



Gender-Based Violence Safety Audit Report

West Bank, The Occupied
Palestinian Territory

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1 . Acknowledgments

ON BEHALF OF THE UNFPA TEAM

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2. Key Findings

Women and girls in the Occupied Palestinian Territories (OPT), particularly in the West Bank, continue to face a wide array of risks related to Gender-Based Violence (GBV), with these risks exacerbated by the ongoing occupation and the socio-political realities of the region. The threats they face come from multiple sources, including Israeli forces, settlers, and within the home.

A significant threat to the safety and dignity of Palestinian women is the actions of Israeli forces, especially at military checkpoints. Women regularly face sexual harassment and abuse by Israeli forces during routine travel, a problem compounded by the lack of accountability for such acts. Additionally, women related to political figures, activists, and community leaders are specifically targeted by Israeli forces as part of broader repression efforts. This includes both physical violence and psychological intimidation, which heightens their vulnerability. In Palestinian villages, where Israeli military operations, such as home demolitions, occur, women are further exposed to physical harm and insecurity. The threat of displacement, coupled with violent actions by Israeli forces, has left many women in a constant state of fear.

Equally concerning is the violence perpetrated by Israeli settlers, particularly in areas surrounding Palestinian villages. Settlers often engage in harassment and violent acts against Palestinian women, contributing to an already restrictive environment. These acts of violence, along with restrictions on movement and limited access to basic services, place further burdens on women, particularly those in rural areas. They face isolation, both from a lack of infrastructure and due to the violence they endure, making it harder for them to access essential services and escape abusive situations.

Moreover, the occupation, particularly its heightening since October 7, has created a rise in Intimate Partner Violence (IPV) within Palestinian households. The economic hardship, emotional strain, and overall pressures of living under occupation have intensified tensions within families, leading to a significant increase in domestic violence. Women in these households are particularly vulnerable, as they must navigate both the external threats posed by the occupation and the internal violence they face at home. Access to GBV services remains limited, with women facing substantial barriers such as stigma, victim-blaming, and physical inaccessibility. These challenges are even more pronounced for marginalized groups, including women in rural areas, women with disabilities, and those from politically active families.

The need for comprehensive support systems is urgent. Women's voices must be heard in community consultations and GBV risk assessments, with an emphasis on supporting women-led organizations. These organizations play a crucial role in ensuring that Palestinian women have access to the services and resources necessary to protect them from violence. Addressing these risks requires a collective effort across all sectors to prioritize GBV risk mitigation, appoint dedicated focal points, and foster collaboration across sectors. The global community must continue to support Palestinian women in their fight for safety, dignity, and justice, ensuring that their needs and voices are central to the response to GBV in the region.

3. Background

The occupied Palestinian Territories, comprising Gaza and the West Bank, have experienced significant social and political changes since the onset of the war on October 7, 2023. As of January 1 2025, In Gaza the war has killed 45,936 people, while in the West Bank 806 Palestinian casualties have occurred between October 7 2023 and December 31 2024.¹

The situations in both Gaza and the West Bank are linked economically, politically, and socially. However, moving forward with the report, it should be noted that the Safety Audit is focused on the West Bank and the consequences of the upheaval since October 7th 2023 on the prevalence of GBV.

Between October 7, 2023, and September 30, 2024, Israeli authorities demolished, destroyed, confiscated, or forced the demolition of 1,768 structures in the West Bank, displacing more than 4,555 Palestinians. Additionally, incidents of Israeli settler incursions are on the rise, with OCHA documenting 1,423 settler attacks during this period, resulting in 140 casualties and 1,135 incidents of damage to Palestinian property.

Overall, Israeli settler and Israeli forces aggressions during this timeframe has led to 695 deaths and the displacement of over 4,555 individuals.²

The impact of the war is highly gendered, exacerbating existing levels of VAW faced by women and female adolescents prior to October 7, 2023. Like many humanitarian emergencies, the ongoing hostilities have heightened the risk of various forms of GBV, including sexual violence, putting women and girls at considerable risk.

Given the continuously evolving circumstances, it is essential to conduct regular audits and monitoring of GBV risks to vulnerable populations, aiming to safeguard their rights, dignity and well-being. The GBV Safety Audit aimed to identify GBV risks and their effects on different groups within communities across the West Bank, particularly focusing on the experiences of women and girls post-October 7.

The audit engaged displaced individuals, refugees in camps, women with disabilities, and organizations and GBV service providers working with these communities. By employing a participatory approach, it provided a comprehensive understanding of GBV risks and responses, as well as current gaps and barriers in GBV service provision. Aligned with an Age, Gender, and Diversity perspective, the GBV Safety Audit is designed to address and mitigate GBV risks.



¹ ["West Bank Monthly Snapshot - Casualties, Property Damage and Displacement | December 2024." OCHA., 14 Jan. 2025](#)

² ["Humanitarian Situation Update #225 | West Bank." OCHA., 2 Oct. 2024](#)

4. Approach of the GBV Safety Audit

4.1. Purpose of the GBV Safety Audit

A Safety Audit aims to identify GBV risks without relying on formal institutional reporting or the identification of individual cases. Instead, it focuses on the experiences, information, and perceptions of safety regarding GBV risks, going beyond the number of reported cases.

The Safety Audit gathers insights from women, girls, and GBV service providers about their safety concerning GBV risks, their identification of high-risk factors, and their recommendations on how to mitigate these risks. The objective is to understand community perspectives on enhancing safety through improved sector performance and service provision.

The conduct of the GBV Safety Audit is rooted in a human rights-based, survivor-centered, and community-based approach. It upholds international humanitarian principles, ensuring inclusivity regarding age, gender, and diversity.

4.2. Methodology and Tools

i. Approach

The GBV Safety Audit exercise was conducted in the West Bank of Palestine between September and November 2024, under the guidance of the WB GBV AoR. The audit aimed to identify GBV risks and their impact on various groups, with a focus on the intersectionality of marginalization. In the Palestinian context, this included attention to disability, education level, rural women, and women and adolescent girls from refugee communities.

As a result of the Safety Audit, there will be consistent and regular monitoring of GBV risks, guiding short, medium, and long-term interventions through a cross-sectoral approach. With this in mind, the GBV Safety Audit has the following objectives:

- Assess the overall safety of groups vulnerable to GBV, focusing on prevention, mitigation, and response in specific settings.
- Identify GBV risks and gaps in current service provision dynamically and responsively to inform necessary changes.
- Enhance evidence-based programming, advocacy, and partnerships.
- To gather feedback from women and girls on their perceptions of safety in specific locations and to collect their recommendations for mitigating risks and improving safety.

The toolkit³ offers a comprehensive approach to risk identification, utilizing participatory methodologies to understand concerns related to GBV in different settings, particularly in light of the events of October 7 2023, and the rapidly changing security and political landscape. A standardized approach underpins the safety audit exercise, with the "do no harm" principle at its core.

³ [GBV Emergency Assessment Toolkit](#)

ii. Tools Used for Data Collection

- **Observatory Approach (Safety Walks)** - A checklist of external factors was created to observe in specific locations that contribute to higher risks of GBV. This tool was contextualized for the West Bank but remained consistent across all surveyed locations. The approach was implemented through a safety walk, involving a walkthrough of an area to identify factors that increase risks for specific groups. Teams included members from local service provision organizations and a representative from the research company to take notes. Locations were chosen based on areas where women frequently travel to access essential services such as hospitals, main streets, or roadways leading to essential services.
- **Focus Group Discussions** - Structured conversations were held with a group of individuals (between 8 and 10 people) representing a subset of the target population. Individuals participating in the study were all women, identifying between the ages of 15 and over 40. Participants were selected to reflect the locale where the focus group discussion (FGD) took place. This method is essential for understanding, from the perspectives of affected individuals, the common concerns and risks to their physical safety, as well as their perceptions of the contributing factors that lead to GBV incidents.
- **Key Informant Interviews** - A questionnaire-based interview was conducted with GBV service providers, including but not limited to the Family Defense Society, the Palestinian Medical Relief Society, and Women's Centre for Legal Aid and Counseling, who offered insights on GBV risks concerning specific populations, considering location and intersecting factors. Their information is informed by their positions, experiences, expertise, and authority.

The key informant interviews (KIIs) provide an opportunity to gather in-depth and nuanced insights into the problems and potential solutions related to GBV risks.

- **A Note on Data Collection** - Data collection was informed by the insights of the consultant involved in the project, as well as input from the WB GBV AoR members. There was particular emphasis on the changes in GBV risks following the events of October 7th. Due to the increasing presence of armed actors in the region and the mounting pressure on local systems and institutions, this event was specifically noted in some of the tools used to assess the impact of the conflict on GBV in the area.

iii. Definition of GBV

For the purpose of the Safety Audit and its accompanying report, GBV will be defined according to international standards and the guidance of the WB GBV AoR led by UNFPA. GBV is an “umbrella term for any harmful act perpetrated against a person’s will that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or private settings.”⁴ It is important to note that the definition of GBV used in the Safety Audit may contrast with some institutional frameworks that commonly refer to “violence against women.” To maintain the integrity of the Safety Audit, facilitators, moderators, and others involved in its implementation explained the concept of GBV in accessible language to the focus group discussion (FGD) and key informant interview (KII) participants.

iv. Participants

The GBV Safety Audit involved several groups, particularly focusing on women from refugee camps and localities at heightened risk.

⁴ See the detailed definition of GBV from UNHCR

This exercise is part of the WB GBV AoR and addressed displacement-related risks associated with the occupation of Palestinian territories, as well as the increased risks following the events of October 7th. Participants were selected to ensure comprehensive coverage of all risks, gaps, and needs. In total, 128 individuals participated in 16 focus group discussions (FGDs). The FGDs included mixed groups of refugee women living in camps, women with disabilities, women in rural areas, and refugee women with disabilities.

Additionally, 16 safety walks were conducted with participants from UNFPA and NGOs, with A2Z Plus Training and Consulting serving as note-takers and observers. The Safety Audit also included Key Informant Interviews, where individuals with valuable insight and expertise on GBV risks in the region shared their perspectives, particularly in light of the events following October 7th. A total of 16 interviews were conducted across the 16 areas where field visits took place. These informants included female professionals such as lawyers, as well as women working with various NGOs and community-based organizations (CBOs) focused on women's protection and empowerment, along with leaders of grassroots initiatives aimed at advancing women's empowerment.

v. Safety and Ethical Considerations

The GBV Safety Audit was planned with clear objectives, in coordination with various organizations and local service providers, each assigned specific roles and responsibilities. It involved the participation and input of affected populations, particularly regarding safety and security measures. The team worked collaboratively to prevent and mitigate any potential risks associated with the implementation of the exercises. It should be noted that the Safety Audit was conducted at a time of heightened risk and restrictions, with constant threat from military presence from Israeli forces and issues with site access during the data collection periods.

⁵ [WHO Guidelines](#)

⁶ [GBV Emergency Assessment Toolkit](#)

Special attention was given to the accessibility of the focus group discussions (FGDs) and key informant interviews (KIIs), considering the security of the roads due to the frequent presence of armed actors. Additionally, security issues in specific areas, particularly Tubas, Jenin, and Tulkarem, were taken into account. During the three months of implementing the Safety Audit, scheduling adjustments were made in response to airstrikes and incursions by Israeli forces in the aforementioned locations.

Data was collected by a team of experienced enumerators trained in GBV safe disclosure and confidentiality procedures, ethical data collection, and the Prevention of Sexual Exploitation and Abuse (PSEA). The teams included WB GBV AoR members and service providers across the West Bank, UNFPA staff, and A2Z Consulting. Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies, as outlined by the World Health Organization (WHO),⁵ were thoroughly implemented.

As part of the IRC Assessment Toolkit,⁶ a script was included in the toolkit for focus group discussions to ensure participants were informed about the purpose and duration of the exercises, as well as the importance of not disclosing identifiable information. Participants in the focus groups had the opportunity to ask questions or opt out of the sessions. Consent was obtained from all participants before discussions began. GBV specialists were available during and after the sessions to provide support.

Moderators and note-takers involved in the focus group discussions received clear guidance on essential aspects to implement before, during, and after the sessions. This guidance included preserving confidentiality, ensuring privacy, managing the presence of cameras and phones, and clarifying the roles and scripts for each member involved in the FGD.

Finally, participants were briefed on how to address harmful, discriminatory, and stigmatizing comments. Throughout the process, GBV referral pathways were available to ensure that any individuals triggered or disclosing incidents could receive timely assistance. Safety Audit activities were conducted in safe and private spaces.

vi. Locations

The GBV Safety Audit was conducted across the West Bank, covering districts in the central, northern, and southern regions. Areas were selected based on the frequent presence of armed forces, as well as urban and rural characteristics, and an increased presence of refugees or displaced individuals.

Additionally, locations were considered where groups at higher risk of GBV were present, including low-income women, women from rural areas, and women with disabilities.

Safety Audits were implemented in Tubas, Salfit, Ramallah, Bethlehem, Jericho, and Qalqilya. In some locations, two safety audits were conducted to capture a more comprehensive range of data and perceptions from participants and the diverse populations involved. Two audits were also carried out in Jenin, Nablus, Hebron, Tulkarem, and East Jerusalem.

Safety walks took place in various locations, including hospitals, public areas commonly used by women to access services or resources, and roadways used for daily commutes related to income-generating activities or service access. Key informant interviews were conducted with individuals from organizations and institutions within the GBV AoR in the West Bank, as well as informed community gatekeepers with specialized knowledge of GBV in the respective areas.

vii. Limitations and Challenges

Several challenges were encountered while conducting the Safety Audit. As is common when discussing GBV, women shared perceptions of GBV, some of which were

informed by issues experienced by others rather than by the focus group participants themselves. While this information was relevant to the overall perception of GBV, it influenced some of the data gathered in the focus groups.

Additionally, details regarding service provision were often limited in the key informant interviews (KIIs), possibly due to inconsistencies in GBV service availability. Furthermore, it was difficult to separate issues of GBV from broader safety concerns. Many women linked their experiences of GBV to other forms of violence perpetrated by armed actors, particularly Israeli forces.

This connection highlights a broader theme of associating GBV with the occupation, with perceptions of GBV intensifying as the pressures of occupation increase. This thread was notable throughout the focus group discussions, as many women recognized that addressing GBV and its prevention is tied to the empowerment of national institutions and community initiatives, which are currently constrained by the occupation.

Map of Surveyed Locations



5. Findings of the GBV Safety Audit

Introduction

The findings, conclusions, and recommendations from the GBV Safety Audit are based on the risks and perceptions identified through the aforementioned data collection methods. The findings are presented as follows: GBV risks, access and barriers to services, descriptions of higher-risk groups, recommendations, and perceptions on changes in GBV risk before and after the October 7th war.

5.1. GBV Risks

5.1.1. Localities

When assessing the risks of GBV to which women are exposed, they vary according to the nature of the targeted areas, including (camps, villages and rural areas, city centers), as detailed below.

First, the conditions in refugee camps in the West Bank, which have existed since the Palestinian al-Nakba since 1948, are characterized by overcrowding, with densities ranging from 33,000 to 120,000 people per square kilometer.⁷ Refugee camps are inherently susceptible to risk for their inhabitants due to a multitude of factors, including but not limited to: financial instability, political upheaval, issues with infrastructure, as well as frequent targeting by Israeli forces. The camps in the northern West Bank are considered the most unstable and underserved, especially the camps of Jenin, Tulkarm and Balata Camp of Nablus, which are subjected to continuous raids and attacks that have escalated to drone attacks and use of military jets, heightening after the events of October 7th.

According to the focus groups taking part in the GBV Safety Audit, residents of camps identified several GBV risks related to their living situations. Women often felt unsafe in their own streets and homes due to the constant threat of interference from conflict and heightened occupation measures; some specifically voicing fear they could be shot at any moment. They reported feeling at risk from frequent attacks involving Israeli forces entering the camps. Many women noted that since October 7th, the frequency of Israeli incursions and subsequent violence had increased significantly and unpredictably. Whereas these incidents previously occurred mainly during late night or early morning hours, women now felt that Israeli forces could enter the camp at any time during the day. This heightened risk further restricted their mobility, making them reluctant to leave the camps.

Women in village areas expressed similar concerns about their safety. Many reported that Israeli incursions into their villages had become more frequent, putting their safety at risk and discouraging them from seeking employment or educational opportunities outside their communities. In Salfit, for example, university students faced significant harassment while trying to leave their villages for higher education. Specific incidents included young women having their phones searched at checkpoints, with private photos being accessed without permission. Soldiers also took unauthorized pictures of women at checkpoints, which were then circulated.

⁷ ["Palestine Refugees | UNRWA." Palestine Refugees, 2024](#)

Additionally, many women mentioned the increasing boldness of Israeli settlers in Palestinian villages. In Salfit, women reported that settlers brought wild boars into their villages to intentionally deter them from accessing their land during the olive harvesting season. They also described incidents of settlers burning their farms and olive trees, placing financial burdens on women and their families. Similar sentiments were echoed by women in villages surrounding Bethlehem, who spoke about the targeted destruction of property by Israeli settlers. Azzoun, a village located just outside of Qalqilya, reported that settlements have been encroaching on their land at an accelerating rate. Following October 7th, a settlement was immediately established near the village, with such close proximity that it has significantly heightened security concerns. The entire village is now considered unsafe, particularly the valley area, which has become the most dangerous due to the nearby settlement. This settlement is dangerously close to Palestinian homes, and the main entrance to the village has been permanently closed. In addition, an Israeli military camp was established next to it after October 7th, further exacerbating the situation.

In city centers, women generally felt safer, but this sense of security was often limited to the city boundaries and often depended on the geographical location of the city. Most cities in the north of the West Bank are often under military threat and invasion by the Israeli forces. The northern areas of the West Bank are widely considered the most dangerous for women compared to other areas in the center and south, especially the cities of Jenin and Tulkarm. Women in Ramallah reported feeling safe while accessing services, and women in Jericho expressed similar sentiments about their city. Overall, residents of these cities felt safer within their own communities and city limits.

5.1.2 Risks During Traveling

Women have experienced a significant increase in stress due to the heightened

presence of the Israeli occupation, which has greatly impacted their mobility. This situation has led to witnessing traumatic events, harassment at military checkpoints, and ongoing concerns for their safety during transportation. The effects are particularly pronounced for women living in villages and camps.

In villages, women report facing threats from both Israeli settlers and military forces. The increased military presence at key access points has made it difficult for them to reach essential services and generate income. For instance, women often encounter military checkpoints just beyond city centers in areas such as Salfit, Tulkarem, Jenin, Tubas, and Jericho. In Bethlehem, frequent road closures due to checkpoints have resulted in tragic incidents; two women reported miscarriages because they could not access timely medical care due to these barriers. Many women from Bethlehem express fear about seeking services, as this often requires navigating through checkpoints.

The situation is exacerbated by the increasing number of Israeli checkpoints at the entrances to camps, further hindering women's access to services and income-generating opportunities outside their communities. These checkpoints occur at unexpected times and are often linked to attacks on the areas. One woman from Salfit declined a job offer outside the city, citing the dangers of navigating the checkpoints. Reports of sexual harassment at these checkpoints are also prevalent; women have described invasive body searches conducted by Israeli soldiers, both male and female, and being forced to remove clothing, including the hijab, causing significant psychological and physical trauma. Since October 7, 2023, women have perceived a rise in the frequency and volatility of these checkpoints, resulting in financial, psychological, and physical harm.

Additionally, violence from Israeli settlers has severely impacted women's mobility. In Salfit and its surroundings, women have reported attacks by settlers, along with threats to their

family members and property. The lack of intervention from the Israeli military, which often even supports settlers, leaves women feeling vulnerable. As a result, many women are forced to take long detours around settlements to avoid confrontations, further limiting their ability to access services and livelihoods. In certain villages, women are restricted from leaving their homes during specific nighttime hours and must remain out of sight, as settlers patrol their communities and instigate violence.

In further restrictions on mobility, some women, particularly those living near settlements in areas such as Salfit and Maithulun or in mixed zones like H2 and Kafr Aqab, reported being too afraid to send their daughters to school. They feared the heightened risk of violence their children might face, especially when traveling alone. This pervasive sense of insecurity has created significant barriers for girls and adolescents, limiting if not stopping entirely their access to education.

Overall, women feel their mobility has been highly restricted since the onset of the conflict on October 7, 2023, primarily due to the actions of Israeli forces and settlers, both of which remain largely unaccountable for their actions.

5.1.3 Risks During Israeli Security Forces Incursions

During Israeli military incursions into Palestinian neighborhoods and refugee camps, Palestinian women face both verbal and physical violence, particularly at the hands of Israeli soldiers and settlers. These incidents often include verbal harassment, intimidation, and physical abuse, with some women being subjected to strip searches in front of female soldiers equipped with body cameras, which film the entire process, further violating their dignity by preventing them from covering their modesty. This behavior is compounded by the broader strategy of Israeli forces, who impose strict measures on the Palestinian population—ranging from arbitrary arrests of women and

children in public spaces to violent raids on homes—under the pretext of ensuring the security of Israeli settlers. In these raids, settlers frequently provoke Palestinians, knowing that their actions are protected by Israeli forces, which only exacerbates the violence and harassment faced by Palestinian women.

To avoid escalation and to safeguard their own safety, many Palestinian women remain silent during such incidents, refraining from responding to verbal or physical abuse from Israeli soldiers or settlers for fear of being beaten, arrested, or even killed. This silence is often expected of them by societal norms that prioritize family cohesion and avoidance of further harm. In many cases, women are also compelled to accompany their husbands during these raids, enduring verbal violence without protest. However, the consequences of intervening in instances of physical violence are severe. In one documented case, a woman was beaten by Israeli soldiers for attempting to help another woman who was being assaulted. Stories also circulate about women being unable to help one another during these violent encounters, watching helplessly as other women are beaten in front of them. These incidents of violence are often covered up by Israeli forces, leaving the affected Palestinian women with little to no recourse for justice. The pervasive atmosphere of fear and impunity further perpetuates the cycle of abuse, where Palestinian women are forced to endure violations of their rights in silence, unable to support or protect each other without risking severe consequences.

Women also shared their experiences and perspectives on the stigma surrounding Palestinian women who have been detained or arrested by Israeli forces. One participant recounted the story of a young woman from Bethlehem who had been detained and later struggled to find a marriage partner, despite being in her 40s. The woman's difficulty in securing a marriage was attributed to the widespread assumption within her community that her reputation had been compromised

due to potential sexual assault or harassment that may have occurred during detention. Women mentioned how these judgments affect the personal lives of detained women, making it harder for them to regain their social standing and often leading to isolation or exclusion from wider community life.

The group also highlighted the particular vulnerability of women to gender-based violence during detention and military invasions. One woman shared a harrowing account of being subjected to abuse during a home invasion by Israeli soldiers. She described being forced to strip her clothing and dance for an Israeli soldier while her husband was made to watch. This kind of physical and emotional humiliation underscores the heightened risk of sexual violence and degradation that women face in such situations. These acts of violence, coupled with the psychological trauma of the experience, are often followed by stigma when women return to their communities. The assumption that a woman's honor is compromised as a result of sexual violations adds another layer of harm, making it even more difficult for them to reintegrate after their release. The social judgment they face upon returning home, combined with the trauma of detention and violence, can severely impact their ability to rebuild their lives and regain a sense of dignity within their communities.

After October 7, 2023, the situation has worsened, with Israeli forces increasingly targeting women when they cannot find the young men they are searching for. In many cases, if the soldiers do not find the men they are looking for in the home, they arrest the women present—whether a mother, sister, or other female family members. One incident mentioned in focus group discussions concerned a woman who was seven months pregnant, arrested when her husband was not found in the house. In addition to the physical and emotional trauma of such arrests, Palestinian women also face theft by Israeli forces during these raids.

It has been reported that Israeli soldiers steal Palestinian women's gold jewelry when storming homes, often destroying or ransacking furniture and belongings in the process. These acts of violence, theft, and humiliation are just some of the ways in which Israeli military operations in Palestinian communities further victimize women, exacerbating the trauma of an already vulnerable population.

5.1.4 Risks in Public Spaces

There was a general sense of security in most public places across the 16 different locations surveyed. Women widely agreed that the risks in these public spaces were primarily linked to the potential presence of Israeli forces in the region, rather than threats stemming from the local community. Women from city centers, villages, and camps reported benefiting from well-lit areas at night, which provided a sense of safety, along with easy access to schools and markets. However, this sense of security in public spaces was fleeting and dependent on the presence of Israeli armed actors, whether Israeli forces or Israeli settlers. Villages had limited public space to access, and is increasingly shrinking due to the further incursion of settlements, settlers, or the blocking off of areas by the Israeli forces; with the issue heightening since October 7th 2023.

While some women described issues with harassment, their experiences varied significantly depending on the location. In Jericho, for example, women frequently reported instances of verbal harassment in public spaces such as parks, streets, and markets. They emphasized that this harassment typically did not come from local residents but rather from Palestinian tourists visiting the city to access the Dead Sea or other tourist sites. Jericho also faced challenges related to the presence of the tourist industry, including fears of kidnapping and trafficking of young girls, as well as issues with individuals renting chalets who engaged in forms of electronic blackmail.

Women reported experiencing harassment when they participated in income-generating activities related to the tourism industry in Jericho. However, during focus group discussions, many women insisted that this verbal harassment was mainly directed at them by Palestinian tourists visiting the area, rather than by local community members. To these women, men within their community were not engaging in such instances of harassment, which highlighted a distinction between visitors and locals. These issues are unique to the Jericho area.

Public spaces are generally considered safe within specific boundaries; however, issues arise once these boundaries come to an end. For instance, in Balata Refugee Camp, located in Nablus, women expressed that they felt relatively secure within the camp's public spaces despite the overcrowding. Yet, as they approached the borders of the camp, accessibility became increasingly problematic for various reasons. Women reported that while they do not feel threatened by the informal Palestinian military groups within Balata Camp, the surrounding areas can become dangerous if armed conflict erupts when Israeli forces enter the camp.

In Salfit, physical barriers obstruct several roads leading into the city center. These barriers are used by Israeli forces to close off villages at their discretion, further isolating the communities. The lack of lighting in these areas increases vulnerability, as the roads become desolate and void of shops or residents, making them more dangerous for women. Similarly, the Safety Walk tool indicated that the roads surrounding Bethlehem and its connecting villages are poorly lit and isolated, leading women to express feelings of vulnerability while traveling along these routes. The feelings of those in Salfit support the idea of shrinking public spaces after October 7th.

Thus, while the public spaces themselves are generally perceived as safe for women, accessing these spaces poses significant safety risks. Women report that the availability

of safe public spaces is shrinking due to ongoing Israeli incursions into Palestinian areas, compounded by the physical limitations imposed on their movement. The overall situation underscores the challenges women face in navigating their environment while striving to maintain a sense of security.

5.1.5 Risks to Income-Generating Activities (IGAs)

Women also reported risks to their various income-generating activities due to associated safety concerns. The risk factors are twofold: women without income are more vulnerable to GBV, and their pursuit of IGAs increases their exposure to safety risks. Focus group participants from several communities indicated that they faced economic violence from their husbands. They reported that spending on dependents by married men was often restricted in favor of purchasing luxuries, particularly tobacco, which negatively impacted both their own welfare and that of their dependents.

The challenges faced by women in obtaining or continuing IGAs represent a significant threat. Women, particularly from Salfit and Bethlehem, reported that the time and cost of navigating settlement roads, checkpoints, and other barriers created by armed actors deterred them from pursuing opportunities. Some women mentioned passing up employment offers outside their villages, despite the scarcity of local employment. Women also noted that previous domestic work in settlements was no longer feasible for them to procure or continue, because the danger was too high. Women who work in settlements faced threats to their physical safety and often faced verbal and sexual harassment. Additionally, property destruction affected their revenue. Many women in Salfit and Bethlehem engage in agricultural ventures to supplement personal or household income, but these activities have become difficult or impossible due to the threat of settler violence. Women reported being unable to participate in the olive harvesting season

because of threats of violence from settlers. In some cases, particularly in Salfit, settlers would burn olive groves, rendering the crops unsalvageable.

Since the onset of the war, women have felt an increased urgency for income, leading them to pursue methods of earning that leave them more vulnerable to GBV. Interviews with GBV service providers indicated that many women have begun engaging in domestic work outside their neighborhoods. This work, which often involves caring for the elderly or cleaning homes, is typically performed alone in private residences, increasing susceptibility to sexual harassment and other dangers. Similarly, GBV service providers noted that begging has become more common as women seek to support their dependents. Women who beg face heightened exposure to various threats from individuals perpetrating GBV.

Women also identified an increase in economic violence in relation to the beginning of the war on October 7, 2023, feeling that their partners were not allocating sufficient income to meet basic needs for their children. As mothers, they expressed that prioritizing their children often took precedence over their own health and well-being.

Finally, service providers observed an increase in instances of women exchanging sex for money in a select few areas due to the dire financial circumstances in the West Bank. Interviews with GBV service providers from Ramallah and Bethlehem identified this trend as increasingly prevalent. Women engaged in survival sex are not protected by any formal mechanisms and are inherently at risk of GBV. In summary, since the war began on October 7th, the financial situation has exacerbated the risks of GBV in two key ways. First, women are resorting to inherently risky activities, such as survival sex or pursuing work in dangerous locations, to earn income. Second, the pressure to meet basic family needs has heightened stress within households, increasing the risk of Intimate Partner Violence (IPV), as men, facing financial strain, often resort to violence against their wives or women.

Additionally, the pursuit of any income-generating activity has become both a physical safety risk and increasingly limited in scope.

5.1.6 Technology Facilitated GBV

The risks associated with technology-facilitated GBV and threats to personal data and security were highlighted by nearly all groups, manifesting in various forms that centered on different actors involved. Many women expressed significant concern about how their private data, photos, and information could be misused in ways that could harm their reputations. Consequently, focus group discussions predominantly focused on social media, WhatsApp, and personal content stored on their phones.

Women reported feeling hesitant to exercise their freedom of speech regarding political matters, particularly in relation to local Palestinian forces or Israeli forces. In Salfit, women shared fears of potential retribution against themselves or their family members if they posted politically sensitive content. Several women also discussed instances of blackmail by Israeli forces, aimed at extracting information about certain communities or family members. However, it remained unclear how these forces obtained the material used for blackmail. Women mentioned that compromising photos were taken of them at checkpoints, frequently when they were not wearing hijabs or in states of undress, raising the risk of blackmail to gather information. Since October 7th, many believe that Palestinian armed forces, police, and other formal actors have intensified their scrutiny of women voicing political opinions contrary to the ruling government. This concern was especially pronounced regarding posts related to Hamas, local political movements like the Lion's Den, or other grassroots political movements.

Technology facilitated GBV was also mentioned as occurring between Palestinians. These issues were particularly prevalent in Balata Refugee Camp, where women called for

greater awareness among mothers about adolescent use of social media and mobile phones. Participants in the focus group shared stories of women being blackmailed due to personal content that fell into the wrong hands, as well as the repercussions of posting political views online, which heightened their vulnerability to violence.

Additionally, women highlighted specific instances of technological GBV affecting working women, especially in the tourist industry in Jericho. Owners of chalets, who often employ local women to clean and service accommodations for tourists, were reported by focus group participants as utilizing electronic communication to perpetrate sexual harassment through images or text messages. Women in Jericho also indicated that chalet owners resorted to blackmail, coercing them to relinquish their payments in exchange for not distributing compromising content electronically.

5.1.7 Intimate Partner Violence

Intimate partner violence (IPV) was frequently discussed in both focus groups and by service providers. Participants across all locations reported an escalation of IPV due to the ongoing war, with incidents inflamed by heightened tensions post October 7th.

In Balata Refugee Camp of Nablus, women noted that the financial strain from the war was a significant factor contributing to rising domestic violence. Most women observed a direct link between the psychological pressure on men to provide during these difficult times and a subsequent increase in physical violence. This pressure was especially pronounced in camp environments, perhaps because many men had lost their jobs in Israel following the revocation of their work permits in October 2023. As an example of the dire financial situation, women in Qalqilya highlighted the prevalence of verbal violence within Palestinian families due to economic hardship. They shared that 30 students from the village go to school each day without food or money to buy food because their families cannot afford it. In many households, even

basic necessities like bread are often unavailable. This dire situation is mostly compounded by the high levels of unemployment and economic downturn that followed October 7th, along with the mobility restrictions imposed by the Israeli occupation.

Women in Ramallah reported similar concerns but attributed the rise in violence to the psychological stress caused by political instability and uncertainty. Additionally, women in Salfit indicated that their partners were also directing more violence towards children in the home. Reports of verbal abuse and restricted mobility imposed by male family members were increasingly common, exacerbating tensions within family dynamics. Financial stress was cited as a key factor in these conflicts, with many men, if still employed, trying to support a broad network of family members.

Women identified an increase in economic violence in relation to the beginning of the war on October 7, 2023, feeling that their partners were not allocating sufficient income to meet basic needs for their children. As mothers, they expressed that prioritizing their children often took precedence over their own health and well-being.

Moreover, some women highlighted that conflicts often extended beyond individual relationships, influenced by broader family dynamics. Across nearly all groups, women agreed that various forms of IPV—psychological, financial, emotional, and physical—had increased due to the precarious financial circumstances stemming from the war. They demonstrated an understanding of the different forms of abuse, recognizing their complex nature and the underlying causes, despite the majority not having engaged in GBV prevention activities or mental health and psychosocial support programs.

However, most women acknowledged that many contributing factors to GBV are difficult to change, as they are linked to economic, political, and occupation-related issues that limit both women and men in realizing their full potential within Palestinian society.

5.2. Barriers to Service Provisions

5.2.1. Overview of Access to Services

Women interviewed in focus groups generally demonstrated awareness of the services available to survivors of GBV or those at risk of GBV. However, the prevalence, availability, and awareness of these services varied significantly depending on the women's location. In refugee camps, more women were knowledgeable about various services allocated to them, including medical care, and psychosocial support. These services to their knowledge are accessible within the camps through different NGOs and UNRWA. Most women were aware of services only within the camp itself. Women within city centers were mostly aware of services that were centered within the city. In Bethlehem, for example, some women linked vocational training and other income-generating activities to support systems for women and as general prevention measures against GBV. Many women identified that such services were not as well-known outside city centers or refugee camps.

Service providers across the surveyed areas indicated the presence of additional wrap-around services for GBV survivors, including peer support, drop-in centers, skills building, education, and IGAs. There was a noticeable gap between the variety of services available and the level of awareness among women in the focus groups. When asked in focus groups, most women identified counseling and psychological assistance as the most prevalent form of service provision to GBV survivors or women at risk of GBV. Furthermore, there was limited knowledge about services available to adolescent girls and how to access them.

5.2.2 Entry Points

The most common entry points for women seeking help were through health service providers or specialists in GBV. Most women in the groups noted that private doctors often served as a primary entry point for accessing

GBV services, as many trusted private clinics more than public hospitals. Exceptionally, most women in refugee camps (such as Balata Refugee Camp in Nablus) reported utilizing UNRWA administered medical services within the camp because they incurred no costs, and had trust in the system and its confidentiality standards. Women expressed reluctance to engage with systems where they felt a lack of control. For instance, women reported concerns that visiting a public hospital for GBV-related medical treatment would obligate the hospital to notify the police and take further actions without their consent. Due to this women were far more likely to interact with private doctors to ensure a quality of care within their control.

5.2.3 Service Providers

GBV service providers were recognized as crucial pathways for women seeking help if they were GBV survivors or at risk of GBV. Women in focus groups indicated that local centers (including local health providers, CBOs, and nonprofits working with women) were their primary points of contact for disclosing GBV incidents and accessing information. Those who accessed services noted that there was no stigma associated with the local centers, a high availability of appointments, and staff with specialized knowledge of GBV. However, women pointed out that these centers faced limitations in cases involving attacks from armed forces, whether Palestinian or Israeli. While women mentioned they could access support services for violence or harassment by Israeli forces, there were no punitive measures available on their behalf nor course of action that the center could take.

5.2.4 Formal Institutions and Systems

Regarding GBV measures implemented by formal institutions, both women and service providers expressed a lack of trust in local or national systems to effectively address GBV.

Most women in focus groups indicated that laws related to GBV inflicted by Palestinian government were either ineffective, rarely enforced, or slow to result in change. A few women reported that institutions endangered them by using their stories for advocacy without providing adequate protection from their abusers or from the social stigma encountered after sharing their story. Women from Salfit also noted that local police were neither equipped nor willing to handle GBV cases involving armed Palestinian or Israeli actors. Local police are not able to deal with cases of violence from any Israeli authorities nor file any action, from neither formal Israeli actors like the Israeli forces nor informal actors such as Israeli settlers.

While some women mentioned tribal councils and leaders as a form of support, these institutions were limited to rural areas, such as Salfit and surrounding villages in Bethlehem. Overall, most women expressed distrust in formal institutions and preferred to rely on NPOs/NGOs working with women, or family members for support instead of seeking formal pathways to resolve GBV issues or report incidents.

5.2.5 Barriers to Service Access

5.2.5.1 Stigma

Most women and service providers agreed that stigma is a significant barrier preventing survivors from accessing GBV services. Women in focus groups noted that the Palestinian community often views survivors as having done something wrong when surviving GBV incidents, which can adversely affect their future and that of their children and extended family due to reputational concerns. The stigma is heightened once the GBV is sexual in nature. They mentioned that if it became known that a woman is a survivor, she would be perceived differently; stigmatized.

In Bethlehem and neighboring villages, women indicated that the strong social stigma often prevents them from seeking services, as families may discourage them from doing so

to protect their reputation. Some women also mentioned that to maintain family honor, they might be pressured to marry their abuser, further concealing the violence. Women in other focus groups discussion also mentioned that “honor killings” can occur in these situations. For example, women in Tulkarem reported that the stigma surrounding GBV can sometimes lead to extreme outcomes, including death. While some families offer support to survivors, others place blame on the victim. One such case occurred three years ago, when a girl was killed by her family after being raped by an unknown assailant. Another case mentioned by the women of Tulkarem involved a girl who took her own life several months ago as a result of ongoing violence in her home. These cases, while separated by time, highlight the deep fear and caution women must exercise in their interactions with their families regarding GBV. They also inform how safe it is for GBV survivors to seek support from their families and friends, as the fear of retribution or stigma often prevents them from reaching out.

The perception that seeking help implies fault on the woman’s part contributes to a lasting negative view within the community. While women from various areas noted these challenges, those in villages and camps reported experiencing stronger social stigma, perhaps due to the close-knit and conservative nature of these communities. Many women expressed concerns about confidentiality when accessing services, fearing that their stories might be used for the service providers’ ulterior motives or that information could leak back to someone in their community. Women in Tubas specifically noted that many women are reluctant to seek services related to GBV due to a lack of trust in confidentiality. As one woman explained, “We do not ask for help from anyone because we do not trust that what we talk about will remain confidential”. Overall, women across city centers, villages, and camps recognized that harmful attitudes and cultural norms surrounding GBV, along with a pervasive culture of silence, create substantial barriers to accessing the support they need.

5.2.5.2 Financial Accessibility

Financial accessibility is a significant barrier for women seeking services related to GBV. While many services are generally free to access, numerous women expressed that private doctors—often their preferred choice for medical treatment—can be costly. This financial burden can deter survivors from pursuing the help they need.

However, the most pressing issue revolves around transportation costs required to access these services. Most service providers are located in city centers, governorate hubs, or within camps as part of UN or UNRWA initiatives, and are the initiatives of non-profit organizations working with women. This centralization poses a considerable challenge for women from rural villages, who often struggle to afford private transportation.

Public transportation options in the West Bank are virtually non-existent, making it difficult for women to reach necessary services. Private transportation at a high cost is available in cities and between camps and city centres, as well as between the rural areas and the city centres. The financial crisis following October 7th has exacerbated the situation, placing further strain on household incomes. Many women now feel that the costs associated with accessing services have become prohibitively high, especially since it often requires hiring private vehicles from outside their villages. This limitation can significantly hinder their ability to seek support and care.

For women with disabilities, the financial strain related to transportation is even more pronounced. For instance, a woman traveling within the same city may pay upwards of 80 NIS for accessible transportation. Given that the average daily wage in [the West Bank is around 100-130 NIS](#), this transportation cost represents a substantial portion of their income. Compounded by [an unemployment rate exceeding 32%](#) in the region, many women find it increasingly challenging to navigate these fees.

Overall, the cost of transportation, particularly for women with disabilities, serves as a substantial barrier to accessing vital GBV services, leaving many survivors feeling isolated and without the necessary support.

5.2.5.3 Physical Accessibility

There is also a significant issue regarding the physical accessibility of services for women facing GBV. Service provision can be disrupted if the provider is located within refugee camps during Israeli incursions, or if the center itself is damaged structurally by Israeli incursions. Additionally, access to service providers is often impeded by the multiple checkpoints established by Israeli forces at key entry points to cities and along the roads leading to them. These checkpoints can either cause extensive delays or completely cut off access to certain regions, posing significant risk to GBV.

These challenges disproportionately affect women from camps and rural villages. Women trying to reach services from villages frequently encounter unexpected checkpoints that may be impassable or only barely accessible. Since most services are centrally located within cities, this creates additional barriers. For women residing in camps, checkpoints at the entrances and exits severely limit their ability to access services outside of their immediate area.

Moreover, physical accessibility is a significant concern for women with disabilities. Many buildings lack essential features like ramps, making it difficult for these women to enter and utilize available services. For those using mobility devices, navigating the surrounding roads can be equally challenging. Beyond traffic concerns, the roads themselves are often in poor repair, which poses risks for women who are blind or who use mobility aids. Road conditions have worsened due to the heightened incursions by Israeli forces, often accompanied by bulldozers to cause damage to streets by ripping up pavement.

This combination of factors makes accessing GBV services not only difficult but at times nearly impossible, leaving many women feeling trapped and unsupported in their time of need.

5.2.5.4 Misconduct in Palestinian Systems and Institutions

Most women surveyed, along with service providers, expressed a lack of faith in the formal institutions and frameworks designed to assist survivors of GBV. Some women reported that they would consider going to the police to report incidents or seek assistance, but many believe that the police are ineffective, especially regarding incidents involving Israeli forces or Israeli settlers. Women from Nablus highlighted that bribery could obstruct any lawsuit and deter police from pursuing cases for GBV survivors.

As a result, police involvement is something that few women desire, impacting their willingness to seek medical treatment. Almost all women expressed a preference for private doctors, as public hospitals and doctors are obligated to report incidents to the police—an outcome they wish to avoid. In Salfit, some women noted that when they reported abuse from their husbands, police often took no action, leading them to rely more on NGO service providers.

Moreover, the Palestinian police face significant limitations, particularly in Area C, where they cannot always access certain areas to take action against GBV. Women from refugee camps reported similar challenges, noting that police are often reluctant to respond to GBV calls due to the presence of other armed Palestinian groups in those areas. Additionally, if Israeli forces are present or at the threat of being present in an area, it is not possible for Israeli forces to enter. However, women from Jericho indicated that they would be willing to engage with the police if subjected to GBV. They also mentioned that a stronger police presence in public places might reduce the frequency of verbal harassment, especially at night.

Additionally, women believe that the court system is overly slow, with cases often dragging on without achieving successful outcomes for survivors or imposing punitive measures on perpetrators. Some women expressed concerns about their safety during the court process, fearing retaliation from family members or the GBV perpetrators while their cases are ongoing. This combination of distrust in formal institutions and fear for their safety creates a substantial barrier for women seeking protection and justice.

5.2.5.5 Lack of Mechanisms and Accountability in Israeli Systems and Institutions

Women also expressed frustration with the futility of the current systems in place to address issues of GBV perpetrated by Israeli forces. They noted that there are no known mechanisms for reporting incidents of sexual harassment, sexual assault, electronic blackmail, or other forms of GBV committed by these forces.

In focus groups, when presented with a hypothetical scenario involving an Israeli soldier sexually assaulting a woman in her home, nearly all participants found it to be a realistic possibility. When asked about potential actions the woman could take, all women agreed that pursuing legal recourse would be futile. They believed that discussing the incident with others would be ineffective, as the woman would face stigma without any hope for resolution.

Women viewed GBV inflicted by Israeli forces as particularly immune to punishment or recourse, linking it to the broader impacts of the Israeli occupation. This perception of impunity contributes to a sense of hopelessness, leaving survivors feeling isolated and unsupported in the face of violence. The lack of accessible reporting mechanisms and the belief that seeking help would only lead to further victimization underscores the urgent need for systemic change to protect and support survivors of GBV in these contexts.

5.2.5.6 Accessibility to Information

Although limited GBV services are available, both service providers and women recognize that they are underutilized by survivors for several reasons. One significant issue is the lack of adequate information about services. There is a clear dissonance between the services providers state are available and those that women report knowing about and using. Most women and service providers agree that psychological and counseling support is well known and accessed, and many access health services through private providers when health concerns arise from GBV. Many women are also aware of legal aid options for GBV, but fewer can name other services, such as educational programs to raise awareness of GBV, vocational training, or entrepreneurship opportunities. It was unclear the presence or capacity of service provision in regards to addressing complex GBV cases; for example in which cases that are life threatening. Many service providers indicated in their interviews that the lack of awareness of services available was a barrier in access, and the gap in awareness suggests that women would benefit from a better understanding of the range of resources available to them. This could enhance service utilization and empower survivors to seek the support they need.

5.2.6 Service Improvements

Several strategies and initiatives aimed at enhancing access to GBV services and support were identified by community members, including women and service providers. Women highlighted that psychological support is critical for helping survivors of GBV. All service providers interviewed indicated that some sort of mental health referral system is in place for GBV survivors, but women in focus groups did not mention or detail navigating the mental health referral system. If a referral system exists, it was not mentioned as being utilized by any service providers.

Some service providers have successfully implemented childcare systems to ensure that children are cared for while their mothers seek services. While service providers are receiving training specific to psychosocial support, many self-identified a need for more comprehensive training, particularly in light of the complexities surrounding GBV following the escalation of conflict after October 7th. Women in focus groups also noted that there is sometimes a lack of female staff available to provide the specific types of services that women require.

Additionally, women expressed a desire for more financial and tangible support for those suffering from GBV. They specifically mentioned the need for shelters, as well as food items, cash vouchers, and dignity kits to help women better cope with their circumstances. While most service providers acknowledged that shelters are available for adult women, they pointed out that there are no shelters for adolescent girls in many areas.

Furthermore, service providers reported that medicine shortages are beginning to affect the availability of essential medications, particularly insulin and blood pressure medications. There were also reports from a field location in Ramallah of volunteers and service providers using their positions to sexually harass and assault women accessing services or resources. The individual interviewed in this field location indicated that women have been coerced into engaging in sexual acts in exchange for access to medicines, food, non-food items, and shelter by the volunteers and staff overseeing their distribution. Overall, it appears that strategies and efforts are primarily focused on adult women, with less attention given to the needs of adolescent girls.

5.3. At Risk Groups

University Students/Young Employed Women

Women seeking higher education or employment are identified as being more at risk for GBV. Female university students, in particular, are often targeted by Israeli forces at checkpoints, perhaps because they are traveling alone as single women. This demographic is also at heightened risk for sexual harassment and electronic blackmail.

Similarly, employed women face increased vulnerability, especially those working in settlements. These women are particularly susceptible to various forms of abuse by their employers, including financial exploitation, physical abuse, and other types of harassment. However, women usually agreed that any employed woman, especially younger and unmarried, could encounter verbal and physical harassment in the workplace whether in Israeli settlements or in Palestinian workplaces.

On the contrary, some women noted that being unemployed can also heighten the risk of GBV. Unemployment may lead to financial abuse by husbands, as women might feel compelled to stay in unsafe situations due to financial dependency. Additionally, the dire economic conditions since October 7th have led to an increase in early marriages for financial reasons. Families, concerned about their ability to support daughters and perceiving further education as impractical, often view early marriage as a protective measure in uncertain circumstances. Early marriage has become a significant issue, particularly in villages and refugee camps, where the cultural norm around marrying young is stronger than in urban areas. This trend not only limits young women's opportunities for education and employment but also exposes them to increased risks of intimate partner violence and control within marriage.

Politically Active Women

Women who are politically active are identified as being especially at risk for GBV. In focus groups, participants defined politically active women as those who frequently post about the political situation on social media, engage with political factions operating in the West Bank, or belong to families involved in political activism or armed resistance. Women noted that violence and harassment against these individuals often come from Palestinian, Israeli settlers, and Israeli forces.

Additionally, many politically active women face blackmail involving sexually motivated materials, which are used to coerce them into providing information about other male Palestinians involved in political movements or armed factions. The wives of Palestinian prisoners, whether incarcerated by Israeli or Palestinian forces, frequently experience harassment for information, and face significant barriers to accessing financial or psychosocial support. Many of these women are hesitant to access GBV services due to the sensitive nature of their situations and the potential repercussions from Israeli forces should the confidentiality of their situation be breached.

Women in focus groups also discussed the plight of female prisoners in Israeli jails, where basic needs are often unmet, and inmates are purposefully deprived of privacy. These women are subjected to sexual, verbal, and psychological abuse at the hands of Israeli forces. As a result, politically active women find themselves in a particularly vulnerable position, facing increased risk of abuse while being pressured to divulge information about political movements. Women in Azzoun reported that the individuals most at risk in their community are those associated with politically active individuals, such as mothers of men killed by Israeli forces, whose homes are still being raided and demolished by the ISF.

They also highlighted the vulnerability of widows, wives of prisoners, and mothers of prisoners, who face heightened risks due to their familial connections to politically active figures.

This heightened vulnerability underscores the link between GBV and the Israeli occupation, in which the intersection of occupation, militarization, and societal norms creates a complex web that significantly heightens the risk of GBV for women in these contexts.

Widowed/Divorced Women

Widowed and divorced women also identified themselves as being more vulnerable to GBV. These women are often dependent on their families for financial support, and often have issues with custody. Widows and divorced women in Palestine are particularly vulnerable to GBV due to a combination of socio-economic and cultural factors. In many cases, these women face heightened scrutiny and stricter social expectations from their families and communities. Traditional norms often place greater pressure on them to conform to restrictive gender roles, leading to isolation and limited social mobility. The stigma surrounding divorce or widowhood further marginalizes them, making it difficult for them to access support or resources. Additionally, economic challenges exacerbate their vulnerability, as many widows and divorced women experience limited income opportunities and financial independence, leaving them reliant on others for survival. This economic dependency can increase their susceptibility to exploitation, abuse, and violence. The lack of financial autonomy, combined with rigid social expectations, creates an environment where these women are at greater risk of GBV, unable to escape harmful situations due to social, economic, and legal constraints.

Disabled Women

Persons with disabilities, particularly women and girls, report being more susceptible to violence, abuse, and exploitation by men, both

within their families and in broader society. Physical accessibility to services, including those for GBV, is often restricted due to inadequate infrastructure, such as poorly maintained sidewalks, inaccessible buildings, and a lack of public or private transportation accommodations. Observations during safety walks revealed that many roads were riddled with potholes, lacked sidewalks, and were located in heavily trafficked areas, further complicating access for individuals with disabilities.

In general, services for disabled individuals are limited, and many face high costs related to medication, surgery, and the availability of treatments and assistive devices. Disabled women often feel exploited by relatives or partners, compounding their vulnerability. Women in Ramallah expressed a desire for more advocacy and awareness initiatives focused on the rights of disabled women facing violence.

A troubling incident shared during a focus group illustrated the challenges faced by disabled women: one participant attempted to prosecute her rapist, but her case did not succeed because she struggled to navigate the legal system effectively. Participants also discussed instances of disabled women being abused within their families, noting that such abuse often goes unprosecuted and is rarely addressed by the community.

Some women highlighted that disabled individuals often have little control over their own bodies and medical decisions. In some cases, procedures such as the removal of their uterus occur without their permission or knowledge. Sometimes disabled women are confined to their homes, limiting their social interactions with the community. There are few to none specialized services tailored to the needs of disabled women, and existing services lack the necessary accommodations. While service providers generally do not exhibit negative attitudes toward serving disabled women, there is a significant absence of specialized training or professional development related to this area.

Women within Mixed Zones under Israeli Control

Women living in mixed zones, particularly in H2, Hebron (a Palestinian area under Israeli control) and certain areas of East Jerusalem, face a multitude of risks that are unique to their circumstances. The living conditions in these areas are critical in understanding the vulnerabilities women experience. In H2, which makes up just 20% of Hebron while the remaining 80% (H1) is under Palestinian control, women endure systemic violence and restricted access to essential services. Although these areas share the same geographical space, the boundaries imposed by Israeli forces profoundly affect the daily lives of Palestinians, especially women, who face significant challenges due to these restrictions.

Focus group discussions with women in H2 revealed that they can only access psychosocial support once a week, provided by an international NGO—the only organization offering such services. However, these services are highly dependent on whether Israeli forces allow access, and they are the only type of support available in the area. There are no educational resources, vocational training programs, safe shelters, or legal mechanisms to support women or survivors of GBV. Women reported that the only recourse for GBV cases was the Palestinian Civil Liaison Office, meant to oversee issues regarding occupation force action in H2, but that no result has come out of these cases. Women in the area are not only exposed to the constant threat of violence from Israeli forces but are also prevented from accessing resources that could alleviate their vulnerability to GBV or help them recover as survivors.

The lack of resources and services is further compounded by the difficulty of obtaining medical care. Women reported that if they required urgent medical attention, it could take over two hours to reach a hospital in

Hebron area H1, even though the hospital is located in the same city. Additionally, Palestinian police are unable to enter H2, leaving no legal recourse to address cases of GBV. There are no shelters available for women to escape to, and in many cases, women are unable to leave their homes due to the constant presence of Israeli forces and the ever-present threat of violence.

Overcrowded living conditions, often due to displacement, further exacerbate the situation. Extended families often share small living spaces, making it difficult for women to find privacy or safety. At Israeli checkpoints, which often occur within the same street and as little as 200 meters apart from each other, women face degrading treatment, sometimes being forced to undress or undergo humiliating body searches, even if they are only traveling short distances within their own neighborhoods. One service provider reported an instance in which an 11-year-old child was sexually assaulted by Israeli soldiers under the pretext of security checks.

In the Old City of Jerusalem and other areas, women reported feeling deeply insecure in mixed environments where settlers live alongside Palestinians. They expressed that at any moment, their livelihood, home, or even their lives could be at risk. Leaving the home for any amount of time puts Palestinians at risk of having the home confiscated or occupied by settlers, leaving them vulnerable to displacement. Settlers frequently target Palestinians between neighborhoods, provoking confrontations that escalate tensions. This insecurity is further compounded by the strict measures imposed by Israeli soldiers and police, including arbitrary arrests of Palestinians—women and children alike—and frequent home raids. These actions primarily serve to enable settlers to move freely and provide them with greater protection, further endangering Palestinians.

Women in Kafr Aqab, an area annexed by Israel in 1967 to become part of municipal

Jerusalem where Israeli rules reported feeling unsafe, particularly at night, due to overcrowding, and chaos due to the presence of different groups of population such as residents from Jerusalem, Palestinians living within the Israeli state (termed the 1948 areas) who frequent the area to buy cheaper goods or conduct business, and Palestinians living in the West Bank. Particularly, women noted that Palestinians from the West Bank often take advantage of the unsure legal authority in Kafr Aqab to either hide from persecution from the Palestinian police or conduct illegal activities without fear of persecution from Palestinian police and little intervention from Israeli authorities. The area is also frequently subjected to Israeli army raids, including arrests of school students and house raids, heightening the sense of insecurity. Tensions within the Palestinian community are escalating, with violent clashes between families, sometimes involving the use of weapons. The lack of clear authority in the area further exacerbates these problems, as there is no police presence and the area's jurisdiction remains unclear. This lack of control and the uncertainty about the legal framework fosters a general sense of lawlessness, where reporting crimes or calling the authorities feels futile. When women seek help, they sometimes turn to the psychological counselor, community gatekeepers, or the Palestinian police, but assistance often arrives too late. The Israeli authorities do not respond at all, and Palestinian authorities are unsure whether they are permitted to act. The separation wall, which separates Kafr Aqab from East Jerusalem municipality services, only adds to the confusion, making access to services and legal clarity even more difficult. In the absence of reliable support, residents are often forced to rely on the Israeli police who rarely help Palestinians.

The situation has worsened significantly since October 7, 2023, with violence from both the occupation and settlers sharply increasing.

Women and girls are particularly vulnerable, facing both physical and verbal violence, as well as sexual harassment, especially when Israeli soldiers storm Palestinian homes or when settlers target them on public transportation. Internally, verbal and physical violence between Palestinians has also risen, largely due to the deteriorating economic conditions caused by increased taxes and reduced wages, further exacerbating the already volatile environment.

In summary, women living in H2, Jerusalem, and surrounding areas are at heightened risk of GBV, both from Israeli forces and from within their own homes. With limited support systems, legal protections, and access to essential services, they are trapped in a dangerous and untenable situation, where the constant threat of violence, extreme restrictions on movement, and lack of basic services create immense vulnerability.



6. Recommendations

6.1. General Recommendations

- **Center Women and Girls:** Enhance the involvement of women, girls, and adolescents in the design, preparation, and implementation of assessments related to GBV services to ensure their perspectives and needs are effectively represented.
- **Enhance Collaboration:** Enhance collaboration and coordination between GBV service providers through designating active and well-trained GBV focal points with clearly defined roles, responsibilities, and accountability frameworks. GBV service providers are to establish and maintain regular and transparent communication channels, not only within the GBV AoR but also among other relevant service providers and stakeholders.
- **Coordinate Service Provision:** GBV service providers should actively coordinate efforts because of limited resources at hand to ensure all women have access to the support they need.
- **Conduct Training on GBV :** Conduct comprehensive training on GBV risk identification and mitigation to equip service providers with the necessary information on GBV risks, prevention, safe identification and referral.
- **Mitigate Technology-Facilitated GBV:** Mitigate the risks associated with technology-facilitated GBV by providing training for frontline workers, and implementing inclusive digital literacy programs tailored to various age groups and inclusive of all abilities and education levels.
- **Increase Accessibility of Information:** Ensure that information about GBV and available services is accessible to marginalized women and girls, including rural women, disabled women, and divorced or widowed women. Employ diverse, inclusive communication methods and formats tailored to their specific needs, and actively engage these groups in the design, development, and implementation of communication methods to enhance effective reach-out.
- **Create Youth-Friendly Spaces:** Establish youth-friendly accessible spaces for girls and adolescents to promote safe disclosures and provide age-appropriate information on GBV.
- **Tailor Services for Women Engaged in Survival Sex:** Develop inclusive, comprehensive and tailored GBV services for women engaged in survival sex , ensuring specialized training for frontline staff to address stigma, victim-blaming, and negative coping mechanisms. Provide specialized mental health and psychosocial support (MHPSS) services to address the complex marginalization these women face, as well as the stigma attached to their experiences.
- **Engage Community Gatekeepers:** Increase the engagement of community leaders, including male leaders and tribal leaders, in GBV capacity-building and awareness activities. Strengthen their roles to promote cohesive and effective efforts in preventing and addressing GBV.
- **Enhance Programming for Men and Boys:** Increase male engagement in GBV programming by supporting initiatives led by men and boys. Identify leadership roles for male advocates in awareness campaigns, community activities, and GBV prevention.

6.2. Humanitarian Cluster-Specific Recommendations

Protection	
General Protection	<ul style="list-style-type: none"> • Address barriers to service access, such as stigma and financial accessibility, by increasing awareness of available services and ensuring confidentiality. • Promote community-based protection mechanisms, especially in remote areas and militarized zones. • Engage with GBV actors for protection assessments and monitoring exercises to ensure that GBV aspects are integrated. • Advocate for the meaningful inclusion of vulnerable groups - adolescent girls, displaced women, women with disabilities, divorced women, and widows - in programming.
GBV AoR	<ul style="list-style-type: none"> • Conduct training on GBV risk mitigation, GBV identification, and safe referrals for non-GBV aid workers. • Coordinate with the relevant ministry to strengthen the accountability of Palestinian police and enhance gender-sensitive policing. • Advocate for disability inclusion and coordinate with specialized organizations for women with disabilities, enhancing access to GBV services. • Scale up coordination with other clusters to strengthen risk mitigation interventions across clusters. • Maintain coordination with WB GBV AoR members to effectively and collectively cover the needs of survivors and women at risk of GBV. • Advocate and coordinate with other clusters for increased protection measures for women in militarized zones. • Regularly update and widely disseminate WB GBV services directly to increase awareness of available GBV services. • Advocate for legal and procedural changes around the mandatory reporting framework in oPt, ensuring a survivor-centered approach.
Child Protection AoR	<ul style="list-style-type: none"> • Promote programs specifically targeting child survivors, including safe spaces for girls and adolescent girls, where they can receive protection, counseling, and education. • Advocate for long-term child marriage strategy jointly with CP AOR focusing on root causes and interventions, implementing community advocacy programs to raise awareness of the harmful impacts of early marriage, particularly in the context of current economic challenges. • Increase awareness of available GBV services for girls and adolescents. • Target parents, especially mothers, with GBV awareness and information on risks affecting adolescents.

Protection

Legal Task Force

- Advocate for law reforms to increase the accountability of police and formal institutions in handling GBV cases, especially those involving Israeli forces or armed groups.
- Advocate for independent oversight mechanisms to monitor police conduct, with a particular focus on preventing corruption and impunity.
- Coordinate with the GBV Sub-cluster to ensure that all LTF members receive training on GBV, including safe identification and referral to strengthen the capacity.

Prevention of Sexual Exploitation and Abuse

PSEA

- Provide training to all humanitarian aid workers on PSEA policies, emphasizing the importance of confidentiality, reporting mechanisms, and zero tolerance for exploitation.
- Strengthen mechanisms for reporting and responding to incidents of sexual exploitation and abuse (SEA), ensuring that survivors have access to support and accountability.

CASH Working Group

CASH Working Group

- Ensure cash assistance programs are confidential, accessible, and safe for women, protecting their identities and ensuring they can safely access aid.
- Strengthen the capacity of cash actors through training on GBV risk identification and safe referrals of GBV survivors to service providers.

Health and MHPSS

Health

- Scale up coordination with the WB GBV AoR to ensure integrated and comprehensive GBV services through capacity building for health frontline workers on GBV.
- Advocate for changes to the GBV mandatory reporting framework in order to enhance access to GBV services at governmental hospitals.

MHPSS Technical Working Group

- Collaborate with the WB GBV AoR to conduct training for MHPSS service providers on GBV identification and safe referrals.
- Widely disseminate information on available MHPSS services, including remote services, to enable many more GBV survivors with limited mobility to access them.

Food Security and Nutrition

Food Security and Nutrition

- Ensure that food distributions are safe and accessible to all, including women and girls, women-headed households, persons with disabilities, etc.
- Collaborate with food security actors to ensure that distribution locations, timing and procedures are designed and implemented in ways that reduce GBV risk.
- Address the specific nutritional needs of women and adolescent girls, focusing on maternal health, pregnancy, breastfeeding, and menstrual health.

WASH

WASH

- Ensure the timely recovery of water supply and repair of destroyed water/sewage systems during military operations to meet the hygiene needs of women and adolescent girls.
- Ensure that water distributions are safe and accessible to all, including women and girls, women-headed households, persons with disabilities, etc. This includes women-only distributions where safe and feasible, considering the timing and locations of distributions.

Shelter/NFI

Shelter/NFI

- Ensure safety in and around shelters by enhancing security measures, such as lighting, surveillance, and well-trained personnel.
- Develop safer shelter solutions to meet privacy needs of women and adolescent girls.
- Ensure the availability of reliable and safe information on GBV, Child Protection, PSEA, and feedback and reporting mechanisms in the shelters.
- Ensure shelter facilities are accessible to women with disabilities by providing ramps, lifts, and other necessary accommodations.

Addressing these issues is challenging within the broader context of the ongoing occupation. Every participant in the focus groups and individual interviews acknowledged that the occupation—particularly the intensified Israeli military presence following October 7, 2023—has exacerbated the underlying factors contributing to GBV. Women noted that these conditions not only increased the risk of violence from Israeli Security Forces and settlers, who became more emboldened in their attacks and displacement tactics targeting Palestinian towns, but also heightened the risk of violence from their own partners, encouraging intimate partner violence. For all women—whether living in refugee camps, villages, or cities—there is a constant threat of violence from Israeli forces, including attacks within their homes or severe restrictions on their mobility. While the recommendations provided may help mitigate some aspects of GBV, they cannot fully succeed without addressing the root cause: the ongoing occupation.