Baseline Study
Occupied Palestinian Territories
Final Report
Elaborated by Alpha International

Naseej:
Connecting Voices and Action to End Violence Against Women and Girls
in the MENA Region
HUM/2018/400-606

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I. Executive Summary

Sexual and Gender Based Violence (SGBV) is a worldwide phenomenon, which also exists in Palestine. In 2019, PCBS reported that the percentage of violence against women decreased to (27%) compared to (37%) in 2011. In the most vulnerable and marginalized areas, Palestinian women who are victims of violence have difficulty accessing services and do not have awareness of services. Therefore, the aim of this study was to conduct a baseline study for sexual and gender based violence in Palestine to assess the work, reach, and current gaps of civil society organizations. Additionally, the study measured the Knowledge, Awareness, and Practice (KAP) of marginalized communities in SGBV and services providers.

The baseline survey comprised a sample size of 623 participants; 415 females and 208 males. The participants were from marginalized areas in the following governorates: Qalqilya, Salfit, Jericho, East Jerusalem, Hebron, Bethlehem, Khan Younis, and Rafah. Also, a total of 16 in-depth interviews (IDIs) were conducted with key experts from civil society organizations, international organizations and governmental institutes. The IDIs have helped identify the marginalized communities for the baseline survey. To this end, a total of 5 focus groups were conducted, including: 3 with women from Qalqilya, Hebron, and Gaza City, and 2 with men from Bethlehem and Gaza City.

Representatives from CSOs mentioned the reasons why victims of violence do not receive services, this includes: fear of social stigma, lack of awareness of services, lack of awareness of different forms of violence, lack of trust in service providers, financial burdens, movement restrictions, geographical and political fragmentation, social norms and customs, and the Israeli occupation and its apartheid policies and strategies. Additionally, the in-depth interviews with CSOs, international organizations, and government institutes highlighted the strengths and gaps of CSOs and other service providers.

1. Social Norms and GBV

More than half of the community members in the 8 governorates said men and women do not have equal rights in their communities. The results of the survey confirmed inequality in decision making, education, marriage, freedom of movement, and economic discrimination. Furthermore, although the majority of participants agree that women and girls have the right to make their own decisions at home, the specificity depends on the types of freedoms. For example, nearly half of participants agree women have the freedom of education, but a low percentage of participants agree on decisions of marriage, personal affairs, home affairs, and work. An overwhelming majority of participants in all communities in the survey agree that there needs to be more effective laws to protect women and girls from SGBV. However, more females than males agree to this statement. Furthermore, more males than females believe that violence is taken seriously by the security and policing institutes.

The survey results found a correlation between Palestinian social norms and Violence against Women (VAW). The top three reasons for justifying any form of violence against women include: leaving the house without permission, neglecting her children, and raising her voice or screaming. Additionally, the top three forms of punishment practiced by husbands for any justifiable reasons include: rebuke/verbal assault/abuse, hitting (including slapping), and loud voice/screaming. Generally, physical violence and hitting is found most in East Jerusalem, Khan Younis, Salfit, and Rafah. The punishments of denial of getting out of house and denial of communication and movement (mobile and expenses) was found mostly in Jericho, Khan Younis, Rafah, and Hebron. Moreover, more than half of participants agree that VAW is pervasive in the private sphere (home), or in their community, and that VAW is common in the public sphere. Results show that geographical location has a higher
impact on the prevalence of violence than the level of education or working status of the survivor of violence. Also, the majority of participants agree that early marriage contributes to VAW. A great number of participants also agreed that VAW increase during the Covid-19 outbreak. Overall, the majority of participants disagree to the statement "killing of women in the name of honor is acceptable in your community". However, the majority of participants in Jericho agree to the statement.

The baseline report confirms three forms of violence in the Palestinian community: verbal abuse, early marriage, and child abuse. However, a high percentage of participants from Jericho and East Jerusalem have reported physical assault in their communities. Additionally, majority of participants from Salfit highlighted electronic extortion and denial of inheritance in their community. Furthermore, the prevalence of sexual assault is very high, as half of the participants reported sexual assault in their communities. An alarming majority of participants in Jericho, East Jerusalem, and Hebron report sexual assault is prevalent in their communities. Furthermore, only (13%) of participants said they personally or a family member have been exposed to violence. These participants reported that the top three forms violence experienced include: verbal abuse, physical assault (hitting, slapping, burning), and sexual assault. Nearly twice the percentage of males (31%) reported sexual assault compared to females (17%). Generally, the top three perpetrators of violence are the husband, father, and a relative. Females are most exposed to violence by their husbands, fathers, and relative or brother. Meanwhile, males are most exposed to violence by their father or from other perpetrators such as work colleagues or strangers. The majority of perpetrators are above the age of 18, and specifically between the ages of 18 and 50. An overwhelming percentage of survivors of violence did not receive any types of services. The female participants expressed that they have received a variety of GBV-response services including: health, legal, psychosocial, and awareness services. Male victims are twice more likely to obtain legal services and health services.

Regarding marriage, polygamy, divorce, and child custody, the majority of participants reported that the average age for marriage in their communities is 18 and above. However, more females (22%) are likely to get married at the age 17 and below compared to (1%) of males. Furthermore, the top three main reasons for marriage include: economic reasons, culture, and to protect girls' (honor). Regarding divorce, the majority of participants agree that women have right to divorce based on their own will and that women have the right to take custody of their children after divorce. Additionally, the majority of participants agree to the statement that "polygamy in your society lead to harm to the woman and the family (meaning psychological, economic, and social harm)".

In regards to social perceptions about women and girls' decision making, majority of participants believe that women and girls have the right to make their own decisions. The majority of participants also agree that women and girls have the right to defend themselves in cases of domestic violence. Most participants disagree that women wearing garment that does not match the opinion of her family is a justification for violence. Regarding community responsibility of ending VAW, the majority of participants agree that the responsibility of women's rights organizations, men in the society, women and girls themselves, and the extended family. Although the majority of participants also agree that it is the responsibility of the government, a less percentage of participants agree to the responsibility of the government compared to all others responsible.

2. Gender-based Violence Response

CSOs deliver a range of GBV-response services, including but not limited to, psychosocial support, legal support, and family services. However, these service providers have some important gaps in their capacity and ability to carry out certain services. The gaps and strengths of these services include the following:
1. **GBV-related service availability**: include the reports showed an increase of the number of women who access services and an increase of available services. However, the location of service providers is mainly in city centers, which not all women have access to them, especially in rural and hard-to-reach areas (in Areas A, B, C, and H2). An aspect that cause service limitation in some areas include the limited internal human and financial resources which leads to providing seasonal and discontinuous services and programs and weaker impact.

2. **Providing multiple services at the same Center**: The strengths include SGBV service providers having employees who specialize in multi-areas (legal support, psychosocial support, health, and social services). The gaps include the organizations being financially limited and are limited in the number of service providers available.

3. **Training of security and justice employees**: the strengths include a positive impact on the employees' capacity building and types of services provided. The gaps include the training of security and justice employees, is the continued relocation of the trained employees, meaning the loss of experienced staff members.

4. **Awareness campaigns**: Strengths include data and analysis showing an increase of awareness. Gaps include awareness campaigns reaching the same communities and due to funding some programs are discontinued.

5. **GBV-Response services and helplines**: strength includes many CSOs established helpline services during the Covid-19 pandemic. A gap in helplines is that they do not provide 24/7 service, mainly available during working hours. Regarding data base for survivors of SGBV, strengths include internal data bases of cases. Gaps include the NRS not included in the internal data bases and the lack of unification of data collection by service providers. Regarding the inclusion of males, a strength is that some CSO's began targeting men for awareness campaigns. A gap is that most CSO's only target women.

6. **Media**: strength includes the increase of usage of social media, including providing services on social media platforms. A gap in media includes a lack of a national media strategy to tackle SGBV.

7. **Shelters and protection centers**: 3 shelters are available in the West Bank and 2 in Gaza Strip. The report show increase in GBV-response services provided to survivors of GBV, and their impact. However, one of the most crucial issues found is the lack of financial capacity, as they may not be able to offer all the needed facilities, staff capacity, or even programs for economic development.

8. **Community participation and backlash**: strengths include the targeting of community leaders, influencers, and decision makers in awareness campaigns and services by CSOs has led to an increase in awareness reach and supporters of SGBV. Gaps include community rejection of CEDAW and the drafted Family Protection Law.

9. **Programs**: strengths include the services provided having an impact on SGBV survivors. Gaps include dependence on funds and lack of coordination amongst organizations in terms of programs and service provided. Therefore, many service providers repeating the same programs to the same communities.

10. **Database for Survivors of SGBV**: strengths include all civil society organizations noted they have their own internal database system. Gaps include the lack of a unified database between CSO's and governmental institutes.

11. **Inclusion of Males for Gender Equality and Justice**: strengths include some organizations beginning to include males in their awareness campaigns and workshops. Gaps include many service providers only targeting women.
Community Responses to SGBV cases:

- **Sexual harassment**, killing is the top response in a rape case. The highest percentage of participants in Hebron said that victims of rape would be killed. Furthermore, when asked what happens to the perpetrator of rape, the top three responses were: imprisonment, nothing, and killing. It is important to note that a larger percentage of participants said the victim will be killed compared to the perpetrator. In Jericho, more than half of participants said that the perpetrator will be killed and half of participants in east Jerusalem said the perpetrator will be killed. In Qalqilia, a majority of participants said the perpetrator will be imprisoned.

- **Rights to inheritance**, a majority of participants agree that women and girls have the right to inheritance. Awareness of right of inheritance for women and girls is found least in East Jerusalem, Jericho, and Salfit. Also, the majority of participants believe that the Palestinian legal departments such as the Sharia courts provide support and provide enforcement mechanisms that facilitate women and girls exercising their rights. More than half of participants from Salfit disagree with this statement, which is the highest compared to other governorates.

- **Organizational and community SGBV Response Services**: When a woman is exposed to violence, participants reported the top three responses were: dispute is resolved in the family, conflicts are resolved by tribes, and cases are filed in court/courts (recourse to law). More than half of the participants said some victims of VAW, including those with disabilities, receive health services. Furthermore, a majority of participants said some victims, including those with disabilities, receive legal services. More than half of participants said some victims, including those with disabilities, receive psychosocial services. The leading reasons victims do not receive services include: fear from more violence, social stigma, and protect her children.

- **Litigation and security SGBV response services**: An overwhelming majority of participants agree that the law should punish men who practice violence against women within the family (his wife, daughter, sister, etc.). More than half of participants believe that the Palestinian law provides protection from violence for women and girls as well as guarantees their rights and that the police protect women and girls from violence as well as their rights. Participants from East Jerusalem are the least to agree with these statements. Furthermore, more than half of participants disagree or strongly disagree that in the event of domestic violence the wife does not have to report the husband if he is the perpetrator of the violence. Also, in the case of violence in their community, half of the participants would report such a case. The majority would report to police, and a quarter of participants would report to parents, family, relatives. The majority of participants believe that organizations/networks exist in the community so that women and girl survivors, including those with disabilities, can access GBV response services. However, participants in Qalqilia and Khan Younis lack the availability of these services.

- **Types of Available Services**: Health services are the most available and legal services are the least. Economic services are less available in Qalqilia compare to other areas. Both economic support and shelters are less available in Salfit compared to other areas. Also, Hebron has the highest percentage of available service regarding health, psychosocial, and economic support compared to other areas. The majority of participants believe that services that support victims of SGBV are important and a majority agree that the number of health, psychosocial, and social services providers needs to increase. More than half of participants agree that safe houses are able to serve and protect women and girls who are victims of violence and (75%) of participants agree that the extended family is able to serve and protect women and girls who are victims of violence.
3. Community Awareness of Consequences of GBV & Awareness Campaigns

- More than half of participants have not heard of awareness interventions. Participants in Qalqilia, Salfit, and East Jerusalem are the least who have heard of awareness campaigns compared to other governorates. Only (7%) of participants have participated in awareness activities. Participants from Qalqilia, Salfit, East Jerusalem, and Hebron have the lowest percentages of participants who have participated in awareness activities.
- A majority of participants agree that women's rights organizations create change in society awareness regarding GBV. Participants in East Jerusalem have the lowest percentage of agreeing to the statement compared to participants from other governorates. A majority of participants agree that women's rights organizations succeed in reducing GBV.
- Participants mostly hear about SGBV cases from: Facebook, the internet, and family members. Majority of participants from women's rights organizations agree that media outlets, television programs, radio stations, and newspapers do not cover SGBV issues enough. They usually cover SGBV issues during national or international occasions and in extreme cases.

4. National Policies / Protection Mechanisms

1. National referral system (NRS):
   - Strengths: the NRS was established in the West Bank and Gaza Strip in 2013. The NRS and its Gaza counterpart (GBV SOP in Gaza) have been a large accomplishment for organizations, as many of them provided the proper channels for victim protection and provision of services, and manuals for how to deal with survivors of SGBV, thus improving their service delivery. In Gaza Strip, cooperation between civil society organizations is found to be more effective, as many of them have been directly involved in the formulation of the system, and mapping out the needed paths.
   - NRS Gaps: There are two main gaps within the NRS. Firstly, not all entities who deal with SGBV survivors take part or fully implement the NRS. This includes two main entities: The Ministry of Health and the judicial system. Secondly, civil society organizations are not part of the NRS, which means they do not have clear and unified procedures for dealing with SGBV survivors. Also, CSO's and NRS do not have a unified database system, which includes referrals of cases and case reports of services obtained through governmental partners. In Gaza Strip, even though CSOs are the ones managing their referral system, the same gaps exist. Additionally, there is a lack of awareness of the NRS and the ability to use it.

2. Shelters and protection centers:
   - Strengths: shelters are available in the West Bank and 2 in Gaza Strip. Shelters provide protection, psychosocial support, and in some cases economic development.
   - Gaps: there is the lack of financial capacity, as they may not be able to offer all the needed facilities, staff capacity, or even programs for development. Also, there are weak coordination mechanisms and referral procedures of cases leads to delays in referral cases and the follow-up of cases. As for females with disabilities, shelters can only accept those with physical disabilities but are still able to take care of themselves. Also, shelters are not able to provide staff members that deal with more severe disabilities, and they are also legally not allowed to accept victims with mental disabilities, as they need special care.

3. Legal Framework:
   - Strengths: The Palestinian president has signed and ratified CEDAW without any reservations. Family protection law was drafted in 2005, and has been recently discussed during the Cabinet of Ministers meeting, meetings and passed to the President’s Office.
Gaps: Majority of CEDAW's main protections of women's rights have not been implemented in Palestinian law. Furthermore, the Family Protection Law was drafted 15 years ago and there are still no strong developments.

5. Recommendations
Recommendations based on the study findings include but not limited to the following:

- **At the Institutional level (policy and service delivery)**
  1. Increase awareness and capacity of governmental service providers in SGBV and dealing with SGBV.
  2. Implementing educational and awareness interventions with service providers, including NRS actors.
  3. Improve coordination between CSO's.
  4. Expanding the geographic areas where civil society and women's rights organizations cannot reach.
  5. Create a unified data base for the information referral system would need to be established by Civil Society Organizations.

- **At the social level**
  1. Women's rights organizations need to invest in individual and collective to deconstruct discriminatory social norms.
  2. Awareness raising interventions would need to focus on community mobilization. They also need to focus on International Human Rights Law and Humanitarian Law that promote gender-sensitive community discourse, social justice and equality.
  3. Inclusion of Men and Boys is a crucial factor in this process.

- **At the individual Level**
  1. CSO's and women's rights organizations need to promote social mobilization and engagement of men and young men in educational and awareness raising interventions.
  2. Expand the scope of SGBV multi-sectoral service delivery by increasing support for women's rights organizations and specialists who could help in SGBV protection and promoting gender equality.
  3. Supporting SGBV survivors and breaking out of conservative cultural norms.

II. Introduction and Background
Palestinian women suffer sexual and gender-based violence (SGBV) at the internal level (society and family) and external level (Israeli military occupation). The Palestinian Central Bureau of Statistics in their report “Preliminary Results of the Violence Survey in the Palestinian Society, 2019" reported that the percentage of violence against women that exists in Palestine is (27.2%). Although there are Civil Society Organizations (CSO’s) and Women's Rights Organizations (WRO's) available in Palestine to provide services to victims of violence, there are still gaps which exist within their services. Oxfam implemented Naseej: Connecting Voices and Action to End Violence Against Women and Girls in the MENA region", targeting Naseej Project in the Occupied Palestinian Territories, Yemen, and Iraq. The aim of this project is to tackle SGBV in conflict and occupation areas, through financing Women Rights Organizations and Civil Society Organizations to increase their capacity and effectiveness in
preventing and responding to SGBV. Additionally, the project aims to provide effective recommendations and influencing national and international policy and decision makers on SGBV.

This report presents the results of a comprehensive and objective baseline study that is conducted by Alpha International to measure Naseej project baseline indicators. The baseline measurements will provide a point of reference from which progress on or towards the achievement of Project outcomes will be assessed, monitored and evaluated throughout the duration of the project.

III. Research Methodology

In order to achieve the objective of the baseline study, a cross-sectional study approach was used. The study relied on secondary data (through conducting desk and literature review) and primary data (surveys, focus groups and in-depth interviews) to obtain the needed information for answering the questions of the study. The study was comprised of both quantitative and qualitative data collection methods. Quantitative interviews (survey) was conducted with males and females from selected governorates in West Bank and Gaza Strip and the qualitative component included: Focus Group Discussions (FGDs) with females and males and in-depth interviews with key representatives in international organizations, civil society organizations, and governmental institutions.

The following is a brief description for the methods used to conduct the baseline study:

6. Literature Review

A comprehensive literature review was conducted. 49 documents were reviewed (see annex 5: the references) in order to prepare the literature review. The literature included the following main themes: which under four main themes which are:

- Information on Gender Dimension in Palestine
- Impact of the Occupation on Palestinian Women and Girls
- Forms of Gender Based Violence in Palestine
- International and National Commitments and Strategies to Combat GBV
- Impact of Current Global Epidemic of COVID – 19 on SGBV
- Keynotes and Conclusions

7. Survey

A survey with a total of 623 participants was conducted; 208 males and 415 females. The participants were randomly selected from 8 governorates in the West Bank and Gaza Strip. The governorates and localities for this study were chosen based off of in-depth interviews in which key representatives in international organizations, civil society organizations, and governmental institutions explained which areas are most vulnerable regarding SGBV. In the West Bank, respondents were randomly selected in Qalqilia, Salfit, Jericho, East Jerusalem, and Hebron. Data collection was conducted with participants from Khan Younis and Rafah in the Gaza Strip. The total participants in the West Bank comprised 422 and 201 in Gaza Strip. The interview in West Bank were conducted using face to face interviewing. While in Gaza the interviews were conducted through phone because Gaza was closed at the time of data collection because COVID 19 pandemic.
Data collection in the West Bank during the period 9 – 19 September 2020. The survey in the West Bank were conducted face-to-face. The total participants in each governorate is as follows: Qalqilya 71, Salfit 48, Jericho 32, East Jerusalem 84, Bethlehem 103, and Hebron 84.

Data Collection with respondents in the Gaza Strip were conducted over the phone due to Covid-19 restrictions. Data collection with respondents from Rafah and Khan Younis began in September 24, 2020 to October 1st, 2020.

8. In-Depth Interviews

In-depth interviews with psychosocial and legal experts from women’s rights service providers were conducted; 17 interviews with 5 interviews conducted with experts from Gaza Strip and 12 with experts from the West Bank. 12 interviews were conducted with experts from civil society organizations, 3 from governmental institutions, and 2 from international organizations. The interviews questions focused on the types of services they provide and in which areas. The interviews allowed Alpha to identify the most vulnerable areas in the West Bank and Gaza Strip and also analyze which areas are lacking in services.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Civil Society Organizations</strong></td>
<td></td>
</tr>
<tr>
<td>Al-Najdeh Social Association</td>
<td>West Bank/ Tukaram</td>
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<tr>
<td>Health Care Committee</td>
<td>West Bank/Ramallah</td>
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<tr>
<td>Juzoor for Health and Social Development</td>
<td>West Bank/Ramallah</td>
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<td>Palestinian Counseling Center (PCC)</td>
<td>West Bank/ Jerusalem</td>
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<td>Palestinian Family Planning and Protection Association (PFPA)</td>
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<td>Palestinian Working Women Society for Development (PWWSD)</td>
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<tr>
<td>Women’s Center for Legal Aid and Counseling (WCLAC)</td>
<td>West Bank/ Ramallah</td>
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<td>The Gaza Mental Health Program</td>
<td>Gaza Strip</td>
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<td>Center for Women’s Legal Research, Counselling, &amp; Protection (CWLRC) / Hayat Center</td>
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<td>Culture and Free Thought Association (CFTA)</td>
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<td>Women’s Affair Committee (WAC)</td>
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<td>Ministry of Women’s Affairs</td>
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<td>Family Protection Unit</td>
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<td>UN Family Protection Association (UNFPA)</td>
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9. Focus Group Discussions

A total of 5 focus group discussions with local communities were conducted in Gaza Strip and 3 in the West Bank, a total of 2 FGDs were conducted with males and 3 with females. All of the participants were over the age of 18. The FGDs in the West Bank were conducted in Bethlehem, Hebron, and Qalqilia. The FGDs in Gaza Strip were conducted with participants from Khan Younis and Rafah. During the FGDs, discussion pillars aimed to explore the effect of community/social norms on females, violence against women in the community, community reaction towards violence against women, their experiences with violence, and awareness of services related to VAW.

### Focus Group Discussion Distribution

<table>
<thead>
<tr>
<th>Region</th>
<th>Governorate</th>
<th>Sex</th>
<th>Number of Participants</th>
<th>Ages</th>
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<tr>
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<td>Males</td>
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<td>Khan Younis and</td>
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<td>West Bank</td>
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<td>Males</td>
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<td>18-68</td>
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<td>Hebron</td>
<td>Females</td>
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<td>18-36</td>
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<td>Qalqilia</td>
<td>Females</td>
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IV. Literature Review Main Findings

1. Introduction

Violence Against Women (VAW) is defined as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (The General Assembly, 1992). Based on the definition, VAW can be seen to be prevalent in many different forms, worldwide. Even though some countries have made tremendous advancements in eliminating VAW, the global estimates indicate that 1 in 3 women (35%) experienced either physical or sexual violence (WHO, 2017).

In 2013, the World Health Organization (WHO) published a report entitled “Global and Regional Estimates of Violence against Women”, the report findings for lifetime prevalence of intimate partner violence (physical and/or sexual) or non-partner violence or both among all women (15 years and older) for each WHO region are the following: In Africa, 45.6% experience any of the above, 36.1% in the Americas, 36.4% in Eastern Mediterranean, 27.2% in Europe, 40.2% in South-East Asia, and around 45% in Western Pacific. Many reforms regarding VAW have been accomplished since the previous WHO report, nevertheless the extent of VAW was not all covered in the report, indicating that gender discrimination and GBV is much more prevalent in the community than what was reported.

In Palestine, prevalence of violence against women was measured at 27.2%, as reported by the Palestinian Central Bureau of Statistics in their report “Preliminary Results of the Violence Survey in the Palestinian Society, 2019”\(^1\), which is an improvement from the reported value of 37% in 2011.

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\(^1\) Noting that the value reported by the PCBS includes exposure to other forms of violence as well as those reported by WHO.
Nevertheless, Palestinian women and girls experience multi-layer violence and discrimination and face conditions of oppression by living within a society that is governed by patriarchal norms and attitudes. Nevertheless, “VAW in Palestine extends beyond societal patriarchy and masculinity to include the role of the Israeli occupation, economic dynamics and stability, public/private divide in the legal system and the absence of alternatives.” (Tamimi, 2017).

In order to understand the rooted-causes of Sexual, Reproductive and Gender-based Violence (SRGBV) in Palestine, existing indicators and sources of SRGBV are researched, indicating different forms of violence faced by Palestinian women, including domestic, social, mental, psycho-social, sexual, reproductive, cyber-crimes, economical, and political, as well as institutional and legal framework.

2. Information on Gender Dimension in Palestine

   a. Social Norms (Meta Level)

Historically, Palestinian women has been highly engaged in the political life and strong advocates of gender equality within the sphere. Nevertheless, with the geographical fragmentation and restriction of movement due to the Israeli occupation, as well as the Palestinian political division between the West Bank government and Gaza Strip de-facto Government, there were significant changes in gender relations and a reversal to more conservative social norms and behaviors towards women (UN Women, 2018). The general perceived role of women has changed from freedom advocates to dependents; “Palestinian women are seen as mothers, daughters, or wives but not as independent human beings” (Tamimi, 2017).

While women have been able to penetrate the public sphere and increase their participation in civil and economic life, the inability of different actors and stakeholders to breakdown and influence gender stereotypes has rendered a situation where household work and the private sphere remained solely the women’s responsibility to a large degree. For example, even though more than half of the respondents in the UN Women study on masculinity agreed that women should have the same right as her husband to work outside the home, more than (60%) of males and females agreed that a woman’s most important role is to take care of the household and cook for the family (PromUndo, et al., 2017). Within the household, very few men and women think that it is shameful when men engage in caring for children or in participating in domestic work, but around (70%) of men and women agreed that changing diapers, giving baths to children, and feeding children should all be the mothers responsibility (PromUndo, et al., 2017). This puts a large responsibility on the women, as the average household in the West Bank includes around 3 children, and 4 in Gaza Strip. The increasing responsibilities and the scarcity of time has meant women are unable to prioritize participation in public and political life.

On the other hand, a large number of males and females agreed that a man’s duty includes exercising guardianship over his female relatives. And more than half of male and female respondents agreed that women should tolerate violence to keep the family together (PromUndo, et al., 2017). Furthermore, some Palestinians believe that it is acceptable for the husband to discipline his wife using different forms of violence, as well as have sex with her even if she doesn’t want to (martial-rape) (UN Women, 2018). This indicates the extent to which patriarchy and violence have penetrated societal norms, as male power and violence are accepted by a large portion of the society. One of the main factors informing the perpetuation of GBV is the absence of alternatives to women survivors of violence. Several considerations impede the breaking of this cycle of violence, including women’s economic dependency over their husbands, the social stigma associated with divorce and the
prospects of returning to the family home as social norms and culture dictate that divorced/widowed women shall not live on their own for fear of the so-called “family honor” (Tamimi, 2017).

This sort of social perception and participial indicators are highly rooted in the constant state of fear the Palestinians live in. The constant threat of Israeli violations, restriction of movement, and geographical legal fragmentation of the area has put a large part of society in a state of fear and increased dependence on the nuclear family, which became the basic unit of society. Furthermore, the Sharia law in Palestine, applicable to the Muslim majority, states the need for women to have the approval of a male guardian to travel, work, or study, even though it is not mandatory, many families may still apply it. This further rooted the patriarchal mentality, as males (guardians or husbands or brothers) were able to enforce limitations on females, as a way of protecting them from outside violations. Furthermore, as the family “honor” in the Palestinian patriarchal society is connected to females, it further affected the female's “family and socially-accepted” behavior, economic dependence, and their public and private lives, and gave males the ability to control the female's daily and sexual behavior in order to “protect” the family and its “so-called” honor (Tamimi, 2017). The combination of the political situation, as well as the social and religious norms have firmly rooted patriarchal systems and values that have served to undermine women’s rights and served as a main factor regarding violence against women, as it first and foremost provides justification for violence against women.

The continuous oppression that Palestinians have been subjected to has naturally led them to form resistance, interlocking them in system of oppression and resistance, and legitimizing the atmosphere of violence (Tamimi, 2017). This further effected the social norms and acceptance of GBV and discrimination, as those whom have been violated by the Israeli occupation will most likely violate others as a way of replicating what has been previously done to them and those before them, inducing a generational cycle of violence. This is seen as almost twice the number of women who have had their husbands subjected to Israeli violence (verbal or physical) have reported being violated by their husbands, compared to women who have husbands whom were not violated by the Israelis (PromUndo, et al., 2017)

The complexity of the situation in Palestine has meant that women face multiple forms of discrimination or GBV within their life. The Israeli Occupation has subjected Palestinians, including among others, women, girls, elderly, children, people with disabilities to various forms of violence, and have repeatedly violated multiple international humanitarian laws relative to the populations rights and freedoms (Mansour, 2016). UN Women’s study of men’s realities, practices, and attitudes in oPt has revealed that the Israeli occupation is the central structural framework of analysis for all elements of political, economic, and social life in Palestine. Similar to other studies, the study demonstrates how the Israeli occupation and the ongoing oppressive system reproduces and reinforces societal patriarchy through the imposition (PromUndo, et al., 2017).

Others Factors that Influence Discriminatory Social Norms:

Access to Education: The education level of both females and males within the household has seen to impact GBV in different ways. Firstly, PCBS results show that females with 13+ years of education are four times more likely to participate within the labor force. Nevertheless, there was no connection between the level of education and employment rate, this is more effected by the pathway chosen for higher education, as the majority of females avoid scientific, technology, engineering, and manufacturing pathways, but rather choose health, social, or education related pathways, leading to a concentration of female employment in certain sectors rather than others. Second, the education level, among other factors, of the husband is also related to reducing the social stigma or perception of women, as it was reported that Palestinian men with greater wealth, higher education, and whose
fathers participated in commonly feminine household work had more equitable views of women and their role in society (PromUndo, et al., 2017).

Disabilities and Age: According to OCHA 2019, disability was found to be a main factor in gender based discrimination, as women with disabilities are considered one of the vulnerable groups with limited availability and access to multi-sectoral services. Furthermore, they are usually more likely to be taken out of the education sector as parents want to “protect” them from the increased risk of harassment or difficulties. Similarly, elderly women are found be more vulnerable to poverty, diseases, and have less access to services compared to elderly men and the rest of the population. The lack of a social security system in place to ensure a decent life for the elderly and those with disabilities to provide the different life requirements, such as housing, healthcare, and disability needs. Furthermore, there is a lack of services and service providers who are able to deal with disabilities, which is alarming as (31%) of those with disabilities and unmarried have been exposed to psychological violence, and (19%) have been exposed to physical violence (PCBS, 2019).

b. Humanitarian Setting and Gender Dimensions

OCHA’s Humanitarian Needs Overview (HNO) in (2020) shows that the humanitarian crises in oPt continue to affect various aspects of the lives of the Palestinians, and gender and protection concerns. The HNO shows concerns in connection to gender-related protection concerns, including among others, safety, psycho-social wellbeing, denial of rights and access to services, higher incidence of intimate partner violence, sexual abuse and forced marriage in communities impacted by conflict, gaps in legal counselling and assistance with regard to residency rights, inheritance and property rights, social rights and access to humanitarian assistance (OCHA, 2020). OCHA reported that more than (52%) of women in Palestine are in need as they have been affected by critical problems related to protection of civilians and forced displacements; including protection risks related to military occupation, psychosocial distress and mental disorders, and gender based violence. Slightly more than (49%) of women were also found to be in need due to both problems related to access to essential services (e.g. water, sanitation facilities, and life-saving health services, maternal and child health services, reproductive health services …), and problems related to resilience and recovery, which includes food insecurity, and limited emergency shelter and education preparedness (OCHA, 2020).

c. Discrimination against Women and Girls

Restrictions imposed by the Israeli occupation, fragmentation of land, siege on Gaza, and political divisions between Palestinian factions led to significant changes in the established gender relations, and a reversal to conservative social norms and behaviours towards youth, women and girls. Historically, both social and religious norms firmly rooted in patriarchal systems and values have served to undermine women's rights. Geographically, specific socio-political and economic contexts in Gaza, the West Bank and East Jerusalem means that women negotiate different realities and encounter different opportunities/challenges. This geographical fragmentation also hinders achieving meaningful changes in women’s lives and holding on to them. Especially in Gaza, a rise in conservative influences often informed by religious discourse, has led to increased pressure on women to accept more circumscribed roles within society with increased scrutiny and social control on their mobility. East Jerusalem faces a different kind of isolation as Israeli annexation deepens and broadens its hold. In addition to the excessive use of physical force, coercive measures, and land acquisition, Israel has worked to develop (domestic) laws and policies that would enable it to seize control and expand its settler-colonial project throughout Palestine, more specifically in Jerusalem. Furthermore, Israel has segregated the city from the rest of the occupied territory physically but also
through the applicable legal regimes (Al-Haq, 2018). To this end gender and protection concerns include gaps in legal counselling and assistance with regard to residency rights, especially in East Jerusalem, and family reunification, inheritance and property rights, social rights and access to humanitarian assistance. The steady rise in militarization of the Palestinian society has entailed relationships of domination and subordination, while at the same time reinforcing the marginalization and domination of women in both the private and public spheres and narrowing socially acceptable roles and norms for both men and women.

**Geographical Fragmentation**

The ongoing occupation in Palestine is one of the direct factors for the patriarchal mentality and the increase of many discriminatory social norms in different areas. The extent of conservation within the community as well as gender-based violence can be directly related to the different forms of violations by the Israeli military. Thus more vulnerable areas witness higher rates of violence against women, reduced access to services which include health, social, and legal services, as well as increased economic barriers. Furthermore, access to service to women in marginalized areas such as refugee camps and rural areas is especially difficult, as the Israeli forces restrict their movement to access services outside, and restrict Palestinians from developing service centers within (UN Women, 2018).

**West Bank including Area C and H2**

The West Bank is divided by the Oslo Accords (1993 and 1994) into three judicial areas. Area A, which is under the complete Palestinian Civil and security control, Area B, which is under the Palestinian Civil control, and Israeli military/security, and Area C, which is completely under the Israeli military/security control, but residents are subjected to certain Palestinian civil laws and legislations. Geographically, area C was based on the outline of built up areas in the West Bank in 1995, and with the control of the Israeli occupation military orders, the development of many of these areas was restricted, instead, Israeli forces used the land to build illegal settlements, increasing the number of Israeli settlers in the West Bank from 115,000 in 1995, to more than 620,000 in 2019 (BTSELEM, 2019), with the future intention of building more illegal settlements on Area C within the West Bank. “Israel has appropriated some 70% of Area C for exclusive Israeli use in the form of settlements, military training zones, natural reserves” (UN Women, 2018). This on its own, has led to the increased security risk of Palestinians, as Palestinians are constantly harassed by settlers, especially in localities that are closer to settlements in Area C, in east Jerusalem, in H2 area in Hebron, and those using roads connecting the different areas of the West Bank, which are generally used by both Palestinians and Israelis.

The construction of the separation barrier, numerous military checkpoints by Israel, settler violence, the Gaza blockade and Israeli control of Areas B, C and H2 in the West Bank have a severe impact on the Palestinian economy and fragmentation of the Palestinian social environment. In general, residents of Area C struggle with the lack of public services and basic needs. This specifically includes water shortages, electricity shortages, unemployment, and lack of transportation. (Eguiguren & Saadeh, 2014). Furthermore, residents in Area C are more exposed to settler violence and harassment, which includes contaminating local Palestinian water sources, as well as land confiscation by the Israeli forces. In Areas C, more than a quarter of females have suffered from violence by the Israeli army or settlers, this includes harassment on checkpoints, exposure to tear gas/ sounds bombs, as well as home demolition and evacuations (Oxfam, 2019). Furthermore, larger families, early marriage, and polygamous marriage was more prevalent in the area, as well as less female headed households (Oxfam, 2019). In terms of Gender Based Violence in Area C, women specifically suffer more than other areas as the lack of a Palestinian legal authority means that women
experience domestic violence and so-called honor killing, without the ability to reach help, support, or protection from GBV perpetrators (Eguiguren & Saadeh, 2014).

One of the most vulnerable areas within the West Bank is Hebron City itself, which was divided by the Oslo Accords into two areas H1 and H2. H1, which included around (80%) of the city is under Palestinian civil and security control, H2, which is around Hebron old city, and has more than 40,000 Palestinians living in it, with (30%) of them near settlements, is under the complete Israel control (UN Women, 2018). Residents of area H2 suffer from sever movement restrictions, discriminatory policies, and more violations by the Israeli forces and settlers (UN Women, 2018). With (89%) of Hebron old city residents whom have had their homes raided by the Israeli forces, (72%) have been insulted or harassed in the street, (44%) experiences physical violence by the Israeli forces or settlers, and (39%) have been arrested (UN Women, 2018). Besides the ongoing Israeli violations which women, children, and others face in H2, the continuous threat of eviction and losing the home has emphasized the females’ domestic role and patriarch culture. The impact of this can be clearly seen as (37%) of married women in Hebron have reported being exposed to violence by their husbands, compared to (27%) or less of married women exposed to violence in any other governorate in the West Bank (PCBS, 2020). Furthermore, the continuous exposure to Israeli and settler violence by women, children, and others, has left many with psychological disorders such as anxiety and depression. And with the sever movement restrictions and the risk of violence exposure, or losing the home, women, girls, or mothers are somewhat prevented from accessing assistance or services (UN Women, 2018). Lastly, the economic development of women in H2 areas is highly limited, as many businesses and establishments in the area have closed due to the military and settler violations.

Even though all Palestinians are subjected to Israeli violations, the geographical fragmentation of the West Bank and the existence of different controlling authorities, as well as legal frameworks (e.g. Palestinian, Jordanian, British, and Israeli), has made many societies and localities more vulnerable to violence. The geographical fragmentation has also meant that the degree and form of gender discrimination and violence against women is different depending on the context in different areas. Against this background, male unemployment has risen and stretched household coping mechanisms. As a result, more women were forced to join the labour force (mostly in the informal sector), but largely in low paid jobs. While on the one hand it has opened new opportunities for women, it also means that family survival and dealing with stressful intra-household relationships took precedence over sustained political engagement on women’s rights. This development associates with the discourse of political parties who seek to prioritise national liberation struggle over women’s rights.

East Jerusalem

The situation in Jerusalem is one of the most complex situations within the Palestinian region. Even though Israel has annexed East Jerusalem to be included within the 1967 municipal boundary, the international community did not recognize this. Israel, however, did not follow international humanitarian legal protection standards in situations of conflict, and has activated a number of sever measures against Palestinians in order to obtain territorial and demographic advantage, such as restrictive zoning and planning, house demolitions, inequitable provision of municipal services, establishment of settlements, a restrictive residency permit system, inequality of education and health access, as well as the construction of the segregation wall restricting the access of Jerusalem ID holders to the rest of the West Bank (Eguiguren & Saadeh, 2014). More than 20 protection threats were identified in East Jerusalem, some as a direct threat of the Israeli forces and the occupation, others are indirect, such as reduced access to healthcare. The two main protection threats emphasized by many East Jerusalem residents were noted to be Israeli displacement related threats,
including housing restrictions and residence rights limitations, and unemployment (Eguiguren & Saadeh, 2014).

Other primary protection threats found in East Jerusalem which directly impact gender discrimination and GBV include residence permit related problems and child registration for Palestinians, as all Palestinians living in Jerusalem are permanent Jerusalem residency holders (subjugated to strict conditions) but not citizens or nationals of either Palestine or Israel. The permanent residency is not transferred through marriage or passed to children by right, which has led to many procedural difficulties in firstly adhering to the strict residency conditions, and secondly, applying of family unification for those married to West Bank ID holders, and wish to live with their spouses or children (Eguiguren & Saadeh, 2014). Gender roles, the pressure of fulfilling both household and employment duties, as well as the shortage of municipal pre-school programs within the areas were also one of the main reasons for the low labour force participation late and high unemployment levels effecting women in East Jerusalem. Furthermore, similar to other areas in Palestine, domestic violence is also one of the main concerns in East Jerusalem, and women were noted to be less likely to resort to legal institute or organization, as they have to use local Israeli institutes, which may lead to further discrimination within the institute, or social stigma of cooperating with the occupation. In addition, many women from East Jerusalem do not speak or read Hebrew, creating a language barrier between them and many service providers in their area. Furthermore, as a key component in the aggravation of gender-based discrimination is the housing restriction and demolition threats faced by many in Jerusalem, which have led to overcrowding of households as they are unable to expand to suit family size, as well as living in constant fear of displacement, and having it come true in many cases, which has a tremendous psychological, economical, and social impact on the household (Eguiguren & Saadeh, 2014), as it breaks the barrier of the private life, and significantly pressures the household financially as they have to rebuild their home, or rent in another location (forcibly displaced). Household in these vulnerable communities are usually exposed to different forms of violence and aggravations for long period of times, in aim to displace them prior to demolition. Those who are forcibly removed from the premises usually experience further military and Israeli violence.

Gaza Strip

The Israeli siege on Gaza Strip for over 14 years has significantly damaged the social fabric and quality of life of Gazan residents. First and foremost, the complete control over Gaza Strip boarders, restriction of resident’s movement in or outside of the strip, as well as the three wars raged on the area have severely affected available resources (including water, land, electricity, and food), infrastructure, fisheries, access to services, among others. Furthermore, the political and factional rift between the West Bank and Gaza Strip has impeded the unification or implementation of protective legislations which aim at protecting females or other aspects of life. The high unemployment and poverty rates in Gaza Strip, as well as the continuous Israeli violations and restrictions, directly affected the degree of violations against women and females, as (38%) of married females 15 – 64 years of age in Gaza Strip have experienced violence, in comparison to (24%) from the West Bank (PCBS, 2019).

The main protection threats faced by women in Gaza Strip include early marriage, women’s right in inheritance, disaggregated health centers, especially for elder women, unemployment or short-term working contracts, as well as the political division (Eguiguren & Saaded, 2014). The main factors which contribute to the high values of domestic violence against women in Gaza Strip include the prevailing cultural norms, discrimination against women, discriminatory laws, early marriage and traditional marriage, inheritance, and others (Eguiguren & Saadeh, 2014).
d. Women rights in the Palestinian Legal System

Despite efforts to achieve reconciliation, the rift between Fatah and Hamas has widened in recent years and led to further political and legal fragmentation between the West Bank and Gaza. It has also prevented the conduct of national elections and the restoration of democracy and democratic transformation processes in Palestine. The Palestinian Constitutional Court decision in October 2018 to dissolve the Palestinian Legislative Council (PLC) has further undermined the PA’s legitimacy and created confusion in democratic oversight. As identified in the Palestinian National Justice Strategy (2017 – 2022), efforts to advance the rule of law in Palestine continue to face challenges, including but not limited to: the democratic deficit that profoundly affects the capacity, accountability and perceived legitimacy of the state’s justice and security apparatus; the absence of a clearly defined separation of powers and accountability between the three pillars of the justice sector (The High Judicial Council, The Public Prosecution and the Ministry of Justice), resulting from the lack of respect of judicial independence and lack of commitment by executive branch for the enforcement of court rulings, or interference in the judiciary’s work; the obstacles to full realization by the Palestinian people of their basic human rights and fundamental freedoms; and gender inequality and stereotypes that are deeply entrenched in legal, social and political norms. Since 2007, laws have been passed by presidential decree, according to Article 42 in the Palestinian Basic Law, hence severely hampering legal reforms. As a result, the justice and security systems, including discriminatory laws and procedures have become less able to address additional obstacles, especially faced by women and girls. Subsequently, national gender legislations contain sets of laws that discriminate against women with severe implications on enjoyment of human rights and fundamental freedoms.

i. Legal and Procedural Factors:

There are multiple legal factors that withhold the elimination of SGBV. There is a lack of clear policy or legal framework that address and defines all types of violence and especially gender-based violence, and family based violence. As for the few regulations which relate to these topics, many factors are still disregarded such as the freedom of employment and education, as well as marital rape, and violence within the household/family. the Articles 292 and 293 of the Palestinian Penal Code, actively refrain from criminalising marital rape by excluding wives as survivors of rape. Hence, it is clear that the lack of consent of the wife to engage in sexual intercourse does not amount to a crime that is worth penalisation and punishment. These are mainly due to the outdated legal system, and the inability of Palestinians to readjust it due to the penalization and dismantlement of the PLC. The fragmentation of the legal system also means that many perpetrators are able to avoid legal punishment or are not subjected to the Palestinian legislation depending on their area of residency. Furthermore, one of the most crippling factors in identifying and prosecuting domestic violence is that the only individuals who are allowed to file a case of physical violence (as verbal, economic, and sexual within are not legally considered) is the victim themselves, or a relative up to a fourth degree, and up to 10 days after the incident and other conditions. This extremely inhibits the ability of social, health, or legal workers to file assault reports on behalf of the fearful survivors, and the with patriarch mentality, family members are less likely to do so either due to familial pressure, or the notion to keep such matters private and within the family.

Patriarchy does not escape the legal system either, as many health, social, and security workers may sometimes dismiss cases of GBV due to their own personal patriarch notions and judgments, or the lack of knowledge and experience in working cases of GBV. Despite the women’s movement’s continued mobilization that called for the implementation of international human rights laws, including CEDAW, and their submission of CEDAW Shadow Report to the CEDAW Committee in 2018, women organizations are still challenged to advocate for the alignment of national laws and legislations with
CEDAW. Particularly the actualization and implementation of the Family Protection Law, the Personal Status Law, the Penal Code, and the Elections Laws, to bridge the gap in gender-based discrimination in the legal, social, and economic spheres lived by women and girls in Palestine. It is worth noting that the Family Protection Bill would address many of these legal issues, but it was drafted thirteen years ago and is still being negotiated and challenged by the dominant groups within and outside the structure of the Palestinian Authority. While this report is being drafted, the women movement in Palestine was notified that the draft Family Protection Bill was discussed during the Cabinet of Ministers meeting, meetings and passed to the President’s Office. On 10 December 2020, the Minister of Women’s Affairs announced that comments from the President’s Office were released back the PMO’s for action. The comments are foreseen as satisfactory by women rights organizations. For example, in regard to the CEDAW agreement, women Rights Organizations faced community backlash from individuals, community leaders, governmental officials, and many other entities. Many of the CEDAW proceedings and possible impacts were not covered by the national media properly, which led to further biased opposition taking control of the general media representation of CEDAW process.

ii. Discrimination in Access to Justice

Palestinian women face specific challenges in accessing justice as a result of laws that discriminate on the basis of sex, notably with respect to inheritance, child custody and other personal status issues. Family affairs and laws are regulated by different sets of laws in the WB, GS and East Jerusalem (EJ). In the WB and EJ, the Jordanian Personal Status Law # 61 of 1976 applies, while the Egyptian Family Rights Law # 303 of 1954 applies in the GS (Musawah, 2018). One of the main factors in both the Jordanian Personal Law, and The Egyptian Family Law is the need for a male legal guardian in order to obtain permission to travel, or work, as well to complete many governmental or non-governmental procedural work. The guardian is usually the father if alive, or the grandfather, brother, or paternal uncle. When women are married, their husbands become their legal guardians (MIFTAH & UNFPA, 2015).

Furthermore, the signing of the Oslo Accords in 1994, has led the land into different administrative and political areas, controlled by both the Palestinian Authority and Israeli Military forces. The Israeli occupation has also enforced policies which deliberately block any development within the Palestinian legal system, as it has actively isolated the West Bank from the Gaza Strip and annexed east Jerusalem making any form of legal unity difficult. This has ultimately induced a political divide between Fateh and Hamas in the WB and GS, which paralyzed the Palestinian Legislative Council (PLC) in 2007, till it was dismantled completely the Constitutional Court’s decision in December 2018 (Kuttab, 2018), and has greatly stipulated the development of the Palestinian legal system and the legal status of women.

iii. Marriage and Polygamy

As of late 2019, the Palestinian President Mahmoud Abbas raised the minimum legal marriage age for both females and males to 18 years (The New Arab, 2019), nevertheless, “The Muslim personal status laws set the minimum legal age of marriage as 15 years for girls and 16 years for boys in the West Bank, and 17 years for girls and 18 for boys in the Gaza Strip. The ages can be lower if a judge allows it (with a guardian’s approval in the case of the girl)” (UNDP, et al., 2018). The decree of the Palestinian president is still to be applied in the West Bank and might not be applied at all in Gaza Strip, and the individuals may still receive an exemption from a religious court or a top official to reduce the minimum age. Under the Sharia law, females still need the approval of their male guardian for marriage, restricting them in many cases to marry who they want. Husbands, on the other hand, are permitted to Polygamy under the Sharia Law. Women are not (UNDP, et al., 2018). Furthermore, as
husbands become the male guardians for their wives, they also possess the right to deny their wives from working or pursuing education, unless the wife stipulates the right of education and working outside of the home in their marriage contract.

iv. Divorce and Custody over Children

Women and men are not equal in their right to divorce. Men, have the right to divorce their wives for any reason, and without the wife’s consent. On the other hand, women may only allowed to divorce if they stipulate it as a clause in their marriage contract (retaining the right to divorce herself), seek annulment on the grounds that the husband is not fulfilling his matrimonial duties under the law and marriage contract, seek divorce through mutual consent of both parties, or lastly, seek a court-ordered dissolution of the marriage if she has not yet consummated (Musawah, 2018). In the West Bank, Women have an additional option of redemptive divorce (khul’), in exchange for a mutually agreed compensation to be paid to the husband. However, the mutual agreement of both spouses is still required, without the subjugation of court ruling, and child custody, support, and maintenance will most likely go to the father, and may not be negotiated. Lastly, the father has guardianship and custody over his children in both the West Bank and Gaza strip, where the custody of the children of a divorced couple is automatically conferred to the mother until the children reach adolescence, which is usually estimated at the age of 15, when custody goes back to the father and his relatives (Musawah, 2018). However, if the mother chooses to marry another man she is unable to retain the customary and it goes to the closest female relative, most often the maternal grandmother until the age of 11 for girls and 9 for boys. Another facet of discrimination with regards to the custody of children is that if after the girl completes 11 years of age, her father demands her custody and the girl refuses, it enables the father to cut the alimony of the girl. This does not apply to the custody of the boy (Rought-Brooks, et al., 2010).

v. Inheritance

Women and girls continue to be subjected to restrictive laws including the personal status law which retain discriminatory provisions related to inheritance. The Sharia rules of inheritance apply to Muslims, where women usually receive less than men, and daughters receive half of the amount received by the son. Although personal status laws that apply in Palestine clearly provide for the right of women to inheritance, however, on the practical level many families deprive their female members of inheritance, legitimising this act by referring to the prevalent perception and belief that “strangers”[the female spouse] are not entitled to benefit from this inheritance. Legally, women have the choice to recourse to legal judiciary proceedings to demand their right to inheritance. However, this rarely happens in light of the associated social stigma that this would incur or the inability to financially fund the process. Furthermore, women lack knowledge of their inheritance rights, as well as support and enforcement mechanism that facilitate them exercising their right. Which has highly inhibited the demand of female to their inheritance rights.

vi. Sexual and Reproductive Health and Rights

There is not specific legal framework which supports the sexual and reproductive health and rights (SRHR) of women. But some articles in the Palestinian Basic Law, Personal Status Law, criminal law, and others, take certain issues, in relation to the above, into consideration. The Jordanian Penal Code # 16 of 1960 which applies in the WB and Penal Code # 74 of 1936 which applies in the GS not only does not afford sufficient protections to women, but are also often discriminatory and condone the second-class status of women in society. Furthermore, the applied law does not criminalise neither domestic violence, nor sexual harassment. Even though “outside of marriage” rape is criminalized, the criminal may be exonerated if he marries the rape survivor, however, this was cancelled in 2018.
by President Mahmoud Abbas, but its application is still legal in Gaza Strip. The legal definition for rape found in the Jordanian Penal Code No. 16 of 1960, which is applied in Palestine, limits the crime of rape and the punishment for it on females only whereby global and Palestinian definitions include both sexes in the rape case. The Jordanian Penal Code considers any sexual assault on males as defilement which is a lesser crime than rape and with a lesser punishment (MIFTAH, 2019). Furthermore, abortion is illegal, even for rape survivors. Incest is criminalized under the Jordanian law, but the prosecution of incest can only be filed a by a relative of the offender. Furthermore, although there are laws criminalizing honor crimes, other laws which mitigate the penalty for honor crimes are still being used in Gaza Strip. On the other hand, the legislation in the West Bank has repealed article 340 which aims for a reduced sentence for those perpetrating crimes in the name of “honor”, this was not the case in Gaza Strip (UNDP, et al., 2018).

While family planning services are widely offered by public health system, their full utilization is limited, especially for vulnerable women in marginalized communities because of hindrance to physical access and lack of awareness and socio-economic conditions, and many gaps are still found which the public health care system does not cover. For example, a comprehensive and age-appropriate education on sexual and reproductive health and rights is not provided in schools although there were manuals developed for training teachers on SRHR and information on family planning methods is not consistently provided to women before or after they undergo an abortion. There is limited participation of women, youth and vulnerable groups living in the Area C, Jerusalem and Gaza Strip in public life and decision-making, and limited accountability when it comes to women issues including SRHR (MIFTAH & UNFPA, 2015).

vii. Labour Laws

Labour laws prohibit the discrimination in pay between men and women in the workplace, as well as dismissing a woman for taking maternal leave. Nevertheless, maternity leave is only paid for 12 weeks (contrary to ILO standards of 14 weeks) (UNDP, et al., 2018). Furthermore, domestic workers are not defined in the labor law (MoWA & UN Women, 2017), but other parts of the labour law provides certain protections in relation to working hours, right to rest, remuneration, post contract rights, and compensations (UNDP, et al., 2018).

The Palestinian National Strategy to Combat VAW (2017 – 2022) indicates that the Palestinian labour law does not provide any sort of incentives or protection for female entrepreneurs, and the current legal system does not provide a safe competitive environment for Micro and Small Enterprises (MSE’s), nor does it protect national products (specifically females). Lastly, female entrepreneurs usually fall under unorganized sector (home-made products), and thus subjects it to un-fair competition from imported goods (MoWA & UN Women, 2017).

Furthermore, in regard to domestic workers and small home-based female entrepreneurs, the lack of training and formality within their sectors puts them at many disadvantages. For example, lack of legal knowledge or training means that most domestic workers do not have contracts with employers, and many female based entrepreneurs face challenges in developing their business due to difficulty in understanding the legal framework, their rights, and other factors.

3. Impact of the Occupation on Palestinian Women and Girls

The Israeli occupation exhorts different forms of violence on Palestinians in general, including demolishing homes, arbitrary detention, expansion of settlements, attacks by settlers, aggression towards Palestinian civilians, and attacking journalists (MoWA, 2011). In regard to women and SGBV, Palestinian women deal with violence on a much deeper level, as the different forms of Israeli
violations towards them also impact the societal perception and treatment of them, as “both official and unofficial aspects of the occupation reinforce patriarchal control over women” (MoWA, 2011).

The Israeli Occupation violates women and Palestinians directly in 5 main forms (CAC, et al., 2018). Firstly, the systematic destruction and demolition of properties have left many women displaced and lacking in adequate housing. Second, the different forms of aggression from Israeli forces and settlers towards civilians including night raids which leave women fearful for themselves and children, resource restriction in Gaza which resulted in food, water, and sanitation, as well as the restriction of movement between and within the West Bank and East Jerusalem which cause isolations of the social, economic, and cultural hub (CAC, et al., 2018). Third, expansion of settlement and settler violence, where Israel has also passed laws protecting settlers and legalizing expansions. Fourth, forcible eviction of Palestinian from occupied Jerusalem, and collective punishment as a tool of forcible transfer, which includes revoking Jerusalem residencies as well as house demolitions. And lastly, using all the previous methods, there is a systematic targeting women human rights defender, and female journalists and activists by the Israeli military (CAC, et al., 2018).

Furthermore, the occupation system of oppression reproduces and reinforces patriarchal societal norms through the imposition of checkpoints and the construction of the wall as manifestations of restrictions on freedom of movement (Prom Undo, et al., 2017). The danger that the occupation poses to Palestinians is used as an excuse to restrict and limit women movements, as perpetrators believe they are protecting their women and their honor by keeping them in the safety of their houses. Other studies found a strong relationship between domestic genders-based violence and male spouse exposure to violations and violence. As women whom have a spouse who was subjected to violations are almost twice more likely to experience spousal gender-based violence, than females whom spouses have not experienced any violations (UN Women, 2018). This explain the higher percentages of household violence found in areas with high tension between Palestinians and Israelis (settlers or military), as the continuous assaults perpetrated by the Israeli onto males is then reenacted by the males onto their wives.

4. Forms of Gender Based Violence in Palestine

The patriarchal society, Israeli occupation, and the geographical fragmentation of the Palestinians have affected the lives of Palestinian women and girls. Females in Palestine experience many forms of discrimination and violence on multiple layers, some as direct effect of the previous such as violence within the household, and restrictions to access services, others are indirect, for example the institutionalization of the patriarch mentality and the impact of patriarchy on day-to-day decisions made by women themselves.

- **Seclusion of Private Life and Family “Honor”**

The formation of the basic family unit has separated the private life from the public (Kevorkian, 2010). In addition to the importance of the family “honor” and its dependence on the female behavior, meant that many topic, especially in regards to females, became taboo or shunned upon (Tamimi, 2017). Furthermore, the patriarch institutional framework also facilitates this as females have been previously convinced to drop charges, to prevent a scandal and protect the family name, or perpetrators have gone free or with a reduced sentence as the legal system includes exemptions of reductions for certain crimes (UN Women, 2018). The combination of all these factors has made females less likely to admit to having faced discrimination or GBV as they may “dishonor” the family name. This also means that the extent of SGBV in Palestine cannot be thoroughly measured as many females will not admit to have faced it. This is confirmed as (61%) of Palestinian women who experiences violence by their husbands chose to remain silent, (24%) resorted to their parents or siblings home, (6%)
approached a lawyer to file a lawsuit, (1%) resorted to a police station or a household protection unit to file a complaint, and (1%) headed to a psychosocial or legal assistance center (PCBS, 2019). Showing the females in Palestine are more likely to choose silence or resorting to family members instead of legal or institutional stakeholders.

- **Domestic Violence**

As noted previously, the systematic oppression of Palestinians and Patriarchy has led to the justification of violence within the Palestinian household. To obtain an indication of the degree of SGBV within the HH in Palestine, the table below presents the preliminary results of the PCBS survey, Violence in Palestine:

<table>
<thead>
<tr>
<th></th>
<th>Prevalence of Violence</th>
<th>Psychological Violence</th>
<th>Physical Violence</th>
<th>Sexual Violence</th>
<th>Social violence</th>
<th>Economic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palestine</td>
<td>29.4%</td>
<td>56.6%</td>
<td>17.8%</td>
<td>8.8%</td>
<td>32.5%</td>
<td>41.1%</td>
</tr>
<tr>
<td>West Bank</td>
<td>24.3%</td>
<td>51.7%</td>
<td>12.4%</td>
<td>7.6%</td>
<td>24.3%</td>
<td>32.4%</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>37.5%</td>
<td>63.5%</td>
<td>26.4%</td>
<td>10.6%</td>
<td>46.7%</td>
<td>55.0%</td>
</tr>
</tbody>
</table>

Table 1 Percentage of currently married or ever married women (18-64 years) who experienced (at least once) a form of violence by their husbands throughout the 12 months preceding the interview by region and type of violence for 2019 (PCBS, 2019).

Violence against women within the Palestinian household has 5 main forms, 1) psychological and emotional violence, which includes insulting, belittling, humiliating, intimidating, or threatening the wife. 2) physical violence, including slapping, pushing, and kicking, or threatening or using a gun, knife or weapon against the wife. 3) Sexual violence, indicating marital rape. 4) social violence, defined as all acts practiced by the family or the community which restrict women from obtaining their rights and freedoms due to cultural and social heritage. And 5) Economic violence or deprivation, which includes preventing females from working, the husband taking their monthly earnings, or keeping his for personal use when the female is finding it hard to cover personal or household expenses.

The results above indicate that married women or previously married women between 18 – 65 years old in Gaza Strip are more vulnerable than those in the West Bank, as almost (38%) of them have experienced violence in the last year, in comparison to (24%) of WB respondents (PCBS, 2020). Noting that almost two thirds of women aged 18 years and above in Palestine are married (PCBS, 2020).

There are many issues in facing violence within the household. Legally, Palestinians do not have a domestic or family protection law (Human Rights Watch, 2018). Psychological violence, social violence, and economic violence are not considered within the penal code, or even acknowledged. Furthermore, even though incest is criminalized by the Jordanian law, marital rape is not. (UN Women, 2018), this shows large gaps in the social definition of different forms of violence against women. Furthermore, the Sharia Law, applicable to Muslims in Palestine, states that a husband must provide materially and financially for his wife, and the wife owes the husband obedience (UNDP, et al., 2018). The lack of an exact definition of obedience, and the legitimization of using violence to discipline the wife, has further legitimized violence against women within the household. Giving deeper roots to the generational oppression and violations against women.

- **Cyber-Crimes**
The Information and Communication Technologies (ICTs) in Palestine, as elsewhere, are not gender-neutral; meaning they are not accessed, managed and controlled by all men and women equally. Limited research exists in Palestine on the use of ICT among men and women, or on how this, in turn, affects gender standards and relations. Although women have been able to use ICTs to support new forms of information exchange, organization, and empowerment, several challenges that hinder women equal use of and benefit from ICTs include, among others, lack of women’s knowledge and skills on the use of ICT especially in rural areas, lack of financial resources, the impact of gender power relations and patriarchal structure of the family that is associated with parental and brothers control over girls use of mobiles and social media, and social and cultural bias associated with ICT utilization among Palestinian women where it has to do with engaging with men, young men and boys. Furthermore, even though female access to internet has increased over the past few years, it was reported that the use of internet has negatively affected the perception of females online (MoWA & UN Women, 2017). A study conducted by The Arab Center for the Advancement of Social Media (7amleh) indicate that one out of three Palestinian women face Gender Based Cyber-Violence and blackmail. As a result, men and women experience different benefits and disadvantages effects of ICTs at all levels. The use of ICTs, if properly managed, can give access to citizens, men and women, to basic needs and services at all levels (health, education, transportation, etc.) as well as to more effective complaint mechanism, especially at the level of local authorities.

Another study on Gender Based Cyber-Violence conducted in 2019 (launched in September 2019) by Women Media and Development (TAM) revealed that almost half of both females and males, aged 18 years and above, have been exposed to cyber based violence. Among adolescents (ages 12-17 years), around 10% respondents do not have enough knowledge to protect their information, 14.9% were subjected to blackmail, and 50% were exploited or exposed to cyber-violence. The study revealed that the main challenges that result from being exposed to cyber-violence include social isolation, physical and psychological harm, economic harm, abuse and withdrawal from the Internet. To this end, the study recommends, among others, the urgent need to develop a national strategy to combat cyber-violence, develop the Palestinian electronic infrastructure, amend the Presidential decree on cyber-crimes, develop the technical capabilities of the Cybercrime Unit, hold specialized training on cyber-violence, training and allocation of male and female judges to address cases of cyber violence, enhance coordination and networking among institutions in the sector, activate the role of civil society, enhance the role of the Palestinian Telecommunication Company (and perhaps the Palestinian Ministry of Telecommunication and Information Technology) to raise the level of community awareness in the field, and establish renewable social values adapted to the introduction of new technologies.

- **Public Violence**

A large majority of Palestinians face discrimination and violence in public due to the Israeli occupation, through restriction of movement, harassments, and arrests, the Israeli army has enforced its existence in the public life of every Palestinian. This can be clearly seen in H2 area in Hebron, where (72%) of the old city residents have been insulted or cussed in the street by the Israeli forces or settlers, and (44%) have experienced physical violence such as beating and tear gas by the same perpetrators. Furthermore, the Israeli forces and settlers have repeatedly attacked schools and education facilities, especially those in Area C that are close to settlements.

On the local level, Palestinians females are also subjected to psychological violence in the street or the public sphere, which may also lead to physical or sexual violence (rape), that is almost never

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2 Interview conducted with Shatha Yousef, 7amleh on 6 August 2019.
reported. Around (3%) of females in Palestine have faced psychological violence in shopping areas, and (4%) have faced it in the street. (PCBS, 2019). There are many inequitable social stigmas also related to public violence or harassment within the Palestinian society, as a majority of females and males believe that women who dress provocatively deserve to be harassed, and a bit less than half agree that women who are in public places at night are asking to be harassed (PromUndo, et al., 2017). This is irrespective of whether women have headscarves or not. Indicating that the justification of public violence is highly related to the social and mental stigmas about women and them being at fault for exposing themselves to violence or being at places which expose them to violence. Sequentially, female is less likely to expose or report public violence, in all its forms, and do not have free access to all services needed or required, mainly due to fear of social stigmas.

- **Access to Multi-Sectoral Services by Palestinians**

Palestinians face restriction on access to multi-sectoral services. First and foremost, the Israeli control and restrictions over the majority of water sources around the region has led to heavy reduction in fresh water accessible to Palestinians. In Gaza Strip, the entire population suffers from poor water quality, poor wastewater collection and treatment, lack of storm water infrastructure and lack of proper hygiene practices. In the West Bank, almost (22%) of the residents lack water access or have poor water quality, this is especially true in Area C, East Jerusalem, and H2, as the Israeli forces restrict the development of suitable infrastructure and systems (OCHA, 2019). Furthermore, the electrical cut offs and increase of Gas prices in Gaza Strip has further limited the number and quality of resources available to them, as these became rare commodities. The lack of these basic services from residents disrupts the daily life of women, and their ability to perform many of her daily and household tasks.

Access to other services such as health, social, and legal services is limited to many females living in the West Bank and Gaza Strip. In the West Bank, physical obstacles, proximity to settlements, the discriminatory zoning regime, long distances to clinics, and lack of public transportation are all factors which limit females’ access to health and social services. This is especially true in Area C and H2 as the increased restriction and limited reach from organizations and institutes has severely affected the availability of even basic primary healthcare (OCHA, 2019). In Gaza Strip, the destruction of infrastructure and lack of resources such as electricity has led to many health care providers have limited many of their services, which especially affected women, pregnant women, the elderly, and GBV survivors. Institutes dealing with GBV are suffering from overcrowding, and many of the psychological and mental health providers are barley active as organizational, cultural, and psychological barriers often prevent women and young people from accessing them (OCHA, 2019).

Lastly, females access to education, employment, and most likely movement outside of the household is sometimes compromised due to external violations and personal fears, as some people find it justifiable for parents to take their daughters out of school or deny their wives or daughters employment due to security concerns (PromUndo, et al., 2017). Indicating that those living in communities that are more vulnerable to Israeli violations are most likely to have lower female education and labour participation rates as there is a bigger risk outside the house.

- **Education Pathways and Employment**

The female enrolment rate in primary and secondary education, as well as higher education, in Palestine, is higher than males. Mainly due to the high rate drop-out rate for males due to political reasons (harassment by the Israeli military or settlers, or arrests), or financial reasons, as they are more likely to join the labour force at an earlier age. Nevertheless, females were still less likely to join the labour force or obtain employment. Even though enrollment levels in higher education is higher
for females than males, only a third of females, (36%) were enrolled in Scientific, Technology, Engineering, or Mathematics (STEM), and only (27%) in Engineering, Construction, and Manufacturing ( Isaac, et al., 2019). “This implies that women’s choice and skills in the labor market are partially predefined through the nature of their enrolment” (Al-Botmeh, 2015), which is also subconsciously defined by their perceived role as caretakers. This constitutes as a huge loss to the Palestinian economical potential.

Data presented by PCBCS on female involvement in different economic sectors show a serious lack of diversification of female employment in different sectors, as females are concentrated in some sectors given that their choice in paths for higher education is usually suiting the nurturing female side, this includes working in education, health care, and social care. “The education sector employed (56%) of skilled women in 2015. Combined, the industries (education, human health and social work, and public administration) accounted for (79%) of skilled female employment” (World Bank Group, 2018).

- **Labour Force Participation and Employment**

Palestinian women have been reported to have one of the lowest labor force participation rate in the world, despite having high education and illiteracy rates (Al-Botmeh, 2015). The PCBS reports that only (18%) of females, 15 years and above, were within the labour force in 2019, which has not changed since 2015, in comparison to (70%) of males in Palestine (PCBS, 2020). Furthermore, even though the wage gap differs significantly by sector, on average, females earn 98 NIS per day, and males 102 NIS per day (PCBS, 2020). There is also obvious sign of gender-based discrimination in regards to the labour force participation levels of those with disabilities, as only (4%) of females 15 years of age and above with disabilities are within the labour force, in comparison to (24%) of males.

One of the main reasons for the low labour force involvement of women is the societal perception of the female’s priorities, as many of them are pushed into prioritizing the household and children, rather than involvement in pursuing employment and career development. This is on the nuclear family level, extended family, and as part of social norms, as all these “stakeholders” advocate the female involvement and need within the house. Furthermore, for many, there is an increased risk for women working outside the household, as she may be harassed or violated by the Israeli forces or risk the family “honor”. This is found on a much deeper level in refugee camps, where “most women accept their designated social role, which are in fact transmitted to females from generation to another” (Altalhami, 2017). Labour force participation levels are also highly affected by the female education level, as there is high increase of female participation in the labor force depending on years of education, where (47%) of females whom had 13+ years of education are labor force participants, compared to less than (10%) of females with less years of education (PCBS, 2019).

Even for those within the labour force, many females face discrimination in regard to their employment, as well as within the different working sectors. For example, female youth graduates (19 – 29) years old, are one of those vulnerable groups, as the unemployment rate amongst them reaches (68%), in comparison to (35%) of males. One of the main reason for this is that employers, especially within the private sector, are less likely to hire young married women, or in other cases dismiss women once they are married, as they do no not want to cover the mandatory 10 weeks maternity leave (Al-Botmeh, 2015). Furthermore, psychological violence in the workplace was still reported by (2%) of married or ever married working women (PCBS, 2019).

Even though the average wage gap between genders is insignificant on a macro-level, it can be highly attributed to the large share of women working in the public sector, as the wage gap there is smaller and tends to be in favor of women (ILO, 2019). Furthermore, the wage gap is more significant in
specific sectors, for example, women working in the Palestinian private sector earn (20%) less than men per day (ILO, 2019), nearly (35%) of women working in the private sector earn less than minimum wage (PCBS, 2020), and almost half of employed females (48%) did not get paid maternity leave for the year 2019 (PCBS, 2020).

Furthermore, social and gender stereotypes also play a role in diminishing female opportunity to develop, as certain bias exists regarding their work abilities and productivity. For example, in 2013, Palestine held one of the lowest percentage of firms with female top manager (World Bank Group, 2018), and this could be still highly indicative of similar values now, as the UN Women study (2017) found that many females and males believe that females are too emotional to be leaders (PromUndo, et al., 2017).

- Sexual Health and Reproductive Services

The lack of access to many health services, especially for women has directly affected their access to hospitals, maternal care services, and social support. This can be especially seen in East Jerusalem, as women report exposure to risky conditions during pregnancy, risk of giving birth at checkpoints, as well as the lack of social support of her spouse during the pregnancy or childbirth due to their inability of reaching the hospital or health unit (Hamayel, et al., 2017). The same problems are faced by many other Palestinian women in the West Bank, restriction of movement and the Israeli control over many areas limits and delays access to different sexual health and reproductive services. In Gaza Strip, the resource limitations reduce the availability, capability, and capacity of any available health service providers and centers. This is also true in many areas such as Area C, East Jerusalem, and refugee camps, and the Israeli occupation and control significantly hinders the development of health center and other services in many localities.

5. International and National Commitments and Strategies to Combat GBV

a. International Commitments

Since the establishment of the Palestinian Authority, the declaration of Palestine as a UN Non-Member Observer State in 2012, and later becoming a party of the Geneva Conventions of 1949 and the Additional Protocol of 1975, in 2014, Palestine has ratified many international treaties that enforce human rights and work on eliminating sexual and gender-based violence. Some of the main international Laws and agreements which Palestine has acceded to are; Convention on the Political Rights of Women and the Rome Statute of the International Criminal Court (Geneva Conventions – 2015), Convention of Elimination of All forms of Discrimination Against Women (CEDAW), International Covenant on Civil and Political Rights, and International Covenant on Economic, Social and Cultural Rights

Even though many of these treaties aim at achieving equity between females and males, protecting women and girls from gender based violence and discrimination, and eliminating violence in all its forms, the problem remains as the Palestinian Authority if unable to align the local laws with international conventions (UN Women, 2018). Ratifying CEDAW by the President of Palestine, for example, has led to a national divide of those who oppose the treaty, saying that it contradicts the social and religious norms, and others who support it as it aims to eliminate discrimination against women (Human Rights Watch, 2018).

Furthermore, the current institutional capacity is not able to integrate or implement all convention treaties, as many gender based stereotypes are present among decision makers in institutions (including organizations that work for the protection of females), which hinders the integration of such policies, let alone their implementation.
The inability of the PA to align local laws with international treaties, and the lack of institutional capacity of doing so both signify a lack of institutional commitment to work on eliminating GBV. As seen through CEDAW, the recommendation provided to the Palestinian government, which include the implementation of family protection law and the eradication of social stigmas found among individuals and institutional members, are still to be address 6 years after signing the treaty. This also indicates the extent of which patriarchy has integrated itself in the governmental institutions structure and work, as there is an obvious gap between the Palestinian basic law which equates all Palestinians in terms or rights and services, the implemented laws, the judicial courts, and the cultural structure around all these institutes.

b. National Strategy for Combating Violence Against women, and the National Referral System

Up to this date, two Palestinian National strategies to combat violence against women were developed for the years (2011 – 2019), and (2017 – 2022). Both national strategies focused on 5 main areas reducing violence against women, increase in female involvement in decision making in governmental and non-governmental institutes, female empowerment, increase in labour force participation, and improve the quality of life for vulnerable and neglected families. In aim to improve the second national strategy (2017 – 2022), the main barriers that hindered the full implementation of the first national strategy (2011- 2019) were identified, including Political barriers such as the Israeli occupation and its ongoing violations against women, as well as the difficult internal policies in governmental institutes, which hinder institutional gender equality. Social barriers, which includes both the social acceptance of violence against women and the discriminatory social constructs and stereotypes that perpetuate the cycle of violence against women and exclusion from public life and participation in the political and economic spheres. Economic barriers, which has to do with unfair competition for women with small businesses, imported products, and large corporations, as well as the stereotypical educational pathways chosen by females. Legal barriers which indicate to the legal divide of areas WB and GS, as well as areas A, B, and C in the West Bank. Environmental barriers, which mainly highlights the control of water as resource. And lastly, technological barriers which pointed that even though access to internet amongst females has increased, the spread of social media has negatively impacted societal view of women and their role (MoWA, 2011).

The most recent national strategy developed by? (2017 – 2022) tackles issue of gender-based violence and discrimination – from top to bottom – as it focuses on identifying or creating departments in governmental institutes in different sectors that work on implementing gender equality policies. Furthermore, the strategy provides guidelines for capacity building within governmental institutions as well as NGO’s that work with SGBV, in order to tackle the different issues highlighted within the strategy. It does not however directly focus on the elimination of social norms and the institutional patriarch mentality, which is one of the main reasons for gender based violence and discrimination in Palestine.

- The National Referral System (NRS)

Furthermore, in conjunction with the national strategy, which was mainly developed to increase the institutional capacity in eliminating gender based violence, the National Referral System (NRS) was established in 2013, mainly by the Ministry of Social development, in collaboration with the Ministry of Women Affairs, UN Women, WCLAC and Juzoor as well as other active civil society and international organizations, to provide rules and procedural regulations to support social violence survivors. NRS aims to provide health, social, and legal workers, who deal with cases of violence against women, the capabilities to identify violence, as well as have the capabilities to provide support,
or refer the victim to the right system (Dana, 2019). Furthermore, a monitoring and evaluating unit for the NRS system was established in 2016 to ensure the implementation and reach of the system. Nevertheless, in an assessment of the NRS system in 2019, many institutional, structural and legal gaps were identified:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Main Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal and Policy Gaps</strong></td>
<td></td>
</tr>
<tr>
<td>Not Legally Mandatory for All Organization</td>
<td>Not all organizations apply it or use the recommended procedure or forms of doing so. Or not effectively used by those who are legally obliged to use it.</td>
</tr>
<tr>
<td>Lack of Information</td>
<td>Does not define or weight all forms of gender-based violence. And does not provide clear procedural framework outside of healthcare.</td>
</tr>
<tr>
<td>Identification of Stakeholders</td>
<td>Does not specify all relevant organizations working within NRS. And does not have clear applications of the system in non-governmental sectors.</td>
</tr>
<tr>
<td><strong>Procedural and Technical Gaps</strong></td>
<td></td>
</tr>
</tbody>
</table>
| NRS Forms, Application Procedure, and Reporting | • Lack of implementation of the unified procedural work and forms between health, social, and security service providers. And the development of different forms used by different service providers.  
• Lack of database containing full case reports (including all the health, social, and security procedures applied), which is accessible by all relevant parties. |
| Safety and Security | • Issues with transportation capacity of survivors causing delays.  
• No clear regulations and lack of implementation of regulations protecting service providers working with SGBV survivors from threats and violations. |
| Capacity | • No national initiative to develop and improve the NRS instead, work has been local and demand based.  
• No full scale development of the governmental and/or organizational structural capacity.  
• Training organizations and institutes and teaching them about NRS was never scaled large enough to include all organization working in Palestine.  
• Only 102 organizations that work with female survivors of SGBV are part of NRS, out of a total of 306. |

c. Organizational Capacity for Supporting Females and Survivors of SGBV
According to MIFTAH, there was a total of 306 organizations working in providing emergency services for female survivors of SGBV in the West Bank and Gaza Strip, in 2015 (Dana, 2019). Of which, 80 are governmental organizations and 226 are NGO’s.

Legal Support: There are number of different institutions, civil society organizations, non-governmental organizations, and legal clinics which try to support women who suffer from GBV (UNDP, et al., 2018). Some of those include ;Women’s Center for Legal Aid and Counselling (WCLAC) providing psychological support, emergency support, and legal support; Anti-violence shelters/centers, there are a total of 5 shelters in Palestine, 1 in each Nablus, Bethlehem, and Jericho Districts and 2 in Gaza City; SAWA, advocating for legal reform to protect survivors of GBV and providing a hotline with psychological support and counseling for GBV survivors; The Palestinian Business Women’s Association and The Palestinian Women’s Working Society, which work at economic empowerment of females.

Furthermore, many coalitions were formed in the West Bank and Gaza Strip which aim to unify multiple organizations working in GBV and strengthen the national capacity to address GBV. Some of those coalitions include Al- Muntada coalition, which includes 10 – 15 organizations working in the West Bank, with a sister coalition in Gaza Strip, Amal, which has 12 NGOs within it. Some coalitions chose to run advocacy and awareness campaigns, others work on the advancement of certain rights such as abortion (UNFPA, 2017)

6. Impact of Current Global Epidemic of COVID – 19 on SGBV cases

There has been a large increase in domestic violence during the COVID-19 outbreak (UN Women, 2020). In multiple Western Countries like Canada, Germany, Spain, the United Kingdom, and the United States, human rights organization and civil society organizations have reported an increase in domestic violence and increased demand for shelter (UN Women, 2020). Due to social distancing women have had difficulty accessing resources that could help them such as women’s rights networks, including teachers, health workers, faith leaders, community development officers, etc (UN Women, 2020)

In Palestine, Women Center for Legal Aid and Counseling (WCLAC) has received 228 calls from women subjected to Violence, and The Palestinian Working Woman Society for Development (PWWSD) has provided 1,222 consultations, 527 directly related to GBV; 857 counselling session, 322 directly related to GBV (OCHA link April 2020). Calls mostly came from cities, then villages, and the least calls came from women in refugee camps. Most called were regarding the abuse and violations of their social and economic rights. Women also called to report psychological, physical, and sexual violence. According to SAWA, there has been a 20% increase of phone calls for psychosocial and mental health support and an increase in the number of women seeking support due to GBV in Gaza (CARE International, 2020). Palestinian women have had a hard time accessing medical, legal, psychological and social services, and have had restricted accessibility to shelters, since they are not taking anyone in at the moment (CARE International, 2020).
VI. Main Findings of In-depth Interviews with Civil Society Organizations, Governmental Institutes, and International Organizations

1. Introduction

In order to understand the efficiency and effectiveness of GBV response services available for survivors of Sexual and Gender Based Violence (SGBV) in the West Bank and the Gaza Strip, a series of In-depth Interviews were conducted with 16 Civil Society Organizations (CSO’s), Governmental Institutes, and International Organizations. A list of those interviewed can be found in the table below.

The interviews conducted with these organization and institutes focused on obtaining information on the level SGBV and its different forms in Palestine, the services they offer and their effectiveness in terms of reach and service provision, the National referral system, awareness and advocacy campaigns, most effective programs, media and news and outlets in regard to SGBV, response services, and the availability and readiness of safe houses for women. The data obtained from these organizations also offered an in-depth understanding on topics and indicators identified in the literature review, such as service availability and accessibility, social stigmas and their impact on service accessibility, and the legislation, the impact on services and delivery, as well as tackling many gaps found institutionally and in term of implementation. The following report will aim to present the most crucial information in regard to the indicators identified, as well as map out the different services available for SGBV and the gaps found.

2. IDI Overview

2.1 Prevalence of SGBV and service Accessibility

The majority of organizations and institutes (governmental, non-governmental, and international) agreed that the level of sexual and gender based violence amongst women is higher than what was noted by the Palestinian Central Bureau of Statistics (PCBS) in 2019, (24%) in the West Bank and (38%) in Gaza Strip. They perceive the reasons for the inaccuracy of PCBS data was relatively related to the different forms of violence included by the PCBS in their measurements, and sampling errors. Many respondents also noted that even though they are aware of a large number of victim of SGBV, not all of them are filed through the national referral system, as many GBV survivors decide not to file an official complaint, but are more interested in the different services provided by these organizations/institutes (e.g. psychosocial services, economic support and development).

Even though participants noted that the level of SGBV is higher than what is published by the PCBS, respondents agreed that the percentage of GBV survivors who have accessed services is still low, which coincides with figures published by the PCBS, 1.4% in the West Bank and Gaza Strip. The four main reasons for this include lack of awareness of services, lack of awareness of the different forms of violence and the impact on females, social norms and prejudice, service or transportation costs; and trust. These results were found through the experience of these organizations, as many of them identify cases of SGBV through their awareness campaigns. For example, CWLRC in the West Bank and Gaza Strip provides a mobile legal unit, which travels around marginalized areas conducting awareness campaigns regarding the different legal services available for women as well as information about the types of SGBV experienced in Palestine and the impact it has on the GBV.

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survivors and their families. Through these awareness campaigns, survivors of violence were able to
define what they are going through, and approach CWLRC members inquiring about the different
services available, eventually acquiring some services. Similar examples were also provided by all
institutes providing services for women, noting that awareness campaigns conducted in different
areas have been successful in victim identification, as it raises the level of awareness in regard to
SGBV, as well as providing direct access to the organizations services and their members.

Social norms and attitudes directly impact women in regards to disclosing violence against them, and
receiving services, as there is a lack of family support and community acceptance. The social stigma
for women and their families who report violence, especially sexual violence, deters women from
disclosing violence and requesting services, and compels their families to cover up the incident. The
impact of social norms and traditions is not only on the individual level, but also impacts the
effectiveness of governmental institutes and civil society organizations in terms of community reach
and service provision. Regarding the former, some survivors of SGBV are hesitant in acquiring
services as they do not want other community members, whom sometimes are employees at these
institutes and organizations, from knowing about their experience. The respondent from PWWSD
notes that survivors of SGBV are ashamed of speaking out, as they are usually blamed for the
incident, whilst the male’s action is viewed as part of his instinctive manhood. Survivors of sexual
violence are the most affected by this, as many of them feel ashamed of speaking out or admitting to
sexual violence, and in certain areas, the consequences may be harsher on the victim. For example,
families may consent to marrying the female victim to the perpetrator of sexual violence to maintain
the family “honor”, this is still legal in Gaza Strip, and has only been recently repealed in 2018 in the
West Bank (HRW, 2018), and leads to dropping all criminal charges against the perpetrator of sexual
violence.

On the institutional level, organizational/ institutional service providers (e.g. Health, legal, protection,
of social development) may not be fully aware of SGBV and its impact and may ignore or disregard
certain cases. Some examples shared by the respondents include: A lawyer that said that if a woman
comes in to file a lawsuit against her husband, he would kick her out. A doctor denied any form of
SGBV in his community in Gaza Strip, until he received training in identification of SGBV and its
impacts on their survivors. In both the West Bank and Gaza Strip, only certain institutes and service
providers deal with cases of sexual violence, as it is a very sensitive topic for in the community.
Furthermore, the outlook of the service provider towards the survivors of SGBV or their belief in the
effectiveness of the system directly impacts quality of service provided, as they could blame the victim,
provide her with easy solutions, or disregard her completely, as seen before.

As for costs, one of the most mentioned cost is transportation costs. Many females in marginalized
areas or are from poor families may not be able to afford transportation costs to reach centers offering
services for women, making it even more difficult for them to be able to reach the center multiple times
for a number of sessions, services, or workshops. As for obtaining health services from governmental
hospitals or other units, even though it is legally mandatory for hospitals to provide free health services
for survivors of SGBV, this is not always implemented as service providers are not always able to
identify survivors of SGBV to offer them services free of charge, in certain areas civil society
organizations may need to directly contact the hospital to assure them that the female is a victim of
SGBV and in need of free health care. Lastly, it should be noted that in cases where the perpetrator
of SGBV is a family member such as the husband or father, the survivors may not be able to acquire
the needed money as they would need to ask the perpetrator himself for the money to acquire a health
service, or transportation to a service center.
Lastly, there is a lack of trust of survivors in service providers, governmental or non-governmental, as survivors and females have faced discriminatory or unfair treatment, poor quality services, or lack of support. This has deterred many females from reaching out to service providers. Nevertheless, some organizations note that through success stories, where survivors of SGBV we able to make a full recovery and change her life, females and survivors have become more trusting of organization, as word of mouth within the community of positive change has a direct relation to the degree of trust. Another issue mentioned is the lack of trust within the organization, for example, even though police officers will not share information outside of the department, some survivors fear the possibility of having their stories shared within the department, which will eventually leak to other units within. This is also applicable amongst health service providers, social workers, and non-governmental workers. Respondents also noted that these has been a tremendous effort in increasing levels of confidentiality and privacy within the institute, which has also played a role in increasing trust.

2.2 Vulnerable Areas/ difference in violence by Area

As identified in the literature review, there are many vulnerable and marginalized areas in Palestine, such as Area C and H2 in the West Bank, East Jerusalem, and the Gaza Strip. IDI respondents agreed on all of these marginalized areas, and including others such as Jericho and Jordan Valley, South of Hebron, Qalqilya, Salfit, North Gaza and Khan Younis. Qalqilya

Some of the reasons why these marginalized areas are more vulnerable than others are the occupation, women and girls’ movement restrictions, settlements and fear, and that Areas C, H2 and east Jerusalem are under Israeli control thereof validating the lack of S&GBV services by referral system key actors. In many areas’ the lack of awareness of services is one of the main reasons why less women access S&GBV multi-sectoral services than in other areas. In addition, although many civil society organizations have partnerships with CBOs to enable offering their services locally, most of the center are in main cities and bigger clusters.

In-Depth interview participants confirmed the same vulnerable areas identified in the literature review, as well as some others. The main areas mentioned include Area C, Hebron, especially H2 area, Jericho and Jordan Valley, East Jerusalem, Qalqilya, North Gaza, and Khan Younis. Besides the geopolitical reasons and the lack of services in these areas which cause higher rates in SGBV, IDI respondents also identified other reasons that impact access to SGBV services.

3. Role of Civil Society Organizations, Governmental Institutes, and International Organizations.

3.1 Civil Society Organization

Civil society organizations are one of the main service providers for survivors of SGBV. Some of the main services that they provide include psychosocial support, legal support, economic development, awareness campaigns, training, and shelters. The table below provides a brief about the different services provided by the organizations interviewed.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Location</th>
<th>Services Available</th>
</tr>
</thead>
</table>
| Al-Najdeh Social Association | West Bank | • Legal support  
|                       |          | • Psychosocial support  
|                       |          | • Economic Empowerment  
|                       |          | • Awareness campaigns  
<p>|                       |          | • Helpline (social and legal counseling)  |
| Health Care Committee | West Bank | • Sexual health services, including social and legal support  |</p>
<table>
<thead>
<tr>
<th><strong>Organization</strong></th>
<th><strong>Region</strong></th>
<th><strong>Services</strong></th>
</tr>
</thead>
</table>
| Juzoor for Health and Social Development | West Bank | - Mobile clinic for health services, social services and legal services.  
- Training and awareness campaigns for the health sector |
| Palestinian Counseling Center (PCC) | West Bank | - Health programs regarding chronic diseases, reproductive rights, and youth health.  
- Training programs regarding violence, and family protection; training youth in terms of skill development; training doctors and lawyers about violence against women.  
- Camps/ workshops for female breast cancer patients, and reproductive health for pregnant women.  
- Economic Support: Kitchen, |
| Palestinian Family Planning and Protection Association (PFPA) | West Bank | - Sexual and reproductive health service clinics  
- Youth centers  
- Awareness campaigns targeting doctors and pharmacists  
- Psychosocial support  
- Home visits  
- Economic empowerment |
| Palestinian Working Women Society for Development (PWWSD) | West Bank and Gaza Strip | - Individual and group Psychosocial and counselling services  
- Legal consultation and litigation  
- Therapy, wellbeing and self-esteem, self-assertiveness, and empowerment activities.  
- Training of governmental security staff, school social workers and other staff members.  
- Feminist expert organization that supports leading CSOs/CBOs mainstream combating GBV in emergency settings  
- Researching and awareness raising |
| Women’s Center for Legal Aid and Counseling (WCLAC) | West Bank, East Jerusalem, and Gaza Strip | - Legal counseling  
- Psychosocial Services  
- Family Protection  
- Shelter  
- Training and Empowerment  
- Awareness |
| The Gaza Mental Health Program | Gaza Strip | - Therapy  
- Rehabilitation through Natural Remedies |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Services</th>
</tr>
</thead>
</table>
| Center for Women’s Legal Research, Counselling, & Protection (CWLRC) / Hayat Center | Gaza Strip |  - Awareness Campaigns  
- Training of activist and professionals in psychosocial well-being.  
- Helpline  
- Legal Support and consultation  
- Psychosocial support  
- Female and family protection and empowerment services  
- Mobile Legal Clinic  
- Training of Governmental staff (Health employees, police, and Sharia court employees) |
| Culture and Free Thought Association (CFTA) | Gaza Strip |  - Social services  
- Psychological services  
- Health services (Assisting in obtaining medication at low prices)  
- Legal services  
- Economic Support and Skills Training  
- Marital Counselling |
| Women’s Affairs Committee (WAC) | Gaza Strip |  - Research papers/ Evidence based data analysis  
- Psychosocial support  
- Free Legal advice and support in court procedures  
- Economic empowerment  
- Awareness campaigns  
- Helpline |
| Aisha Association | Gaza Strip |  - Psychosocial Support  
- Economic Development  
- Help/ support addicts and drug users  
- SOS Program for children for child protection and tackling child homelessness. |

These organizations are highly effective in reaching their rights holders and offering their services. In terms of implementation, organizations mentioned creative strategies they have used to raise awareness of SGBV and advertise their services but have also noted gaps and issues they face in implementation. An overview of some of the most successful approaches implemented by these organizations to raise awareness, increase service accessibility, and training workshops are presented in this section. As well as presenting some of the main gaps and issues found across these service providers.

3.2 Effective strategies and Implementation Gaps

1) Providing Multiple Services at the Same Center
   - Strengths: The provision of multiple services at each center, such as psychosocial support, family support and protection, and legal support, was found to be a vital point for many
organizations. Firstly, the availability of staff members with different backgrounds helps in protecting the female’s well-being, as some organizations noted, providing psychosocial support as a first step allows the victim to calm down and speak comfortably about her experience. The psychosocial worker may also accompany the victim to her session with the legal workers, ensuring the victim obtains the services she needs. Second, organizations also noted that the availability of psychosocial support, marital counselling, as well as economic support and development, help in reducing the violence that women are exposed to, and may deter the case from reaching legal procedures such as divorce.

- **Gaps:** Not many centers are able to provide all the services mentioned above, as some of them are financially limited, whilst others have limitation in their internal capacity, such as the number of social/psychological/legal service providers available. One main service which is only provided by specialized centers is sexual and reproductive health services, this reduces both the awareness and accessibility of survivors to the needed services. Furthermore, some participants mentioned the lack of experienced staff, as some of them leave after a short number of years, after gaining good experience in dealing with survivors and cases of SGBV. This all indicates the weak collaboration, coordination efforts, and experience exchange between active civil society organizations in different areas.

2) **Center Availability and Referral Systems**
- **Strengths:** The availability of shelters and the general increase in community awareness has improved the level of accessibility to services by survivors of SGBV, as (0.7%) of women exposed to violence received services in 2011, compared to (1.4%) in 2019\(^4\). To increase reach and awareness, CSOs also work with local CBOs, and offer their services through them. This has increased the reach of service providers, increased awareness within the community, and reduced transportation costs on the victim.

- **Gaps:** The centralization of civil society organizations in the same areas, disregarding others, such as towns, villages, and others residential areas in Area C or others. This limits both the reach of awareness campaigns, and accessibility to services, as service providers, such as legal and health service providers, are limited to specific known localities, and do not offer continuous services in smaller residential areas. Furthermore, CBOs are less empowered as they are the least funded and less capacitated. Leading CSOs to establish hubs through CBOs however CBOs would need to be fully functioning and capacitated to ensure their sustainability.

3) **Training of Health Service Providers, Police Staff, Judges, and Lawyers**
- **Strengths:** Engaging with primary NRS service providers such as those mentioned above, was noted by participants as a successful strategy. For example, as health service providers are usually the first to deal with survivors of SGBV, training them has increased awareness of crimes of SGBV, victim identification methods, as well as providing them with safe means in dealing with survivors of SGBV, and proper channels for redirection. Training sessions with police staff also helped in increasing awareness in how to deal with survivors of SGBV and the impact of SGBV on survivors, and reduced gender discriminatory ideologies and behaviors found in governmental institutes. As for judges and lawyers, by raising their awareness on the

impact of SGBV, they were able to understand the survivors’ experience, and the impact it had on her, which leads to a fairer sentence.

- Gaps: There is still many health service providers who have not received any training or participated in workshops. This has a high impact on identifications of SGBV survivors, providing them with the needed services, as well as ensuring the proper treatment of survivors. Some organization who conduct training for police officers noted that as police officers usually train in different units or departments, it is not always insured that the most experienced or trained staff are at the front line in dealing with cases of SGBV (identification and follow up cases). Many of those who have received training in identification, prevention, and security of survivors of SGBV are moved across departments, which means that crucial staff members are removed from where they are needed and most of the time replaced with unqualified/less qualified members of the organization, which hinders the ability to continuously provide high quality services. This was noted by many civil society organizations, as they note the need to conduct continuous training at centers and departments, to ensure that all available staff have the bare minimum understanding of SGBV.

4) Awareness Campaigns

- Strengths: Awareness campaigns and workshops are a great mean to increase knowledge of SGBV and its impacts, as well as provide direct access for survivors to those working in service delivery, protection, etc... Some of the most noteworthy awareness campaigns include conducting awareness campaigns for youth, specifically university students, and community decision makers, and promoting them to become active advocates and leaders in issues regarding SGBV in their communities. This has increased community reach and awareness in these issues and produced a contact point from within these communities. Furthermore, some organizations have also started targeting both men and women in their campaigns, as ensures both parties are aware of these issues, and have the proper resources to increase their awareness and acquire services.

- Gaps: Many awareness campaigns target specific communities on project based ad-hoc basis. This means that females and those in need of services may only have direct access to them for a specific time, as they are not always financially capable to reaching nearby centers. Organizations do not have the capacity to reach every community in their vicinity, as such, there are still many marginalized areas and communities. Furthermore, the design of awareness campaigns is somewhat limited, civil society organizations do not take into account the sustainability and continuity of awareness campaigns based on evidence based data and information, and are thus only able to offer one or two sessions per community.

5) The National Referral System (NRS)/ West Bank and the Civil Society Referral System/ Gaza Strip

Before looking into the strengths and gaps within the National Referral System (NRS) and its Gazan counterpart, these two systems need to be differentiated. As mentioned in the literature review, the political situation in Palestine, and the governmental fragmentation has meant that many of the laws and procedures implemented in the West Bank are not applicable in Gaza Strip, this includes the National Referral System, as many policies and laws that are mandatory in the West Bank are not in Gaza Strip. For this, civil society organizations in Gaza Strip formed a collaboration based on the National Referral System used in the West Bank, connecting more than 30 civil society organizations around Gaza Strip that work in issues
regarding SGBV, and developing a referral system between these organizations. Even though these systems are not the same, many of the strengths and gaps are still common between both.

- **Strengths:** The NRS and its Gaza counterpart (GBV SOP in Gaza) have been a large accomplishment for organizations, as many of them were provided with the proper channels for victim protection and provision of services, and manuals for how to deal with survivors of SGBV, thus improving their service delivery. In Gaza Strip, cooperation between civil society organizations is found to be more effective, as many of them have been directly involved in the formulation of the system, and mapping out the needed paths. On the other hand, in the West Bank, as the government, UN organization, as well as civil society organization were responsible for developing the NRS procedures and guidelines, the system was found to be less efficient. For example, survivors of SGBV need to

- **Gaps:** There are two main gaps in the NRS which impact its effectiveness. Firstly, the NRS system is not made or applied by all entities involved in dealing with survivors of SGBV. Starting with governmental institutes, the MoH has only recently started increasing its involvement in the NRS indicating that there is still a large gap in implementation within MoH units. The judicial system on the other hand is still not part of the NRS system, which has meant that many survivors of SGBV have had to go through procedures twice or more, one for those involved in the NRS system (e.g. police force), and another for all judicial procedures. On the other hand, civil society organizations are also not part of the national referral system, which means that they do not have clear and unified procedures and manuals for referring and dealing with survivors of SGBV, and that their database of survivors of SGBV is not integrated with the NRS database, which includes referrals of cases and case reports of services obtained through governmental partners. In Gaza Strip, even though CSOs are the ones managing their referral system, the same gaps exist, as there is limited active and effective participation of governmental service providers, and CSOs using the referral system do not have a unified database amongst themselves or with governmental service providers of cases of SGBV survivors and the service provided to them. Second, the awareness of crucial service providers (CSOs or governmental) of the NRS system and its counterpart, and their ability to use it is still very low, this is applicable to awareness of the system itself, awareness in identification of SGBV, and ability to deal with survivors of SGBV.

6) **Referral and Procedural Manuals**

- **Strengths:** Many organizations have developed procedural manuals that ensures the safety and well-being of survivors of SGBV, as well as for them receiving all the needed services. The NRS system and its Gazan counterpart (GBV SOP) have also developed manuals for referrals, and procedure in dealing with survivors. These manuals were highly beneficial, as they ensured that staff members and service providers are always aware of the proper procedures.

- **Gaps:** Procedural manuals are not available for all service providers. For example, even though the NRS set procedures for referral between governmental institutes (e.g. health, police, and judicial), there are no manuals for referrals between civil society organizations. Service providers within the NRS system have also diverted from usual procedural referral manuals, and have developed their own that are more fitting to their needs. The Gazan referral system also set its own procedures and manuals, but it is still not used by all organizations, CBOs, and other service providers, furthermore, there is no set procedures and manuals used by governmental institutes. Another major gap in the NRS system as well as its
counterpart, is that each governmental service provider as well as CSOs in Gaza Strip have their own manuals depending on their services, meaning that there are no unified manuals across all services providers, which can be easily used across all entities. The scattered and not unified state of procedural manuals weakens the protection system developed, and reduces he percentage of survivors that are safely referred between organizations. Lastly, both the national referral system and its Gazan counterpart do not offer manuals for dealing with survivors with disabilities, nor do they able to properly deal with them.

7) Shelters
- Strengths: The availability of shelters, 2 in Gaza Strip, and 3 in the West Bank, has been a great development for survivors of SGBV. In Gaza Strip, one of the shelters is run by the government, the other through a civil society organization. In the West Bank, even though all shelters are managed by the government (Ministry of Social Development in the West Bank), civil society organizations were a key factor in opening three from the five shelters in Palestine. One of those shelters is an emergency shelter, that takes in females for a maximum of three months, until her case is resolved, or she is transferred to one of the permeant shelters. The main services provided by shelters include protection, psychosocial support, and in some cases economic development.
- Gaps: One of the most crucial issues found is the lack of financial capacity, as they may not be able to offer all the needed facilities, staff capacity, or even programs for economic development. This impacts the quality of service received, especially at shelters that were solely established by the government, as they have many infrastructural gaps. The lack of employee and infrastructural capacity limits the number of survivors that are able to stay at the shelter at any point. And the weak coordination mechanisms and referral procedures of cases leads to delays in referral cases and the follow-up of cases. As for females with disabilities, shelters can only accept those with physical disabilities but are still able to take care of themselves (e.g. Use the restroom, move on their own (even in a wheelchair), and feed themselves), shelters are not able to provide staff members that deal with more severe disabilities, and they are also legally not allowed to accept survivors with mental disabilities, as they need special care. Shelters also have a negative connotation regarding them, as mentioned by the family protection unit, females do not always accept using shelters, as they have a negative image, and it pushes them away from their families and children. Furthermore, although shelters do provide protection for women, many of those who “resolve” their issues, go back to living with their perpetrator, such as husband, father, or brother. In one case, Aisha Organization in Gaza Strip notes that a young girl, victim of sexual abuse, has had to go back to living with their grandfather, the perpetrator, as her mother’s family was not able to support her.

8) Programs
- Strengths: Many of the programs developed by civil society organizations were found to have large impact on survivors of SGBV. For example, economic development programs reduce economic discrimination as well as other forms of violence at home, as females can provide for themselves, and thus reducing the financial responsibility of other household members, yet

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5 Aisha Organization kept their involvement in the young girls’ life, ensuring that she is not abused any more. The organization also made sure she is involved in different activities, and supporting her education, as she is currently a university student.
these are not sustainable. Another noteworthy program is providing some basic education for ungraduated women, as they can have better interactions with their children and are more confident in helping them in their schoolwork. These types of programs are very helpful as they increase the female’s self-confidence, improve quality of life, and develop her personal capabilities.

- Gaps: One of the main issues with these programs is that they are fund or grant dependent, meaning that many of them are not sustainable on their own, lack exit strategies, and are made to end at one point, rather than becoming a self-sustainable program. The lack of coordination between governmental and non-governmental institutes in term of programs and service provided, as well as the targeted areas leads to repetition of awareness campaigns and programs and a focus on specific areas disregarding others, which means that many crucial issues are not tackled and more venerable communities are not infiltrated, which leads back to the donor dependent programs that are usually specified and are prone to general and easy intervention programs. Furthermore, organizations sometimes divert from sensitive topics such as safe abortion and sexual violence within the household, in fear from community rejection.

9) Helpline
- Strengths: Since the Covid-19 Pandemic, many civil society organizations have developed a helpline that is accessible and available to all survivors of SGBV, and the general public. The main tasks of the helpline include providing social support, psychological support, as well as legal advice. Furthermore, the helpline also acts as an emergency contact information for survivors, as civil society organizations directly refer them to the family protection unit in police departments. Furthermore, a couple of organizations also noted activating their Facebook page, and ensuring that women are able to access them through social media platforms as well. These methods were seen great in increasing survivors’ accessibility to services, as well as raise awareness of the services available.
- Gaps: Most helplines offered by civil society organizations only offer these services during their working hours, where the lines go off usually after 3 PM, or sometimes around 7 – 8 PM. There is still a need for a 24/7 helpline which allows survivors of SGBV to reach psychological and social service providers 24/7. Furthermore, the family protection unit has only recently set up their own helpline, which is working 24/7, as well as the MoSD and the Ministry of Women’s Affairs, whom the latter now offers Psychosocial Service delivery through the helpline.

10) Database for Survivors of SGBV
- Strengths: All civil society organizations noted that they have an internal data management system that they use to develop programs, identify vulnerable areas, and assess their work. These systems are great as organizations can tackle areas that are in high need of support, as well as have an overview of the situation and cases they receive. The national referral system also provides a database for survivors of SGBV and the services they received, which is managed by the Ministry of Social Development, but it does not include any data from civil society organizations, only governmental institutes that are partners to the NRS, which are mainly the MoSD, MoH, and the Police. As for its Gazan counterpart, there is no unified database between civil society organizations.
- Gaps: The lack of unified database between civil society organizations and governmental institutes negatively impacts organized interventions for survivors of SGBV that are referred. As there are no full case reports of survivors which include all the centers/ organizations/
institutes they contacted, nor does it have all the services received by survivors of SGBV, across all platforms. This also impacts the ability to chronologically track the victim and her case, as well as assess the level of violence exposed to over the years. Lastly, the lack of a unified definition of the different forms of violence within all the available databases causes discrepancies in the level of violence identified in Palestine, and reduced the credibility of the reports. From a different perspective, the lack of a unified database of survivors of SGBV and the services provided also leads back to organizations and institutes providing similar services and awareness campaigns, in same communities. Furthermore, the lack of unification of data entry procedures and definitions also leads to gaps in information and reports, which weakens the overall strategy developed in terms of fitting community needs.

11) Inclusion of Males for Gender Equality and Justice
   - Strengths: Many organizations, not all, have started engaging males in their awareness campaigns and workshops. The idea of tackling the issue at its source and preventing further abuse has shown its effectiveness for civil society organizations. By offering family counseling and in-house family visitation safe spaces, organizations were able to observe the children and both parents and resolve their issues accordingly. By conducting awareness campaigns and workshops with both men and women, organizations are able to tackle societal beliefs amongst men, and teach them about the impact of SGBV on their wives, daughters, or siblings, as well as the family as a whole. One method used by CFTA to target abusive husbands is by offering them economic empowerment workshops, and ensure he attends 10 – 15 workshops with a social worker. Or through family counseling, about a problem of one of his children may have, such as involuntarily urination. CFTA respondent notes that it is difficult to confront a perpetrator without an official complaint, and thus it is important to attempt to address problems at home from a different angle.
   - Gaps: One of the main gaps in male inclusion is that many service providers are still directing most of their work towards women only, which leaves a large gap in males who are not aware of the different issues in regard to SGBV, and do not receive services that they need such as psychosocial support, anger management, and others. On the other side, men or young men themselves are less encouraged to participate in women’s rights organizations activities. The Health Care Committee (HCC) have noted some the missing type of awareness campaigns which tackle the issue of SGBV at its core, targeting both men and women include anger management/ mismanagement, understanding partnerships, family and respect. These types of campaigns teach family members of substitute behaviors towards each other, and provides a better understanding of the other person. The lack of programs amongst organizations and institutes that engage men indicates the stigmatic thinking amongst these entities, and women are the only ones concerned with SGBV, this would always deter it from making a community issues, and tackling SGBV from its core.

12) Media
   - Strengths: The use of traditional media outlets by many organizations has increased the outreach of their campaigns, some of the most common media outlets used include radio stations and social media. The use of social media over the past few years has increased, as CSOs noted that they have been updating their pages, sharing more, and ensuring that women and girls are able to reach these organizations through these pages.
   - Gaps: Almost all CSOs said that the majority of new media outlets, and general programs on television, radio stations, and newspapers, only tackle issues of SGBV on national occasions
(e.g. international women day) and in extreme cases when there is international outreach. Furthermore, most of the methods used by these outlets are outdated and repetitive. The lack of media coverage of crucial issues regarding SGBV and its impact reduces the general awareness of services available for survivors of SGBV, programs, and initiatives. Furthermore, it also means that women and girls rights is not treated as a societal issue, but is treated more as that of women only. The literature review and IDIs both indicate that there is a lack of a clear national media strategy used by the government and civil society organizations that aims to change the cultural and societal norms and ideologies in regard to gender-based violence and women issues.

13) Community Participation and Backlash:
- **Strengths:** Community participation in awareness campaigns, programs, and other services is very important in disassociating certain stigmas regarding SGBV, and increasing community awareness in such issues. Many of the initiatives and programs conducted by civil society organizations, targeting youth and community influencer to become advocates of SGBV showed great results in terms of increasing awareness and infiltrating marginalized communities.
- **Gaps:** Several organizations mentioned the community backlash for signing the International agreement CEDAW, as even many individuals believed that the agreement went against cultural norms and traditions. Some women led organizations even developed and spread campaigns against the CEDAW agreement. This showed that civil society organizations are unable to provide a unified trusted front that offers reliable information to all communities. It also indicates a patriarchal thinking social norms and stigmas in the mentality of many service providers and the community itself.

3.3 Governmental Institutes

Governmental institutes have a crucial part in addressing and combating SGBV, as they are the first point of contact for many survivors and are the only institutes that directly deal with the survivors throughout the process. The main three organizations that deal with survivors of SGBV are the Ministry of Health (MoH), Ministry of Social Development (MoSD), and the family protection unit as well as the judicial system. There are many strengths and gaps that are found in service provision through these organizations, some were noted by the governmental institutes that were interviewed, and others are identified through the civil society organizations.

- **Training and Awareness:** As mentioned above, the lack of training of staff members in issues of SGBV means low detection and identification rates, improper treatment of issues and survivors of SGBV (discriminatory or judgmental treatment), and lastly survivors are less likely to access the needed services. Nevertheless, besides the effort of civil society organization to increase awareness of SGBV, institutes such as the family protection unit in the police force are also working on increasing awareness, building capacity, and ensuring proper treatment of survivors. Nevertheless, the family protection unit functions in the 11 governorates in the West Bank, and not in Gaza Strip.

- **Capacity:** Adding on to previous issues in institutional capacity in dealing with SGBV, one crucial point that was mentioned by both the MoSD and the family protection unit is the lack of staff capacity internally, and when dealing with other governmental institutes. For example, the family protection unit noted that in dealing with any case of SGBV, it is a mandatory and as an integral part of the NRS, to have a social worker present at all times, and thus having
an official briefing session with survivors may sometimes be delayed as social workers only work from 8 AM – 3 PM, whilst police units work 24/7. On the other hand, the MoSD mentioned the need to have both females and male social workers present, as it would increase the capacity of the team allowing two social workers to be present in all household meetings, and provide a more inclusive environment for social workers to provide their work (e.g. the female social worker may be with the female victim, whilst the male social worker attends to the children, to observe and assess the family and their behavior towards each other and their feelings towards their guardians). Lastly, it should be reiterated that there is still a limitation of medical and health service providers whom were trained to identify survivors of SGBV, can properly deal with survivors, and refer them to the right channels. These is a major loss in the number of survivors who are able to obtain services such as free medical care and reports, as well as seeing social workers and obtaining other services. Furthermore, besides the lack of internal experienced staff, organizations mentioned the low prison capacity, this has led police units to prioritize detaining criminals with more serious offences than not paying alimony, refusal for mother visitors, and other gender-based crimes.

- Procedures and Paperwork: The availability of set procedures within institutes has helped in unifying service delivery and tackling important issues. Nevertheless, many organizations and service providers developed their own paperwork for cases and services delivered to ease the process of admission, others were not included in the set procedural paperwork and have had to develop their own either way. There is still a gap in having easily used procedures and manuals that can be used by all the service providers.

- Inclusion of all service providers in the NRS system, and follow up procedures: The Ministry of Social Development noted that not all needed governmental units/ service providers are part of the NRS, such as the judicial prosecution, which causes lack of effectiveness in dealing with the victim. For example, a victim of SGBV needs to provide a medical report of the abuse to file a complaint against the perpetrator, however, when the case reaches prosecution, the victim needs to provide another medical report, as they do not take into account any evidence previously collected by the police. Another example is the follow up procedure performed by doctors that lead into identification of survivors of SGBV. Both organizations and the ministry respondents noted that doctors do not always links cases

- Legal Framework: The Palestinian legal framework is still undergoing many amendments and will go through many more in order to become completely inclusive. As mentioned by many organizations, the family protection law was first drafted since 2005 in hope to be endorsed by the Cabinet of Ministers and hence a Presidential Decree in order to enforce its implementation by end 2020 in the West Bank. Nevertheless, some of the main legislative gaps mentioned by both organizations and ministries include, sexual abuse and sexual violence within a family is considered a felony and not a crime, which means that perpetrators may receive short sentences; Furthermore, there are many aspects of women and girls protection rights that are not considered part of the Palestinian legislation yet, for example, young girls who have been sexually assaulted by a family member in many cases are returned to their family home. As shelters are not able to take them in for a long time, which means that the girl is sent back to her guardian’s house, most likely the father. Furthermore, the legal framework and procedures both do not include the governmental justice system such as courts, which further reduces the effectiveness of the system
3.4 International Organizations
The work of international organizations is focused on supporting governmental and civil society organization in implementation of policies and framework for protection of women and girls from SGBV, increase awareness and capacity of governmental service providers (legal, police, family protection unit) and civil society organizations, conduct outreach to the international community, and awareness campaigns. International organizations have played a crucial part in the Palestinian Authority entering many treaties, implementing new policies and framework, such as the National Referral System. Even though International Organizations do not provide any services, but they are very involved with civil society organizations and governmental service providers, giving them a general perspective of the gaps and needs.

- National Referral System: International Organizations are proud of their accomplishment in implementing the NRS. They believe it is a step forward towards the ability to provide wide-reach services in the West Bank, and someday Gaza Strip. The respondent from UN women, an organization which was a central part of developing the NRS, noted that the NRS still has many gaps in terms of efficiency of referrals, insufficient protection of survivors, and internal capacity of service providers.

- Civil Society Organizations: The work load of civil society organizations is very high, as many of them provide essential services that are usually provided by the government, such as sexual and reproductive health services, legal aid, shelters and protection, and psychosocial services. Even though their work is crucial, many of these essential services should be provided by the government, and the high need for the services provided by CSO in many localities, means that CSOs are taking a high load, are understaffed, and are not able to reach communities that need them the most. This is especially true in Gaza Strip, as CSO's are the ones who established their referral system, and are managing it.

- Resources: The lack of resources, financial and human expertise, effects both CSOs and governmental expertise. First, there is a lack of expert individuals in dealing with issues of SGBV, that are spread out across centers, which leads to a decrease in quality of service in areas that need them most. The lack of financial sustainability amongst these centers prohibits centers from conducing longer campaigns with further reach, as there is still many marginalized areas around the West Bank and Gaza Strip.

- Service Quality and Family Inclusion: The impact of some of the gaps noted above, such as resources and capacity overload means that the quality of service provided decreases. Service providers need be able to provide a comprehensive set of services, including psychosocial, legal, economic, and others, to enable more effective change. Furthermore, the respondents from UNFPA mentions the need to provide services for the whole family as a unit, as there needs to be services for both survivors of SGBV and the perpetrators, who both need help. Instead of the systematic methods are sometimes used, by going directly to court.
VI. Main Findings of Community Survey and Focus Group Discussion

1. Introduction

The perceptions of both female and male Palestinians is crucial in understanding the true levels and impact of SGBV in Palestine. To ensure that the study is able to truly represent those most in need, a quantitative survey targeted 623 respondents from areas that were identified as vulnerable areas through the In-Depth Interviews. The sample used was a stratified cluster sample with 95% confidence level and 4% marginal error. A total of 208 males and 415 females were interviewed from the following areas, in the West Bank: Qalqilya, Salfit, Jericho, East Jerusalem, Bethlehem, and Hebron, from the Gaza Strip: Khan Younis and Rafah. The following table shows the distribution of the sample by Governorate, Locality and Gender.

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<td><strong>208</strong></td>
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The survey covered the topics of social norms and behaviors, forms of Violence Against Women (VAW) in Palestine, marriage and polygamy, divorce and custody, sexual and reproductive rights, legal and security procedures in relation to SGBV, organizational support for women, survivors of SGBV and those with disabilities, social participation in awareness campaigns, and the direction of current human right policies.

To ensure that responses from quantitative data is understood, as series of 5 focus groups (FGs) were also conducted, where each session had 8 – 11 respondents. 3 focus groups
were conducted with females from Gaza, Hebron, and Qalqiya, and 2 FGs were conducted with males from Gaza and Bethlehem.

The quantitative and qualitative data collected through the survey and focus groups will be presented below, to provide an in-depth understanding of the perception of the Palestinian community in the West Bank, Gaza Strip, and East Jerusalem. This will ensure that the conclusions and recommendation presented by the study will tackle real issues and increase the capacity and effectiveness of civil society organizations.

2. Social Norms and Behaviors

Figure 1: Men and Women Have Equal Rights

Figure (1) above shows that generally, more men believe that women and men have equal rights in their community, (61%), compared to (39%) of females. In Jericho and Jordan Valley, Salfit, and East Jerusalem, more than have of respondents agree to this, (69%), (60%), and (57%) respectively, compared to less than half from other areas.

The difference in beliefs presented in FG discussions coincides with the figures seen above. As even though many women did confirm that men and women are not equal, a few others felt that there is equality between them. And vice versa for males. Females who disagreed with the statement that women and men have equal rights in their community mentioned inequality due to traditions and cultural norms, regarding restriction on freedom of movement of females, inability to make personal life decisions, and their role within the community. Many of these respondents noted that religion gave females all their rights and freedoms, but the misinterpretation by men of certain phrases, and incorporating them in our traditions is where inequality comes from. Other forms of inequality mentioned by female respondents is economic discrimination, “Some employers prefer hiring females as they will more likely accept low pay and are put under more work pressure than males”. On the other hand, some of the women who agreed that men and women have equal rights said that if the female in question is respectful, self-maintained, religious, and family oriented, the male (her husband/father/brother) will grant her all the freedom she wants. A good number of female respondents also answered “it depends”, as some females do have equal rights, whilst others don’t. They explained that it is highly dependent on the family and the environment that the female lives in, as some families are more accepting than others. The majority of female FG participants mentioned that one of the most impacting social norms is that females must protect their image in public and honor as they are.
constantly supervised/ observed, contrary to males, who are free to do what they want. This highly impacts their decisions and actions, as they are disallowed from many activities, or are in constant scrutiny for their behavior. As one female from Qalqilya explained “To summarize it we live in a culture of what is frowned upon by society, “Eib”. Which is a set of rules and behavioral limitations…. For example, it is frowned upon/ eib for a female to go out at night or walk with her brother”. Using the word Eib or “frowned upon by society” is an excuse used by many males in limiting their wives/ daughters/sister’s movement, their choice for a university major, or having the freedom to wear what they want. The gossiping culture which females live in also doubles the impacts of this.

The results from male focus groups also coincides with the results in figure (1). Some of the explanations given by males who agreed that there is equality between women and men; “women were very persecuted, but currently there is equality, and equality is relative to the differences in physical structure, and some decisions that cannot be made equally, as we are an Islamic, Arab society, with our traditions and norms” (Bethlehem FG respondent). Another respondent said, “[women have] the freedom and equality in choosing their major in university, education, and household matters” (Bethlehem FG respondent). As for respondents who disagreed with the above statement, most of their answers focused on the inequality in education, movement and travel, employment, and inheritance. For example, even though females are free to choose their major, the family may deny some studies as the female would have night shifts (e.g. nursery / medicine), majors that have field work (e.g. journalism/ engineering) or university/majors that have mixed gender classes. Other respondents said that females and males are not equal due to our traditions, norms, and religion, which should all be maintained and respected.

**Men & Women Share the Responsibility of Raising their Children in their Community**

![Graph](image)

**Women & Girls have the Right to Make their Own Decisions at Home**

![Graph](image)

**Men & Women Share the Responsibility of Raising their Children in their Community**

![Graph](image)
The majority of respondents, (71%) believe that women and men do share the responsibility of raising their children in their community, as seen in figure (2) above. There is a significant difference between females and males that agree to the previous statement, as (82%) of males agree that they share responsibility compared to (66%) of females. The same percentage of females who agree to the previous statement also agreed that women and girls have the right to make their own decisions at home, (66%), which is more than that of males, (61%), as seen in figure (3) above.

Respondents were also asked about the type of decisions made by them within the household, as seen in figures (4) and (5) below. In general, both females and males are seen to have similar involvement in household decision making, figure (4). This is somewhat surprising as not many females or males make decision for their personal affairs, (5%) and (4%) respectively, and only (25%) of both females and males agree that they make the decision for marriage, which indicates that high social and external family influencers available.

On the other hand, looking at the results per location in figure (5), some significant difference can be noted between areas. For example, in WB South in Hebron, the decisions are highly focused on Education (85%) and Marriage (48%), whilst in the North in Qalqilya, decisions focus on Raising the Children (68%), Home Affairs (59%), and Education (56%). In East Jerusalem in WB center, (20%) of respondents make decision regarding their personal affairs, in comparison to (5%) or less from all other areas.

Decisions made at Home - Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Education</th>
<th>Raising children and managing their affairs</th>
<th>Home affairs</th>
<th>Marriage</th>
<th>Work</th>
<th>Personal affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>43%</td>
<td>39%</td>
<td>35%</td>
<td>25%</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
<td>38%</td>
<td>29%</td>
<td>25%</td>
<td>10%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Figure 5 Decisions Made at Home - Gender*

Decisions made at Home - Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Education</th>
<th>Raising children and managing their affairs</th>
<th>Home affairs</th>
<th>Marriage</th>
<th>Work</th>
<th>Personal affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qalqilia</td>
<td>56%</td>
<td>16%</td>
<td>10%</td>
<td>2%</td>
<td>2%</td>
<td>10%</td>
</tr>
<tr>
<td>Salfit</td>
<td>38%</td>
<td>29%</td>
<td>22%</td>
<td>17%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Jericho</td>
<td>57%</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>East Jerusalem</td>
<td>45%</td>
<td>12%</td>
<td>6%</td>
<td>2%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>85%</td>
<td>48%</td>
<td>34%</td>
<td>16%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Hebron</td>
<td>35%</td>
<td>17%</td>
<td>34%</td>
<td>16%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Khan Younis</td>
<td>41%</td>
<td>50%</td>
<td>31%</td>
<td>11%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Rafah</td>
<td>29%</td>
<td>22%</td>
<td>19%</td>
<td>15%</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Figure 4 Decisions Made at Home - Location*

Even though (64%) of respondents agree that women and girls have the right to make their own decisions at home, figured (3), FG participants note that many social norms limit the type of decision made by women and girls, and impact their behavior. For example, (49%) of females can chose to their education, but social norms may limit the type of specialization she may enter. Female FG participants from Gaza mentioned that women are under a social pressure to get married before a certain age to avoid being called names and may settle for someone much older them. Furthermore, the societal ideology has as set role for women, and thus dictates the types of decisions made by her. For example, one male from Bethlehem FG responded, “the decision she is responsible for are those
that she can make on her own, what she should cook (household affairs)”. Two women from Hebron FG expressed their acceptance of some of these social norms, such as disallowing females from leaving the house in the evening and giving males the power to make all decisions.

Furthermore, even though (82%) and (66%) of males and females agreed that women and men share the responsibility of raising their children (Figure (2)), and many male FG participants agreed that a woman’s role within the household is to take care and raise their children, only (38%) of female respondents make decisions in regards to raising the children (figure (4)). Which indicates the lack of control women have in almost all her responsibilities, and her need to always refer to her husband for many decisions.

Most survey respondents agree that there needs to be more effective laws to protect women and girls from SGBV, (83%). There is a significant difference in results based on both genders, where (90%) of females agree that there should be more effective laws, compared to (70%) of males. As for the different areas the least percentages of respondents who agree with the statement are in Qalqilya (68%) and East Jerusalem (74%), compared to (81%) and above from all other areas.

Many FG participants also agree to the previous statement, as the laws available are not always fair towards women, and many service providers are not fully aware of all protective legislation for women, or the type of services available for survivors of SGBV. FG discussions show that the lack of the effectiveness of the law could be for two reasons, firstly, there is a lack of laws and regulations that cover the different forms of violence women and girls are subjected to, and strictly punish the perpetrator, as noted by a participant from Gaza male FG. Second, other participants note the ineffectiveness of the law as the lack of awareness of service providers may deter them from obtaining their rights or needed service, as one participant from Qalqilia FG noted being rejected by lawyers in filing a complaint against her husband.
The results in figure (7) above show a significant difference between gender and location, in their beliefs if VAW is taken seriously by security and policing institutes. Regarding gender, (55%) of female respondents do not believe that VAW is taken seriously by security forces compared to (55%) of males who do believe it is taken seriously. The lack of trust in service providers and the Palestinian legislation highly impacts survivors of VAW, as one Participant from Gaza FG reported “a woman who wishes to end her marriage with an abusive husband, she goes to the courts and the legislation, where the law is the first to attend to her and her children, and then she finds a patriarch judge, meaning he treats women as the lesser part of society”. Another woman from the same FG says “If you [the government] say that they law is on the women’s side, then why is it when I come to file a complaint against my husband/ father/ brother they tell me leave, stay strong, pull through the ordeal for your husband and children, and family”. Looking at the different areas, Bethlehem, Khan Younis, and Rafah respondents are the least to believe that security and police institutes take VAW seriously, (34%) in Bethlehem, (32%) in Khan Younis, and (38%) in Rafah. The reason why many respondents from different areas do not believe that the law is taken seriously is the lack of a reformed legislation that takes into account quality between males and females, as the case in Gaza Strip, or in other areas in the West Bank, such as Area C and East Jerusalem, the lack of accessibility of Palestinian police and security forces to these areas also leads to the lack in trust in these forces.

Figure 7 Believe that violence Against Women is taken Seriously by the Security and Policing Institutes

Believe that violence Against Women is taken Seriously by the Security and Policing Institutes

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
<th>Governorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB&amp;GS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qalqilia</td>
<td>39%</td>
<td>10%</td>
</tr>
<tr>
<td>Salfit</td>
<td>50%</td>
<td>21%</td>
</tr>
<tr>
<td>Jericho</td>
<td>38%</td>
<td>40%</td>
</tr>
</tbody>
</table>
| East Jerusalem | 34% | 0%
| Bethlehem | 19% | 5% |
| Hebron | 7% | 6% |
| Khan Younis | 6% | 5% |
| Rafah | 5% | 5% |

Figure 8 Reasons for Justifying Any form of Violence Against Wife - Gender

Reasons for Justifying any form of Violence Against Wife - Gender

<table>
<thead>
<tr>
<th>Reason</th>
<th>Male</th>
<th>Female</th>
<th>WB&amp;GS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goes out of the house without his permission</td>
<td>47%</td>
<td>46%</td>
<td>37%</td>
</tr>
<tr>
<td>Neglects her children</td>
<td>16%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>Argues with him</td>
<td>37%</td>
<td>35%</td>
<td>26%</td>
</tr>
<tr>
<td>Children do not perform well at school</td>
<td>15%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Raises her voice or screams</td>
<td>40%</td>
<td>39%</td>
<td>29%</td>
</tr>
<tr>
<td>Breaks anything in the house</td>
<td>15%</td>
<td>12%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Figure (8) and (9) above indicate a connection between VAW and social norms. For example, as many respondents from the focus groups noted that women are scrutinized for their every movement and are always asked about their destination and companions, one of the leading reasons for justifying violence against the wife is leaving the house without permission (40%). The second most justifiable reason is neglect of children, as it shows that a female is failing at her role as a mother and a housewife. Looking at figure (9), more respondents from Jericho and Jordan Valley justify violence against wife, as (72%) she neglects her children, and (53%) if she leaves the house without permission, indicating that in these areas’ violence may be more acceptable amongst the community, but is also much higher than what would be indicated.

One female Participant from Qalqilya FG said “When there is a mutual understanding between the man and his wife on certain things, and at the same time the women makes a mistake and disregarded her husband’s rights, in my opinion he should punish her”. Another female from the same FG stated “My family I can trust with anything, but the husband, there are certain points that I respect and things that I would not tell him to not shake his trust in me”. Similarly, females from Hebron FG and Gaza FG also agreed that there are some justifiable reasons for females to get punished, such as disrespecting the husband, being stubborn in her opinions, and leaving the house without permission. These types of responses indicate the deep engraved acceptance of violence amongst the community and the lack of awareness of both individual rights and impact of violence on the individual, family, as well as the society.
Figure (11) above shows a significant difference in the usual form of violence practiced over the wife, in Hebron and Qalqilya, verbal and emotional violence is highly prominent, as (80%) and (74%) of respondents agree to its prevalence. In East Jerusalem (EJ), the usual form of punishment includes multiple forms almost at the same time, Rebuke, Verbal assault, abuse, hitting (including slapping), and loud voice and screaming, as (35%) of respondents agreed to all usual forms of punishment. In general, physical violence and hitting is found most in EJ (25%), Khan Younis (31%), Salfit (27%), and Rafah (18%). And denial of getting out of house and denial of communication and movement (mobile and expenses) was found most in Jericho (21%), Khan Younis (19%), Rafah (12%) and Hebron (10%).

Respondents from male FGs had some contradicting answers, almost all FG participants from Bethlehem agreed that the punishment of female family members depends on the mistake she has done, as the punishment harshens depending on the type and of mistake. Some of the reasons given by Bethlehem male FG participants include not fulfilling her household duties, arguing and showing stubbornness in opinion, or if she makes a mistake. On the other hand, respondents from Gaza male FG agreed that there is no excuse for punishing or hitting a woman. Female respondents from Gaza FG agreed that a husband may punish his wife if she commits a mistake, and that some women do deserve a beating. Furthermore, when it comes to the family honor, many females from Hebron FG expressed that females who dishonor the family deserve to be punished as they have behaved unacceptably within the society.
VAW is previewed to be pervasive and common in both the private and public spheres, as seen in figure (12). There is some minor difference by gender, with more males agreeing that VAW is common in the public sphere, whilst more females agree that it is prevalent in the private sphere (57%). In the West Bank, excluding East Jerusalem, the levels of violence within the private and public sphere are somewhat similar, for example, (81% - 84%) of respondents in Jericho and Jordan Valley believe violence in common in both the private and public sphere, (60%) of those in Salfit believe the same thing, and (60% - 71%) of respondents from Hebron agree to the former statement. In East Jerusalem violence is much more common in the public sphere than in the private one, (95%) and (43%) respectively. Whilst it is opposite in Khan Younis and Rafah, where violence is more common privately.

As seen in figure (13), in total, (30%) of survey respondents agree that honor killing is acceptable in their community. The percentage of males who agreed to this is slightly higher than that of females, (34%) and (29%) respectively. As for areas, (75%) of respondents from Jericho and Jordan Valley agreed that honor killing is acceptable in their community, which is almost double the percentage from all other areas. This could be related to the gendered nature of the society and the power relations in a Bedouin conservative society, which is mainly constructed as a result of the underpinning patriarchal practices and the impact of the prolonged Israeli occupation practices including the existing settlements in the area, on the lives of Palestinians in general, and women and girls living in marginalized rural areas in specific. The Israeli checkpoints, especially in this area is a major practice that impose restrictions on women mobility, henceforth limiting women movement from one region to
another, even inside the village. Therefore, this baseline confirms collective expectations from the community that women should be home before dark, for example. This is imposed by family (mostly men) disapproval as they relate sanctions made by the society to their own masculine identity and honor. This is quite alarming, as (88%) of the same participants from Jericho and Jordan Valley also believe that the close family protects women and girls’ rights especially when exposed to violence, indicating that respondents from these areas are not truly aware of women’s rights.

Almost all FG participants agreed that honor is one of the main reasons for violence against women in general, as many of them perceive honor as the backbone of society. Female respondents from FGs expressed their fear of disrespecting or damaging the family honor through their actions, as they know that it may have heavy consequences such as physical violence or even killing. Some women even agreed that in cases where the female does dishonor her family, death would be her easiest salvation, as she will not be able to live a free life afterwards and will be denied many basic rights. One male Participant from Gaza explained, “Palestinian families deal with honor cases in three ways, the first segment uses violence against the girl, by hitting her or killing her, the second segment covers up the scandal, and third marry the girl to the perpetrator”. This shows that service providers need to focus on females who marry their perpetrator as this is a case of informal justice, and a type of continuous violence the victim is exposed to by marrying the perpetrator, which also leads to the repetition and indoctrination of many discriminatory social norms for the victim and her children.

More than half of respondents agree that VAW is more prevalent in rural areas and camps, and amongst the least educated, as seen in figure (14). There is a no significant difference between the level of VAW relative to the women’s employment, especially amongst men, as (42%) of them agreed that VAW is widespread among unemployed women, and (38%) agreed that it is widespread amongst employed women, noting that (50%) of females agreed to the former, and (40%) to the latter. More than (63%) of respondents from EJ and Jericho and Jordan Valley agreed that VAW is subjected at females from all backgrounds; rural areas and camps; those least educated; and unemployed women and employed women.
Looking at figure (15), more than three quarters of respondents, (77%), agree that early marriage contributes to increasing violence, this is the seen the most Salfit (90%), Bethlehem (83%), and East Jerusalem (83%), and is a more common belief amongst females, (81%), than males (68%). Furthermore, in East Jerusalem, (99%) of respondents agreed that VAW increased since the Covid-19 pandemic, as well as (84%) from Jericho and Jordan Valley, and (77%) from Hebron, this indicates that the levels of violence in these areas has been much higher in the year 2020, and with the decreased capacity of service providers throughout the pandemic, the impact of VAW will much harsher.

![Agreement with Statements Regarding: Early Marriage, Conflict Areas, and Covid-19](image-url)
3. Forms of Violence in the Palestinian Community

Overall, the most prevalent forms of violence are verbal abuse (78%), early marriage (66%), and child abuse (61%). The percentage of females who report the different forms of violence prevalent in their community is generally higher than males. Looking at the different areas, (100%) of respondents from East Jerusalem report verbal abuse, and (92%) report physical, which shows the high level of correlation between both forms of violence in these areas. In Jericho and Jordan Valley, (84%) and more of respondent report verbal abuse, early marriage, child abuse, and physical abuse, indicating the high prevalence of violence in these communities. Furthermore, the prevalence of sexual assault within the Palestinian community is much higher than what is reported, as (50%) of total respondents agreed their sexual assault is prevalent in their communities (figure 16). (78%) of Jericho Respondents, (73%) from East Jerusalem, and (69%) from Hebron respondents all agreed that sexual assault is prevalent in their communities, which indicates that high need for interventions and services.

![Prevalence of different types of VAW in the Community](image)

**Figure 16** Prevalence of different types of VAW in the Community
Female survey respondents were asked about the level of fear they feel of being subjected to any form of violence, figure (17). In total, (64%) of females are afraid to some extent from being subjected to violence, with (21%) reporting being fearful to a large and very large degree. Respondents from East Jerusalem are the most fearful of violence, as (21%) of them agreed being fearful to a very large degree, and only (4%) are not fearful at all from violence. This could be highly related to the large degree of violence in the public sphere seen in earlier results. On the other hand, even though many respondents from Jericho report violence within their community, (68%) are not fearful at all of being subjected to violence.

Almost all female FG participants said that do not fear being exposed to violence because they are females, as the family support, their upbringing, and their trust in themselves and their actions reduces the chance of being violated. One Participant from GS female FG noted that she used to be fearful from her abusing husband, but after divorcing him 10 years ago, and receiving positive support from her family, she is no longer fearful. Another Participant from Hebron female FG said that the fear motivated her to develop, “My husband is not supportive and always listens to his family. I have been beaten up by him, and was not allowed to speak to his mother or sisters, and I was stranger amongst them…. I never disrespected him or his family, but he wronged me, deprived me from my rights, and married a second wife…….I took this as a motivation to develop myself, and my family supported me…. I finished my university degree and received training at NGOs, and took my revenge with my success”.

Nevertheless, this is not always the case for females, as many of them choose obedience and are pressured by the family to submit to her husband’s wishes. This is seen as many female respondents expressed good behavior to avoid punishment, which includes accepting their husband/ fathers decision, abiding to social norms, and maintaining the family honor. One of the main problems is that many women have submitted to these forms of violence, and accepted it as normal behavior, this
shows the degree and the continuity of exposure over the years, and the need for awareness campaigns, local success stories, and intervention needs.

In total, (13%) of respondents confirmed that they or a family member have been exposed to violence, with a significant difference in both gender and areas. More than twice the percentage of females have been exposed to violence in comparison to males, (17%) and (6%) respectively. The level of violence exposed to by respondents in East Jerusalem, (26%) is more than double the percentage from all other areas. Which explains the high level of fear amongst respondents from being exposed to violence. Similarly, respondents from Qalqilya, Salfit, and Jericho and Jordan Valley, are the least to express fear of violence, and the least to have been exposed to violence personally or towards a family member.

Looking at figure (19), of those who have been exposed to violence, (47%) have been exposed to verbal abuse, (27%) physical assault, (19%) sexual assault. It is noteworthy that (31%) of males have been exposed to or have had a family member exposed to sexual assault, in comparison to (17%) of females. This indicates that males are more aware of sexual assault within the household than the females are, which intensifies the need for awareness campaigns and programs targeting males and tackling issues of sexual assault.

As for figure (20), the low level of reported violence in Qalqilya, Salfit, and Jericho resulted in identifying only a few forms of violence within these localities, verbal abuse, physical abuse, and electronic extortion. For as East Jerusalem, the high levels of violence found in previous results is
disaggregated into many forms of violence, as (40%) experience verbal violence, (30%) sexual violence, and (20%) experience physical violence. In Bethlehem, Denial of inheritance is one of the most prominent forms of violence, as noted by (45%) of those exposed to violence. As for Hebron and Khan Younis, more than third have of those exposed to violence have been exposed to physical violence, and around two thirds were exposed to verbal violence. Lastly, in Rafah, physical and sexual violence are somewhat correlated, as (29%) of those exposed to violence reported physical and sexual violence.

The top three perpetrators of violence are the husband (40%), father (24%), and a relative (17%). There is a significant difference in results by gender, where females are most exposed to violence by their husbands (44%), fathers (21%), and relative or brother (17%). As for males, (38%) have been exposed to violence by their father, and (38%) were exposed to violence from other perpetrators such as work colleagues or strangers. These coincide with general societal norms, as males are more likely to be assaulted by their fathers as children and are more likely to be exposed to violence outside of the household. On the other hand, females may be subjected to violence from different individuals, including her father, brother, or husband.

**Figure 21 Age of Perpetrator**

Overlapping with previous results, as females are exposed to violence by their husband, father, or relative, the age groups of the perpetrator is relatively distributed amongst all age groups, where those who are under 18 could be their brothers, and those 36 and above could be their husbands or fathers. On the other hand, none of the males have had a perpetrator under 18 years old.

Looking at the different areas, respondents from Qalqilia whom have been exposed to violence have reported their husband, aged 36 – 50, or a relative, between 18 – 35 years old. The one Participant from Salfit reported her son being the perpetrator of physical violence, 18 – 35, As for the electronic extortion in Jericho the perpetrator was unidentified, and was less than 18 years of age. This type of information indicates that perpetrators of violence would have a history of violence against females.
throughout their life, as violent brothers and sons will most likely become violent husbands and fathers.

The majority of those who have been exposed to violence or have had a family member exposed to violence have not received any services, (75%). Males are twice more likely to receive legal services (15%) and health services (8%) in comparison to females, (7%) and (3%) respectively. In general, females receive more diverse services such as psycho-social services, awareness campaigns, and other type of services, which clearly do not target males. Looking at the different areas, none of those exposed to violence in Salfit or Qalqilya received any services. As for the respondent in Jericho, she noted that she did go to the police, but they were not able to help her as the perpetrator was using an Israeli number. Even though the prevalence of violence was found to be highest in East Jerusalem, only (17%) received legal services. The lack of distribution of services, and the availability of all services at any set locality is easily seen in figure (22). For example, in Bethlehem, although the highest form of violence exposed to was inheritance issues, only (9%) have received any legal services, which is half of those who received awareness campaigns (18%). The services received also excludes identified survivors of child abuse, electronic extortion, and early marriage. In Rafah, (29%) of those exposed to violence were exposed to physical and sexual violence, but none of them received health or legal services.

Some female FG participants also spoke about their exposure to violence, telling their own stories, their relatives, their friends, and cases that they have dealt with. One story from Qalqila FG which includes at least 3 forms of violence, “He [the husband] used to physically assault his wife, so she ran away and got a divorce, he then started assaulting his children, both males and females, through physical assault, starvation, and forced isolation in the bathroom, no one asked about them, and no one knew. Until the eldest daughter reached her final year at school and could not take the violence from her father, so she tried to commit suicide by drinking some medication, she got hospitalized and treated, and then the police came to investigate the cause of suicide, she answered to escape her father’s violence, and showed them the bruises on her body, she then went on to live with her mother”.

Another story shared by a FG Participant from Gaza, “My friend was forced into early marriage to her first cousin, by the second month, he started drinking and physically assaulting her, and by fate she got pregnant and had a baby …. [Her son] had to go to the hospital, and whilst they were there, her husband stole her gold and sold it for alcohol…… whilst beating her glasses broke on her face, he broke the laptop, her phone, and a rib in her chest…… she decided to separate from him but her
parents initially refused for the baby……[nevertheless] she is currently now in courts, and receives alimony for the baby”

The stories above include violence in the form of physical assault, child abuse, forced isolation, forced marriage, and most likely verbal assault as well as others. In the first story from Qalqilya, even though the mother was able to divorce the husband by acquiring legal services, her children were legally still bound to the abusive father, as custodial legislation is always in favor of the father after the child reaches a certain age. It is also noteworthy that that there were no early intervention schemes for the children, especially in cases where the perpetrator is a close family member.

4. Marriage and Polygamy

There is a clear and noticeable difference in the age in which females and males get married in the Palestinian community, as seen in figure (23) above. In total, (22%) of respondents agree that females in their community are mostly married at 17 or under, in comparison to (1%) who agree that males get married at that age. In Hebron and Jericho and Jordan Valley, the percentage almost triples, with

---

**Average Age of Marriage for Girls**

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Male</th>
<th>Female</th>
<th>WB&amp;GS</th>
<th>Qalqilia</th>
<th>Salit</th>
<th>Jericho</th>
<th>East Jerusalem</th>
<th>Bethlehem</th>
<th>Hebron</th>
<th>Khan Younis</th>
<th>Rafah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19%</td>
<td>24%</td>
<td>1%</td>
<td>8%</td>
<td>4%</td>
<td>26%</td>
<td>18%</td>
<td>12%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Female</td>
<td>80%</td>
<td>76%</td>
<td>77%</td>
<td>92%</td>
<td>96%</td>
<td>74%</td>
<td>82%</td>
<td>86%</td>
<td>94%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Average Age of Marriage for Boys**

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Male</th>
<th>Female</th>
<th>WB&amp;GS</th>
<th>Qalqilia</th>
<th>Salit</th>
<th>Jericho</th>
<th>East Jerusalem</th>
<th>Bethlehem</th>
<th>Hebron</th>
<th>Khan Younis</th>
<th>Rafah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostlly 17 or below</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Mostly 18 and above</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>98%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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**Figure 23 Age of Marriage in Community**

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**Perception of Normality of Females Marrying at 17 or Under**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>WB&amp;GS</th>
<th>Qalqilia</th>
<th>Salit</th>
<th>Jericho</th>
<th>East Jerusalem</th>
<th>Bethlehem</th>
<th>Hebron</th>
<th>Khan Younis</th>
<th>Rafah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>9%</td>
<td>10%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>No</td>
<td>69%</td>
<td>76%</td>
<td>73%</td>
<td>70%</td>
<td>81%</td>
<td>13%</td>
<td>48%</td>
<td>63%</td>
<td>89%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>DK/ No response</td>
<td>28%</td>
<td>22%</td>
<td>24%</td>
<td>27%</td>
<td>19%</td>
<td>59%</td>
<td>43%</td>
<td>16%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>

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**Figure 24 Perception of Normality of Females Marrying at 17 or Under**
(63%) and (59%) of respondent respectively agree that the average marriage for girls is 17 years or below.

In total (24%) of respondents agree that it is normal for females to marry at 17 or under, with no significant difference in perception by gender. On the other hand, looking at the different areas, in Jericho and Jordan Valley, as (59%) of respondents agree that girls marry at 17 or under in their community, figure (23), (59%) also agree that it is normal for girls to marry at the age, figure (24). This is quite alarming as it indicates the low penetration levels of awareness campaigns in these communities. Similarly, in East Jerusalem, even though marriage at 17 or under amongst girls is not that common, (43%) of respondents agreed that it is normal for girls to do so. On the other hand, in Hebron, half of those whom report girls marrying at 17 or under, (63%), agree that it is normal for girls to marry at that age (33%), which indicated the low level of available legal services which protect girls from early marriage.

There are no significant differences in terms of reasons for early marriage in regards to gender, but it should be noted that more than double the percentage of males (7%) believe early marriage happens to avoid educational costs, in comparison to females (3%). Looking at the different areas, in Gaza Strip, the most prevailing reasons for marriage in Khan Younis and Rafah are economic reasons, (45%) and (50%) respectively, which is highly related to high poverty rates in Gaza Strip. On the other hand, in Hebron, (52%) believe that girls get married at an early age due to cultural reasons. In East Jerusalem the most prevailing reason is to protect the girls honor (30%), whilst in Jericho, (30%) of respondents believe that girls want to get married at an early age. In Qalqilia, (29%) of respondents from early marriage.

Figure 25 Reasons for Early Marriage

<table>
<thead>
<tr>
<th>Reasons for Early Marriage - Gender</th>
<th>Reasons for Early Marriage - Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>WB&amp;GS</td>
</tr>
<tr>
<td>30% Economic reason</td>
<td></td>
</tr>
<tr>
<td>15% Economic reason</td>
<td></td>
</tr>
<tr>
<td>10% Economic reason</td>
<td></td>
</tr>
<tr>
<td>6% Economic reason</td>
<td></td>
</tr>
<tr>
<td>7% Economic reason</td>
<td></td>
</tr>
<tr>
<td>2% Economic reason</td>
<td></td>
</tr>
<tr>
<td>1% Economic reason</td>
<td></td>
</tr>
<tr>
<td>27% Culture</td>
<td></td>
</tr>
<tr>
<td>17% Culture</td>
<td></td>
</tr>
<tr>
<td>12% Culture</td>
<td></td>
</tr>
<tr>
<td>3% Culture</td>
<td></td>
</tr>
<tr>
<td>3% Culture</td>
<td></td>
</tr>
<tr>
<td>1% Culture</td>
<td></td>
</tr>
<tr>
<td>27% To protect girls (honor)</td>
<td></td>
</tr>
<tr>
<td>17% To protect girls (honor)</td>
<td></td>
</tr>
<tr>
<td>12% To protect girls (honor)</td>
<td></td>
</tr>
<tr>
<td>3% To protect girls (honor)</td>
<td></td>
</tr>
<tr>
<td>1% To protect girls (honor)</td>
<td></td>
</tr>
<tr>
<td>28% Girls want to get married at early age</td>
<td></td>
</tr>
<tr>
<td>16% Girls want to get married at early age</td>
<td></td>
</tr>
<tr>
<td>10% Girls want to get married at early age</td>
<td></td>
</tr>
<tr>
<td>5% Girls want to get married at early age</td>
<td></td>
</tr>
<tr>
<td>3% Girls want to get married at early age</td>
<td></td>
</tr>
<tr>
<td>1% Girls want to get married at early age</td>
<td></td>
</tr>
<tr>
<td>26% Education (Avoid cost of education)</td>
<td></td>
</tr>
<tr>
<td>16% Education (Avoid cost of education)</td>
<td></td>
</tr>
<tr>
<td>10% Education (Avoid cost of education)</td>
<td></td>
</tr>
<tr>
<td>5% Education (Avoid cost of education)</td>
<td></td>
</tr>
<tr>
<td>3% Education (Avoid cost of education)</td>
<td></td>
</tr>
<tr>
<td>1% Education (Avoid cost of education)</td>
<td></td>
</tr>
<tr>
<td>28% Others</td>
<td></td>
</tr>
<tr>
<td>16% Others</td>
<td></td>
</tr>
<tr>
<td>10% Others</td>
<td></td>
</tr>
<tr>
<td>5% Others</td>
<td></td>
</tr>
<tr>
<td>3% Others</td>
<td></td>
</tr>
<tr>
<td>1% Others</td>
<td></td>
</tr>
<tr>
<td>15% Dowry</td>
<td></td>
</tr>
<tr>
<td>10% Dowry</td>
<td></td>
</tr>
<tr>
<td>10% Dowry</td>
<td></td>
</tr>
<tr>
<td>5% Dowry</td>
<td></td>
</tr>
<tr>
<td>3% Dowry</td>
<td></td>
</tr>
<tr>
<td>1% Dowry</td>
<td></td>
</tr>
<tr>
<td>10% Too many girls in the family</td>
<td></td>
</tr>
<tr>
<td>5% Too many girls in the family</td>
<td></td>
</tr>
<tr>
<td>5% Too many girls in the family</td>
<td></td>
</tr>
<tr>
<td>3% Too many girls in the family</td>
<td></td>
</tr>
<tr>
<td>1% Too many girls in the family</td>
<td></td>
</tr>
</tbody>
</table>

Figure 25 Reasons for Early Marriage
believe that early marriage happens due to economic reasons and because the girls want to get married at that age.

The difference in results by location give an idea about the different cultures within these communities, for example, as Gaza Strip has higher percentages of poverty, more families believe that marrying the females will reduce the economic load on the family, as her husband becomes responsible for her. In East Jerusalem, where the prevalence of violence is higher in public and within the family, females are more likely subjected to violence due to issues of “honor”, and the need to get out of a violent household, or protect their honor. As for Hebron, even though respondents do not necessarily agree to early marriage, it seems that cultural norm have a high influence on the females age of marriage.

5. Divorce and Child Custody

There is a significant difference in the percentage of females and males who agree that women have the right to divorce on their own will, (79%) and (64%) respectively, and have the right to custody of their children, (97%) females, and (82%) males. In terms of divorcing on their own will, only (57%) of respondents from Hebron agree that women have the right in doing so, and (58%) from Salfit. As for having custody over the children after the divorce, (81%) and (82%) of respondents from Salfit and East Jerusalem believe women have the right of doing so, which is the lowest amongst all areas.

Regarding the former, many FG participants noted that they, or other women they know, have divorced their husbands. One of the main factors which help them is the availability of the support of their family in the process. As for the custody of children, even though there is a high percentage of survey respondents who agree that women should be able to take their children’s custody, (92%), stories from focus groups indicate that it is still not easy, as children are forced to stay within their father, the perpetrator in most cases, or in other cases, the female nor her family are able to financially support the children, which leads to the children staying with the father or his family, such as the case of the young girl who was sexually assaulted by her grandfather.
The awareness of the impact of polygamy on the female and the family is significantly different regarding demographics, where (62%) of males believe that polygamy leads to harm to the women and the family, compared to (85%) of females. Furthermore, in East Jerusalem, only (37%) of respondents agreed that polygamy leads to harm to the woman and her family, in comparison to (81%) and more of respondents from other areas.

In general, more than half of the respondents, (55%), believe both parents should have the right to raise their children, and almost a third, (27%) believe that the father has the right to keep the children even if he gets remarried. Nevertheless, there is a significant difference in beliefs about custodial rights given gender and area. Regarding the former, males are more likely to side with the father, as (40%) believe the father has the right to keep the children even if remarried, compared to (21%) of females. And (only (12%) of males believe that females have the right to keep their children when they get remarried, compared to (26%) of females. As for areas, (20%) or less of respondents from Rafah, Jericho, Bethlehem, and Khan Younis believe that the female should keep the children after getting remarried compared to (24%) of Participant from the same areas which believe that the father should keep the children after getting remarried. Generally speaking, respondents seem to agree more with the father having custodial rights after getting remarried compared to before getting married. This could to ensure that there is a female figure in the household that can take of the children and their needs.

The impact of unfair custodial legislation and rights is dire, as noted earlier, leaving children with fathers who are perpetrators of physical assault on the wife may put them in harm’s way, as they become the next target for the perpetrator. In other cases, women may stay in an abusive marriage as to stay with their children, as mentioned by one participant from Hebron FG. Nevertheless, the financial burden of the children may deter females from taking custody, even when remarried.
6. Legal and Security Procedures regarding SGBV

Respondents were asked about their level of agreement with different statements regarding the legal and security procedures implemented in Palestine. The results for the 4 different statements can be seen in figures (30) (31) (32) and (33).

More than half of female respondents, (52%), agree or strongly agree that the Palestinian law does provide women and girls protection and guarantees their rights, compared to (67%) of males who agree to the former statement, as seen in figure (26). The level of effectiveness and reach of the law can be seen by looking at the different areas, for example, in East Jerusalem, only (41%) agree or strongly agree with the previous statement, and (48%) disagree with it, which coincides with the fact that the Palestinian legislation is less effective and not always applied in these areas. Similarly, in Hebron and Bethlehem, the percentage of respondents who disagree with the statement reached (36%) and (52%) respectively, which also has to do with the abundance of area C in these areas.

The effectiveness of the police force can also be indicated through figure (31), as the results somewhat coincide what is seen in figure (30). In Qalqiliya, Salfit, and Jericho and Jordan Valley, more than (70%) of respondents agree that the police protect women and girls from violence and their rights, compared to (55%) or less of respondents from all other areas.

Some FG participants also expressed their lack of trust in the Palestinian law in providing protection for women and girls and guaranteeing their rights, as well as their trust in the police providing...
protection for women and girls from violence. As mentioned by a female Participant from Gaza FG, “The law is not fair to women, even when going to court to get custody, divorce, or inheritance, they tell you that the law is with women…. but when I complain about my brother or ask for my rights, why am I asked to leave? … [they say] Just bear with it for your husband and children, and for you parents”

Other FG participants believe that resorting to the family is the best method to resolve violence, as involving the government may lead to more violence, or imprisonment of both parties. One Participant from Hebron FG said in regard to which entity interferes when women are assaulted, the first entity could be her family and her husband’s family, to listen to both sides, and save the family and children”. Another Participant from Bethlehem male FG said “If the extended family interferes it is solved more peacefully, and better, as their solutions are better than courts”. On the other hand, FG participants who do believe the government is the most effective method for dealing with violence all agreed that the government should be more forceful in applying the laws and protecting women. One male Participant from Gaza FG noted “The legislation, if it punishes and made stricter rulings to anyone who breaks or overpasses women’s rights, these laws would be constraining to men, and here we protect women’s rights.”

<table>
<thead>
<tr>
<th>Gender</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>DK/ No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>23%</td>
<td>57%</td>
<td>14%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>40%</td>
<td>49%</td>
<td>7%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>34%</td>
<td>52%</td>
<td>9%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>WB&amp;GS</td>
<td>32%</td>
<td>55%</td>
<td>7%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Qalqilia</td>
<td>31%</td>
<td>46%</td>
<td>15%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Salfit</td>
<td>34%</td>
<td>59%</td>
<td>6%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Jericho</td>
<td>43%</td>
<td>27%</td>
<td>7%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>East Jerusalem</td>
<td>36%</td>
<td>56%</td>
<td>7%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Bethlehem</td>
<td>11%</td>
<td>69%</td>
<td>18%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Hebron</td>
<td>43%</td>
<td>52%</td>
<td>5%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Khan Younis</td>
<td>36%</td>
<td>69%</td>
<td>14%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Rafah</td>
<td>36%</td>
<td>49%</td>
<td>14%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

Figure 32 The law should punish men who practice violence against women within the family (his wife, daughter or sister …)

Even though a total of (86%) of respondents strongly agree and agree that the law should punish men who practice violence against women within the family, figure (32), only (58%) of respondents agree that the wife should report her husband if he is the perpetrator of violence, figure (33)\(^6\). Some of the

\(^6\) Total of those who disagree and strongly disagree with statement in figure (29).
significant differences in results in figure (32) are that females are twice more likely to strongly agree that the law should punish men who practice violence against women with their families, (40%), compared to (23%) of males who strongly agree.

Similar differences are also found in figure (33), with more than three times the number of females who strongly disagree that a woman doesn’t have to report her husband to the police if he is the perpetrator of violence (20%), compared to only (6%) of males. In East Jerusalem, only (19%) of respondents agree that the wife should report her husband if he is the perpetrator of violence, which is the lowest from all areas. This is highly related to the fact that the most common acting police service in these parts are the Israeli police, which means Palestinians are more fearful in reporting family members to them. There also could indicate the lack of awareness of individuals in the governance of the Palestinian police force over these areas. Furthermore, even though (97%) and (85%) of respondents from Khan Younis and Rafah agree that the law should punish men who practice violence against women in their families, only (26%) and (34%) of respondents agreed that a wife should report her husband if he is the perpetrator.

Almost all FG participants agreed that the if the perpetrator of violence is a husband, brother, or father, reporting the crime to police will depend on the severity of the violence, and that the crime should be reported to the family first, and solved internally. “Regarding the husband, if the arguments are simple, it’s better to be resolved between them, the smaller the circle the better. As for the brother or father, there could be some minor resentment, but she could be pleased with a few words” (Female Participant from Hebron FG). “Should a woman report her perpetrators? Depends on the degree of damage, there are issues that can be wisely solved within the family, but if outside interference is needed, at the end she is a human with rights and freedoms, and the issues should be solved through specialized centers.” (Male respondents from Gaza FG).

One Participant from Qalqilya female FG spoke about her own experience in reporting her husband, who physically assaulted her which got her hospitalized for 40 days, the police were delaying the process as her husband and his family were influential in the community, and those around her also told her to waiver her rights in the divorce. This directly shows the impact of social norms as well as societal relations in acquiring quality and effective legal services and support.

In the case of VAW in the community, only half of the respondents, (50%), would report it. In the WB, respondents are generally less likely to report a case VAW of in comparison to Gaza Strip, even though there are more protective laws and units in the West Bank. In Salfit, only (25%) of respondents would report a case of VAW in their community, and (40%) of both East Jerusalem and Hebron respondents, which is significantly lower than all other areas.
In Bethlehem Male FG, out of three respondents, one noted that he would interfere if he sees violence in the street, another said he wouldn’t, and the last gave an ambiguous answer. It is also interesting to note that many FG participants from all areas spoke about their own/relative/friends experience with VAW, but none of them noted taking action or reporting the violence, indicating that even though many females and males who do not necessarily agree with violence, do not report it.

The entity which VAW in the community is reported to differs according to location, for example, as the family protection unit is only operational in the West Bank, a total of (8%) of WB respondents’ resort to them in comparison to (0%) from Gaza. On the other hand, women rights organization are much more active in terms of providing protection for women in Gaza Strip, as (18%) of respondents from Gaza Strip resort to these organization, in comparison to (0%) from the West Bank.

Some significant differences are found in Bethlehem, where only (40%) of respondents would resort to the police, which is much lower than other areas, and (40%) resorting to parents, family, or relatives, and (25%) to clansmen and family elders, which is higher than other areas. This was also noticed in focus groups, as participants from the male FG in Bethlehem were more in favor of solving issues through the family and clansmen than participants from other focus groups.
Looking at figure (37) above, there is a clear differentiation for outcomes of rape survivors according to area. In Hebron, almost half of the respondents, (49%), agreed that the victim of sexual violence will be killed, and (30%) agreed that the victim would marry the perpetrator. Similarly, (33%) and (31%) of respondents from Salfit and East Jerusalem agreed that the victim of sexual violence will be killed. In Jericho, (31%) of respondents agreed that the victim of sexual violence gets married to the victim, and (19%) also agreed that nothing will happen. It is also interesting to note that respondents from Gaza Strip are generally more aware of the psychological impact of sexual violence on the victim, as (28%) and (17%) of respondents from Rafah and Khan Younis, respectively, agreed that there is a psychological impact, which is much higher than the majority of WB areas. And in Rafah, none of the respondents noted that survivors of sexual violence are killed. This indicates the positive impact of civil society organizations and the awareness campaigns, as more community members are aware and acknowledge the psychological impact on the victim of sexual harassment.
In general, (41%) of respondents believe that the perpetrator of rape will be imprisoned, and (22%) believe that nothing will happen to the perpetrator, which is more than 5 times the percentage of respondents who believe nothing will happen to the rape victim, (4%). These results coincide with many things noted in female focus groups, as females are much more scrutinized for their actions, blamed, and deal with more consequences. Looking at the results in figure (39), there are clear differences in the outcome for perpetrators of sexual results. In Jericho, (53%) of respondents agreed that the perpetrator will be killed, and only (9%) agreed that he will be imprisoned. On the other hand, in East Jerusalem, (50%) agreed that the perpetrator will be imprisoned, and (18%) believe he will be killed.

One of the main reasons why survivors of rape are exposed to much higher consequences is the high relation to honor. Any performance of sexual act is dishonorable and has consequences. In case of marriage, the females’ virginity is usually crucial for the husband and his family. And thus, in cases of rape, the victim of rape will not be able to get married, will be forced into relative isolation to ensure she does not dishonor the family again, or is married to the perpetrator to cover up the case. This was confirmed in focus groups, as even females’ participants agreed that in cases where females dishonor the family, they should be punished, one participant from Qalqilia female FG said "Killing may sometimes be the end of corruption".
Only (66%) of respondents believe that women have the right to inheritance, what is surprising, more males than females agree that women and girls have the right to inheritance, (70%) compared to (64%). Awareness of right is found least in East Jerusalem, Jericho, and Salfit, with less than (58%) of respondents agreeing that women and girls have the right to inheritance.

In general, (62%) of respondents believe that the Palestinian legal departments such as the Sharia courts provide support and provide enforcement mechanisms that facilitate women and girls exercising their rights. Nevertheless, only (27%) of Salfit respondents agree to the former statement, which is less than half of respondents from other areas. And even though many respondents from Bethlehem previously agreed that they would resort to the family and clansmen to solve disputes, (71%) agreed that the Sharia courts does provide support and mechanism to support women and girls. What is interesting to note is the high level of percentage of respondents who did not answer or don’t know, (25%) in East Jerusalem, (22%) in Jericho, and (19%) in Salfit. These high percentages could indicate a large degree in lack of awareness in their rights and entities which protect their rights.
Violence within the community is generally solved through the family or tribe, as (92%) of respondents agreed that when women exposed to violence the dispute is solved within the family, and (82%) agreed the disputes are resolved by the tribe. It is also noteworthy that (54%) and (52%) of respondents believe that survivors of VAW receive health, social, or legal services, or are referred to shelters or women protection organization, as this contradicts earlier results of the type of services received by survivors of household violence. The influence of the family and tribe slightly differs according to area. In Qalqilya and Salfit, the nuclear family seems to be more influential than the tribal family, as (99%) and (94%) of respondents respectively agree that VAW in the community is solved within the family, in comparison to (63%) and (35%) who agree that VAW in the community is resolved through the tribe. Whilst in other areas, (80%) and more of respondents agree to resolving issues through the family or tribe. Salfit is the government with the least number of respondents who believe that VAW is solved through courts (13%) or the police (38%).

Similarly, many focus group participants agreed that in cases of violence within the community, the family and parents are those who usually interfere to solve the issue. One participant from Gaza FG even noted that the community itself may cover up violence within their area when the police arrive, telling them that the problem has already been solved internally. Some of the reasons given for this is that participants believe that those closest to the perpetrator may have the most effect on him, such as his parents and family. Nevertheless, not many participants agree that the family and clansman
interference is positive, as one respondents from Qalqilia noted “[the community deals with it] negatively, if you did not misbehave with your husband he wouldn’t have had to hit you, you should have been patient and endured… they put the blame on the weaker link, the woman”

In general, a total of (74%) of respondents believe that most or some of survivors of SGBV receive health services, and (70%) believe that most or some survivors of SGBV with disabilities receive health services. This contradicting to actual PCBS data, as only (1.4%) of survivors of SGBV receive services in general, and less of those with disabilities.

More males believe that’s survivors of SGBV receive services than females. And the majority of respondents from Hebron, Bethlehem, and Salfit believe that most or some survivors of SGBV receive health services, (86%), (76%), and (94%), which is quite opposing to previous data, as only (8%) of respondents whom were exposed to violence from Hebron have received health services, and none of those exposed to violence from Bethlehem have received health services.

On the other hand, for the governorates Qalqilya, Jericho, and East Jerusalem, there is a large percentage of respondents who are not aware of if survivors of SGBV receive health services. Nevertheless, respondents still believe that survivors of SGBV with disabilities are more likely to receive health services.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
<th>Governorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>WB&amp;GS</td>
</tr>
<tr>
<td>Most of them</td>
<td>Some of them</td>
<td>None of them</td>
</tr>
<tr>
<td>Male</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Female</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>WB&amp;GS</td>
<td>14%</td>
<td>13%</td>
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Looking at figures (45) and (46) above, more respondents believe that survivors of SGBV receive legal services, as a total (81%) of respondents believe that most or some survivors receive any legal service, and (72%) believe that survivors with disabilities receive legal services. Similar to earlier results, a large portion of respondents from Qalqilya, Jericho, and East Jerusalem do not know or did not respond to the previous statement.

Figure 46 Survivors of SGBV Seek/Receive Legal Services

Figure 45 Survivors of SGBV with Disabilities Seek/Receive Legal Services

Figure 47 Survivors of SGBV with Disabilities Seek/Receive psycho-social services
Even though psychosocial services are the most provided by organizations and institutes, a similar number of respondents believe that survivors of SGBV and survivors with disabilities receive psychosocial services, in comparison to health and legal services.

Furthermore, there are similar differences amongst governorates, for example, the awareness of survivors receiving services, whether with or without a disability, in Qalqilya, Jericho, and East Jerusalem is low in comparison to other areas. On the other hand, in Salfit, Bethlehem, and Hebron, even though there is a large number of respondents who believe that most or some survivors receive any of these services, their perception is still somewhat higher than what is in reality. Lastly, what is interesting to note, respondents believe that more survivors with disabilities receive services than survivors without disabilities.

Fear of more violence is the leading reason why survivors of SGBV do not seek services, which is quite alarming, as it indicates that survivors receiving beneficial services with increase of violence.
More than half of the respondents also agree that women fear social stigma, and (41%) agree that they do not seek/receive services to protect their children.

In Salfit and Jericho, the two leading reasons for not receiving services are fear from more violence, and economic/financial factors. In Hebron and Bethlehem, respondents do not seek services to protect their children, or in fear of social stigma, showing the cultural impact on them.

None of the female FG participants from Qalqilya and Hebron are aware of anyone who used any of these services. As for those from Gaza female FG, they were more aware of community-based organizations which offer legal services, which some women in their community use. Some of the reasons mentioned by participants from Hebron and Qalqilya FG for the lack of use of these services is that many of them believe civil society organizations break up the family and usually lead to the female leaving her household and not having anywhere to return to. Some participants also noted that these networks do not solve the root cause for the violence, but only provide superficial services. Male FG participants from Bethlehem strongly agree to the previous statements, where almost all of them expressed their distrust in these networks.

Females were also asked where they would go if experiencing violence, and contrary to earlier results, the majority of females would firstly seek their families. Whereas earlier results showed that female respondents would resort to the police first to report an VAW in their community.

This shows a gap between their knowledge and behavior, as they know that the police and service providers may be the best to solve issues of VAW in the community, but they would personally resort to family members first.

Nevertheless, even though the majority will resort to the family, slightly more respondents from Salfit, Jericho, and East Jerusalem would resort to the police. On the other hand, more respondents from Qalqilya, Bethlehem, and Hebron would resort to the extended family, in comparison to other areas.

In Salfit, (25%) of respondents agreed that they would seek health services, which coincided with earlier results as the majority of Salfit respondents agreed that most of some women do receive health services. This indicates that the awareness and accessibility of these services is more prominent in Salfit than other area.
Lastly, it should be noted that Friends seem to be also more influential than seen in earlier results, as a total of (34%) of female respondents would resort to friends in case of VAW. This indicates many survivors of VAW can be reached through different entities, including friends around them, and not just the family.

All female participants agreed that they would resort to a family member such as the father, or solve it with their spouse themselves. Participants believe that small issues should be solved internally and within the family, with no reason to involve others.

The availability of organizations and networks for survivors of SGBV to request services from seems to differ per area. In Qalqilia, only (21%) and (28%) of respondents believe that there are organizations and networks available for survivors of SGBV and survivors of SGBV with disabilities, respectively. Similarly, in Khan Younis and Rafah, (59%) or less of respondents agree that there are these organizations and networks for survivors to request services from, with or without disabilities, which is significantly lower than other respondents. This is quite alarming as the involvement of civil society organization in the community and the referral system is much higher in Gaza Strip, and the percentage of survivors of SGBV whom have received a variety of services is higher in these areas. This could mean that service providers are not able to reach many communities within Khan Younis and Rafah, or that the awareness of services, for those with or without disabilities is low.

Participants from all focus groups were able to note at least 2 civil society organization which provides services in their community. Some of those include, the Family Protection Unit and Wea’m.
Organization - Hebron; Women’s Center for Legal Aid and Counseling (WCLAC) and Nujoom Al-Amal Organization for those with Disabilities - Qalqilia, Shelters – Bethlehem; Center of Women’s Affairs – Gaza Females. Participants from Gaza male FG were able to identify more than 10 organizations that provide services or awareness campaigns, including UNRWA Clinics, The Palestinian Democratic Center and Human Rights, Wifak Organization for Women and Children Rights, Center for Women’s Programs, Women Health Organization, Al-Janoob Organization for Womens Health, Center for Development of Suburban Women, Center for Social Awareness and Media, Palestinian Female Graduates Center, Aisha Organization for Women and Children Rights, and others.

Services that Support SGBV survivors are Important

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![Figure 54 Services that Support SGBV are Important](image)

Even though more females than males agree that services that support SGBV are important, it is noteworthy that (25%) of females and (36%) of males do not agree with the previous statement or do not know. This shows that there is still a gap in awareness of the impacts of SGBV on the individual and the community. Furthermore, looking at the different areas, this lack of awareness can be highest in East Jerusalem, Salfit, and Hebron, as only (46%), (61%), and (65%) of respondents from these areas agree that services to survivors of SGBV are important.

Previous results showed that of those whom have exposed to violence in East Jerusalem, Hebron, and Salfit only (17%) and (23%) from EJ and Hebron received services, and none of those from Salfit, figure (19), which showed low level of trust in women institutes and health and psychosocial support networks in these areas. In East Jerusalem, Salfit, and Hebron, only (37%), (44%), and (54%) of respondents, respectively, trust the work of these organizations, figure (55), which is another indication for the low level of survivors who receive services. Furthermore, a third of respondents from...
East Jerusalem and Hebron do not know or refused to respond to the question, which further indicates the low level of awareness in these areas.

All female FG respondents declared the lack of trust they have in the available women's institutions and health and psychosocial support service providers, as some said that the interventions they do are minuscule and do not solve the issue, even though it might make a difference to some people, others spoke about the different methods that they use which break the family instead of helping the situation, and one female from Gaza FG even shared her own experience of psychological violence experienced within the women's institution which she was working on, and perpetrated by the director of the institute.

More than three quarters of respondents, (78%), do agree that the number of health, psychosocial, and social support institutes should be increased. It is also interesting to note that even though in areas such as Salfit, East Jerusalem, and Hebron, the level of trust in the organizations is lower than other areas, more than half of the respondents still agree that there should be increased number of service providers. Furthermore, (90%) and more of respondents from Khan Younis and Rafah agree to increasing the number of service providers, which indicates a large gap in availability and accessibility of service providers by survivors of SGBV, nevertheless, this large gap could be highly attributed to the lack of governmental services and proper interference in cases of SGBV.
In terms of believing the ability of civil society institutes and organizations to protect women and girls, respondents from East Jerusalem are the least to agree that these organizations are able to protect women and girls from violence, (39%), figure (56). This is directly related to the fact that East Jerusalem is less controlled by the Palestinian Authority, and thus the level of interference, in terms of protection of survivors of SGBV, would be much lower. In Salfit, the lack of trust in organizations is relatively similar to the lack of trust in the legal system and police force in protecting women and girls, even though the majority of female respondents from these areas agreed that they would reach out to the police in case of violence against them personally.

There is a clear gap between respondent’s views on civil society organizations and service providers vs. the family and extended family interference. As even though there are relatively high levels of trust and need of these organizations as service providers, respondents are still more likely to resort to family members, tribal members, and friends. This indicates both a lack of awareness and lack of service availability, as service providers are not able to infiltrate many areas to provide continuous services that are integrated in the community. And the lack of awareness in the impact of SGBV in terms of psychological impact, economic, and others, is still not well understood.

Lastly, the level of trust in service providers protecting women and girls from violence does not differ if the victim is disabled or not, where respondents have almost the same level of trust in service providers, as a total of (64%) of respondents trust service providers in protecting women and girls from violence, and (61%) trust service providers in protecting women and girls with disabilities from violence.
A bit more than half of respondents, (55%), believe that safety houses are able to provide protect women and girl survivors of SGBV. This is however much less in East Jerusalem (30%), and Qalqilya (39%), figure (58). Furthermore, to add on to this, previous information indicated that only (11%) of women would go to shelters in case they are exposed to violence. Even though there seems to be some level of trust of shelters, not many respondents would resort to them, which implies the impact of the social stigma in relation to these houses.

There is a staggering difference in the level of trust of respondents with service providers vs. the extended family in providing protection to women and girls who are survivors of violence, as (75%) of respondents do trust the extended family in providing protection. This would be one of the main reasons why many respondents would choose to resort to the family or extended family if exposed to violence. Some of the minor differences seen in figure (57) above include the slightly higher percentage of males who trust the extended family in comparison to females, (79%) and (73%) respectively. Looking at areas, the level of trust in family per governorate in Gaza Strip, e.g. Khan Younis and Rafah, is lower than West Bank areas. And in areas that have shown a bigger influence of culture and social norms, e.g. Bethlehem and Hebron, the level of trust is also lower than other governorates.
As seen earlier, many focus group respondents did agree that many issues can be solved through the family, and that the family may protect women as well. As some noted that their fathers protect them from their brothers, and the spouses families may interfere when there is violence within the household. Nevertheless, the lack of trust is also evident among certain participants, as they do not believe that the family may always assure their rights or guarantee protection, as women are told off for misbehaving and blamed for the incident.

According to respondents, health services are the most available / provided by the networks in the community (66%), followed by psychosocial services (70%).

There are differences in available services in each area. For example, In Qalqilia, economic services are less available than other areas. In Salfit, both economic support and shelters are less available than other areas. On the other hand, in Hebron, more than (78%) agree that networks provide health services, psychosocial services, and economic support, indicating the awareness of service providers in these areas.

Contrary to survey respondents from Qalqilia, none of the female FG participants noted any services available in their areas or community, including awareness activities or campaigns, as many of them live in villages and marginalized areas away from city centers.
8. Awareness Campaigns

Through figures (62) and (63) above, it can be clearly noted that awareness activities are not reaching Qalqilia, Salfit, and East Jerusalem, as the percentage of respondents whom have heard of activities is low, (21%), (35%), and (31%), figure (62), and only (5%-6%) of respondents have participated in awareness activities, figure (63). Furthermore, even though more than half of the respondents from Hebron have heard of awareness campaigns, (54%), only (7%) of total respondents have participated in them. Only two focus groups respondents have participated in activities, one through the Municipality, and another through Amal Al-Nujoom Organization. Another participant from the same FG mentioned hearing about women protests against violence in Ramallah. Similarly, in Hebron, even though some female participants did hear about awareness activities, only one participated in an activity conducted at the municipality.

As for participants from Gaza, it is interesting to note that more males said that they have participated in awareness activities than females. As only one female from Gaza FG said she participated, compared to four male participants from the male FG. Male participants who have participated in awareness activities mention the benefits of these campaigns as they were able to give them real examples and perspectives to teach them about SGBV. On the other hand, male participants from Bethlehem FG, the majority of them were against the work conducted by civil society organization including the awareness campaigns, where only two participants agreed that awareness campaigns break barriers and ensure the discussion of these issues.
Interestingly, respondents from Khan Younis and Rafah both have similar awareness level of awareness activities, (45%) and (51%), figure (62). Nevertheless, the level of participation between both highly differs, as (18%) from Khan Younis have participated in activates, compared to (45%) from Rafah, even though respondents from both Khan Younis and Rafah are both very interested in participating in these activities (77%) and (68%). The significantly low levels of participation in Khan Younis to awareness activities could be due to any of the reasons identified previously, such as lack of accessibility due to transportation or financial issues. It is important to tackle these societies through accepted and trusted community-based organizations or governmental entities, as it could increase reach and ease community acceptance of such activities.

Figure 64 Interest in Participating in Awareness Activities regarding Women Rights and Ending VAW

![Bar chart showing interest in participating in awareness activities](chart.png)

Women’s Rights Organization work leads to a change in societal awareness about GBV

![Survey results chart](survey.png)

Figure 65 Women’s Rights Organization work leads to a change in societal awareness about GBV
A large percentage of respondents do agree that women rights organization change and improve societal awareness in GBV, and reduce GBV in general. One area which has a significant difference in perception is Salfit, where (6%) and (85%) of respondents strongly agreed and agreed, respectively, that women organizations do change societal awareness, figure (65), and (21%) and (54%) strongly agreed and agreed that they succeed in reducing GBV, figure (66). This could be a high indication of the centralization of certain services in different marginalized areas, and the ability of women organization to make a significant impact in certain areas, where those who have seen the impact of women organization believe in them more than those whom have not been exposed to the positive impact of organizations. In East Jerusalem, the effect of women organizations is less, as (20%) and (30%) answered don’t know to both statements in figure (65) and (66).

Female FG participants from Hebron noted that the impact of women’s rights organizations may be more negative than positive, as many females will not find a home to go to after resorting to any of these organizations, and that many males in their community are completely against these organizations and believe that they mislead women and girls instead of helping them.
The top three methods of hearing about VAW in the community are Facebook (60%) / the Internet (40%), family members (36%), and friends (35%). There are some important differences in the communication channels for each area. For example, in Qalqilia (62%) and (58%) hear of VAW from family and friends, in Jericho, (78%) hear from friends, and in Hebron and Rafah, (65%) and (47%) hear from the Internet. These differences in sources of information means that each resource may provide different information, for example, in communities where family and friends are the source of news and information, the story may be told in a biased perspective. And even though Facebook may be used for increasing community awareness, it may also be filled with fake news and community backlash, which grows a stronger online opposition.
Coinciding with earlier results indicated that women and men are not equal in terms of decision making, and are usually only allowed to make decision in terms of their education, household matters, and sometimes marriage, only (11%) of males strongly agree that women have the right to make their own decision, compared to (27%) of females. In Rafah and Kahn Younis, (24%) and (20%) of respondents disagree and strongly disagree with the statement. In East Jerusalem, (40%) of respondents do believe that women and girls have the right to make their own decisions.

A total of (80%) of respondents strongly agree and agree that women and girls usually defend themselves in the event of domestic violence. In East Jerusalem, this is significantly less, as only (43%) of respondents agree to the previous statement, with also (21%) who strongly agree. Some female participants from FG respondents noted that they may verbally respond to their brother in cases of non-physical violence. In other cases, they only mentioned resorting to the parent, or solving the issue with the husband. None of the female or male participants indicated that females defend themselves in cases of domestic violence, especially that it is seen as a punishment that should be accepted.
Justification of violence due to the attire of women is most common in Jericho, as (87%) strongly agree of agree to the statement, in comparison to an average of (44%) in the West Bank and Gaza Strip. Even though more males agree and strongly that a women attire may be a justification for violence, (53%), more than a third of females (35%) agree to the statement as well. This is simply explained by the societal views on honor and the type of attention women attract. In smaller communities or more conservative areas such as Jericho and Hebron, wearing a garment is more relative to the societal views as well as the family opinion, where women are pressured from both ends to fit the social norms and ensure the representativeness of chastity and honor. On the other hand, in areas such as East Jerusalem where the communities are exposed to more violence outside the household, wearing or not wearing a garment is not as consequential, as violence may be more prevalent amongst all.

Almost a quarter of males, (24%), and (17%) of females strongly disagree or disagree that women should disclose violence against them to relatives and friends. In Gaza Strip, this almost doubles, as (43%) of Rafah respondents and (27%) of Khan Younis respondents disagree with women disclosing violence. Many focus group participants agreed to this, as they mentioned that in case of violence, they would resort to a family member such as the father, mother, or the spouses' family. In Gaza, both...
females and male focus group participants agreed that women should not disclose violence and solve the matter internally, depending on the extent of the damage.

End ing violence against women and girls should be a priority for the Palestinian society

![Ending violence against women and girls should be a priority for the Palestinian society](image)

East Jerusalem seems to lack in societal support in terms of prioritizing ending violence against women, as (62%) strongly agree that it needs to become a priority. The difficulty in East Jerusalem is the lack of trusted and available services and service providers, due to the Israeli restrictions on the Palestinian Authority and service providers, but by making stronger social relations, communities may exchange services and protect each other. On the other hand, (17%) from Salfit, and (12%) from Qalqilia, Hebron, and Rafah, disagree or strongly disagree that these issues need to become a priority of the Palestinian society, which indicates both the lack of awareness in the impact of VAW on the society as a whole, and the dissociative mentality that claims that VAW impacts women only.

Focus group participants from different areas believe that the role of the society includes raising awareness, and change the general perception of social norms. Female participants from Hebron FG also mentioned that the society needs to help in forming substitutes to the family protection unit, working positively and not negatively. This shows both the level of mistrust individuals have in governmental protection services and service providers, as well as the opportunity to create a collaboration between the society and governmental units in providing awareness and protection.
It is surprising to see that only (70%) of respondents agree or strongly agree that ending VAW should be the primary responsibility of the government. The percentage of those who agree differs per area, as more respondents from Jericho, East Jerusalem, and Bethlehem strongly agree with the need of governmental involvement to end violence against women and girls, (38%), (45%), and (35%), respectively. This is because of the lack of governmental accessibility in these areas, as many of them are classified as Area C, or are completely restricted, and are in more need of governmental services.

On the other hand, (29%), (42%), and (44%) of respondents from Qalqilia, Salfit, and Hebron disagree and strongly disagree with the government responsibility over ending violence against women on girls, which indicates the lack of awareness in governmental role in ending VAW, and lack in belief in effectiveness of services. Female FG respondents from Qalqilia and Hebron both agree that the government has to have stricter punishment and better implementation of laws that protect women and their rights. Furthermore, participants from both groups agreed that the government’s policies and procedures would need to consider the value of women’s care work and that women, and to encourage women’s engagement and participation in traditional and non-traditional sectors, including as decision-makers, to change the notion that women’s place is at home.
The percentage of respondents who agree that ending violence against women is the responsibility of women rights organization is higher than that who think it is the government responsibility, (75%) compared to (70%), and applicable to both female and male respondents. There is also a need for women’s rights organization interference in areas such as Jericho, East Jerusalem, and Bethlehem, as more than (22%) of them strongly agree to their role in ending violence.

On the other hand, more respondents from Qalqilia, Salfit, and Hebron believe that ending VAW is the responsibility of women’s organization than of the government. Indicating that these communities are more likely to believe that VAW is only relevant to women and not necessarily solved by the government or community. Similarly, in Khan Younis and Rafah, more respondents believe that ending VAW against women is the responsibility of civil society organization rather than the government. Lastly, female FG participants from Gaza also note that the government is responsible for changing the laws that are relative to women and their rights as well as those relative to her role in the community. Some participants from the male FG in Gaza believe that the government presents the most crucial role, as it may implement stricter policies against perpetrators. Participants from the same FG note that political parties also have the responsibility of ensuring that there are female candidates in elections to ensure representation of women in government and politics.

In total, (84%) of respondents agree and strongly agree that ending VAW is the responsibility of men in society, which is much higher than those who believe it is the responsibility of the government or women organizations. This shows the high need of awareness campaigns amongst men and the community in general. As men are the usually perpetrators of VAW and are the main decision makers in the house, increasing their awareness in issues of SGBV and their impact will lead to a more considerate behavior towards women. Furthermore, the community needs to be able to differentiate between the role of men and community members vs. the role of service providers, governmental institutes, and civil society organizations, as forming a unified front to combat SGBV is the most effective.

Looking at the results per governorate, it is interesting to see that the percentage of those who believe that ending VAW is the responsibility of men in the society is higher than those who believe it is that of women’s organizations or the government, except for Salfit and East Jerusalem. The higher percentage of respondents who do agree that it is the responsibility of men could indicate the extent to which respondents believe that the family is the first responsible for doing so, in which the male is
usually the decision maker. As for Salfit and East Jerusalem, the difference in results indicates the gap in available services by women rights organization and governmental institutes, respectively.

Comparing figure (74) and figure (75) above, it is positive to note that (84%) and (82%) of total respondents agree and strongly agree that it is the responsibility of both men and women, respectively, to combat VAW, indicating that the general public do believe that interventions on both fronts are needed. Nevertheless, the difference in percentage of respondents per governorate who believe it is the responsibility of women rather than men, women organizations, and the government, indicates the percentage of those who believe the VAW in the community is the responsibility of women only, which reaches up to (26%) in Salfit governorate.

Male FG participants from Bethlehem all agreed that it is the sole responsibility of women to end violence against women, contrary to participants from other FGs who agree that change comes as a result of effort from different entities. Many FG participants from Hebron, Qalqilia, and Gaza males and females’ groups agreed females need to learn and develop their capacities to be able to defend themselves more and be more aware of their rights. One participant from Gaza male FG emphasized that:

"women and girls have the most power in changing the status quo by speaking out about what they need and learning how to defend themselves".

Figure 77: Ending violence against women and girls is the responsibility of women and girls themselves

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Figure 78: Ending violence against women and girls is the responsibility of the extended family

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A total of (88%) of respondents agree that ending violence against women is the responsibility of the extended family, with (100%) of respondents from Jericho and East Jerusalem agreeing and strongly agreeing to the former statement. Indicating the high trust individuals have in the extended family in ending violence against women, more so than their trust in the government, women organizations, the society, or even individuals on their own. The high trust in the family and extended family in combating violence against women is a crucial factor in increasing service awareness and accessibility amongst communities, as awareness campaigns targeting community leaders, decision makers, and influencers will help in assuring that certain cases of VAW are treated in a considerate manner when resolved within the family.

There is a clear misconception amongst participants regarding the responsibilities of the government, women right organizations, the community, and individuals. For example, female participants from Qalqilya believe that it is up to women rights organization to increase response from the health sector. Male participants from FG in Bethlehem and some from Gaza agree that it is the women responsibility to end violence against herself, by changing her behavior and ideology. Furthermore, those from Qalqilia and Hebron who believe in the government’s role in supporting women role in society do not take into consideration their own and family’s role into changing societal views and social norms. These sorts of misconceptions indicate that the awareness of both the individuals and communities needs to be increased in terms of service identification and responsibilities, as well as best methods for reaching service providers.
VII. Discussion and Recommendations

1. Prevalence of and forms of violence in participating communities

The baseline survey has opened the door to explore important deeply rooted factors and aspects of violence against women and girls which are not properly understood as violation of human rights. That is why we recommend the organization of a national specific survey in order to ascertain the validity of the existing factors, to establish the relationships that unify these variables and allow for a more advanced diagnosis in order to provide explanations. The types of violence that women and girls are exposed two are mostly perpetrated by husbands or male in the family. This private nature of violence makes it invisible either because it happens behind closed doors or because rigid norms often deal with violence against women and girls or boys as a normal life or a family matter that no one should interfere in. In economically deteriorating situations such as that in Palestine, women are more likely to conform to prevailing gender norms that perpetuate familial violence.

The survey proved that most forms of violence experienced by women occur more within the marital situation than in any other life settings. It is also within the marriage that most of the abuses are perpetrated, i.e. most of the physical abuses, blows or attempts of murder are mainly perpetrated by spouses. The survivors of the sexual abuses (forced sexual acts and attempts at forced sexual intercourse) spoke about these experiences for the first time during the survey. The survey shows an undeniable level of awareness of the abuses on the part of the women. Women no longer automatically keep silent.

Even though civil society organizations noted that the level of SGBV is higher than what is published by the PCBS, participants agreed that the percentage of GBV survivors who have accessed services is still low. This coincides with figures published by the PCBS, 1.4% in the West Bank and Gaza Strip. One of main reasons for the low access to services by women is social norms and prejudice.

2. Social norms (Individual)

The analysis of social norms in Palestine is framed within the socio-political and economic factors that shape Palestinians daily life under Israeli occupation, including among others economic deprivation and dispossession, therefore defining the stereotypical roles and responsibilities of women. It was clearly observed throughout the baseline study that the situation of women and girls in most marginalized areas (i.e. in the Jordan Valley, Qalqilia, Hebron, Bethlehem, and Gaza) vary tremendously. Social norms and attitudes directly impact women in regards to disclosing violence against them, and receiving services, as there is a lack of family support and community acceptance. The social stigma for women and their families who report violence, especially sexual violence, deters women from disclosing violence and requesting services, and compels their families to cover up the incident.

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3. Communities’ awareness of consequences of GBV and availability of GBV multi-sectoral services

It can be clearly observed that awareness activities are not reaching Qalqilia, Salfit, and East Jerusalem, as the percentage of respondents whom have heard of activities is low, (21%), (35%), and (31%), figure (60, and only (5%-6%) of respondents have participated in awareness activities. Furthermore, even though more than half of the respondents from Hebron have heard of awareness campaigns, (54%), only (7%) of total respondents have participated in them. Awareness campaigns conducted in different areas have been successful in victim identification, as it raises the level of awareness in regard to SGBV, as well as providing direct access to the organization’s services and their members.

Almost all participants from women rights organizations agreed that the majority of news media outlets, general programs on television, radio stations, and newspapers, only tackle issues of SGBV on national or international occasions and in extreme cases when there is international outreach. Furthermore, most of the methods used by these outlets are outdated and repetitive. The lack of media coverage of crucial issues regarding SGBV and its impact reduces the general awareness of services available for survivors of SGBV, programs, and initiatives. Furthermore, it also means that women and girls protection rights is not treated as a societal issue, as that of women only.

4. Access to SGBV Services

Many females in marginalized areas or are from poor families may not be able to afford transportation costs to reach centers offering services for women, making it even more difficult for them to be able to reach the center multiple times for a number of sessions, services, or workshops. Even though it is legally mandatory for hospitals to provide free health services for survivors of SGBV, this is not always implemented as service providers are not always able to identify survivors of SGBV to offer them services free of charge. Also, in certain areas civil society organizations may need to directly contact the hospital to assure them that the female is a victim of SGBV and in need of free health care. Lastly, it should be noted that in cases where the perpetrator of SGBV is a family member such as the husband or father, the survivors may not be able to acquire the needed money. This is because they would need to ask the perpetrator himself for the money to acquire a health service, or transportation to a service center.

Lastly, there is a lack of trust of survivors in service providers, governmental or non-governmental, as survivors and females have faced discriminatory or unfair treatment, poor quality services, or lack of support. This has deterred many females from reaching out to service providers. Nevertheless, some organizations note that through success stories, where survivors of SGBV we able to make a full recovery and change her life, females and survivors have become more trusting of organization, as word of mouth within the community of positive change has a direct relation to the degree of trust. Another issue mentioned is the lack of trust within the organization. For example, even though police officers will not share information outside of the department, some survivors fear the possibility of having their stories shared within the department. This is also applicable amongst health service providers, social workers, and non-governmental workers. Respondents also noted that these has been a tremendous effort in increasing levels of confidentiality and privacy within the institute, which has also played a role in increasing trust.
In both the West Bank and Gaza Strip, only certain institutes and service providers deal with cases of sexual violence, as it is a very sensitive topic for in the community. Furthermore, the outlook of the service provider towards the survivors of SGBV or their belief in the effectiveness of the system directly impacts quality of service provided, as they could blame the victim, provide her with easy solutions, or disregard her completely, as seen before.

CSOs also work with local CBOs, and offer their services through them. This has increased the reach of service providers, increased awareness within the community, and reduced transportation costs on the victim. Nevertheless, the centralization of civil society organizations in the same areas, disregarding others, such as towns, villages, and other residential areas in Area C or others, limits both the reach of awareness campaigns, and accessibility to services, as service providers, such as legal and health service providers, are limited to specific known localities, and do not offer continuous services in smaller residential areas.

5. Recommendations

- **At the Institutional level (policy and service delivery)**

  1. Increase awareness and capacity of governmental service providers in SGBV and dealing with SGBV. Concentrate on capacity building on GBV prevention in all the sectors concerned, i.e. the social, health, legal or police institutions that are directly or indirectly involved with the women who are survivors of violence.

  2. CBOs and women rights organization are required to focus on implementation educational and awareness raising interventions with the NRS actors. For example, police officers and health front line providers would need to increase their communication skills from a gender perspective. They need to start looking at women and girls who experience violence as human beings and from a human rights perspective and not as females who are survivors or from a cultural/conservative dimension.

  3. Improve coordination between CSOs to increase reach of services and reduce overlapping of services. Also includes awareness campaigns and advocacy interventions.

  4. CBOs in marginalized areas are less empowered as they are the least funded and less capacitated. Leading CSOs tend to establish hubs through CBOs to increase service delivery, provision of SGBV services, educational and awareness raising, however CBOs would need to be fully functioning and capacitated to ensure their sustainability. They would need to be supported through core funding and support them in establishing strategies that support would considerably increase their reach out and service delivery.

  5. Civil society and women’s rights organizations would need to expand the geographic areas in which they function to include areas that are not reached. They would need to use the statistics offered by the PCBS and ensure that all areas in the West Bank, including area C and east Jerusalem are reached and that networking efforts with CBOs and civil society forums is enhanced to ensure expanded awareness raising interventions, and accessibility to services.

  6. The national referral system would need to provide a well-established confidential database for survivors of SGBV and the services they received. The Ministry of Women’s Affairs has established a GBV observatory to this end, however, the system
that is being developed would still require testing and development to ensure it provides evidence-based information for quality reports and research.

7. In Gaza, a unified database for the information referral system would need to be established by Civil Society Organizations.

8. The baseline survey has revealed that not all NRS services are delivered equally in all participating communities, especially health and security S&GBV response services. For example, Bethlehem, Khan Younis, and Rafah respondents are the least to believe that security and police institutes take VAW seriously, (34%) in Bethlehem, (32%) in Khan Younis, and (38%) in Rafah. This could be explained as security and police forces in GS (Khan Younis and Rafah) are generally not taking any new legislations for equal rights between females and males, and many areas in WB south are area C and out of reach of the PA. Similar to areas in Qalqilya and East Jerusalem. This should necessitate accountability measures within and among these organizations, more specifically security and social development.

9. Policy advocacy initiatives by CBOs would need ensure the accountability of the Ministry of Social Development to activate a database on women and girls who are survivors of violence, which, according to the National Referral System is its main responsibility.

10. Advocacy interventions for policy change will need to take into consideration the need for reformed legislation that takes into account equality between males and females, as the case in Gaza Strip, or in other areas in the West Bank, such as Area C and East Jerusalem.

11. Promote protection-related interventions at the community level especially in Area C where the PA lacks access, especially the Palestinian policy and family protection unit personnel. It is therefore encouraged to support interventions that use a gender-responsive mobile policing with the engagement of civil society and local communities in such areas.

12. All civil society organizations working to serve the objectives of Naseej would need to be capacitated to apply a human rights based approach and do-no harm policy in addressing the communities and delivering GBV-related services and interventions. This is especially important to increase the communities trust (women and girls), in the work of women's institutions and health and psychosocial support service providers, as some said that the interventions they do are minuscule and do not solve the issue, even though it might make a difference to some people, others spoke about the different methods that they use which break the family instead of helping the situation, and one female from Gaza FG even shared her own experience of psychological violence experienced within the women's institution which she was working on, and perpetrated by the director of the institute.

13. Expand the focus on helpline services especially in the context of COVID-19 emergency situation, to become an essential service to promote expanded outreach to women and girls who experience violence in rural and hard to reach areas.

14. Expand networking and coordination with Family Protection and Juvenile unit in the Palestinian Civil Police (PCP) especially in emergency and sever cases.

15. To expand networking and empower local organizations, it is recommended to encourage partner CSOs and CBOs to engage in the Protection and GBV-sub Cluster Groups that were established by the United Nations Organizations working in Palestine (OHCHR, OCHA, UNFPA, UN Women, among others).
At the social level

1. Women’s rights organizations would need to invest in all options and individual/collective opportunities that serve to deconstruct discriminatory social norms and change attitudes that perpetrate discrimination and violence in the Palestinian community and at the family level, starting from elementary gender-sensitive education, onward. Other options include promoting gender-responsive social and media discourse that promotes values of gender justice and equity.

2. Awareness raising interventions would need to focus on community mobilization as an important aspect to promote local ownership and ensure sustainability of the projects being implemented at the long-run. The community including community based organizations, leaders, political factions, and young women and men would need to be encouraged to participate in voicing women’s protection rights. The capacities and knowledge of the communities will be increased to identify and implement critical strategies to address S&GVB and enshrine rights based on international GE frameworks including Beijing +25, CEDAW and SDG 5&8. The emergence of fundamentalist groups and patriarchal mindsets would require challenging strategies and breaking discriminatory social norms toward a violence free society, which could be possible through community mobilization. The engagement of young people and private sector (esp. media) would further support approaches to intervene toward social change thus expanding the scope of lobby and advocacy for policy change to combat and prevent S&GBV in the society.

3. Awareness interventions will need to focus on International Human Rights Law and Humanitarian Human Rights Law that promote gender-sensitive community discourse, social justice and equality, more specifically on CEDAW. The campaigns would need to aim at deconstructing discriminatory social constructs and patriarchal mindsets of the society. Community members who are supporters of social justice and gender equality would need to be encouraged to participate/lead awareness interventions.

4. CBOs would need to be encouraged to explore and analyze the most impactful social norms in these communities in which they are mandated to serve, in order to develop interventions and strategies for change that can work from the perspective of the local communities.

5. Inclusion of Men and Boys is a crucial factor in this process, as the majority of respondents believe that men and the family help in protecting women.

At the individual Level

1. Civil society and women rights organizations and CBOs would need to adopt strategies that promote social mobilization and engagement of men and young men in educational and awareness raising interventions. Nevertheless, these groups would need to be encouraged and motivated to participate either by taking on leadership role or by participating as active champions for behavioral change. They need to buy in to the work of civil society and women rights organizations through direct engagement in planning and implementing activities.
2. Expand the scope of SGBV multi-sectoral service delivery through increasing support for women rights organizations who are specialized in the field and through networking and supporting enhancement of NRS to reach all individuals and in hard to reach areas in Gaza Strip and the West Bank.

3. Support peer-to-peer educational interventions that provides the opportunities for women who has come out of the cycle of violence to contribute to changing and breaking norms that consider VAW or/and reporting incidents of S&GBV as shame.
Annex 1: Community Survey Questionnaire

Introduction

My name is [YOUR NAME]. I am from [Alpha International]. I would like to invite you to participate in a survey. Alpha International is conducting a study on VAW for the benefit of OXFAM organization. The aim of the study is to collect information from the local communities’ members about VAW to support OXFAM organization to implement a project that contribute to more gender-equitable societies. Same study will be conducted in Iraq and Yemen.

Your participation is entirely voluntary and there is no penalty for not participating. There are no direct benefits or risks to you if you agree to participate. However, we hope the information that you share with us will help improve our programs and services for people in the OPT. During the interview we will ask you questions that some people might consider personal. If you feel uncomfortable answering any questions, you are not obliged to answer them. You can stop the interview at any time. All responses are anonymous, which means your answers will receive a designated code and no one will know your answers. The information that you will share with us will be used in a private and confidential manner. Would you like to participate in this survey? We will record your answers with this tablet. The only purpose of this device is to make the process of recording answers easier.

Section 1: Social Norms and Attitudes

1. Do men and women have equal rights in your community?

2. Do Men and women share the responsibility of raising their children in your community?
   1. Yes        2. No         3. Do not know    4. No response

3. Do Women and girls have the right to make their own decisions at the household level?
   If yes, move to question 4. Otherwise skip to question 5.

4. What kind of decisions do you make?________________________

5. Do you believe that we need more effective laws that protect women and girls from violence in our society?
   1. Yes        2. No         3. Do not know    4. No response

6. Is violence against women and girls taken seriously by the security/policing institutes?
   1. Yes        2. No         3. Do not know    4. No response
7. Do you think it is justifiable for a man to practice any form of violence against his wife, if she:
   1. If she breaks anything in the house
   2. If she refuses to have sex
   3. If their children do not perform well at school
   4. If she neglects her children
   5. If she goes out of the house without his permission
   6. If she raises her voice or screams
   7. If she argues with him

8. In case of any of the above, what kind of punishment do you think men usually practice against women and girls?

To what extent do you agree or disagree with following statements:

9. Violence against women and girls is pervasive in the private sphere (home) in your community

10. Violence against women and girls is common in the public sphere (street, parks, work) in your community

11. The killing of women in the name of honor is acceptable in your community?

12. The close family protects women’s rights, especially when exposed to domestic violence?

13. Violence against women and girls is mainly prevalent in rural areas, camps and villages

14. Violence against women and girls is mainly prevalent among the least educated

15. Violence against women and girls is widespread among mainly unemployed women

16. Violence against women and girls is mostly widespread among employed women

17. Early marriage contributes to increasing violence against women

18. Women and girls are more vulnerable to violence in communities located in conflict areas as a result of occupation / settlement / separation wall.

19. Violence against women and girls has increased since the Covid-19 outbreak

Section 2: Forms of Violence against Women in the Palestinian Society
Are women and girls subjected to any of the following forms of violence in your community?

<table>
<thead>
<tr>
<th>Violence Type</th>
<th>1. Yes</th>
<th>2. No</th>
<th>3. Do not know</th>
<th>4. No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Sexual assault (Physically or verbally)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. Child abuse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. Physical assault (Hitting, slapping, burning,)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. Forced marriage</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. Early marriage</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. Denial of resources/opportunities (education, health services, savings)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. Denial of inheritance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. Denial of the right to own property (private / joint ownership)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28. Verbal abuse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. Forced isolation for disabled women</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. Electronic extortion (extortion sexual extortion)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

31. Currently, to what degree are you afraid of being exposed to any type of violence (mentioned above) because you are a female?
1. I do not feel at all 2. Low degree 3. Large degree 4. Very large degree

32. Have you, or a member of your family, experienced any form of violence (mentioned above) in the last 12 months?
   1. Yes 2. No 3. Do not know 4. No response

33. If yes, what form of violence did you or a member of your family, experience (violence from the above table with) (Multiple Response) ……………………………

34. If yes, who perpetrated the violence? (Multiple Response)

35. If yes, What is his/her age?
   1. Less than 18 years 2. 18 – 35 3. 36 – 50 4. Above 50

36. If yes, What kind of services did you or any of your family members receive?

37. If you or your family member received one or several of those services, were you satisfied with their quality?
   1. Yes 2. No 3. No response

Section 3: Marriage and Polygamy

38. At what age do girls get married in your community?
   1. Mostly 17 or below 2. Mostly 18 and above 3. Others, specify: ……………………………

39. At what age do males get married in your community?
   1. Mostly 17 or below 2. Mostly 18 and above 3. Others, specify: ……………………………

40. Do you believe that girls think that it is normal that they get married at 17 and below?
   1. Yes 2. No 3. Do not know 4. No response

41. Why do you think early age marriage take place? (One answer only)
Section 4: Divorce and Custody over Children

42. Do women have the right to divorce based on their own will?
   1. Yes  2. No  3. Do not know  4. No response

43. Do you think that women have the right to take custody of their children after divorce?
   1. Yes  2. No  3. Do not know  4. No response

44. What do you think: Does polygamy result in harm to women and the families (i.e. psychological, economic and social)?
   1. Yes  2. No  3. Do not know  4. No response

45. Do you believe that if a woman decides to get re-married
   1. She has the right to keep her children under her custody
   2. Both parents have the right to raise their children based on mutual agreement between both spouses
   3. The father has the right to keep their children under his custody if he doesn’t get married
   4. The father has the right to keep their children under his custody even if he gets married

Section 5: Legal and Security Measures of SGBV

To what extent do you agree or disagree with following statements:

46. The law in Palestine provides protection for women and girls and their rights

47. The police protect women and girls and their rights

48. The law must punish a man who practices violence against females in the family (his wife, daughter sister…)

49. When violence occurs in the family, the wife should not report the husband if he perpetrated the violence?

50. Would you report a case of VAW occurring in your community?
   1. Yes  2. No  3. Do not know  4. No response

51. If yes, to who ....................................................

52. In the case of a rape incident in your community:
a) Usually what happens to the survivor of a rape case?  

b) Usually What happens to the perpetrator? 

53. Do you think women and girls know their rights to inheritance?  
1. Yes  
2. No  
3. Do not know  
4. No response 

54. Do you think that the Palestinian legal departments (such as the Sharia courts) support / provide enforcement mechanisms that facilitate women and girls to exercise their right to access equity and litigation?  
1. Yes  
2. No  
3. Do not know  
4. No response 

Section 6: Organizational Support to Women and Girls Survivors of Violence including to women with disabilities 

What are the main organizational and societal responses to VAW that you know of? 

<table>
<thead>
<tr>
<th>Response</th>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>55. Cases reported to the Police?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>56. Perpetrators of violence taken by police?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>57. Cases go to court?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>58. Health services for VAW survivors are provided?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>59. Disputes resolved by tribal groups?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>60. Disputed resolved within the family?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>61. Taken to safe houses for protection (Shelters)?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>62. Other? _____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

63. How many women and girls who are subjected to violence seek or receive the health services available in the community?  
1. Most of them  
2. Some of them  
3. None of them 

64. How many women and girls with disabilities who experience violence seek or receive health services available in the community?  
1. Most of them  
2. Some of them  
3. None of them 

65. How many women and girls who experience violence seek or receive legal services?  
1. Most of them  
2. Some of them  
3. None of them 

66. How many women and girls who are subjected to violence seek or receive social and psychosocial services?  
1. Most of them  
2. Some of them  
3. None of them
67. Do women with disabilities seek / obtain psychological, social or legal services when they are exposed to violence?
   1. Most of them  2. Some of them  3. None of them

68. Do women with disabilities seek / seek legal services when experiencing violence?
   1. Most of them  2. Some of them  3. None of them

69. Why do you think women and girls experiencing violence don't seek/request support?
   1. Fear from more violence  2. Social stigma  3. Protect her children
   4. Economic factor  5. Lack of support services  6. Bad quality of support services
   7. Others, specify: ..............................

70. Where would you go to seek help if you experience any form of Violence?
   Please select 3 starting from most accessible
   10. Others, specify: .................................

71. Are you aware of existing organizations/networks in your community that women and girls survivors can go to when they experience violence?
   1. Yes  2. No  3. Do not know  4. No response

72. Are you aware of existing specialized organizations/networks where women and girls with disabilities who are survivors of VAWG can go to when they experience violence?
   1. Yes  2. No  3. Do not know  4. No response

73. If available, what services do these organizations/networks provide:
   1. Health services  2. Psycho-social services  3. Economic support
   4. Safe space for women and girls  5. Legal support  6. Others, specify:
       .................................

74. Do you think that services to support violence survivors are important?
   1. Yes  2. No  3. Do not know  4. No response

75. Do you trust the work of women’s institutions and health and psychosocial support networks that provide support services for women exposed to violence?
   1. Yes  2. No  3. Do not know  4. No response

Do you agree / agree with the following statement:

76. The number of health, psychological and social support institutions / networks in your community to which women and girls who are survivors of violence go to request violence response services should be increased.
77. Do you think that VAW community/organizations services are able to serve/protect VAW survivors?
   1. Yes            2. No          3. Do not know        4. No response
78. Do you think that VAW community/organizations services are able to serve/protect women and girls with disabilities who are VAW survivors?
   1. Yes            2. No          3. Do not know        4. No response
79. Do you think that safe houses / shelters are able to serve/protect VAW survivors?
   1. Yes            2. No          3. Do not know        4. No response
80. Do you think that the extended families are able to serve/protect VAW survivors?
   1. Yes            2. No          3. Do not know        4. No response

Section 7: Engagement in awareness raising activities

81. Have you heard of any awareness-raising activities implemented by organizations/networks?
   1. Yes            2. No          3. Do not know        4. No response
82. If yes, have you attended awareness raising activities implemented by civil society organizations/women rights organizations/VAW community services centres?
   1. Yes            2. No          3. Do not know        4. No response
83. Would you participate again/or do you want to participate in awareness-raising activities on the right of our society to be free of VAW?
   1. Yes            2. No          3. Do not know        4. No response
84. If yes, what kind of activities do you want to participate in? _____

To what extent do you agree or disagree with following statements:

85. Women’s Rights Organization work leads to about a change in societal awareness about GBV
86. Women’s Rights Organization succeed to reduce GBV
87. Where do you hear about VAW?
   Select 3 that you think are most occurring

Section 8: Human rights based perspectives
To what extent do you agree or disagree with following statements:

88. Women and girls have the right to make their own decisions

89. In your opinion, women and girls usually defend themselves in the event of domestic violence

90. Wearing a garment that does not match the opinion of her family is a justification for violence

91. Women and girls should disclose violence against them to relatives and friends

92. Ending violence against women and girls should be a priority for the Palestinian society

93. Ending violence against women and girls is the primary responsibility of the government

94. Ending violence against women is mainly the responsibility of Women’s Rights Organizations

95. Ending violence against women and girls is the responsibility of men in society

96. Ending violence against women and girls is the responsibility of women and girls themselves

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Section 9: Demographic Background

**D1_0:** Respondent from:  
1. West Bank  
2. Gaza Strip

**D1_1:** Governorate:  
1. Qalqilia  
2. Salfit  
3. Jericho and Jordan Valley  
4. Jerusalem  
5. Bethlehem  
6. Hebron  
7. Khanyunis  
8. Rafah

**D1:** Age

**D2:** Level of education  
1. Less than Secondary  
2. Secondary  
3. Diploma  
4. Bachelor  
5. Master or more

**D3:** Place of residence  
1. City  
2. Village  
3. Camp

**D4:** Number of family members:  

**D5:** Number of female members:  

**D6:** Number of male members:  

**D7:** How many adults are there in the family, excluding you (above 18):  

**D8:** How many children are in the family (17 and younger):  

**D9:** What is your position in the family?  
1. Husband  
2. Wife  
3. Son  
4. Daughter  
5. Other, specify:  

**D10:** Marital status:  
1. Married  
2. Widowed  
3. Divorced  
4. Single

**D11:** If married, what is the level of education of the husband/wife?  
1. Less than Secondary  
2. Secondary  
3. Diploma  
4. Bachelor  
7. Master or more

**D12:** If divorced, how long your marital relationship existed in years?  

**D13:** If divorced, what was his/her level of education?  
1. Less than Secondary  
2. Secondary  
3. Diploma  
4. Bachelor  
7. Master or more
D14: Relation to Labor force

1. Business owner / Self Employed  
2. Governmental Employee  
3. Private Sector Employee  
4. Non-Governmental Institutions / International organization Employee  
5. Housewife  
6. Student  
7. Unemployed/ temporarily unemployed  
8. Unable to work  
9. Retired  
10. Other please specify: ___________________
Annex 2: Guidelines for Females Focus Groups Discussion

1. Breaking the ice

The moderator will start the discussion by letting the participants talk about themselves and their future. The following points may be used to guide the discussion for breaking the ice part:

- Age
- Marital status
- Employment
- Number of males and females in the family
- What are you doing in these days?
- Happiness status? Why if not happy?
- What do you think about future? Better or Worse? Why?

2. Effect of community norms on females

- In Palestinian society do you think men and women are equal or do they enjoy the same freedoms?
  - In what way are they equal or unequal?
  - Why do you think this is the case?
- Are there any social norms in your community that affect females negatively? If so, how?
- Do you think they affect females’ choice in education, marriage, employment and other life choices? How? Can you give an example?
- Do people in your community pay much attention to what is called the honor of women? If so, explain how?
- What is your interpretation of the so-called family honor? How do you relate to cases of violence against women?
- Does the fear of breaking family honor codes control your lifestyle/ life choices? (for example getting married at a certain age, not going to university, not getting a job, … etc).
- If a woman does something considered dishonorable within the family, what will happen to her?

3. Violence against women in the community

- To what degree do you feel that there is no fear of violence towards you because you are a female or a woman? If it is low degree, why?
- What are the most common forms of violence against women and girls in your community?
- Do you think there are situations where men have a right to punish their wives?
  - If yes, what are they?
  - If yes, what is the kind of punishment?
- What do you think would make it easier for women to report violence against them?
- What do you think about Violence against Women? Is it existing in your community?
- How common do you think it is?
4. Community reaction towards violence against women

- How does your community react to VAW? Do they interfere when a woman is experienced violence?
- Who you usually interfere when women are experienced violence?
- What about the result of this interference? Is for the benefit of the women?
- What others methods are available in your community to treat/address Violence against women?
- What about Tribal interference? Is it used to treat VAW? Explain, give an example if possible.

5. witnessing/ experiencing the violence

Would any of you would like to share experiences with witnessing any form of violence against women?

Guided questions for the moderator:

- Have you or anyone close to you every been violated? What action did you/ her take?
- What was the reaction of your/her family?
- If it was reported, what happened?
- Did you/ she receive help or assistance?
- If yes, what kind of assistance did you/she received?
- If not, why not?
- Should women report male family members who harm them? Why, why not? Main reasons for not reporting, main reasons for reporting.
- What do you think would make it easier for women to report violence against them?

6. Awareness of services related to VAW

- Do you know Women’s Rights Organization or Civil Society Organization that provides services for women who experienced violence?
- If yes, what are their names? What services do they provide?
- What do people say about the quality of services provided by WROs and CSOs?
- Do you know what to do if a violent act (from husband, brother, uncle, others) was committed against you? Explain.
- Have you or anyone you know ever used the center? How did you/ they use it? What happened?
- What are the main positive and negative attributes found within these centers/organizations?
- What services do you think need improvement from these institutions?

7. Awareness of activities/campaigns related to combat VAW

- Have you heard of any awareness-raising activities implemented by organizations/networks?
- Have you attended awareness raising activities implemented by civil society organizations/women rights organizations/VAW community services centres?
- What do you think about these activities? Are they contributing to decrease violence against women? If yes, how? If no, why?
8. Confidence with WROs

- To what extent would you trust any women’s rights centers/organizations to support/help you if you were harmed? Why? Why not?
- What the males in your community think about WROs?
- Do they trust the WROs? Why? Why not?
- How satisfied do you think women are with the SGBV services provided in your area?
- How satisfied do you think men are with the SGBV services provided in your area?

9. Suggestions and recommendation to decrease VAW

- What should be done/changed at the individual level to decrease VAW
- What should the community do/change to decrease VAW?
- What should WROs do /change to decrease VAW?
- What should government do /change to decrease VAW?
Annex 3: Guidelines for Males Focus Groups Discussion

1. Breaking the ice

The moderator will start the discussion by letting the participants talk about themselves and their future. The following points may be used to guide the discussion for breaking the ice part:

- Age
- Marital status
- Employment
- Number of males and females in the family
- What are you doing in these days?
- Happiness status? Why if not happy?
- What do you think about future? Better or Worse? Why?

2. Effect of community norms on females

- In Palestinian society do you think men and women are equal or enjoy the same freedoms?
  - In what way are they equal or unequal?
  - Why do you think this is the case?
- Are there any social norms in your community that affect females negatively? If yes how?
- Do you think they affect females’ choice in education, marriage, employment and other life choices? How? Can you give an example?
- Should men within the family control women’s personal decisions (for example her choice to go to school/university, marry, work how she uses her money, inheritance)? Why?
- Do you think males should be prosecuted for committing violence against women? If no, Why not?

3. Family honor

- Do people in your community pay much attention to what is called the honor of women?
- What does honor mean to you and those around you?
- How the honor of women does impact household decisions? (for example getting married at a certain age, not going to university, not getting a job, … etc).
  - If a woman does something considered dishonorable within the family, what will happen to her?
- Do people consider that it is the a male within the family responsibility to make sure the women in your family are honorable? How do you do so?

4. Perception about VAW

- What are the most common forms of violence against women in your community?
- How common do you think it is?
- Do you think there are situations where men have a right to punish their wives?
  - If yes, what are they?
  - If yes, what is the kind of punishment?
- Should women report male family members who harm them? Why, why not? Main reasons for not reporting, main reasons for reporting.
- How do you think VAW issues should be solved?
5. Community reaction towards VAW

- How does your community react to VAW?
- Do they interfere when a woman experiences VAW? How?
- Who usually interferes when women experience VAW?
- What about Tribal interference? Does it support finding solutions to address VAW? Explain, give an example if possible.
- How do you think VAW issues should be treated/addressed?

6. Awareness of services related to VAW

- Do you know organizations/centers that provide services to women suffering from violence?
- If yes, what are their names? What services do they provide?
- Are there any centers/organizations within your community which respond to VAW?
- What services do these centers provide?

7. Awareness of activities/campaigns related to combat VAW

- Have you heard of any awareness-raising activities implemented by organizations?
- Have you attended awareness-raising activities implemented by civil society organizations/women rights organizations/VAW community services centres?
- What is your perception of those organizations?
- What do you think about these activities?
- Do you think women should participate in these activities?

8. Confidence with WROs

- What do you think about the work of WROs?
- To what extent would you trust women’s rights centers/organizations to support/help women if they experience VAW harmed? Why? Why not?
- How satisfied do you think men and women are with the SGBV services provided in your area?

9. Suggestions and recommendations to decrease VAW

- In your opinion, what should be done/changed to decrease VAW?
- In your opinion, what should the community do/change to decrease VAW?
- In your opinion, what should WROs do/change to decrease VAW?
- In your opinion, what should government do/change to decrease VAW?
Annex 4: Stakeholders In-depth Interview Tool

In-depth Interview Questions
1. If we compare the levels of GBV in Palestine with its level in the Arab countries, is Palestine higher, the same, or less? If the answer is higher, why?
2. As an expert organization, what are the most common GBV that exist in Palestine?
3. Do these types of GBV exist in the same level among the different regions in Palestine?
4. If no, what areas that has the highest levels of GBV? Why?
5. If no, what areas that has the lowest levels of GBV? Why?
6. In the areas where the GBV is high, are the GBV related services provided effectively? If yes? How do you explain the high level of GBV (although figures reveal that the figure decreased from 37% in 2011 to 29% in 2019)? If no, why?
7. How do you explain the low level of accessing SGBV services by women and girls? (according to PCBS only 1.8% of women who experienced violence sought help and support from legal or psycho-social center/organization)
8. What are geographical areas/locations that your organization is working in?
9. What are the services that your organization provides in these areas?
10. From your experience, how do organizations manage GBV cases? What is the process starting from identification of the case to finding solutions including in Justice Institutes?
11. Do you believe that referral channels to receive cases from and refer cases to other service providers/networks/organizations are effective? What are the major gaps in your opinion?
12. How do you see your role as women rights organization in reducing and preventing SGBV?
13. What do you think should be done to improve coordination channels between GBV service providers, especially when working at the grassroots level?
14. What do you think are the most critical gaps in addressing GBV in Palestine?
15. As expert organization, what is your relation with the National Referral System? What are the main gaps, and what are potential solutions?
16. What are the strategies that are adopted to raise awareness in relation to available services to address GBV cases?
17. As an expert organization, how do you think we can improve people/women’s trust in GBV protection/prevention services?
18. Do you think organizations usually collect sufficient data and perform analysis in the community where they work in order to effectively address GBV?
19. What do you think are the most effective programmes that aim to combat domestic violence? Are there any success stories?
20. Do you think that media is an effective tool that contributes to raising awareness about the consequences of GBV on Palestinian women and girls? How and Why?

21. What are the most challenges facing the Palestinian media to support a sensitive speech on gender issues from a human rights point of view?

22. What are the most effective advocacy tools/interventions that were used/implemented to prevent GBV?

23. Do you think there are sufficient safe houses/shelters to protect women and girls from domestic violence? What do you think are the gaps?
   a. Do you think that safe houses are eligible to receive women? Girls? Women with disabilities?
   b. Do you think that safe houses are eligible to receive women under the pandemic? What are the most prominent challenges from your point of view and your experience during the last period and in the period of quarantine?

24. Do you think that response services provided by expert organizations/networks are capable to effectively respond to violence against women and girls with disabilities? What do you think are the most critical gaps? Can you recommend solutions?

   These questions for WROs:

25. Do you conduct/have data/reports about the level of satisfaction on quality of SGBV services that your organization is providing among women and girls SGBV survivors?

26. If yes, could you please share with us these data/reports?
Annex 5: Bibliography


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