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OXFAM

**“NATIONAL RESEARCH ON SGBV IN OPT”
EUROPEAID/154792/DH/ACT/MULTI**

Final Report

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Arab World for Research and Development (AWRAD)

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TABLE OF CONTENTS

Acronyms.....	<i>Errore. Il segnalibro non è definito.</i>
List of Figures.....	5
List of Tables.....	6
List of Maps	6
Executive Summary	8
Chapter 1: Introduction	14
Background.....	14
Research Scope	15
Methodology.....	15
Chapter 2: The Palestinian Context.....	20
Chapter 3: Findings and analysis	26
Social Norms and Attitudes toward SGBV in OPT	26
Mapping of existing SGBV Services, NRS and SOPs.....	38
Coping Strategies and Challenges	59
Chapter 4: Reflections and Recommendations	63
Concluding Reflections.....	63
Recommendations: Combating SGBV	64
Bibliography	68
Annexes.....	70
Annex I. Survey.....	70
Annex II: Sample Distribution.....	79
Annex III. In-depth Interview Guideline for SGBV Survivors.....	81
Annex IV. Focus Group Discussions Guideline for SGBV Survivors	82
Annex V. Focus Groups Discussions Guideline for CSOs.....	85
Annex VI. In-depth Interview Guideline for Key Informants and CSOs, and Field Visits	88

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ACRONYMS

AWRAD	Arab World for Research and Development
CSO	Civil Society Organization
EJ	East Jerusalem
EU	European Union
FPUJU	Family Protection Unit and Juvenile Unit
FGD	Focus Group Discussions
GS	Gaza Strip
KII	Key Informant Interviews
NRS	National Referral System
OPT	Occupied Palestinian Territories
PA	Palestinian Authority
PLC	Palestinian Legislative Council
PCBS	Palestinian Central Bureau of Statistics
PwD	People with Disability
SGBV	Sexual and Gender Based Violence
SOP	Standard Operating Procedure
UNW	United Nations Entity for Gender Equality and the Empowerment of Women
WB	West Bank
WCLAC	Women's Centre for Legal Aid and Counselling
WRO	Women Rights Organizations
WwD	Women with Disability

LIST OF FIGURES

<i>Figure 1: Percentage of participants who believe that women and girls are denied of their rights – disaggregated by sex.....</i>	<i>26</i>
<i>Figure 2: Percentage of participants who believe that women and girls are denied of their rights – disaggregated by region.....</i>	<i>Errore. Il segnalibro non è definito.</i>
<i>Figure 3: Percentage of participants who believe that these phenomena are widespread.....</i>	<i>28</i>
<i>Figure 4: Percentage of participants who justify men's violence.....</i>	<i>30</i>
<i>Figure 5: Percentage of participants who believe SGBV is most prevalent.....</i>	<i>31</i>
<i>Figure 6: Percentage of participants who believe SGBV is exacerbated by these factors.....</i>	<i>32</i>
<i>Figure 7: Percentage of participants who believe that Israeli attacks and violations limit women and girls' access to SGBV services</i>	<i>34</i>
<i>Figure 8: Percentage of participant who believe women and girls have access to SGBV services..</i>	<i>35</i>
<i>Figure 9: Are the services you have received part of the NRS?.....</i>	<i>38</i>
<i>Figure 10: Which mechanisms do women use to cope with SGBV?.....</i>	<i>59</i>
<i>Figure 11: SGBV survivors should report the perpetrator.....</i>	<i>60</i>
<i>Figure 12: If I witness a case of SGBV, I will report it.....</i>	<i>60</i>
<i>Figure 13: What reasons discourage SGBV survivors from seeking help?.....</i>	<i>61</i>

LIST OF TABLES

<i>Table 1: Sample Calculation criteria.....</i>	<i>15</i>
<i>Table 2: In-depth interviews with women and girls SGBV survivors, including women and girls with disabilities</i>	<i>15</i>
<i>Table 3: Number of participants in focus group discussions</i>	<i>16</i>

<i>Table 4: List of Key Informant Interviews</i>	<i>16</i>
<i>Table 5: List of CSO Interviews</i>	<i>17</i>
<i>Table 6: Challenges and Mitigation Strategies</i>	<i>19</i>
<i>Table 7: Analysis of the exiting services and mapping.....</i>	<i>49</i>

LIST OF MAPS

<i>Map 1: The West Bank Map with existing SGBV services in each governorate.....</i>	<i>50</i>
<i>Map 2: Gaza Strip Map with the existing services in the north, south and center.....</i>	<i>53</i>

EXECUTIVE SUMMARY

Sexual and Gender-Based Violence (SGBV) is a global phenomenon that affects 1 in 3 women; globally, 35% of women have experienced physical or sexual violence, and 7% of women have been assaulted by someone other than a partner. SGBV is prevalent worldwide at household, community, and institutional levels. In support to fight the SGBV in the MENA region, Oxfam introduced Naseej project, funded by the European Union, mainly targeting Yemen, Iraq, and the occupied Palestinian territory (OPT). The project aims to raise the voices of women in order to end violence against them in the MENA region. Accordingly, this study aims to inform policy formulation and overall program design of Naseej project, particularly in OPT through exploring different stakeholders' perceptions about SGBV, its drivers, implications, and services. Additionally, the study explores strengths and weaknesses in the Palestinian National Referral System (NRS) applicable in the West Bank, standard operating procedures (SOPs) applicable in Gaza, and other available SGBV services.

The main goals of this study are to explore the social norms and drivers of SGBV against women and girls; identify social, political, and economic factors that aggravate SGBV in OPT at household, community, and institutional levels; to explore community perceptions and attitudes toward SGBV, women and girls (including women with disabilities) survivors of SGBV who seek SGBV services; as well as the perception of CSOs, WROs and relevant ministries towards NRS, SOPs, and SGBV services to combat SGBV; to identify the obstacles and challenges women and girls face to safely access SGBV services and the coping strategies they use to combat SGBV, and finally to map existing SGBV services, NRS and SOPs.

This study used a mixed-method approach that combined quantitative and qualitative methods. AWRAD organized 7 focus groups, 3 in the West Bank and 4 in the Gaza Strip, in which a total of 75 women, women with disabilities, men, and social workers participated, 8 key informants' interviews, 7 field visits. This was combined with a survey among community members in the West Bank and the Gaza Strip, which involved 474 participants.

SOCIAL NORMS AND ATTITUDES TOWARD SGBV IN OPT

- 50% of participants believe that women in OPT are denied their basic rights. Most participants particularly believe that women are denied their 'economic' rights, that of inheritance, savings, and property ownership.
- Participants from Gaza constituted a higher percentage of participants who believe that all forms of SGBV is prevailing. This reflects the impact of occupation in exacerbating SGBV at the individual level, directly and indirectly.
- Many participants mentioned that people with disabilities are subjected to intensified violence, both males and females. They are marginalized at individual, community, and institutional levels.

Approximately, 44.65% of survey participants believed that forced isolation of people with disabilities is very common in OPT.

- The results show that SGBV is driven and exacerbated by many factors, mainly the prevailing patriarchal ideology, economic conditions, conflicted areas, occupation violence, early marriage, polygamy, and lack of education.
- As for justifying SGBV, around 23.9% of male survey participants and 16.6% of female survey participants justify honor killing. Additionally, statistics also confirm interview and focus group participants who indicated that women can also be perpetrators. Several participants shared that women in general judge and abuse other women.
- Another driver that all participants mentioned without exception are bad economic conditions that would drive SGBV; as more than 50% of survey participants believe that SGBV is most prevalent in rural areas and refugee camps, communities considered to be among the most marginalized. Similarly, more than 90% of survey participants believe that bad economic situation exacerbates SGBV.

COMMUNITY PERCEPTIONS ON THE NATIONAL REFERRAL SYSTEM AND SGBV SERVICES

- In regards to SGBV Services and the NRS, three main parameters were explored, SGBV survivors' access to SGBV services, effectiveness of SGBV services, and experience with the NRS.
- Majority of participants believe that SGBV survivors have access to health services and police services; 78% and 75% respectively.
- Participants from the Gaza Strip believe that SGBV survivors have less access to different SGBV services (average 51.7%) in comparison to participants from West Bank/EJ (average 68.8%). For instance, 66% of participants from West Bank/ EJ believe that SGBV survivors with disabilities have access to SGBV services, in comparison to only 42% of participants from the Gaza Strip. Similarly, 53% of participants from West Bank/EJ believe that SGBV survivors have access to the NRS, in comparison to only 20% of participants from the Gaza Strip.
- Most of the participants, including women who accessed SGBV services, were not familiar with the NRS; as 35% of survey participants do not know if the services that they received were part of the NRS.

MAPPING OF EXISTING SGBV SERVICES, NRS AND SOPS

- The analysis of the mapping shows that around 319 organizations provide services for women, children and SGBV survivors, of them 91 are governmental, 224 are civil, local, or international non-governmental institutions, and 4 are private. The majority of these organizations are multi-service providers.
- In general, most of the services provided and covered by the various governmental and non-governmental organizations are psychological, mental, social and economic empowerment services, while security, protection services and safe homes (shelters, safe houses, etc.) are not adequately covered and distributed, this is noticed in all the governorates in the West Bank and the Gaza Strip.

- The main target group of women's organizations are women (above 18 years), women who experienced SGBV, and SGBV survivors; as noticed, these target clusters are fully covered by the majority of the organizations. Children, youth and adolescents (boys and girls under 18 years) are also well-targeted in most of the governorates.
- The results show that social actors, relevant stakeholders and decision-makers are not adequately targeted by women organizations and SGBV organizations in the form of advocacy and lobbying for policy and legal change.
- As for PwD, and WwD in particular, there is still inadequate inclusion for this category in the system of organizations that provide SGBV services, this is particularly noticed in Ramallah, Jericho, Salfeet, Tulkarem and the Gaza Strip.
- The services provided on the basis of the NRS cover the eleven governorates of West Bank only, and there has been no coverage of the Gaza Strip since its issuance, however, the NRS was alternated with the SOPs which has not been ratified yet, but form a reference to organizations that work in the field in Gaza.
- At the governorate level, 65.7% of the organizations in Jerusalem are not included in the NRS, which is ranked as the highest, followed by Jenin (62%), and Salfeet (60%), while in Bethlehem, only 32.4% of the organizations are not included in the NRS, which is ranked as the lowest.

CSOs PERCEPTION TOWARDS NRS, SOPs AND SGBV SERVICES

- Most of the key informants and CSOs representatives agreed that the implementation of the NRS and SOPs is inadequate, this is mainly due to high bureaucratic systems as well as lack of coordination among relevant stakeholders.
- The NRS is not inclusive, and does not include all the different needs of the different groups of women and girls, for instance safe houses exclude women and girls with disabilities, unmarried girls under 18 years old, along with women and girls who were forced into prostitution, drugs or other illegal activities.
- Community members are unfamiliar with the NRS and SOPs. According to participants, the NRS and SOPs do not reach the grassroots level, and restrictively operates at an institutional level. Some participants indicated that lack of community awareness about the NRS, SOPs and the other SGBV services is concerning.
- The SOPs manual is still a draft and needs to be ratified and legislated.

CSOs PERCEPTION TOWARDS AWARENESS RAISING ACTIVITIES

- Most participants believed that awareness raising activities are insufficient and inadequate. They stressed that awareness raising should be comprehensive tackling different parameters at the different levels (household, community and institutional).
- Participants believe that awareness campaigns should target all genders, and all the community members including children, adolescents, youth, people with disabilities, and the marginalized groups.

- Awareness campaigns should also target the decision makers, influencers, and relevant stakeholders, in order to advocate for changes and improvements on the policies and legal level and to combat the SGBV phenomena.

COPING STRATEGIES AND CHALLENGES

- 94% of the survey participants believe that women SGBV survivors seek faith and prayer while 91% cope through justification or self-blame. This is due to the pervasive economic, social and legal constraints, as well as social norms that are based on a patriarchal system. Most women fear of social stigma, injustice and isolation in case of seeking legal or social support.
- Women SGBV survivors and CSO representatives alike emphasized that most women do not report in fear of aggravated violence. Some also mentioned that participants lack trust in SGBV services.

IMMEDIATE ACTIONS: COMBATING SGBV

COMBATING SGBV: AT INDIVIDUAL AND COMMUNITY LEVELS

- Leveraging and expanding on existing Community Based Projects. Forming committees composed of all relevant stakeholders for each community, *WRO, legal system, MoSD, Ministry of Justice, FPUJU, MoWA, community influences* and others to meet regularly and closely follow-up on individual cases of SGBV survivors.
- Include and focus on women and girls with disabilities, and develop individual and group intervention mechanisms.
- Design customized awareness campaign focusing on different parameters and target different age groups and genders. Some of which are unrecognizable forms of SGBV, reporting mechanisms, the NRS/ SOPs, available SGBV services, among others.
- Leverage community influencers, pastors, preachers, religious leaders and social media influencers and training them to take part in advocacy, SGBV identification and referral system. Integrate community influencers work as core component of the NRS and SOPs.
- interventions as this ensures women's economic independence, and self-determination.
- Engage in all community activities that attract mass audience, such as flea markets, and others, through establishing a booth or carrying out interactive activities targeting children and adults.
- Engage SGBV survivors in developing promotional material, including designs, messaging and others through group workshops. This could be implemented as part of OXFAM's 16 days of activism, this will also ensure using the local communities' narratives and dialects in the messaging of the awareness campaigns.
- Introduce interactive mechanisms to address SGBV issues in the communities, for instance through storytelling, plays, role playing, improvisations, and others.

COMBATING SGBV: AT AN INSTITUTIONAL LEVEL

- Building the capacity of all social workers on SGBV identification, and integration of SGBV identification and referral systems within all projects of OXFAM and its partners to facilitate a

proactive identification of SGBV. Carefully designing intervention mechanisms for identified SGBV survivors.

- Integrate gender education, and respecting diversity in the curriculum at all school levels, including KG. Creating interactive material embedded within all courses at school at all levels.
- Integrate mental health support in all programs implemented by OXFAM and its partners
- Organize periodic retreats for all staff working on women rights issues and SGBV at different entities aiming to share experiences and lessons learnt and improve collaboration among different entities.
- Invite SGBV survivors to speak at conferences to share their experiences. Ensuring the availability of translators during these conferences.
- Advocate to enact legislations that criminalizes all forms of violence. Some of these legislations include protection rights for women working in the informal economy, legislations that protects women's right during divorce, such as children's guardianships and alimony.
- Design mechanisms that enable effective implementation of court rulings, and the right actions toward perpetrators.
- Carry out a census targeting people with disabilities, and development a regular follow-up mechanism.
- Establish a fund for women grassroot organizations and popular feminist movements.
- Introduce a mandatory research-based gender and diversity course at vocational centers and university undergraduate level.
- Conduct research targeting other groups vulnerable to SGBV, such as LGBTQA, boys, men and boys with disability, elderly people.
- Require male and female workers in the sector to submit reports to the authorities about cases of violence against women who required services.
- Improve coordination and follow-up between the health sector, social and police sectors in a policy embodied in a senior-level technical committee that coordinates decision makers in Ministry of Health departments. It would include all health sectors components to implement the NRS, draft policies to develop health services for women who are victims of gender-based violence, and establish policies for psychological services for victims of violence in Ministry of Health departments.
- Develop standard procedures for work between legal sector institutions, including common protocols and activities to build staff capacity.

AWARENESS RAISING ACTIVITIES

- Design customized awareness campaign focusing on different parameters and target different age groups and genders. Some of which are unrecognizable forms of SGBV, reporting mechanisms, the NRS/ SOPs, available SGBV services, among others.
- Leverage community influencers, pastors, preachers, religious leaders and social media influencers and training them to take part in advocacy, SGBV identification and referral system. Integrate community influencers work as core component of the NRS and SOPs.

- Design and implement specific campaigns that targets male-dominated spaces, such as coffee shops, and others and target them for customized awareness campaigns.
- Design campaigns that raise awareness about mental health and normalizes psychological support.
- Involve all service providers in each sector in capacity building activities and raise awareness of the System's regulations.

SGBV SERVICES AND CURRENT POLICIES AND LAWS

- Continue work to amend all laws that discriminate against Palestinian women, with joint efforts between governmental and non-governmental institutions to expand the base, grouped under the framework of the defense of women's rights, and demands for equality and an end to violence in the community.
- Review policies and laws in each sector and develop specific, clear protocols and procedures to deal with women who request assistance, and for the protection of service providers.
- Monitor the budgets and human and material resources required to implement the NRS and SOPs, which requires a commitment at the highest political levels.
- Government leaders and civil organizations should exert coordinated efforts to urge policymakers to adopt and integrate the NRS and SOPs to a greater degree in all national and sectoral plans, with the allocation of necessary budgets, also to ratify the SOPs in the Gaza Strip.
- Continue to develop a manual on agreed unified action between all relevant parties and in both the West Bank and Gaza Strip.
- Establish ad supervisory systems and teams in the West Bank and the Gaza Strip. Review protocols, internal procedures and regulations for shelters, and the list of measures for family protection and coordination with the police sector.
- Review protocols, internal procedures and regulations for shelters, and the list of measures for family protection and coordination with the police sector.
- Continue to improve services by developing and building the capacity of service in the governmental and non-governmental organizations in the West Bank and the Gaza Strip.
- Conduct regular needs assessment studies to assess the needs of each governorate and localities in the West bank and the Gaza Strip.
- Adapt the safe houses and shelters to accommodate the needs of WwD, and establish safe houses in different governorates, particularly close to marginalized communities to facilitate women and girls' access to protection.

CHAPTER 1: INTRODUCTION

BACKGROUND

Sexual and Gender-Based Violence (SGBV) is a global phenomenon that affects 1 in 3 women; globally, 35% of women have experienced physical or sexual violence, and 7% of women have been assaulted by someone other than a partner¹. SGBV is prevalent worldwide at household, community, and institutional levels. SGBV refers to *“any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships”* (UNHCR, 2021). Accordingly, persons with disabilities, women, girls, child and LGBTQI+ persons are highly vulnerable to SGBV. Additionally, Societal, health, economic and political realities aggravate vulnerability to SGBV. Unfortunately, governments have insufficient financial and human resources, and unstable political situations to combat SGBV, which pushed women right organizations (WRO), civil society organizations (CSO), and INGO to step in to fill the gap, and to make efforts to advocate for changes at the policy level.

In support to fight the SGBV in the MENA region, Oxfam introduced Naseej project, funded by the European Union, mainly targeting Yemen, Iraq, and the Occupied Palestine Territories (OPT). The project aims to raise the voices of women in order to end violence against them in the MENA region. The project will tackle SGBV through channeling financial support to WROs and women CSOs and building their capacities to ensure that organizations are capable to work with all SGBV survivors. This will be done in parallel with technical and capacity building support to strengthen capacities in these organizations to support their work in the targeted areas.

- The overall objective of the project: to contribute to more gender-equitable societies in the targeted areas, in which women and girls live free from violence across all spheres of life.
- The Specific objective of the project: to support women's rights civil society organizations (WROs) in the target countries to effectively prevent and respond to sexual and gender-based violence (SGBV) during conflict.

Accordingly, this study aims to inform policy formulation and overall program design of Naseej project particularly in OPT through exploring different stakeholders’ perceptions about SGBV, its drivers, implications, and services. Additionally, the study explores strengths and weaknesses in the Palestinian NRS applicable in the West Bank, SOPs applicable in Gaza, and other available SGBV services. The study takes into consideration the specificity of fragmented areas in OPT, West Bank, East Jerusalem (EJ), and Gaza Strip. The study also considers critical events that took place in the past two years and their implication on SGBV, mainly COVID-19 pandemic, and the escalation on Gaza (May 2021).

¹ McCourtie, S. D. (2019). *Gender-Based Violence (Violence Against Women and Girls)*. Retrieved from The World Bank

Finally, the study is comprised of three main chapters. The first chapter entails a review of existing literature about SGBV in the region and particularly in OPT. The second chapter includes findings and analysis of collected data. The third chapter includes concluding reflections and recommendations.

RESEARCH SCOPE

This study focuses on social, political, and economic underpinnings of SGBV in OPT considering the specificity of the different areas, West Bank, EJ² and Gaza Strip. The study targets women and girls SGBV survivors, including women and girls with disabilities. Providing the limited scope of this research, other groups vulnerable to SGBV, such as boys, boys and men with disabilities, elderly people and LGBTQA persons, are not targeted.

Aligned with OXFAM's goals, the following parameters are explored:

- Social norms and drivers of SGBV against women and girls (including women with disabilities);
- Social, political (mainly occupation), economic factors that aggravate SGBV in OPT at household, community, and institutional levels;
- Community perceptions and attitudes toward SGBV, women and girls (including women with disabilities) survivors of SGBV who seek SGBV services;
- Mapping of existing SGBV services, NRS and SOPs;
- Perception of CSOs, WROs and relevant ministries towards NRS, SOPs, and SGBV services to combat SGBV;
- Obstacles and challenges that women and girls face to safely access SGBV services and the NRS;
- Coping strategies of women and girls SGBV survivors, as well as the community as a whole, to combat SGBV.

METHODOLOGY

This study used participatory action research and took place between July and October 2021. It employed mixed method approach, that combined between quantitative and qualitative methods. Data collection took place between 06 September 2021 – 16 October 2021. The following five main data collection tools were employed:

Survey

A survey was developed to examine communities' perceptions towards social norms, SGBV drivers, SGBV survivors, SGBV Services, NRS in OPT, and SOPs in the Gaza Strip. The survey was divided into six main categories (see Annex I for survey). A total of 474 participants responded to the survey, from which 59.7% of respondents are from West Bank/EJ and 40.3% of respondents are from the Gaza Strip. Additionally, 48.7% of respondents are males and 51.3% of respondents are females, the

²² The targeted areas in East Jerusalem are the areas outside the Israeli Separation wall, while the mapping includes both areas outside and inside the separation wall.

detailed sample distribution is found in Annex II. During the data collection phase, 57 of the community members refused to answer the survey; this may be due to time limitations or having other commitments, no interest to participate or the sensitivity of the topic.

Sample design

AWRAD used the random probability sample technique to represent and cover the Palestinian community in the West Bank, East Jerusalem and the Gaza Strip; with a margin of error of $\pm 4.5\%$, and confidence level of 95%. The table below illustrates the sample calculation method.

Table 1: Sample Calculation criteria

Total population - Palestine: 5,227,193 ³	CL= 95%	Margin of error= $\pm 4.5\%$	Sample size = 474
West Bank: 3,120,448	60% of the total population		Sample size = 284
Gaza Strip: 2,106,745	40% of the total population		Sample size = 190

In-depth Interviews with SGBV survivors

20 in-depth interviews were conducted with SGBV survivors. The interviews focused on the SGBV survivors' experience, SGBV services they received, the role of occupation in exacerbating the violence they were subjected to, and their overall perceptions about provided SGBV services and the NRS (see Annex III for interview guidelines). The table below shows the profile of in-depth interview participants.

Table 2: In-depth interviews with women and girls SGBV survivors, including women and girls with disabilities

Area		No. of Interviews conducted	
		Women and girl SGBV survivors	Women and girl (with disabilities) SGBV survivors
West Bank and East Jerusalem	North	3	-
	Middle	2	1
	South	2	2
Gaza Strip	North	3	1
	Middle	3	1
	South	2	1

Focus Groups

A total of 4 focus groups in West Bank/EJ and 3 focus groups in the Gaza Strip were carried out with the community (see Annex IV for FGD guidelines) and CSOs (see Annex V for FGD guidelines). A total

³ PCBS, 2021, <https://www.pcbs.gov.ps/site/881/default.aspx>

of 75 participants engaged in the focus groups. The table below shows the profile of focus group participants:

Table 3: Number of participants in focus group discussions

Area		No. of Participants			
		Women and girl	Women and girl with disabilities	Men	CSOs
West Bank and East Jerusalem	North			9	
	Middle	11	4		
	South		15		
Gaza Strip	North		12		
	Middle			7	
	South				17
Total: 75					

Key Informant Interviews (KII)

11 interviews were carried out with KII to gain a deeper perspective about SGBV services and referral systems (see Annex VI for interview guidelines). Interviews allowed a deeper understanding of the NRS and SGBV services shortfalls, and challenges that women and girls SGBV survivors, including women and girls with disabilities, are facing to safely access SGBV services. The table below includes a list of key informants interviewed:

Table 4: List of Key Informant Interviews

#	Key Informant	Position	Entity
1	Rania Edwan	Head of the Gender Unit	Ministry of Justice
2	Imad Dwikat	Head of the Family Separation Unit	Palestinian Police
3	Sabah Salameh	General Director	Palestinian NGO Against Domestic Violence Against Women – Al-Muntada
4	Ohaila Shomar	President	SAWA
5	Salma Al-Suerki	Head of the Cases Unit	Women Affairs Center
6	Rania Salah El-Din	Protection and Empowerment Officer	Women's Center for Legal Aid and Counselling
7	Nijma Samhan	Head of The National Committee to Combat violence against women	Ministry of Women Affairs
8	Two additional in-depth interviews were conducted with women activists and social workers from Hebron		

Field Visits and Interviews

7 field visits were carried out, which helped to understand how women and girl SGBV survivors access services. Additionally, 7 interviews were carried out with CSO representatives.

The table below includes a list of CSO representatives interviewed:

Table 5: List of CSO Interviews

#	Name	Position	Organization
1	Sana' Awadalla	Program Manager	Al-Ata' Organization – Gaza Strip
2	Lana Al-Bandak	General Director	Qader for Community Develop Bethlehem
3	Khawla Al-Azraq	General Director	PSCCW – Bethlehem
4	Suad Ishtewi	Head of the Psychological support	Al-Bayt Al-Amen – Nablus
5	Ashwaq Thaher	Sociologist	Bait Al-Aman – Gaza Strip
6	Reem Farenah	General Director	Aisha Association – Gaza Strip
7	Sahar Qawasmeh	General Director	Adwar Organization ⁴

ETHICAL CONSIDERATIONS

SGBV is a very sensitive issue, and participation in this research could make women and girls more vulnerable to SGBV. Before starting the fieldwork, and to minimize the potential risks (ex.: traumatization, embarrassment, stigma, invasion of privacy, social or political repercussions, etc.) that may occur during the in-depth interviews with women and girls who experienced SGBV, or during the FGDs and the survey, AWRAD team followed the following steps:

- All research team members were properly trained and aware of ethical considerations and their importance,
- All research team members were aware of risks to themselves and others and how to deal with them,
- Ensure that all phases of the project have the approval and backing of relevant partners.
- Ensure the anonymity of research participants.
- Ensure that the researchers are aware of the participants rights and the protocols of the research such as the right to refuse to participate, the right to withdraw at any point, the right to reschedule the interview or possibly change locations to increase comfort and security, and the right to skip any question they do not want to answer.

Furthermore, the following matters were taken into consideration:

⁴ We tried to coordinate for the meeting, and we are still waiting for their reply and confirmation. Once they reply, we will conduct the interview and will address the information in the second draft.

- All conducted interviews and focus groups with women and girls SGBV survivors were coordinated through WROs and women CSOs. This was crucial as these organizations work directly with SGBV survivors and know the level of risk of each participant;
- All participants were asked for verbal and written consent;
- All quotations used in the study are kept confidential.

RESEARCH CHALLENGES AND MITIGATION STRATEGIES

We faced two main challenges during the study. Challenges and mitigation strategies are summarized in the table below:

Table 6: Challenges and Mitigation Strategies

Challenge	Mitigation Strategies
The sensitivity of the topic in the Palestinian community, and the low possibility of members to cooperate and participate in such study.	We coordinated with support organizations that facilitated our reach to the targeted groups. Our field researchers have the capabilities and competencies to ensure high security and confidentiality of the data and information collected from the participants.
Insufficient cooperation from some stakeholders and difficulties in coordinating for these interviews and the FGDs with the CSOs.	With the support of the Oxfam team, we succeeded to conduct some interviews, while there are 2 interviews pending. We will contact the focal point in these organizations again and will address the information provided in the second draft. The FGDs with the CSOs was substituted with in-depth interviews with women activists and social workers.

CHAPTER 2: THE PALESTINIAN CONTEXT

GENDER HIERARCHY, POWER DYNAMICS, AND DRIVERS OF SGBV

Occupation and the prevailing patriarchal ideology shape realities in OPT, making it very complex and multifaceted. These factors have largely led to the marginalization of Palestinian women through exposing women to more violence and preventing them from realizing their rights⁵.

Culturally inherited social norms, influenced by prevailing patriarchal ideology led to the creation of a '*gender hierarchy*' within the Palestinian society. A male figure who fits the society's definition of 'normal' is placed on the top of that hierarchy. Anything contrary to a '*normal*' male figure is inferior. This hierarchy influences power dynamics and unjustly identifies legitimacy of decision-making power in the public and private spheres. For instance, men often have dominance and control over women, girls and women with disabilities⁶. Accordingly, the role of Palestinian women is often restricted to the private household responsibilities, care work and child-rearing⁷. Nevertheless, men remain to enjoy privileges throughout personal, social, economic, and political spheres. They are often perceived as the decision-makers complying with the prevailing ideology that *men are the guardians of women* (UN Women, 2018). According to a 2020 survey, approximately 91.6% of Palestinian families in Gaza and the West Bank identified the main breadwinner in the household as the man⁸. These patriarchal structures are reaffirmed by both genders and entitlement to exercise all forms of violence over women with no accountability. Any violation of the cultural norms becomes a justification to any form of violence imposed on women, under the pretext of preserving '*family honor*'. In most cases, nuclear and extended family members perpetuate violence, making it challenging for women and girls to seek help, as such domestic violence is perceived as private family affairs. Unfortunately, SGBV remains to be largely normalized in Palestine despite its dire psychosocial impact on women and girls; in the best scenario, SGBV is looked at as an unfortunate societal reality⁹.

Furthermore, occupation exacerbates SGBV in OPT at household, community, and institutional levels. Palestinians are exposed to Israeli violence on daily basis, from house demolitions to checkpoints, imprisonment, Gaza war, and all it entails from physical and psychological torture. Research by MIFTAH

⁵ UN Women, 2018, Caught Up Between a Rock & a Hard Place: Occupation, Patriarchy and Gender Relations; a Case Study of Palestinian Women in area C & H2.

⁶ Diab, J., & Naal, H. 2020, On Hierarchy of Emergencies: SGBV and Mental Health among Refugees in Times of COVID-19. *South of Global Health Blog, 16 Days of Activism against GBV series*

⁷ UN Women, 2018, Caught Up Between a Rock & a Hard Place: Occupation, Patriarchy and Gender Relations; a Case Study of Palestinian Women in area C & H2.

⁸ PCBS, 2020, Socio-economic Conditions Monitor Survey, available at: <https://pcbs.gov.ps/Downloads/book2573.pdf>

⁹ UNWomen, 2020, COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and programming.

in 2017¹⁰ found that such daily exposures to Israeli violence led to frustrations that increase domestic violence in some households. Moreover, the impact of occupation on women's vulnerability is more evident at the community and institutional levels. Israel's systematic practices of house demolitions, arbitrary imprisonments, movement restrictions among others have paralyzed the Palestinian economy leaving many Palestinian families living under poverty. For example, approximately 75% Palestinians from Gaza either lost their work, or experienced drastic reduction in their income due to the 2014 Israeli war on Gaza¹¹

Several studies, including a study conducted by AWRAD and UN Women (UNWomen, 2020), and other one conducted by ESCWA¹² figured out that dire economic conditions are considered as a major driver of SGBV in OPT, particularly in a capitalist society, where the economic situation and social class determines the privileges and control that men can access. Accordingly, reports show that poor households often experience higher violence explained by men feeling disempowered, and unjustly trying to reinforce their control by exerting violence on their wife, sister, or daughter.

Additionally, at the political and legal levels, the physical fragmentation of the Palestinian communities is accompanied by lack and inadequate authority on some areas in the OPT, since the Palestinian Authority (PA) does not have full control over the civilian aspects, and cannot intervene directly to stop any violence occurs, also, it is not entitled to provide any services or enforce any court rulings in Area C without the permission and approval from the Israeli Civil Administration, which is almost never granted. This dual authority on Area C has created a problematic situation and worsened the situation of women and girls in these areas¹³.

Similarly, the PA is not allowed to enforce any court rulings in East Jerusalem. This leaves women and girls living in Area C and East Jerusalem more vulnerable and unable to resort to the law to survive their violent realities¹⁴. In the Gaza Strip, the blockade since 2007 has severely restricted the movements with the outside world, and has limited women and girls' access to education, jobs, health, social, and

¹⁰ MIFTAH, 2017, Impact and Damage of the Internal Division from Gender Perspective.

¹¹ PCBS, 2015, Survey on the impact of Israeli aggression on the Gaza Strip in 2014 and the socio-economic conditions of Palestinian families, available at: https://www.pcbs.gov.ps/portals/pcbs/PressRelease/Press_En_GazaWar2014E.pdf

¹² ESCWA, 2020, Social and Economic Situation of Palestinian Women and Girls, available at: <https://www.unescwa.org/sites/default/files/pubs/pdf/social-economic-situation-palestinian-women-2018-2020-english.pdf>

¹³ UNFPA, 2018, *Palestine: Gender Justice and the Law*. Available at: <https://palestine.unfpa.org/sites/default/files/pub-pdf/Gender%20Justice%20and%20The%20Law.pdf>

¹⁴ ESCWA, 2020, Social and Economic Situation of Palestinian Women and Girls, available at: <https://www.unescwa.org/sites/default/files/pubs/pdf/social-economic-situation-palestinian-women-2018-2020-english.pdf>

psychosocial services. Additionally, Gaza's isolation has a significant influence in disrupting the family social life, and the livelihoods conditions¹⁵.

The latest pandemic is yet another factor that could have amplified SGBV in OPT. Unfortunately, there aren't any statistics to understand the magnitude of the problem. Nevertheless, a study¹⁶ argues that exposure of women and girls among refugee communities to SGBV have increased particularly due to lockdowns and inability of women and girls subjected to violence to report or access any of the psychosocial support¹⁷.

In general, SGBV remains prevalent among Palestinian communities, and it is manifested in the Palestinian reality(ies) in various ways. SGBV imposed by family members as well as SGBV that are not recognized in the Palestinian legal system serve as the riskiest forms of SGBV. The next section will further explore forms of SGBV in OPT and their implications.

MANIFESTATIONS OF SGBV

The Palestinian Authority ratified CEDAW in 2014. By joining CEDAW, the Palestinian Authority commits to eliminating all forms of discrimination against women and girls, SGBV being a major component. Unfortunately, SGBV rates in OPT remain high. Palestinian women and girls are subjected to all forms of violence, mainly psychological, physical, sexual, and socio-economic. According to the latest census (2019) conducted by the PCBS¹⁸, women and girls are mainly subjected to psychological violence with a rate of 57% followed by physical violence with the rate of 18%. These rates are alarming particularly when considering that merely 0.27% of the population participated in the census, which indicates that actual rates could be much higher. Additionally, many forms of violence are not reported or acknowledged as forms of SGBV. Some examples are marital rape, forced marriage and early marriage, all of which constitute sexual violence according to the UN General Assembly Declaration on the Elimination of Violence against Women (1993). Such forms of violent practices often fall off the radar.

Often, women and girls are subjected to several forms of violence at once. All forms of violence are intertwined, yet some women would fail to recognize other forms of violence they are subjected to as they are perceived as culturally acceptable. For instance, in many cases, women are prohibited to freely exercise their economic and social rights and choices by the 'male' dominant figure in the household. Some wouldn't recognize such behavior as a form of socio-economic violence. Such acts of violence further perpetuate the image of the 'dependent' woman who should succumb to her husband, father,

¹⁵ Ibid.

¹⁶ Diab, J., & Naal, H. 2020, On Hierarchy of Emergencies: SGBV and Mental Health among Refugees in Times of COVID-19. *South of Global Health Blog, 16 Days of Activism against GBV series*

¹⁷ Ibid.

¹⁸ PCBS, 2019, *Preliminary Results of the Violence Survey in the Palestinian Society*, available at: <https://www.pcbs.gov.ps/Downloads/book2480.pdf>

or brother's wishes, taking away women's and girl's right of choice. Nevertheless, according to the PCBS census (2019)¹⁹, the rate of economic violence has reduced to half in comparison to the 2011 census.

Moreover, intersectional oppressions aggravate SGBV. Palestinian women and girls often experience aggravated violence. In addition to various forms of domestic violence, Palestinian women and girls are subjected to violence on daily basis by the occupation, which systematically confines them, restricts their movements, and exposes them to all forms of physical and psychological violence. Moreover, women are exposed to the different types of violence from the PA and the security forces, such as physical attack and harassment, verbal abuse, and electronic/virtual violence. These violations have increased after the killing of Nizar Banat and the latest escalations and protests in the West Bank²⁰. The violence was focused on young women activists and journalists.

Similarly, women and girls with disabilities are subjected to doubled violence and structural discrimination. Women and girls with disabilities face many challenges to exercise their basic rights safely, freely, and equally, such as accessing school, health services or public transportation. Their lives are much more financially and socially expensive than others who do not suffer from a disability. Adding to that, disability remains stigmatized in the Palestinian community, where they are often looked at as 'not human', thus do not have the right to make decisions crucial to their lives. This makes them more vulnerable to all forms of SGBV, and most importantly, less comfortable to report such violence. This in addition to many other societal, economic, and political factors prevent survivors from reporting violence that is imposed on them. Palermo argues that merely 7% of women and girls who are subjected to violence report such assaults or seek needed health or/and psychosocial support²¹.

In the past few years, INGOs and Women CSOs examined reasons behind women's and girls' tendency not to report assaults. Some of these reasons along with coping mechanisms of SGBV survivors will be explored in the next section.

SGBV SURVIVORS' COPING MECHANISMS

Devries argues that one in three women worldwide are subjected to one or more forms of SGBV. Despite the prevalence of such phenomena, SGBV survivors often remain silent, and do not report such

¹⁹ Ibid.

²⁰ Shatha Hammad, Middle East Eye, 2021, Nizar Banat killing: Witnesses recount Palestinian Authority's violent crackdown on protests

²¹ Palermo, T., Bleck, J., & Peterman, A, 2013. Disclosure to Gender-Based Violence. *American Journal of Epidemiology*, 179(5), 619-620

assaults²². For example, PCBS census shows that almost 61% of SGBV survivors, who participated in the census, prefer to stay quiet. This is often due to many reasons, mainly social and economic²³.

Socially, there are three main drivers that prevent SGBV survivors from reporting assaults. Firstly, most assaults are committed by family members. Unfortunately, Palestinian society still looks upon such violence as merely inter-familial conflict that should be discussed and solved within the family. As such, family matters should not be discussed with 'strangers' implying any external organizations, or any judicial institution²⁴. Secondly, the patriarchal ideology remains prevalent in most Palestinian communities. Most women and men in the society believe that men are the guardians of women and have dominance and control rights over women. Accordingly, any committed violence and assaults are wrongly justified by women's lack of compliance to the decision or the moral or social compass of the man, may it be the father, husband, or brother. Thirdly, divorce or emancipation of minors remain highly stigmatized in the Palestinian society. If women and girl survivors decide to take that route, they often face many social challenges that could negatively impact their lives within the social, economic, and psychological spheres²⁵.

Economically, men are often the breadwinners. In many cases, reporting violence is accompanied with divorce or family emancipation, all of which would require women to find job opportunities and another source of income. Unfortunately, many women in different Palestinian communities are financially dependent on their father or husband, and lack job experience, thus more challenging to find income generating opportunities. This becomes a higher challenge when women have additional financial burdens, for instance, they have dependent children or have a disability that entails high treatment costs²⁶.

Additionally, a small percentage of SGBV survivors seek legal support, mainly in cases of divorce or honor killing. In those cases, the legal system fails to give women and girls their rights. Although there are many legislations to protect women and girls, the legal system remains to be a male-dominated

²² Devries, K, 2013, The Global Prevalence of Intimate Partner Violence Against Women. *SCIENCE*, 340 (6140), 1527-1528

²³ PCBS, 2019, *Preliminary Results of the Violence Survey in the Palestinian Society*, available at: <https://www.pcbs.gov.ps/Downloads/book2480.pdf>

²⁴ UNHCR, 2021, Sexual and Gender-Based Violence (SGBV) prevention and response. *UNHCR Emergency Handbook*, available at: <https://emergency.unhcr.org/entry/51693/sexual-and-gender-based-violence-sgbv-prevention-and-response>

²⁵ Ibid.

²⁶ World Bank, 2021, The rebuilding of Gaza Amid Dire Conditions: Damage, Losses, and Needs, available at: <https://www.worldbank.org/en/news/press-release/2021/07/06/the-rebuilding-of-gaza-amid-dire-conditions-damage-losses-and-needs#:~:text=A%20Rapid%20Damage%20and%20Needs,during%20the%20first%2024%20months.&text=The%20humanitarian%20crisis%20is%20worsened,ties%20to%20the%20outside%20world>

space where patriarchy prevails. Accordingly, the legal system often operates based on legal loopholes that eventually serve to support the 'men' perpetrators²⁷.

Accordingly, INGOs and Women CSOs have designed customized programs to support SGBV survivors to cover the gaps in the implementation of the legal system and its ability to protect women from SGBV. The next section will further explore SGBV services provided by INGOs and women CSOs along with the NRS and SOPs adopted by the Palestinian Authority.

²⁷ UNFPA, 2018, *Palestine: Gender Justice and the Law*. Available at: <https://palestine.unfpa.org/sites/default/files/pub-pdf/Gender%20Justice%20and%20The%20Law.pdf>

CHAPTER 3: FINDINGS AND ANALYSIS

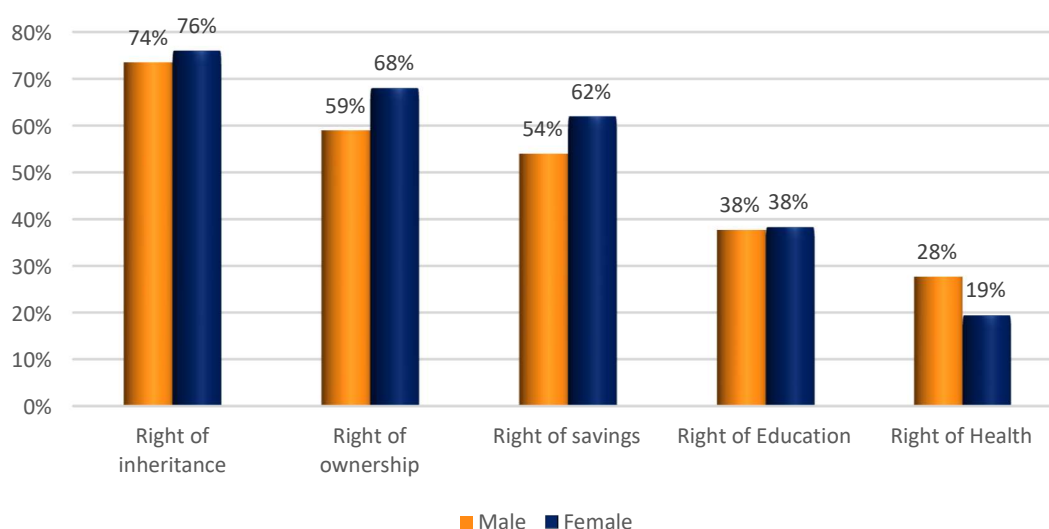
This chapter explores the findings from the mixed qualitative and quantitative tools used. An analysis of the findings is integrated in each section. The chapter is divided into three sections and will mainly focus on the social norms and attitudes toward SGBV, SGBV survivors, and access to SGBV services and the NRS by the Palestinian community, including CSOs.

SOCIAL NORMS AND ATTITUDES TOWARD SGBV IN OPT

GENERAL COMMUNITY PERCEPTIONS ON SGBV

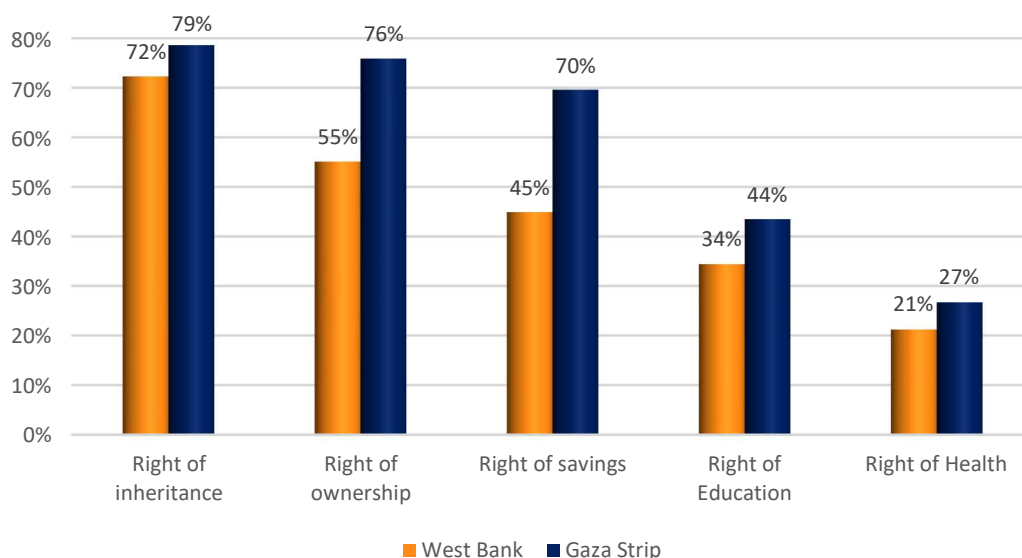
SGBV in OPT is widespread and invasive. Unfortunately, many studies have previously noted this phenomenon. Members of the community also perceive SGBV as widespread in OPT. This was clear during the in-depth interviews, focus groups and survey findings. A number of participants noted that the presence and magnitude of violence differ in different communities. Moreover, a CSO representative explained that “SGBV is widespread. Especially during the pandemic, the issue came to surface”.

Figure 1: Percentage of participants who believe that women and girls are denied of their rights – disaggregated by sex



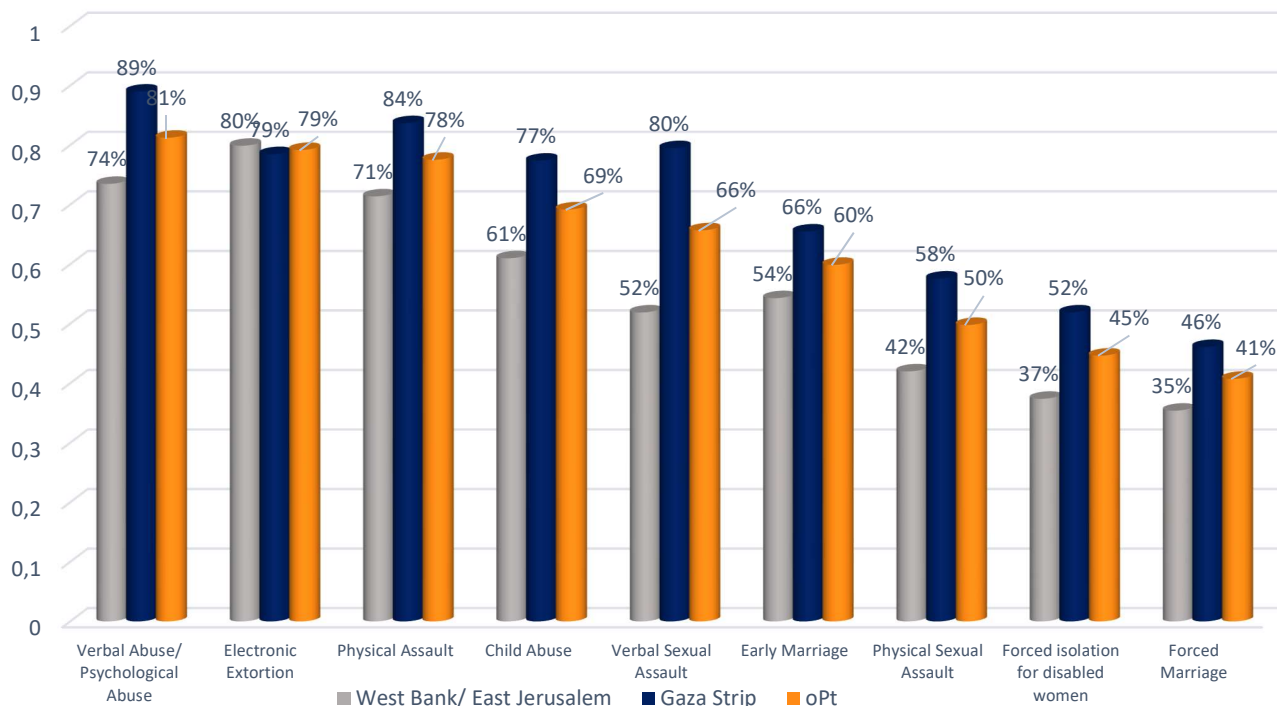
As reflected in Figure 1, more than 50% of participants believe that women in OPT are denied their basic rights. Most participants particularly believe that women are denied their ‘economic’ rights, that of inheritance, savings, and property ownership. This conforms with many of the interviews, where women shared that the ‘man’ of the household controls the money, even that of the woman. Such behavior ensures the dependency of women and reconfirms men’s control and dominance in the household. Unfortunately, behind these abstract percentages are individual, institutional, and structural violence that women are regularly subjected to. As for the rights to education, 38% of the participants believe that women are denied their education rights, this is highly related with their rights to movement, since in rural areas, some people do not have access to schools, and universities, and do not prefer to travel between villages due to high cost, and for the sake of protecting girls and women from Israeli attacks. The belief are women are deprived of rights is much higher in Gaza than in the West Bank (Figure 2).

Figure 2: Percentage of participants who believe that women and girls are denied of their rights – disaggregated by region



The regional gap is further confirmed in the perception of magnitude of these phenomena, where more Gazans, compared to West Bank respondents, believe that the deprivation of women from their rights is widespread (Figure 3).

Figure 3: Percentage of participants who believe that these phenomena are widespread



The magnitude of SGBV is further corroborated by official sources. The (PCBS, 2019) data indicates that psychological violence is the most widespread. Nevertheless, community members who participated in this study believe that all forms of SGBV are widespread. For instance, more than 40% of the participants from the West Bank, EJ and Gaza Strip (see Figure 3) believe that child abuse, early marriage, physical assault, electronic extortion, verbal, and physical sexual assault are prevailing forms of SGBV in the Palestinian community. Participants from focus groups agreed that these phenomena are widespread, including early marriage despite that the law limits the legal age of marriage to 18 years old. For instance, one participant said:

Although the law prohibits early marriage, but men always find ways to make it happen, through bribes, personal connections and others”.

Another participant explained: “early marriage is unjust to girls. They force girls to get marriage without an identity card, only based on the judge’s perception of her physical structure. If she is tall, then he agrees to her marriage. (Female, WB)

Additionally, participants from Gaza constituted a higher percentage of participants who believe that all forms of SGBV is prevailing. This reflects the impact of occupation in exacerbating SGBV at the individual level, directly and indirectly. Palestinians in Gaza lived through four wars in the last 10 years,

many of which are describing the situation in Gaza as a continuous process of 'de-development' (Baconi, 2021). According to the World Bank (2021), after the war in May 2021, approximately 62% of Gaza's population have become food insecure. Moreover, one of the interviewees mentioned that her husband became more violent against her after the recent war/ escalation in May 2021. She explained they were forced to leave their home and live with the extended family due to damages caused by Israeli war on Gaza. This is the case for many families in Gaza, where they live in one room. Such dire economic conditions have already been identified as one of the main drivers of SGBV.

Additionally, interviews and focus groups participants emphasized that SGBV rarely stops at psychological violence. On the contrary, psychological violence is the first step. Many women shared that violence within a household aggravates in time. For instance, a participant said: *"in the first year of marriage, women are subjected to mainly psychological violence. However, with time, violence aggravates to include other forms of violence, including sexual and physical violence"*.

Additionally, many participants mentioned that people with disabilities are subjected to intensified violence, both males and females. They are marginalized at individual, community, and institutional levels. Approximately, 44.65% of survey participants believed that forced isolation of people with disabilities is very common in OPT. A participant confirmed that sharing her story:

"When I was getting engaged, I didn't know that my fiancée had a brother with a disability until the fifth or sixth visit. I also found out by coincidence when I was visiting their home and entered a room by mistake to see a person with a disability. As a reaction, I hid that fact from my parents because I was afraid that they would force me to break off the engagement. Parents often hide their children with disabilities from the community, particularly that they are afraid that this would affect the marriage choices of their other children." (Female, WB)

Additionally, the responsible party to follow-up on this case, Family Protection Unit and Juvenile Unit (FPUJU) – Police - West Bank, provided us with more details. During the interview, the FPUJU representative informed us that all procedures, as stated by the referral system, were implemented. Yet, religious convictions, institutional bureaucracy, lack of communication, unilateral decision-making, patriarchal ideology in the West Bank and the Gaza Strip and loopholes in the NRS and SOPs were some of the factors that prevented the survivor from obtaining justice and needed support.

This is one of many stories that participants shared regarding SGBV that women and girls with disabilities are subjected to. In a nutshell, participants emphasized four main 'additional' challenges that women and girls with disabilities subjected to SGBV face.

First, many women and girls with disabilities are isolated from society, which by itself is an extreme case of violence, but also makes it almost impossible to identify them. Second, women and girls with mental disabilities in many cases fail to identify verbal and sexual violence that they are subjected to, so they often don't share it with anyone. Third, even in the case of reporting such violence, SGBV

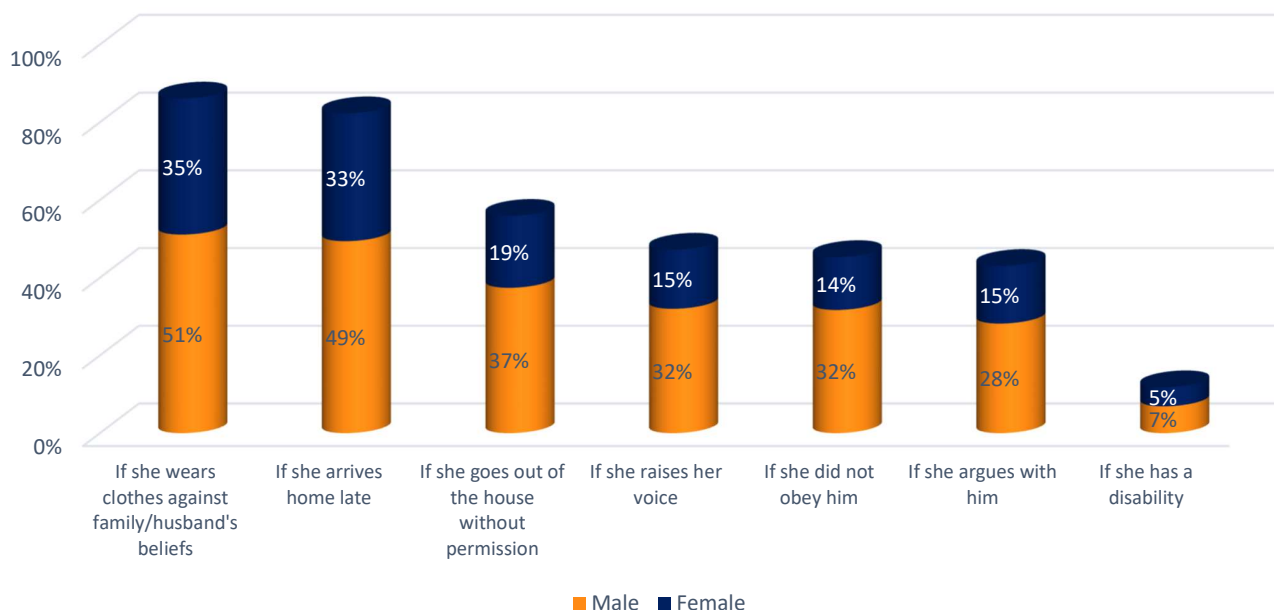
services and shelters are exclusive, and are not aligned with the needs of women and girls with disabilities. For example, many do not have sign language translators, which makes it difficult to understand the story of women with hearing and speech disabilities. Additionally, women with mental disabilities are 'never' provided with services or admitted to the shelters. To make it worse, usually parents are the legal guardians of women, who are also the perpetrators in many cases. Thus, complaints cannot be accepted without the legal guardianship's consent. Fourth, even in the cases where parents are committed to enabling their children with disabilities to exercise their rights, most institutions are incompatible to the needs of people with disabilities within all sectors, education, health, and public transportation. This makes it much more challenging for people with disabilities to exercise their basic rights and needs, and almost impossible for them to obtain economic independence, which makes them even more vulnerable to SGBV.

COMMUNITY PERCEPTIONS ON DRIVERS OF SGBV

The findings show that SGBV is driven and exacerbated by many factors, mainly the prevailing patriarchal ideology, economic conditions, conflicted areas, occupation violence, early marriage, polygamy, and lack of education.

All focus group and interview participants agree that the Palestinian society is highly influenced by patriarchal ideologies, making it a main driver to the prevalence of SGBV against women and girls. For instance, Figure 4 below shows that more than 30% of survey participants justify men's violence against women and girls if they disobeyed his decision on women's personal and social life matters, such as arriving home late or wearing clothes he doesn't approve of. A participant shared: *"society perceives women as inferior and justifies all forms of violence against her without holding abusive men accountable in any way to limit the spread of violence"*. Survey findings confirmed the insights obtained from the interviews and FGD. Figure 4 below shows that more than 30% of survey participants, both men and women, justify men's violent behavior against women/ girls if the woman/girl arrived home late or wore clothes against his beliefs.

Figure 4: Percentage of participants who justify men's violence disaggregated by sex

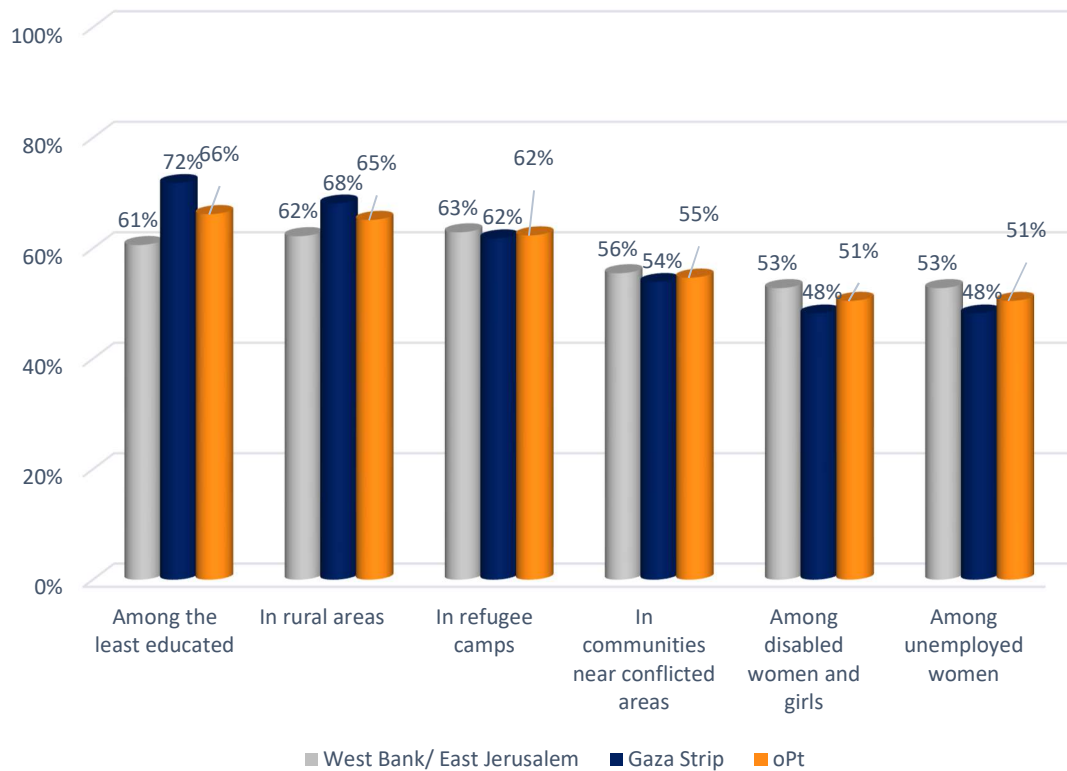


Additionally, more than 95% condemn violence against women and girls with disabilities. Unfortunately, many participants shared that, in principle, people would say that, yet the reality is that women and girls with disabilities are the most vulnerable to SGBV for several reasons that were mentioned in the previous section. More than 50% from survey participants believe that SGBV is most prevalent against girls and women with disabilities (See Figure 5 below).

Figure 4 reflects critical statistics particularly when considering the possible used justifications, as a way of Palestinians to reflect a more morally accepted image. This would indicate that percentages could be much higher for community members who justify SGBV. Additionally, around 23.9% of male survey participants and 16.6% of female survey participants justify honor killing. Additionally, statistics also confirm interview and focus group participants who indicated that women can also be perpetrators. Several participants shared that women in general judge and abuse other women. They also indicated that women from the husbands' family practice aggravated violence against the wife. They said that violence creates a vicious cycle. A participant shared: *"I reflected my husband's verbal and physical abuse on my girls. I became abusive and violent against my girls. I know it is wrong, but I unload my frustrations on them"*.

Another driver that all participants mentioned without exception are bad economic conditions that would drive SGBV; as more than 50% of survey participants believe that SGBV is most prevalent in rural areas and refugee camps, communities considered to be among the most marginalized. Similarly, more than 90% of survey participants (Figure 5) believe that bad economic situation exacerbates SGBV.

Figure 5: Percentage of participants who believe SGBV is most prevalent among the following groups disaggregated by region



Additionally, figure 5 show that more than 50% of the survey participants believe that violence is prevalent among the least educated and/or unemployed women. During the focus groups, several women explained that this would be particularly true in the case of married women. On one hand, women without high education or employment often have less experience on how to deal with their husbands or husbands' family. On the other hand, without education, employment, or any source of income, women often lack opportunities; they tend to tolerate and accept their unjust reality because they won't be able to afford living otherwise. As several women explained, parents can always rescue their children from such realities or discourage them from getting away from their reality. For instance, a participant shared:

"Parents play a major role in normalizing violence. When a SGBV survivor resorts to her family, the mother often consoles her and advises her to be patient and tolerant for the children's sake. This is why SGBV reaches to a stage where husbands kill their wives, and unfortunately, society blames women for that." (Female, GS)

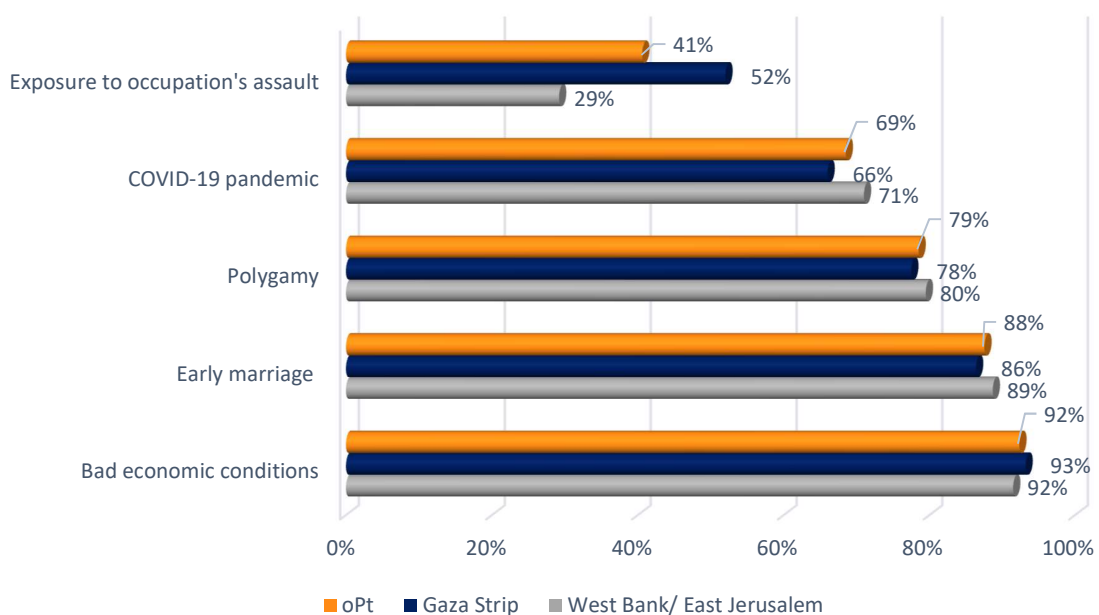
Additionally, several participants explained that in most cases women who stay with their abusive husbands are those who have been abused by their families as well, their father or brother. In general, participants emphasized that parents play the most important role in rescuing their child.

As some participants explained, a woman would have a choice between being physically abused by her husband or by her father and/or brother. In this case, she would rather be abused by her husband, and not live with the social stigma of being divorced. Additionally, in the case of abusive father/ brother, they wouldn't allow her to get divorced to avoid social stigma and not to afford her and her children financial burden. For instance, one of the participants shared a story:

"I know a woman who was continuously abused by her husband and husband's family. At the beginning, it was only verbal violence. With time, the violence has intensified and has become physical that could have led to her death. It took some time for her to be able to flee, as her father did not want to host her with her kids. She got legal support, got divorced, but did not get any of her financial rights. Fast forward, as her father did not want to financially support her, he forced her to get married to another man who was 40 years older than she was. The cycle of violence just continued. That is why only parents have the power to rescue their children. If the parents were able to embrace their children, they will be strong enough to refuse any violence they are subjected to, but if parents themselves are perpetrators, then women have no other choice." (Female, WB)

Other participants shared that in some cases, the father is not present in his children's life, this implies that the women would be living in bad economic conditions and would be subjected to violence mainly from her father. Survey findings (Figure 6 below) also show that more than 70% of participants believe that polygamy exacerbates SGBV.

Figure 6: Percentage of participants who believe SGBV is exacerbated by the following factors disaggregated by region



Moreover, most interview and focus group participants argued that occupation is not a driver of SGBV. Participants focused mainly on the household level. Nevertheless, according to the survey, 97.6% of participants identified occupation as the main driver of bad economic conditions which exacerbates SGBV. A participant from Gaza explained:

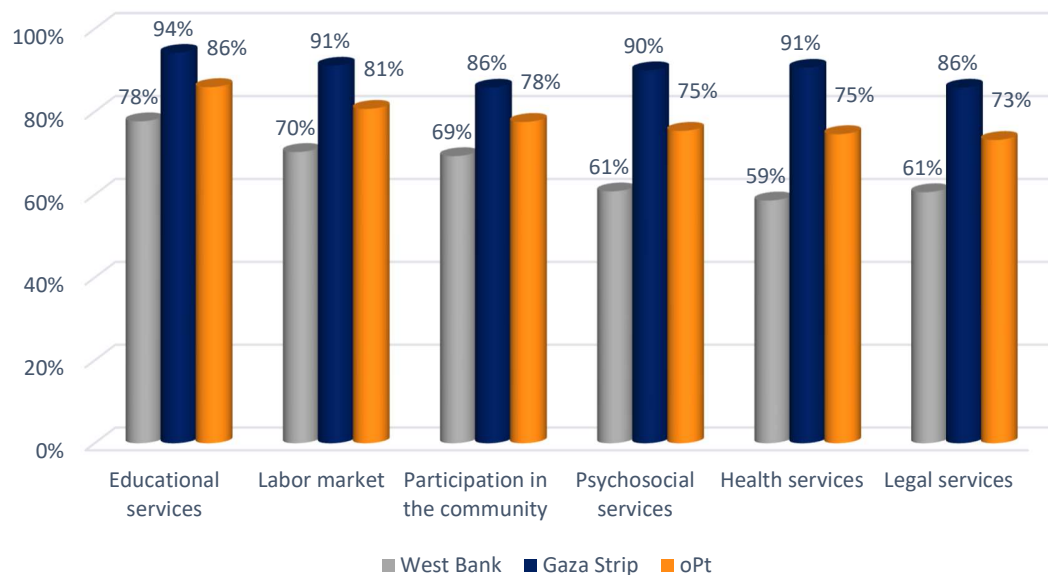
“Israeli violence represented by the siege in all its forms, closure of crossings, pursuit of fishermen, spraying of deadly pesticides, and restrictions to access borders aggravates poverty and unemployment rates. Israeli violence is a direct cause of the miserable economic situation, which is a major driver of violence in all its forms, including sexual violence.” (Female, GS)

Similarly, figure 6, show that more than 50% of participants in Gaza believe that exposure to occupation’s assaults exacerbates SGBV. As Palestinians in Gaza have been exposed to 4 wars in the past 10 years which majorly and negatively affected their lives from every aspect, they were also able to notice the influence of occupation at increasing SGBV at the household level. All interviewed SGBV survivors from Gaza shared that violence have increased after the recent war (May 2021).

From a different perspective, some participants believed that Israeli violence has the opposite impact on men. For instance, a woman shared: *“sometimes exposure to Israeli violence is reflected by a positive behavior. Men would retract from practicing violence against their families. For instance, men who have been imprisoned for years become more emotional and compassionate towards their families”*.

Although participants had different perspectives on the impact of occupation in exacerbating SGBV, survey participants agree that Israel are perpetrators of SGBV. Figure 7 below show that more than 60% of survey participants believe that Israeli violations limit women and girls’ access to most basic services and rights. Similarly, more than 85% of survey participants from Gaza believe that Israeli violations limit women and girls’ access to all basic rights. Additionally, latest statistics from Addameer (2021) show that Israeli detained 40 women and 200 children in 2021.

Figure 7: Percentage of participants who believe that Israeli attacks and violations limit women and girls' access to SGBV services disaggregated by region



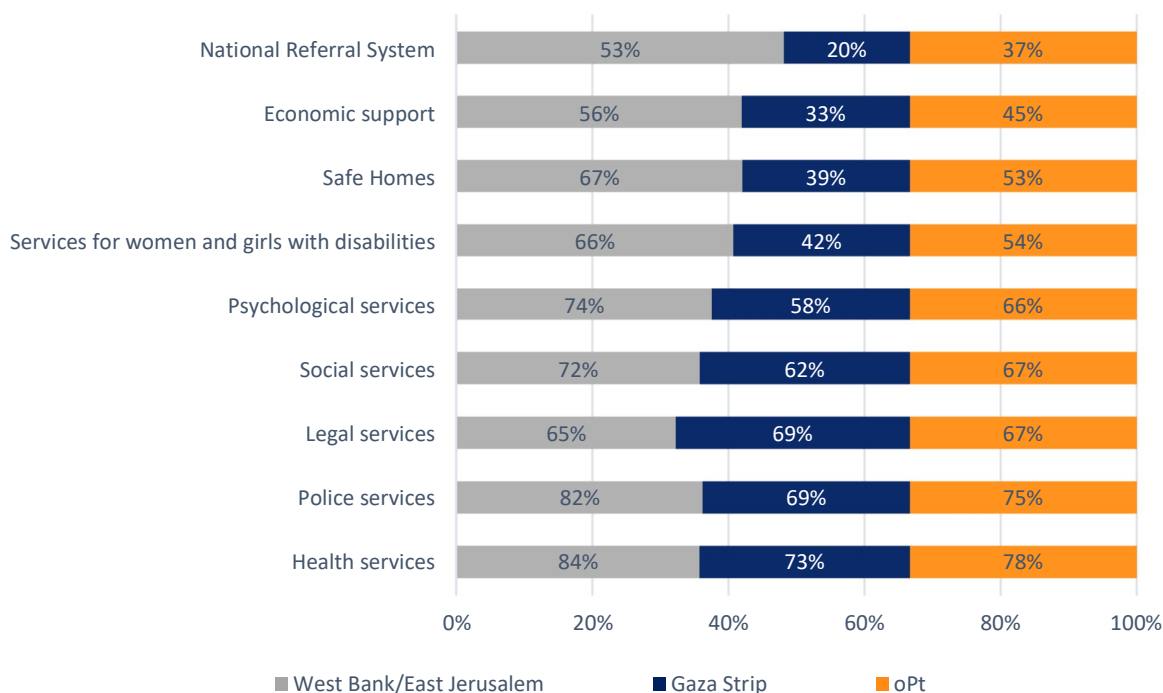
Finally, several interview and focus group participants argued that the geopolitics imposed by occupation prevent women from obtaining their rights. It also prevents the police from applying court rulings that give justice to women. Succeeding sections will further elaborate on that and clarify community perceptions on SGBV survivors' access to SGBV services, NRS and SOPs.

COMMUNITY PERCEPTIONS ON THE NRS, SOPS AND SGBV SERVICES

In regards to SGBV Services and the NRS, three main parameters were explored, SGBV survivors access to SGBV services, effectiveness of SGBV services, and experience with the NRS.

In general, all focus group and interview women participants indicated that they have benefited from at least one or more SGBV services. According to the survey findings, majority of participants believe that SGBV survivors have access to health services and police services; 78% and 75% respectively. Additionally, Figure 8 shows a significant difference between perceptions of survey respondents from the Gaza Strip in comparison to those from the West bank/EJ. Participants from the Gaza Strip believe that SGBV survivors have less access to different SGBV services in comparison to participants from West Bank/EJ. For instance, 66% of participants from West Bank/ EJ believe that SGBV survivors with disabilities have access to SGBV services, in comparison to only 42% of participants from the Gaza Strip. Similarly, 53% of participants from West bank/EJ believe that SGBV survivors have access to the NRS, in comparison to only 20% of participants from the Gaza Strip. Additionally, focus group and interview participants identified protection and access to safe homes as a crucial need for many SGBV survivors. Nevertheless, only 39% and 67% of respondents from the Gaza Strip and West Bank/EJ respectively believe that SGBV survivors have access to safe homes.

Figure 8: Percentage of participant who believe women and girls have access to SGBV services disaggregated by region



Additionally, participants from Gaza believe that SGBV survivors do not have easy access to SGBV services. For instance, a participant from Gaza explained: *“In Rafah, we do not have any safe house for SGBV survivors. The protection aspect does not exist, and even the women’s police station gets neutralized because of the political context”*.

On the contrary, another participant from Gaza believed that SGBV survivors, including women and girls with disabilities, have access to many services. He clarified: *“There is a great ease for SGBV survivors to access services. The problem lies in the lack of enforcement of laws”*. Most participants in West Bank/EJ and the Gaza Strip agreed that even when women and girls are provided with needed SGBV services, there is a problem in enforcing the laws. For instance, in one of the interviews, the SGBV survivor shared:

“I reached out to the Family Protection Society, and they directly referred me to a lawyer. The lawyer filed a divorce case and followed up on it closely. I got my divorce, but I did not get my alimony or any of my other financial rights. I think this is unjust.” (Female, WB)

It is much more difficult for women to get their rights when they have children. Men and their families often put pressure on women to give up custody of their children. During the court ruling, violence imposed by men are normalized and seen as private family matters. Several participants also noted that in many cases women are financially dependent, and they cannot afford their children’s financial

responsibilities. Only in the cases of illegal involvement, for instance the man is dealing with drugs, that the woman might have an opportunity to get her right in children custody. In addition to the court rooms being male-dominated spaces, the occupation's invasion of Palestinians' geopolitics prevents court rulings from being enforced. One of the SGBV survivors said:

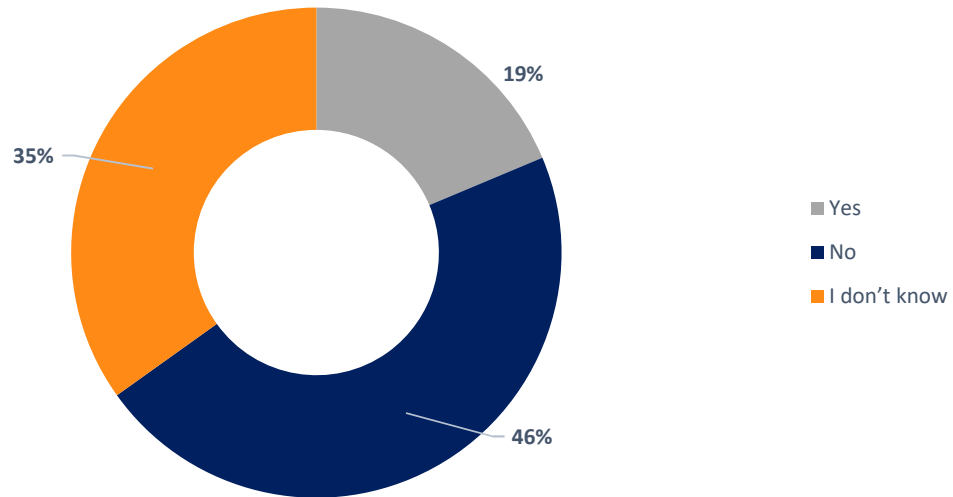
"The father took the children's custody and prevented me from seeing them. The police are unable to enforce the visit order, because the father of the children is hiding in Area C. The police say that they do not have authority over Area C, and they need the occupation force's approval to access the Area and give me my right to see my children." (Female, WB)

FGD participants supported the story with other similar stories where court rulings were not enforced particularly due to the geopolitics of the area. Therefore, participants believe that most women SGBV survivors seek settlements or follow the tribal rule. Some participants emphasized that only few women SGBV survivors have the ability to change their realities. Being economically empowered is crucial to ensuring women's self-determination; their ability to make their own life choices.

Another issue that has surfaced is women SGBV survivors' unawareness of the importance to be integrated in other SGBV services, particularly the psychological support. Many women seek WROs to provide them with economic support, legal support or protection. Some are resistant to receive psychological support which has become mandatory by many WROs. Despite some SGBV survivors' unawareness of the importance of psychological support, an activist working with women and girls with disabilities, stressed the importance of integrating mental health and psychosocial support in all the services provided by the various CSOs, NRS, and SOPs. She added: *"In addition to protection, safe houses have to integrate a clear and strong rehabilitation program"*. Additionally, a key informant working in the government stressed on the need of psychological support, she explained: *"I know many SGBV survivors who are free from their husbands and have started to build a new life for themselves, but it is clear that they are still suffering mentally and psychologically despite the passage of years"*.

Additionally, most FGD and interview participants, including women who accessed SGBV services, were not familiar with the NRS. This could explain survey findings reflected in Figure 9 below, where 35% of survey participants do not know if the services they received were part of the NRS. This also conforms with several participants from Gaza who indicated that the NRS operates at an institutional level and has failed to be integrated at the grassroots.

Figure 9: Are the services you have received part of the NRS/ SOPs?



Moreover, many participants stressed the inability of SGBV services to respond to women and girls SGBV survivors with disabilities. A participant said: *“WROs refuse to admit any women/ girl with mental disability or severe hearing, speech or movement disabilities”*. They all agreed that these are among the most vulnerable to SGBV, especially women with mental disabilities who are often subjected to violence by their nuclear family, brother or father. According to participants, SGBV among women and girls with mental disabilities is widespread but fails to be tackled.

In conclusion, SGBV survivors and community in general believe that SGBV services have limited scope, and does not have the authority to combat SGBV, or ensure women’s protection.

Next section will further elaborate on SGBV services and the NRS system from the CSOs’ points of view.

MAPPING OF EXISTING SGBV SERVICES, NRS AND SOPS

NRS

The Palestinian Council of Ministries issued Resolution No. (18) of 2013 regarding the NRS for women victims of violence, with the aim of establishing rules that collectively constitute a national charter for dealing with women and girls SGBV survivors. The second article stated that this system seeks to achieve protection and care for women in the health, social and judicial sectors. It also seeks to establish rules and foundations for controlling and clarifying the binding framework for the professional relationship with the beneficiaries, as well as forming a reference and judgment for moral, ethical, and professional issues, and clarifying the rights and duties of the service provider and the SGBV survivors. The decision to establish the NRS was based on the provisions of the amended Basic

Law of 2003, Social Affairs Law No. (16) of 1954, and the Palestinian Council of Ministries Resolution No. (9) for the year 2011 regarding the ratification of the strategic plan to combat violence against women²⁸.

The NRS has come in an effort to address the effects of violence on women and to provide them with protection. It has not come – in any way – in the framework of combating SGBV in the Palestinian society, which is a social phenomenon of inequality, and asymmetry and imbalance of power relations between men and women in the family and society in light of a patriarchal social-cultural system that depends on the hierarchy of power within the family. This means that the woman's body and entity intuitively follow the family's decision-maker and authority, whether he is a father, brother, husband, or son²⁹.

The system and its sectoral operational procedures have not come to provide radical solutions to the issue of violence against women or the domestic violence in Palestinian society. It does not deal with the root problems of SGBV in the cultural, social, political, and economic system in OPT, it also does not seek to dismantle power sources, and unequal power between men and women in society. The system has come to provide a professional framework for dealing with women and girls SGBV survivors, providing them with protection, and getting them to safety. Moreover, the NRS does not include a special framework to deal with women and girls with disabilities. The NRS still lacks procedures that are essential for the protection of SGBV Survivors. The fieldwork was carried out to gain a deeper understanding of hidden realities, conditionalities, and challenges to safely access SGBV services and the NRS³⁰.

In the absence of a legal system that provides social protection to the vulnerable groups in society, including women, women will remain deprived of the formal justice system and effective remedies. One of the consequences of that is the continuation of urging women to seek salvation from violence within the family clan-based social system led by men, for the sake of protecting themselves. Therefore, the solution of their gender-based violence issues, including sexual violence, will remain limited within the patriarchal system, especially since domestic violence issues are linked to the patriarchal view of the family's sanctity. This means that pursuing to seek justice, redress, and protection through formal mechanisms, such as the NRS, is a form of deviation from customs and traditions, which calls for social rejection and disapproval³¹.

Since the issuance of the NRS in 2013 until now, the Palestinian Authority has not promulgated any reference legislation for this system that would also serve as a reference for all executive and judicial institutions. Considered as a government decision, the system has not targeted important official

²⁸ Ministry of Women's Affairs Strategic Plan (2017-2022), available at: <https://bit.ly/3qi3DDb>

²⁹ Ibid.

³⁰ Miftah, 2019, Analytical Study on the National Referral System: Challenges and Gaps, available at: http://www.miftah.org/Publications/Books/Rapid_Assessment_of_the_National_Referral_System_implementation_challenges_and_gaps.pdf

³¹ Ibid.

institutions to intervene in order to reduce and criminalize SGBV, and hold perpetrators accountable, such as the judiciary (regular and Sharia), as well as the Public Prosecution³².

The absence of reference legislation (such as the Law on the Protection of the Family from Violence, or a recent and modern Palestinian Penal Code; consistent with the international conventions; to which the State of Palestine has acceded) highlighted, to mention just a few, many of the gaps related to coordination and cooperation between the executive and judicial institutions. It also highlighted many challenges for the judicial authorities themselves, to criminalize discrimination and SGBV, and to prosecute and hold perpetrators accountable and provide redress to the SGBV survivors³³.

The system has introduced intervention mechanisms for service delivery, and the roles of the providers as well as work ethics when dealing with women and girls SGBV survivors. In the seventh chapter, the system attempted to regulate the relationship of partnership between the three service sectors that it covers: health, social, and police services. However, in its Article No. (26), there was a confusion between the coordination of the three sectors, and the work of each sector in that field, and between the references and determinants of coordination among them and the coordination procedures as stated in paragraph (07) of the mentioned article. For example, the system addressed, through Article No. (26, para. 2), "the institutionalization of cross-sectional memorandums of understanding, clarifying responsibilities, roles and mode of communication". However, in paragraph (03) of the same article, the system addressed "dissemination of protocols within the same sector and the development of internal work procedures in harmony with the protocols". It did not clarify whether the protocols were intended to be the same as memorandums of understanding or were another mechanism for intersectoral coordination³⁴.

Based on Article No. (26) of the system, each sector has issued its own system of procedures independently of partners in other sectors. This stems from the absence of a clear reference methodology for coordination and complementarity of roles between the sectors covered by the system, and other relevant sectors not covered therein³⁵.

The lack of coordination and complementarity of roles among the sectors covered by the system has continued until the "manual of joint work procedures for providers of intervention and referral services for women SGBV survivors was issued in July/ 2017 by the Ministry of Women's Affairs (MoWA). The manual clarified the roles and responsibilities of service providers for SGBV survivors in all sectors, whether they were included in the system, or not such as civil society institutions, Sharia judiciary, governors' offices, and the MoWA. However, the manual issued by the MoWA; which is considered to be less legislative than the system issued by the Council of Ministers, remains indicative and is not

³² Ibid.

³³ Ibid.

³⁴ The ministry of Women's Affairs Strategic Plan (2017-2022), available at: <https://bit.ly/3qi3DDb>

³⁵ Ibid

binding on any of the sectors involved in the intervention and provision of services to women SGBV survivors, whether they are covered by the system or not³⁶.

The system also missed the provision on exceptional procedures related to the emergency; such as those resulting from natural disasters, or the spread of epidemics and diseases, or long-term closures in specific regions, or the invasion of these regions by the occupying forces, or internal armed conflicts, all of which are emergency conditions with high rates of domestic violence³⁷.

Lastly, the manual missed the development of periodic review mechanisms, the evaluation of intervention procedures, and their effectiveness in breaking the cycle of violence against women and providing them with protection. It also missed evaluating the practical procedures based on the system; to ensure women's access to survival and not falling under further violence or falling victim to homicide.

Governmental and non-governmental institutions included in the NRS³⁸³⁹

Health services

Chapter three of the NRS explains the health services and clarifies the roles of providers when intervening to protect women and girls SGBV survivors, and the coordination procedures with the police and social development sectors. Although these services have overlooked the needs of women with disabilities and their adaption to ensure that they received them of high quality, the procedures have brought up guarantees of non-conflict of interest in Article No. (11, para. 2) based on Article No. (7, para. 3) of the same manual. The manual also required health services providers to enjoy access and knowledge of the sources of support, protection, and assistance in their respective regions, as well as mechanisms for the use and transfer of such sources as per Article No. (11, para. 2 g).

In its review of health services and the roles of the providers, the system did not show any sensitivity towards women and girls SGBV survivors with disabilities and their needs to ensure that they are not discriminated against and that they have access to high-quality services. It would have been better if the system was more sensitive to the issues of women with disabilities as they are subject to multiple discrimination: the first "being women" and the second "being women with disabilities". The system

³⁶ Miftah, 2019, The Results of the Gap Survey and the Responsiveness of the National Referral System, available at:

http://www.miftah.org/Publications/Books/Factsheet_of_the_National_Referral_System_implementation_challenges_and_gaps.pdf

³⁷ The amended Palestinian Basic Law of 2003 contained emergency provisions in Articles No. (110) to (114), and the Palestinian legislator, on any level, should have taken into consideration the state of emergency based on the Basic Law.

³⁸ Miftah, 2019, The Results of the Gap Survey and the Responsiveness of the National Referral System, available at:

http://www.miftah.org/Publications/Books/Factsheet_of_the_National_Referral_System_implementation_challenges_and_gaps.pdf

³⁹ Miftah, 2015, Mapping of GBV services, available at: <http://www.miftah.org/Publications/Books/GuideViolenceAgainstWomenOrganizations.pdf>

should have referred to the adaption of services with the needs of women with disabilities, in particular when clarifying the skills of service providers in Article No. (11), also when providing evaluation, investigation and testing services, or any other intervention or referral procedures, and how they can be well-informed about their rights and protection course, especially women with hearing and speech impairments. It was also important to establish clear procedures for dealing with abused women with disabilities who are pregnant or raped.

The manual also presents the cooperation between the police and the social development sectors to provide protection and other services to women and girls SGBV survivors, which is the responsibility of health service providers. The intervention mechanisms of the health service providers in Article No. (15, para. 2) explained that if the SGBV survivor denied violence against her despite indications, the service provider would have to notify the police if there was a risk that would threaten her life. Also, in the protection procedure set out in Article No. (16, para. 4), which states: "If the SGBV survivor is to be sent to the police station and protection centers, she shall be informed of the proceedings, and shall report to the family protection units at both the police station and the Directorate of Social Affairs in her governorate". The same is true in cases of intervention with abused pregnant women, even if they are more severe, coordination and referral to the police is required in cases of severe danger to her life, regardless of the woman's approval as per Article No. (17, para. 5).

Nonetheless, the manual has not shed light on the cases of raped women and girls as in Article No. (18), and this may be due to the clarity of those procedures in other protocols and regulations for the seriousness of such crimes. The system did not mention the procedures of following up on the beneficiary and providing her with health services after her transfer to other sectors such as Palestinian police stations or protection centers (safe houses) or updating their health profiles and information after the referral. It also missed clear procedures of accountability and liability in case of negligence, omission, or failure of health service providers to carry out their duties, including those duties related to coordination with other sectors.

Social services

The fourth chapter of the NRS has dealt with the role of social service providers in intervening to protect women and girls SGBV survivors. While the system referred to the clarification of the procedures and services in the women's protection centers to the "abused protection centers No. (9) of 2011", however, Article No. (19) has reviewed the evaluation and intervention phases to social service providers without the reception phase. This phase is usually direct through the spread of social development mentors in directorates, or through transfer from the health sector, police, or related civil society institutions.

Cooperation and complementary roles procedures have been highlighted through the "Case Conference" mechanism, where service provider partners meet to assess the risk to women and girls SGBV survivors, and find safety factors, as well as to identify women's needs and the levels of intervention for their reintegration into society. The fourth chapter, on social sector interventions, did not mention women with disabilities, the intervention mechanisms in their favor or the adaption of

services to ensure the enjoyment of their rights and equal access to services, the same as their counterparts of other women.

The fourth chapter also did not address follow-up mechanisms on women and girls SGBV survivors' conditions after their transfer to another sector, or after their exit and reintegration into society, even if they have returned to the cycle of violence again. In addition, the chapter did not address any criteria or mechanisms for evaluating the procedures and services provided to beneficiaries, to assess their conditions during and after receiving services. Then to recommend amending those procedures and services, accordingly, to be contained in the NRS for the benefit of women.

Police sector

The fifth chapter, on dealing with abused women in the police sector, emphasized the effective partnership between the Family Protection Units in the Palestinian Police with partners in more than one place, but the work coordination was unclear in some of them, as stated in Article No. (22, para. 6), which stipulates: "Not to detain any SGBV survivor in violation of the law, and she must be duly referred to the competent authorities". For example, while the system was sensitive to women's issues in interventions and services and stated women's police escort to the beneficiary when referring her to the health sector to obtain services, and medical reports according to Article No. (24, para. 1), it ignored the needs of women and girls SGBV survivors with disabilities, and the adaption of the services and interventions provided to them.

The fifth chapter of the system includes coordination procedures among the police sector, the Public Prosecution, and the governors' offices, which highlights the necessity of having a reference law for the NRS, for the necessity of the Public Prosecution's work to complete the investigation, issuing arrest warrants, referring to forensic medicine, and prosecuting the perpetrators of violent crimes. However, interfering with the role of governors' offices is not justified in the system or any other legislation because they have no powers in this field.

Noteworthy, the system did not address the follow-up of each case by the Palestinian police after referring to other sectors. It also did not address any criteria or mechanisms for evaluating the procedures and services provided to beneficiaries, assessing their conditions during and after receiving services and recommending the amendment of those procedures and services contained in the NRS for the benefit of women.

SOPs⁴⁰

The SOP is an operational manual that is applied in the Gaza Strip to deal with women and girls who experienced SGBV, it is similar to the NRS that is applied in the West Bank, however, due to political division, the blockade of the Gaza Strip and the Hamas dominated government, without any influence by the government, or the official institutions based in West Bank; the NRS does not cover the Gaza Strip's governorates, hence, it was substituted with the SOPs. The SOPs manual describes guiding

⁴⁰ From the KIIIs.

principles, procedures, roles and steps to respond to and manage the SGBV cases. The manual was developed by the UNFPA and was amended in 2018 by Abdel Shafi Community Health Association, most of women organizations, CSOs and non-governmental organizations use the SOPs manual to deal with and manage the SGBV cases, as it provides systematic steps and procedures to manage SGBV cases, these organizations also do regular capacity building trainings to improve the performance of the employees and to enable them to utilize the manual, as well as awareness campaigns to encourage women and girls who experience SGBV to benefit from this system. It is noteworthy that the manual has not been ratified yet by the relevant actors (mainly governmental actors); although women organizations, CSOs, local and international non-governmental institutions are exerting their optimum efforts in order to advocate for and promote the institutionalization of the SOPs in the relevant organizations/ ministries that provide services to SGBV cases, also they are arguing for ratifying one dependable manual in the West Bank and the Gaza Strip to deal with SGBV cases and alleviate the incident of SGBV.

Other SGBV services not included in the NRS

The Public Prosecution⁴¹

The Public Prosecution has a significant role in providing protection for abused women and prosecuting perpetrators of violence against them. This is considered as part of the procedures and services provided to the victim; in order to strengthen her protection procedures, and to ensure her access to justice, hold the perpetrators of violence against her accountable and break the cycle of violence in which she is in.

Accordingly, in 2018, the Public Prosecutor issued the “Manual of unified work procedures to deal with cases of violence against women for members of the Palestinian Public Prosecution service”. It is a binding application manual for all members of the Public Prosecution, including those who are non-specialists and from the other partial prosecutions. It is to be mentioned that, in 2016, the Public Prosecution established a partial prosecution specialized in protecting the family from violence under the name "Family Protection Unit" as part of the process of developing prevention and protection measures provided to Palestinian families, especially women and children.

The unified procedures manual was based on international human rights conventions, particularly: The Universal Declaration on the Elimination of Violence against Women 1997, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979, and Model Strategies and Practical Measures to Eliminate Violence against Women in the Field of Crime Prevention and Criminal Justice 1997. Since violence against women constitutes a grave violation of human rights and women's inherent dignity, and since it has repercussions on the well-being of women and their families, the establishment of this manual points to a modern aspiration of the Public Prosecution towards women's issues and rights.

⁴¹ MoWA, The Strategic Plan to Combat Violence against Women (2011-2019), available at: <https://bit.ly/33zHEjP>

Although the manual has clarified the competencies of the Prosecution for the protection of the family from violence in the text of Article (02) of it, which includes investigation, prosecution of the accused, pleading, appeal and follow-up of the execution of sentences in all crimes committed within the family, including crimes committed against women, children, the elderly, and people with disabilities. Also, the cases of sexual abuse committed against women and children outside the family, death cases in mysterious circumstances, including suicide and attempted suicide for women, girls and children, as well as threats and extortion against women through all means of telecommunications – wire or wireless, and electronics. It also includes crimes committed by women in cases of adultery, prostitution, incest, and corruption of the marital bond, and the follow-up of cases related to children of unknown parentage and children born out of wedlock. All this is in order to make the work of the Family Protection Prosecution comprehensive, considering the interrelationship of SGBV crimes. However, these competencies were modified later in the year 2020, to revoke the competencies of crimes against women and children outside the family framework from them. This has returned the Public Prosecution to the local and specialized social stereotype and separated it from the reality of SGBV violence against women.

Articles from (04) to (08) of the manual have clarified the responsibilities of the Public Prosecution members in coordinating and integrating work with partners, especially with the Family and Juvenile Protection Unit in the Palestinian Police, the Ministry of Social Development (MoSD) and Social Protection Counsellors, and protection centers (safe houses). In addition to the intervention mechanisms between the Public Prosecution and partners, with the responsibility of the competent prosecutor before the partners, to be aware of all the interventions and services that a SGBV survivor must receive from all partners, including protection and empowerment mechanisms, so that the beneficiary of those services can be safe.

The manual also focused on the need to periodically review the interventions and procedures contained therein; to ensure the development of work procedures as one of the responsibilities of the Family Protection Prosecution. It is a necessary procedure to ensure the effectiveness and efficacy of interventions in protecting the abused woman, and not to stalemate in the face of societal developments and changes.

Non-governmental organizations⁴²

Various governmental and non-governmental organizations in collaboration with the MoWA and with the support of the United Nations Population Fund (UNFPA), prepared the " Unified procedures manual for the NRS for women SGBV survivors" in 2017; to ensure the development of coordination, networking, and integration of work process. It has also identified roles and responsibilities, and joint work procedures, as well as defining the follow-up and supervision mechanisms, and managing information on cases of SGBV. However, the manual still needs to be approved by the Palestinian

⁴² MoWA, The Strategic Plan to Combat Violence against Women (2011-2019), available at: <https://bit.ly/33zHEjP>

Council of Ministers, to be adopted by the governmental organizations as a work reference, and for the coordination with the relevant non-governmental organizations.

As mentioned by one of the directors at the MoSD *“the lack of integration in fieldwork still exists, and sometimes the work comes as a reaction to certain issues. For example, the Palestinian police ceased signing on the extradition or evacuation of survivors of the Valley of Fire (Wadi Al-Nar) crime, although it is the primary responsibility of the police to guarantee the survivors security, and public security in general, which led the MoSD to release the survivors without the signature of the Palestinian police on the form”*.

Sharia judiciary⁴³

The Sharia judiciary, through the Personal Status Prosecution and the Family Guidance and Reform Department, provides legal counseling services related to the Personal Status Law. It attempts to deal with marital disputes, provide opportunities for reconciliation, and assist women in aspects related to “discord and conflict/ divorce” proceedings that are based on violence. The Sharia judiciary receives cases, either directly when the victim arrives to request service or file a lawsuit, or through referring her by one of the official partners or from civil society institutions. In cases of danger to the victim of violence, the Sharia judiciary is supposed to inform the Family Protection Unit in the Palestinian Police, while in the absence of danger, SGBV survivors are supposed to be referred to the MoSD to receive the services of the Referral System. However, there is no clear legislative reference for the Sharia judiciary work in this field, which makes coordination and integration procedures unclear on the ground.

Ministry of Women’s Affairs⁴⁴

Despite the importance of the role of the MoWA in the adoption of national policies to combat violence against women and strengthening the effective role of the government to combat SGBV and protect women and girls SGBV survivors, the NRS did not mention the ministry’s role, including its role in coordinating, and developing work integration plans among partners. In addition, the MoWA is responsible for supervising the application of the National Transfer System, in cooperation with the national team to follow up on the implementation of the system. Due to the absence of a clear role for the Ministry in the Referral System, the Ministry receives complaints from women and girls SGBV survivors and refers them to the various sectors included in the system.

Respecting the rights of women with disabilities⁴⁵

The measures of prevention, response, and protection in combating SGBV against women with disabilities are very weak and highly limited in dealing with their issues. Workers in all sectors (health,

⁴³ Ibid

⁴⁴ Ibid

⁴⁵ Miftah, 2019, Analytical Study on the National Referral System: Challenges and Gaps, available at: http://www.miftah.org/Publications/Books/Rapid_Assessment_of_the_National_Referral_System_implementation_challenges_and_gaps.pdf

social, and police), or providers of psychosocial support services and economic empowerment are still do not fully deal with women and girls SGBV survivors with disabilities or fulfill their needs. Additionally, the protection centers (safe houses) are not prepared (infrastructure) to receive women with disabilities and meet their needs. Moreover, women's institutions, working in this field, face difficulties and challenges in integrating women with disabilities into their programs to benefit from the services they provide. They also are unable to include these women in the service path stipulated in the NRS.

Providers of intervention and referral services for women SGBV survivors have unclear understanding of the sensitivity of dealing with women and girls SGBV survivors with disabilities. They also do not have adequate knowledge of the concepts and characteristics of disability, in addition to a lack of familiarity with the forms and types of SGBV that women and girls with disabilities are exposed to. Providers of services don't know how to act and communicate when receiving or providing services to women and girls SGBV survivors with disabilities, nor understanding moral and material communication barriers that prevent these women from explaining their cases and the services and support they wish to access.

Potential accessibility constraints and challenges of joining the system (access)

Access to NRS services and other SGBV services are impacted by a number of interrelated factors including the capacities of the service providers at the government and non-government levels. An expert from the West Bank argues that *"there is a limited number of qualified social workers/ counselors distributed in eleven governorates, with varying levels of knowledge and capacity in relation to the services provided in the referral system. The counselors, whether in the Ministry of Health or Ministry of Social Development, are preoccupied with many other issues, leaving them little space to on SGBV."* This is in addition to the prevailing local culture that makes women and girls SGBV survivors afraid to resort to the police (the competent authority to enforce the law within the system), especially if those women and girls SGBV survivors have committed behaviors that are in conflict with the law while they are within the cycle of violence. All of these are negative influences and actual constraints to women's access to the protection part included in the Referral System.

In addition, the system of centers for the protection of women and girls SGBV survivors No. (09) of 2011, on which the referral system is based, deprives six categories of women and girls SGBV survivors of accessing these centers, and thus constitute real obstacles to their involvement in the protection path and the services contained therein. The mentioned categories are related to the following issues: 1) conflict with the law cases, such as abortion or extramarital pregnancy, 2) drug addiction cases, 3) cases of prostitution during litigation and before conviction, 4) mental/ intellectual disabilities, 5) severe psychological disabilities, 6) collaboration with the occupation. Civil society institutions, together with the Public Prosecutor, are trying to create protections for the cases of conflict with the law (abortion or extramarital pregnancy). However, none of the proposals for the establishment of a specialized rehabilitation protection home for women and girls SGBV survivors, who are affected by cases of addiction and prostitution, which ensures that these women could have access to the services

of the Referral System have been seriously discussed. The societal stigmatization of these women groups usually dominates the discussion of these proposals.

Analysis of the Mapping

The prevailing local culture in helping the vulnerable or weak groups is still based on social concepts such as sympathy, compassion and charity, and not in terms of human rights. This means women and girls SGBV survivors have rights that they must obtain on an equal basis and with dignity, to guarantee that they do not remain subjected to discrimination and repetitive violence, and thus have their full rights, and that service providers are the duty bearers to present these rights in clear and predetermined ethical values. In this context, one expert, confirms that through her fieldwork with the governmental and non-governmental relevant parties, and through her observations, the culture of service provision still comes in the context of sympathy. In addition, service providers from official institutions may be asked to abuse their powers and impose services or facts on the beneficiary victim without exercising her right to self-determination. The following sections provide an analysis of the existing services in the West Bank and Gaza Strip based on the “Haya GBV Service Directory” which is updated by the UN Women (UNW) in 2020⁴⁶, and based on the Manual of Active Organizations to combat GBV against women which is developed by MIFTAH in 2015⁴⁷. Table (7) below presents a mapping and analysis of existing services, their type and geographic distribution, while maps (1) and (2) provide an overview on the current service in each governorate, the total number of organizations, governmental, NGO, and private organizations, in addition to the most and the least covered type of services.

Services Coverage

This section describes the geographical coverage gaps in terms of (1) the diversity of the services provided by the governmental and non-governmental organizations, (2) the diversity of the target groups, (3) the coverage of the NRS, (4) and the ratio of the active organizations in relation to the number of population in each governorate. The analysis shows that around 319 organizations provide services for women, children and SGBV survivors, of them 91 are governmental, 224 are civil, local, or international non-governmental institutions, and 4 are private. The majority of these organizations are multi-service providers.

Type of services

- In general, most of the services provided and covered by the various governmental and non-governmental organizations are psychological, mental, social and economic empowerment services, while security and protection services (shelters, safe houses, etc.) are not adequately covered, this is noticed in all the governorates in the West Bank and the Gaza Strip.

⁴⁶ Haya program is a five-year joint program funded by the government of Canada and implemented by UNFPA, UN-Habitat, UNODC, in partnership with the MoWA and MoSD and other CSOs.

⁴⁷ <http://www.miftah.org/Publications/Books/GuideViolenceAgainstWomenOrganizations.pdf>

- In Jerusalem, it is clear that there is insufficient legal, security and protection services, which may be due to the lack of the Palestinian Authority in these areas, while in Bethlehem, Nablus, Qalqilya, and Tubas there is a gap only in the security and protection services, this is also observed in the Gaza Strip, since there is only one shelter/ safe house that serve women victims and SGBV survivors.
- In regards to the awareness and advocacy campaigns and services, there is no clear evidence in the UNW or MIFTAH manuals on how many and which organizations provide awareness services and activities, however, the analysis of the desk review shows that most of the organizations regardless of their scope of work; conduct awareness and advocacy campaigns, trying to target most of the community members, this is usually implemented as part of their mission, vision, values and their social responsibility toward the community.
- Number of populations per institution/ organization; this indicator provides an overview on whether the distribution and the number of organizations in each governorate is sufficient to meet the needs of the beneficiaries or not. The results show that in the Gaza Strip there is a compelling need for additional specialized organizations since each organization serves on average around 64,666 citizens. As for the West Bank, Hebron has the highest value, followed by Jerusalem, Tulkarem, and Jenin, whereas, Jericho, and Ramallah have the lowest.

Target Group

- The main target group of women's organizations are women, women who experienced SGBV, and SGBV survivors; as noticed, these target clusters are fully covered by the majority of the organizations. Children, youth and adolescents (boys and girls under 18 years) are also well-targeted in most of the governorates.
- Regarding the refugees, there is a lack in the organizations that provide services for refugees in specific, especially in Jerusalem, Salfeet, Tulkarem, Qalqilya, Tubas and the Gaza Strip (this might be due to the refugees: non-refugees ration and the number of camps in each governorate), noteworthy, there are many organizations that provide services for all the community members that might include the refugees.
- The results show that there are significant absenteeism rates in targeting decision-makers and stakeholders, as they are targeted only in Ramallah and Jerusalem.
- As for PwD and WwD in particular, there is still inadequate inclusion for this category in the system of organizations that provide SGBV services, this is particularly noticed in Ramallah, Jericho, Salfeet, Tulkarem and the Gaza Strip. Furthermore, safe houses and shelters are not customized and adapted to accommodate WwD needs in terms of infrastructure and facilities.

NRS

- The services provided on the basis of the NRS cover the eleven governorates of West Bank only, and there has been no coverage of the Gaza Strip since its issuance.
- As concluded from table (7), 47.3% of the organizations are not included in the NRS, of which 35.2% are governmental organizations and 53.1% are non-governmental organizations.

- At the governorate level, 65.7% of the organizations in Jerusalem are not included in the NRS, which is ranked as the highest, followed by Jenin (62%), and Salfeet (60%), while in Bethlehem, only 32.4% of the organizations are not included in the NRS, which is ranked as the lowest.
- As stated in MIFTAH's manual, UNRWA centers and offices in the West Bank governorates that provide services for women and SGBV survivors are not included in the NRS, however, they have adjusted and tweaked the NRS guidelines to coincide with their internal system and policies.

SOPs

- None of the governmental, private, or non-governmental organizations in the Gaza Strip are included in the NRS.
- The primary SGBV-related NGOs and CSOs in the Gaza Strip, voluntarily and to varying extent, utilize SOPs to deal with SGBV cases and to combat violence against women, although it has not been ratified yet by the governmental actors.
- The SOPs manual has been adapted and adjusted to be used by people with visual and hearing impairment and who work in organizations that provide SGBV services.

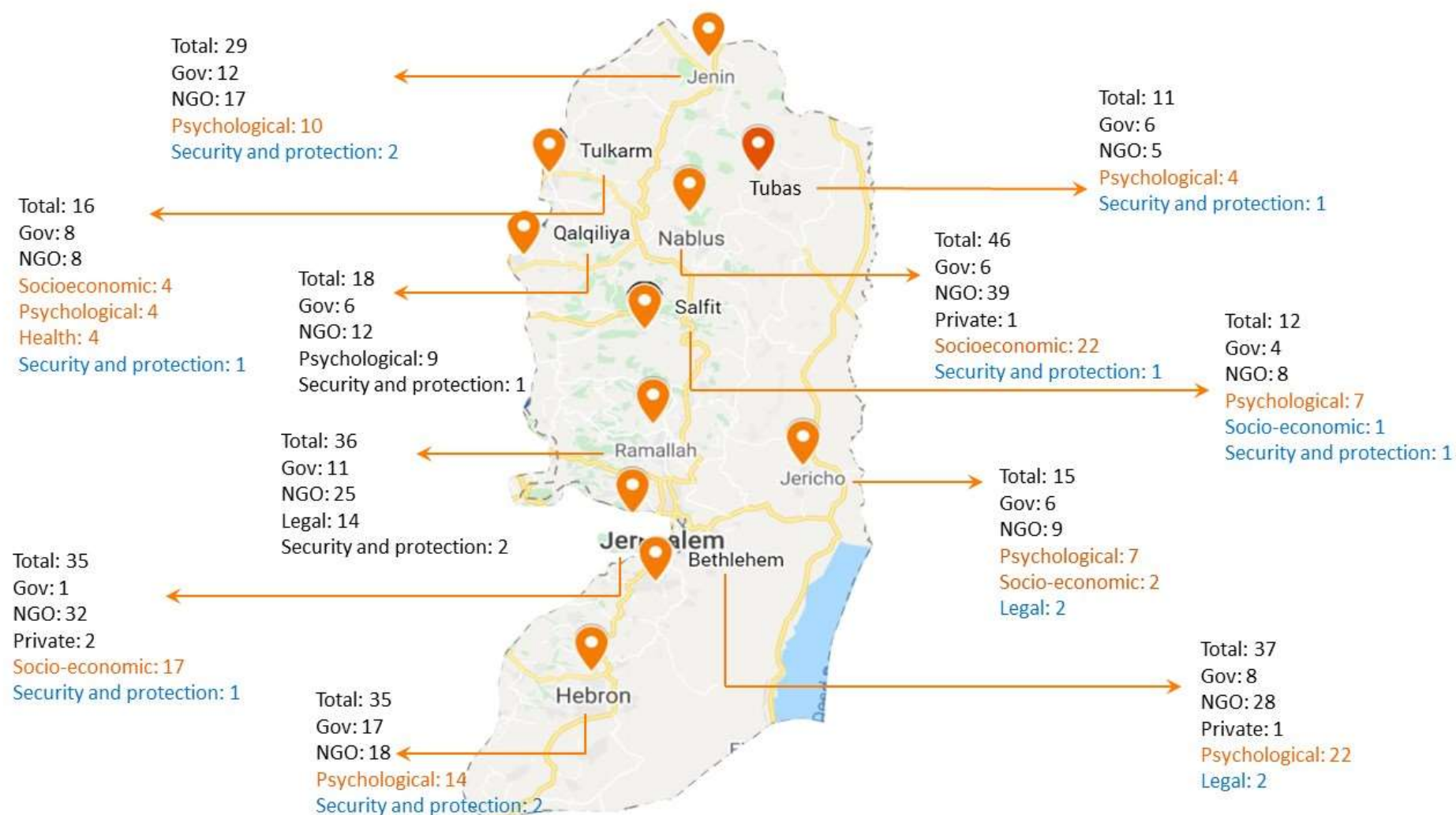
Table 7: Analysis of the exiting services and mapping⁴⁸

	Governorate	Hebron	Bethlehem	Jerusalem	Ramallah	Jericho	Salfit	Nablus	Tulkarem	Qalqilya	Jenin	Tubas	Gaza Strip	Total
Type of organization	Total	35	37	35	36	15	12	46	16	18	29	11	29	319
	Gov. institutions	17	8	1	11	6	4	6	8	6	6	6	12	91
		48.6%	21.6%	2.9%	30.6%	40%	33.3%	13%	50%	33.3%	20.7%	54.5%	41.4%	28.5%
	NGO/ INGO	18	28	32	25	9	8	39	8	12	23	5	17	224
		51.4%	75.7%	91.4%	69.4%	60%	66.7%	84.8%	50%	66.7%	79.3%	45.5%	58.6%	70.2%
	Private	-	1	2	-	-	-	1	-	-	-	-	-	4
		-	2.7%	5.7%	-	-	-	2.2%	-	-	-	-	-	1.3%
Type of service (#)	Socio-economic	5	9	17	12	2	1	22	4	5	9	1	8	95
	Psychological	14	22	11	7	7	7	18	4	9	10	4	19	132
	Health	8	9	9	7	5	3	9	4	5	6	3	8	76
	Legal	8	2	10	14	2	1	6	3	3	5	3	12	69
	Security & protection	2	4	1	2	4	2	2	3	1	2	1	1	25
Target group (#)	Women, girls and survivors	33	38	35	34	15	12	33	10	21	29	11	22	-
	Children & youth	11	8	14	9	3	3	10	4	10	7	5	5	-
	Local community	3	2	13	12	4	-	16	5	2	2	-	4	-
	WwD and PwD	11	5	6	1	1	1	5	1	10	8	4	1	-
	Refugees	1	3	-	1	2	-	4	-	-	2	-	-	-
	Decision-makers	-	-	1	1	-	-	-	-	-	-	-	-	-
Not included in the NRS	Total	16	12	23	20	9	7	26	8	8	18	4	0	151
		45.7%	32.4%	65.7%	55.6%	60%	58.3%	56.5%	50%	44.4%	62%	36.4%	0%	47.3%
	Gov	7	3	0	5	3	1	3	2	2	4	2	0	32
		41.2%	37.5%	0	45.5%	50%	25%	50%	25%	33.3%	66.7%	33.3%	0	35.2%
	NGO	9	9	23	15	6	6	23	6	6	14	2	0	119
		50%	32%	71.9%	60%	66.7%	75%	58.9%	75%	50%	60.9%	40%	0	53.1%
	Private	-	-	-	-	-	-	-	-	-	-	-	-	-
Ratio	Population ⁴⁹	707,017	215,047	415,040	322,193	50,002	73,756	387,240	183,205	108,234	308,618	60,186	1,875,317	-
	# of population/institution	20,200	5,812	11,858	8,950	3,333	6,146	8,418	11,450	6,013	10,642	5,472	64,666	-

⁴⁸ Please note that these numbers are approximate, and are calculated based on the UNW and MIFTAH manuals in addition to the qualitative analysis from the desk review.

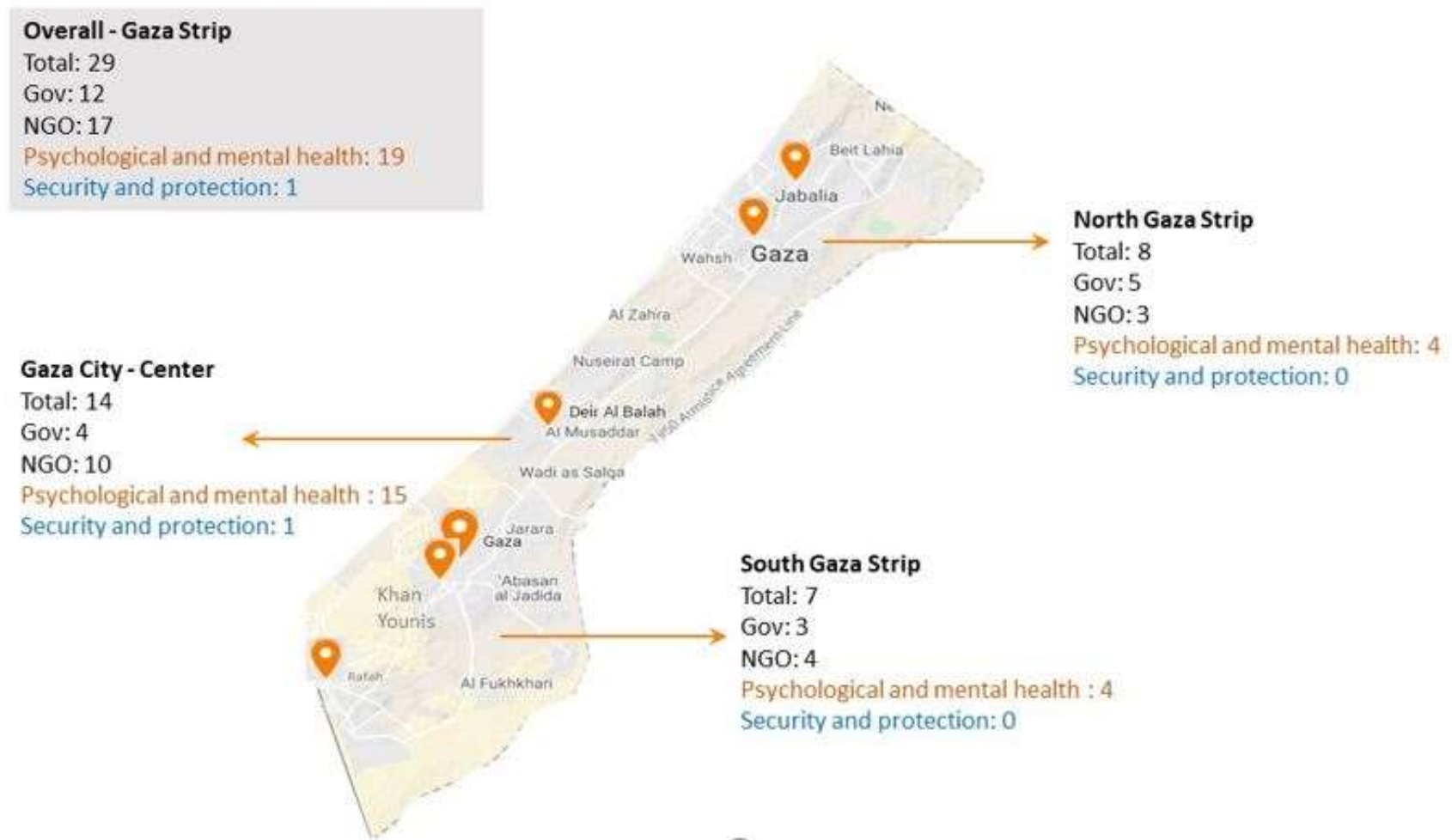
⁴⁹ <https://www.pcbs.gov.ps/Downloads/book2425.pdf>

Map 1: The West Bank Map with existing SGBV services in each governorate⁵⁰



⁵⁰ Total: refers to the total number of existing organizations that provide SGBV services, including NGOs and Government institutions. | Orange: the most covered services, blue: the least covered services.

Map 2: Gaza Strip Map with existing services in the north, south and center⁵¹



⁵¹ Total: total number of existing organizations that provide SGBV services, including NGO and Gov institutions. | Orange: the most covered services, blue: the least covered services.

CSOS PERCEPTION TOWARDS NRS, SOPS AND SGBV SERVICES

The prevailing local culture in helping the vulnerable or weak groups is still based on social concepts such as sympathy, compassion and charity, and not in terms of human rights. This means women and girls SGBV survivors have rights that they must obtain on an equal basis and with dignity, to guarantee that they do not remain subjected to discrimination and repetitive violence, and thus have their full rights, and that service providers are the duty bearers to present these rights in clear and predetermined ethical values. In the same context, a key informant specialized in women's legal rights, confirms that through her fieldwork with the governmental and non-governmental relevant parties, and through her observations, the culture of service provision still comes in the context of sympathy. In addition, service providers from official institutions may be asked to abuse their powers and impose services or facts on the beneficiary victim without exercising her right to self-determination.

Furthermore, the measures of prevention, response, and protection in combating SGBV against women with disabilities are highly limited in dealing with their issues. First of all, workers in all sectors (health, social, and police), and services providers are still unable to deal with women and girls with disabilities who experienced SGBV. Secondly, safe houses are not suitable or prepared to receive women with disabilities and meet their needs. Thirdly, women's institutions, working in this field, face difficulties and challenges in integrating women with disabilities into their programs to benefit from the services they provide, this also may be due to lack of financial support, and poor infrastructure, moreover, they are unable to include these women in the service path stipulated in the NRS. Finally, institutions working in the field of disability are still facing difficulties in employing prevention, response, and protection measures to combat SGBV against women with disabilities⁵². According to a key informant, there are only two safe houses for women with disabilities. She explained that the pandemic has made them even more vulnerable. She, further clarified:

“During the pandemic, all women with disabilities were released and sent home after being away for years. Their homes weren't prepared, and their parents did not know how to deal with them. After the lockdowns ended, and parents wanted to send their children back to the safe houses, the safe houses imposed high fees on the parents.” (KI, Female, WB)

Providers of intervention and referral services for women SGBV survivors miss a clear understanding of the sensitivity of dealing with women and girls SGBV survivors with disabilities. They also suffer from the lack of comprehensive knowledge of the concepts and characteristics of disability, in addition to a lack of familiarity with the forms of SGBV that women and girls with disabilities are exposed to, and its types and cultural contexts in Palestinian society. They also lack knowledge of the reality experienced by women and girls with disabilities, and the problems and challenges they face. Providers of services

⁵² A guide for providers of response and prevention services for women with disabilities who are survivors of GBV, prepared by the Stars of Hope Association to empower women with disabilities in cooperation with the Social and Economic Policies Observatory – Al-Marsad, 2021.

don't know how to act and communicate when receiving or providing services to women and girls SGBV survivors with disabilities, nor understanding moral and material communication barriers that prevent these women from explaining their cases and the services and support they wish to access⁵³. For instance, one of the interviewees explained that courts do not usually have sign language interpreter. This gives space for the perpetrator to mislead the judge by misinterpreting what the women with speech and hearing disability said for their own sake. Moreover, a participant stated:

"The NRS has no reference of women and girls with disability. It mentioned women and girls SGBV survivors in its general term. This leaves space for WROs and safe houses to interpret as they please. Until now, they refer to the Palestinian Council of Ministries Resolution No. (9) for the year 2011 regarding system of women SGBV survivors' safe hours. This resolution clearly does not include women and girls with mental disabilities or severe movement disability." (KI, Female, WB)

Moreover, the services provided on the basis of the NRS still cover the eleven governorates of West Bank only, and there has been no coverage of the five governorates of Gaza Strip since its issuance. In the Gaza Strip, the CSOs and women organizations use the SOPs manual to manage the SGBV cases, however, this manual has not been ratified yet by any of governmental actor. A CSO representative in Gaza shared: *"the NRS exist as a system at an institutional level, but it did not reach women and girls at the grassroots. It is also not easily accessible in marginalized areas"*. Another representative said: *"there is only one clinic in Rafah that adopts the NRS. How can they possibly accommodate for the 15,000 women in the city?"*

Concerning the eleven governorates of West Bank, a key informant working in the government stated: *"based on many recommendations to coordinate fieldwork and ensure optimal implementation of the services stipulated in the NRS, the first protection network was formed in Tulkarem Governorate in 2015"*. Protection networks of service providers in the sectors are included in the NRS, in addition to other governmental and non-governmental institutions that are not included in the system. Geographical protection networks have contributed to the coordination of action and efforts, but without spline or clear strategies. Accordingly, similar networks were established in the governorates of: Tubas, Hebron, Jericho and Qalqilya, respectively. This reflects the weakness of services provided to women and girls SGBV survivors in the other six governorates, which requires developing a clear coordination and integration strategy, from which emanate geographical work plans in each governorate, for all partners to ensure comprehensive geographical coverage of all governorates of West Bank.

Same as for the SOPs, it is well noticed that all of the CSOs and NGOs in the Gaza Strip agreed to adopt and use the SOP manual to manage and deal with SGBV cases, nonetheless, there is still a substantial

⁵³ A guide for providers of response and prevention services for women with disabilities who are survivors of GBV, prepared by the Stars of Hope Association to empower women with disabilities in cooperation with the Social and Economic Policies Observatory – Al-Marsad, 2021.

need for better coordination with relevant governmental institutions and other non-governmental institutions and a clear strategy to be followed by all the organizations that provide GBV/SGBV services, this is in order to enhance the quality of provided services. Below are the major points figured out through the analysis.

First, most of the key informants and CSOs representatives agreed that the implementation of the NRS and SOPs is inadequate. Discussions with CSO representatives conforms with women SGBV survivors' opinions. All CSOs representatives and key informants stressed that the implementation of the NRS and SOPs is inadequate. In reference to participants, the legal system is male-dominated spaces, where patriarchal ideology still prevails. For instance, one of the participants shared: *"The police are inclined to refer SGBV cases to tribal law and keep them away from the official justice system"*.

Other reasons include high bureaucratic systems as well as lack of coordination among relevant stakeholders. Participants stressed that entities, ministries and organizations involved in the NRS constantly fight on who has the primary lead on different SGBV issues. This leads to unilateral decisions and exclusion of crucial parties from decision making process. Similarly, and as mentioned above, the SOP manual is still need to be ratified and integrated with the NRS, worth mentioning that the organizations who use the SOPs in the Gaza Strip are committed to apply the SOPs.

For instance, one participant said: *"There is limited security and confidentiality for the women who seek services. We exert significant efforts with the staff of service providers to ensure the SGBV survivors' protection and confidentiality"*. Additionally, referring to the SGBV survivor with Down Syndrome case, mentioned earlier, the key informant who led this case said:

"After the woman gave birth, the mother withdrew the legal complaint against her son. The judge ruled to release the perpetrator without referring to us. We learnt by coincidence. We are unable to protect women when there is no coordination among the different stakeholders, and unilateral decision are taken. Right now, the woman could be subjected to violence, but we are unable to do anything." (KI, Female GS)

Additionally, another key informant working in the governmental sector shared a story of a woman who was publicly killed, when the leading entity clearly advised that she should leave the safe house. The participant clarified:

"They released her from the safe house without referring to us, and without any clear risk assessment mechanism. As a result, the woman was stopped in the middle of the street and was killed by her brother on the same day. Her brother fled to Jerusalem, so the Palestinian police cannot arrest him. There is even a big possibility that he is back to the West Bank, mingled among the community as he justified his killing with 'protecting his honor'. He wasn't held accountable and will not. The case is closed." (KI, Female, WB)

Participants also mentioned that there is a lack of legislations that clearly criminalizing SGBV. Legal punishments of men are lenient. For instance, a WRO representative clarified:

“A woman filed a legal complaint against her husband for hitting her with hot iron, because she did not iron his shirt well. As a result, her husband was imprisoned for one day only. If a person who practices such brutality against a woman is only imprisoned for one day, how can you ever combat violence?” (KI, Female, GS)

Second, the NRS and SOPs are not inclusive, and does not include all the different needs of the different groups of women and girls, for instance safe houses exclude women and girls with disabilities, unmarried girls under 18 years old, along with women and girls who were forced into prostitution, drugs or other illegal activities.

This is very dangerous, and further marginalizes groups that are already among the most vulnerable to SGBV, with no clear path of how to support them. For instance, a key informant shared:

“There are always root causes behind women’s involvement with illegal activities. It is unjust to exclude them. They should be mentioned in the NRS with clear referral mechanism. They can be transferred to the reform and rehabilitation center, with clear plan for re-integration and SGBV services once released.” (KI, male, WB)

He also mentioned that excluding girls under 18 years old is a form of violence imposed on girls, particularly on girls with disabilities. He explained: *“safe houses refuse to admit girls under 18 years old. This leaves us with only one option to protect them, and it is to put them at the reform and rehabilitation centers for juveniles who committed felonies”.*

Additionally, a participant stressed that it is required to have clear clauses in the NRS on supporting mechanisms and transfer procedures targeting women and girls with disabilities. She also stressed that all facilities, organizations, and SGBV clinics need to be inclusive at all levels. This will require additional funding, and intensive capacity building programs.

Third, NRS and the SOPs are not proactive systems. The systems respond to complaints filed mostly by the actors that are included in the NRS in the West Bank and by the organizations that use the SOPs in the Gaza Strip. It does not have a mechanism to reach households to identify women and girls who are subjected to violence. A key informant working in a CSO in Gaza explained: *“organizations do not have a database that enables the psychologist or researcher to conduct periodic home visits to SGBV survivors, learn about their experiences, and identify their needs”.*

As mentioned before, such lack of proactivity marginalizes women and girls with disabilities who in some cases are imprisoned by their families and are isolated from the society. These groups cannot access any of the SGBV services, or file complaints about violence that they are subjected to.

Fourth, the NRS relies heavily on available funding, without adequate funding, the NRS is unable to respond to the needs of women and girls with disabilities, neither can they provide protection for adequate amount of time. In these cases, clinics and safe houses shift the financial burden on the families who already come from very poor economic conditions. Regarding the SOPs, there is also lack of adequate fund and awareness among the community members and employees who work in organizations that provide GBV services, this makes it incapable to fulfill the needs of women survivors.

Fifth, the SOPs manual is still a draft and needs to be ratified and legislated. One of the experts in the Gaza Strip said: *“There is a substantial need for coordination and cooperation between the ministries, CSOs, NGOs and INGOs in the Gaza Strip and the West Bank; to unify the NRS and SOPs in one national manual in order to improve the situation of women and girls who experienced SGBV”*.

Sixth, community members are unfamiliar with the NRS and SOPs. According to participants, the NRS and SOPs do not reach the grassroot level, and restrictively operates at an institutional level. Some participants indicated that lack of community awareness about the NRS, SOPs and the other SGBV services is concerning. They clarified that such unawareness robs women from their right to self-determination, and intentionally, or unintentionally, gives the decision maker power to WROs, CSOs, safe houses, SGBV clinics without any consideration of the SGBV survivor’s desires.

CSOS PERCEPTION TOWARDS AWARENESS RAISING ACTIVITIES

Most participants believed that awareness raising activities are insufficient and inadequate. They stressed that awareness raising should be comprehensive tackling different parameters at the different levels (household, community and institutional). Furthermore, some of the participants reported that awareness activities and campaigns do not target all the community members and genders, and do not cover all the different aspects of SGBV, women’s rights, and available SGBV services. On the other hand, many key experts emphasized the importance of advocacy campaigns that target decision makers, influencers, activists and relevant stakeholders in order to make a change in the current policies and laws, and to eliminate this issue from roots. Below are some ideas that participants and key experts shared from their experience in this field:

First, participants believe that awareness campaigns should target all genders, and all the community members including children, adolescents, youth, people with disabilities, and the marginalized groups. Some participants indicated that special awareness programs should target mothers as they have the responsibility of raising the upcoming generation. One of the participants in the CSOs FGDs said: *“Our awareness campaigns and activities usually do not make a change, neither on the community level nor on the legal level”*.

Second, community members and women activists should be leveraged as they have influence over other women in their communities. Awareness campaign should be designed in a bottom-up approach. One of the participants in the CSOs FGDs in Gaza Strip said: *“A successful campaign needs a cooperation*

between community members, decision makers and other activists, in order to make a change in the community – partnership approach”.

Third, awareness campaigns should also target the decision makers, influencers, and relevant stakeholders, in order to advocate for changes and improvements on the policies and legal level and to combat the SGBV phenomena.

Fourth, awareness campaigns should cover different parameters, some of which are, SGBV in general, women’s rights, available SGBV services and ways to access them, pathways in the NRS and SOPs, community’s responsibility to report violence to shift the burden from SGBV survivors, and finally importance of the different SGBV services and interventions, particularly psychological support.

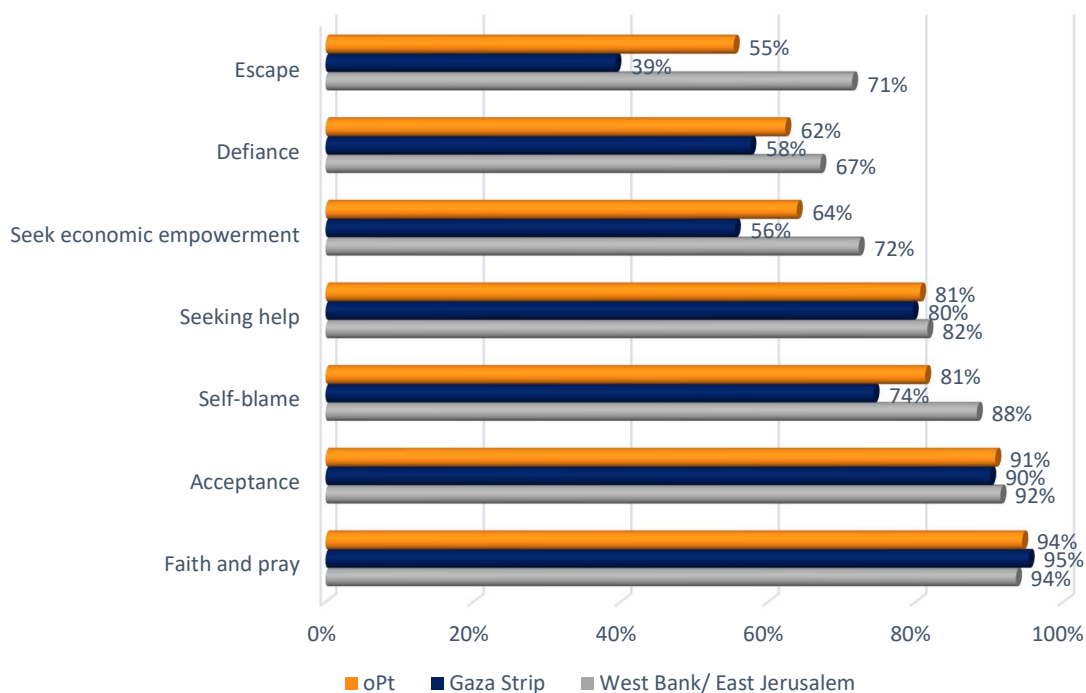
COPING STRATEGIES AND CHALLENGES

COPING STRATEGIES OF SGBV SURVIVORS

According to FGDs and interviews participants, the environment of women they live in, the level of family support, economic dependency, vulnerability and presence of children, and the fear of social stigma, play a major role in the way women SGBV survivors cope with their violent realities. Nevertheless, most participants believe that women tend to accept their violent realities and their situations, trying to disguise under societal concepts such as: *“you should tolerate your husband”, “your husband has the primary say over your life, he is the man”, “he is a good man, but the circumstances are difficult”,* among many other justifications, that participants believe to be driven from the deeply embedded patriarchal society.

Survey findings conform with FGD and interviews. Figure 10 shows that 94% and 91% of the survey participants believe that women SGBV survivors seek faith and prayer or acceptance respectively, this is due to the pervasive beliefs and cultures among the Palestinians, and the fear of social stigma, injustice and inequality if they get legal or social support.

Figure 10: Which mechanisms do women use to cope with SGBV? Disaggregation by region



A participant elaborated: “most women who seek SGBV services are those who are subjected to high levels of violence that could lead to their death. In all other cases, women prefer to reach settlements and keep the ‘problems’ between the family”. Another participant clarified: “whoever is subjected to violence tries to hide it in any way possible in an attempt to preserve their reputation and avoid any look of pity from the community”. Therefore, it becomes crucial to develop a proactive NRS to identify women and girls SGBV, even if they didn’t report, accompanied by intensive awareness campaigns. Despite women and girls SGBV survivors’ tendency to accept their realities, approximately 83% of survey participants believe that SGBV survivors should report the perpetrators (refer to figure 11 below). However, 67% of survey participants indicated that they would report a case of SGBV if they witnessed it (refer to figure 12).

Figure 11: View of the statement (SGBV survivors should report the perpetrator)

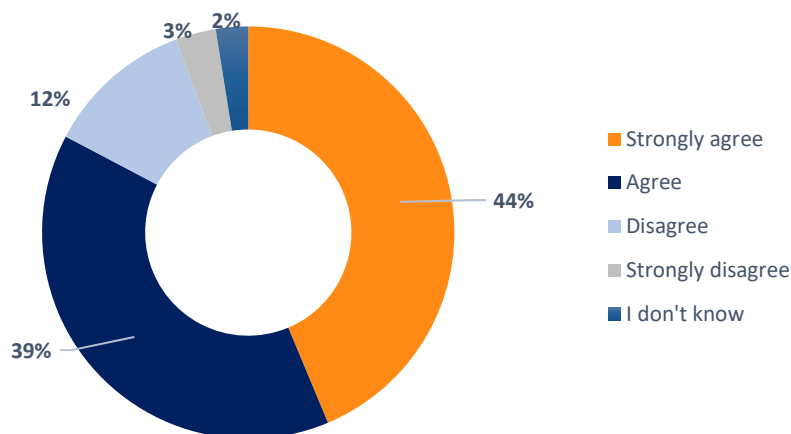
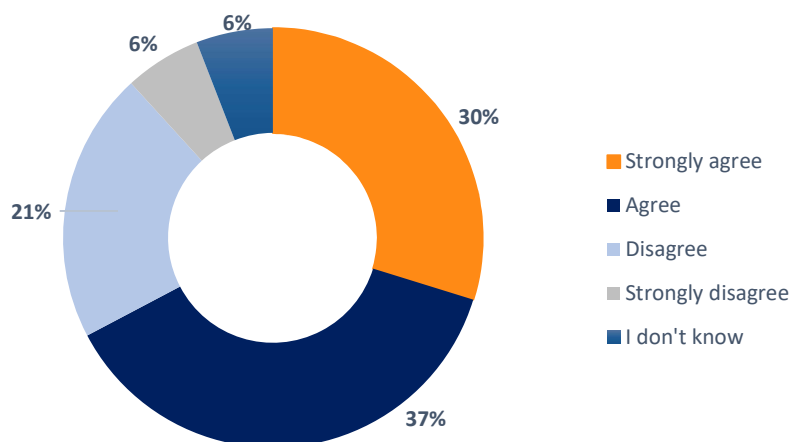


Figure 12: If I witness a case of SGBV, I will report it



Although statistics between Figure 11 and Figure 12 are not largely different, yet this small difference (16%) in people's perception towards who's responsible for reporting reflects a tendency of putting the burden on SGBV survivors themselves to get out of their realities, when they are in a more sensitive and vulnerable positions. One of the participants explained:

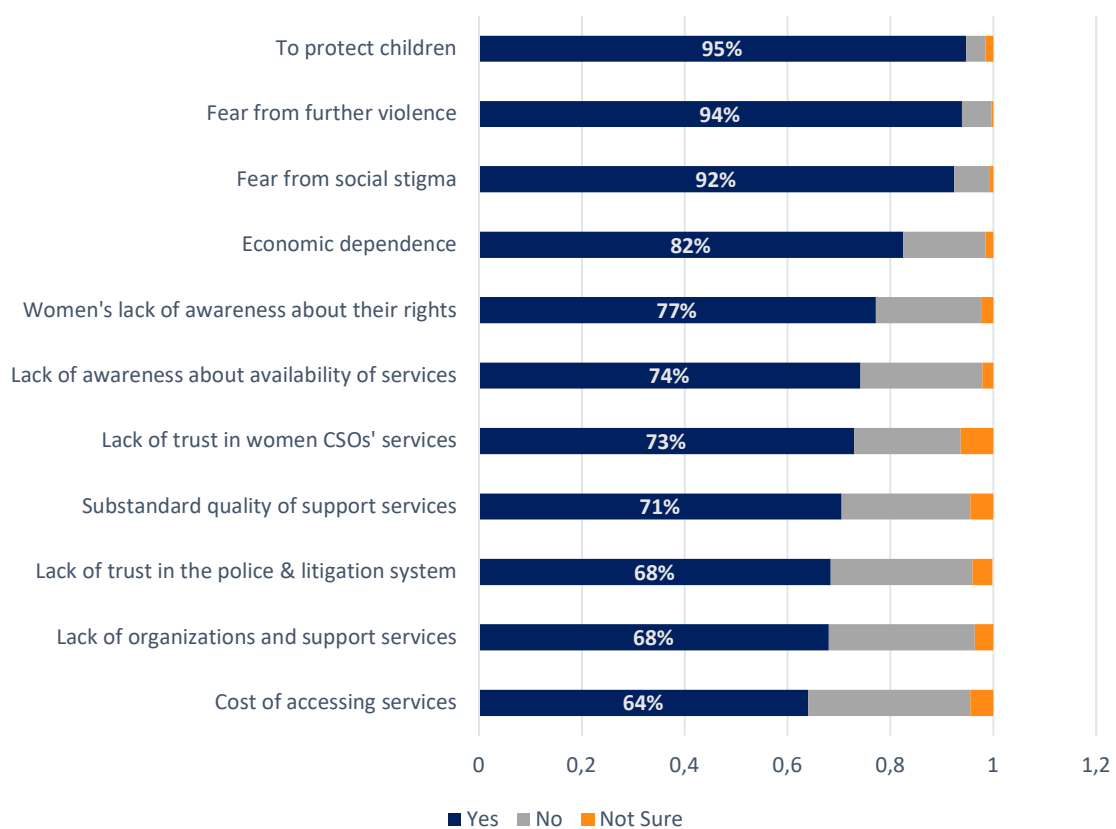
"We cannot expect women and girls SGBV survivors to always take the lead in reporting. They are leading a violent and very difficult life, and they are often afraid from aggravated violence. The surrounding community should have a sense of responsibility towards SGBV. This is a society's issue and not an individual one." (Female, GS)

Many other participants, women SGBV survivors and CSO representatives alike emphasized that most women do not report in fear of aggravated violence. Some also mentioned that participants lack trust in SGBV services. The next section will further explore community's perception in relation to safely accessing the NRS and SGBV services.

SAFE ACCESS TO SGBV SERVICES AND REFERRAL SYSTEM

In reference to Figure 13, survey participants believe that women avoid seeking help either to protect their children, fear from further violence, or fear from social stigma; 95%, 94% and 92% respectively.

Figure 13: What reasons discourage SGBV survivors from seeking help? (Ranked by degree of importance)



During the FGD, many participants stressed that women do not seek any help in order to protect their children. Also, many emphasized that parents of women SGBV survivors play a major role in women's decision. For instance, in some cases parents refuse to host their daughter's children to avoid any financial burdens and to avoid social stigma. Such behavior forces women to stay with their husbands and continue to be subjected to violence.

CHAPTER 4: REFLECTIONS AND RECOMMENDATIONS

CONCLUDING REFLECTIONS

Most of the participants perceive SGBV as a widespread and invasive phenomenon in the Palestinian society. Participants have agreed that dire economic conditions and prevailing patriarchal ideologies are among the major drivers that aggravates SGBV. Additionally, there were conflicting opinions on whether occupation exacerbates SGBV. Everyone agreed that men's violent acts cannot be justified by occupation. Nevertheless, most participants believed that occupation is the main cause of the dire economic conditions.

Moreover, SGBV is manifested in different ways in the Palestinian society. Some forms remain to be uncounted because they are socially accepted. Some of these are marital rape, economic violence, among others. Additionally, among the most vulnerable SGBV groups are those who do not have self-determination legal rights, such as women and girls with severe disabilities, and girls. Both, women and girls with disabilities and girls under the legal age require approval from their guardians to file any legal complaint. Both groups as well are excluded from SGBV services and NRS and SOPs, thus they have no choices.

There are many SGBV services available for SGBV survivors, but they remain to be restricted, and do not respond to root causes. In order to make SGBV more impactful, a NRS was ratified in 2013. Unfortunately, all representatives at WROs, CSOs and governmental entities believe that the NRS is still insufficient and requires a lot of changes. First, the implementation of the NRS and SOPs system is largely flawed, mainly due to unilateral decisions and struggle for hegemony, and due to political aspects. Particularly the legal system operates within a system of loopholes. Second, the NRS excludes the most vulnerable SGBV survivors, who require immediate attention. Third, the NRS is solely accessible to women and girls SGBV survivors who initiate to seek help or file a complaint. Fourth, ministries, organizations and safe houses lack adequate funding which prevents them from providing sufficient services, or protection for sufficient amount of time for SGBV services. Fifth, the NRS operates within an institutional level, and hasn't been integrated at a grassroots level.

Accordingly, participants believe that INGOs, ministries, WROs and CSOs should collaborate to design a comprehensive bottom-up awareness campaigns on SGBV, women's rights, laws, policies and on the available services and organizations that women and girls might benefit from. These campaigns should target all genders and the community members and should be integrated within the educational system to raise awareness on these different issues.

Finally, combating SGBV is a long struggle that requires collaboration among all involved parties. Stakeholders should be committed to creating inclusive policies rather than favoring easier procedures that could be contributing to further marginalization of the most vulnerable groups. The next section explores possible interventions at household, community and institutional levels aiming to combat SGBV in OPT.

RECOMMENDATIONS: COMBATING SGBV

Combating SGBV is a long-term struggle and commitment. Nevertheless, many multifaceted interventions can play a major role in reshaping gender relations in the Palestinians community and contribute to combating SGBV. Currently SGBV is penetrated intentionally and unintentionally within the different levels, household, community and institutional. This calls for interventions that respond to the pressing needs on the surface while simultaneously challenging and restructuring the social fabric of the Palestinian community. The following are some future actions and recommendations that can contribute to creating a safer society for all groups and genders.

COMBATING SGBV: AT INDIVIDUAL AND COMMUNITY LEVELS

- Leveraging and expanding on existing Community Based Projects. Forming committees composed of all relevant stakeholders for each community, *WRO, legal system, MoSD, Ministry of Justice, FPUJU, MoWA, community influences* and others to meet regularly and closely follow-up on individual cases of SGBV survivors.
- Include and focus on women and girls with disabilities, and develop individual and group intervention mechanisms.
- Design customized awareness campaign focusing on different parameters and target different age groups and genders. Some of which are unrecognizable forms of SGBV, reporting mechanisms, the NRS/ SOPs, available SGBV services, among others.
- Leverage community influencers, pastors, preachers, religious leaders and social media influencers and training them to take part in advocacy, SGBV identification and referral system. Integrate community influencers work as core component of the NRS and SOPs.
- Design and implement specific campaigns that targets male-dominated spaces, such as coffee shops, and others and target them for customized awareness campaigns.
- Women in some cases may face financial/ economic difficulties in reaching out CSOs or other organizations that provide services for SGBV cases, and in other cases women may be afraid to complain against the perpetrator especially if he is the household (the only source of income) in order to survive; thus, economic empowerment interventions as this ensures women's economic independence, and self-determination.
- Advocate for shifting the burden of reporting and filing complaints from SGBV survivors to community members or trained personnel and activists. Designing awareness campaigns promoting social responsibility and facilitating reporting mechanism through ensuring the presence of diversified reporting mechanisms.
- Train community members in village councils, and women societies on identification and reporting of SGBV survivors.
- Design educational programs targeted at parents and newly married on SGBV, as well as how to deliver sexual education to their children.
- Engage in all community activities that attract mass audience, such as flea markets, and others, through establishing a booth or carrying out interactive activities targeting children and adults.

- Engage SGBV survivors in developing promotional material, including designs, messaging and others through group workshops. This could be implemented as part of OXFAM's 16 days of activism, this will also ensure using the local communities' narratives and dialects in the messaging of the awareness campaigns.
- Introduce interactive mechanisms to address SGBV issues in the communities, for instance through storytelling, plays, role playing, improvisations, and others.
- Design campaigns that raises awareness about mental health and normalizes psychological support.

COMBATING SGBV: AT AN INSTITUTIONAL LEVEL

- Building the capacity of all social workers on SGBV identification, and integration of SGBV identification and referral systems within all projects of OXFAM and its partners to facilitate a proactive identification of SGBV. Carefully designing intervention mechanisms for identified SGBV survivors.
- Integrate gender education, and respecting diversity in the curriculum at all school levels, including KG. Creating interactive material embedded within all courses at school at all levels.
- Integrate mental health support in all programs implemented by OXFAM and its partners
- Ensure inclusivity in all SGBV services provided, rather than establishing separate entities to deal with women and girls with disabilities. This would require capacity building programs targeting staff at all levels, junior staff to top management, at different entities, safe houses, CSOs, governmental, schools, legal system and others. Additionally, it would also require accommodating all facilities to be able to host women and girls with disabilities; this includes infrastructural accommodation as well as human resources, such as speech and hearing interpreters.
- Increase the funding for safe houses, to ensure that protection is free and accessible to all women and girls SGBV survivors, regardless of their background or economic situation, and allocate special safe houses for women and girls with disabilities.
- Establish safe houses in different governorates, particularly close to marginalized communities to facilitate women and girls' access to protection.
- Organize periodic retreats for all staff working on women rights issues and SGBV at different entities aiming to share experiences and lessons learnt and improve collaboration among different entities.
- Invite SGBV survivors to speak at conferences to share their experiences. Ensuring the availability of translators during these conferences.
- Advocate to enact legislations that criminalizes all forms of violence. Some of these legislations include protection rights for women working in the informal economy, legislations that protects women's right during divorce, such as children's guardianships and alimony.
- Design mechanisms that enable effective implementation of court rulings, and the right actions toward perpetrators, worth mentioning that the PLC is frozen which impedes the court rulings and achieving gender equality.

- Advocate for the inclusion of people with all disabilities, including those with minor disabilities under the overall definition of people with disabilities.
- Carry out a census targeting people with disabilities, and development a regular follow-up mechanism.
- Establish a fund for women grassroot organizations and popular feminist movements.
- Introduce a mandatory research-based gender and diversity course at vocational centers and university undergraduate level.
- Lobby and advocate to enforce *public right* on all cases of violence of all forms, and at all intensities.
- Lobby to integrate women in positions of power at all governmental judicial authorities.
- Conduct research targeting other groups vulnerable to SGBV, such as LGBTQA, boys, men and boys with disability, elderly people.
- Conducting periodic investigative reports linked to the judicial system targeting all INGOs, NGOs, CSOs, WROs, governmental entities, and other entities working with SGBV vulnerable groups to hold accountable any institutional perpetrators.
- Require male and female workers in the sector to submit reports to the authorities about cases of violence against women who required services.
- Improve coordination and follow-up between the health sector, social and police sectors in a policy embodied in a senior-level technical committee that coordinates decision makers in Ministry of Health departments. It would include all health sectors components to implement the NRS, draft policies to develop health services for women who are victims of gender-based violence, and establish policies for psychological services for victims of violence in Ministry of Health departments.
- Develop standard procedures for work between legal sector institutions, including common protocols and activities to build staff capacity.

AWARENESS RAISING ACTIVITIES

- Design customized awareness campaign focusing on different parameters and target different age groups and genders. Some of which are unrecognizable forms of SGBV, reporting mechanisms, the NRS/ SOPs, available SGBV services, among others.
- Leverage community influencers, pastors, preachers, religious leaders and social media influencers and training them to take part in advocacy, SGBV identification and referral system. Integrate community influencers work as core component of the NRS and SOPs.
- Design and implement specific campaigns that targets male-dominated spaces, such as coffee shops, and others and target them for customized awareness campaigns.
- Design campaigns that raise awareness about mental health and normalizes psychological support.
- Involve all service providers in each sector in capacity building activities and raise awareness of the System's regulations.

SGBV SERVICES AND CURRENT POLICIES AND LAWS

- Continue work to amend all laws that discriminate against Palestinian women, with joint efforts between governmental and non-governmental institutions to expand the base, grouped under the framework of the defense of women's rights, and demands for equality and an end to violence in the community.
- Review policies and laws in each sector and develop specific, clear protocols and procedures to deal with women who request assistance, and for the protection of service providers.
- Monitor the budgets and human and material resources required to implement the NRS and SOPs, which requires a commitment at the highest political levels.
- Government leaders and civil organizations should exert coordinated efforts to urge policymakers to adopt and integrate the NRS and SOPs to a greater degree in all national and sectoral plans, with the allocation of necessary budgets, also to ratify the SOPs in the Gaza Strip.
- Continue to develop a manual on agreed unified action between all relevant parties and in both the West Bank and Gaza Strip.
- Establish ad supervisory systems and teams in the West Bank and the Gaza Strip. Review protocols, internal procedures and regulations for shelters, and the list of measures for family protection and coordination with the police sector.
- Review protocols, internal procedures and regulations for shelters, and the list of measures for family protection and coordination with the police sector.
- Continue to improve services by developing and building the capacity of service in the governmental and non-governmental organizations in the West Bank and the Gaza Strip.
- Conduct regular needs assessment studies to assess the needs of each governorate and localities in the West bank and the Gaza Strip.
- Adapt the safe houses and shelters to accommodate the needs of WwD.

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ANNEXES

ANNEX I. SURVEY

Section 1: Community perceptions and attitudes towards SGBV

A. To what extent do you think these practices are prevalent in your community?

#	Practice	1. Yes	2. No	3. Don't know	4. No answer
A1	Sexual assault – verbally				
A2	Sexual assault – physically				
A3	Physical assault (hitting, slapping, burning)				
A4	Forced marriage				
A5	Early marriage				
A6	Denial of the right to education				
A7	Denial of the right to healthcare				
A8	Denial of the right to savings				
A9	Denial of the right to inheritance				
A10	Denial of the right to own a property				
A11	Verbal abuse/ psychological abuse				
A12	Forced isolation for disabled women				
A13	Electronic extortion				
A14	Child abuse				

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

#	Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
B1	Men and women have equal rights in the Palestinian community					
B2	Men and women share the responsibility of raising their children in the Palestinian community					
B3	Women and girls have the right to make their own decisions at the household level					
B4	Men have the right to practice SGBV against women/ girls if she didn't obey him					
B5	Men have the right to practice SGBV against women/ girls if she goes out of the house without his permission					
B6	Men have the right to practice SGBV (any type of the list					

	above) against women/ girls if she raises her voice					
B7	Men have the right to practice SGBV against women/ girls if she argues him					
B8	Men have the right to practice SGBV against women/ girls if she arrives home late					
B9	Men have the right to practice SGBV against women/ girls if she wears clothes that doesn't match the opinion of her family/ husband					
B10	Men have the right to practice SGBV against women/ girls if she has disability					
B11	Men have the right to practice SGBV against women/ girls if she refuses to have sex with her husband					
B12	The law should punish the person who practices SGBV					
B13	Women and girls should not report the man if he practices SGBV					
B14	If I witness a case of SGBV, I will report it					
B15	Women and girls are aware of their rights					

Section 2: Social norms and factors driving SGBV

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

#	Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
C1	Killing women in the name of honor is acceptable					
C2	Violence against women and girls is prevalent in rural areas					
C3	Violence against women and girls is prevalent in refugees' camps					
C4	Violence against women and girls is prevalent in communities located in conflict areas (villages near settlements, separation wall, etc.)					

C5	Violence against women and girls is prevalent among the least educated					
C6	Women have the right to access SGBV services if they are exposed to it					
C7	Women should be supported by their families, communities when accessing SGBV services					
C8	Violence against women and girls is prevalent among unemployed women					
C9	Violence against women and girls is prevalent against women with have disabilities					
C10	Bad economic conditions contribute to the increase of violence against women					
C11	Early marriage contributes to the increase of violence against women					
C12	Polygamy contributes to the increase of violence against women					
C13	Violence against women and girls has increased since COVID-19 crisis					

Section 3: Occupation and SGBV

3.1 Connection of the Occupation to prevailing attitudes, beliefs and behaviors, such as domestic violence, early marriage, denied inheritance					
Please state whether you ever experienced the following:					
Statement	Never	Once	From 2-3 times	More than 3 times	Don't know
Did the occupation forces or settlers ever attack you by cursing and insulting him?					
Have you ever been arrested or detained for a period of time by the occupation forces?					
Have you ever been beaten, hit or wounded by the occupation army or settlers?					
Did the occupation forces ever break into your house?					
Did the occupation forces ever confiscate your land or part of it?					
Did the occupation forces ever demolish your home or part of it?					
Did you ever witness any of your or your husband's, brothers, children or parents being killed?					
Have you ever been beaten, hit or wounded by the attacks and practices of the occupation army or settlers?					
Have you ever been detained for a period of time or arrested by the occupation forces?					
If you answered on the previous questions with once or more, did you think that the violence of the Israeli occupation has increased the SGBV in your family?	<div> <div>1. Totally disagree</div> <div>2. Disagree</div> <div>3. Agree</div> </div> <div> <div>4. Totally disagree</div> <div>5. Don't know</div> </div>				

3.2 Role of the Occupation in suppressing women's expression, freedom to participate, opportunities for self-development (direct [Occupation-related actions] and indirect [behaviors and attitudes that are consequences of the Occupation])					
Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
The Israeli attacks and violations worsen the families' economic conditions					
The Israeli attacks and violations limit women and girls' access to educational services					
The Israeli attacks and violations limit women and girls' access to the labor market					
The Israeli attacks and violations limit women and girls' access to the legal services					
The Israeli attacks and violations limit women and girls' access to the psychosocial services					
The Israeli attacks and violations limit women and girls' access to health services					

The Israeli attacks and violations contribute to the increase of violence against women in the Palestinian community					
Israeli occupation practices are a direct factor in limiting women's participation in our community					
Settler violence and practices are a direct factor in limiting women's participation in our community					
Israeli occupation practices and settler violence lead to increased conservative attitudes towards women's participation in our community					
It is justifiable for parents to take their girls out of school due to security concerns					
It is justifiable for men to deny women of opportunities to work (outside the home, outside the village, etc.) due to security concerns in the community					
Men who experienced any type of the Israeli attacks are more likely to practice SGBV at the household level					

Section 4: Access to Services/ coping strategies

E. In your community, do women and girls who experience SGBV have access to organizations that provide the following services:

#	Service type	yes	No	Don't know
E1	Legal services			
E2	Social services			
E3	Psychological services			
E4	Health services			
E5	Economic support			
E6	Safe homes/ places			
E7	Police services			
E8	Services for women and girls with disabilities			
E9	NRS/ SOPs			
E10	Other			
E10.1	Specify			

Are the services you have received part of the NRS/ SOPs? 1. Yes 2. No

E1.2 In your community, do women use the following mechanisms in order to cope with SGBV?

#	Coping strategy type	yes	No	Don't know
E1	Acceptance			
E2	Self-blame			
E3	Defiance			

E4	Faith and pray			
E5	Escape			
E6	Seeking help			
E7	Seek economic empowerment			
E8	Other			

F.1 Do you think that women and girls who experience SGBV seek to receive social and psychosocial services in your community? 1. To a large extent 2. To some extent 3. Not at all 4. Don't know

F.2 What reasons discourage women and girls who experience SGBV to request support from the services mentioned before? (select all that apply)

1. Fear from further violence
 2. Social stigma
 3. Protect her children
 4. Economic/income dependence
 5. Cost of accessing services
 6. Lack of trust in the police/litigation system
 7. Lack of support services and organizations
 8. Lack of women's awareness in their rights
 9. Lack of awareness of the availability of such services
 10. Substandard quality of support services
 11. Lack of trust of the work and the services provided by women organizations
12. Other, specify _____

G. Whom should a woman or a girl who experiences SGBV request support from?

#	Service type	yes	No	Don't know
G1	Nuclear family			
G2	Extended family			
G3	Friends or neighbors			
G4	Police			
G5	Courts			
G6	Women's rights organizations			
G7	Safe houses			
G8	Other			
G9	Specify			

H. To what extent do you agree with the following statements:

Section 5: Future interventions

#	Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
H1	Organizations that provide services for women and girls who experience SGBV are able to protect them					
H2	Organizations that provide services for women and girls with disabilities who experience SGBV are able to protect them					

H3	Safe houses/ shelters are able to protect women and girls who experience SGBV					
H4	Safe houses/ shelters are able to protect women and girls with disabilities who experience SGBV					
H5	The nuclear and the extended family are able to protect women and girls who experience SGBV					
H6	The nuclear and the extended family are able to protect women and girls with disabilities who experience SGBV					
H7	The policies and laws are able to protect women and girls who experience SGBV					
H8	The policies and laws are able to protect women and girls with disability who experience SGBV					
H9	The police forces are able to protect women and girls who experience SGBV					
H10	The police forces are able to protect women and girls with disabilities who experience SGBV					
H11	The Palestinian legal departments provide enforcement mechanisms to facilitate women and girls access to their rights					
H12	The Palestinian legal departments provide enforcement mechanisms to facilitate women and girls with disabilities access to their rights					
H13	Women's rights organization efforts lead to a change in the society regarding the SGBV					

H14	Ending SGBV is the primary responsibility of women's rights organizations					
H15	Ending SGBV is the primary responsibility of the government					
H16	Ending SGBV is the primary responsibility of women and girls					
H17	Ending SGBV is the primary responsibility of INGOs					

I. To what extent do you agree with the following statements:

#	Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
I1	The number of organizations/institutions that provide services for women and girls who experience SGBV in your community should be increased					
I2	Women organizations should increase their awareness activities for the SGBV in the Palestinian community					
I3	Awareness campaigns have to be conducted to increase the awareness of women's (including women with disabilities) rights and SGBV					
I4	The government should legislate policies and laws to protect women rights					
I5	The Palestinian forces should enforce punishments and dissuasive sanctions against perpetrators					
I6	Referral systems should be developed to protect women and survivors					
I7	Serious actions and steps should be taken to protect women and girls from SGBV					

Section 6: Demographic background

J1. Sex: 1. Male 2. Female

J2. Region: 1. West Bank 2. Gaza Strip

J3. Governorate:

- | | |
|--------------------------|-------------------|
| 1. Jenin | 9. Jerusalem |
| 2. Tubas | 10. Bethlehem |
| 3. Tulkarm | 11. Hebron |
| 4. Nablus | 12. North Gaza |
| 5. Qaliqilya | 13. Gaza |
| 6. Salfit | 14. Dier al Balah |
| 7. Ramallah and Al-Bireh | 15. Rafah |
| 8. Jericho | 16. Khan Yunis |

J4. Place of residence: 1. City 2. Village 3. Camp

J5. Age: _____

J6. Marital status: 1. Single 2. Married 3. Divorced 4. Widowed

J7. Level of education:

- | | |
|-----------------------------------|--------------------------------|
| 1. Part of the elementary level | 5. Part of college |
| 2. Completed the elementary level | 6. College |
| 3. Part of the secondary level | 7. University degree or higher |
| 4. Completed the secondary level | |

J8. Level of education of your wife/ mother/ ex-wife:

- | | |
|-----------------------------------|--------------------------------|
| 1. Part of the elementary level | 5. Part of college |
| 2. Completed the elementary level | 6. College |
| 3. Part of the secondary level | 7. University degree or higher |
| 4. Completed the secondary level | |

J9.1 Level of education of your husband/ father/ ex-husband:

- | | |
|-----------------------------------|--------------------------------|
| 1. Part of the elementary level | 5. Part of college |
| 2. Completed the elementary level | 6. College |
| 3. Part of the secondary level | 7. University degree or higher |
| 4. Completed the secondary level | |

J10. Occupation:

- | | |
|---------------------------------------|----------------------|
| 1. Full time employee | 6. Student / trainee |
| 2. Part time employee | 7. Retired |
| 3. Unemployed – looking for a job | 8. Don't know |
| 4. Unemployed – not looking for a job | 9. Refused to answer |
| 5. Home-carer | |

J11. Salary per month (for the family)

- | | |
|------------------|---------------------|
| 1. 1-2000 Shekel | 2. 2001-4000 Shekel |
|------------------|---------------------|

3. 4001-6000 Shekel 5. None of the above/ refused to answer
 4. More than 6001 Shekel

J12. Who is the major source of income in your family? 1. Father 2. Mother 3. Son/brother 4. Daughter/sister 5. Other: _____

J13. Number of family members: _____

J14. Number of female members: _____

J15. Number of male members: _____

J16. Number of adults in the family (18 and above - including you): _____

J17. Number of children in the family (17 and below): _____

J18. What is your position in the family? 1. Husband 2. Wife 3. Son 4. Daughter 5. Other, specify:

ANNEX II: SAMPLE DISTRIBUTION

Variable		Percentage
Gender	Male	48.7
	Female	51.3
Region	West Bank	59.7
	Gaza Strip	40.3
Governorate	Jenin	6.5
	Tubas	2.1
	Tulkarm	4.2
	Nablus	7.4
	Qaliqilya	2.1
	Salfit	2.1
	Ramallah and Al-Bireh	8.9
	Jericho	1.7
	Jerusalem	8.4
	Bethlehem	4.2
	Hebron	12.2
	North Gaza	7.8
	Gaza	9.5
	Dier al Balah	8.6
	Rafah	6.8
	Khan Yunis	7.4
Place of residence	City	75.3
	Village	16.0
	Camp	8.6

Average age	39.5 years	
Marital status	Single	19.0
	Married	77.0
	Divorced	2.1
	Widowed	1.9
Level of your education	Can't read or write	2.7
	Till 10th grade	29.2
	Completed the secondary level	30.2
	Diploma (2 years)	9.9
	Bachelor degree or higher	27.9
Occupation	Full time employee	24.7
	Part time employee	11.8
	Unemployed – looking for a job	11.4
	Unemployed – not looking for a job	3.4
	House wife	36.2
	Student / trainee	7.2
	Retired	4.4
	Don't know	0.0
	Refused to answer	0.8
Salary per month (for the family)	2000 Shekel	42.0
	2001-4000 Shekel	34.0
	4001-6000 Shekel	15.2
	More than 6001 Shekel	3.0
	None of the above/ refused to answer	5.9

ANNEX III. IN-DEPTH INTERVIEW GUIDELINE FOR SGBV SURVIVORS

- Have you experienced any form of violence (sexual, physical assault, electronic extortion, denial of your rights and access to education, health, etc.)?
 - ✓ Who perpetrated the violence?
 - ✓ At what age?
 - ✓ How did it start?
 - ✓ What are the factors and drivers that have led to that?
 - ✓ What did you feel? What did you think?
 - ✓ Which actor/ people did you think to go to firstly? Why? (Police, family, courts, referral system, etc.).
- What did you do to cope/solve/overcome? (confrontation, escape, seeking help, avoidance, acceptance, etc.)? How did these coping mechanisms help resolve or perpetrate violence?
- Has your husband/ father/ brother/ son experienced any violations/ attacks from the Israeli forces? If yes, have these violations led to an increase in the SGBV practices in your family? Please provide examples if possible.
- Did you receive any type of services? What kind did you receive? If not, Why? If yes, how did your quality of life differ? How did you know about these services? Did you know about the referral system (NRS)/ SOP?
- Did you feel safe while accessing the services?
- Are you satisfied with the services provided by the specific organizations/ NRS/ SOPs?
- Please describe your experience with the NRS/ SOPs? How did you know about the services, how did you reach these services (directly, through police, court, other organizations, etc.)?
- What were the main obstacles and challenges that you have faced while trying to access SGBV services or NRS/ SOPs?
- Did your nuclear family help and fight for your rights during this experience? If not, Why? If yes, how did your quality of life differ?
- What are the main organizations that you have been referred to, if any? If not, why? If yes, how did you know about their services/ existence?
- Have you been referred to the referral system of the MoSD? If not, Why? If yes, how did your quality of life differ? How did you know about it?
- Do you think that the existing laws and policies are able to protect women who experience SGBV?
- What should be done at the community level to improve women's protection and prevent SGBV? And increase awareness towards SGBV?
- What should be done at the policy level to improve women's protection and prevent SGBV?
- Recommendations, suggestions.

SGBV and drivers of SGBV

- Do you think SGBV is widespread in your community? Why?
- Based on your assessment of the surrounding community, what are the forms of violence faced by women and girls? Which ones are more problematic than others in your view? Why?
- Probe if not mentioned: Do you think that sexual violence is practiced/ How common is it? Why does it tend to be hidden/not talked about?
- In your opinion, what are the main drivers/causes of violence against women and girls in your community? How do these drivers contribute to the justification/acceptance and normalization of violence?
- Do you think that the Israeli violations against men can be considered as a driver to increase the SGBV against women at the household level?
- Probe for if not mentioned:
 - Practices of the Israeli occupation
 - Cultural norms/customs and traditions
 - Economic conditions/poverty facing the families
 - Economic dependence of women on men
 - Inadequate laws and measures to protect women
 - Inadequate implementation of the law by the responsible agencies
 - Psychological and emotional challenges among members of the household
- How does the community/men/women/leaders justify violence against women and girls/ What would they say to justify/accept the use of violence?

Women's coping mechanisms/support services

- What do women/ women with disability facing any type of violence do to cope/solve/overcome? (Confrontation, escape, seeking help, avoidance, acceptance, etc.)? How do these coping mechanisms help resolve or perpetrate violence?
- Who/where do women/girls/ women with disability go to for support/services in dealing with the different types of violence they face?
Probe if not mentioned:
 - Within her nuclear family
 - Within her extended family
 - Within the community including friends, dignitaries, religious leaders
 - Local CBOs
 - Ministry of Social Development
 - Security and justice institutions (police/courts)
 - NGOs/service providers
 - NRS/SOPs

- Others (specify---)
- Why do they choose the options they use/mentioned above? Why not?
probe:
 - Types of obstacles faced in accessing each type of support
 - Social/cultural stigma/shunning/reputation
 - Women facing additional violence
 - lack of support from family
 - The level of usefulness/lack of usefulness of the support sources
 - Difficulties in accessing (distance, cost, affordability)
 - Lack of awareness
 - Others (specify--)
- How do you perceive the services provided by the different organizations in your community?
- Are you/ community members aware of these organizations?
 - Are the community members/ beneficiaries satisfied with services?
 - Do these organizations provide services for women with disabilities?
 - What type of services do these organizations provide (health, psychological, awareness activities, economic support, women empowerment, legal services, others).
 - What are the obstacles do women/ women with disabilities face to reach these organizations?
 - How do community members /beneficiaries feel towards these types of organizations? / What is mental image of these organizations in the people's minds?
 - Do these services differ from the services of the national referral system or SOPs?
 - What should be done to improve the services, coverage, and reach?
- How do you perceive the services provided by the NRS/ SOPs?
 - Are you/ community members aware of the NRS/ SOPs?
 - Are the community members/ beneficiaries satisfied with services?
 - Do the NRS/ SOPs provide services for women with disabilities?
 - What type of services do the NRS/ SOPs provide (health, psychological, awareness activities, economic support, women empowerment, legal services, others).
 - What are the obstacles do women/ women with disabilities face to get access to these services?
 - How do community members /beneficiaries feel towards the NRS/ SOPs?
 - Do these services differ from the services provided by the other organizations?
 - What should be done to improve the services, coverage, and reach?

Future outlook/recommendations

What should be done to achieve the following:

- Prevent the occurrence of violence
- Change attitudes/values concerning the use of violence against women/girls
- Uncover the reality of SGBV
- At the legal level
- In the security/justice institutions
- The services provided by women/other protection organizations

- The referral system
- In the educational system/curriculum
- In the media

Prevalence and Drivers

- Do you think SGBV is widespread in our community? Why?
- From your experience, what are the forms of violence faced by women and girls? Which ones are more problematic than others in your view? Why?
- What are the most prevalence types in our community?
- Probe if not mentioned: Do you think that sexual violence is practiced/ How common is it? Why does it tend to be hidden/not talked about?
- From your experience, what are the main drivers/causes of violence against women and girls in your community? How do these drivers contribute to the justification/acceptance and normalization of violence?
- Do you think that the Israeli violations against men can be considered as a driver to increase the SGBV against women at the household level?
- Probe for if not mentioned:
 - Practices of the Israeli occupation
 - Cultural norms/customs and traditions
 - Economic conditions/poverty facing the families
 - Economic dependence of women on men
 - Inadequate laws and measures to protect women
 - Inadequate implementation of the law by the responsible agencies
 - Psychological and emotional challenges among members of the household
- How does men/women/leaders justify violence against women and girls/ What would they say to justify/accept the use of violence?

Coping Mechanisms and Support

- What do women/ women with disability facing any type of violence do to cope/solve/overcome? (confrontation, escape, seeking help, avoidance, acceptance, etc.)? How do these coping mechanisms help resolve or perpetrate violence?
- From your experience, who/where do women/girls/ women with disability go to for support/services in dealing with the different types of violence they face?
Probe if not mentioned:
 - Within her nuclear family
 - Within her extended family
 - Within the community including friends, dignitaries, religious leaders
 - Local CBOs
 - Ministry of Social Development
 - Security and justice institutions (police/courts)
 - NGOs/service providers

- Others (specify---)
- Why do they choose the options they use/mentioned above? Why not?
probe:
 - Types of obstacles faced in accessing each type of support (awareness of the existence of the services, reach, within the organization/ NRS/SOPs, etc.).
 - Social/cultural stigma/shunning/reputation
 - Women facing additional violence
 - lack of support from family
 - The level of usefulness/lack of usefulness of the support sources
 - Difficulties in accessing (distance, cost, affordability)
 - Lack of awareness
 - Others (specify--)
- How do you perceive the services provided by the NRS/ SOPs?
 - Do you think women/ women with disability are aware of the NRS/ SOPs' services?
 - Are the community members/ beneficiaries satisfied with services?
 - Do the NRS/ SOPs provide services for women with disabilities?
 - What type of services do the NRS/ SOPs provide (health, psychological, awareness activities, economic support, women empowerment, legal services, others).
 - What are the obstacles do women/ women with disabilities face to get access to these services?
 - How do community members /beneficiaries feel towards the NRS/ SOPs?
 - Do these services differ from the services provided by the other organizations?
 - What should be done to improve the services, coverage, and reach?

Future Outlook and Recommendations

- What type of activities/ programs do you implement? In which areas? Whom are the major target group?
- As a CSO, what are the activities/ programs implemented to raise awareness on the following issues:
 - SGBV
 - Social norms and attitudes towards SGBV
 - Preventing/ reducing the prevalence of SGBV
 - How should women cope with SGBV and access to services
- In regard to your previous or recent programs/ activities that your organization has implemented/ is implementing, what are the most effective and successful ones? Why? Are you satisfied with the results? Please provide details on the purpose of the program, the implementation process and the employed strategies, target group, results, etc.
- What is the level of change and progress that occurred as a result of provision of the different SGBV services, awareness activities, and others provided by your organizations?
 - Do you think it improved women's life quality?
 - Do you think it raised the community's awareness towards SGBV?
 - Do you think it changed community's perception towards SGBV?

- On the country level, what are the most effective and successful programs/ activities that have been implemented? Why?
- From your experience and as a CSO, what is the level of change and progress that occurred in the lives of women, girls and community members, as a result of provision of the following activities: (1) services provided by your organizations, (2) other CSOs (3) and the referral systems?
- Which do you think are the services needed in the community to help women overcome challenges and issues they face?
- What do you think should be done at the policy level to improve the women's protection and prevent SGBV?
- Recommendations and suggestions.

ANNEX VI. IN-DEPTH INTERVIEW GUIDELINE FOR KEY INFORMANTS AND CSOS, AND FIELD VISITS⁵⁴

Prevalence and Drivers

- Do you think SGBV is widespread in our community/ at the household level? Why?
- From your experience, what are the forms of violence faced by women and girls? Which ones are more problematic than others in your view? Why?
- What are the most prevalence types in our community?
- Probe if not mentioned: Do you think that sexual violence is practiced/ How common is it? Why does it tend to be hidden/not talked about?
- From your experience, what are the main drivers/causes of violence against women and girls in your community? How do these drivers contribute to the justification/acceptance and normalization of violence?
- How do the Israeli occupation/ violations practices can exacerbate the SGBV at the household level?
- Probe for if not mentioned:
 - Practices of the Israeli occupation
 - Cultural norms/customs and traditions
 - Economic conditions/poverty facing the families
 - Economic dependence of women on men
 - Inadequate laws and measures to protect women
 - Inadequate implementation of the law by the responsible agencies
 - Psychological and emotional challenges among members of the household
- How does men/women/leaders justify violence against women and girls/ What would they say to justify/accept the use of violence?

Coping Mechanisms and Support

- What do women facing any type of violence do to cope/solve/overcome? (confrontation, escape, seeking help, avoidance, acceptance, etc.)? How do these coping mechanisms help resolve or perpetrate violence?
- From your experience, who/where do women/girls go to for support/services in dealing with the different types of violence they face?
Probe if not mentioned:
 - Within her nuclear family
 - Within her extended family
 - Within the community including friends, dignitaries, religious leaders
 - Local CBOs

⁵⁴ These guidelines were tailored to match the field visits interviews with more focus on the activities that the CSO/ organization provides.

- Ministry of Social Development
- Security and justice institutions (police/courts)
- NGOs/service providers
- Others (specify---)
- Why do they choose the options they use/mentioned above? Why not? probe:
 - Types of obstacles faced in accessing each type of support
 - Social/cultural stigma/shunning/reputation
 - Women facing additional violence
 - lack of support from family
 - The level of usefulness/lack of usefulness of the support sources
 - Difficulties in accessing (distance, cost, affordability)
 - Lack of awareness, other, specify

Legal Framework

- What are the main policies/ laws that protect women who experienced SGBV? Do you think these are enough?
- What are the main laws followed to punish the perpetrator? Do you think this achieves justice?
- Are these policies willing to sustain women's/ girls' lives? And improve their quality of life?
- What do you think should be done at the policy level to improve the women's protection and prevent SGBV?
- Do you think the lack of a legal framework that provides protection to women from SGBV is a driver of a SGBV?

Future Outlook and Recommendations

- What type of activities/ programs do you implement? In which areas? Who's the major target group?
- what are the main activities/ programs implemented in our community to raise awareness on the following issues?
 - SGBV
 - Social norms and attitudes towards SGBV
 - Preventing/ reducing the prevalence of SGBV
 - How should women cope with SGBV and access to services
- From these programs/ activities, what are the most effective and successful ones? Why? Do you think these programs can reduce the prevalence of SGBV/ raise awareness?
- What is the level of change and progress that occurred as a result of provision of the different SGBV services, implemented in our community?
 - Do you think it improved women's life quality?
 - Do you think it raised the community's awareness towards SGBV?

- From your experience, what is the level of change and progress that occurred in the lives of women, girls and community members, as a result of provision of the activities by different CSOs and organizations?
- What is the level of change and progress occurred in the lives of women, girls and community members, as a result of provision of the activities by the referral system?
- Which do you think are the services needed in the community to help women overcome challenges and issues they face?
- Recommendations and suggestions