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Enhancing the protection and re-integration of elderly women with disabilities, women addicted to drugs, and girls in conflict with the law and survivors of violence in Palestine.



Analytical Study





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Contents

Chapter One: Situation Analysis in Palestine	6
1.1. Development in Palestine: Identification of 20 vulnerable groups at high risk of being left behind 6	
1.2. Legal Framework	8
1.3. Palestinian National efforts to combat VAW: strategies, Conventions and limitations	8
1.3.1. Girls victims and survivors of Violence	10
1.3.2. Girls in conflict with the Law	11
1.3.3. Elderly women with disability	13
1.3.4. Women and girls user/addicted to drugs	15
1.4. Relevance of exploring social norms in reducing vulnerabilities	15
Chapter Two: Findings of the Study	17
Elderly women with disabilities – Jericho	17
Aloneness, dire economic conditions and disability: Background stories and drivers behind residency	17
Expressions of comfort, satisfaction and a sense of home.....	18
At Beit Al Ajdad: Cases received and harsh realities exposed	19
At Beit Al Ajdad: Service provision and efforts at reintegration.....	20
Grave challenges.....	21
Results of Public Perception Survey on the Rights of elderly women with disability.....	23
Respondents profiles	23
On the rights of elderly women with disabilities.....	24
Legal framework in Palestine.....	26
Women drug user and addicts – Gaza Strip	28
Profiles of women drug users and addicts interviewees	28
Drivers behind women substance use (or abuse).....	30
Reasons behind developing addiction	31
Impact on women addicted to drugs and on those around them.....	32
Parents and community members perception of female drug addicts	32
Overcoming drug addiction	33
Seeking services and main gaps in provision	34
Social Perception of the rights of girls and women addicted to drugs.....	34
Service provision and treatment of female drug addicts	36
Girls in conflict with the law and girls survivors of violence – Girls Care House	38
Challenges to the protection of the rights of girls in conflict with the law	38
Service provision and main gaps at Girls Care Center	39





The role of CSOs and CBOs in changing social perceptions and attitudes towards girls in conflict with the law	39
Perception of the society towards the rights of girls’ survivors of violence and girls in conflict with the law:.....	40
Results of Public Perception Survey on the Rights of Girls survivors of violence (less than 18)	42
Results of survey on “Girls in conflict with the law and their rights”	46
Conclusion and Recommendations	50
Conclusion	Error! Bookmark not defined.



Chapter One: Situation Analysis in Palestine

1.1. Development in Palestine: Identification of 20 vulnerable groups at high risk of being left behind

The **Common Country Analysis (CCA) for the oPt (2016): Leave No One Behind: A Perspective on Vulnerability and Structural Disadvantage in Palestine,** is an analytical study that recognizes 20 different groups as vulnerable and further highlights the circumscription of the development umbrella in Palestine under which the identified are systematically more likely to be left behind. Published by the United Nations Country Team of Occupied Palestinian Territories, the highlighted vulnerable groups are identified as the following: “Adolescent Girls (Aged 10- 19 years); Bedouin and Herder Communities living in Area C; Children in labor; Children subject to violence; Communities in Area C; The Elderly; Food insecure households headed by women; Gaza residents without access to clean water or sanitation; Hebron H2 residents; Individuals in need of urgent medical referrals; Out of school children; Persons with disabilities; persons living in the Seam Zone; Refugees living in abject poverty; Refugees residing in camps; Small scale farmers; women exposed to GBV; the working poor; and Youth (aged 15-29).”¹


Vulnerability, defined in the report as “*prospects of erosion in relation to choices and capacities or development gains*” is a result of key drivers that were identified throughout the study, thus leading some groups towards further marginalization. Moreover, the occupation is recognized as “*the inherent vulnerability of all Palestinians*”, and a leading source of the main challenges impacting development in Palestine. **Leave No One Behind** recognizes that the occupation has impacted the lives of the occupied in numerous ways, of which restriction on movement of both people and goods, fragmentation of territory, restriction on the use of available resources as well as on economic undertaking, separation family members from each other are of significant importance behind major vulnerability. Additionally, it points out to the limitations placed on the Palestinian Authority in terms of its governance and its policy development and implementation, disproportionately impacts its marginalized citizens. The study further states: “*lifting the occupation is the single most important priority to enable Palestinians to chart a successful course to the Sustainable Development Goals.*”

On the other hand, and after an in-depth analysis of the abovementioned identified groups’ contexts, the study highlighted drivers of vulnerability related to: (i) location (especially inhabitants in Area C, Hebron H2, Seam Zone, East Jerusalem and Gaza Strip); (ii) exposure to different forms of violence, which is identified as a key driver for 18 out of the 20 identified groups; (iii) economic leading to poverty, unemployment and inequality amongst others; (iv) institutional and political factors existing within the Palestinian government; and lastly (v) socio-cultural norms², of which patriarchal norms and the subsequent discriminatory laws constitute a major aspect further impacting the lives and development of those who are vulnerable. Combined, the identified factors form an entire system at

¹ United Nations Country Team, 2016: Common Country Analysis: https://reliefweb.int/sites/reliefweb.int/files/resources/CCA_Report_En.pdf

² Ibid





present that renders the abovementioned groups as excluded and marginalized within the overall contexts.

In an attempt to eliminate the prospect of leaving any group behind from the development agenda, this analytical study puts forth a set of actionable recommendations, of which closing data gaps is identified as a crucial first step that entails more evidence based research and accessible data on the groups. This is followed by the importance of inviting the disadvantages into the process and giving them the chance to be heard on what they deem as necessary and crucial for their livelihoods. Other recommendations to achieve equitable development activities in Palestine include, but are not limited to: developing strategies that are more comprehensive and investing in a more integrated intervention and processes, in addition to the importance of highlighting politics and its influence within the overall development programming.

Based on the underlying concept of **“Leave No One Behind”** of the 2030 Agenda for Sustainable Development, and the CCA report (2016) discussed above, UN women Palestine along with the Ministry of Women’s Affairs and the Ministry of Social Development, launched in April 2021, a project entitled **“SHAML: Enhancing the Protection and Re-integration of Furthest Left Behind Groups of Women and Girls Victims and Survivors of Violence in Palestine.”** Funded by the Government of Sweden, the project targets 7 different groups of those who are furthest left behind, of which the following were identified for the pilot phase; **girls victims of violence, girls in conflict with the law, women and girls user of drugs and elderly women with disability.**³ The project aims to eliminate any discrimination towards them and make impactful changes and ensure that the targeted groups’ rights related to prevention, protection and reintegration are fulfilled. Lastly, the project aims at addressing main issues related, not only to the protection system, but also to the communities’ discriminatory attitudes and perceptions towards the identified groups.⁴

“The importance of this project is that it is built on the vulnerability analysis and operates on three levels of interventions which are rapid intervention and response, policy and decision makers, and community outreach and awareness raising,” as explained by Mr. Daoud Al Deek, Deputy Minister of Social Development.⁵

Furthermore, the focus on the abovementioned groups stems from the reality that their exclusion is further intensified and institutionalized by the national protection system, whereby the decision No. 9 of 2011 adopted by the Palestinian Council of Ministers concerning the adoption of a national system of protection centers for women victims of violence, has identified them, in addition to other groups, as “the cases and are not received at the center” and thus are excluded from all services covered under the system.

³ UN women, 2021. Press release: <https://palestine.unwomen.org/en/news-and-events/stories/2021/04/shaml-project-launched>

⁴ Ibid

⁵ Virtual Ceremony held to Launch Shaml project. Press release, April,2021: <https://palestine.unwomen.org/en/news-and-events/stories/2021/04/shaml-project-launched>



1.2. Legal Framework

In August 2011, the Council of Ministers issued a decision N.9 to adopt a national system of protection centers for women victims of violence to be under the responsibility of the Palestinian Minister of Social Affairs. The centers would provide comprehensive services to benefit women victims of violence including social, psychological, legal and medical, amongst others. Additionally, the decision clearly states and identifies the victims' rights that should not be compromised while receiving services at the centers. These include: Right to safety, education, to medical and psychosocial care, healthy meals, possession of certain personal items, privacy, use of media, and to receiving guests amongst others.

While the decision provides further details on the overall framework within which these centers will function, and specify procedures to receive beneficiaries and safety measures to follow, it also fails to include all those who would be in need. Article 29 of the decision specifically excluded 7 different categories of women from the protection centers and shelters, including the following groups: (i) Women who committed a felony and is in contact with the law as a result; (ii) Women who suffer from physical disability or any mental illnesses poses a threat on others; (iii) women addicted to drugs and (iv) any case younger than 18 years old, unless married.⁶

1.3. Palestinian National efforts to combat VAW: strategies, Conventions and limitations

“To promote the principle of the rule of law based on respect for women’s rights and improving institutional mechanisms in Palestinian society in order to protect and support abused women and allow them to live in a society free from all forms of discrimination, and based on equality, dignity, and respect for human rights.” *Goal of the National Strategy to Combat VAW.*

In 2011, a 9–year National Strategy to Combat Violence against Women was issued by the Ministry of Women’s Affairs in close cooperation with UN Women in oPt. The strategy was developed following years long efforts put forth by the National Committee to combat Violence against Women (VAW) established in 2008, in addition to other local partners, towards promoting gender equality, combating all forms of violence and providing necessary protection. Additionally, the strategy was deemed necessary specifically due to a national level absence of policies, preventative, protective and legal mechanisms in place and unrealized decisions by the PNA to put an end to violence against women and girls in Palestine.⁷ In more details, the strategy presented its vision and goal, in addition to the following six proposed overarching strategic goals and frameworks for specific policies: (i) Promote protection and empowerment mechanisms for women subjected to violence resulting from Israeli Occupation; (ii) Promote a legal framework and institutional mechanisms to protect women from

⁶ Council of Ministers’ decision No. 9 for 2011 on protection centers. (Arabic)
https://maqam.najah.edu/media/uploads/2021/08/legislations/F_Documents_92640c4f-e02a-4b5d-8bb9-81eba2fb2957.pdf

⁷ Ministry of Women’s Affairs, 2011: National Strategy to Combat Violence Against Women (2011- 2019).
<https://www.unwomen.org/sites/default/files/Headquarters/Media/Stories/en/PalestinianAuthorityNationalStrategytoCombatpdf.pdf>



violence, (iii) Improve social protection and social support offered to women victims of violence; (iv) Improve health services in dealing with VAW cases; (v) Improve protection, jurisdiction, shari'a and defense systems to protect women based on women's rights-based approach, and lastly ;(vi) promote the principle of violence prevention as part of the strategic direction of concerned institutions.⁸ The entirety of the Strategy to Combat VAW was officially endorsed by the Palestinian Council of Ministers Cabinet.⁹

In response and in addition to the August 2011 Decision No 9 of the Council of Ministers, a National Referral System (NRS), was established in 2013 as a result of Decision No. 18 accepted by the Council of Minister, and henceforth should be adopted by all relevant institutions as the only formal system concerned with the provision of all services related to the protection and rehabilitation of women and girls victims of violence. The system targets the health and social sectors as well as the security sector by putting forth a set of rules that establish an overall framework for service provides to adopt while dealing and providing treatments for women victims of violence.¹⁰

Subsequently, On April 1st, 2014, the State of Palestine had ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) without providing any reservations, and in 2019, had signed its Optional Protocol. A National Ministerial Committee for Follow up as well as a Committee of Experts, acting as a subcommittee, were established. In 2017, An initial report of the State of Palestine was submitted to the Committee, which declared that "there have been only a few amendments to existing legislation."¹¹ Although this constitutes a critical step towards the elimination of all forms of violence and discrimination against women and ensure equality, however; in reality CEDAW's full adoption and implementation into the Palestinian law is not yet achieved, and thus, the law has not been published in the Palestinian Official Gazette.

In addition to several shadow reports submitted by local NGOS, a parallel report prepared by the National Coalition for the implementation of CEDAW was also submitted, in addition to Al – Haq's report to the Committee in 2018 on its first periodic review of the State of Palestine's report, through which it presented a set of recommendation to the Committee, of which the following are of utmost importance:

- The state of Palestine should have "clear accountability mechanisms for discrimination against women and girls."
- Align law with CEDAW.
- The urgency to introduce a law related to sexual harassment.¹²

Furthermore, calls by local Palestinian NGOS have been placed in reiteration of the need for the PA to: "fulfill its international obligations following Palestine's accession to CEDAW", as reiterated by the

⁸ Ibid

⁹ UN Women. (2011). Palestinian Cabinet Endorses National Strategy to Combat Violence against Women <https://bit.ly/32A8mc3>

¹¹ Women Convention- State of Palestine Initial Periodic Report to CEDAW, 2017.: <https://www.un.org/unispal/document/women-convention-state-of-palestine-initial-periodic-report-to-cedaw/>

¹²Al-Haq Submission to the committee on the elimination of discrimination against women on the first periodic review. June 2018: https://www.alhaq.org/cached_uploads/download/alhaq_files/publications/Al-Haq%20Submission%20to%20the%20CEDAW%20Committee_70th%20Session_June%202018_EN.pdf



Palestinian Centre for Human Rights, based in Gaza, on International Women's Day, March 8th, 2019.
13

National efforts to further combat gender based violence and protect women's rights continue. The Ministry of Women's Affairs (MoWA) has adopted the Second National Action Plan on "Women, Peace and Security" towards the implementation of United National Security Council Resolution 1325 and subsequent Resolutions (2020 – 2024). It puts forth specific strategic outcomes, with its first strategic pillar being towards "Prevention and Protection," which has for the main outcome: "Palestinian women's and girls' participation in conflict prevention is promoted including in response to the impact of the occupation and all forms of gender- based and sexual violence on their lives."¹⁴ Furthermore, MoWA's second national plan is aligned with national strategies, mainly the Palestinian Authority's National Policy Plan: Putting Citizens First (2017 – 2022).¹⁵

Despite such efforts being put in place, in addition to other governmental and sectoral efforts to provide protection and safety to all members of the society, the limitations of all combined efforts lead for some vulnerable groups to be left behind.

1.3.1. Girls victims and survivors of Violence

In Palestine, women and girls of all ages experience at least one form of violence. According to the last survey conducted in 2019 by the Palestinian Central Bureau of Statistics (PCBS), a total of 29.4% of married women have experienced at least one type of violence perpetrated by their husbands, 56% of whom have experienced psychological violence, 41% economic, 33% social, 18% physical and 9% sexual violence across the West Bank and Gaza Strip.¹⁶ This is not only limited to women, as girls (ages 12 – 17 years old) have also been exposed to physical violence (44%).¹⁷

Operating under the official umbrella of the Palestinian Ministry of Social Development are 5 different governmental protection shelters that provide the essential anti-violence services for women and girls victims and survivors of violence. These services are centered around a "survivor- centered" approach, which ensures the respect of rights in terms of decision making, respects of rights of education and legal literacy, and ensure the provision of comprehensive services to all victims¹⁸.

There are four official shelters: Mehwar Center (Beit Jala), Bait Al Amen (Safe House) in Nablus, Beit Al Taware' (Emergency House) in Jericho, and Beit Al Amen in Gaza.

In a critical report produced by UN Women Palestine office in 2018, a comprehensive assessment was carried out on the quality and efficiency of the essential services provided by the centers. As a result, a list of actionable recommendations that is set forth based on the main findings of the study.

¹³ Palestinian Centre for Human Rights. Press Release: On International Women's Day. March, 2017: <https://pchgaza.org/en/12108/>

¹⁴ Ministry of Women's Affairs, 2020: <http://1325naps.peacewomen.org/wp-content/uploads/2021/08/Palestine-2020-2024.pdf>

¹⁵ State of Palestine, 2016. National Policy Report:

https://planipolis.iiep.unesco.org/sites/default/files/ressources/palestine_draft_final_npa.pdf

¹⁶ <https://www.pcbs.gov.ps/Downloads/book2480.pdf>

¹⁷ Ibid

¹⁸ UN women, Assessment of the services of anti-violence centers and shelters in Palestine.2018 Page.5 <https://www2.unwomen.org/-/media/field%20office%20palestine/attachments/publications/2018/12/unwgsopalcopalsheltersassessmentv8final.pdf?la=en&vs=423>



The safe House in Nablus is the first of its kind, as it opened in 1999.¹⁹ Operating to serve the northern part of the West Bank, The Safe House had provided services for more than 530 survivors. After an assessment of the services in Nablus, the findings indicate that, although the basic services (psychosocial, legal, health recreational, economic empowerment and general reintegration efforts) are available, however; some challenges and limitations were concluded. During the visit, the center was experiencing a financial crisis which impacts the availability of essential items to the beneficiaries. Additionally, there is a general lack of supervision, support and training provided to the social workers and psychologists.²⁰

Mehwar Center, on the one hand, has been operating since 2007. Funded by the Government of Italy. Mehwar was the very first specialized address in the Occupied Palestinian Territories for women who have experienced or are at a risk of being exposed to violence, and are in an urgent need of refuge and support. The center provides the necessary prevention, protection and the necessary tools and support for psychological, social and legal recovery.²¹ Mehwar, *“has one of the most comprehensive services amongst all shelters”* and is known for its great protection of the beneficiaries’ privacy. However, it does struggle with financial procedures and some governance related issues, to which the report has recommended: *“to consider separation of power at the governance level”*²².

However, all shelters, and according to the Council of Minister’s 2011 Decision No.9, do not officially accept any girls victims of violence under the age of 18. However, as the abovementioned study clarifies, the declared beneficiary group of the Safe House in Nablus, for example, does include unmarried girls under the age of 18 as temporary measures, and does accept girls if they are accompanied by their mothers, which indicates some flexibility when dealing with these specific cases. As declared by of the staff members there:” With the children under the age of 18 years who were sexually assaulted and pregnant teenager, we can only accept them for at least 24 hours and sometimes more until the Required procedures are followed by partners”²³.

Lastly, girls’ survivors of violence are also accepted at the Juvenile Center for Girls - Girls Care House in Beit Jala, which entails the need to assess the provision of services and specialized protection shelters for girls under the age of 18, which renders them vulnerable and marginalized within the protection system in Palestine and further threatened their overall wellbeing. The study recommends that some centers should extend the services to include this specific group of girls, specifically to the Bait Al Tawarea (Emergency Center) in Jericho.

1.3.2. Girls in conflict with the Law

¹⁹ Ibid

²⁰ Ibid

²¹ The Mehwar Centre: Women Agents of Change. <https://palestine.unwomen.org/en/digital-library/publications/2012/12/mehwar-agents-of-change>

²² UN women, Assessment of the services of anti-violence centers and shelters in Palestine.2018 Page.5 <https://www2.unwomen.org/-/media/field%20office%20palestine/attachments/publications/2018/12/unwgsopalsheltersassessmentv8final.pdf?la=en&vs=423>

²³ Ibid



In 2014, the State of Palestine joined the UN Convention on the Rights of the Child and had signed two of its Optional Protocols related to Sale of Children and Children in Armed Conflict. The State of Palestine had submitted its initial report on Children's rights in Palestine to the Committee on the Rights of the Child, to which the committee had answered with comments and general observation. One of the major recommendation put forth by the committee states: *"The Committee recommends that the State party enact comprehensive antidiscrimination legislation; review its legislation and practices, with a view to prohibiting all forms of discrimination, particularly against girls; and strengthen the effectiveness of its social protection system for all children in disadvantaged or vulnerable situations, without discrimination."*²⁴

Additionally, and in relation to Juvenile justice system, the Committee reiterated its concern, whereby it urged the state of Palestine to A) *Bring its child justice system fully into line with the Convention and other relevant standards in all parts of the State party, including by providing the necessary human, technical and financial resources to fully implement the Decree Law on the protection of Palestinian juveniles in all parts of the State party;* and B) *Ensure that ill-treatment of children in places of deprivation of liberty does not occur, provide qualified and independent legal aid free of charge to children in conflict with the law and offer child-friendly and accessible complaint mechanisms.*²⁵

Furthermore, a joint alternative report was submitted by several human rights civil society organizations in Palestine to the Committee on June 2019, indicating a serious lack of any information or data within a unified national system relating to children in conflict with the law, in addition to a gap relating to the application and the criteria of the best interests principle.²⁶ It states: *"There are no social, psychological, or educational specialists consulted before deciding on measures to be imposed on children."* Lastly, the report mentions several violations of child rights, of which detention with adults is one that was reported following 47 cases of children.²⁷

According to the Palestinian Central Bureau of Statistics, there were a total of 1370 identified as juvenile offenders, of which 28 were females. The highest percentage of girls was in Hebron, followed by Ramallah and Al-Bireh governorates, Jerusalem and Jericho²⁸.

In Palestine, girls and boys under 18 and in conflict with the law are placed in juvenile detention centers. Alternative to Detention is grounded on jurisdictions directing juveniles who commit status offenses or pose a low risk to the community to receive services through community-based programs. There are various types of alternatives to detention. Some include referring children to community-based activities through rehabilitation centres. In the West Bank, there are only two referred to as

24 Concluding Observations on the Initial Report of the State of Palestine, 2020
<https://www.un.org/unispal/document/committee-on-rights-of-the-child-concluding-observations-on-the-initial-report-of-the-state-of-palestine-advance-unedited-version-crc-c-pse-co-1/>

²⁵ Ibid


²⁶ Alternative Report, 2019.

https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/PSE/INT_CRC_NGO_PSE_34737_E.pdf

²⁷ Ibid

²⁸ Palestine Central Bureau of Statistics, Juvenile offenders who entered correctional institutions in Palestine by Governorate and Sex, 2020. https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=973





the Correctional Institutions for girls and boys in conflict with the law; one for boys “Dar Al- Amal” in Ramallah, and one for girls “Girls Care House” in Beit Jala.

A serious problem arises relating to an absence of monitoring mechanism of such centers, and a complaint systems for children to file any cases of violation, as the alternative report states. Alternative to Detention (A2D) refers to measures that may be imposed on children who are being formally processed through the criminal justice system, at both pre-trial and sentencing stages that do not involve deprivation of liberty. A2D are also referred to as “alternatives to deprivation of liberty” and “non-custodial measures”. A2D can be applied from the time of apprehension until final disposition for children who have not been diverted away from judicial proceedings. The terms ‘alternatives to imprisonment’ (as opposed to ‘alternatives to detention / deprivation of liberty’) and ‘non-custodial sentencing’ (as opposed to ‘non-custodial measures’) apply specifically at the sentencing / final disposition stage²⁹.

The application of A2D for Children in Conflict with the Law is expected to provide child offenders the chance to reassess their behaviour without serving in prison sentence. The process helps them better understand and make amends for the harm they have caused to victim and/or the community. Moreover, A2D help protect children, keeps them connected with their families, and supports their education. It reduces negative developmental impacts associated with detention.

Nevertheless, in Palestine, a fire accident erupted in October 2020 at the Girls Care House. Ever since, all residents of the Care House have been moved to “Mehwar”; an anti- violence shelter center established in 2008 with a multi- purpose to provide preventative as well as protection services to women victims of gender based violence, in addition to other interventions, mainly: support, strength and general empowerment to the survivors and their children, psychological first aid (PFA), psychotherapy and counselling as part of a larger psychological framework and legal counselling.

1.3.3. Elderly women with disability

On the eve of the International Day of Older Persons (1/10/2021), PCBS has published it’s latest press release celebrating the elderly persons of Palestine.

5% of the Palestinian people are described as elderly (Aged 60 and above), with a total of (n=282,697), of whom 6% are in the West Bank (n=186,804), compared to 5% in Gaza Strip (n=95,875). Furthermore, the press release indicates that the number of female elderlies in Palestine is larger than males, with 146 thousand and 136 thousand respectively by mid- 2021.³⁰

Almost half of the elderly in Palestine (48%) have at least one type of difficulty/disability, of which the most common was reported as mobility related disabilities with 31% of all the elderly, while 24% have at least one type of visual difficulties. Furthermore, it was reported that 5% of the poor are from the elderly groups, with high rates of poverty amongst households headed by an elderly (reaching up to

²⁹ Pulling You Out: A Report on Opportunities to Apply Alternatives to Post-Trial Detention in Palestine. Tdh (2017)

³⁰PCBS, 2021. Press release: <https://pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=4081>



32% poverty rate).³¹ These rates have increased by more than 10% compared to 2017 census data of PCBS where 39% of elderly were reported to have a difficulty.³²

In addition, according to the last survey conducted by the Palestinian Central Bureau of Statistics (PCBS) (2019), persons with disabilities of all ages (18- 64) are subjected to at least one type of violence in Palestine.³³ 31% of persons with disabilities who have never been married have experienced psychological violence and 19% have experienced physical violence by a household member. For married females with disability, 50% have experienced at least once psychological violence by their husbands, while 20% have experienced physical violence.³⁴ In addition to other factors, the violence experienced by this group is a key driver behind their vulnerability.

Lastly, the elderly is at a great risk of Covid – 19 related death and diseases, as it was reported that about 78% of the deaths related to Covid 19 were persons aged 60 and above (n=4,286).³⁵ These percentages are indicative of this specific group's vulnerability compared to other groups in Palestine. However, further detailed data on "Elderly women with disability" as a group at a greater disadvantage is absent from national reports. Furthermore, the Common Country Analysis (CCA) of 2019 separates the elderly from persons with disability as two separate vulnerable groups, failing to represent the specific additional vulnerabilities associated with elderly women with disabilities.

For the elderly, the report recognizes that the only reliable source of care for this group is their families and that formal support systems with social protection and health services are inaccessible to them.

As for persons with disabilities (27% of the population in Palestine), different factors influence their ability to fully enjoy their rights. The study reports that although the majority of persons with disabilities are at an advantage, women with disabilities are at a greater disadvantage in comparison³⁶.

In its Social Development Sector Strategy (2017 – 2022), the Palestinian Ministry of Social Development (MoSD) identified the elderly and persons with disabilities as priority groups in its targeting of service provision.³⁷ Furthermore, the Ministry aspires through this period to achieve strategic objectives relating to alleviating poverty; removing all forms of social marginalization and exclusion, and consolidating social cohesion. However, the strategy reveals that in fact, the elderly on one hand, suffer from grave situations of poverty, health problems, violence, poor infrastructure amongst others, due to a variety of legislative reasons and a lack of available care homes, rehabilitation centers and shelters.

Similarly, for persons with disability, an unsupportive legislative environment, negative community attitudes, and economic situations are all factors that lead to an increase in their vulnerability and result in their exclusion on different social fronts.³⁸

³¹ Ibid

³² PCBS, 2020. Press release: <https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=3821>

³³ PCBS, 2019. Results of the violence survey: <https://www.pcbs.gov.ps/Downloads/book2480.pdf>

³⁴ Ibid

³⁵ Ibid

³⁶ UN country team, 2016: https://reliefweb.int/sites/reliefweb.int/files/resources/CCA_Report_En.pdf

³⁷ <http://extwprlegs1.fao.org/docs/pdf/pal179885.pdf>

³⁸ Ibid



Combined, women elderly with disability group is completely absent under the overall development framework in Palestine with little to no services available for their protection and reintegration with the Palestinian society. For example, there are no government supported shelters for the elderly who have disability, especially in cases of extreme disability, which results in leaving this group behind in terms of availability of quality services and accessing available services.

1.3.4. Women and girls user/addicted to drugs

According to the Ministry of Health's 2017 report on "Estimating the extent of illicit drug use in Palestine," it was found that, generally speaking, the use of drugs is spread across the West Bank and Palestine, resulting in 1.8% of the male population aged 15 and above to be high risk drug users (HRDU), which is defined in the report as "recurrent drug use that causes actual harm to the person" with 16453 in WB and 10047 in GS.³⁹ In West Bank, marijuana/synthetic marijuana/hashish were the most used drugs, while Tramadol and Lyrica were mostly used across GS.⁴⁰ The study, however, recognizes that accurate numbers of female users of drugs across the WB and GS are unavailable, as it is unavailable across the globe, as this group remain largely understudied. However, according to the United Nations Office on Drugs and Crime (UNODC) world drug report in 2016, it was concluded that one third of world users of drugs are women.

Under its second strategic objective: Development of social services for the vulnerable and poor groups, The Ministry of Social development's social development sector strategy, acknowledges certain achievements related to the specific group of drug users, whereby the Ministry has achieved to provide counseling services and general prevention to 98 drugs users along with distributing necessary awareness material relating to the harm caused by drugs.⁴¹ However, specifically for women addicted to drugs, a main concern remains in terms of shelters and protection services, as women users of drugs are completely excluded from the national sheltering system, as per the council of Minister's 2011 decision on the national system for protection centers.⁴²

1.4. Relevance of exploring social norms in reducing vulnerabilities

The importance of this analytical study lies in the urgency to tackle and explore one specific driver of vulnerability and a potential factor in the continuous marginalization of the identified vulnerable groups that has been identified in the Common Country Analysis (CCA) for the oPt (2016): Social norms. This study will focus on the existing social norms and stereotypes that have far reaching impact on the lives of those who are in focus. This is done through first understanding the local community's attitudes and positions towards the vulnerable groups and their rights, and explore to what extent the stigma perpetrated against such groups are factors prohibiting the full realization of their rights. In

³⁹UNODC, 2017

https://www.unodc.org/documents/middleeastandnorthafrica/Publications/Estimating_the_Extent_of_Illicit_Drug_Use_in_Palestine.pdf

⁴⁰ Ibid

⁴¹ Ministry of Social Development: Social Development Sector Strategy, 2017

<http://extwprlegs1.fao.org/docs/pdf/pal179885.pdf>

⁴² Assessment of services of anti – violence centers and shelter. 2018: <https://gerusalemme.aics.gov.it/wp-content/uploads/2019/01/Assessment-of-the-services-of-anti-violence-centres-and-shelters-in-Palestine-UNWOMEN-2018.pdf>





order to overcome all drivers behind vulnerability, concrete measures and policies need to be in place that would tirelessly aim at improving the different groups' quality of life and further ensure their protection. Changing sociocultural norms and traditions as well as raising awareness is a step forward towards eliminating discriminatory and deeply rooted social norms, and further providing a better reality with no one is at risk of being left behind.





Chapter Two: Findings of the Study

Elderly women with disabilities – Jericho

Beit Al Ajdad for Eldery Care is a government - funded nursing institution based in Jericho that operates under the umbrella of the Palestinian Ministry of Social Development. Established in 1955, its main mission is to: “Provide efficient programs and services with the impact of quality and quantity in the areas of protection, care and prevention, empowerment and awareness through effective partnership.” It is the only existing governmental care for the elderly in Palestine. With a team of 35 members comprised of nurses, supervisors and service providers, Beit Al Ajdad currently houses, for free of charge, around 30 residents of elderly of which 20 are elderly with disabilities, and a few cases of young adults with disabilities.

Aloneness, dire economic conditions and disability: Background stories and drivers behind residency

Through Focus group discussions with 5 senior citizens with disabilities of the Elderly care house, residents generously shared their stories and main drivers of taking up residency and deciding on this Foundation as their chosen home.


The residents’ original home towns are located in different regions across the West Bank, including Jericho, Beit Jala, Hebron, and Tulkarem among others. The reasons as to why some elderlies are diverse. The majority of the participant expressed it was their own decision that had led them to be part of this residency as it constituted a better option for them compared to their own realities. For instance, one participants shared that she prefers to be at the residence instead of living with her brother and his family because according to her “she would feel shy living with them.” After coming back from Jordan following the passing of her husband, she had sked whether she would prefer to go back to her brother’s house or to Jordan, to which the participant answered

“I have no one left in Jordan. I would not go back to my brother’s house. I live here now, and this is where I feel at home.”

Another participant from Bethlehem who has been a resident at the Elderly care for almost five years quickly explained while introducing herself: *“I came here on my own free will.”* After further discussion, she remarked that there was no one to provide care for her. She requested assistance from a caretaker to visit her but due to the expensive cost associated with the service, the participant decided to take up residency in Jericho. As this was not her preferred choice, when asked whether she is happier here than when she visits her family back home, to which reluctantly she answered: *“I am happy in both places.”*

“I came here only because of one reason: there is no one left back home. My sister got sick and went to the hospital, and I was left all alone. I came here in search of companionship” explained another participant.





Growing up in a household with difficult economic conditions, the participant proceeded to share details from her childhood and dynamics within her family.

A participant, whose husband is also a resident at Beit Al Ajdad, has been a resident a result of disrespect and family disputes over finances. I came here because the Ministry of Social Development advised me to as there won't be anywhere else that would care for me as I use a walker to assist me. When asked whether she has a son to provide her with care, she answered "If I had a son he would not have let me come here. I would have stayed at his place. You would not have found me here"

On the other hand, others had no choice but to come here due to their disabilities. One participant, expressed that her physical condition due to Parkinson's disease had led her to Beit Al Ajdad. Undertaking surgical operation in her knee in 2015, the participant found herself unable to continue her career as a nurse and move around. She requested that her brother take her to Beit Al Ajdad in search for a "constant" home, and as a result, the participant has been a residence since 2018. Additionally, she was in search for care as her condition was getting worse and was unable to support herself. However, the participant manages to visit her relatives and siblings from time to time regardless of her condition.

As stories were shared openly with the rest of the group and as memories of families, loss and of previous lives surfaced, some participants found themselves in a vulnerable place while explaining their difficult circumstances and in discussing matters of sickness and feelings of aloneness. Subsequently, the conversation had shifted to one with expressions of comfort, assurance and support provided by the rest of the group.

Expressions of comfort, satisfaction and a sense of home

FGDs participants were unanimous in their expression of content and happiness for being at the elderly care as some were there in search of company, friendship and sisterhood that were forged during their stay there. *"I consider everyone as my family here. We are happy,"* as one participant shared. In an attempt to describe the uniqueness of the place, another participant stressed on the fact that she felt comfortable there where she has her own room and was never bothered by any of the residents.

Additionally, happiness and content seem to be derived from to the daily routine and consistency in services received, which together are conducive to feelings of safety and stability. One elderly women mentioned *"We are happy. We wake up every day, take a shower, change our clothes and have breakfast that is served at 9am. This is followed by lunch at 1pm and then everyone is free to do as they please."* Two of the group participants reiterated that they are satisfied with the food that is being served to them.

In terms of the other services provided, the participants expressed their satisfaction as they cover their basic needs; as remarked by one resident: *"There are excellent services here. They take good care of us and we are not lacking any services."* Another participant pointed out that she feels respected, and that is enough for her. This, as she described, was not commonplace where she used to live, and as such, she is happy to be at Beit Al Ajdad. Additionally, expressions of gratitude circulated the discussion, specifically referring to the physiotherapy sessions that were provided to those in need.

Lastly, when asked if there were specific needs or wishes they would like to articulate, one participant answered: *"we want more fruits."*



At Beit Al Ajdad: Cases received and harsh realities exposed

“We do not ask the family members for financial support, we only ask them to care.” Supervisor at Beit Al Ajdad

In addition to what the participants in the FGD revealed of certain aspects of their lives and how that had led them to take up residency mainly dire economic situations and absence of close family members, the overwhelming cases received at Beit Al Ajdad reveal certain attitudes and behaviors towards the elderly that are rarely discussed yet strongly exist within the Palestinian society.

Feelings of unease and shock were expressed by some of the staff members and supervisors when describing the state in which some of cases were found upon arrival.

Women elderly and with disabilities have been victims of horrific neglect perpetrated by their own family members, as reported by one of the supervisors. Upon arrival, women were reported to have been in a serious physical and mental conditions that were the result of years of unpaid attention, care and love. Some have suffered from extreme isolation within their families and/or severe health conditions that have never undergone treatment, while others have had difficult psychological conditions that were never treated and as a result their mental states have deteriorated to the point of irreversibility. It was reported that elders arrived at the center had Alzheimer's disease, dementia, depression and other related behavioral disorders.

Meanwhile, overwhelming emotions of disbelief and despair were conveyed by an interviewee when explaining that some residents are left without having any of their family members check up on them, at times up to a year. The staff contacts some of the family members as they believe that the residents' interaction with their loved ones would drastically improve their state, to which sometimes they receive a rejection or a general unresponsiveness from the members. “I had to convince a brother once to visit his sisters for only a few hours. At other times, they reach out to them and convince them to come visit the person concerned, some are unresponsive and refuse to do so. As the director further shared,

“The continuous neglect of the family members and not visiting the elderly have had negative implications on them and further worsened their conditions.”

One alarming case had surfaced during this discussion. An elderly woman with mental disability has, in the words of one supervisor: **“*begged us to contact her son who lives in the United States to convince him, along with his family, to come back to Palestine.*”** The elderly resident has been diagnosed with compulsive behavioral disorders and had suffered from difficult social conditions and was once evicted and placed on the streets for not having paid the rent. In need to contact her sons, employees at Beit Al Ajdad have repeatedly tried to contact them, but without any luck. **“*I am a mother, you understand?*”** she constantly reminds them. **“*I need you to work on this and take care of this serious matter. To reunite us,*”** the woman with disability has told the employees.

Additionally, some cases, specifically of elderly with disabilities and as reported by the staff, have had their rights taken away from them by members of their family, and were exploited in ways that they had to give up their rights, for example in their ownership of land or related to inheritance. As one supervisor recalled: **“*sometimes we have relatives who come here with lawyers to take signatures*”**



without the residence's full understanding or knowledge of the matter." To some extent, the supervisors are afraid and see some of the family members as a threat on the mental and physical wellbeing of the elderly.

When defining the rights of elderlies, the Director of Beit Al Ajdad stated:

"Like any other human being, they are deserving of a decent living and of the realization of their rights. As they have clearly lost those rights in their homes and are now residence at Beit Al Ajdad, it is our responsibility as part of the government, to attend to their needs through the different programs and the comprehensive care we provide here."

Furthermore, and specifically referring to elderlies with disabilities:

"It is their right for their past and what they have achieved to be recognized and to remind them that they were valued and respected members of society. It is our duty here to preserve this value and provide them with the love and dignity they deserve."

At Beit Al Ajdad: Service provision and efforts at reintegration

"I try to provide and understand what they need because, sometimes, they are unable to tell me their needs themselves." Director of Beit Al Ajdad

As the majority of the residence is of elderly with disabilities, the services provided at Beit Al Ajdad are well tailored towards the needs of this specific group. Beit Al Ajdad provides all necessary services to ensure that its residents are safe and healthy. For elderly women with disabilities, the space is fully adapted to ensure access to all facilities and allow persons with disabilities to enjoy movement without facing any challenges. Additionally, all mobility support items, such as walkers, cranes and wheelchairs, are available.

In terms of the medical services provided by the unit of health care at Beit Al Ajdad, the director explains ***"We attend to their medical needs at all times. In cases where there was urgency in referral to the hospitals, we provide one of the supervisors to accompany the patient to receive the necessary treatment"***.

Additionally, the employed staff is highly dedicated and show great levels of responsibility when dealing with this specific group as they are very aware and attentive to their daily needs of the elderlies at all times. As further clarified by the director,

"the staff is considered as the backbone of this place. The staff comprises of 35 employees, of which 10 are supervisors (5 males and 5 females) who are dedicated to their work. They are part of the decision-making process and are integral to the sustainability of this place."



Together with supervisors, all residents at Beit Al Ajdad enjoy outdoor activities from time to time, and participate in trips that positively impacts their mental health. This, as was explained during in – depth interviews, is an integral part of the program and services provided. One example was given whereby the staff took some residents to Hebron city and toured the city and its landmarks for three consecutive days. Additionally, camping activities are regularly conducted, of which camping in Tiberias was one example.

Lastly, the services are extended to guarantee the protection of the rights of elderly, specifically of those with disabilities. As Biet Al Ajdad is aware of the high risks of exploitation, such as in terms of inheritance that the residents could be subjected to by some family members, the elderly care house provide legal services to relevant cases and ensure that the purposes of visitations are clear in advance.

The staff at Beit Al Ajdad is aware of their responsibility in trying to reintegrate and reunite some of the residents with their families. Only one or two cases of such were conducted, whereby the care house attempted to unite an elderly resident with his son who was jailed. The center had rented a house for both of them to live together. Efforts are extended in terms of constantly checking up on the elderly and ensure that he is enjoying a healthy and honorable life with his son. ***“His mental health has drastically improved as a result,”*** one supervisor explained.

As comprehensive as the abovementioned services could be for this specific target group, the Director further expressed the center’s future vision as follows:

“we wish to expand the services to address the needs of the elderly and elderly persons with disabilities, not only for those who are residing here, but also to provide daily activities and open the space for those who could join for a few hours while their family/son at work for the day. The space would ensure to cover the transportation and provide them with what they need until they are safely back at home.”

Grave challenges

Although the senior residents have shared positive stories of their lived experiences at Beit Al Ajdad during FGDs, evidence from in – depth interviews highlight grave obstacles that hinder, the full realization of the elderly with disabilities’ fundamental rights. ***“We have new challenges on daily basis,” as expressed by one of the supervisors, “and each day we try to overcome them.”***

The challenges that were identified by the supervisors and residents include the following:

- **Unavailability of designated spaces for the elderly with disabilities**

It is clear that Beit Al Ajdad houses elderly and elderly with disabilities under the same roof. Although the majority are of elderly with disabilities, it is clear that a fail to separate both groups from one another could have serious implications on their lives as well as their experience at Beit Al Ajdad. Additionally, there is one case resident of an adult female with disabilities that the center tries to separate from the elderly with disability out of fear of getting hurt. One supervisor stated ***“I do not guarantee the behavior of the elderly with mental disabilities around her, which is why we have dedicated a separate room/space for her to spend her time in.”***



Furthermore, the center does not have the facilities nor the capacities to divide the residents based on their disabilities. Now, elderly are placed with elderly who have physical disabilities, while those with extreme mental conditions are placed alone in fear of putting any of the other residents in danger.

- **Absence of personalized and specialized health care**

“Although care is available, however it is not specialized,” one supervisor stated. It is of outmost urgency for Beit Al Ajdad to have specialized care to urgently attend to the different cases with extreme physical conditions. Some cases are transferred to hospitals for surgeries but are not followed up on properly after they return.

Additionally, a general doctor for follow up and emergencies is also needed to be based at their premise. An absence of specialized care could be detrimental to the physical wellbeing of the residents.

One case that was referred to that is in urgent need of hospitalizations is an elderly woman with mental disabilities, Um Joseph, who seemed to have a mass that has not been treated. Due to the woman’s complete refusal to go to the hospital and undertake surgery, doctors have been skeptical and have refused to act against her will. The medical team and the employees are trying to find a way to convince her to at least visit a private clinic and not refuse treatment. Her conditions remain critical and risky. An immediate health response is still required.

- **Absence of psychologist/psychiatrist for assessment and follow up**

As previously mentioned, senior citizens who would like to take up residency at Beit Al Ajdad arrive in a state of physical and psychological distress. Absence of a psychologist/ psychiatrist that examines new arrivals and further follows up on their case leads to further deterioration of their conditions. It is clear that this is one of the most urgent needs that is lacking at the center, as noted by a supervisor:

“It is my priority to ensure safety and health for everyone involved to have a psychologist here.”

Additionally, the absence of a follow up on specific cases with mental disabilities has negatively impacted their willingness to receive treatment, as previously mentioned case demonstrated.

- **Absence of qualified/ trained caregivers and supervisors**

“We deal with elderly with disabilities the same way we deal with senior citizens. The building is well equipped to receive this group, but the staff isn’t,” noted a supervisor during the in-depth interview.

Although supervisors attend to the different needs of the residents with disabilities, an absence of a professional training or a specialized diploma could impact the effectiveness of the care they provide, and further put the residents as well as the supervisors at danger. As the director stated: **“Supervisors should be nurses, in order to be able to care for the elderly, specifically those with disabilities”**. This is the case especially that the need to hire additional nurses was underlined as a priority for Beit Al Ajdad.

Some measures were taken as to raise awareness and level of knowledge of supervisors and working staff on key mental health disorders and appropriate ways to deal with them. The managing team



have proceeded to create content for leaflets that are distributed amongst all staff and supervisors of the different cases with disabilities, specifically mental related.

- **Overworked and fearful staff**

Beit Al Ajdad is a case in which the employees are overworked. With only 10 supervisors and supervisors to attend to the needs of more than 30 residents, employees are at a high risk of developing physical and emotional exhaustion. ***“It is sometimes the case that there is only one supervisor working a 12-hour shift (from 8:00 am to 8:00 pm), and providing care for the 30 residents,”*** noted the director in an attempt to explain the urgency of employing further supervisors and some of the harsh realities in which they work. He further describes it ***“this is a crime against the supervisor because she is a constant state of fear considering the big responsibility.”***

The stress and physical exhaustion supervisors are further intensified by a constant state of fear from being attacked. In case of emergency at Beit Al Ajdad, supervisors are left powerless and unable to act. For example, an incident had occurred whereby the Director had received a phone call from the supervisor at 1:00 a.m. informing him:

“I have locked myself in my room because one of the residents in the opposite room is experiencing an anger episode and I am afraid to get to her because I do not know what to do. I am sorry I am calling you at this hours but tell me what to do.”

The Director proceeded to vividly describe their movement as “heavy”. He remarked ***“They all look pale and mentally exhausted. They are tired. They have completely coped with the situation and have adapted to the place”***. Such atmosphere could be conducive to the development of psychological as well as physical conditions under prolonged states of alertness and exhaustion.

It is important to state that, recently, Beit Al Ajdad has been focusing on providing the needed psychological assistance to its employees through stress-reducing workshops with local civil society organizations and other national and international organizations. The director understands the necessity of providing such care to the employees as it is part of their rights.

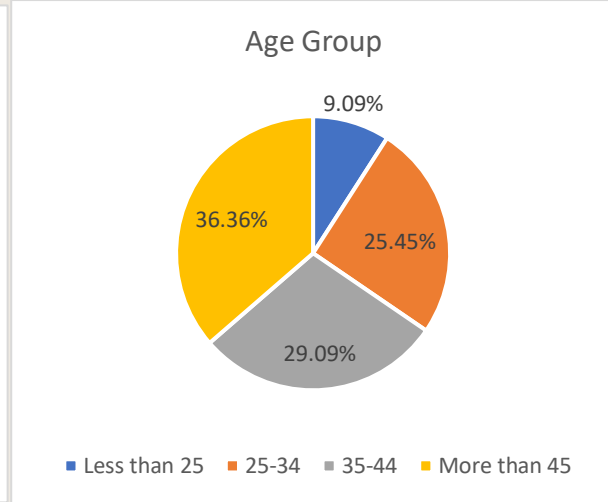
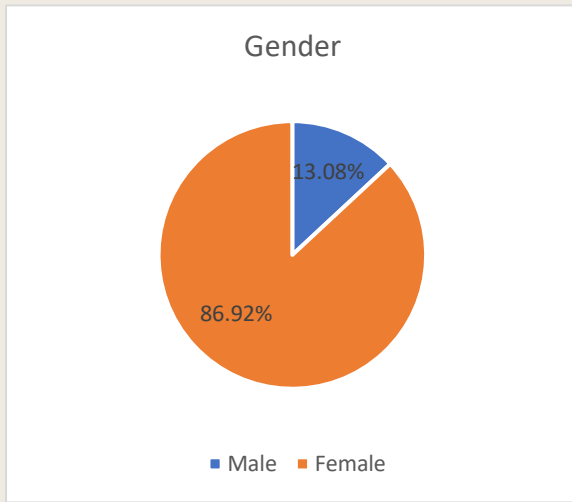
Lastly, and in concluding remarks, the director reiterated the heavy burden that is being placed on the employees: ***“We are not like any other employees anywhere else. We do not go to work and do what is required of us then leave at the end of our shifts. Believe us, it is a miracle that we are still able to sustain this situation”***.

Results of Public Perception Survey on the Rights of elderly women with disability

Respondents profiles

A total of 110 participants completed the online poll survey on elderly women with disability and their rights, of whom the majority were female (85.92%) compared to 13.08% males. Out of all respondents, 36.36% aged 45 years or more, 29.09% between 35 and 44, 25.45% between 25-34, and lastly 9.09% aged less than 25 years old.





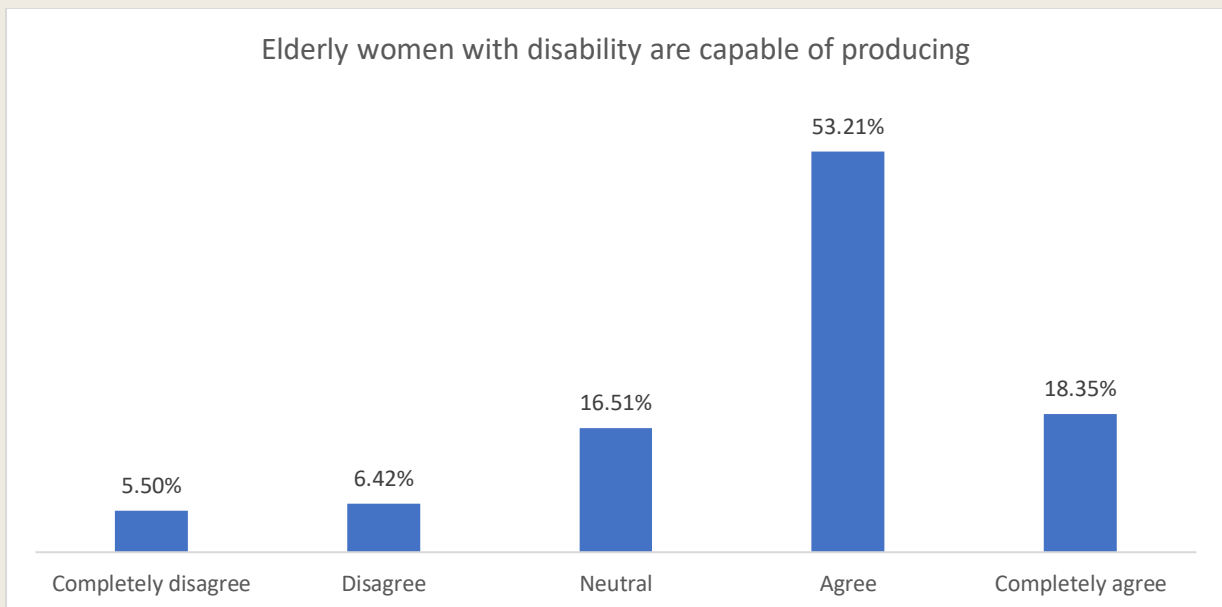
In terms of their marital status, 58.72% of respondents were married, followed by 28.44% single, 7.34% divorced and 5.5% widowed.

The majority (60.91%) of participants were from cities, compared to much lower rates of 26.36% and 12.73% from villages and refugee camps, respectively.

The vast majority (77.98%) of all respondents had completed university degrees, while the remaining percentage of 13.76% and less held high school diplomas, and/or vocational education, and/or did not complete any degree (uneducated).

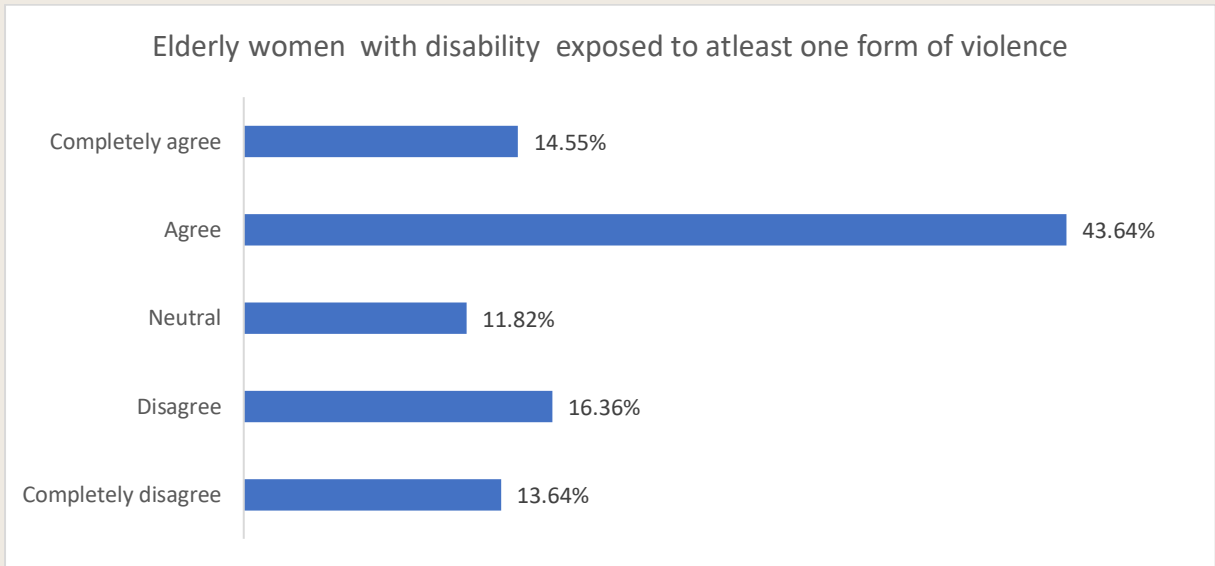
On the rights of elderly women with disabilities

71.56% of respondents believe that elderly women with disabilities are capable of being productive and are active members of society.



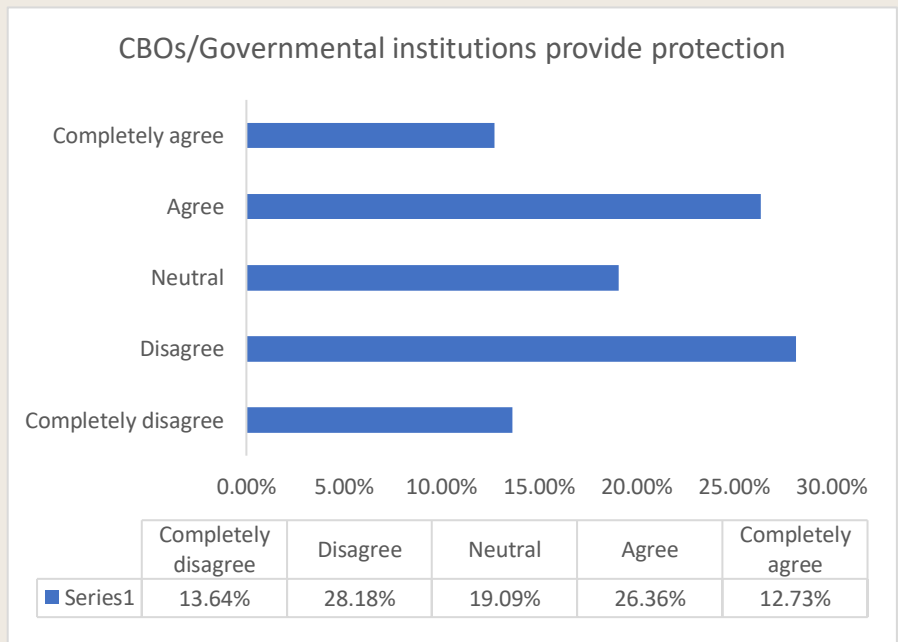
In Palestine, 58.19% of respondents believe that older women and women with disabilities are subjected to at least one form of violence, compared to around a third who do not agree.





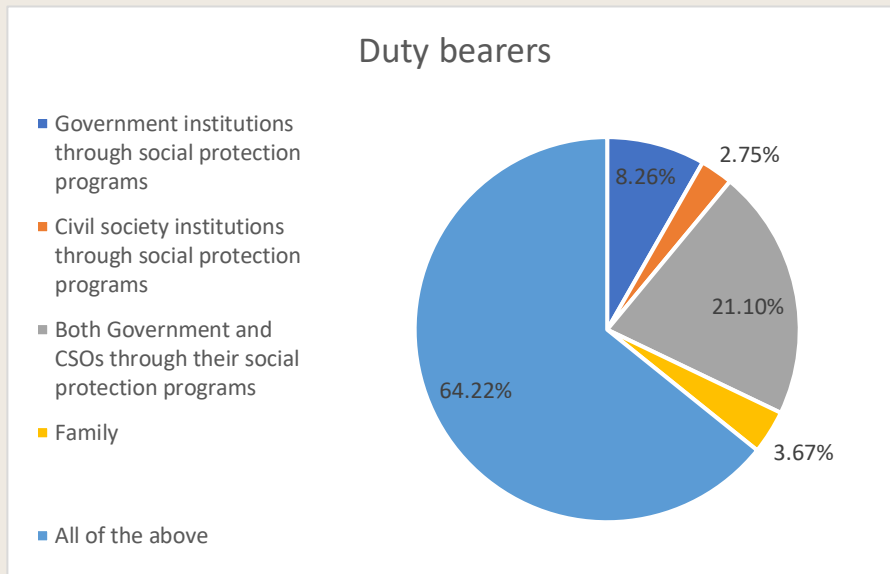
As such, older women and women with disabilities, according to the vast majority of 97.27% of respondents, have the right to safe care.

This is specifically true considering that 41.82% of respondents believe that government institutions and civil society institutions do not, in fact, provide protection for elderly women and women with disabilities who are exposed to any form of violence.



According to 64.22% of respondents, it is the responsibility of the governmental institutions, CBOS and family members to provide the appropriate and safe care for this specific target group.

This is specifically true considering that when asked specifically about the role of the family, 80% of respondents did not agree or encourage that the required attention and care to be given to elderly women and with disabilities should be limited within the family scope only.

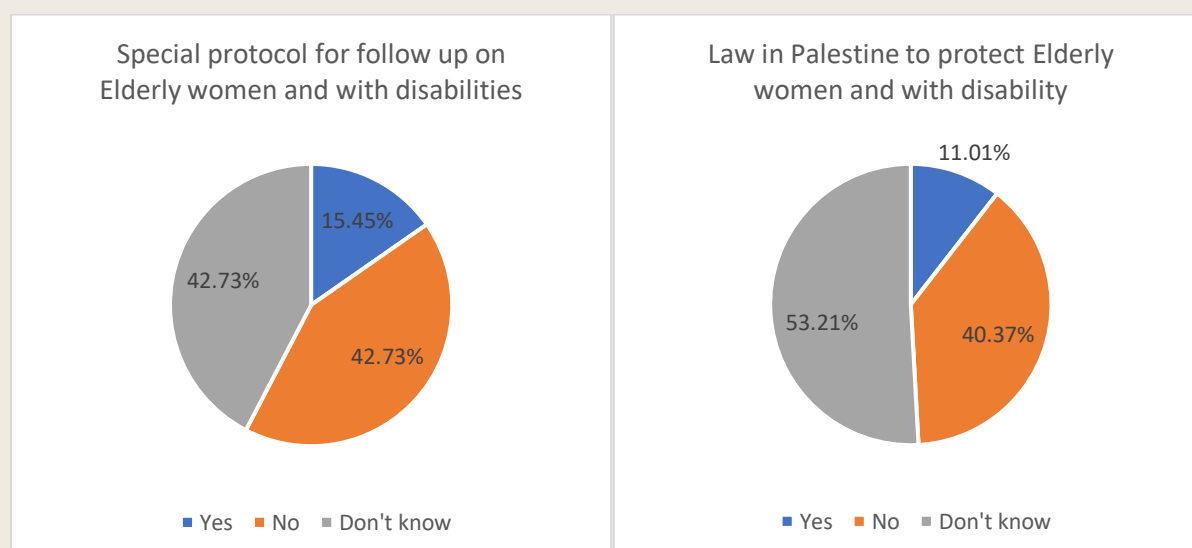


Family, however; bares the responsibility to follow up the affairs of elderly women and women with disabilities, and ensure their integration within society and daily practices as one of their rights, according to 92.72%.

Additionally, 91.82% of respondents encourage the establishment and existence of specialized care centers or homes for elderly women and people with disabilities.

Legal framework in Palestine

According to 40.37% of respondents, that there is no law in Palestine that exists to protect the rights of elderly women and women with disabilities. However, more than half remarked that they did not know (53.12%). Similarly, in Palestine, according to 42.73% of respondents, there is also an absence of a protocol concerned with elderly women with disabilities' cases, and is dedicated to following up on their needs and providing protection. An equal percentage (42.73%) also did not know.

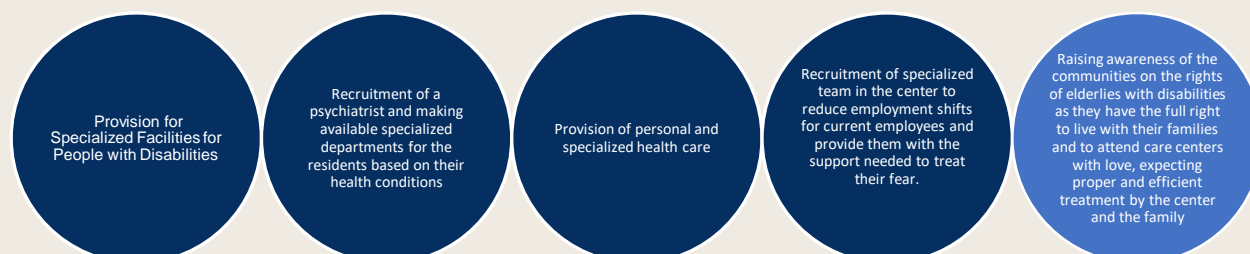


Conclusion and recommendations

The study revealed some gaps that require prompt intervention by the government and actors supporting the rights of persons with disabilities. These gaps include, but are not limited to:

1. The lack of specialized spaces and specialists and required equipment and devices to meet the needs of elderlies with disabilities.
2. The lack of specialized spaces and specialists for persons with mental and extreme mental health conditions.
3. The absence of a psychiatrist and personal and specialized health care for the residents.
4. The unjustified mixing between residents disregarding and neglecting the discrepancy in the strategic and practical needs of the residents, disaggregated between general health, mental health, psychosocial health, and specialized treatment needs for people with disabilities and elderlies.
5. The limited numbers of employees who expressed their tiredness and fear from the practices of the residents who suffer from mental and severe mental conditions.
6. The insufficient number of qualified/trained supervisors and social workers. In addition, some employees are responsible at once for the cleaning of the place, taking care of the residents, preparing food and accompanying the residents during the day.

The main emerging recommendations include:



Women drug user and addicts – Gaza Strip

The results of this study presents a review of new evidence regarding women’s experience regarding drug addiction in their own way and the causative factors that lead to this situation. They also reveal that there is a growing number of female users of drugs, mostly young women, mothers and divorced women, and that this is a phenomenon that occurs in Gaza Strip due to cultural, political and socio-economic factors that are worth exploring and deep analysis to understand, especially in relation to the important role of the family in the field of addiction.

For the purpose of this research, eight (8) interviews were conducted with women addicted to drugs or have recovered from their addiction in the Gaza Strip. Ranging between ages of 24 – 41 years, women interviewees shared their background and personal stories of how dependency on drugs had become the norm for coping and survival, and in addition to the ways in which such dependency had, or continues to, alter their realities and thus impacting every aspect of their lives. Such strong dependencies are indicative of an urgent need to escape certain realities. Their inability to cope otherwise is also reflective of an environment that lacks social protection and support from the community, social and government institutes, and those who are close. Furthermore, through the semi-structured interviews, the researcher attempted to gain a better understanding of the different social realities in which women drugs addicts live and better explore certain social norms and attitudes towards women drug addicts that hinder, in addition to other factors, their rights to treatment, full recovery and reintegration.

The results from the interviews shed light on the realities and struggles that are characterized by psychosocial pressures. It is evident that women drugs addicts and those who have recovered share a common reality of a patriarchal social structure that disempowers them and further delegitimizes their struggle for survival. From dysfunctional family relations to power abuse from male members of the families, women often find themselves alone. For most of the cases, their homes were synonyms with fear, gender based violence and constituted as a source of trauma, from which the only known escape was an elsewhere induced by drugs. Drug use was also common amongst other family members, and in some cases, their husbands, whom were the source of drugs for women in the first place. Furthermore, the existing societal norms are unforgiving of such cases resulting in a complete marginalization and abandonment of those who are in need. Together with economic and political context characterized by high unemployment, poverty, an Israeli blockade of more than 13 years and a continuous military attack and bombings, women experience greater shocks as their lives are disproportionately affected and as a result are at a higher risk of being left behind.

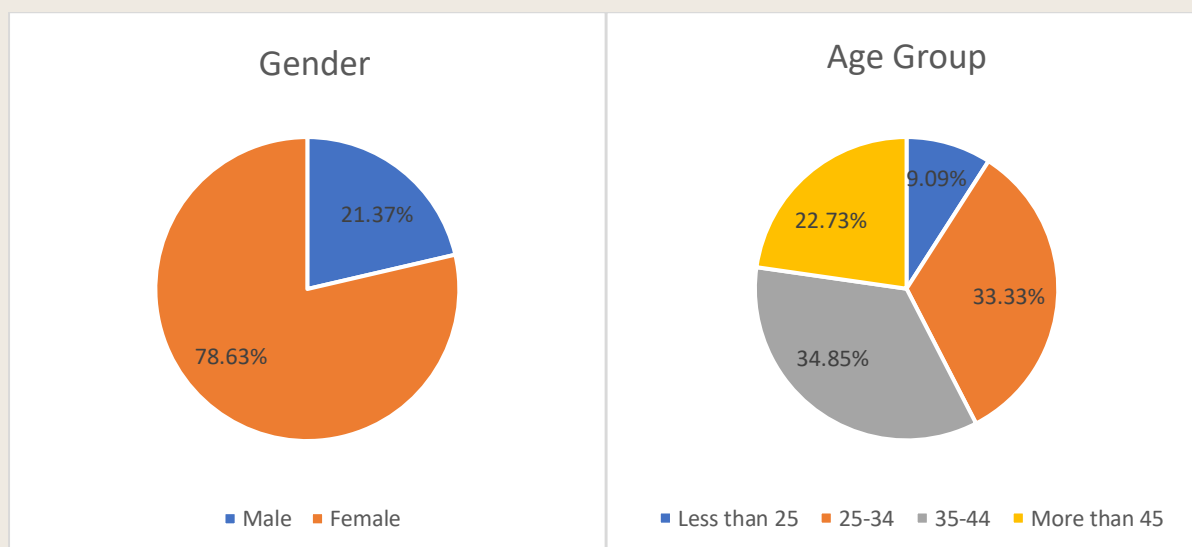
Profiles of women drug users and addicts interviewees

n.	Current age	Age at the time of first use	Marital Status at the time of use	Source of drug	Type of drug used
1.	24	14	Single	A friend	Rotana*/Happiness* Tramadol* Hashish*



2.	33	30	Married	Husband	Rotana Tramadol Hashish
3.	27	14	Single	Brother	Tramadol
4.	28	16 before marriage	Single	Sister	Tramadol
5.	29	14 when I first got married	Married	Father in law	Happiness, Tramadol Lyrica
6.	31	25	Married	Husband	Rotana Hashish
7.	41	28	Married	Husband	Tramadol Lyrica
8.	36	30	Married	Husband	Tramadol

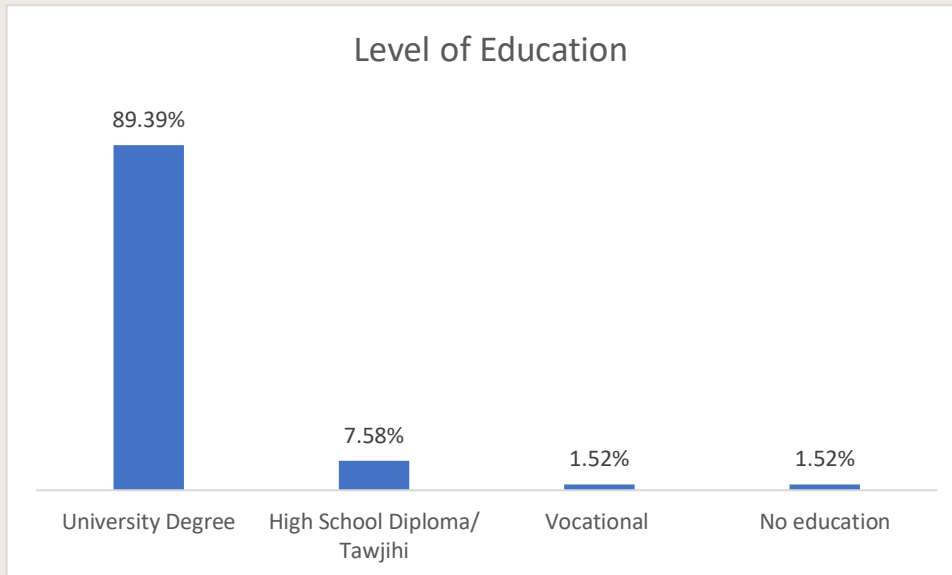
Moreover, A total of 132 participants completed the online poll survey on girls and women addicted to drugs, of whom the majority were female (78.63%), compared to 21.37% males. Out of all respondents, 34.85% aged between 35 and 44 years old, 33,33% between 25-34, 22.73% aged 45 years or more, and lastly 9.09% aged less than 25 years old.



In terms of their marital status, 52.27% of respondents were married, followed by 34.85% single, 10.61% divorced and 2.27% widowed.

The majority (68.18%) of participants were from cities, compared to much lower rates of 17% or less from villages or refugee camps.





The vast majority (89.39%) of all respondents obtained university degrees, while the remaining percentage held high school diplomas, and/or vocational education, and/or did not complete any degree (Did not receive any education).

Drivers behind women substance use (or abuse)

The results of the interviews showed that there is a difference in some cases between the reasons behind women's use of drug for the first time and the drivers behind their use developing into addiction.

On the one hand, the majority of women were forced to start taking drugs. In one case, a husband would secretly place a pill in the morning coffee of his wife's while in another; a father-in-law would give a drug pill instead of a pain killer for a headache and severe pain. Unaware of what is being introduced to the body, female users would experience a pain relief that they wish could last, signaling a start, in some cases, of the development of compulsive patterns of drug use. Others were directly coerced by their husbands to take drugs that would numb them and in turn be forced into prostitution or marital rape for a prolonged period of time. This further provides an insight that female addicts did not willingly search for drugs the first time.

Additionally, either by stealing from their husbands who are also drug addicts or by contacting a friend, some of those interviewed indicated that they did not face any difficulties in obtaining drugs, a fact that had majorly contributed to and facilitated the development of addiction. As one woman shared: "My husband used to take pills. I used to steal it from him without his knowledge." Another mentioned it as a matter of fact: "They are available all the time for anyone who needs them."

Others, however, due to the increase in the prices of some drugs, were unable to obtain the pills as easily as other had indicated. A participant remarked: "Sometimes, I had to beg for money to be able to afford them", while another participant shared "I went through hell to be able to get them."



Reasons behind developing addiction

1. A need to escape elsewhere

“It made me happy and forgetful of my own sorrows.” Women interviewee, Gaza

Developing drug addiction was the result of a need to escape from the reality in which these women live. As most of the cases revealed that they suffer from difficult and unburnable social problems that result in major psychological distresses, being on drugs allowed them for an altered reality that is characterized by calmness and an induced forgetfulness of the daily lives. These include family problems, dire economic conditions and poverty among others. “Drugs made me forget everything. Even my children,” as explained one interviewee. “I did not care about anything in the world. Not even myself” as another participant reiterated. Another participant responded as to why she was addicted: “Just life in general. Parents, people and their injustices. Also Pain. I started with half a pill. Then pill. Then 9 pills”, while a third participant described their effect on her ““I take the pills to be calm. Otherwise, I would have a nervous breakdown. That’s why I used to steal them even.”

Additionally, sadness, as explained by an interviewee, was a constant state of emotional being that was unbearable. She remarked: “I was very sad all the time and was afraid. I do not know why. My husband used to give me a pill to feel happy. That’s what he used to tell me.”

Cases of violence perpetrated by husbands or family members were many. As one woman explained:

“My husband’s family used to beat me up all the time. I used to take the pills during breakfast, lunch and dinner to try to escape this harsh reality and forget where I was.” “This one time, my husband woke me up in the middle of the night and started beating me”,

Another interviewee shared. In a patriarchal society that marginalizes women and in addition to an absence of a legal structure in place, domestic violence is a prolonged reality from which women are unable to escape, rendering them vulnerable and at high risk of experiencing violence in all its types and at all times.

2. An urgency to numb the pain

“My head would spin and I was always stressed and was not able to calm myself. I used to ask my husband to give me higher dosages.” Woman interviewee, Gaza

In addition to the psychological pain women, physical pain constituted a major driver of dependency and drug abuse. In some cases, physical pain was described as chronic by some; a result of years of physical abuse and violence that some of the interviewee women were subjected to. Additionally, daily stresses and worry lead to “unbearable and excessive headaches” as described by one interviewee. Such realities force women to continue to take drugs and develop addiction to a pain – free life as a survival mechanism. ***“My headache would go away immediately and could function normally. I would feel that I am somewhere else,”*** another woman shared. ***“I am very happy and would be relaxed. I would feel joy and away from anything that aches me,”*** concluded another.





Impact on women addicted to drugs and on those around them

It is without a doubt that women were negatively impacted as a result of their dependency on drugs as coping means in otherwise unbearable realities. Some would notice the impact as it had negatively impacted them as well as their relationships with their parents and children, which, for most cases, was also an expression of a willingness to seek help and quit. Others, however, believed that it had helped them cope, thus making them feel better about themselves and those around them.

“Although it helped me calm down, it also made me unconscious. Things would happen to me in my life that I was not aware of them. I don’t want that,” a woman explained.

Loss of contact with family members, impatient attitudes and neglect towards their children and constantly fighting with their husbands are some of what changes that women have experienced when discussing the effect on their lives.

“My children stopped going to school as a result of my addiction. I neglected to care for them sometimes as I was always isolated in my room”.

Additionally, certain sexual related behaviors were induced by aphrodisiac drugs.

“My behavior was unacceptable. I used to talk to men on social media all the time. I was surprised at myself. One time, I feel asleep and my husband read all the messages and starting attacking me,” shared a participant.


Parents and community members perception of female drug addicts

“If parents wish to get rid of their daughters who are drug addicts, imagine what the community members would do?” KII, women addict, Gaza Strip.

As findings from the in-depth interviews exposed, in some instances of parents who were aware of the condition of their daughters, were in a constant state of fear from exposure to the larger community. This, coupled with shame and fear of stigmatization, had resulted, for some cases, in aggressions and threats of killing if the family would find out or if the truth were to be exposed. *“If I find out that you were taking drugs, I would bury you alive,”* as one brother told a female addict. Additionally, some parents-in-law would blame women addicts for the misery in which they live, even when their son was the one who had forced his wife to take drugs in the first place. *“I will always be the one to blame. Not their son”*, as one interviewee remarked.

This is directly linked to the broader dominating social perspective towards women addicts.





Although drug addiction in the Gaza Strip has become very prevalent among both men and women of all ages, however; the dominating social views towards female drug addicts are characterized by a negative attitude, avoidance and neglect. During FGDs held with men and women perceive that the society considers a women drug addict as one that is detached from their assigned gender and social role, thus rendered as underserving of respect and empathy. Some participants had used the word “hate” and “pity” in describing the community’s views, and in some instances, would consider female drug addict as “mentally ill.” As such, women drug addicts are stigmatized and marginalized within their own communities, further reduce their chances of treatment and support to almost non-existent. Others however, considered them as victims as some have acknowledged that women subject to violence are more likely to be addicted to drugs.

“How would I expose myself and inform people that I am a drug addict when I need to receive treatment? No one will accept that” as women interviewee expressed her fear.

This is further reiterated by female addicts sharing their experiences when dealing with the community members. To the interviewees, members of society do not understand the reasons behind their addiction, nor will they try to understand. “They need to understand the real reasons as to why I started. It never crossed my mind that I would become this person. “

“When members of community know that you are a drug addict, they barely look you in the eyes, even my own sisters were unable” one interview explained, while another stated: “people will take advantage of you, and they would never leave you alone.”

Overcoming drug addiction

“I don’t think I will ever stop because I cannot stop.” K11, Female, Gaza

As some interviewees never wanted to quit from inability to imagine and survive their lives without drugs, others showed a will to stop and seek help. When asked if they want to quit, one participant said that she wanted to quit but she was forced to take drugs by her husbands, while another shared: “I tried to quit more than once, but it was hard, it never worked.”

Some of the participants managed to quit, each for her own reasons. Pregnancy, shame, fear of family finding out and of getting divorced were some of the drivers behind taking the decision to quit. Some also were forced to quit as they were imprisoned. Others, however; lacked the family support or guidance and were generally misunderstood by those who were around them, resulting in an inability to stop taking drugs. For those who tried to quit, fear was amongst the main driver behind relapsing, as stated by of the participants “When I quit a few times, I was always afraid. That’s why I relapsed because I wanted the fear to stop”. Fear from pain, withdrawal symptoms, parents’ reactions, stigma and an absence of a support system are amongst the difficulties that are faced by those who try to quit.



Seeking services and main gaps in provision

In 2021, Aisha Community Center had received 22 cases. As part of AISHA Association for Woman and Child Protection, Aisha Center based in Gaza has become an address for those seeking treatment from addiction and protection. With an interview conducted with the Center's Manager, the service provided to treat addiction falls within the framework of a general psychological treatment to ensure confidentiality, which include psychological support, awareness, counselling, in addition to social, legal, and economic support, and is generally managed on a case by case basis. A specific protocol is followed upon receiving new cases, as explained by the manager.

However, the Center faces a few challenges that hinder the full recovery and treatment of cases of female addiction. On the one hand, some critical cases require hospitalization with certain procedures demanding the presence of a first degree relative. This is particularly difficult of cases whose family are unaware of their addiction conditions and also require protection in parallel with treatment. The manager remarked: *"the options for intervention, in this sense, are limited and restricted as addiction is a sensitive topic."*

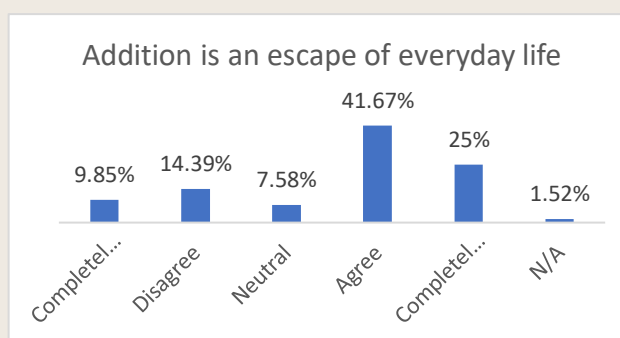
Furthermore, the Center receive cases through the Referral System with the Ministry of Social Development – Mental Health Department that provides the essential services for treatment and rehabilitation of drug addicts. Throughout the year, the Ministry had received between 15 – 25 cases, mostly of ages 18-25 years old. After providing the needed treatment, some cases are transferred to the Ministry of Social Development for the provision of social services. This includes financial assistance, emergency aid in addition to a free health insurance.

Social Perception of the rights of girls and women addicted to drugs

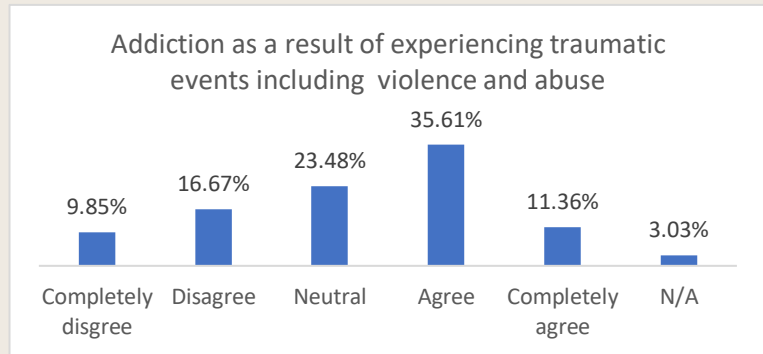
The causes of the problem are deeply influenced by the society's attitudes and perceptions toward drug addiction, and affect all aspects of women and girls rights. For instance, 53% of respondents agreed that addiction is an ethical problem, compared to 33.85% of those who disagreed. 10.77% were neutral, while 2.31% did not know and had no clear answer on the issues.

When asked whether addiction is an illness, on the other hand, the vast majority of 78.62% agreed with the statement, compared to 16% of those who disagreed. 4.58% were neutral.

Respondents were asked of the main drivers behind addiction. When asked whether addiction is a way to escape everyday life and the pressures associated, a majority of 66.67% agreed, compared to 24.24% who disagreed. 7.58% were neutral in their response.



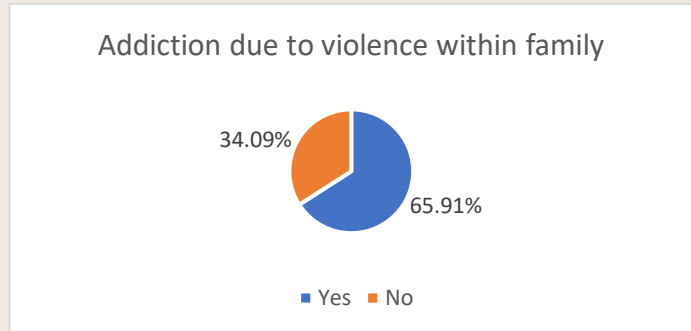
46.97%, however, agreed that addiction is a result of experiencing traumatic events including physical and sexual abuse, whether in childhood or adulthood. This is compared to 26.52% of those who disagreed and with a close percentage of 23.48% who were neutral in their responses.



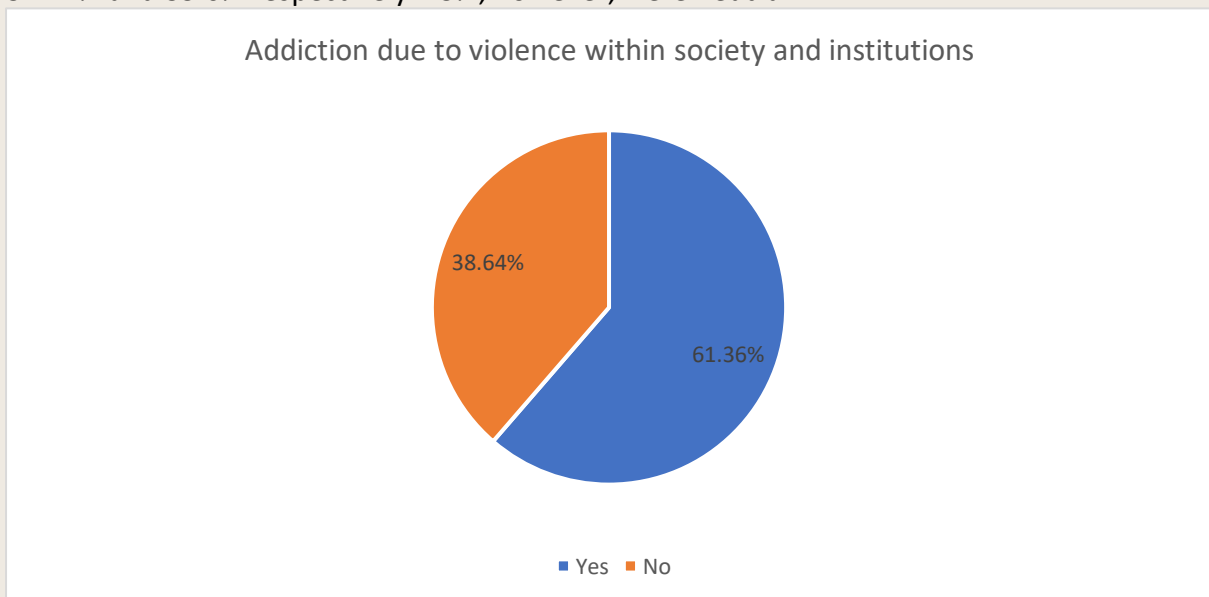
In general, 85.61% of respondents did not agree with the statement that addicts are immoral and should, as a result, be marginalized within their own communities.

Lastly, half of respondents (50.38%) strongly agreed that addicts have the right to treatment as an alternative to imprisonment, compared to 37.4% of those who agreed to some extent and agreed. The percentage of those who disagreed was at 3.81%.

The majority (65.91%) of respondents agreed that experiences and exposure to violence within families is a main driver for female members of society to develop addiction to drugs. This is compared to slightly lower percentage, 61.36% are those who believed that violence within the society and its institutions are also drivers behind drug addiction amongst women.



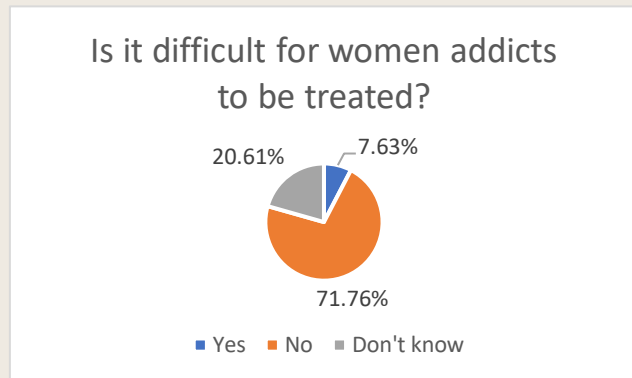
Those who disagreed and agreed with the statement that women addiction is a result of bullying from friends and/or family members and relatives are close in percentages, with 37.12% and 35.6% respectively. 25%, however, were neutral.





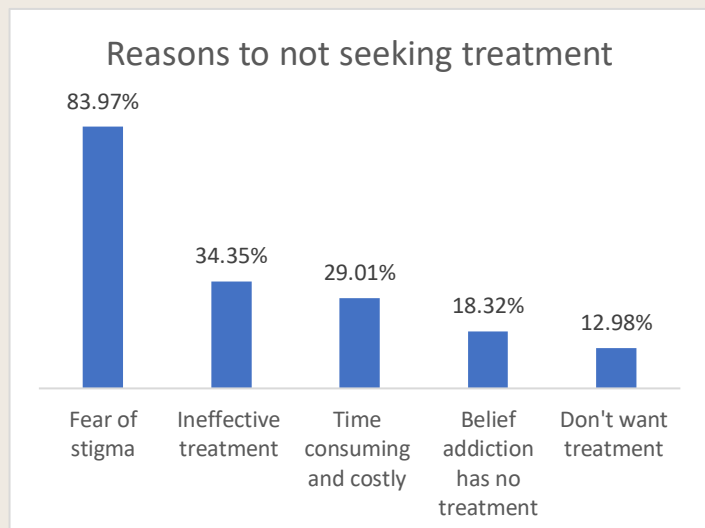
Lastly, 40.16% of respondents disagreed that husbands, fathers or brothers coerced their wives and female family members to use drugs in order to force them to commit and participate in immoral acts. While 18.94% were neutral, 26.51% on the other hand agreed.

According to 71.76% of respondents, it is not difficult to treat cases of women and girls drug addicts.



Service provision and treatment of female drug addicts

However, there are several reasons as to why women addicted to drugs would not seek treatment services. According to the majority of respondents (83.97%), female addicts do not seek treatment out of fear of stigma, while 34.35% stated it was because treatment was not effective the first time and possibility of relapsing, 29% because treatment is time consuming and costly, while 18.32% and less because of the belief that addiction has no treatment or that because female addicts do not want to be treated.



Imprisonment, according to 61.36% of respondents, does not constitute as an answer to treating addiction for women addicted to drugs. This was compared to 21.21% of respondents who agreed, compared to 12.12% who expressed neutrality.

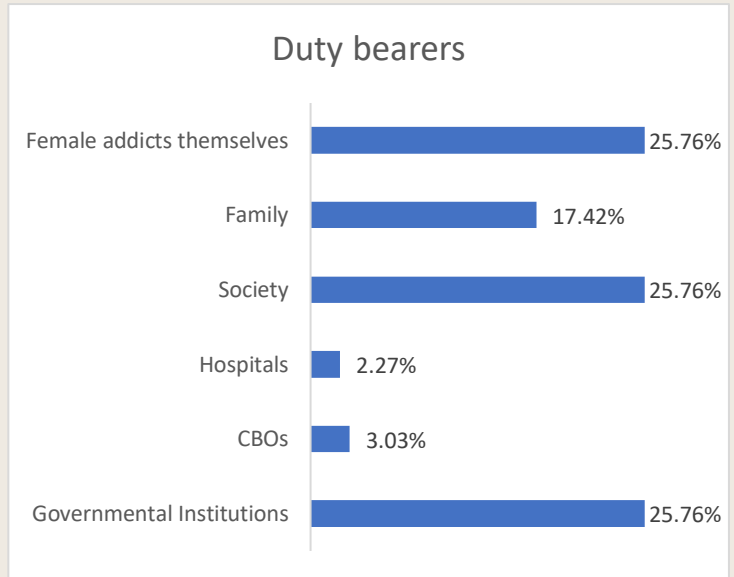
Rather, according to a vast majority of 91.67% of respondents, drug addiction could be treated through psychotherapy.

In terms of service provision amongst service providers, almost 80% of all respondents agreed that discrimination against women in addition to the providers' inability to understand women's specific needs constitute important challenges in providing effective treatment for women and girls addicted to drugs. This is compared to 13.64% of respondents who disagreed.





It is interesting to highlight that an equal percentage of respondents (25.76%) agreed that the responsibility of treating addiction in women and girls fell equally on governmental institutions, the society and on the drug addict themselves. This indicates that a quarter of respondents believe that providing treatment is, to some extent, a collective responsibility that is not restricted on the drug user and addict solely. 17.42% believe that it is the responsibility of the family members, while 3% and less delegate the responsibility to Civil Society Organizations (CBOs) and to hospitals.



Lastly, 88.64% agreed that it is the responsibility of the specialized institutions under the Palestinian Authority (PA) to provide a comprehensive protection system for women addicted to drugs without any discrimination, defamation or bullying.



Girls in conflict with the law and girls survivors of violence – Girls Care House

The Girls Care House is located in Bethlehem and operates officially under the Ministry of Social Development. Today, the house operates as an address for girls in conflict with the law, girls at risk of committing an offense, and girls' victims of violence (under 18 years old).

Challenges to the protection of the rights of girls in conflict with the law


“Their rights should be preserved and fulfilled in every step from the moment they are captured and transferred by car, to the detention facility, until they reach the organization”. *Social worker*

An in – depth Interview with the social workers and the director of the Girls Care Center have reiterated their concerns regarding the absence of a legal framework in which girls in conflict with the law are protected, respected and their rights are fulfilled at different stages.

In order to proactively ensure their rights are protected, the judges, prosecutors, lawyers and all involved parties have to be familiar with the particularities of dealing with such cases to ensure the full protection of their rights. The absence of such tailored care and understanding, in addition to a lack of qualifications and specializations, negatively impacts juveniles and further intensifies their experience. On the one hand, they are placed in locations that are not suitable nor appropriate for their ages and psychological state, which could deteriorate their situation to the worse. The full realization of their rights, as explained by the director, “will help them preserve their dignity.”

Additionally, what is lacking is the child protection officer’s presence and full dedication to each case, as the officer usually deals with multiple cases at once for the entire governorate. This is also crucial, as explained by a social worker, in cases of girls who are readmitted, as the case should be dealt by the same child protection officer who is already well aware of the conditions of that specific case.


Lastly, the House reiterated their concern that there is no visitation and follow up from the MoSD to assess their needs. This, as a result, could greatly impact the service they offer and constitute as a challenge to the full realization of the cases’ rights.



“THE IDENTITY OF THE CENTER IS NOT CLEAR: WE HAVE GIRLS IN CONFLICT WITH THE LAW AND WE HAVE SURVIVORS OF VIOLENCE. THIS IS AN UNHEALTHY LIVING CONDITIONS AND NEEDS TO BE RESOLVED”.

Social Worker, Girls Care House, Bethlehem





Service provision and main gaps at Girls Care Center

The Girls Care Center provides a well comprehensive and integrated services that ensure the involvement of all family members and not just the victim or girl in question. Social workers pay visits to the families at their homes and attempt to reconcile between family members. However, as one social worker explained “We fear that our work would be in vain once the case leaves the center and returns to her home.” This is because there is a concern on the absence of a clear follow up mechanism on the cases and their families once they return home, as explained in the interview.

“The person who referred the girl to us is supposed to follow up on the case at home, but this rarely happens. We believe that external follow-up is necessary to take place so that our work is fully completed.” Social worker

In addition to an absence of a follow up protocol, the social workers stated that there is also a blame on the family protection unit and on the legal system as a whole: “How is it that girls victims of violence are brought into the house but perpetrators of violence are not punished? And in specific cases, these people need to understand also that the reality they have created for their daughters, whether its family disruption or marrying a second wife, also impacts them immensely,” as expressed during the interview.

The Girls Care House currently provides services to girls in conflict with the law and girls victims of violence. With only 3 rooms available and one shared common space, the center’s inability to separate the two categories has led to some behavioral exchanges emphasizing negative actions amongst all girls. “It is not in any of the girls’ best interest,’ as explained by a social worker, “as such cases are of sensitive natures and should be dealt with in very specific ways.”

“The center’s identity is not clear. We have juvenile, and we have victims of violence. There is no separation.” Social worker

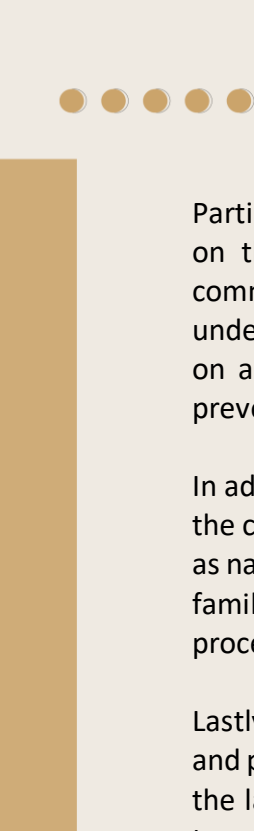
The role of CSOs and CBOs in changing social perceptions and attitudes towards girls in conflict with the law

According to social workers, volunteers, and psychologists working in different local CBOs and CSOs, girls in conflict with the laws are not accepted amongst the community members, especially girls who have entered or have been submitted to the Girls Care House.

In order to change the stigma associated, CSOs and CBOs are capable of tackling, through their direct and indirect work with the local community and beneficiaries, the imbedded negative perceptions towards this specific target group.

“In my opinion, I believe family members are the only ones who are truly capable of providing help.” Social worker, FGDs





Participants, through their respective works at the local CBOS and CSOs, believe that focusing on the family is a first crucial step towards eliminating stigma. As part of the larger community, families' change in attitudes and beliefs and a gaining of better insights and understanding of the cases of girls in conflict with the law, would yield rapid and fast changes on a larger scale. This could be achieved through awareness sessions that also serve as prevention, as explained by a psychologist.

In addition to the families, schools and teachers are also of importance, as they should know the correct ways in dealing with girls and children in general. In cases of violence, for example as narrated by a social worker, "not all girls would be comfortable telling the truth about their families or the perpetrator of violence. This is why counsels at school should be aware of procedures and protocols and ways to offer protection to victims of violence."

Lastly, participants in the FGDs expressed their agreement on providing psychological services and promoting mental health as important roles within each CSO to assist girls in conflict with the law. This entails working closely with the cases and the victims, and developing a long-term intervention plan that is specifically designed to each case. As further explained "the services are only, however, considered comprehensive, when combined with legal and social reintegration interventions."

Perception of the society towards the rights of girls' survivors of violence and girls in conflict with the law:

16 female members of society joined a focus group organized in Bethlehem to discuss crucial issues related to girls' survivors of violence and girls in conflict with the law, and to provide a set of a recommendation to decision and policy makers that they understand as essential.


Participants shared their understanding of the main drivers that exist in young girls' lives leading them to commit an offense.

Dysfunctional families and family disruption, neglect and living in dire economic situations are some of the main factors that greatly impacts girls' decisions and could change their behaviors. As all participants agreed that family and home are the center for any young adults' life, a disrupted or an unstable home would have negative consequences on all members of family. This also includes a lack of supervision from the parents as girls are now spending great amount of time on the internet, which could result in exploitation or encouragements from friends and acquaintances to partake in offensive acts.

Violence as one of the main drivers: Deeply rooted sense of fear amongst mothers and daughters

Violence, whether physical, psychological, or economic, according to the majority of participants, is a key driver that could lead girls victims to feeling lost and unsupported. "Not knowing how to express themselves," as one women stated, "a girl could steal for example."





Fear is deeply rooted and is internalized amongst female victims of violence. It is crucial to understand the context of fear, shame and distrust when trying to offer assistance to the victims. As one of the participants remarked when sharing a story as a social worker trying to help a girl victim of violence: “Her mother refused that we help her daughter. She was afraid of the consequences. When mothers are controlled and overwhelmed by fear and as victims of violence themselves, their daughters will be exactly like them,” she concluded.

On Palestinian law and the legal frameworks

“we want a law that punishes the family, not the girl who is in conflict with the law” *Female participant, FGDs*

There were conflicting views on whether the participants believe there is a law protecting girls victims of violence and girls in conflict with the law,

“To some extent and in certain phases yes. The law is a necessity,” as one participant stated, While, on the other hand, another participant disagreed by drawing evidence from recent cases occurring across different locations: “Look at the cases that are being reported in Gaza Strip, or even in Ramallah. Every month we hear stories of a man killing his wife or a brother killing his sister. Why? Where is the law exactly?”

On rehabilitation services for girls in conflict with the law: benefits and gaps

For girls in conflict with the law, participants believed that protection and rehabilitation centers, specifically ones offering vocational education, constitute a better option to imprisonment. “Girls are victims of their environment”, as stated by one participants, “and receiving vocational education would guarantee a source of income and will encourage them in the future not to commit any offenses again.”

Committing offenses for a second or multiple times is a concern that was expressed by all participants. It was mainly attributed to a failure of the system and in service provision to extend services to family members and create a lasting change in the environment.

“Girls, after receiving the rehabilitation services, go back to the same environment that had previously led them to commit an offense. How do we expect them to behave differently?” *Female participant, FGDs*

This was identified as a main gap to which a lot of the released cases of rehabilitation centers are returned with a second offense. Additionally, a lack of a specialized team and workers sometimes lead to negative consequences and could reinforce certain stigma towards the target group. “Sometimes, due to lack of awareness and deeply rooted cultural beliefs, the social or health workers in these centers are part of the problem. This is exactly why, there is an urgent need for the rehabilitation of the centers and the team themselves to be better qualified and equipped to dealing with complex cases. Otherwise, it is very difficult to break the cycle of stigmatization.”

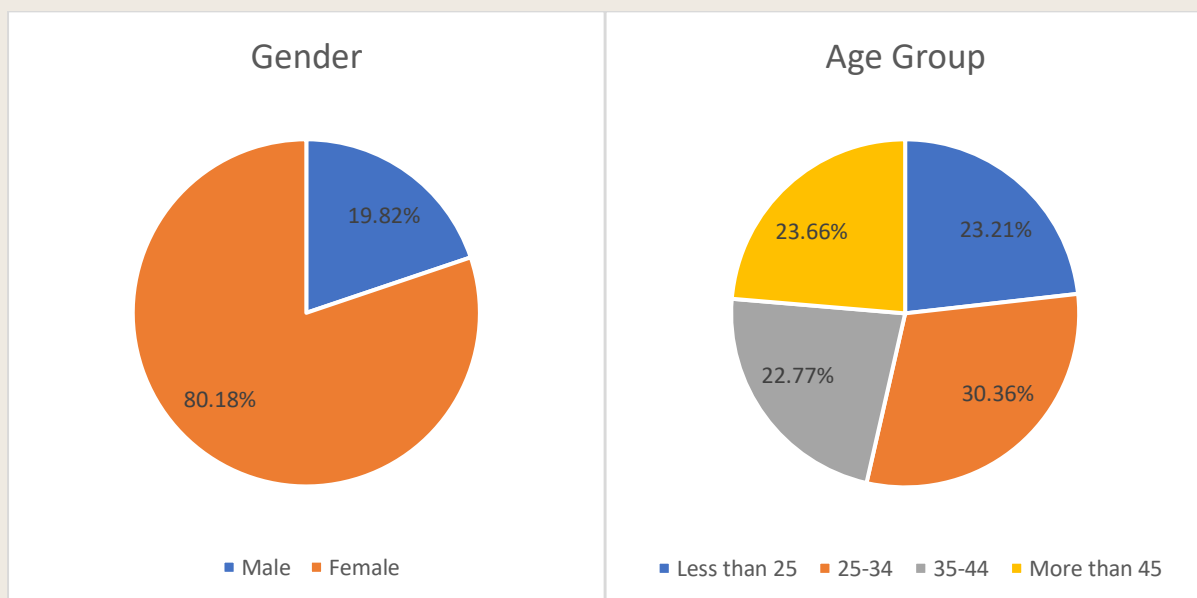


However, as one participant explained in regards to going to rehabilitation centers instead of prisons: “We don’t know how these girls think, sometimes they are encouraged to commit an offense because they know they won’t go to prison.”

Results of Public Perception Survey on the Rights of Girls survivors of violence (less than 18)

Respondents profiles

A total of 224 participants completed the online poll survey on girls victims of violence, of whom the majority were female (80.18%) compared to 19.82% males. Out of all respondents, 30.36% are between the ages of 25-34 years old, 23.66% aged 45 years or more, 23.21% less than 25 years old and lastly, 22.77% are between 35 and 44 years old.



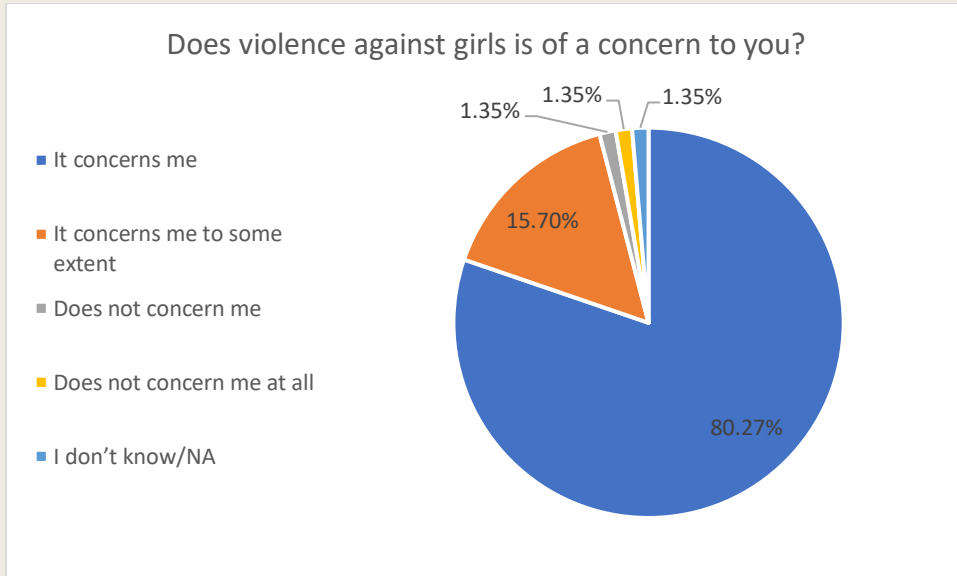
In terms of their marital status, 50% of respondents were married. This was followed by 40.99% single, 5.86% divorced and 3.15% widowed.

The majority (63.84%) of participants were from cities, compared to much lower rates of 27.23% and 8.93% from villages and refugee camps, respectively.

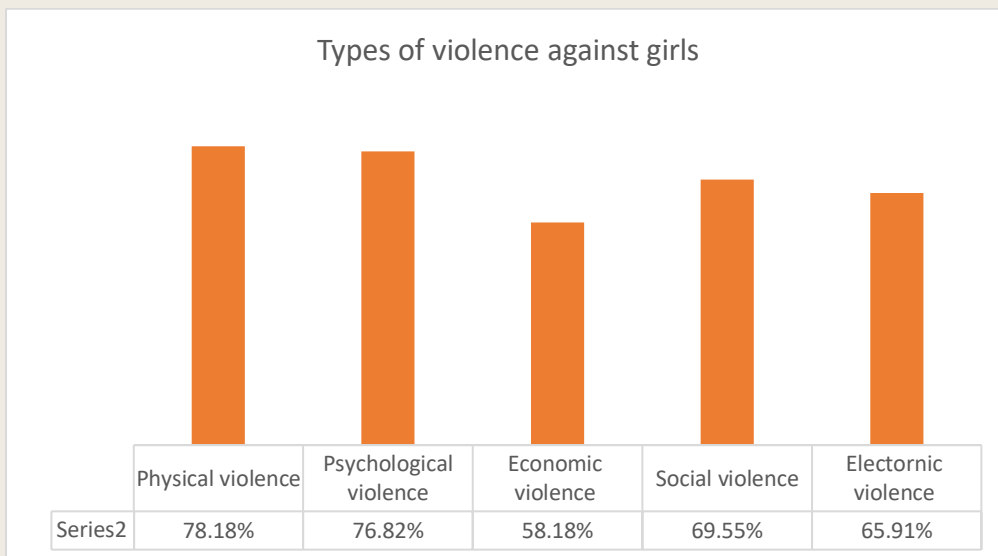
The vast majority (87%) of all respondents had obtained university degrees, while the remaining percentage of 10.31% and less held high school diplomas, and/or vocational education, and/or did not complete any degree (uneducated).

Perceptions and attitudes towards girls victims of violence





According to a vast majority of 80.27% of respondents, violence against girls is of a serious concern to them.

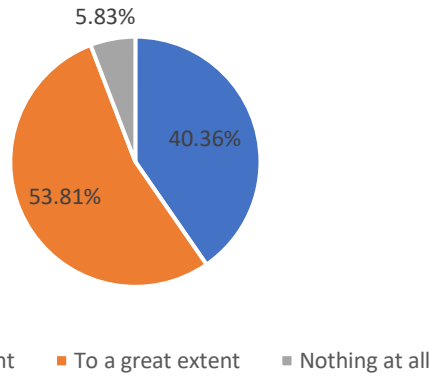


In general, 78% of respondents identified physical, while 76.82% identified psychological as main forms of violence experienced by girls. Social and electronic forms of violence were identified by 69.55% and 65.9% respectively. Economic forms of violence was identified by more than half.





Extent to which girls experience violence within the Palestinian society



In Palestine, more specifically, 53.81% believe that girls (younger than 18 years old) experience violence to a great extent within the society. However, only 26.79% believe that such issues are taken seriously, while 37% believe that the Palestinian society does not take this

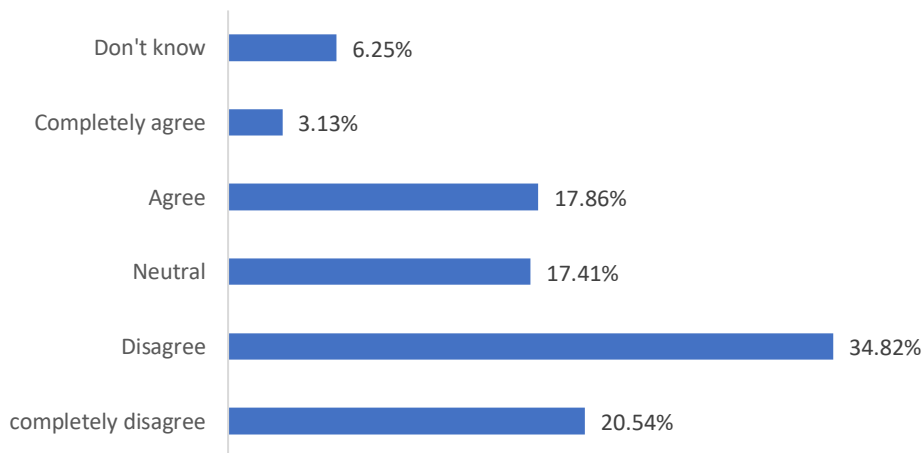
reality seriously. 32.59% indicated that it is taken seriously to some extent, while the remaining 3.57% did not have an answer. As such, ending violence against women and girls, according to a majority of 93%, must be a priority within the Palestinian society.

The different forms of violence mentioned above, according to a majority of 67.71% of respondents, exists both in the private and public spaces. 36.32% believe that violence only exists in the private space (home) while 21.52% believe it to exist solely within the public space (street and institutions). 8%, however, believe that violence against girls does not exist.

Legal context, service providers and duty bearers in Palestine

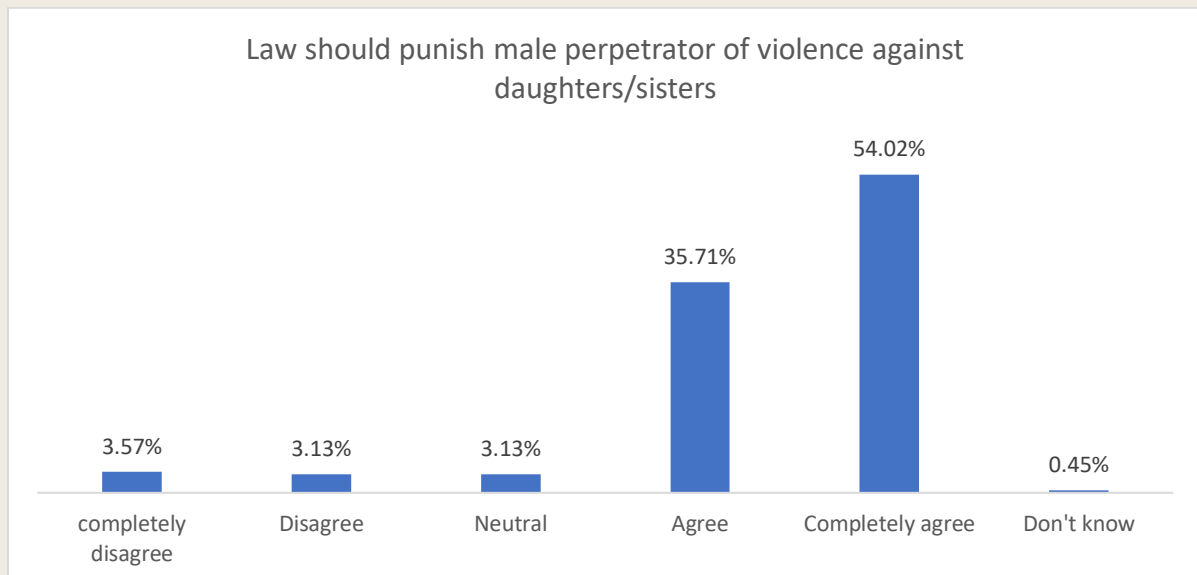
According to 41.17% of respondents, violence against girls is not taken seriously within the Palestinian law. This is compared to 33.48% who believe that it is taken seriously to some extent, while much lower rates 18.55% believe that it is, in fact, taken seriously.

Palestinian law provides protection

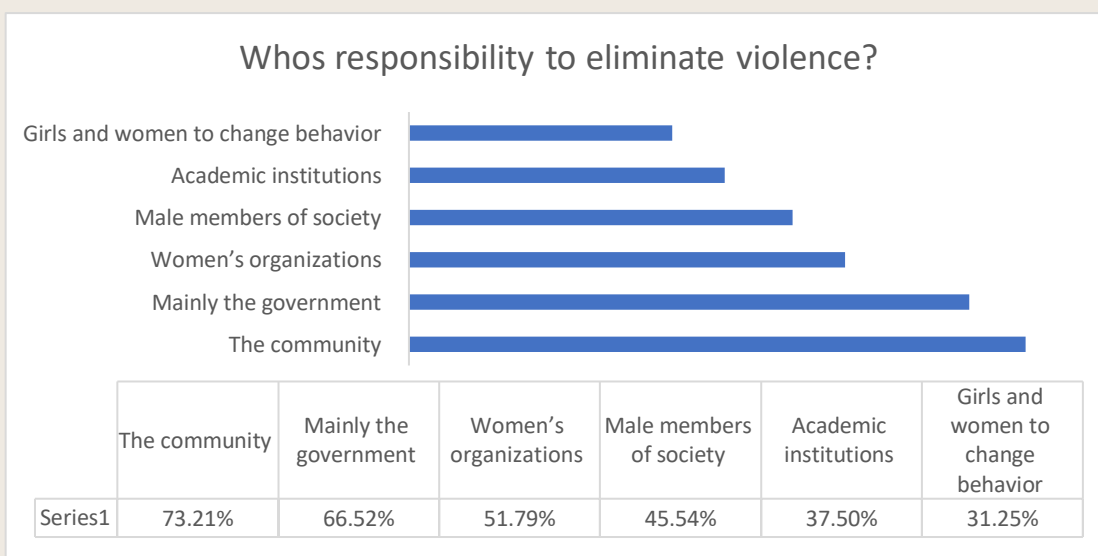


As such, 55.36% perceive that Palestinian law does not provide protection to girls victims of violence and their rights, as opposed to 20.99% who consider that the law does provide that protection.

Palestinian law, should provide protection by punishing every perpetrator of violence against girls, according to 95.51% of respondents, especially if the perpetrators are committing the crime against their daughters or sisters (89.73%).

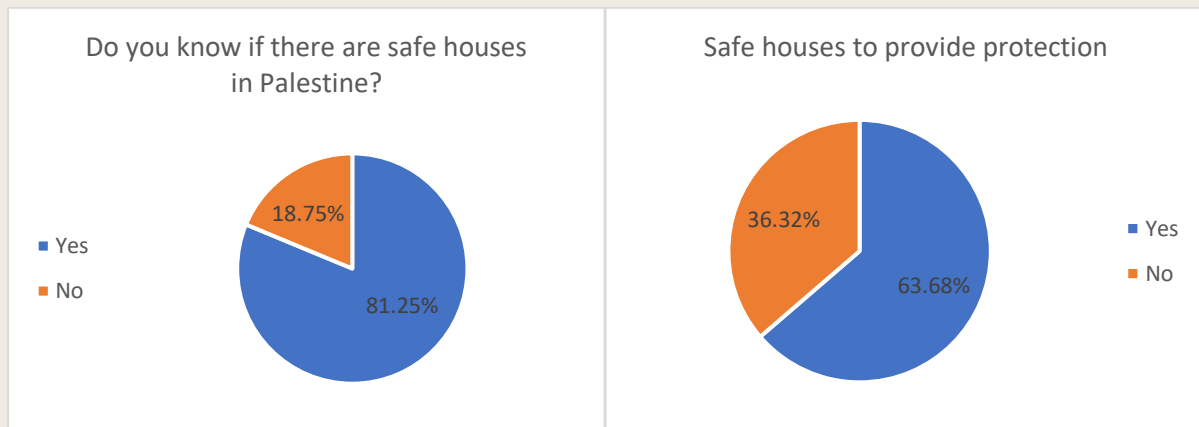


Furthermore 81% of respondents believe that cases of domestic violence are a concern of governmental institutions, compared to 5% who believe otherwise. 8.52% on the other hand, were neutral in their answer.



As such, the government is considered, according to 66.52% of respondents, a duty bearer in eliminating violence against women. However, an even higher percentage (73.21%) attribute this responsibility to the community itself. 51.79% believe that it is the responsibility of women’s organizations, 45.54% it is the male members of society. Lastly, 31.35% believe that it is the responsibility of girls and women to behave differently so as to not experience violence.

Safe houses in Palestine



The majority of respondents (81.25%) are aware of the existence of safe houses in Palestine that provide protection to girls and women victims of violence, and a majority of 63.68% are trusting of such houses’ ability to provide the needed protection.

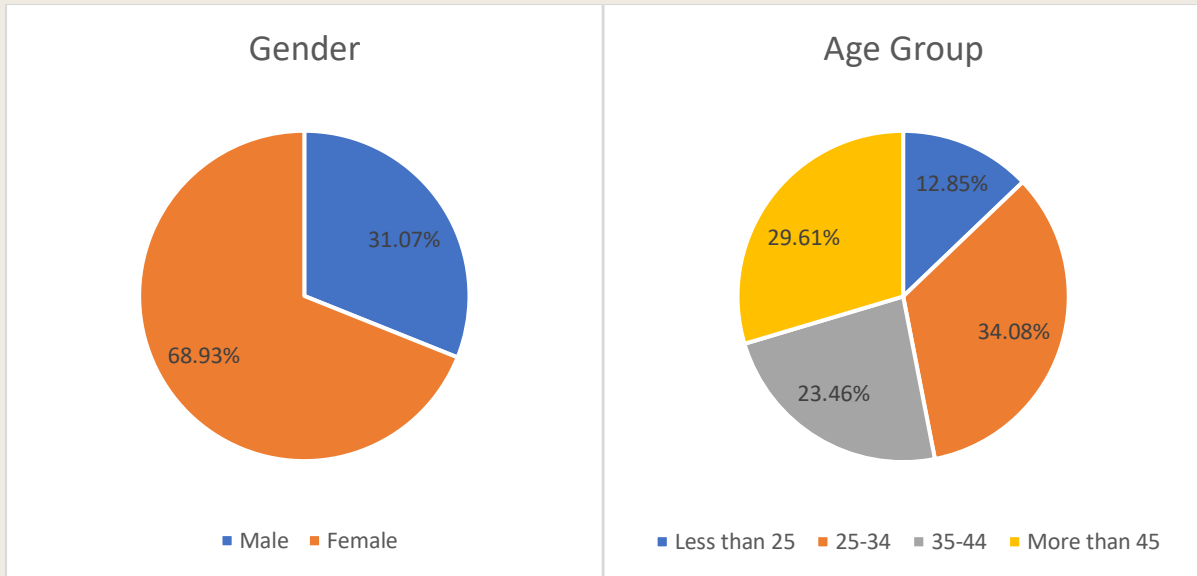
Lastly, it is interesting to note that while 24.55% of respondents believe that it is fair for girls and women victims of violence remain in safe houses for protection, 75.45% believe that, in fact, women and girls should be able to stay safe in their own houses while perpetrator are punished.

Results of survey on “Girls in conflict with the law and their rights”

Respondents profiles

A total of 179 participants completed the online poll survey on girls in conflict with the law and their rights, of whom the majority were female (68.93%) compared to 31.07% males. Out of all respondents, 34.08% were aged between 25 and 34 years, compared to 29.61% aged 45 years or more. This is followed by 23.46% between 35 and 44, and lastly 12.85% were younger than 25 years old.





In terms of their marital status, 61.8% of respondents were married, followed by 33.71% single and 4.49% divorced.

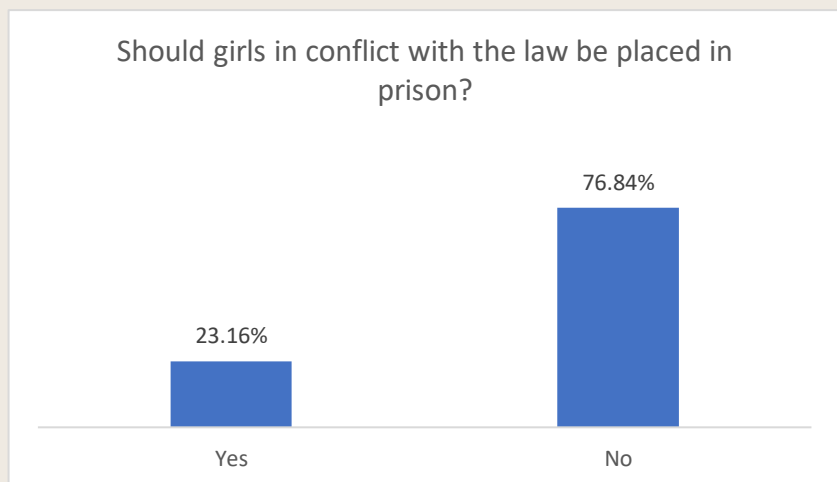
The majority (65.17%) of participants were from cities, compared to 18% and less from villages and refugee camps.

The majority (86.52%) of all respondents had completed university degrees, while 13.48% had obtained their high school diplomas.

Perception and attitudes towards girls in conflict with the law

70% of respondents acknowledge the existence in the Palestinian society of cases of girls (under 18 years old) in conflict with the law, compared to 30% who believed otherwise.

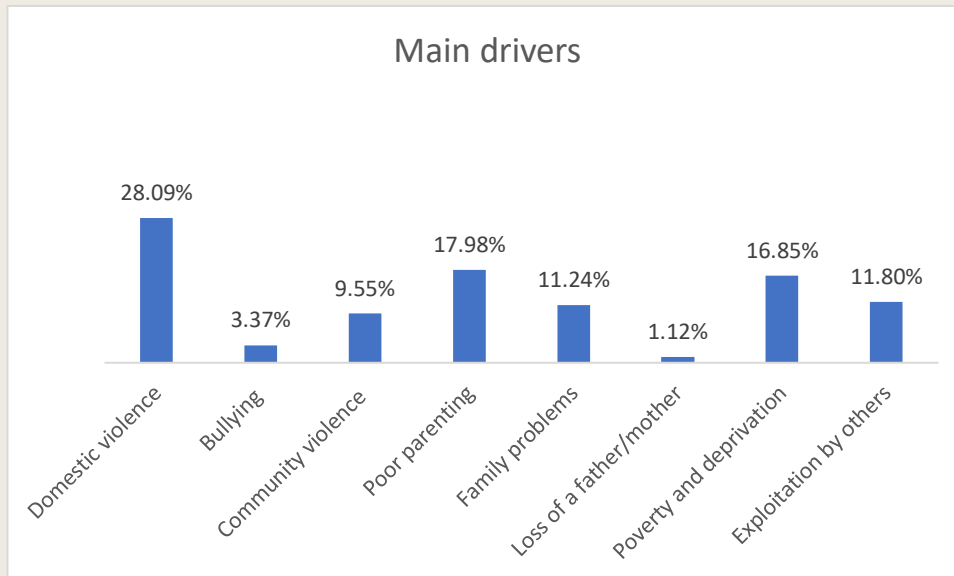
76.84% believe that those girls should not be placed in prison and punished, however; 23.16% believed that they should.



Additionally, according to the vast majority of 95.53% of respondents, girls in conflict with the law should be dealt with as special cases that need care and reintegration into the family and society.



Furthermore, participants of the survey attributed such cases of getting in conflict with the law to a variety of reasons, of which domestic violence was considered as a main driver for girls to break the law, according to 28.09%. A second and third most likely drivers behind girls breaking the law are poor parenting and dire economic situation and deprivation of basic needs (according to 17.98% and 16.85% respectively.) This is followed by 11.24% believing that dysfunctional families and the existence of problems between parents is a driver, and 11.8% believe that girls are encourages to break the law as a result of being exploited by others. Lastly, 9.55% and less perceive that community violence, bullying and losing a close family members such as a father or a mother, are all reasons that drive girls to commit crimes.

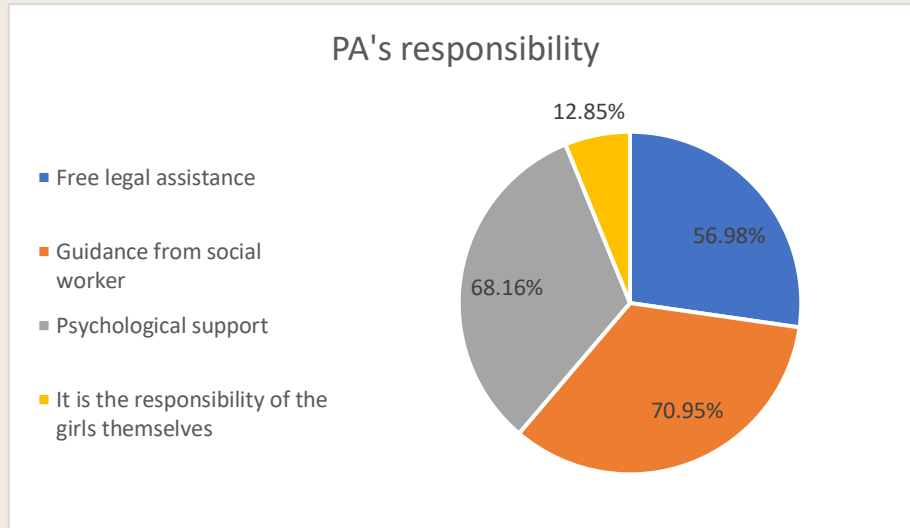


Legal environment in Palestine and duty bearers

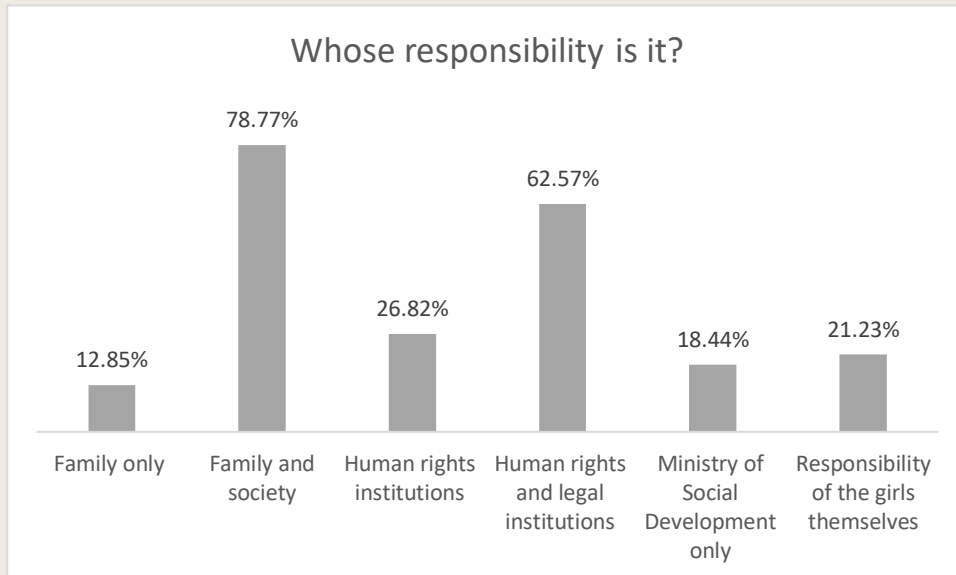
More than half of respondents (55.37%) do not agree that In Palestine, there is a special law for the protection of children in conflict with the law.

According to around 70% of the respondents, the responsibility of the Palestinian Authority towards girls in conflict with the law is to provide help and guidance from a social worker as well as psychological support. This is followed by the provision of a free legal assistance (56.98%). Lastly, it is interesting to note that 12.85% of respondents believe that the responsibility falls on girls in conflict with the law themselves.





In more broader terms, 78.77% believe that the responsibility is of that of the family and society together, while 62.57% believe it belong to human rights and legal institutions.





Conclusion and Recommendations

Girls in conflict with the law, given their relative immaturity, do not quite often understand the consequences of their actions and is extremely susceptible to their surroundings. The way to keep the human rights and dignity for girls in conflict with the law is through education, reform and proper rehabilitation services. Children need proper care, protection, development, good treatment and social reintegration through a child-friendly approach in the treatment of disputes in the best interest of children and the interests of the society.

Supporting girls in conflict with the law is a process that requires maintaining follow-up to assess their socio-economic and educational status. Rehabilitation measures should differ for girls in conflict with law who are in institutional care and the ones who are released from the institution. While rehabilitation centres that deliver alternative to detention programmes need to take steps to ensure rehabilitation in the centres, social workers and families need to make sure that the process does not stop when the child leaves the centre, whether through sponsorship, foster care and aftercare interventions as well as through applying preventive measures from recommitting offenses.

“Before we ask how we can help the victims, we should be capable of helping them.” Female participant, FGDs

Main Recommendations:

- Family counseling should be imposed in order to change the environment in which the members of family live. Cases of girls in conflict with the law do not occur in isolation, and in order to ensure that girls return to a safe environment, rehabilitation and reintegration services should be extended to the family members.
- Ensure that different efforts are complementary in a way that benefits girls victims of violence and in conflict with the law. Such efforts, whether working on social, economic, and psychological levels, should not be conducted separately in order to generate an impactful and transformative change.
- Women economic empower and employment, especially to mothers living in dire economic situation. This will leave a positive impact on the entire family members.
- Strengthening the role of schools and counselors in providing guidance and assistance to girls under the age of 18 years old. This is crucial especially if guidance is lacking at home. Additionally, MoEHE should ensure that the curriculum empowers girls and women and strengthen their ability to demand their rights.
- Create programs within institutions that focus on the rehabilitation and empowerment of families as important units within communities. Working on families would further strengthen the ties between the members, enhances feelings of belonging and support and established a new trust among them.



- Update laws concerned with girls in conflict with the law and girls victims of violence and ensure their full implementations.
- A policy in place that ensures collaboration and cooperation between the works and activities of the different CBOs and NGOs to avoid overlapping and repetition that could lead to a counter-productive to the lives of those who are in need.
- Ensure the provision of psychological and mental health treatment to victim of violence, to family members and to social workers.
- Ensure supervision of service providers and workers, especially if unspecialized and lack certain skills and understanding when dealing with sensitive cases.
- Nation-wide awareness raising campaigns, sessions, seminars, and roundtables that tackle the community's perception and attitudes towards those who are perceived as inferior.
- Ensure confidentiality.



"WE ALSO NEED CARE. USUALLY, WHEN A CASE (GIRL) LEAVES, WE WOULD STILL BE STUCK WITH HER AND HER STORY. WE ALWAYS SEE MISERY HERE AND FEEL WORRIED ABOUT THE FUTURE OF THE GIRLS. WE ASK FOR OUR EFFORTS TO BE RECOGNIZED. WE ASK FOR APPRECIATION TO BE ABLE TO CONTINUE WHAT WE DO AND PROVIDE HELP.

Social Worker, Girls Care House,
Bethlehem

More Recommendations from Social Workers:

- A legal mechanism and clear procedures to follow up on the cases and their families as they return home.
- An urgent need to separate between the cases that arrive at the Girls Care Center (Girls victims or violence and girls in conflict with the law.)
- Revision of legal procedures and decisions regarding cases, and ensure dealing with the cases in a timely manner, as any delay is not considered in the girl's best interest.
- An urgent need for an increase the numbers of protection officers.
- An urgent need for an emergency center to conduct tests and assess the case before transferring cases to the Girls Care House.
- Close collaboration with Ministry of Labor to ensure that vocational training and activities are conducted in the Girls Care House, as girls cannot leave the premise.
- A need for a lawyer to ensure that girls are aware of their rights
- A need for a nurse present at the House, in case of emergency
- A need for a cook
- An urgent need for a psychologist, as the House only has social workers.

