls' lives… They summon women who have experience – of course, not a nurse and with no relation to the medical or nursing field – to circumcise girls and endanger their lives. More than one case of bleeding has happened, with [the girls] being rushed to the hospital. When they recover, they say [it's done] not to cause them shame. Some have died from this custom."* *(Woman from Abyan)*

So-called 'honour' killings

Experts reported that so-called 'honour' killings – a type of femicide typically perpetrated by husbands or male family members – are recurrent in Yemen. These killings are carried out when a woman or girl is perceived to have violated family or community expectations related

to sexuality, marriage, or social behaviour. Although perpetrators often justify the killings as a means of protecting family 'honour', such acts are rooted in discriminatory norms that seek to control women's behaviour and autonomy.

> *"In Sana'a, a girl married without her family's consent. Her father and brother filed a case against her, and she was killed in front of the judge inside the court."* *(Expert Interview, Woman)*

Another expert described how families may plan killings over long periods to punish perceived violations of social norms.

> *"Most of the men imprisoned today [are imprisoned] for the murder of their wives or sisters. A recent case… involved a woman whose brother gave her three choices: to be stabbed, hanged, or shot. She was pregnant. The reason? She loved a man, but her family refused to let her marry him. She eloped, married him, and had a child with him. Her family waited years to kill her. They lured her home under the pretext that her father was ill, and everyone agreed she would be killed. She was murdered in a horrific manner."* *(Expert Interview, Woman)*

In some cases, killings were described as occurring under ambiguous circumstances or concealed within families.

> *"In strict families, I have observed many such violations. Husbands have strangled their wives, or families have killed their daughters under mysterious circumstances. Suddenly, a death would be announced without a clear cause. In reality, the family may have 'gotten rid' of the girl to eliminate what they perceive as a scandal caused by electronic blackmail."*
>
> *(Expert Interview, Woman)*

Several accounts also illustrated how accusations of sexual misconduct, reputational harm, or TFGBV could trigger lethal violence.

> *"They fabricated a case against [an orphan girl who was subjected to attempted rape]. The whole community stood against her… She went to the tribe sheikh, and he didn't believe her. Then, her brothers executed her… And after executing her, it turned out the whole subject was a lie."*
>
> *(Man from Shabwah)*

> *"A friend pointed out a judge… who had personally killed his young daughter in a 'cyber violence crime'. After his daughter was subjected to online extortion, he took her to a remote area, killed her, and then returned to live and work among people as a judge as if nothing had happened."*
>
> *(Expert Interview, Woman)*

Participants also discussed 'so-called honour killings' in relation to sexual violence and TFGBV. They described rumours, accusations of 'immoral' behaviour, or online blackmail as triggers for lethal violence against women and girls, reflecting the powerful role that norms related to honour, shame, and family reputation continue to play in shaping responses to perceived transgressions.

Legal protections against femicide and so-called 'honour' killings remain limited in Yemen, and perpetrators may benefit from reduced sentences or social tolerance when the killing is framed as protecting family honour (YPC 12/2022).

GBV context

Locations where GBV occurs

GBV occurs in a wide range of places – both in person and online. Locations include a range of public places that women and girls need to frequent to claim their rights and access services. Examples include, but are not limited to, schools, public transport, workplaces, health facilities, legal services, water points, and aid distribution sites. As a result, many women and girls confront GBV risks daily.

Figure 3. Locations where GBV occurs

Factors driving and aggravating GBV

GBV risks in Yemen are driven by a combination of structural, social, and economic factors that reinforce unequal power relations between men and women. Participants consistently emphasised that restrictive gender norms, conflict-related insecurity, economic hardship, and weak legal protections interact to normalise violence and limit accountability for perpetrators.

1. Restrictive and 'honour'-based social and gender norms

Restrictive gender norms continue to underpin and legitimise violence against women and girls in Yemen and sustain barriers that impede survivors from seeking protection or redress. Women and girls emphasised that violence is driven by deeply entrenched social norms that promote gender inequality, position men as authority figures and 'providers', and reinforce expectations that women and girls should be subordinate, dependent, and obedient. Women and girls explained that domestic and family violence is often framed as 'discipline', normalising abuse and reducing the likelihood of it being challenged or reported (WB 12/12/2025).

Social and gender norms have continuously been operationalised and used in a way that suppresses women. Restrictions are frequently reframed as 'protective', shifting responsibility for preventing violence onto women and girls and further normalising surveillance and control. Restrictions on women's and girls' autonomy and participation under the guise of 'protective' measures reinforce gendered control over public space and can be used to prevent women and girls from accessing services. Families are also increasingly resorting to early marriage as a 'protection' strategy, particularly where they fear harassment or sexual violence against girls (Al Salahi and Al Aazi 30/11/2024).

There is evidence of some constrictive backlash to women's increased economic and public participation in some communities. Conflict-induced economic challenges have resulted in shifts in gender roles, with an increase in women's participation in academic, humanitarian, and civil society settings and income-generating activities. Where women work outside the home – particularly in health facilities, NGOs, or leadership roles – they may face harassment, suspicion, reputational harm, and heightened exposure to violence under the guise of 'protective' measures that reinforce gendered control over public space and that can even prevent women and girls from accessing services.

> *"In general, [men] will protect you and give you everything – but you must stay at home. If you want to be educated, to learn, to work outside the home, to be a leader or in a senior position, they will say, 'Aha! Now you want to put your head ahead of our heads! This is not acceptable. You have crossed a red line!' They see women as not equal to men. The man is a full human being. The woman, no, she is not full."* ***(Expert Interview, Woman)***

> *"If you're a woman experiencing violence at work and you seek support from the customary system, will you have support? The first thing they will do is ask you why you left the home! They will say, 'If you don't leave the home, you will not face violence.' They will blame you."* ***(Expert Interview, Woman)***

There have also been observed cases of public hostility towards women's human rights defenders and civil society leaders. Selective interpretation of religious texts and instrumentalisation of religious rhetoric are often used to justify violence and restrict women's rights. This rhetoric contributes to reinforcing community tolerance of violence.

2. Conflict and insecurity

Years of conflict have created insecurity, weakened social protection systems, disrupted livelihoods, increased displacement, and eroded the rule of law, creating a culture of violence and impunity along with conditions that allow GBV to thrive. This includes the heightened risk of early marriage, sexual exploitation, and other forms of violence against women and girls (SCR 30/03/2021). Participants noted that violence has become more common, normalised, and justified through the conflict.

> *"War and conflict have led to insecurity and instability, resulting in increased violence, harassment, and rape."* ***(Woman from Abyan)***

> *"Even some ordinary individuals perpetrate violence, whether verbal, physical, or with weapons. We have a phenomenon called 'street robbery', where people take to the streets and forcibly seize what they want from others, often driven by a sense of chaos or lawlessness."* ***(Expert Interview, Woman)***

The proliferation of weapons and armed groups and broader militarisation of society have contributed to the further normalisation of violence in Yemeni society, increasing community tolerance for violent behaviour and weakening accountability for GBV perpetrators. Yemen has one of the highest levels of civilian firearm ownership globally, with millions of small arms circulating among both civilians and armed groups, increasing the risk of violence in public and private spaces (Small Arms Survey 06/2018).

> *"The proliferation of weapons is a factor. The availability of weapons has granted certain individuals' power and protection, enabling them to commit this violence. People's psychological state is also affected by the conflict."* ***(Expert Interview, Man)***

Conflict has continued to damage critical and civilian infrastructure and utilities remain in disrepair, adding to the deterioration of public service provision and affecting access to services (GBV AOR 03/07/2025). FGD participants noted that electricity disruptions have resulted in greater insecurity for women and girls after dark.

> *"Sunset and Isha [time for evening prayer] are less safe for women, girls, and children because there is no electricity and the streets are dark. Since the war ended, services have vanished. Rarely does electricity come for an hour or two."* ***(Woman from Abyan)***

3. Weak legal protection, lack of enforcement, and a culture of impunity

Significant gaps in Yemen's statutory legal framework for addressing GBV remain unaddressed, including the absence of comprehensive legislation criminalising domestic violence, sexual harassment, and marital rape, as well as legal provisions that allow reduced sentences for so-called 'honour' killings. Discriminatory provisions within personal status laws and weak enforcement of women's inheritance and property rights further limit women's ability to seek protection or leave abusive situations.

> *"The legal side is very challenging – both in the south and the north. For example, we still don't have a child marriage law. So, if you try to stop a child marriage… it is seen as a family issue [because] there is no clear law on this."* ***(Expert Interview, Woman)***

Existing laws are poorly applied, and the conflict has further eroded enforcement. The statutory legal system was repeatedly described as bureaucratic, difficult to navigate, and largely ineffective in obtaining justice for GBV survivors. Several experts described cases in which judicial processes continued for years because of weak management and coordination. Among women and girl FGD participants in all four governorates, there was little or no expectation of justice. Experts also observed that even where justice was achieved, penalties are often very light, leaving perpetrators free to seek retaliation. This erodes trust in the system and reduces survivors' willingness to pursue justice against perpetrators.

> *"There is a legal text… If a perpetrator finds his wife or sister in an 'immoral' position… his sentence is reduced."* ***(Expert Interview, Woman)***

> *"Rape and harassment cases result in a six-month sentence. He serves six months, gets out, and threatens the victim."* ***(Expert Interview, Woman)***

Parallel customary and tribal laws can further undermine women's and girls' rights. Experts said GBV survivors or their families often first turn to informal systems, including family elders, sheikhs, neighbourhood chiefs, or imams who facilitate mediation. Because of delays in the statutory system, even some GBV service providers turn to customary systems in search of quicker outcomes. That said, while customary dispute resolution mechanisms may be quicker, customary leaders often hold the same patriarchal views about gender as their communities and customary resolution mechanisms frequently prioritise family reputation or social cohesion over survivor protection and accountability.

> *"Violence is justified especially if the perpetrator is the son of an official in the governorate or a father or brother or any man with authority or a guardian."*
>
> ***(Woman from Lahj)***

"There is a village sheikh who has a son involved with gang-raping boys. One day, a young man was raped, filmed, and blackmailed. The young man did not stop and went with his family to the village sheikh, telling him what happened and that his son is a member of the gang. The father got angry at what they said and threatened them, 'If you don't keep quiet, I will expel you from the village and cause you problems. " *(Woman from Lahj)*

Across both statutory and customary legal systems, efficacy continues to be severely marred by corruption, with wasta or nepotism needed to hear cases.

4. Increased economic hardship and challenges in meeting basic needs

While GBV in Yemen predates the current economic crisis and is rooted in entrenched gender inequality and restrictive social norms, participants frequently described worsening economic conditions as a factor intensifying existing patterns of violence. Economic stress interacts with unequal gender norms to increase the likelihood and severity of violence.

Worsening economic precarity aggravates various forms of GBV, including sexual exploitation and survival sex. Early marriage is increasingly considered a pragmatic coping strategy instead of a harmful practice, with families relying on marriage or dowry payments to reduce household financial pressures – undoing progress made in previous years (Al Salahi and Al Aazi 30/11/2024).

"Poverty, war, and economic weakness increase all types of violence. Unemployment increases, the deprivation of resources increases, exploitation increases, even blackmail in exchange for livelihood increases." *(Woman from Shabwah)*

Economic stressors also reshape household dynamics and power relations. Unemployment and unpaid salaries challenge men's inability to fulfil socially prescribed roles as financial providers. Participants described this as triggering frustration and aggression. These pressures can aggravate tensions within households and increase the risk of domestic violence (ACAPS 17/11/2023).

"Conflict forced us to live in a rented house, affecting us. But my father's salary only comes every three months, so when the landlord demands rent, my father works more to pay for rent and [food]. That's why my father is always nervous and on edge, and we fear him a lot." *(Woman from Abyan)*

"Having a low income causes problems between spouses, affecting their children when the husband cannot express his feelings given psychological pressure from being unable to meet his family's needs." *(Woman from Lahj)*

5. Intersecting factors affecting women's and girls' exposure to GBV

The drivers discussed above create an environment in which GBV permeates every facet of women's and girls' lives. A variety of interrelated factors influence an individual woman's or girl's risk of different forms of GBV.

It is therefore critical to move away from thinking of GBV risks in terms of 'vulnerable groups' and instead focus on the different factors that – when combined – heighten women's and girls' exposure to different forms of GBV.

Marital status is a key structural factor shaping women's and girls' exposure to different forms of GBV in Yemen. Married women and girls were frequently described as facing heightened exposure to forms of violence associated with their position as a wife along with the other forms of GBV that affect all women and girls. Specific forms of GBV associated with marriage include but are not limited to: domestic violence, denial of inheritance, and early and forced marriage. Married women and girls in Yemen often have limited decision-making power over RH, including decisions about contraception and birth spacing, reflecting broader gender inequalities within households (MOPHP et al. 07/2015). Additionally, polygamous marriages are permitted under Yemen's Personal Status Law, a practice that can reinforce unequal power dynamics within households (Aref and Rahman 30/11/2024).

Being widowed also increases women's and girls' risk of experiencing different types of abuse, including emotional abuse, movement restrictions, forced marriage to older men, and denial of inheritance and access to property.

"[Widows] are exposed to a lot of exploitation and deprivation, especially since society's views, customs, and traditions impose many restrictions on them, and she is seen with disrespect." (Woman from Lahj)

Divorced women and girls also risk having reduced access to a Mahram, reducing their movement and ability to claim their rights. Women and girls attempting to separate or seek divorce may face heightened risks of violence or coercion aimed at forcing them to remain in the marriage.

"There is a story of a married woman who complained about her husband and his mistreatment of her. He prevented her from going out, even from her room at night; she would be locked up as a result of his suspicion. She endured suffering to please her family and not lose her marriage because of society's view of divorced women, but in the end, she asked for a divorce." (Woman from Lahj)

There is also heavy stigma attached to divorce, particularly for younger women who may face limited remarriage options or pressure to marry significantly older men.

"An important point is that society forbids a divorced woman from marrying a young boy because she is divorced. She is married to an old man, especially if she has children. As a result of economic conditions, it is difficult for a divorced woman with children to marry because the costs of raising her children cannot be borne." (Woman from Lahj)

Unmarried women and girls are also at heightened risk of violence and control at the hands of other male relatives, along with so-called 'honour'-based violence, such as forced marriage, if there are questions raised about their 'honour'.

Low socioeconomic status is a risk factor heightening women's and girls' vulnerability to various forms of GBV in Yemen. In some cases, perpetrators exploit women's and girls' economic vulnerability, such as in cases of sexual exploitation, including early marriage (see Sexual Violence). Similarly, where household resources are limited, women and girls are at risk of being denied access to financial resources, vital services, and key rights, such as education, because of gender norms that prioritise men's needs over women's in many households. Economic stress interacts with unequal gender norms to increase the likelihood of domestic violence. That said, women and girls of higher socioeconomic status are still at risk of experiencing GBV. As one woman explained:

"I know doctors who beat their women and engineers who prevent their daughters from going out… [These are] all customs and traditions." (Woman from Shabwah)

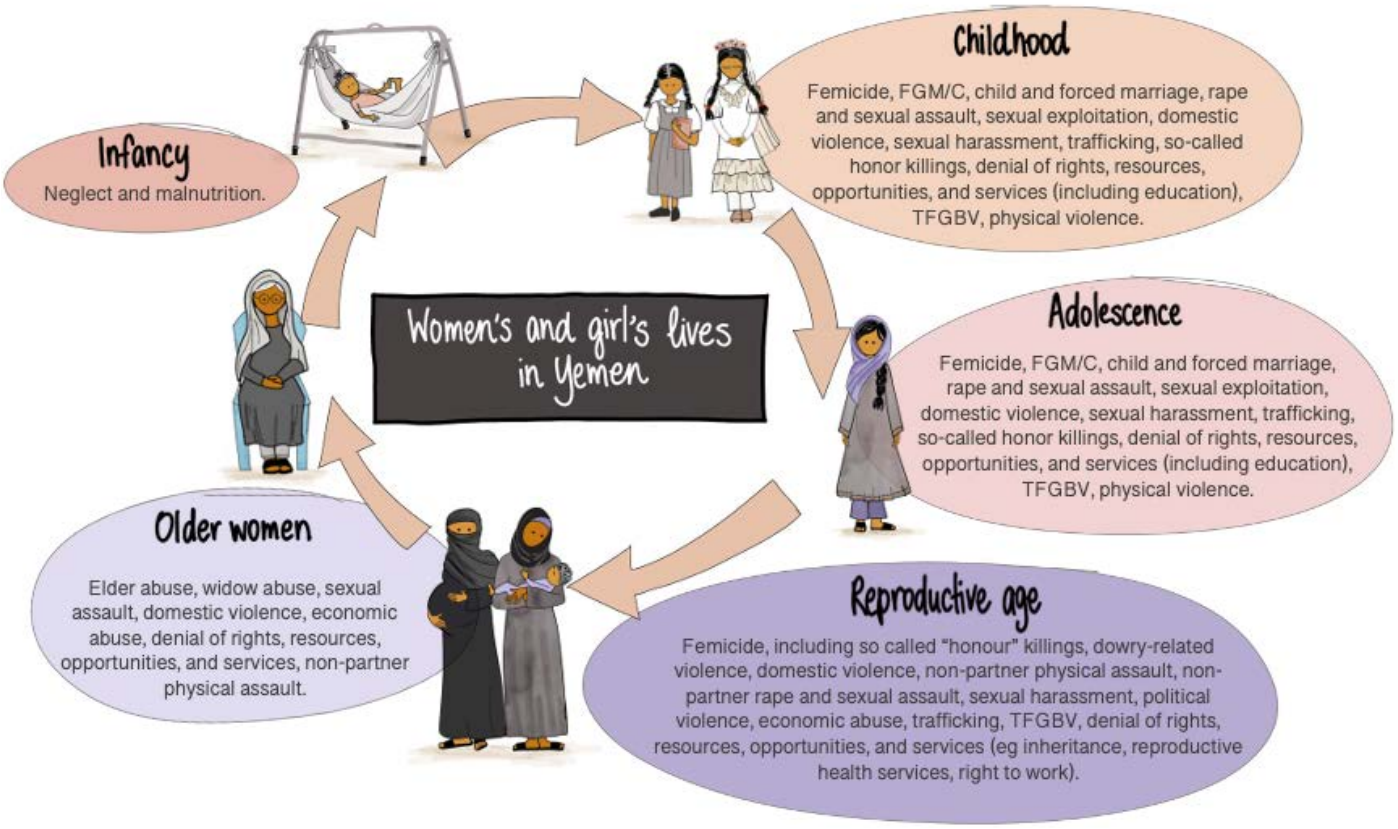
Women and girls are also at heightened risks of different forms of GBV at **different stages of their lives.** In Yemen, social expectations for women and girls are often shaped less by chronological age and more by key biological markers (such as puberty) or social markers (such as marriage). These transitions influence how restrictive gender norms are applied to women and girls and shape the forms of violence to which they may be exposed (WHO 16/06/2013). Figure 4 illustrates some of the main forms of GBV discussed at each stage of the life cycle, with GBV risks evolving over time in response to shifting social roles and cultural expectations.

Women and girls with disabilities face heightened risks of sexual violence, exploitation, and abuse. In Yemen, this is especially relevant given that years of conflict have significantly increased the number of people living with disabilities stemming from conflict-related injuries, landmines, and disruptions to health services (UNDP 23/11/2021). Reports indicate that women and girls with disabilities may be particularly vulnerable to sexual abuse by family members or caregivers who exercise control over their mobility and daily care (UNFPA 2018).

"Women with disabilities are more at risk of violence and exploitation given the weakness of their ability to defend themselves." (Women from Abyan)

"Women and girls with special needs are exposed to harassment and exploitation as a result of their weak abilities." (Man with disability from Lahj)

Figure 4. Life cycle of GBV risks for Yemeni women



Education access and education levels also impact women's and girls' risk of exposure to GBV. Women and girls without education may have less access to livelihood opportunities, less awareness of available services, and reduced confidence or support to challenge abusive situations. During FGDs, education was described as a key factor influencing autonomy, mobility, and access to information. Limited education was associated with a higher risk of early marriage. Women and girls without independent income or livelihood opportunities are less able to leave abusive households or negotiate safer conditions.

The longstanding systemic exclusion and racial stigmatisation of **Al Muhamasheen** leave their women and girls at increased risk of multiple forms of GBV associated with low socioeconomic status, marginalisation, and limited access to services. Al Muhamasheen have faced decades of discrimination, social exclusion, and restricted access to education, employment, and public services in Yemen (MRG accessed 23/02/2026). Discrimination against Al Muhamasheen is often described as functioning similarly to caste-based exclusion, where social status is inherited and shapes access to employment, housing, education, and political participation, reinforcing longstanding patterns of marginalisation and poverty (SCSS 04/06/2019). Even prior to the war, Al Muhamasheen women and girls generally came from communities with limited resources and experienced racial stigma. These pre-existing forms of marginalisation intersect with displacement and economic hardship, increasing their exposure to sexual exploitation, early marriage, and different forms of violence. Participants also highlighted that violence affecting Al Muhamasheen women and girls must be understood within this broader context of structural discrimination and socioeconomic marginalisation rather than as a reflection of cultural norms within the community itself.

> *"Beggar women and girls from marginalised groups are subjected to rape and sexual harassment, especially those present in public places and the qat market. Besides, they are subjected to cursing with foul words by men and a lack of respect for them being from marginalised groups." (Woman from Abyan)*

"A week ago, I met a group of marginalised girls between the ages of 13–17, all of whom were divorced. When I spoke with them, I discovered that they had all been beaten by their husbands, all had children, and all were facing significant challenges. They had all experienced traumatic events in the streets. They don't even realise they are victims of violence; they don't understand what violence is, and they know nothing about their rights." ***(Expert Interview, Woman)***

Internally displaced women and girls are disproportionately exposed to different forms of GBV, including early marriage, sexual harassment, sexual exploitation, and trafficking. Displacement often disrupts family and community protection networks while increasing economic hardship, forcing many households to adopt potentially harmful coping strategies. Displacement can also leave women isolated from relatives and support systems, making it more difficult to leave abusive situations or seek assistance. Crowded living conditions, insecure housing, and limited livelihood opportunities may further expose displaced women and girls to harassment, exploitation, and exploitative labour (ACAPS 13/11/2023). Displacement may also disrupt traditional guardianship arrangements, leaving some women without a Mahram to facilitate travel, access services, or mediate disputes. In contexts where women's mobility is socially constrained, the absence of a Mahram can further isolate displaced women and increase their exposure to harassment, exploitation, and abuse (ACAPS 13/11/2023; UNFPA 06/2025).

"Maybe the major thing is that owing to displacement, there has been an increase of GBV among displaced women, and child marriage is a negative coping strategy for these communities."

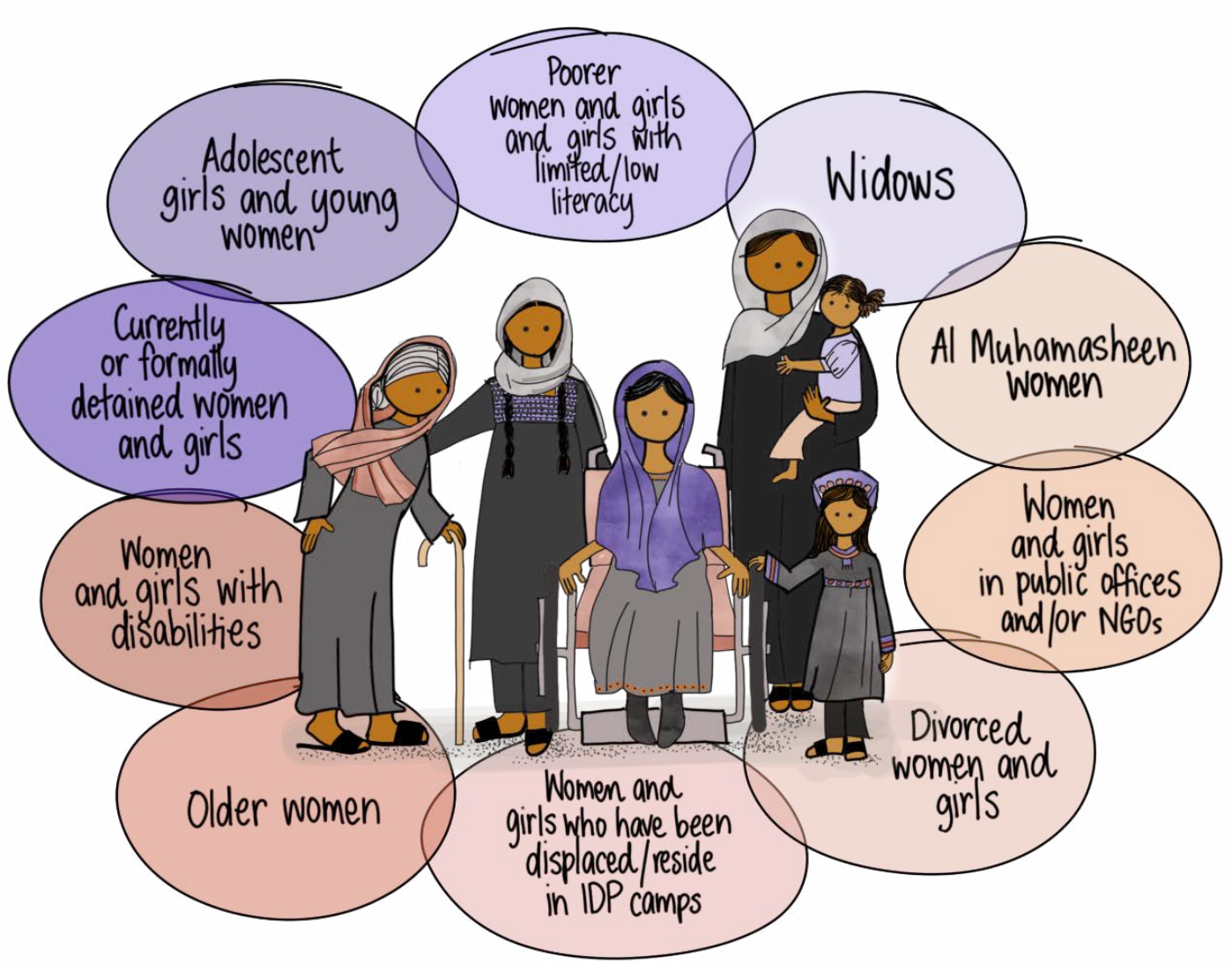
(Expert Interview, Woman)

"Especially for displaced women, even if she's living with severe violence at home, you cannot tell her, 'Leave your house and go to your family.' There is no family. How is she going to travel? They are somewhere else. How will she travel? Will it be safe? Will her family receive her? Will they take her in? Socially, this is not accepted." ***(Expert Interview, Woman)***

Access to digital platforms shapes exposure to TFGBV (see: Technology-Facilitated GBV). While increased connectivity has enabled communication and access to information, especially for women and girls confined to their homes, it has also created new avenues for harassment, blackmail, defamation, and IBA. This occurs in both urban and rural areas of Yemen and has intensified existing patterns of gender control, reputational policing, and economic exploitation.

Women occupying visible roles in public life or in public-facing jobs – such as activists, women leaders, or women in government – were described as facing heightened exposure to multiple forms of GBV (see Box 5). Increased visibility was repeatedly associated with reputational risk, harassment, threats, and violence. **Women engaged in income-generating activities outside the home,** particularly in mixed-gender environments, were described as at heightened risk of suspicion, defamation, and moral scrutiny, both online and offline. FGD participants linked this risk to the perception that women working outside the home are transgressing traditional gender norms that position women primarily as homemakers. In some cases, women's participation in paid work can also expose them to economic abuse, including situations in which husbands or male relatives confiscate or control their wages or prevent them from accessing the income they earn (see: Economic Violence). Such practices reinforce women's economic dependency and limit the extent to which employment translates into greater autonomy or protection from violence.

Figure 5. Yemeni women's intersectional identity



Consequences of GBV

GBV causes severe, often cumulative harms that threaten survivors' immediate and longer-term safety and wellbeing. Most FGD participants describe the violence experienced by women and girls in Yemen as a multitude of experiences with layered and compounding consequences. These effects threaten survivors' psychological wellbeing, family dynamics, social standing, economic security, and, in the most severe cases, physical safety and survival. Across FGDs and interviews, the consequences were described as long-term, intergenerational, and aggravated by sociocultural norms, stigma, and weak accountability systems. For instance, the violence affecting women and girls affects not only her but also her children and potentially future generations. In Yemen, violence rarely occurs in isolation; it is embedded within family systems and community norms that enable violence and shape its consequences.

Psychological harm was one of the most consistently described consequences of GBV, as mentioned by the women, men, girls, and boys across the four governorates. It includes trauma, depression, anxiety, isolation, loss of self-confidence, and suicidal ideation. Where abuse is persistent, it can also lead to constant fear and social anxiety and a deterioration in health. The long-term consequences of psychological and emotional abuse described by women and girls included loss of reputation and confidence, increased self-doubt, anxiety, and social isolation. They emphasised that such abuse was not just a by-product of physical or sexual violence but also occurs through sustained verbal humiliation, belittling, threats, and moral shaming.

"Many suffer from fear and anxiety to the extent that a woman cannot talk about what happens to her out of violence whether by her husband or family. I know one who committed suicide, where she burnt herself owing to disputes between her and her brothers. Although she was a teacher, she couldn't bear the impact of psychological pressures. She was 28 years old. Her brothers refused to marry her to a person who loved her, and she loved him and wanted to marry him, but the brothers refused and beat her, which made her commit suicide on the same night they beat her." *(Woman from Abyan)*

"I heard about a woman who was subjected to insults and cursing by her husband for several years. He used to despise her, saying she had no value in existence whether in society or the family, which led to the deterioration of her psychological state, and she suffered from depression, anxiety, and psychological stress." *(Girl from Abyan)*

Stigma and reputational damage are among the most enduring consequences of GBV in Yemen, compounding the psychological and physical harm already endured by survivors. It is especially pertinent in relation to GBV incidents that threaten a survivor's 'honour' or 'respectability'.

"Media advocacy plays a very negative role in cases of violence against women, especially regarding rape and sexual harassment. It often results in double violence against the woman because public opinion shifts to blame the survivor for what happened." *(Expert Interview, Woman)*

"Society criticises and tarnishes the girl's reputation, limiting her opportunities." *(Woman from Ta'iz)*

As noted earlier, in Yemen, like in all conservative societies, damage to women's and girls' reputation can have extreme consequences, including so-called 'honour' killings or suicide.

Physical harm was also frequently mentioned by women and girls. This was associated with a range of types of GBV, such as family, domestic, and sexual violence, and included injuries, chronic health issues, permanent disability, and, in extreme cases, death (see Box 3).

"[GBV can] result in permanent disability, injuries, deformation… Society's perception of [survivors] is not good; they see her as deformed. She loses the opportunity for marriage and employment, especially if secretary work requires someone elegant and tidy." *(Woman with a disability from Ta'iz)*

Survivors' access to healthcare to mitigate the physical consequences of GBV is often constrained, particularly when the perpetrator is a family member who can restrict their access, including by preventing them from being accompanied by the required Mahram.

Threats to RH were also mentioned by several women and experts as threatened by certain forms of GBV, including sexual violence, domestic violence, early marriage, or the denial of access to RH services and rights. Possible consequences include unintended pregnancies, sexually transmitted infections, complications during early childbirth (affecting mother or child), or abortions following rape.

"The marriage of girls at an early age leads to health problems such as abortion or premature [delivery]." *(Woman from Abyan)*

"[Child marriage] leads to complications during childbirth and high mortality rates among women and infants. The baby is often born with malnutrition and low immunity. Both the mother and child are sickly. They also rarely see a doctor, relying instead on traditional village midwives. This results in severe physical complications for the mother, potentially leading to obstetric fistula, infertility, hysterectomy, or cancer, simply because her body was not ready for marriage or childbirth." *(Expert Interview, Woman)*

"I encountered a case where a mother, upon discovering her stepson had raped her daughter, attempted to induce an abortion. She did this to cover up the incident and protect her stepson or out of fear that the father was too weak to handle the situation." *(Expert Interview, Woman)*

Early childbirth – which occurs often in the context of early marriage – leaves girls at increased risk of obstetric complications such as prolonged or obstructed labour, fistula, maternal mortality, and poor neonatal outcomes.

Early childbearing can also entrench girls' social isolation, interrupt education permanently, and reinforce long-term economic dependency (Hunersen et al. 02/02/2021). Between 2022–2023, 14.5% of women in Yemen aged 20–24 had given birth before the age of 18 (UNICEF 2023).

GBV is associated with further violence and gendered restrictions that impede the safety and longer-term development and wellbeing of women and girls. For example, incidents of harassment and/or sexual violence outside the home contribute to the perception that women's and girls' freedom of movement needs to be restricted further for them to be 'protected'.

> *"If we look at cases of violence within the house, increasing tension will always aggravate violence against women. And it's aggravated by poverty, lack of resources, men losing their jobs, and the increased desire to 'protect' women. So, they think they are 'protecting' women by preventing their movement or ability to access services."*
>
> *(Expert Interview, Woman)*

Economic precarity is both a driver and a consequence of specific forms of GBV, including the denial of financial opportunities and rights, such as inheritance. Longstanding social norms reinforce men's control over household finances, positioning women and girls as financially dependent. Economic abuse leaves them with limited means to meet their basic needs should male family members choose to withhold financial support and takes away their financial autonomy. This also severely constrains their ability to leave abusive situations, particularly given gendered barriers to women's employment and Yemen's current economic crisis (see: Increased Economic Hardship and Challenges in Meeting Basic Needs).

Coping mechanisms and adaptive strategies

Women and girls across all four governorates described a range of strategies to reduce exposure to different forms of GBV and further harm. This highlights women's and girls' resilience in the face of adversity. That said, a recurring theme is that many strategies are shaped by fear of stigma, retaliation, or perceived violations of family 'honour' and lead to women and girls imposing further restrictions on their movements and behaviours. As a result, GBV is framed as something that women and girls have a responsibility to 'avoid' rather than something they have a right to be protected from.

While early marriage was already a widespread practice in Yemen prior to the conflict, its increased use is frequently framed as a coping strategy. Women, girls, and experts described early marriage as sometimes arranged to increase girls' 'protection' from other forms of GBV, such as sexual harassment, especially among families living in more insecure areas such as IDP camps (see: Early Marriage). Others frequently identified coping strategies included seeking support from informal networks and friends, accessing support services (where possible), keeping silent, behavioural modification or self-restriction, and relocation.

Seeking support from informal networks

Women and girls use coping strategies rooted in solidarity and support. Talking to friends and family is one of the clearest and most consistent types of coping strategies discussed. Women and girls frequently referred to survivors turning to trusted friends and family members instead of formal institutions. In particular, women and girls emphasised the importance of trusted networks in providing PSS and solidarity.

> *"She started feeling depression, anxiety, and fear of her husband knowing [that an unknown person was blackmailing her online]. So, she talked to one of her friends about what was happening to her and managed to get advice and guidance."*
>
> *(Woman from Abyan)*

The effectiveness of this strategy depends on the type of GBV being perpetrated, with women and girls isolated by their spouses or male relatives potentially risking physical or emotional abuse if they visit family or friends (see: Domestic and Family Violence).

Accessing GBV Services

Women and girls also access GBV response services, often delivered through WGSS, and WEE activities to mitigate the effects of different forms of GBV. One participant described how training and small projects helped women regain *"confidence and reliance on themselves."* *(Woman from Abyan)*

Another said she had heard of *"success stories of marginalised women or those exposed to violence who became capable of managing their lives and families after psychological support and economic empowerment."* *(Woman from Shabwah)*

Testimony from women and girls highlighted the importance of ensuring availability of and access to comprehensive, survivor-centred GBV response services for all women and girls across Yemen. Where women and girls can access resources and support mechanisms, coping shifts from endurance and withdrawal towards confidence, solidarity, and prevention. Structural and systemic barriers, however, continue to constrain access to GBV services, meaning they are not accessible to all women and girls (see: Responding to GBV).

Keeping silent

Many women and girls cope by keeping silent – especially in cases where the perpetrator is within the survivor's social network – owing to fear of retaliation or further harm through stigma, 'punishment', or harmful 'protective' strategies such as forced marriage. Silence is viewed as both a way to avoid reputational damage and to protect oneself from further harm.

> *"[There is] fear of the person who committed violence returning again [if the survivor] reports him. This happens a lot: Since many women and girls fear exposure to harm greater than before, they prefer not to ask for help, especially when the harm is from family members."*
>
> *(Woman from Abyan)*

> *"Society raises the woman to believe that the simplest form of modesty (heshma) is silence. If someone harasses her, it implies she provoked it, so if anyone harasses her, she must stay silent; she is 'dignified' and should not speak."*
>
> *(Expert Interview, Woman)*

In cases of TFGBV, especially IBA, some women submit to demands rather than seek help, particularly where they fear family reactions. One young woman explained that a girl she knew complied with the demands of a man blackmailing her with photos until she felt it went too far.

> *"She said, 'I was forced to execute everything he wanted, to the extent that I was stealing from my mother and father.' The matter developed when he asked her for sex, which made her feel severe fear. She told her family about everything that happened, and they went and filed a report against him, and he was imprisoned."*
>
> *(Woman from Lahj)*

While this girl's family took protective action, in many other cases, silence may be perceived as the only option for many women and girls given the possible safety risks associated with disclosing. Participants also acknowledged that silence often results in prolonged abuse, isolation, and emotional distress, including suicidal ideation (see: Consequences of GBV).

Self-policing or self-restriction

Women and girls described extensive self-restriction to limit their risks of experiencing violence in public and private spaces. This includes:

- going out only at certain times
- avoiding isolated or crowded areas
- travelling with a Mahram or in groups
- adhering strictly to modest dress codes
- avoiding mixing with men.

> *"I wear a jilbab, cover myself. I try to go out with an appearance that pleases society and pleases me."* *(Woman from Shabwah)*

> *"[Women] go out with a Mahram to reduce risks when leaving the house."* *(Woman from Shabwah)*

The women and girls described consciously trying to adhere to societal expectations of what a 'good' or 'honourable' woman or girl is, even when this means restricting their movements, changing their behaviour, or accepting violence.

> *"At home, [it means] obedience to parents and listening to them, even if there is physical violence, to avoid problems."* *(Girl from Ta'iz)*

Many women and girls are keenly aware of the growing risks associated with TFGBV and discussed various digital restrictions for keeping themselves safe online. These include:

- blocking unknown phone numbers
- not sharing photos
- not opening links
- changing phone numbers
- locking phones with passwords
- avoiding smartphones entirely.

While some of these measures reflect good online safety practices, others show how women and girls are limiting their digital footprint to ensure their safety. This not only restricts their access to information but also their possibilities for digital social connections. 'Avoiding' violence requires women and girls to shrink their movements, limit their presence, and silence themselves to survive in environments where GBV is normalised, accountability is limited, and support and justice mechanisms are weak (see Responding to GBV).

Relocation

While less frequently discussed than other coping strategies, relocation or running away from home – if available as an option to the survivor – may be a strategy where other options are perceived have been exhausted or are unsafe.

> *"Boys, especially those who are raped, leave to live in other areas for fear of a ruined reputation and society's view."* *(Woman from Lahj)*

> *"My friend loved a person, and [it was] on the basis that he would marry her. After problems between them, she distanced herself from him, but he wanted her and she refused… He threatened to publish her photos, and she didn't care. He published her photos, but she lives in a small village and people don't know her face because she wears a niqab. But she was subjected to a violent beating by her family, and she has not left the house since the incident two years ago. Her father was forced to move to another area because her reputation was tarnished in the village."* *(Woman from Abyan)*

Marriage was also discussed as a way for women and girls to escape homes where they experience family violence.

> *"[Some] escape from home through marriage as a last measure to avoid violence."* *(Woman from Shabwah)*

Experts also discussed shelters and supported relocation for survivors, most commonly in cases where the risk of physical violence or so-called 'honour' killings is high. However, as discussed below (Availability of GBV Services), spaces are extremely limited.

Responding to GBV

To better understand the barriers and factors that enable access to GBV services in Yemen, service access and availability were analysed using the availability, accessibility, acceptability, and quality (AAAQ) framework (UNICEF 2019). While GBV services are available in many parts of Yemen, women and girls face many barriers accessing to these services, including barriers that may not be immediately apparent.

Availability of GBV services

Availability refers to whether there are sufficient GBV services, facilities, staff, and resources in an area and whether these services can operate and be used safely. It goes beyond the mere presence of services to also consider their adequacy and functionality. Women and girls in all four governorates and experts named a diverse landscape of GBV service providers, including grassroots, international, and state GBV services. They also highlighted critical service gaps.

BOX 7: Available and unavailable GBV services

Available GBV services

- a recognisable, but fragile, GBV response system anchored in civil society
- limited safe spaces, shelters, and case management in some governorates
- basic health services with partial GBV integration
- some GBV prevention activities and women's empowerment programmes in select areas, reduced owing to funding cuts
- some state services mostly in the legal/justice sector and in urban areas.

Unavailable GBV services

- integrated clinical management of rape (CMR) in all health facilities – with currently less than 5% coverage (ACAPS 23/01/2025)
- sufficient shelters outside major cities
- consistent rural coverage of GBV services.

Service availability is highly uneven across governorates and districts, heavily urban-centred, and dependent on donor funding, resulting in significant gaps. As a result, civil society organisations and humanitarian responders largely sustain the GBV response system in Yemen, leaving services highly vulnerable to funding fluctuations and access constraints. Many women and girls' access GBV support indirectly through integrated services, such as livelihood training, psychosocial activities, or health programmes, highlighting the importance of sustaining these entry points within a fragile and donor-dependent response system.

> *"As for the services themselves, accessing them is extremely difficult. Health services, especially for abused women or survivors of violence, are limited." (Expert Interview, Woman)*

While some GBV services exist in major urban hubs in all four governorates, participants said many rural and remote areas have few or no functioning GBV providers. This mirrors countywide data, where most GBV services are urban-based and 90% of rural areas lack GBV services (UNFPA 03/2025).

> *"In rural areas, [we] face difficulty accessing resources and services given the lack of infrastructure." (Girl from Lahj)*

> *"In Abyan, for example, [there are] only two entities we can refer cases to." (Expert Interview, Woman)*

Justice services are particularly concentrated in urban areas. Further exacerbating these barriers, following the drastic cuts in funding, there is only one organisation providing support with legal representation in the country, leaving survivors little or no access to this type of support. For women and girls living in rural or tribal areas, geographic barriers can limit access to statutory legal processes – despite their limitations – meaning that many cases are addressed through customary or tribal dispute resolution mechanisms. While these mechanisms are often more accessible locally, they may prioritise family reconciliation or social cohesion over survivor-centred protection, potentially limiting women's and girls' ability to pursue formal accountability or legal remedies.

The presence of specialised GBV services, particularly case management and mental health and psychosocial support (MHPSS), depends on where trained staff can safely reach and work. One expert explained that in some governorates, services are mobile rather than facility-based. This means availability is contingent on security, logistics, and staffing capacity. In some cases, even where infrastructure exists, services may not function. At the same time, recent funding cuts have reduced many services.

While participants did not describe health services in detail, they noted their presence. That said, they discussed challenges with access, cost, and quality.

> *"Yes, we have a health centre, but it isn't operational." (Boy from Abyan)*

There are clear gaps across Yemen in terms of GBV health response, with less than 5% of health facilities having integrated CMR services (ACAPS 25/09/2025). This denies many survivors timely life-saving care. Experts also highlighted a lack of sufficient shelter capacity to support GBV survivors, noting there are currently only eight shelters across Yemen, all with limited capacity (the largest of which can support only around 100 women for a maximum of six months).

> *"Some women flee their homes, and we need to refer them to a shelter in Aden, but the shelter there is full." (Expert Interview, Woman)*

WEE activities also remain geographically uneven and largely concentrated in urban and semi-urban areas. They have also been affected by the funding cuts as they are not deemed 'life-saving', despite their critical role in the GBV response

The conflict's impact on GBV service availability

The conflict has resulted in direct damage to critical infrastructure, largely in the DFA-controlled governorates of Al Hodeidah and Sa'dah as well as Sana'a City. Almost half of Yemen's medical facilities have been destroyed or are only partially functioning owing to shortages of staff, funds, and essential supplies, creating severe obstacles for women's and girls' access to GBV services, particularly those delivered through health facilities or in contested areas (ACAPS 25/09/2025).

> *"Women and girls cannot access services given… continuous conflicts destroying infrastructure and basic services." (Woman from Abyan)*

Attacks in DFA-controlled areas have also severed supply routes, halted the delivery of aid, and crippled the operational capacity of service providers (UN Women 20/05/2025). The arbitrary detention of humanitarian personnel by DFA forces also creates a hazardous and restrictive environment for aid workers, delaying or preventing the delivery of life-saving assistance (OCHA 13/05/2025). Together, these conflict factors disrupt referral pathways and cross-service integration.

The impact of funding cuts on the availability and quality of GBV services

According to experts, the US funding cuts had an immediate impact on the availability of GBV services in Yemen, with services being reduced or closed, staff downsized, and grassroots responders turning to self-generated income (renting halls, training sessions) to survive. Several experts described a dramatic shrinkage of WGSS, including the closure of 70% of vital case management services in some areas. This has led to uneven coverage.

> *"For example, in Abyan, one safe space exists in Zinjibar district, but there are significant gaps in Khanfar and Lawdar." (Expert Interview, Woman)*

> *Several experts also argued that the decline in service availability has led to drops in quality, with one explaining, "Quality has been affected, too… Caseloads have increased and time per case fallen." (Expert Interview, Woman)*

> *"There are big gaps when it comes to GBV services. Especially this year, after the USAID funding reduction. Most donors functioning or operating in Yemen are also reducing funds for GBV services. So, in most areas where we operate, we see a lot of gaps… We see gaps in prevention, engaging men and boys, WEE… Most available services focus on GBV response through case management, referrals, and cash for referrals." (Expert Interview, Woman)*

Women FGD participants echoed quality concerns, saying the cuts have reduced trust in existing GBV programmes as participants are no longer afforded the same amount of time as before. There was some political backlash following the closure of WGSS because these were opened where needs were high but shut down rapidly within weeks when the USAID cuts arrived. This led civil authorities in DFA-controlled areas to demand donor letters to explain the closures, further straining relationships with GBV service providers. Cuts in cash and voucher assistance (CVA), affecting up to 50% of recipients in some areas, have also affected women's and girls' ability to afford transportation to reach WGSS and other GBV services.

Further compounding the service gaps in rural areas not served by static facilities, mobile outreach teams have also been cut, with one expert saying, *"There are no more mobile teams." (Expert Interview, Woman)*

Experts also explained that the funding cuts created humanitarian bottlenecks, harming access to shelters as some organisations did not have the funds to pay for the transportation needed to move women, and others were forced to cut the time women could stay to one month given insufficient food/security funds. The GBV health response has similarly been further depleted, with some hospitals and primary health clinics ceasing GBV services altogether when donor incentives, medicines, and equipment ended. The availability of integrated GBV-RH services has also been affected (ACAPS 25/09/2025).

> *"With the reduction in funding…most of the health facilities that were previously providing health services for GBV cases closed… In some cases, entire facilities shut down. But most just closed their GBV support services… This cutting of the funds has affected everyone here – the hospitals, the health facilities, primary healthcare (PHC) providers, everyone. They were receiving incentives, equipment, medicine, etc. When funding stopped, everything stopped." (Expert Interview, Woman)*

Service providers confirmed that funding cuts have also forced them to narrow the scope of GBV service provision, focusing predominantly on case management and referrals. Plans to expand services, such as legal aid, have been impeded. This comes at the expense of GBV prevention programmes and WEE services, which are not considered 'life-saving', despite key informants noting that the latter improve survivors' access to vital GBV response services since they are considered acceptable by women's families (see Acceptability of GBV Services).

> *"The lack of funding significantly affects programme implementation. We had ambitions to expand legal support programmes…to prevent backlogs, especially in urgent cases. For instance, in abandonment cases, men currently leave their wives feeling secure that the legal process will take 20 years, whereas such cases should ideally be resolved within two weeks to a month." (Expert Interview, Woman)*

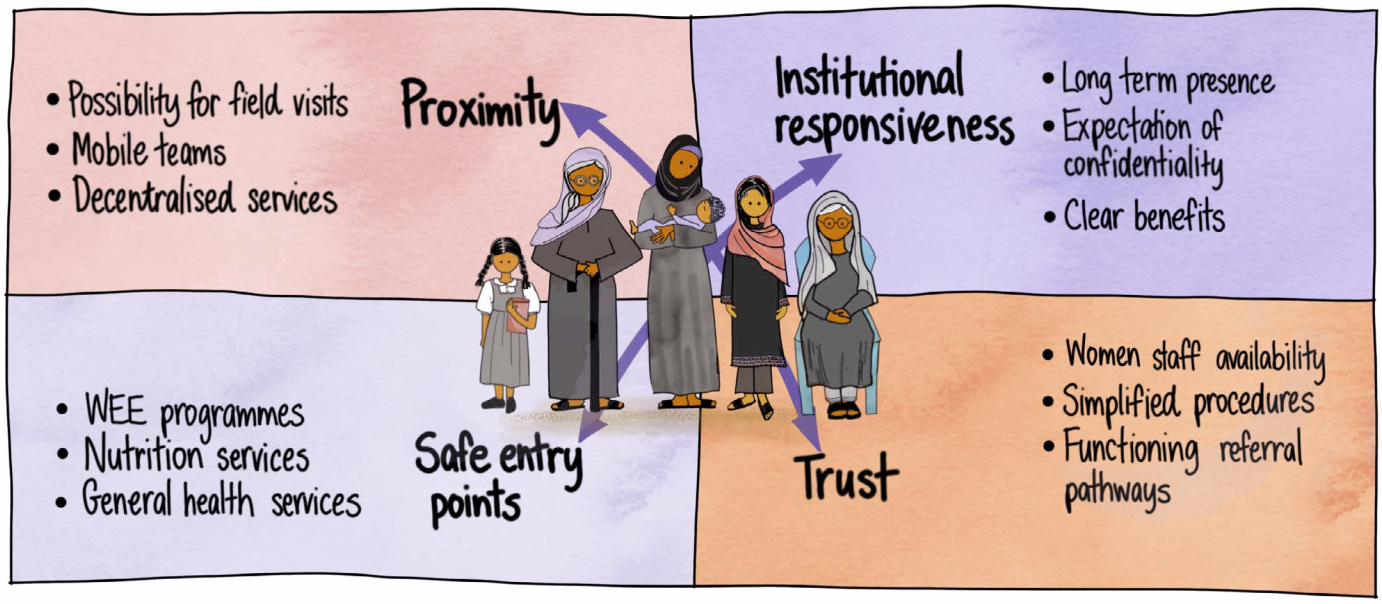
One expert in Sana'a noted that in some WGSS, only 10–20 women per quarter could be supported with WEE, compared with 30 per month before the cuts. This shift from more comprehensive GBV programming risks eroding positive normative changes and awareness-raising gains. While funding cuts have affected international and national responders, women-led grassroots organisations, the most trusted service providers, have been particularly affected (UN Women 04/2025).

> *"For Yemeni NGOs, especially in the southern governorates and grassroots organisations…the funding cuts affected them. They are looking for alternative solutions to reach women and provide services to them." (Expert Interview, Woman)*

Accessibility of GBV services

The accessibility of services refers to whether women and girls can realistically reach and use services and is affected by physical, financial, social, and other factors. In Yemen, even where GBV services exist, they are often not functionally accessible to those who need them most – particularly women and girls who live in remote or rural areas, are affected by displacement, have disabilities, or are living under strict family control.

Figure 6. Factors affecting women's and girls' access to GBV services in Yemen



Factors affecting GBV service access

1. Physical and geographic barriers

Linked to the sparse availability of services (see Availability of GBV Services), distance to services appears to be a key access barrier, particularly affecting women and girls living in rural and remote communities.

> *"Tribal women and groups in remote areas face great difficulty [accessing services] owing to geography and community customs."* (Woman from Shabwah)

GBV service providers described this as a system design problem in Yemen, with services centralised rather than brought closer to communities. Some services are particularly affected, including legal services such as courts, which are often centralised in urban areas.

Poor road conditions and damaged infrastructure further complicate travel, particularly for women and girls in rural areas, living in remote IDP camps, and or with disabilities that affect their mobility.

> *"People with disabilities face difficulty accessing resources and services because our roads are broken and full of potholes. Roads are also rugged."* (Woman from Abyan)

> *"Women and girls in rural areas face difficulty accessing resources and services owing to inadequate infrastructure."* (Girl from Lahj)

> *"The situation is even more difficult because displaced people and IDP camps are located in remote areas, far from the city and the main centres of the [NGOs]. The distance creates a significant barrier."* (Expert Interview, Man)

Experts also noted that despite vast distances between communities, there was often little or no public transport, and in some cases, women and girls must travel to different governorates for care.

> *"Many women and girls cannot access services owing to long distances, as Abyan is large, and most centres providing services are far. That's why it is difficult, and women might die on the way to reach a service."* *(Woman from Abyan)*

Even in areas where GBV and RH services nominally exist, damaged and dilapidated infrastructure often means they cannot provide comprehensive care, forcing women and girls to travel long distances or forgo care entirely, particularly in insecure areas (ACAPS 25/09/2025).

In light of the difficulties surrounding distance and infrastructure and the associated costs of overcoming these challenges, GBV service providers are putting measures in place to support access. One girl highlighted the importance of field visits by CSOs in providing GBV support.

> *"It is easy to access these services as a result of field visits by some CSOs and the implementation of counselling and awareness campaigns about women's rights and how to keep safe against violence."* *(Girl from Ta'iz)*

One expert in Ta'iz also noted that while some organisations are providing transportation for displaced women and girls or those with disabilities, a more sustainable solution would be to locate services in situ if funding were available.

2. Insecurity

Conflict-related insecurity plays a significant role in shaping women's and girls' access to services (ACAPS 23/01/2025). Conflict-related movement restrictions include checkpoints and increased restrictions on women's and girls' movement as a 'protective' mechanism.

> *"All times are unsafe for women and girls because there is no safety after the war, and we hear about kidnappings. That's why she must go out with a Mahram."* *(Boy from Abyan)*

When discussing access barriers linked to insecurity, women and experts emphasised challenges linked to checkpoints, such as shifting rules, lack of women personnel, harassment targeting women, and risk of arrest for service providers. One expert in Ta'iz noted that checkpoints have vastly increased travel times in some governorates, sharing that a journey that used to take 15 minutes before the war can now take five to six hours.

> *"[It is] difficult to access services owing to dangers met on the way to reach a service; [women and girls] live in remote areas and might be exposed to danger given unstable security situations and the presence of armed groups appearing recently."* *(Woman from Abyan)*

> *"Owing to the situation in Yemen – the conflict and wars – checkpoints have proliferated between cities and districts. Personnel demand identification cards and conduct searches. This is particularly problematic because the inspectors are men; there is an absence of female personnel."* *(Expert Interview, Man)*

In Ta'iz, checkpoint-related challenges, especially for women travelling without a Mahram, were discussed by experts and FGD participants in relation to the harsh enforcement of movement restrictions. Together, these findings suggest that physical access to services is shaped less by individual willingness and more by infrastructure, security conditions, and gendered movement restrictions that make travel unpredictable, dangerous, or impossible.

3. Economic barriers

Linked to the often-long distance to services, the women and girls in all four governorates framed cost as an access barrier. This mirrors other Yemen-wide reports that indicate that women and girls struggle to access GBV services because they cannot afford the associated transportation costs or treatment, even if many services are free (ICRC 07/07/2022; ACAPS 23/01/2025).

> *"[We] cannot access these services as sufficient financial resources are not available, and [there is a] lack of basic services in rural and remote areas."* *(Woman from Abyan)*

> *"Women and girls living in remote areas cannot reach services…given a lack of enough money for transportation and of job opportunities."* *(Woman from Abyan)*

Women participants explained how they must justify travel expenses to their male relatives and repeatedly linked lack of money to women's and girls' inability to access GBV and other critical humanitarian services (see Denial of Financial Resources and Opportunities).

Transportation costs are further aggravated by the need for a Mahram, which doubles transport costs and may require men to forgo their daily income. Travel involving both a woman and her Mahram may also require for someone else to assume childcare or household responsibilities during their absence. Several experts cited access to justice as particularly expensive given the need to travel long distances – often more than once – to urban centres where services are located.

> *"In general, access to legal services remains limited, particularly owing to physical distance from courts and prosecution offices. The legal process also takes a long time, which can be a heavy burden and cost for survivors." (Expert Interview, Man)*

> *"Simple people with limited means cannot access justice… Access to justice is restricted to those with money, influence, or social status." (Expert Interview, Woman)*

GBV service providers confirmed that humanitarian funding cuts across Yemen have led to a scaling back of WEE activities, leaving many women and girls on long wait lists for livelihood training and with reduced ability to generate an income and access CVA. They also noted that there is often no funding to support women's and girls' transportation costs (see The Impact of Funding Cuts on the Availability and Quality of GBV Services).

> *"If a service isn't available in the area, [she] has to be transferred to Aden…which requires transportation and funding that are often unavailable." (Expert Interview, Woman)*

> *"Accessing [services] is extremely difficult… There are also no safe or funded transportation options." (Expert Interview, Woman)*

These emerging findings suggest that economic barriers to accessing GBV services are likely to worsen (ACAPS 23/01/2025).

4. Normative barriers that restrict women's and girls' movement and decision-making

The women, girls, and some men described family control as a decisive barrier to accessing GBV services.

> *"[It can be] difficult to access these services as some people refuse their wives and daughters based on customs and traditions. That's why some, when subjected to harm, cannot access services and stay silent following to social restrictions and because [of fear that] they might be subjected to harm again. So they prefer silence." (Woman from Abyan)*

> *"I can reach [services] but might face difficulty owing to [restrictions from] my family or fear of my husband. (Woman from Shabwah)*

Even where services are physically reachable and affordable, harmful gender norms that restrict women's and girls' movement and decision-making can impede their access to potentially life-saving services.

Participants also frequently framed the Mahram requirement as a potential access barrier underpinned by restrictive gender norms.

> *"The enforcement of the Mahram rules in Aden is shocking, as I considered Aden a city of freedom. [There was] a recent incident involving a well-known female lawyer travelling from Ta'iz to Aden. She was detained at a security checkpoint for three hours because she did not have a Mahram. The commander harassed the taxi driver for transporting her alone. When she went to file a complaint, the official refused to even raise his head to look at her. Institutions have become radicalised, using religious slurs such as 'clothed yet naked' to describe women. The environment has changed completely." (Expert Interview, Woman)*

> *"Movement is difficult as it leads to talk that 'so-and-so's daughter went from this area to that place'. Due to customs and traditions, this [movement without a Mahram] is unacceptable among us and very difficult." (Expert Interview, Man)*

Enforced both socially and institutionally, these restrictions limit women's and girls' independent access to services and increase costs, as travel often requires paying for an accompanying male relative, losing income, or arranging additional care (See Economic Barriers).

Many women's and girls' limited access to phones and digital technology also deepens existing gendered mobility constraints and curtails survivors' ability to seek support, even where services can be accessed via the phone or internet.

> *"Girls who don't own a phone and cannot go out can't access [services] at all." (Woman from Shabwah)*

> *"In the [very remote] areas where we are working… most of the women and girls who come for our services don't have access to any kind of technology. Sometimes, it's very difficult to even get a phone number to do follow-ups with them or case management." (Expert Interview, Woman)*

5. Informational barriers

Informational barriers impede women's and girls' knowledge of and access to GBV services, with women and girls in rural, remote, and displacement settings particularly affected. FGD participants noted that women and girls living in remote IDP camps may be physically separated from urban-based services and excluded from awareness campaigns, limiting their exposure to information about available support. Several women and girls similarly described not knowing where to seek support or how to access services, particularly in rural or isolated areas. This leaves some survivors without a clear or realistic pathway to assistance.

> *"I know a woman who was subjected to violence by her husband, but she was not aware of where to receive services and did not receive any kind of awareness to know her rights and duties." (Woman from Ta'iz)*

> *"There are women and girls who don't know about these services, especially those living in isolated rural areas. It is important to provide awareness more broadly about the [types] of services… provided to women and girls." (Woman from Abyan)*

In some cases, informational barriers extend beyond knowledge of service location to uncertainty about rights, entitlements, and what forms of violence qualify for support. Several FGD participants implied that women may not recognise certain harms as violations that warrant assistance, including emerging forms of GBV such as TFGBV.

> *"TFGBV is increasing, but people are not aware that it's part of violence. And people don't know where to report TFGBV. And we don't have laws and enforcement to support people who report TFGBV." (Expert Interview, Woman)*

Some women and girls also expressed uncertainty about which institutions provided what type of assistance. For instance, while they are aware that service providers exist, they may not know which organisation handles legal aid, PSS, medical care, or case management. Several experts also pointed out that many women and girls do not know how to report newer forms of GBV, such as TFGBV.

Experts signalled that informational barriers have been further aggravated by funding cuts, which have included significant cuts to awareness-raising activities because they are classified as 'preventive' activities, not 'life-saving' aid.

> *"Female genital cutting is increasing in the north because the switch to focusing on life-saving aid has resulted in stopping awareness-raising sessions. So, violence is increasing again." (Expert Interview, Woman)*

Where digital access is limited and outreach activities have decreased, information flows increasingly depend on informal networks, which may exclude the most isolated women and girls – especially those experiencing controlling or abusive relationships. At the same time, GBV service providers explained that they also face constraints when conducting outreach activities because communicating openly about GBV services can risk exposing NGOs and their staff to stigma, community backlash, or targeting. As a result, service providers must carefully balance visibility with protection. These dynamics highlight the importance of socially acceptable entry points, such as WEE programmes or nutrition services, through which women can safely engage and subsequently learn about available GBV support.

6. Fear of stigma, reputational risk or retaliation

Beyond mobility and permission, stigma and reputational risk further constrain survivors' access to support, including GBV services. The women and girls regularly framed stigma and fear of community judgment as a barrier to accessing services. For many, these risks vastly outweighed the benefits of reporting.

> *"There are many women who refuse to ask for help, fearing family and husbands, so [they] refrain from [seeking] help, fearing the family will abandon her."* *(Woman from Abyan)*

> *"Many women might be exposed to violence [at home], possibly emotional abuse and physical violence for some. But given the circumstances, they cannot go to their father's home. Some might not go because this is considered shameful and…the woman [is considered to belong] to her husband's house, so she fears society's view of her if she went to her family's house."* *(Man from Lahj)*

In many communities, stigma is actively generated by community surveillance and reputational monitoring. As such, the act of travelling to, entering, or being seen at a service location may itself trigger gossip, questioning, social sanction, or retaliation from perpetrators and/or family members. Some women who may already face stigma in their communities, such as divorcees, may face intensified moral judgement, community gossip, and suspicion when engaging with public institutions – particularly courts, prosecution offices, or security services – which can deter help-seeking. Several women noted that survivors may be threatened with losing access to their children or homes if they are found out to have sought support.

> *"[The main barrier that] prevents women and girls from asking…is fear of her husband…taking revenge on her and depriving her of her children. That's why she refrains from help."* *(Woman from Abyan)*

7. Mistrust in protection and justice systems

Weak legal frameworks and impunity serve to aggravate GBV risks, heightening mistrust in protection and justice systems and impeding access to services. Reflecting this, the women and girls in all four governorates and experts emphasised mistrust in services, particularly those offered by government entities.

> *"[There is] weak trust in the entity providing the service, especially the government, as in the subject of electronic blackmail. Some involved in [the blackmail] are security men, and this causes a loss of trust."* *(Woman from Ta'iz)*

> *"Lack of trust in the entity providing help, including police, prevents women and girls from asking for help."* *(Woman from Abyan)*

The women and girls said they may try a service multiple times before trusting it enough to disclose GBV. In some cases, mistrust stems from perceptions of corruption, blackmail, or abuse of authority within institutions, including allegations that individuals within security structures are themselves implicated in wrongdoing.

Discussions around trust in services also focused heavily on the extent to which survivors can safely access statutory and customary legal systems. Several experts noted that the same norms that justify violence in wider society also persist in statutory and tribal justice systems, citing cases of police threatening survivors or refusing to open files and judges immediately siding with the man before hearing the woman's case. Such cases erode trust that women's and girls' concerns will be heard and treated seriously, reducing the likelihood that they will report.

> *"When a woman attempts to file a complaint at a police station, they refuse to record the report. The officer, the station chief, or the investigator often refuses to refer her to the emergency room for a medical examination to obtain the medical report needed for court. Instead, they shelve the report or summon the abusive husband. If the officer is being 'lenient', he forces a reconciliation. He tells the abuser: 'Take your 'victim' and go solve your problem at home.'"* *(Expert Interview, Woman)*

> *"[There is] a real-life example of a girl who complained to the police about blackmail but was exploited by some officers, which led to her fear and staying at home."* ***(Woman from Shabwah)***

GBV service providers also noted that fear of cases not being treated confidentially can also lead to mistrust and subsequently low reporting, reducing survivors' access to potentially life-saving support.

> *"Firstly, reporting is very low… If you look at rape cases, you see it more among marginalised groups, poor women and girls, or women and girls of low social status – but perpetrated by people with power. This is because it is easy to target poor or marginalised women, because society will accept it… And the narrative will be that '[the survivors] were the ones who went for it'."* ***(Expert Interview, Woman)***

> *"We have many cases of rape. Although we live in a very conservative environment, these incidents have become commonplace, and it is considered a great social stigma, making it difficult to discuss."* ***(Expert Interview, Woman)***

Concerns were also raised by experts that some services lack sufficient privacy and confidentiality, increasing survivors' risk of stigma and retaliation if details of their case become public.

With this context of mistrust, some experts suggested that communities trust CSOs more than authorities, a sentiment that appeared to be shared by the women and girls, many of whom had accessed services offered by GBV-focused civil society responders.

> *"The presence of active civil society organisations is crucial. The community trusts these entities with their grievances and relies on them to adopt their cases, so supporting civil society is essential to ensuring they can fulfil their duties and facilitate access to services."* ***(Expert Interview, Man)***

GBV service providers also noted that the longer an organisation has been operating, the more trusted it becomes. This highlights that sustained presence, consistent follow-up, and visible outcomes over time are critical to building survivor confidence and increasing willingness to seek support.

BOX 8: Challenges associated with mandatory reporting requirements

Survivors of sexual violence sometimes avoid seeking healthcare to evade mandatory reporting to police (British Red Cross 2019). Many survivors do not want to engage with law enforcement for a range of reasons, including:

- lack of trust in the criminal justice process
- fear that their identity will be exposed, leaving them at risk of being stigmatised in their communities or subjected to retaliatory violence and/or so-called 'honour' crimes.
- the risk of being traumatised by invasive forensic examinations.

Those who do choose to seek care risk being turned away by healthcare personnel as a direct result of mandatory reporting obligations (British Red Cross 2019). This evidence suggests that in contexts with fragile judicial and law enforcement institutions, such as Yemen, the mandatory reporting of sexual violence can place both the survivor and the healthcare provider at risk of further harm from perpetrators and constitutes a barrier to accessing care. Although Yemen does not have a formal mandatory reporting framework for GBV, participants described situations in which survivors were encouraged or pressured by service providers to report cases to police or pursue legal action. This can conflict with survivor-centred principles that prioritise survivors' autonomy and informed consent in decisions about reporting.

Supporting this perspective, some GBV service providers said mandatory reporting in health facilities in Yemen deters survivors from seeking clinical care, including accessing medical care after rape, because of the stigma attached to official processes.

> *"In the case of a woman who has been raped, she doesn't want anyone to know. She wants to receive services confidentially. But they tell her, 'No, we have to report it first.' They tell her to go and file a report, and then she will be examined. But the examination isn't available in Abyan, only in Aden, and the area is under siege or remote." (Expert Interview, Woman)*

> *"Raped girls, when they need medical assistance, usually need to go to hospitals, which have mandatory reporting, which is an issue for girls because of stigma around rape." Expert Interview, Woman)*

Reluctance to report is further shaped by the fact that perpetrators may be known to the survivor – including husbands, fathers, brothers, or other relatives – meaning that formal reporting may trigger violent retaliation, family rupture, or social ostracisation. In a sociocultural context where male relatives are widely perceived to hold authority over women and girls, survivors may reasonably fear that reporting will not result in protection but instead in blame, further harm, or impunity for the perpetrator.

8. Inclusion barriers

Across FGDs in all four governorates, Muhamasheen women and girls and women and girls with disabilities were cited as facing additional access barriers linked to weak inclusion and, in some cases, active discrimination.

Women and girls living with disabilities face compound and systemic barriers that extend beyond mobility challenges and reflect broader structural exclusion. The physical distance from services is compounded by inaccessible roads, a lack of adapted transportation options, and infrastructure that does not accommodate wheelchairs, crutches, or other assistive needs. Disability-based exclusion is not limited to the built environment. Institutional systems – including hospitals, police stations, courts, and referral mechanisms – are rarely designed to respond to survivors with hearing, speech, or physical impairments. Communication gaps, the absence of trained sign language interpreters, a lack of adapted service spaces, and discriminatory attitudes within institutions further restrict meaningful access.

> *"Regarding sign language interpreters, judicial police, prosecution representatives, and courts must be trained so that at least one person in each entity can speak sign language. For example, in 2020 or 2021, there was a rape case involving a deaf girl. The judge refused to accept an interpreter from her own association, even though no other association knew sign language! This delayed litigation. Later, the Minister of Justice issued a decision that the ministry would dispatch an interpreter for deaf victims, but waiting for an interpreter causes delays."* ***(Expert Interview, Man)***

In practice, this means that even when services are technically available, they may remain functionally inaccessible to women and girls with disabilities.

> *"We haven't received any women and girls with disabilities reporting GBV, which raises concerns about awareness and barriers to accessing services."* ***(Expert Interview, Woman)***

These barriers often intersect with poverty, displacement, and social marginalisation, further limiting the ability of women and girls with disabilities to access services.

Muhamasheen women and girls also experience a distinct form of compounded exclusion rooted in entrenched discrimination and structural marginalisation that impede their possible access to GBV services. Unlike barriers driven primarily by geography or infrastructure, the exclusion of Muhamasheen is tied to caste-based stigma, racialised prejudice, and longstanding patterns of social stratification that shape how institutions, community structures, and individual service providers respond to them. Muhamasheen women and girls are frequently treated as less deserving of services, subject to discriminatory assumptions, or excluded from meaningful participation in programming and decision-making. Their access is further constrained by poverty, lack of literacy, and limited awareness of legal protections or complaint mechanisms, leaving them with few avenues for redress. Institutional failures – including weak social protection systems and symbolic rather than substantive inclusion efforts – reinforce this marginalisation (SCSS 04/06/2019).

> *"Let's take Muhamasheen women. According to the law, services should be free, but as soon as a Muhamasheen woman reaches the health sector, they refuse to receive her under the pretext that she will take the treatment, run away, and not pay."*
>
> ***(Expert Interview, Woman)***

> *"As for the major violations against Muhamasheen women, the root cause lies in the absence of social protection mechanisms. These women lack awareness of how to report violations, whom to approach, or which laws exist to protect them. This vulnerability is compounded by widespread ignorance and illiteracy, leaving them unable to defend their rights to justice and equality… While many organisations claim to provide support and raise awareness, their inclusion of Muhamasheen women is often symbolic or ineffective. Genuine support must be directed towards initiatives led by Muhamasheen women themselves, enabling positive and lasting impact within their communities."* ***(Expert Interview, Woman)***

Acceptability of GBV services

The acceptability of GBV services refers to the extent to which survivors and communities consider services socially and culturally appropriate. The women and girls who participated in the FGDs said that services are most acceptable when they are confidential, discreet, nearby, delivered by trusted providers – especially women staff – and offer practical support aligned with their priorities, including economic empowerment. This means acceptability is shaped by social legitimacy, reputational safety, and trust in the service environment.

Women and girls often described livelihoods and material support as central components of what they consider GBV services. Focus group participants highlighted vocational training, small income-generating activities, food assistance, and micro-projects as key forms of support available through women's organisations and other civil society organisations. These programmes are not only valued for improving women's economic stability but also because they provide socially legitimate reasons for women to access GBV services and leave the home. Several participants explained that women are often permitted to attend programmes framed as training or economic empowerment, while participation in programmes explicitly labelled as GBV services may be discouraged or restricted.

BOX 9: Factors ensuring the acceptability of GBV services

Several factors ensure the acceptability of GBV services:

- institutional legitimacy, reputation, and proximity
- the presence of women service providers and women-only environments
- socially acceptable entry points
- tangible support
- survivor-centred care, including confidentiality and privacy/discretion of services
- culturally and religiously grounded framing.

Institutional legitimacy, reputation, and proximity

The women and girls said that acceptability increases when services are provided by institutions that are trusted and well known within the community, particularly Yemeni-led NGOs and CSOs. The women and girls consistently linked comfort and disclosure to the reputation of the service provider within their community.

> *"The reputation of the place and the quality of the services provided…help many girls feel comfortable and speak up and ask for help."* *(Woman from Lahj)*

Linked to this, the women and girls and GBV service providers also framed the enormous role of proximity in acceptability. It refers to how many services are both known to communities and are easier to access. Local trusted services function as a form of reputational protection for women and girls by reducing exposure when travelling to or from service providers as well as lowering transport costs and travel time.

> *"Services that respect confidentiality and are located within the community are more acceptable, whereas distant services or those requiring formal interaction are viewed with fear or hesitation."* *(Woman from Shabwah)*

Presence of women service providers and women-only environments

Experts and FGD participants in all four governorates highlighted the critical importance of having women staff to provide GBV services, including as guards, interpreters, and outreach workers. A pervasive culture of shame that governs women's and girls' interaction with unrelated men means that services for women provided by men risk being seen as societally unacceptable.

Lack of women service providers may also result in husbands or other male family members refusing to allow women and girls to access services, including health services.

> *"Most women and girls in our society will never seek health services – especially for RH or sensitive issues – [from] a man. They will only talk to a woman. So, if we have a lack of trained female providers, we cannot provide services to those survivors." (Expert Interview, Woman)*

> *"The presence of female and well-trained providers will improve trust and dignity for women seeking services… And the presence of female health providers reduces cultural barriers and increases service utilisation. If a husband hears the provider is female, he will approve of his wife seeking services. But if he hears the provider is male, he will prevent her from seeking services." (Expert Interview, Woman)*

Several experts also stressed that a lack of women providers is a barrier to service access because many women and girls are unwilling to discuss sensitive issues with men and consistently express a preference for qualified women staff.

Socially acceptable entry points: economic empowerment and integrated services

The women and girls consistently emphasised that the acceptability of GBV services in Yemen is closely linked to whether services are framed through socially legitimate activities. Participants repeatedly identified economic hardship and the collapse of livelihoods as key factors shaping both women's vulnerability to violence and their ability to seek support. In this context, programmes offering livelihood support, vocational training, health services, or psychosocial activities were widely described as the most acceptable entry points for women and girls to access support. In many cases, women first attend these programmes for practical benefits, such as income generation or skills training, and only disclose experiences of violence after trust is established with service providers.

> *"A survivor will generally come two or three times to see if the space is safe…then when she starts participating in activities, she discloses more about the GBV she is experiencing." (Expert Interview, Woman)*

As a result, WEE programmes often function as a de facto gateway to GBV services in Yemen. These programmes are often more acceptable to families and communities because they provide tangible economic benefits to households, making women's participation socially legitimate.

This highlights the importance of integrated services (e.g. training, health, and WEE activities integrated with MHPSS, GBV case management, or legal support). Funding cuts have resulted in cuts to WEE and CVA programming, removing trusted and socially legitimate entry points to GBV services. Many women access GBV support indirectly through livelihoods and integrated programmes that provide socially acceptable entry points. Lack of understanding about the life-saving nature of GBV programmes also mean that programme managers that cut these programmes to focus to 'life-saving' aid, are removing a crucial entry point.

> *"A lot of donors question why we provide livelihood training in safe spaces. But we have to do it because this is the only way that women can escape violence… We present WGSS as training centres to the communities to gain acceptance. If we call them WGSS, men will say, 'Safe from what?' So, we present them as training centres." (Expert Interview, Woman)*

Participants also framed the acceptability of GBV services as closely linked to whether the entry point service is perceived to be providing the survivor and her family with tangible benefits, such as healthcare, nutrition, livelihood support, or CVA, and is socially acceptable for women and girls to access. WEE activities are central to the provision of GBV services in Yemen as they are considered socially acceptable services for women and girls to access (ACAPS 17/11/2023). One expert noted that this has not always been the case, but in their governorate – Ma'rib – they have seen growing acceptance of their services.

"With the high turnout of women at the centres, and the fact that sometimes husbands themselves bring their wives there, these centres have become a sort of breathing space for obtaining services. Women are empowered and receive tools for sewing, establishing beauty salons, or making pastries and sweets… This has become a phenomenon that fills a gap within the family, leading to societal acceptance. That said, in the beginning, it was rejected and considered shameful. There was a bad image and suspicion, especially regarding shelter centres. But now, that has changed." *(Expert Interview, Woman)*

A married woman from Shabwah supported this assertion, saying:

"Economic empowerment and getting out of the house relieve psychological pressure and encourage women to seek help." *(Woman from Shabwah)*

GBV service providers and women and girls noted that survivors are more likely to access socially acceptable programming, such as WEE or health programming, than standalone GBV services. Often, they only disclose GBV exposure after trust has been built and the programme has helped address immediate needs.

"[A woman] feels comfortable [when] she is economically stable, empowered, and their living conditions improve." *(Woman from Lahj)*

"It is not easy for women to disclose any form of violence, but because we implement our services within a health facility and they come to the health facilities frequently, there's an opportunity [for them] to develop a relationship with the social worker. Most come to the service because they hear it [provides] PSS. We use PSS as an entry point for GBV response." *(Expert Interview, Woman)*

Provision of survivor-centred care

The provision of confidential, private, and high-quality survivor-centred services is central to women's and girls' acceptability of GBV services. Acceptability is closely tied to whether women and girls trust that their dignity, privacy, and information will be protected. The provision of private spaces and credible confidentiality protocols significantly enhances acceptability because it reassures women and girls that seeking support will not expose them to stigma, retaliation, or reputational harm. In contrast, services that lack adequate privacy measures – particularly in small or tightly connected communities – are often viewed as unacceptable, even if they are technically available.

BOX 10: Challenges to acceptability: community backlash and anti-gender sentiment.

Anti-gender narratives threaten the acceptability of GBV services in Yemen, resulting in organisations perceived as promoting women's rights or GBV services facing backlash from communities, social media hate campaigns, and criticism from imams in mosques. Narratives that frame women's organisations and GBV services as disrupting families have led to backlash and – for women working in or seeking GBV services – threats and reputational attacks. GBV service providers spoke widely about the community-level challenges around acceptability as a result of anti-gender narratives.

"Recently, people have started calling organisations 'those that divorce women'. I recall once…I was communicating with a neighbourhood chief, and he referred to us as 'organisations that divorce women'. So, societally, if a woman goes to an organisation, that is also a challenge [because of the perception]." *(Expert Interview, Woman)*

"Society doesn't see the details [of GBV], it just sees us as 'ruining lives'. Those who are attacked aren't organisations affiliated with powerful or political entities… Those who are harmed are the independent individuals who genuinely work for the benefit of women without protection from any party. This pressure has accumulated over the years, along with hate campaigns on social media, threats, and abuse." *(Expert Interview, Woman)*

BOX 10: Challenges to acceptability: community backlash and anti-gender sentiment.

They explained that they have to adapt their language, visibility, and programming strategies to enhance acceptability and safety – both for those seeking services and their employees. This includes softening terminology, adopting a less public profile, focusing on integrated or child-focused activities, countering perceptions of implementing a 'Western' agenda, and gradually building trust. They have also had to shift away from the use of standard gender and GBV language, sometimes avoiding the words 'gender' or 'violence' altogether and even renaming their organisations.

> *"[We have been] forced us to change our approach and rename our organisation…to mitigate attacks against us and allow us to continue [with our work]. We've integrated children's activities into our programmes, considering it a new strategy to protect the team and broaden our acceptance within the community. We've also reduced our publicity; we don't announce every activity, and we don't share photos or names in statements. We try to keep everything we do discreet and under the radar. For example, we don't advertise our psychological services publicly; we deliver them quietly. We also conduct awareness sessions for women indirectly, discussing their rights and supporting them without putting the organisation at risk. We focus on small meetings with women, gaining their trust first and then letting them know we're there to help, without fanfare or slogans. This way, we maintain the safety of both the team and the women we serve." (Expert Interview, Woman)*

> "We don't do case management and provide MHPSS in all areas, but where we do, the psychologist and case manager will visit and do sessions in villages for women and girls who cannot reach the WGSS. We also do community dialogue with men of all ages around violence – but we don't call it violence, we call it 'challenges' or 'difficulties' facing women and girls." *(Expert Interview, Woman)*

Some GBV responders said that as part of their efforts to drive lasting change and ensure the acceptability of their work, they link programming and awareness-raising around women's rights and GBV to the Qur'an. This results in the use of socially acceptable terminology that is theologically grounded – resulting in greater community acceptance.

Quality of GBV services

The women and girls described the quality of available GBV services as varying from organisation to organisation. Where examples were provided of high-quality, survivor-centred care, they are primarily Yemeni- and women-led. The women and girls noted that quality factors into their decision around whether to seek services and disclose GBV. Across all four governorates, the women and girls consistently defined quality in terms of services being aligned with the GBV guiding principles of safety, confidentiality, dignity, and respectful treatment (IASC 2005). They linked high-quality services to confidentiality and privacy and spoke about the value of meaningful psychosocial and economic support. One woman described high-quality services as ones that *"preserve [the woman's] dignity from the psychological side. Complete secrecy and aid." (Woman from Ta'iz) Another characterised high-quality services as those where women and girls "find respect and care, and blame is not cast back on them." (Woman from Abyan)*

Like with acceptability, women and girls frequently associated quality with tangible outcomes and opportunities, such as opportunities to improve livelihoods, access psychological support, and – for those who leave their abusers – the opportunity to start new lives.

> *"The better quality the services are, the more women and girls get new opportunities created for them." (Woman from Lahj)*

Specific examples of tangible benefits include increased skills, assets, safety, positive legal outcomes, and longer-term recovery support.

Beyond providing tangible outcomes, quality is also associated with whether survivors are linked to reliable services across sectors. Experts repeatedly described referral systems as weak, thin, and inconsistent, and GBV service providers also repeatedly cited coordination gaps as a constraint impeding quality.

> *"Proper coordination will increase the quality of services provided and activities implemented… We need better coordination for GBV response. And we need to build the capacity and enhance grassroots responders… They are in direct contact with the community. And for the health system and health facilities, they need more capacity strengthening; we need to support [them] on referral pathways, and we need to make the referral system functional not [only with] organisations but within the health system itself."* ***(Expert Interview, Woman)***

Service providers agreed that high-quality GBV services are limited, and most organisations only have the capacity to provide a minimum package of care. They described complex and burdensome bureaucratic procedures that contribute to delays and inconsistencies in the support provided to survivors. Intake processes are complicated by superficial or inaccurate documentation, sometimes resulting in support that does not align with women's and girls' needs. Follow-up mechanisms are particularly fragile, compounded by gaps in case management systems, fears on the part of women and girls that their data might be leaked or misused, insufficient funding, and the various access barriers mentioned above (see section on Accessibility of GBV services). A recurring constraint is the shortage of trained, specialised personnel and high turnover, likely aggravated by anti-gender sentiments that lead to the targeting of NGOs and their staff across Yemen. GBV service providers directly associated funding cuts with lowered quality and interrupted care. One young man in Ta'iz highlighted the potential impact of funding cuts and unstable service provision on women's and girls' comfort when accessing GBV services, saying they might experience *"fear of abandonment when the project ends and she receives nothing."* ***(Man from Ta'iz)***

GBV service providers are especially concerned about the quality of shelters and 'survivor centres' themselves and the quality of services provided in these shelters. They described how the shelters face infrastructure gaps, limited accessibility for people with disabilities, and overcrowding, which can compromise dignity and safety.

> *"Regarding 'survivors centres', these facilities comprise small wards or rooms with strict time limits. Since they cannot house survivors indefinitely, the staff are often forced to rush into 'compromise settlements' (informal reconciliation) just to solve the case. Consequently, a woman fleeing immediate danger will not find a stable, long-term safe haven there."* ***(Expert Interview, Woman)***

> *"It is unreasonable to simply transfer a survivor to what are typically called 'shelters'. I prefer the term 'reception centres' for violence cases. These centres are intended to host survivors for a limited period until a solution is found; they are not for indefinite stays. During this period, the survivor needs answers to critical questions regarding economic empowerment, preparation, rehabilitation, and redress. It is not sufficient to merely provide a space, teach her sewing or incense-making, and claim we have done our job. The referral system must be accompanied by a fully integrated, multisectoral support system."*
>
> ***(Expert Interview, Woman)***

Mitigating the risks of GBV through the humanitarian response

Food security

The food security and agriculture sector reduces GBV by designing safe, equitable assistance and livelihoods programmes, preventing exploitation around aid access, and linking at-risk households to protection and GBV referral pathways. In Yemen, food insecurity drives household stress and potentially harmful coping strategies – including exploitation for aid – making access to food a key determinant of GBV risk as it shapes household power dynamics, may lead to coping strategies with negative consequences, and can lead to exposure to exploitation.

Food scarcity can heighten the risk of household violence

> *"Because of the conflict's impact on the economy and men not receiving their salaries…this violence is taken out on more vulnerable people…including his wife and children. [He] will not buy food for their families; some men prefer to spend it on qat chewing. For example, we had the case of a man who beat his wife because she took money from his pocket without him knowing to buy milk for her infant."* *(Expert Interview, Woman)*

> *"Food is not given to girls like it is to boys."* *(Woman from Shabwah)*

Food insecurity can contribute to coping strategies that may harm girls

> *"Poverty leads to increased violence as a result of men's dominance and control over women and girls, and they can marry their daughters at an early age to alleviate economic burden inside the family or prevent them from accessing education when unable to bear education costs."* *(Woman from Abyan)*

Food aid access can lead to sexual exploitation and abuse

> *"Male workers might take a woman's phone number under the guise of providing a food basket…leading to exploitation."* *(Expert Interview, Woman)*

Loss of food assistance can increase GBV risks

> *"When [an international NGO] withdrew its food aid operations… this caused severe panic among the residents. Families that had just managed to cross the poverty line or secure a source of livelihood were at risk of slipping back into poverty. Consequently, violations were expected to significantly rise, including an increase in domestic violence."* *(Expert Interview, Woman)*

Food insecurity can push children into exploitation

> *"There are children everywhere in the streets begging. They don't have the power to say no."* *(Expert Interview, Woman)*

Nutrition

The nutrition sector can prevent and mitigate GBV risks by ensuring safe and confidential access to nutrition services, identifying nutrition-related protection risks (e.g. unsafe travel, discriminatory feeding, household conflict) and integrating information and referrals to GBV, protection, and health services. Given that women often access services through maternal/child health and nutrition services, nutrition programmes can function as a low-stigma entry point for identifying risk and offering first-line support.

Early marriage and early pregnancy can contribute to infant malnutrition

> *"[Early marriage] leads to complications during childbirth and high mortality rates among women and infants. The baby is often born with malnutrition and low immunity; both the mother and child are sickly. They also rarely see a doctor, relying instead on traditional village midwives."*
>
> *(Expert Interview, Woman)*

Household power dynamics and domestic violence are linked access to food and resources, which can impede access to adequate nutrition

> *"This violence is taken out on more vulnerable people in the man's home – including his wife and children. He will not be aggressive to his brother, for example, but he will be to his wife and children! And because of low income, he will not buy food for his family…. For example, we had a case of a man who beat his wife because she took money from his pocket without him knowing to buy milk for her infant. So, imagine! He wants to keep the money. He doesn't want his wife and daughter to eat!" (Expert Interview, Woman)*

Education

The education sector in Yemen helps prevent GBV and offers response support by ensuring that learning is safe, accessible, and protective for girls and boys and that schools can identify risk, respond ethically to disclosures, and connect learners to child protection/GBV services. In Yemen, education is both a protective factor and a site of risk. When access is constrained or routes/schools are unsafe, families often withdraw girls, which can accelerate the use of potentially harmful coping strategies and long-term exposure to violence.

Gender norms systematically exclude girls, framing education as unnecessary or inappropriate for them

> *"Another example of denial of access to resources is sending boys to school instead of girls. The boy will go to a private school for a better education, and the girl will go to a government school. If the girl needs a uniform or additional costs, she will be asked to stop going to school. And this is not the case for boys." (Woman from Shabwah)*

> *"If the girl reached puberty, that's it, her place is her husband's house. … education is for boys only, they work. The girl's place is the house raising children and cleaning." (Woman from Taiz)*

Families cope with economic pressure by removing girls from school and child marriage

> *"She wanted education, but her family was unable to bear her education costs, so she was forced to leave school and work in a field." (Woman from Abyan)*

School is often unsafe for girls

Distance, conflict damage, and unsafe routes expose children (particularly girls) to harassment and assault, leading families to withdraw girls.

> *"She might be subjected to harassment and rape when going to school. That is why she is taken out of school and married at an early age." (Woman from Abyan)*

Loss of education increases long-term GBV vulnerability

Being out of school leads directly to early marriage, exploitation, recruitment, and domestic violence.

> *"Girls are taken out of school and married because of poverty… She becomes a 'victim' afterwards of the father and then the husband." (Woman from Abyan)*

WASH

The WASH sector reduces GBV risks by ensuring water and sanitation services are safe, private, well lit, and equitably accessible and by organising service delivery (including locations, timings, queuing, staffing, and community engagement) in ways that reduce exposure to harassment and assault. In Yemen, participants repeatedly described water collection and sanitation access as routine activities that can become high-risk for GBV – especially for girls, displaced women, and households relying on distant water points or shared facilities.

Water collection exposes women and girls to sexual violence

Participants consistently described accessing water as one of the most dangerous daily activities, especially for girls and displaced populations.

"Sexual assaults occur especially during access to services…during the process of fetching water or firewood." (Expert Interview, Man)

"Their 11-year-old daughter was subjected to sexual harassment…while fetching water from a well far from the house." (Woman from Abyan)

Shared or poorly designed sanitation facilities enable assault

Lack of privacy in latrines and bathing spaces – especially in camps – directly facilitates harassment and rape.

"In displacement camps, violence is practised on girls…as a result of sharing one bathroom. Especially at nighttime, girls are exposed to sexual harassment. A rape case happened to a 13-year-old girl inside the displacement camp at night near the bathroom when she got up at night to relieve herself. Her breath was muffled, and she was assaulted." (Woman from Abyan)

Displacement and overcrowding intensify WASH-related GBV risks

Camp conditions magnify vulnerability through congestion, distance to services, and lack of infrastructure.

"Displaced women are subjected to harassment and rape…also when fetching water." (Woman from Abyan)

Gender roles around water create structural inequality and violence

Women's and girls' responsibility to collect water reinforces discrimination, school dropout, and potentially harmful coping strategies.

"[The daughter] goes to fetch water and wood, and the son studies." (Boy from Ta'iz)

"[Her tasks are] cooking, fetching water, and washing… She is taken out of school and married early." (Woman from Abyan)

Schools and public facilities become unsafe without WASH design

Poor WASH infrastructure contributes to school exclusion and discrimination.

"Mixed toilets…are unsafe and a major concern for girls." (Expert Interview, Man)

Health

The health sector is responsible for ensuring safe, confidential, and quality medical prevention and response to GBV while helping reduce risks through accessible, survivor-centred services and coordination. This includes immediately implementing the Minimum Initial Service Package for RH; providing comprehensive clinical care for sexual assault and other GBV (e.g. injuries from domestic violence, early pregnancy complications, FGM/C consequences); ensuring trained staff, private facilities, essential drugs, follow-up care, and ethical data management; establishing referral pathways and informing communities about available care; integrating GBV prevention into outreach and health policies; and training providers to offer compassionate first-line support without causing further harm. Health responders must also assess barriers to care and protect confidentiality, advocate for supportive laws and standards, and coordinate closely with GBV, protection, and other sectors so survivors receive holistic assistance and can recover safely.

Health services are a key entry point for survivors, but confidentiality gaps and weak integration limit safe disclosure and care

Several respondents emphasised that women and girls often present at health facilities for routine health, RH, or nutrition needs rather than explicitly seeking GBV services. This makes the health sector a critical entry point for safe identification and first-line support. Participants highlighted a lack of private/confidential spaces, inconsistent survivor-centred practice, and weak integration of clinical GBV services (e.g. CMR, PSS, referrals), all of which discourage disclosure and undermine safe care. Health responders need to treat routine health contacts – particularly in primary healthcare (PHC) and reproductive health facilities – as a core opportunity for safe, confidential first-line support, with clear referral pathways and minimum standards for private consultation.

"There is a lack of integrated GBV services – such as CMR, PSS, referral pathways – reducing women's ability to seek care and safety." (Expert Interview, Woman)

"We have to also strengthen the PHC facilities and hospitals with GBV-sensitive approaches. Women and children go to PHC facilities more than hospitals…" (Expert Interview, Woman)

Access barriers — distance, transport costs, urban concentration of services — leave survivors without timely care or safe referral options

The women and girls repeatedly described practical access barriers (transport, remoteness, the urban concentration of services) that prevent survivors from reaching care and undermine referral pathways (including to shelters). From a health sector perspective, this points to responsibilities around decentralised service delivery, outreach, and functional referral systems that account for logistics and affordability. Health programming must be designed around where survivors are (rural areas, displacement settings), including mobile/outreach modalities and referral systems that include transport and realistic service availability.

"When we try to transfer them to a shelter in Aden… [we're told] 'it's full'… and we can't even cover transportation. So the women are completely destitute…" (Expert Interview, Woman)

"Physical constraints in remote, hard-to-reach areas also make access difficult… Services are sometimes provided at the household level…" (Expert Interview, Woman)

Survivor-centred, gender-sensitive care depends on workforce capacity, the availability of women providers, disability inclusion, and documentation/medico-legal functions

Strengthening the GBV response in the health sector requires trained staff, women provider availability, confidential spaces, disability-accessible infrastructure, and clear procedures for documentation and referrals that do not compromise safety or autonomy.

"Female providers…will improve trust and dignity… If a husband hears a provider is a woman, he will approve… If he hears that the provider is male, he will prevent her…" (Expert Interview, Woman)

"Women with special needs… are abused extraordinarily… She cannot get onto the examination chair because it is not adapted. There are no health specialists capable of dealing with the needs…" (Expert Interview, Woman)

"Emergency centres lack the necessary specialists to receive complaints or document medical reports when women arrive with signs of torture or violence." (Expert Interview, Man)

Mental health and psychosocial support

The MHPSS sector is responsible for ensuring GBV survivors can safely access supportive, survivor-centred emotional care, ranging from community support to specialised trauma treatment, while helping other sectors respond safely to disclosures. This includes providing psychological first aid and supportive listening; establishing confidential referral pathways; delivering community-based case management and resilience-focused counselling; arranging specialised mental healthcare for survivors experiencing severe distress or with the risk of self-harm; training non-specialist staff across sectors to respond empathetically and confidentially; sharing accurate information on available services; and coordinating with health, protection, and GBV responders so survivors receive holistic recovery support and are not re-traumatised by the response system.

MHPSS service availability is fragile; funding cuts and a limited MHPSS workforce have reduced service coverage and quality

"The number of psychiatrists is limited… Psychological support consultants…can be counted on one hand, while the cases are numerous." (Expert Interview, Woman)

"The larger programmes have been suspended owing to funding cuts… Access to services has become much weaker." (Expert Interview, Woman)

Some participants also noted that even when referral systems exist, services are not always available.

"Simply creating a referral system does not mean we have solved the problem… We must verify whether the necessary services are actually available." *(Expert Interview, Woman)*

Psychological trauma is a major consequence of GBV, requiring sustained MHPSS

"I suffered from psychological depression after my divorce from my husband and what I was subjected to from the view of my family and society… I thought several times of suicide… After obtaining psychological support and training, my confidence returned." *(Woman from Abyan)*

Participants also noted that PSS helps survivors rebuild confidence and regain the ability to engage with society.

"Safe spaces…provide psychological support and economic empowerment for women and girls… Many become capable of reintegrating with society." *(Woman from Abyan)*

Stigma and lack of confidentiality prevent survivors from accessing PSS

"Instead of the file being confidential, it leaves the office and circulates among people… The story spreads throughout the whole neighbourhood." *(Expert Interview, Woman)*

"Women are afraid to visit centres and prefer to remain silent [because of a lack of confidentiality]." *(Expert Interview, Woman)*

Protection

The protection sector is responsible for leading the identification, monitoring, and mitigation of GBV risks and ensuring survivors can safely access protection, legal, and security support while strengthening community-based protection systems. This includes analysing protection threats and trends, establishing confidential referral pathways, supporting safe reporting to police or justice actors, strengthening community protection mechanisms, advocating protective laws and policies, training authorities and humanitarian staff on survivor-centred response, and coordinating closely with all other sectors to reduce exposure to violence in assistance and daily activities. Protection responders also help monitor risks around services (e.g. distributions, shelters, schools, and health facilities) and support strategies that improve safety and accountability for women, girls, and other at-risk groups.

Participants described a protection environment where legal options are unevenly applied, access to justice depends heavily on legal aid and relationships, and survivors – especially displaced and marginalised women – face stigma, cost barriers, and weak institutional follow-through. In practice, protection and legal support are described as most effective when they combine case management, competent lawyers, and safe links to police/prosecution, while also working with community responders (e.g. sheikhs, community leaders, civic authorities) to reduce retaliation risks and enable safe access.

Access to justice is highly conditional; outcomes depend on geography, enforcement, and the presence of competent legal aid

Even where laws formally exist, enforcement is inconsistent, and survivors' ability to pursue serious cases often hinges on specialised lawyers who can navigate weak/ambiguous laws and challenge institutions. This underscores the protection sector's role in legal accompaniment, case documentation, and advocacy for clearer legal provisions and consistent enforcement.

"[It's difficult] unless you have competent lawyers who can read between the lines of the legal text… [They] can deal with severe GBV cases such as sexual assault, rape, murder, suicide…[and] challenge the prosecutor's office, the police, etc."

(Expert Interview, Woman)

"In some areas, it's taken seriously, and in other areas, it's dismissed… In Ibb…spouses are taken into police custody for a while. But in [other places] we don't see a lot of women relying on legal frameworks…owing to stigma and risks."

(Expert Interview, Woman)

Survivors often cannot safely or practically access statutory systems; cost, stigma, and guardianship norms create structural exclusion — particularly for displaced and marginalised women

Survivors may be unable to pursue justice because of fees, lack of free legal aid, poverty, and, in some cases, the social requirement that women cannot attend prosecution spaces alone. This is particularly acute for poor, displaced, widowed, divorced, and Muhamasheen women. Protection responders need to expand safe access mechanisms (mobile legal aid, accompaniment, confidential referrals, transportation support, and community-based protection pathways) to prevent displaced women from being effectively locked out of statutory systems.

> *"A woman…cannot enter the public prosecution hall alone unless accompanied by a family member. This means the appointed lawyer takes full responsibility for following up on the case."*
>
> *(Expert Interview, Woman)*

> *"There is a distinction regarding rural and marginalised women… The blame is invariably placed on the marginalised woman…because they know she is the weak link with no one to protect her." (Expert Interview, Woman)*

Protection is described as multilayered; community responders, WLOs, and police linkages can enable safety but also carry risks if institutions are untrained or laws are non-deterrent

The 'real-world' protection ecosystem in Yemen is one where survivors may turn first to family, sheikhs, aqils, community centres, and women-led civil society, with police a possible pathway if it is safe, with trained members and preferably women officers. At the same time, weak penalties and untrained police/judiciary can make reporting feel pointless or risky. Women need protection programming that invests in trained first responders, women police capacity, survivor-centred standard operating procedures, and functional referral pathways linking community-based protection with statutory services.

> *"[What would work is] encouraging the presence of female police to facilitate submitting complaints and protecting women." (Woman from Shabwah)*

> *"Even if the police catch the blackmailer…the court is bound by the law… Penalties are light and non-deterrent." (Expert Interview, Man)*

Child protection

The child protection sector plays a critical role in preventing and responding to GBV, supporting children and adolescents by ensuring safe environments, offering specialised services, and coordinating care pathways tailored to children's age and developmental needs. This includes identifying risks such as child marriage, sexual exploitation and abuse, violence in schools or assistance programmes, and other forms of harm affecting children in their homes, communities, and displacement settings. Child protection responders are also responsible for establishing confidential referral and follow-up systems for child survivors; ensuring access to child-friendly health, psychosocial, and legal services; training teachers, authorities, and humanitarian staff to engage safely with children; supporting family- and community-based protection mechanisms; and coordinating with education, health, food security, and other sectors to ensure that programmes protect children rather than expose them to harm.

Participants consistently described children as among the groups most exposed to violence in Yemen. Respondents highlighted a range of risks affecting children, including child marriage, sexual violence, exploitation through labour or begging, recruitment into armed groups, and abuse occurring in schools, detention facilities, and community spaces. They repeatedly identified children who are displaced, living in poverty, working in the streets, or lacking family protection as facing the highest levels of risk.

Children face heightened exposure to sexual violence and exploitation in multiple environments

Participants described children working or begging in public spaces as particularly vulnerable to sexual exploitation and abuse owing to limited supervision and limited power to refuse harmful situations.

> *"According to the feedback I've received, children are at heightened risk. There are children everywhere in the streets begging. They don't have the power to say no."* *(Expert Interview, Woman)*

Poverty, displacement, and economic hardship increase children's vulnerability to abuse

Displacement, school dropout, and loss of household income were described as pushing children into begging, labour, or early marriage, increasing their exposure to exploitation and abuse.

> *"Wars have affected the economic sector and introduced poverty… This poverty is a primary cause of the many violations faced by children."* *(Expert Interview, Man)*

> *"Children working in the streets are exposed to severe violence."* *(Woman from Shabwah)*

Weak protection systems and social stigma limit reporting and access to support

Sexual violence against children remains heavily underreported owing to stigma, fear of retaliation, and weak protection and justice mechanisms. In many cases, abuse within families or communities is concealed to avoid social consequences.

> *"Even if the mother knows, they will try to cover it up through any means. People are not talking about it, but the reporting is very low."*
>
> *(Expert Interview, Woman)*

Camp coordination and camp management

The camp coordination and camp management (CCCM) sector reduces GBV risks in displacement sites by ensuring camps are planned, governed, and serviced in ways that promote safety, accountability, and equitable access. In practice, this includes safety-informed site planning and shelter allocation; organising distributions and services to minimise exposure to exploitation; supporting safe community participation (especially for women and girls); establishing confidential referral pathways; training staff and community committees on survivor-centred response; and coordinating with other sectors to identify unsafe areas and adapt services and infrastructure so daily camp life does not expose residents to violence and survivors can access help safely.

Displacement erodes exit options for GBV survivors, increasing dependence on unsafe households and heightening GBV risks

A recurring theme is that survivors — including displaced women — often cannot relocate safely owing to a lack of shelter capacity, distance, transport costs, and restrictive norms. This increases dependence on abusive partners/household member and can trap survivors in harm. In camp settings, CCCM needs to prioritise safe, accessible pathways for survivors (including confidential referral and transport arrangements) because displacement often removes family-based coping options and increases confinement to violent environments.

> *"There are eight shelters in Yemen with limited capacity…only for six months. So then, where do the women go?"* *(Expert Interview, Woman)*

> *"There are women who flee their homes… there are no shelters… When we try to transfer them… 'It's full'… we can't even cover transportation."* *(Expert Interview, woman)*

Protection risks are shaped by how services are governed and delivered; community committees, safety measures, and confidentiality matter

Safety depends on how camps/sites and services are managed, including whether there are trusted community committees, the level and effectiveness of coordination with authorities, and the ability to maintain confidentiality — especially in smaller communities where information spreads quickly. Safety is not only physical infrastructure; it is also trust and information control.

> *"The shelters have good relationships with community committees and the police… Whenever anything happens, the community committees and police will support the shelters."*
>
> *(Expert Interview, Woman)*

"In the beginning…the husband would sometimes come and threaten the centre itself, but security… has been reinforced. We would inform the relevant authorities, and they would provide protection."

(Expert Interview, Woman)

Aid and services can lead to exposure to exploitation or harassment unless risk is actively managed

Women and girls face harassment, extortion, or exploitation linked to access to services/resources, and survivors may be harmed when systems are weak or unaccountable. While not always labelled 'camps', the risk pattern is directly relevant to displacement sites where aid access is central to daily life. CCCM must organise distributions and service access in ways that reduce exposure to exploitation (e.g. through transparent systems, community oversight, complaint mechanisms, safe queuing and pathways, and gender-sensitive staffing).

"Sometimes, the police station exploits the woman in exchange for ending her problem." *(Woman from Shabwah)*

Recommendations for GBV risk mitigation for humanitarian responders

GBV risks are increasing while services are contracting. In a context of funding reductions and service shrinkage, humanitarian responders across all sectors must integrate GBV risk mitigation and survivor-centred response into core programming. **GBV is not a standalone issue** – it is shaped by food insecurity, WASH design, education disruption, shelter conditions, weak justice systems, and funding instability. Every sector contributes to either reducing or increasing exposure to violence. Preventing and mitigating GBV is not an added cost; it is essential to a safe and effective humanitarian response.

The following priority actions reflect operational realities and sector responsibilities. Given reduced funding, **all humanitarian responders should:**

- prioritise GBV risk mitigation within existing programmes
- strengthen coordination rather than creating parallel systems
- protect core life-saving services and referral pathways and recognise economic empowerment programmes for women and girls as 'life-saving'
- invest in trust-building through consistency and confidentiality
- support discreet entry points and community-accepted programming, such as WEE and livelihood programmes that allow women to seek services without social exposure
- conduct routine GBV risk analysis in programme design
- ensure safe, confidential referral pathways are known by all frontline staff
- train staff on survivor-centred response and safe handling of GBV disclosures
- avoid practices that increase stigma, exposure, or retaliation risks
- coordinate with GBV responders before opening, modifying, or closing services.

Food security and nutrition

Food insecurity is directly linked to domestic violence, child marriage, and exploitation. Responders should:

- design safe and equitable distribution systems to prevent exploitation, finding ways to distribute assistance directly to women and girls and identifying women and girls who may have difficulty accessing services
- monitor discriminatory feeding practices affecting girls
- ensure women and girls can safely access distributions without harassment, including hiring sufficient women staff
- integrate GBV referral information into food and nutrition programming
- avoid, wherever possible, the abrupt withdrawal of assistance, which destabilises households.

WASH

Unsafe water and limited sanitation access are among the most consistent daily GBV risks. Responders should:

- install gender-segregated, well-lit private latrines and bathing spaces in IDP camps
- involve women and girls in WASH planning and facility placement and ensure safe access routes to key WASH services, such as water points
- monitor risks around shared sanitation in camps
- coordinate with GBV responders when harassment or assault risks emerge.

Health and mental health and psychosocial support

Survivors avoid care when confidentiality and specialised services are weak. Responders should:

- ensure private consultation spaces in health facilities and other places where women and girls access GBV services (such as WEE and WGSS)
- strengthen coverage and quality of CMR and integrated referral systems
- provide psychological first aid and trauma-sensitive care
- recruit and train women to be frontline health workers and to identify and respond safely to GBV
- address women staff shortages through targeted recruitment and capacity strengthening.

Education

Education protects against early marriage and long-term GBV risk. Responders should:

- ensure safe school environments and secure routes
- monitor attendance patterns for protection concerns
- expand school availability and provide transportation support for girls to/from school
- train teachers on ethical response to GBV disclosures
- support the re-enrolment of girls at risk of early marriage
- integrate life skills and rights awareness into curricula.

Shelter, NFIs, and camp management

Displacement settings amplify GBV risk. Overcrowding, poor design, and weak governance increase exposure. Responders should:

- design shelters and camp layouts in consultation with women and girls to maximise safety and privacy
- ensure safe and exploitation-free distribution of NFIs and consider using women staff (see The Global Women's Institute's Empowered Aid for more ideas)
- strengthen structured referral mechanisms within camps
- meaningfully involve women and girls in camp committees
- avoid sudden service withdrawal without coordinated transition planning.

Protection and child protection

Weak legal enforcement and slow judicial processes reduce trust and access. Responders should:

- strengthen confidential reporting mechanisms
- monitor early marriage and child sexual abuse risks
- train authorities on survivor-centred approaches, particularly for children
- ensure child-friendly referral and follow-up systems.

5. Women and Girls Hopes & Recommendations

Women and Girls' hopes and Recommendations

Women's and girls' aspirations for Yemen highlight their hopes for safety, dignity, justice, and meaningful participation in public life. The women, girls, men, boys, experts, and GBV service providers all identified priorities for strengthening GBV service provision in Yemen. These recommendations reflect both the lived experiences of women and girls and operational realities, pointing to needed improvements in access, quality, coordination, and trust. The analysis also considers implications for the broader humanitarian response, drawing on the Inter-Agency Standing Committee's GBV Guidelines to examine sectoral responsibilities in preventing, mitigating, and responding to GBV and to illuminate persistent gaps in implementation.

Hopes and dreams of women and girls

Three structural priorities emerged consistently across the hopes expressed by Yemeni women and girls:

1. greater awareness of women's rights and legal enforcement to end GBV
2. collective social change (including for men and boys) and increased state accountability to end GBV
3. greater understanding of the importance of economic empowerment and education to help women and girls live a life free of violence.

Strengthened legal framework and enforcement of laws for addressing GBV

The women and girls frequently expressed that although some laws exist to protect them, these laws are not implemented. They emphasised that justice requires both reform and enforcement, including:

- activating and updating existing laws
- ending the culture of impunity and enforcing penalties for perpetrators
- improved accountability of state institutions
- stronger protection mechanisms.

These include demands to punish abusive husbands, deter perpetrators, activate human rights legislation, and strengthen police and security institutions.

> *"Impose penalties on perpetrators and implement retribution so they serve as an example to others."* *(Woman from Lahj)*

> *"Provide protection for women to be independent and secure their families and stand with women. The husband must be punished if he abuses his wife."* *(Girl from Lahj)*

Collective social change (including for men and boys) for increased state accountability to end GBV

The women and girls recognised that violence is embedded in their society and collective change is needed to end it. One of the most dominant themes across all four governorates was the need to raise awareness of the suffering that women and girls face because of GBV. Many women and girls explicitly said that men and community leaders, including religious leaders, must be involved. The women and girls called for:

- awareness campaigns in schools, markets, and communities
- education for women and girls about their rights
- awareness for men and boys about women's and girls' rights
- programming to change harmful social attitudes.

> *"[I would like to see] awareness projects in schools and markets to teach women and girls their rights."* *(Woman from Shabwah)*

"[I would like] more awareness by men, [for them to] bear responsibility, adhere to religion and morals, and do justice to women." *(Woman from Ta'iz)*

"[We need] soft and strong solutions. Soft, such as awareness, spreading the subject to responsible entities. Strong, such as restoring the state. We need this very much… If there is no unified, serious state, we cannot limit violence." *(IDP woman from Ta'iz)*

"Men, boys, and community leaders must talk to authorities about violence against women and girls and demand improving services by providing [women and girls with] financial and moral support for a decent life. [They should also] talk about women and girls in society, about the importance of respecting them and about the dangers of violence against them." *(Woman from Abyan)*

Equitable access to vital education and economic empowerment opportunities

The women and girls across all four governorates mentioned wanting equality with men in work, education, and leadership. They requested:

- freedom to choose their education and work
- freedom of opinion
- consent in marriage
- participation in leadership and decision-making.

Women and girls explicitly reject forced marriage, discrimination, and marginalisation. The women and girls strongly believed that their education is both a right and a strategy for long-term empowerment. They described education as a protection mechanism, a pathway to strength and self-confidence, and a foundation for independence. They linked girls' education linked to reduced vulnerability to blackmail, greater societal respect, and more equal opportunities in leadership and employment. Some women and girls advocated private universities for girls, more community learning spaces, and educational opportunities for women who missed schooling.

"Educated women are the strongest and most effective group in society." *(IDP woman from Ta'iz)*

"I [wish I] could create classrooms for women who missed educational opportunities…a place where a woman finds everything she wants, even a special place for her children while she receives the service." *(Expert Interview, Woman)*

The women and girls also linked safety directly to economic stability and economic dignity as key to strengthening their confidence and ability to speak up about violence and seek help. They requested:

- job opportunities
- improved living standards
- the direct provision of salaries
- economic recovery and the provision of basic services (water, electricity, hygiene).

"[I request to] obtain the simplest rights: water, electricity, hygiene, and salaries." *(Girl from Lahj)*

"Provide places and job opportunities that contribute to raising the standard of living and provide opportunities for women and girls so they live with dignity. This reinforces strength in themselves, so they become capable of speaking and obtaining aid." *(Woman from Lahj)*

"[Give the same] opportunities to women as to men in terms of work, leadership, and decision-making." *(Woman from Ta'iz)*

Women and girls yearn for physical safe spaces, clubs, workshops, spaces that include childcare, and places for dialogue and skill-building. Safe spaces are envisioned as protection sites and holistic empowerment hubs for women and girls that combine PSS, skills development, recreation, and community-building.

"Organisations [should] provide programmes and activities to fill the time of youth and girls, such as clubs, pools, and safe spaces – programmes to occupy them…clubs, pools, safe spaces." *(Woman from Shabwah)*

"[Create] community centres that train and qualify abused women and ensure the presence of social workers to spread culture and awareness." *(Woman from Ta'iz)*

Younger women see technology as essential to modern life and a way to overcome mobility barriers. The women and girls emphasised a desire for (and access to) hotlines, electronic apps, and online reporting mechanisms. They want the ability to safely use their smartphones.

> *"[I] demand the existence of electronic applications and hotlines that allow [the] filing of reports and accessing of assistance without needing to go to centres."* *(Woman from Shabwah)*

> *"We have to be aware of how to use technology safely and develop applications because currently we use smartphones significantly. We can deprive ourselves of anything except having a smartphone because it is very important in our lives; we cannot be without a phone."* *(Woman from Abyan)*

Participants explicitly mention the need for non-discrimination by race or social category and the inclusion of marginalised groups, particularly women and girls with disabilities and Muhamasheen women and girls. GBV service providers must take inclusion into consideration.

> *"[I want] non-discrimination between categories according to race and disability. People must be equal – there is no difference between them."* *(Woman from Ta'iz)*

Community recommendations for strengthening GBV prevention and response

The following recommendations were provided by the women, girls, men, boys, experts, and GBV responders for strengthening GBV prevention and response in Yemen.

1. **Strengthen and increase direct funding for Yemeni organisations:** including supporting Yemeni organisations to develop the appropriate back-end and financial management systems; working with Yemeni organisations on fundraising and project design; and funding Yemeni organisations directly instead of through INGOs or UN agencies.
2. **Increase support for Women Led Organisations (WLOs):** Yemeni- and women-led organisations were consistently identified as responders with the greatest trust and acceptance from the communities, yet under-resourced.
3. **Intensify awareness and social norms change:** including community-wide campaigns about GBV and respect for women and girls among men, boys, and community leaders; contextualised, culturally sensitive approaches; rights education for women and girls; engagement with religious leaders on discourse around GBV; community dialogue, even without labelling it as 'GBV'; and the involvement of the media to raise awareness around GBV.
4. **Decentralise and expand GBV services and WGSS:** including establishing more shelters; establishing more well-equipped WGSS; providing more legal and PSS programming; ensuring sufficient qualified staff; and increasing the number of service locations, especially in rural and remote areas.
5. **Implement more economic empowerment programmes linked to GBV prevention:** including more micro-projects and livelihood support; the creation of job opportunities for women; and increased funding for women's programmes.
6. **Increase engagement of religious and community leaders:** including education and awareness campaigns and using the Qu'ran to frame culturally sensitive messaging around GBV.
7. **Strengthen referral pathways:** including strengthening health system referral mechanisms; updating stakeholder mapping and the 4Ws (who, what, where, when); and training stakeholders on referral mechanisms.
8. **Increase employment of women in the GBV response** to ensure that GBV services are adequately staffed and staffed with qualified personnel.

Recommendations for donors and humanitarians

Yemen's most recent humanitarian appeal was funded at only 28%—a sharp decline from the previous year and the lowest since the peak of the conflict (ACF 02/42/26). In this context of significantly reduced funding, strategic prioritisation is essential. GBV risks are increasing while services are contracting. The following top five recommendations focus on sustaining core life-saving services, protecting institutional trust, and maximising impact under constrained funding conditions.

1. Invest in trust, inclusion, and local leadership

Public trust in state institutions remains minimal, and trust in civil society organisations, while historically strong, has been eroded by service contraction and, in some instances, coordinated misinformation campaigns. Restoring this trust requires direct, flexible, multi-year funding to Yemeni and women-led organisations, rather than funding channelled through international intermediaries; targeted support for organisations led by Muhamasheen women and women with disabilities; and the maintenance of stable, predictable service delivery. Meaningful and sustained collaboration with moderate religious leaders and credible community influencers can help counter negative narratives and increase trust in GBV services. Strengthened locally-led initiatives are also better-placed to challenge social and cultural norms underpinning GBV.

2. Protect core, life-saving GBV services

Where funding is limited, priority should be given to sustaining essential, survivor-centred services that save lives and prevent irreversible harm. Donors should safeguard funding for vital, life-saving services, including CMR, case management, shelters for GBV, and PSS. Where safe-space coverage remains sparse (e.g. in remote/rural areas), donors should consider expanding their footprint, including investing in mobile clinics, as well as funding transportation to improve access to available services. For these core services, donors should prioritise services delivered by trusted grassroots and women-led organisations, which communities consistently identify as most acceptable and accessible in the Yemeni context.

3. Sustain economic empowerment as a protection strategy for women and girls

Economic hardship is repeatedly identified as an aggravating factor for GBV in Yemen, particularly domestic violence, child marriage, and sexual exploitation. Even in constrained funding environments, donors should preserve targeted WEE initiatives linked to GBV prevention and response; protect CVA mechanisms that enable women and girls to reach services safely; prioritise adolescent girls' access to education and safe skill-building programmes; and seek to expand the geographic footprint of WEE programming to underserved districts/rural areas. Local organisations also suggest that donors prioritise economic empowerment programming that targets the household unit (engaging both women and men) rather than women in isolation to reduce safety risks and challenge gender norms sustaining women's economic exclusion. Donors should not view economic stability as separate from protection – it is foundational to it. Evidence from this study shows that WEE programmes often serve as critical entry points for GBV disclosure and support in the Yemeni context.

4. Protect survivor autonomy in legal and health responses

Confidential care that promotes survivor autonomy means more survivors seeking care. Donors should discourage mandatory GBV reporting by healthcare professionals to law enforcement without survivor consent; invest in secure case management systems and private consultation spaces; and advocate to address emerging legal gaps in confidentially combatting online harassment and blackmail; etc. Local practitioners also highlight the importance of humanitarian actors investing in careful, grassroots relationship-building with local police, judges, and healthcare providers to strengthen survivor-centred response.

5. Fund system strengthening, not just service delivery

Delays, confidentiality breaches, weak management, and rigid procedures reduce access as much as geographic barriers. Strategic donor investment should prioritise strengthening confidentiality and data protection systems; simplifying referral and administrative procedures, including emergency fast-track mechanisms; capacity-strengthening for police, judicial actors, community leaders, and health providers on survivor-centred response, particularly in relation to TFGBV; investment in management, coordination, and oversight systems to reduce case backlogs; and investment to align existing systems and networks to manage the alarming rise of online GBV crimes. Advocacy on key legal reforms is also required, including the establishment of a legally enforced minimum age of marriage within the Personal Status Law. Targeted system reforms are often more cost-effective than service expansion alone and can improve impact across multiple sectors.

6. Annexes

Annexes

Voices from Yemen 2025 approach and methodology

This inaugural Voices from Yemen 2025 report brings to the fore the lived experiences and perspectives of women and girls regarding GBV in Yemen, along with the views of men and boys and the insights of key informants engaged in the GBV response. The methodology is directly informed by, and builds upon, the established Voices from Syria approach and analytical logic, adapted to the Yemeni context. As such, Voices from Yemen 2025 applies a feminist, survivor-centred, and intersectional qualitative research design to ensure that women and girls are positioned as experts on their own lives and realities. By prioritising and amplifying the narratives of women and girls, Voices from Yemen 2025 recognises these voices as vital to the design and adaptation of humanitarian programming.

Voices from Yemen 2025 is guided by four interrelated principles, adapted from the Voices from Syria approach:

1. **Feminist and survivor-centred analysis:** women's and girls' lived experiences are recognised as a critical source of knowledge about systemic discrimination, inequality, and violence. In line with the GBV guiding principles, the survivor-centred and do-no-harm approach prioritises participant wellbeing, agency, and dignity throughout all stages of data collection, analysis, and reporting.

2. **An intersectional lens:** this approach allows the examination of how multiple and overlapping social categories interact with conflict and crisis dynamics to shape different GBV risks, coping strategies, and access to support. It recognises that women and girls are not a homogeneous group and that vulnerability and resilience are produced through intersecting systems of power and exclusion.

3. **Contextualisation and localisation:** the analysis is rooted in the specific sociocultural, political, social, economic, and conflict dynamics in Yemen to ensure that findings and recommendations are relevant.

4. **Participatory knowledge generation:** qualitative methods are used to centre and amplify the voices of women and girls, positioning their lived experiences as the primary source of evidence informing the analysis and recommendations. Data collection emphasised facilitated dialogue and collective reflection within FGDs, enabling participants to articulate shared concerns, risks, and coping strategies.

Voices from Yemen 2025 draws on multiple qualitative and secondary data sources to ensure methodological and analytical robustness.

Between October–December 2025, 23 FGDs were conducted in Abyan, Lahj, Shabwah, and Ta'iz governorates. Discussions were conducted with women, girls, men and boys, segregated by gender and age, to capture different experiences and understandings of GBV. Pilot FGDs were conducted to test the FGD qualitative discussion guide. The tool was further refined after an initial pilot, shortening the discussion guide and reframing questions to improve comprehension and uptake. The four pilot FGDs each comprised ten participants, reduced to eight participants in the subsequent FGDs to allow more time for participants to express their views. All FGDs were facilitated in Arabic by trained facilitators and supported by note-takers.

To complement community-based data, 20 in-depth interviews were conducted with representatives of NNGOs, CSOs, INGOs, and coordination bodies who hold direct operational and contextual expertise in Yemen, including humanitarian response, GBV service provision, and health programming. Interviewees represented a range of technical areas, including GBV case management, legal assistance, WEE, WGSS, integrated GBV and health/nutrition programming, legal aid, community conflict management, civic education, MHPSS, and civil society initiatives.

Table 4. Breakdown of types of expert interviews by response sector

TYPE OF CLUSTER/SECTOR/ AREA OF RESPONSIBILITY	# OF INTERVIEWS	
	WOMEN	MEN
Protection	5	1
Multisector	4	4
Gender and GBV	2	0
Child protection	0	1
Legal, human rights, and researchers	2	1
Total	**13**	**7**

Primary qualitative findings were supplemented by a structured secondary data review, including relevant assessments, analytical reports, and programmatic documentation related to GBV and protection in Yemen. Secondary sources were used to situate findings within the broader evidence base, identify convergences and divergences across data, and strengthen the overall grounding of the analysis.

FGD notes were taken in Arabic, and key informant interview notes were taken in Arabic and English, depending on interviewer and interviewee needs and preferences. All Arabic notes were translated into English, and qualitative data was coded and analysed using ATLAS.ti, employing a combination of inductive and deductive coding methods. Multiple coders independently applied the coding framework, and an expert reviewer examined coding consistency and interpretation to ensure analytical rigour and reliability. An iterative analytical process was employed, allowing emerging findings to be reviewed, compared across data sources, and refined through triangulation with expert input and secondary literature.

Data collection only occurred in IRG-controlled areas. All facilitators and note-takers received training on trauma-informed data collection, ethical qualitative research practices, GBV referral pathways, informed consent, and confidentiality. FGD participants who disclosed distress or required follow-up services were supported via existing referral pathways.

Given the sensitivity of GBV-related discussions, strict measures were taken to protect participants' anonymity and privacy. Data storage and sharing adhered to ACAPS' data protection and privacy policy, including secure handling, restricted access, and the anonymisation of all records prior to analysis.

Limitations and challenges

1. **Safety and willingness to participate:** the sensitive nature of GBV discussions may have affected participants' comfort in sharing experiences.

2. **Geographic scope:** data collection was limited to areas under the control of the IRG. Information on areas controlled by the DFA was drawn primarily from service providers and secondary data.

3. **Data:** data collection methods focused on the do-no-harm principle and did not ask participants about any personal experiences of violence. As a result, the amount of information participants were comfortable sharing likely varied and was outside of the facilitators' control. Participants may not have felt comfortable sharing types and details of violence taking place in their community, including because of risks of social stigma or other consequences. For example, there may have been a fear of judgment by facilitators or other participants or concerns that confidentiality would be broken.

4. **Confidentiality:** although all efforts were made to ensure confidentiality, participants may have been concerned about disclosing information or events in front of others from their community, potentially limiting how much they shared during the sessions.

5. **Access:** participation in FGDs was likely skewed towards those living in closer proximity to centres where discussions were held. People with mobility constraints or people with limited ability to travel to NGO facilities are less likely to have been able to participate.

Acronyms

AAAQ	Availability, accessibility, acceptability, quality
AI	Artificial intelligence
CCCM	Camp coordination and camp management
CMR	Clinical management of rape
CRSV	Conflict-related sexual violence
CSO	Civil society organisation
CVA	Cash and voucher assistance
DFA	De facto authority in the north of Yemen (also known as the Houthis)
FGD	Focus group discussion
FGM/C	Female genital mutilation or cutting
GBV	Gender-based violence
HNRP	Humanitarian Needs and Response Plan
IBA	Image-based abuse
IDP	Internally displaced person
INGO	International non-governmental organisation
IRG	Internationally Recognised Government of Yemen
MHPSS	Mental health and psychosocial support
NFI	Non-food item
NGO	Non-governmental organisation
NNGO	National non-governmental organisation
PHC	Primary healthcare
PSS	Psychosocial support
RH	Reproductive health
STC	Southern Transitional Council
TFGBV	Technology-facilitated gender-based violence
UN	United Nations
UNFPA	United Nations Population Fund
UNSC	United Nations Security Council
WASH	Water, sanitation, and hygiene
WEE	Women's economic empowerment
WLO	Women-led organisations
WGSS	Women's and girls' safe spaces

Key terms

Availability, accessibility, acceptability, quality framework: originally developed for the healthcare sector to better understand barriers to care. It also serves as a useful tool for assessing GBV services and providing a better understanding of how they are perceived by users (UNICEF 2019).

Blackmail: a form of extortion that "consists of obtaining property from another through the wrongful use of actual or threatened force, violence or fear" that can use threats to force someone to cooperate, including exposing information that can damage one's reputation (UNODC accessed 03/03/2026). See: Technology-Facilitated GBV and Sextortion.

Case management: a collaborative process that engages a range of service providers to meet a survivor's immediate needs and support long-term recovery. Effective GBV case management ensures informed consent and confidentiality, respects the survivor's wishes, and provides inclusive services and support without discrimination. GBV case management is responsive to the unique needs of each survivor (GBV AOR accessed 03/03/2026).

Child/minor: Article 1 of the Convention on the Rights of the Child defines a child as "every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier" (OHCHR 20/11/1989). Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, such as for marriage. Under Yemeni law, the Rights of the Child Act (2002) mirrors this definition (CRIN 12/09/2011), but the Personal Status Law sets the age of maturity significantly lower – at puberty or as young as nine for girls and ten for boys – and, with no minimum age for marriage, permits the contracting of marriage for a minor, with consummation permitted from age 15 (HRW 07/12/2011). This creates a significant gap between the formal definition of a child and the protections afforded to girls in practice.

Child sexual abuse: refers to any act of a sexual nature imposed on a child, including exploitation, coercion, or manipulation, whether occurring within or outside the family environment. Child sexual abuse includes FGM/C and child marriage (Elrha et al. 11/07/2023; CPWG 2013).

Confidentiality: a GBV guiding principle associated with survivor-centred service delivery. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client's case with their explicit consent (IASC 28/08/2015).

Conflict-related sexual violence: refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilisation, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls, and boys that is directly or indirectly linked to a conflict. This link may become evident through the profile of the perpetrator, who may often be affiliated with a state or non-state armed group, including those designated as terrorist groups by the UNSC; through the profile of the victim, who may frequently be an actual or perceived member of a persecuted political, ethnic, or religious minority or targeted on the basis of actual or perceived sexual orientation or gender identity; or through other existing circumstances, such as a climate of impunity; cross-border consequences, such as displacement or trafficking; or violations of the provisions of a ceasefire agreement. The term also encompasses trafficking in persons for the purpose of sexual violence and/or exploitation when committed in situations of armed conflict (UNSG 15/07/2025).

Consent/informed consent: consent refers to approval or assent, particularly and especially after thoughtful consideration. Free and informed consent is given based upon a clear appreciation and understanding of the facts, implications, benefits, risks, and future consequences of an action. Children are generally considered unable to provide informed consent because they do not have the ability and experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible owing to cognitive impairments and/or physical, sensory, or intellectual disabilities (IASC 28/08/2015).

Denial of resources, opportunities, or services: denial of rightful access to economic resources/assets, livelihood opportunities, and education, health, or other social services. Examples include a widow being deprived of receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman being prevented from using contraceptives, or a girl being restricted from attending school. Economic abuse is included in this category. Some acts of confinement may also fall under this category (IASC 28/08/2015).

Denial of rights: denial of and active repression of rights, including the right to work, education, health, housing, inheritance and housing, land, and property, freedom, expression, privacy, and movement. Examples include restrictions imposed by families on the movement, attire and dress, and ability to work or go to school of women and girls (IASC 28/08/2015; ILO accessed 03/03/2026). Denial of rights includes denial of resources, opportunities, or services as part of a wider category.

Disability: people with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (UN 13/12/2006).

Domestic violence: violence that takes place within a marriage. Sometimes used interchangeably with "intimate partner violence", it includes violence between husband and wife (IASC 28/08/2015).

Early marriage (or child marriage): a formal marriage or informal union involving at least one person under the age of 18. Both girls and boys can be affected, although girls disproportionately experience child marriage globally. Even though some countries permit marriage before age 18, international human rights standards classify these as child or early marriages, reasoning that those under age 18 are unable to give informed consent. Child or early marriage is a form of forced marriage, as children are not legally competent to agree to such unions (IASC 28/08/2015). .

Economic abuse/violence: an aspect of abuse where abusers control survivors' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency, and gaining financial independence (IASC 28/08/2015).

Emotional abuse/psychological violence: the infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, or the destruction of cherished things (IASC 28/08/2015).

Family violence: refers to all violence that takes place within the family and household and is perpetrated by family members other than the spouse (including in-laws, parents, brothers, and extended family members). It can also include the abuse of children by parents (IASC 28/08/2015).

Femicide: the intentional killing of women and girls on the basis of their gender and/or their gendered behaviour and self-presentation, usually by a (former) male partner or a male family member. Femicide can be the final outcome of domestic or family violence. It can be a form of enforcement, backlash, and retaliation for women and girls not fulfilling socially ascribed gender roles and expectations. As part of this, it can also be applied against women and girls accused of causing social shame and murdered under the guise of protecting 'honour' and 'reputation' (UNODC 2018; GBV AOR 10/2022). See 'so-called honour killing'.

Forced marriage: the marriage of an individual or both people against their will. It includes cases in which a person does not have the capacity, is unable, or does not feel they have the power to provide informed consent. Early (or child) marriage is a form of forced marriage, as children are not legally competent to agree to such unions, so it is given that one or both parties have not expressed full, free, and informed consent (IASC 2015). See Early Marriage (or Child Marriage).

Gender: refers to the social attributes, roles, and opportunities associated with being male or female and the relationships between women and men and girls

and boys, as well as the relations among women and those among men. These attributes, opportunities, and relationships are socially constructed and learnt through socialisation processes. They are context-/time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in the responsibilities assigned, activities undertaken, and access to and control over resources, as well as decision-making opportunities. Gender is part of the broader sociocultural context (IASC 28/08/2015).

Gender-based violence: an umbrella term for any harmful act that is perpetrated against a person's will and based on socially ascribed (i.e. gender) differences between men and women. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials between men and women around the world place women at risk of multiple forms of violence. As agreed in the Declaration on the Elimination of Violence Against Women (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty, whether occurring in public or private life. The term is also used in this report to describe some forms of sexual violence against men when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity (IASC 28/08/2015).

Gender equality: refers to the equal rights, responsibilities, and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities, and opportunities will not depend on whether they are born men or women. Gender equality implies that the interests, needs, and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men.

Gender roles: a set of social and behavioural expectations or beliefs about how members of a culture should behave according to their biological sex; the distinct roles and responsibilities of men, women, and other genders in a given culture. Gender roles vary among different societies and cultures, classes and ages, and periods in history. Gender-specific roles and responsibilities are often conditioned by household structure, access to resources, the specific impacts of the global economy, and other locally relevant factors, such as ecological conditions (IASC 28/08/2015).

So-called 'honour' killing: 'so-called honour-based violence and killings' stem from a desire to safeguard perceived family 'honour' and punish behaviour that is perceived as socially unacceptable and challenging men's control over women based on sexual, familial, and social roles and expectations assigned to women by patriarchal ideology. Family honour is considered to be embodied in the behaviour and reputation of women and girls. Such behaviour may include adultery, extramarital sex, or premarital relationships that may or may not include sexual relations; rape and other forms of sexual violence; dating someone unacceptable to the family; violations of restrictions imposed on women's and girl's dress; contact with men and boys; employment or educational opportunities; social lifestyle; or freedom of movement (UNFPA 12/2021). See Femicide.

Image-based abuse: involves using intimate images to coerce, threaten, harass, and objectify. Many women and girls have had their private images and videos shared without their consent. Intimate content – sometimes fabricated, including images generated by AI or videos known as deepfakes – is shared or published on social media to blackmail, shame, or humiliate women and girls, often as revenge after they reject romantic advances. Leaked content often results in severe social stigma, including so-called 'honour' killings or threats of violence towards the survivor. Sextortion is a serious form of IBA that exploits digital vulnerability to prey on women and girls and often leads to in-person forms of sexual exploitation and violence (UNFPA 2025).

Mahram: an adult male relative (such as a father, brother, husband, son, or uncle) with whom, except for husbands, marriage is permanently prohibited under Islamic law and who may be required to accompany a woman in public or during travel. The Mahram requirement refers to the requirement that a woman must be accompanied by a Mahram when travelling or moving outside the home (ACAPS 14/12/2023).

Muhamasheen: Al Muhamasheen (the Arabic term for 'marginalised') are an ethnic group in Yemen who experience systemic discrimination. They are generally referred to negatively, racially discriminated against in Yemen as 'Akhdam' (the Arabic term for 'servants'), and are considered to be the lowest social class in the country. Muhamasheen are not allowed to carry arms or own property. They face discrimination and lack of rights and work in occupations that society considers inferior, such as cleaning streets, washing cars, or begging (ACTED/IOM/NRC 21/03/2023; SCSS 13/07/2021).

Perpetrator: a person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against their will (IASC 28/08/2015).

Physical violence/assault: an act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or the use of any weapons, acid attacks, or any other act that results in pain, discomfort, or injury (IASC 28/08/2015).

Psychosocial support: any type of support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders, including helping to heal psychological wounds after an emergency or critical event. MHPSS in emergencies include four layers: basic services and support, community and family support, focused non-specialised services, and specialised services. Focused PSS services can be provided for GBV survivors through individual or group support aimed at addressing the harmful emotional, psychological, and social effects of GBV (IASC 01/06/2007).

Rape: physically forced or otherwise coerced penetration of the vagina, anus, or mouth with a penis or other body part. It also includes the penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. The rape of a person by two or more perpetrators is known as gang rape (IASC 28/08/2015).

Referral system: a flexible mechanism that safely links survivors to services such as health, PSS, case management, safety/security, and justice and legal aid. [26] A functional referral system of survivor-centred, multisectoral service providers supports survivors' health, healing, and empowerment. Referral systems must prioritise survivor safety and confidentiality and respect survivors' choices (Elrha et al. 11/07/2023).

Qat: a mild narcotic leaf popular in Yemen. Qat chewing is an important social element of Yemeni culture. More common in the north than in the south, qat chews are important forums for information exchange. The purchase of qat for consumption can cost up to 50% of the household income (ACAPS 22/05/2022; SCSS 14/04/2023).

Sextortion: or sexual extortion occurs when an individual has, or claims to have, a sexual image of another person or other materials (e.g. recordings or messages) implicating them and/or threatening to spread allegations about them to coerce a person into doing something they do not want to do. This commonly includes the coercion of a person to engage in nonconsensual and unwanted sexual acts. Sextortion is based on gender norms and expectations – related to control over women's and girls' sexuality – and uses fear of shame to apply pressure on victims (UNFPA 12/2021). See Blackmail.

Sexual assault: any form of nonconsensual sexual contact that does not result in or include penetration. Examples include attempted rape, unwanted kissing, fondling, or the touching of genitalia and buttocks (IASC 28/08/2015).

Sexual exploitation: any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another (IASC 28/08/2015).

Sexual harassment: unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature (IASC 28/08/2015).

Sexual violence: any sexual act, attempt to obtain a sexual act, unwanted sexual comment or advance, or act to traffic a person's sexuality using coercion, threats of harm, or physical force by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion (IASC 28/08/2015).

Survival sex: often used interchangeably with selling or exchanging sex and preferred over the term prostitution. Survival sex uses sex as a commodity in exchange for goods, services, money, accommodation, or other basic necessities (UNHCR/UNFPA 2021; IASC 28/08/2015).

Survivor: a person who has experienced GBV. The term recognises that a violation of one's human rights has occurred. The terms 'victim' and 'survivor' can be used interchangeably. 'Victim' is a term often used in the legal and medical sectors. 'Survivor' is the term generally preferred in the GBV and PSS sectors because it implies resilience; this is what the report uses (IASC 28/08/2015).

Survivor-centred approach: creates a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect (Elrha et al. 11/07/2023). A survivor-centred approach is based on the following guiding principles.

1. Safety: the safety and security of survivors and their children are the primary considerations
2. Confidentiality: survivors have the right to choose to whom they will or will not tell their story, and any information about them is only shared with their informed consent
3. Respect: all actions taken should be guided by respect for the choices, wishes, rights, and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor
4. Non-discrimination: survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation, or any other characteristic.

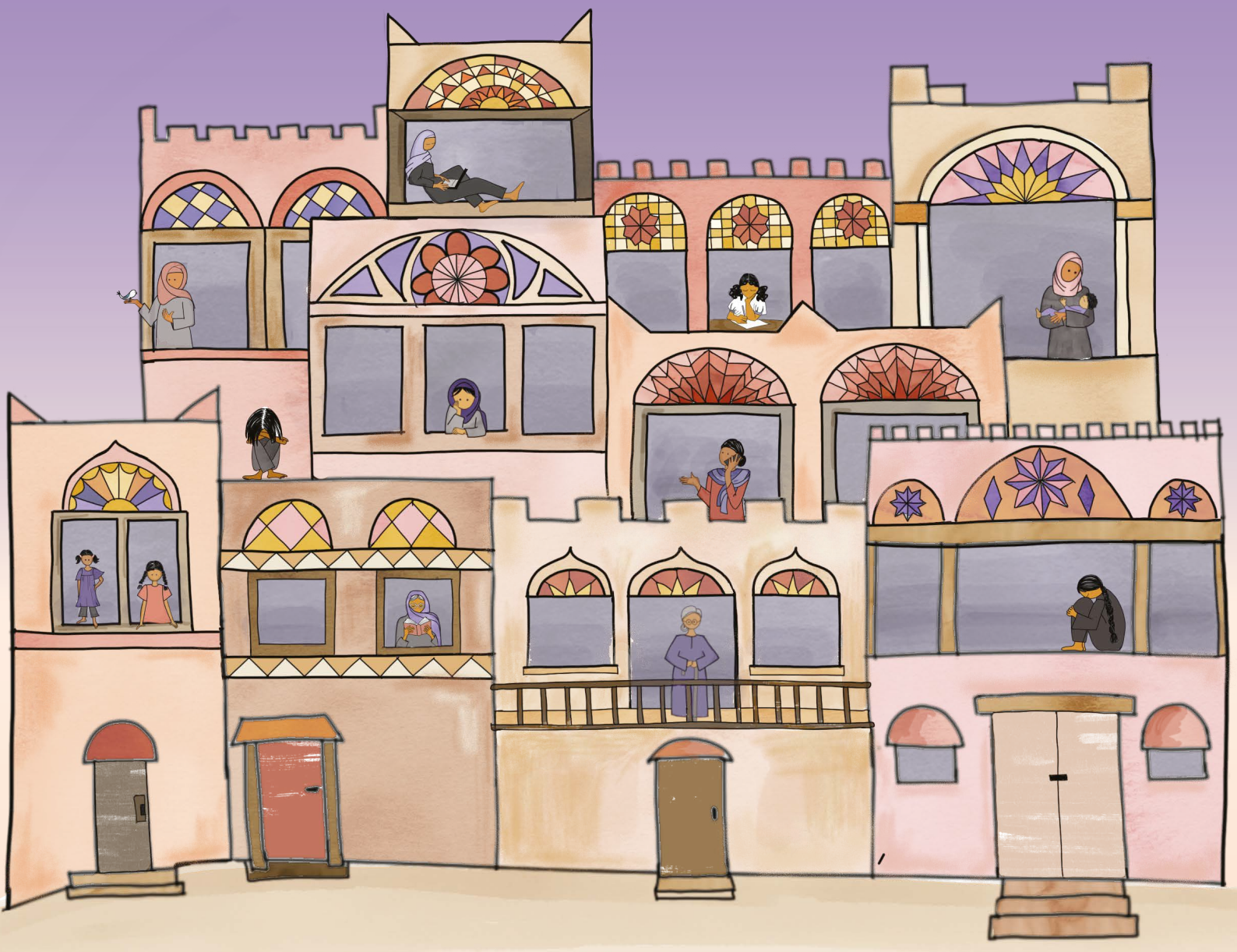
Technology-facilitated GBV: the use of technology, digital tools, and online platforms to perpetuate GBV. It includes already existing forms of GBV, such as sexual harassment, movement control through stalking and monitoring, and social violence through online hate speech and threats, but it also quickly "broaden(s) the scope of violence" that perpetrators subject women and girls to, such as defamation, doxing (the wide dissemination of personal data), and sextortion. It also facilitates new forms of GBV, such as IBA. TFGBV interacts with offline forms of GBV, sometimes leading to the furthering of physical forms of sexual violence and vice versa (UNFPA 12/2021; ACAPS 09/09/2024). See: Blackmail, Image-Based Abuse, Sextortion.

Trafficking in persons: the recruitment, transportation, transfer, harbouring, or receipt of people by means of threat or the use of force or other forms of coercion, abduction, fraud, deception, or abuse of power or a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes the exploitation of the prostitution of others or other forms of sexual exploitation; forced labour or services, slavery, or practices similar to slavery; servitude; or the removal of organs (OHCHR 15/11/2000).

Wasta: The use of personal connections, social networks, family ties, or influence to obtain preferential treatment, access to services, or favourable outcomes. In justice and governance contexts, wasta can enable individuals to influence decisions, expedite procedures, or gain advantages in accessing legal and administrative processes that may not be available to others (Marktanner and Wilson, 2016).

Women's and girls' safe spaces: a structured place where women's and girls' physical and emotional safety is respected and where women and girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance their psychosocial wellbeing, and more fully realise their rights (IRC/IMC 12/2019).

VOICES
from Yemen



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Gender-Based Violence AOR in Yemen

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