



# **Violence against Palestinian Women in the occupied Palestinian territory in the Context of COVID-19**

## **Analysis Report**

**March 22 - May 21, 2020**

“

**For many women and girls, the threat looms largest where they should be safest: in their own homes.**

*Antonio Guterres*”



## Introduction

For decades, Palestinian women have been exposed to multifaceted forms of violence under a settler-colonial context of ongoing and deepening military occupation. This report is situated within the Coronavirus pandemic, in which the Zionist colonial government continues to escalate its aggression against the Palestinian people, further entrenching its domination and continuing to deny Palestinians' right to self-determination. This escalation is comprised of the continuation of arrests, home demolitions, killings, collective punishment (including the 13-year long siege on the Gaza Strip), continued environmental degradation from pollution due to military exercises to the over-extraction of water. In addition, Israeli military control over Jerusalem is deepening, including through the expansion of settlements as part of a deliberate strategy to minimize Palestinians' presence, and health centers that provide COVID-19 testing in Palestinian-majority areas have been closed.

While exploiting the world's preoccupation with the pandemic, the recent decision by the Israeli military occupation to annex parts of the West Bank is only the latest in a series of Israeli policies and decisions that directly contradict United Nations resolutions and violate international humanitarian law, which enshrines the rights of Palestinians. This move reveals a lack of respect for and intention to comply with the UN Secretary-General's 2020 call for a global ceasefire so that resources can instead be directed towards combatting COVID-19. The lack of accountability of the Israeli military government contributes to the continuation of violence and aggression against Palestinian men, women and children, and to the degradation of Palestinian land and natural resources. It has particularly devastating effects on Palestinian women and girls who, in addition to settler-colonial military violence, must also contend with discrimination and gender-based violence within a patriarchal Palestinian society.

“

House demolitions, either in the context of a lack of building permits or on punitive grounds (collective punishment) and forced eviction policies have a gendered impact on women. Construction permits for residential purposes are virtually impossible for Palestinians to obtain. The fear of and actual demolitions of women's homes have a severe psychological impact on them, causing anxiety and leading to depression, which compels women to stay inside. Losing their homes results in family displacement to often over-crowded relatives' homes. This has led to an increase in the occurrence of violence against women and early marriages.

*Report of Special Rapporteur on violence against women, its causes and consequences.  
Dubravka Šimonović, on her mission to Palestine.*

”

“

Search operations, particularly at night, pose specific problems for women. For example, a woman reported to me that she was sleeping fully dressed in case she would be woken up by night raids and seen by soldiers.

*Palestine: UN women's rights expert Dubravka Šimonović calls for a peace process with full participation of women.*

”

Within this context, most feminist and developmental analyses indicate that the violence of the military occupation fuels systemic gender-based violence (GBV) in communities living under occupation. The occupation fuels a gender identity crisis in men, splintering their identity within the rigid limits of gender roles and ideals of masculinity imposed under patriarchy. Violence against women, then, becomes the only space left for men to perform masculinity. In effect, the military occupation directly sets up a cycle of violence that permeates both the public and private spaces. Not only are women the object of patriarchal violence in the domestic space, but their health and safety, as well as that of their family members, are jeopardized as they are routinely targeted in public. Additionally, gendered expectations increase women's burdens: the occupation compounds the challenges women face trying to meet their responsibilities to sustain themselves and their families. An increasingly fragile social support network fails to safeguard women from discrimination and gender-based violence, a problem that has become more acute during home quarantine and other efforts to curb the spread of COVID-19. Preceding the pandemic, GBV has been one of the most significant obstacle to societal peace and security in Palestine, constituting a violation of the principle of equality and of human rights under a system rooted in discrimination, marginalization and violence against women both in the public and private spheres.

The theoretical frameworks adopted in multiple feminist and social science schools of thought observe that violence is based on the unequal power dynamics between men and women, whereby men are granted social power over women's fates, decision-making abilities, appearances and accepted ways of thinking. This is enforced through various forms of violence, including psychological, verbal, physical, sexual, social, cultural, economic, political and legal. In the Palestinian context, these forms of violence further include cases of so-called “honor killings” which are often accompanied by threats and torture.

Comprehensive data on GBV have been collected by feminist organizations since the late 1980s. Most recently, the results of a survey conducted by the Palestinian Central Bureau of Statistics in 2019, indicate a widespread prevalence of such violence, where the percentage of women who

experienced one of the forms of violence (physical, psychological, economic, sexual, etc.) by their husbands reached 29%. The most common of these was psychological violence, affecting (57%) of women, followed by economic (36.2%), social (27.6%), physical (18%), and sexual violence (9%)<sup>1</sup>.

Compounding this pandemic of violence is the lack of accessible means of support available to women in need of safe solutions; the options that do exist, including public organizations such as women's shelters as well as other social justice and legal tools, are insufficiently capacitated. This reinforces and normalizes a culture where violence in the domestic space is seen as a private matter. GBV being relegated to the private sphere stigmatizes women in need of help and reproducing the conditions for GBV going undetected. It also contributes to a reality where the standards of the international human rights system (specifically the 1993 Vienna Declaration and Program of Action which states that women's rights are human rights subject to neither interpretation nor fragmentation), and the women, peace and security agenda (SCR 1325 of 2000 onwards), are not respected. Overall, women and girls find themselves in an environment where legal and social institutions working for the administration of justice, both through formal and informal systems, are unable to either reach a just solution, to present cases of violence in court, to deter future incidents from occurring, or to recognize and respond to GBV as it intersects with the violence of military occupation and ongoing bombings and sieges.



<sup>1</sup><https://www.ochaopt.org/content/almost-one-three-palestinian-women-reported-violence-their-husbands-2018-2019#ftn1>

Despite a long history of women's organizing to oppose GBV, Palestinian women are still subjected to discriminatory practices, enforced by targeted violence, on a daily basis. This situation has been exacerbated by the home quarantine order announced by the Palestinian Authority on the 5<sup>th</sup> of March of this year. Quantitative data of cases handled by or referred to the Palestinian Working Woman Society for Development (PWWSD), Women's Centre for Legal Aid and Counselling (WCLC), SAWA organization, and the Psychosocial Counselling Centre for Women in Bethlehem, among others, indicate an increase in cases of GBV and discrimination. Some of these cases were referred to psychosocial support institutions according to the Palestinian National Referral System<sup>2</sup>. Worsening domestic violence takes place in a context in which the Israeli military occupiers are actively seeking opportunities to expand their military control over the Palestinian territory.

In this report, PWWSD provides in-depth analysis based on the real-life experiences of women and girls who experienced domestic violence in the home quarantine period between March and May 21, 2020, and of those who continue to suffer from such violence. This report is made possible by the continuous work the organization has been undertaking in the past few months both in the West Bank and the Gaza Strip, in the midst of the COVID-19 pandemic. As part of these efforts, the organization has published a set of messages promoting equality and anti-discrimination<sup>3</sup>. The organization is also committed to providing psychological, social and legal support to those in need and announced telephone helplines<sup>4</sup> in addition to launching several social and traditional media awareness raising campaigns<sup>5</sup>. This report presents a set of recommendations, in which their implementation is essential to achieve equality and social justice for all without discrimination.

---

<sup>2</sup> The National Referral System was designed as a comprehensive working framework for service providers detailing protocols for the referral of women victims of violence, within the civil and governmental social/legal/health services in the West Bank. Procedures are meant to ensure efficient cooperation between partners for women to receive the service(s) they most urgently require, be it counselling, legal aid, emergency protection, medical treatment – or a combination of all four. The System received formal agreement from the Cabinet in early 2013 and the implementation process could start subsequently across the West Bank, including appropriate capacity building of the service providers.

<sup>3</sup> <https://www.facebook.com/pwwsd/photos/a.364859853619251/2563478617090686/?type=3&theater>

<sup>4</sup> <https://www.facebook.com/pwwsd/photos/a.364859853619251/2556774997761048/?type=3&theater> .

<sup>5</sup> <https://www.facebook.com/HawanaWatan/videos/223919572020889/UzpfSTM2NDgzMDkzNjk1NTQ3NjoyNTE5MDkzMzg4MTk1ODc2/>

## Response to Women's Mental Health Needs during the COVID-19 Pandemic

The declaration of a state of emergency by the Palestinian Prime Minister mobilized PWWSD to develop an emergency plan for all its programs, particularly those related to combatting GBV and providing psychosocial and legal support for women and girls in the West Bank and Gaza Strip. Based on prior experiences with crises, the plan aimed to work directly with those who would now need additional support to help them manage the anticipated impacts the pandemic could add to the ongoing burdens they bear as a result of increased violence. The emergency plan, informed by a realistic vision of what might be possible, focused on strengthening communication with women and girls. Messaging was designed to increase their knowledge of their rights to protection and participation, as well as their awareness of the COVID-19 pandemic and its consequences. The plan emphasizes dealing with the consequences of the pandemic in the private sphere in order to protect the safety and health of vulnerable women. Additionally, its practice of monitoring the impacts of its interventions also positions PWWSD to reflect on the political, social and economic effects of the pandemic on women's lives under military occupation.

### Goals of the Emergency Plan:

1. Promote and encourage self-confidence and self-esteem among women and girls who were already subjected to domestic violence, to empower them to face a further crisis of violence likely to arise as a result of the Covid-19 pandemic following the government decision to confine Palestinians to the home during the quarantine period<sup>6</sup>. This intervention was designed to raise the awareness of all women, as well as to reach men, as it outlined psychological support measures that support women confronted with GBV.
2. Raise awareness about how to prevent infection with Covid-19, by increasing their knowledge of existing protection measures against the virus.
3. Equip first responders with knowledge about how to support the mental health of victims, and increase awareness of crisis management measures to follow when delivering first aid.
4. Strengthening the protection and security of women and girls by meeting their psychological and social needs.<sup>7</sup>

<sup>6</sup><https://www.facebook.com/amalkhreishe.khreishe/videos/10158364006263023/UzpfSTM2NDgzMDkzNjk1NTQ3NjoyNTA4OTQwNzM5MjExMTQx/>

<sup>7</sup><https://www.facebook.com/FajerTV/videos/952455315265045/UzpfSTM2NDgzMDkzNjk1NTQ3NjoyNTE0NzYyNjc1Mjk1NjE0/>.



## Phone Counseling Services Provided by PWWSD during the State of Emergency

The approach of contacting women in need through the telephone took into consideration the realities faced by women confined to a small space with family members who might eavesdrop or take action to prevent them from calling for help or reporting violence in the family. 1938 consultations and 1322 counselling sessions were provided, benefitting **1834 people** (1743 women and 91 men) and **742 people** (719 women and 23 men) respectively.

Phone consultations connected counsellors with 778 women exposed to violence, representing 42% of all cases, in addition to 481 women who were exposed to multiple types of violence (physical, psychological, sexual etc.).

The breakdown of these cases are as follows:

- 162 women in the West Bank were provided with regular individual telephone counselling sessions, representing 26% of all consultations in the West Bank, while 616 women in the Gaza Strip were provided with the same, representing 51% of all consultations in the Gaza Strip. These figures offer evidence of the additional burdens borne by women under prolonged military siege in the Gaza Strip.
- 481 women exposed to physical violence were provided with phone counselling sessions, consisting of 125 women in the West Bank, which represents 53% and 356 women in the Gaza Strip, making up 70% of the total cases contacted by counsellors from the beginning of quarantine on March 5<sup>th</sup> to May 19<sup>th</sup> of this year.

Between the beginning of quarantine on March 5<sup>th</sup> to May 19<sup>th</sup> of this year, 162 legal consultations were provided to 77 women. Legal consultations covered the following topics:

1. Alimony cases (including spousal and child support and support of qualifying adults) and their procedures, expected duration and amount of support awarded.
2. Separation and marital conflict cases, their procedures and duration.
3. Marital rights cases including dowry rights
4. Custody cases, including visitation of and living arrangements for children.
5. Counselling on the status of cases during court closures, including information on court reopening dates.

## Analysis of Results

### The Gendered Effects of Home Quarantine in a State of Military Occupation

The Palestinian government, following World Health Organization (WHO) global guidelines, imposed home quarantine and prevented movement between governorates from early March. As a result, families living under siege and other existing movement restrictions imposed by the Israeli military found themselves confined to smaller geographical areas than ever. Families living in refugee camps, especially those in the Gaza Strip, were particularly affected; and the costs paid by women were particularly severe. PWWSD data reveal that the government assumption that home is a space of safety to which families can and should retreat in a crisis reflects an extremely poor understanding of women's reality. Seventy percent of women who received individual phone counselling between March 22 and May 21 had experienced at least one form of violence at the hands of their husbands, whether that violence was psychological, verbal, physical, economic or social. According to the unequal, discriminatory, and hierarchical patriarchal power structure prevalent in Palestinian society, the husband/father is the highest-ranking family member; thus, men are most often in control of any decision-making for the family as a whole, which especially under quarantine, exacerbated conflict and bullying between family members. Quarantine regulations meant that women lost whatever independence they may have held, including bargaining power associated with earning a salary.

“

After the declaration of the State of Emergency, my salary that I used to contribute to household expenses was cut. Because of this, my status in the family changed...my father berates me with harsh words and because I am unmarried, he describes me as a spinster, making me feel worthless."

”

*A woman worker in a kindergarten in the Gaza Strip*

Fieldwork revealed that 30% of abused women were abused by their own family members, including fathers, brothers, husbands and husbands' relatives. Having nowhere to turn outside of the space of quarantine increased their feelings of frustration and defeat, anger, and powerlessness, and many reported psychosomatic symptoms such as stomach and colon pain as a result of tension and anxiety in the family, which was exacerbated by the fear they felt at the COVID-19 health crisis.

“

After I had three children, my appearance changed as I had gained weight. With my husband being quarantined at home, it was as if he was seeing me for the first time. He would say hurtful things to me and make mocking comments about my body. If I chose to ignore his words that made me feel so worthless, he would instead severely beat me.

*A mother of three, West Bank*

”

### What Factors Contributed to the Increase in Violence against Women during the COVID-19 pandemic?

- The outbreak of an unknown and deadly virus caused a sharp rise in fear, anxiety, and feelings of inadequacy among both women and men. While home quarantine and movement restrictions prevented everyone from their usual work routes, the gendered effects on men were particularly acute given their strong self-identification with the role of family providers -- a role whose fulfilment was not possible as a result of deteriorating economic conditions, an increase in poverty and unemployment and loss of work. Simultaneously, a patriarchal power dynamic based on control and discrimination allowed men to continue to treat women as their inferiors.
- Pre-existing weaknesses in government social protection networks and civil society institutions were aggravated.
- Closure of courts, and thus delays in the hearing of court cases pertaining to rights such as alimony, child custody, and child support further restricted women's access to justice
- Women who were already in need of psychological and physical healthcare as a result of domestic violence found their needs exacerbated by the pandemic.
- Far from offering emergency support and assistance to the people it militarily occupies, as mandated by International law, the Israeli occupation forces attacked emergency field hospitals and intensified its plans to annex more parts of the West Bank.



“

I do not know what to tell my kids or how to help them. The debts have piled up and the spousal support awarded to me has not yet been paid. After the State of Emergency was declared, I had no choice but to go to the head of the Palestinian Legislative Council, explaining to him that I am not here to beg and that the electricity was cut off and I do not have any money to feed my children. He gave me 100 ILS for the electricity bill and a bag of potatoes."

”

*A rural woman living in a village in the Central West Bank*

“

Because I did not attend dinner, I asked my daughter to prepare dinner instead. She was late in preparing it, so my husband severely beat me in front of my children and hit my daughter as well. In addition to cursing at me with foul language. In these moments, I ask myself, how can I protect my daughter when I am too powerless to help myself? Neighbors hearing my daughter and I screaming from pain makes me feel so shameful.

”

*A woman in the West Bank*

## What types of violence were addressed by the phone helplines?

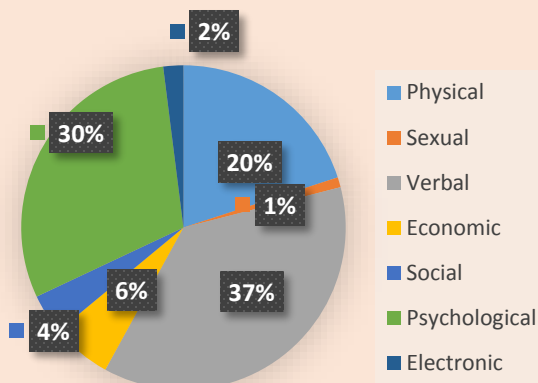
Most of the women contacted expressed feelings of fear, frustration and panic. There were high levels of concern over the deteriorating economic conditions brought about by the shutdown, and fears that salaries would be either cut or reduced, resulting in families not being able to provide for their families. They also expressed fear of physical abuse from their husbands, fathers, brothers and other male relatives. These fears were compounded by concerns for their health and the health of their families due to the unknown consequences of the COVID-19 pandemic. Those who have family members in Israeli occupation prisons were particularly concerned for their health, while women whose male family members work in those parts of the territory occupied in 1948 feared that quarantine at home would mean losing their jobs, as most are daily workers not protected by formal job contracts.

The intense psychological pressure on some women exposed them to a new fear: that they would face social stigma if they contracted the coronavirus. They worried that they would be blamed if they had to be transferred to quarantine centers or be quarantined at home. Anxiety about issues like this were so severe that some women reported nervous breakdowns from the stress.

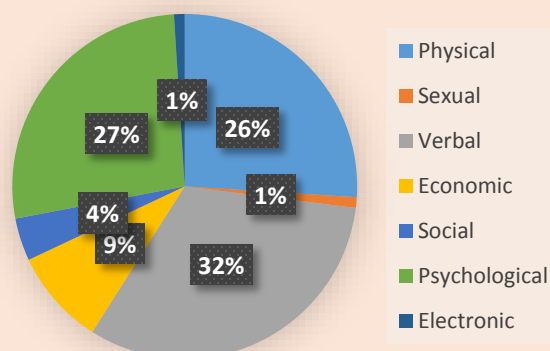
About one third of the women and girls contacted by phone were being exposed to various forms of violence, including physical, psychological, verbal, economic, social, electronic (cyberbullying and blackmail), and sexual violence (though the latter constituted a small percentage of overall violence). 32% of abused women reported experiencing verbal abuse, constituting the largest percentage, followed by psychological violence at 27%, physical violence at 26%, economic violence at 9%, social violence at 4%, and sexual violence at 1%.

The following charts demonstrate the breakdown of types of violence reported per service:

**Types of Violence Reported in Phone Consultations**



**Types of Violence Reported from Phone Counselling Sessions**



“

He would beat me while I would scream for him to stop. His beatings would leave bruises on my body and he would even pull out my hair. When the [Covid-19 pandemic] began, I decided to leave him and my three daughters. At the beginning of my marriage, I used to work as a midwife but after two years, he forced me to leave my job. Then, he sold my gold dowry that was supposed to be a contribution to building a house. I left him because there is no one I could report him to, since Palestinian police have no jurisdiction in Area C where we lived. Now I live with my parents and am in a pitiful state. Despite the scarcity of jobs due to the current situation, I am determined to find a job and regain custody of my daughters, so I can have a fresh start.

*A Woman from the West Bank*

”

“

My husband was already verbally abusive, but during the quarantine he became even more foul-mouthed and would make me feel utterly miserable and hopeless. My children are the only reason I am staying with him.

*Two Women from Gaza*

From the moment our marriage began I was afraid of my husband; even now 7 years later I cannot wait for him to go to work so I can feel alive. Now with quarantine he is in the house monitoring me. I am miserable and terrified with him around all the time. There is more abuse than ever, I am tired and I cannot take this anymore.

”

### What are the psychological and social effects of violence during the Covid-19 pandemic?

Women reported an increase in feelings of anxiety, frustration, fear, despair, insecurity, and anger directed towards other people and themselves. Some abused women had nervous breakdowns and reported feeling psychosomatic symptoms. In some cases, their feelings of depression were accompanied by low self-esteem, low self-awareness and a lack of perseverance. Many of the women contacted feared they would be unable to meet their families' needs due to deteriorating economic conditions; and they feared for their children's futures. Their needs include food, rent, internet and phone bills, bank fees and bills, and school supplies and other needs for children.

#### Tools used to provide counselling to women and girls:

In the long experience of PWWSD, emergency situations, whether caused by natural disasters, wars and conflicts or the spread of disease, exacerbate preexisting social issues and the suffering already experienced by many individuals as a result of the prolonged military occupation of Palestine. This experience helped shape the organization's focus on meeting people's psychological and physical health needs through services intended to build solidarity, strengthen, resolve and provide coping mechanisms to alleviate the physical, psychological, and emotional suffering brought about by this pandemic.

Working by phone, twenty of PWWSD's psychosocial specialists implemented the organization's emergency plan by providing psychosocial and legal consultations and offering women and girls information to help them meet their needs, including those who call the phone support lines over a short period of time and those who receive individual phone counselling sessions. These interventions identify the psychological and emotional needs of rights-holders and allow PWWSD to devise and administer a plan of action based on women's priorities through:

- Strengthening familial social relationship networks as a means of providing protection
- Clarifying whether they are in recovery and identifying possible sources of help to alleviate their crisis or meet their needs.
- Promoting strategies that contribute to psychological resilience and self-care
- Strengthening the referral system, which allowed 12 cases to be referred to emergency and social development committees, and the police.
- Offering counselling tools such as yoga poses and relaxation/exercise and directing beneficiaries to learn new techniques through YouTube.
- Applying analytical and behavioral tools to support rights-holders who expressed self-directed anger, in order to prevent suicide or self-harm.
- Supporting good mental health, which enables individuals to empower themselves and oppose GBV.

## Mechanisms for Forming Community Psychosocial Group

With the aim of strengthening preventative measures to confront the Covid-19 pandemic, PWWSD formed 36 groups of psychological experts to provide cognitive psychological education services to 360 women. To preserve social distancing measures then in place, these groups were formed on WhatsApp. Additionally, women were contacted through the She Leads website and app that PWWSD helped develop, and through a private Facebook group for the UN Women HAYA joint program to Eliminate Violence against Women. Through live broadcasts, PWWSD's psychosocial specialists presented various relevant topics, including but not limited to, anger management, psychological first aid, crisis management, how to spend quality time with family and important health information regarding Covid-19 including how to sterilize home surfaces using common household materials.

Educational messages on combatting GBV were also published on social media as well as a film on anger management, episodes on protection from and prevention of GBV, recordings on preventative health measures regarding the virus. These were broadcasted from local television and radio stations.



## Most Prominent Challenges to Psychosocial Interventions in Emergency Situations

These challenges included but are not limited to:

- Women's needs are overlooked by local and national emergency committees; thus, little was done to implement intervention mechanisms for abused women or reduce harm through the distribution of basic necessities, particularly to women living under the poverty line.
- Lack of protections for abused women living in danger, a failure to set up rooms in quarantine centers designed to meet women's needs, and weak referral mechanisms to safe houses.
- The closure of courts, including Sharia courts, and a lack of interest in developing practical alternatives to support women's legal needs, thus preventing women from obtaining custody of their children, and receiving alimony judgments and other crucial judiciary procedures.
- Quarantine orders assumed that the home is a safe space for all, thus confining women to a limited space, which in some cases meant women were confined with their abuser and could not report violence and sexual assault. Many women were afraid to use the phone to call for help for fear of being eavesdropped on by family members, and/or their families would blame the victim for being sexually assaulted and would subject her to further male violence.
- A legal system that does not meet GBV protection standards.
- Broad disseminations of negative stereotypes about and harassment of women through social media, further perpetuating patriarchy.
- The lack of special emergency procedures by the National Referral System to protect abused women and girls.

“

I lost hope in calling judges and institutions for help. So, a month after my son was taken from me on March 21st, I posted my story on Facebook. I did not expect my story to resonate with so many, and soon because of the public outcry, the courts were forced to reopen and deal with cases on child custodial rights. I was a voice for countless women like me, and while I waited in court, I listened to their stories

*A Gaza woman who PWWSD connected with after her husband kidnapped her child*

”



**Hello... Silence... I can hear you and I empathize with  
you, I am a counsellor and I maintain strict  
confidentiality...**

**What if someone is eavesdropping??? Can we meet  
directly?  
I am being raped...**

**Yes of course we will meet... Silence...**

**Call ended.**

## Recommendations

- Find mechanisms to open Sharia courts and monitor their proceedings, particularly to prevent the exploitation of current conditions; to illegally allow the marriage of underage girls.
- Organize national awareness-raising campaigns to reduce GBV.
- Provide professional counselling support to counselors by phone to improve their mental health through self-care.
- Commission a national research study on the prevalence of GBV during the Covid-19 pandemic, and develop a conceptual framework to expose the intersectional causes of such violence in a situation of prolonged and intensifying military occupation.
- Organize advocacy campaigns to pass the Family Protection law with an additional amendment detailing protection mechanisms for women and girls in emergency situations.
- Push the Ministry of Social Development and emergency committees to prioritize the allocation of suitable places for women to quarantine during pandemics and places to stay in other emergency situations.
- Push the government and emergency committees to prioritize safe house internal procedures.
- Continue with awareness-raising programs to provide abused women with emergency assistance.
- Develop an appendix on procedures for the National Referral System regarding GBV cases in emergency situations, particularly those regarding complaint mechanisms or transfers to safe houses.
- Allocate a budget for the development of safe houses
- Strengthen coordination between women's human rights organizations, governmental institutions, and UN bodies in order to maximize the provision of support to women.

